



Annual Report

Administrator of Veterans Affairs

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives
of the 95th Congress:

In accordance with the provisions of 38 U.S.C. 214, I have the honor of submitting a report on the activities of the Veterans Administration for the fiscal year ending June 30, 1976.

A handwritten signature in black ink that reads "Max Cleland". The signature is written in a cursive style with a large, looping flourish at the end of the last name.

MAX CLELAND
Administrator

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The Veteran

COMPARATIVE HIGHLIGHTS

Period of Service	Veteran Population June 30, 1975 ¹	Net Separations From Armed Forces	Deaths in Civil Life	Veteran Population June 30, 1976	Percent Change
Total veterans	29,477,000	489,000	359,000	29,607,000	+ 0.4
War veterans	26,384,000	489,000	351,000	26,522,000	+ 0.5
Vietnam era – Total	7,598,000	489,000	17,000	8,070,000	+ 6.2
With no Korean conflict service	7,095,000	471,000	13,000	7,553,000	+ 6.5
With Korean conflict service	503,000	18,000	4,000	517,000	+ 2.8
Korean conflict – Total	5,975,000	18,000	39,000	5,954,000	– 0.4
With no World War II service	4,725,000	14,000	23,000	4,716,000	– 0.2
With World War II service	1,250,000	4,000	16,000	1,238,000	– 1.0
World War II – Total	13,595,000	4,000	214,000	13,385,000	– 1.5
With no Korean conflict service	12,345,000	–	198,000	12,147,000	– 1.6
With Korean conflict service	1,250,000	4,000	16,000	1,238,000	– 1.0
World War I	968,000	–	101,000	867,000	– 10.4
Spanish American War	1,000	–	²	1,000	–
Service between Korean conflict and Vietnam era only	3,093,000	–	8,000	3,085,000	– 0.3

¹ Revised

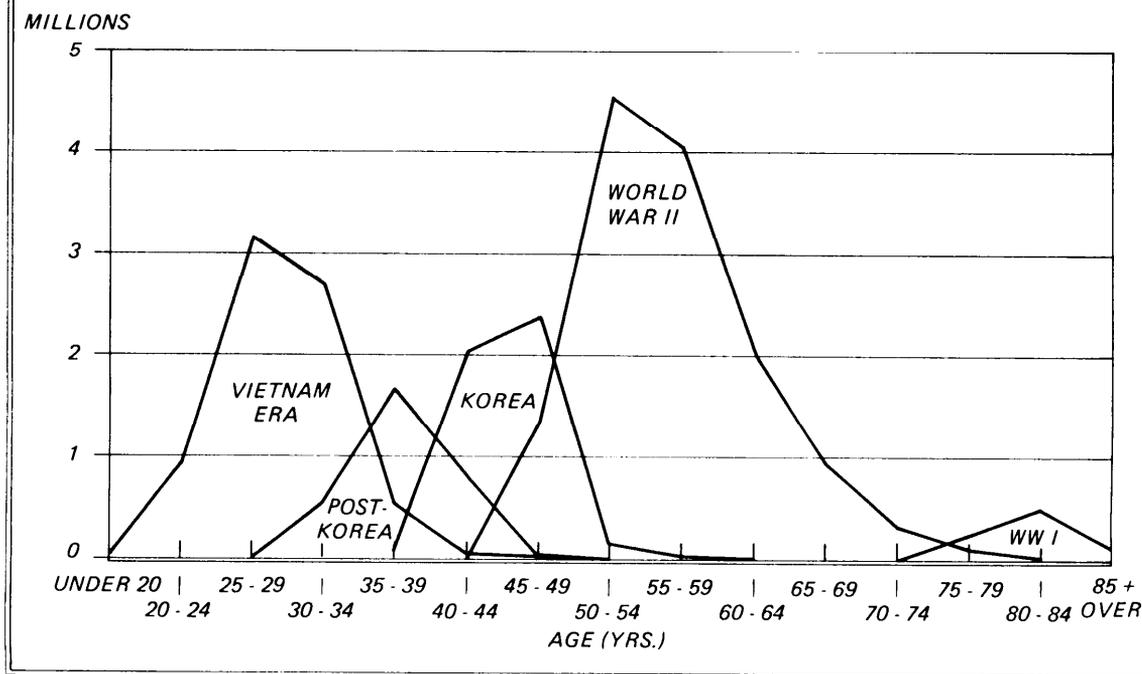
² Less than 500

SUMMARY

In the two hundred years of our nation's history, nearly 39 million men and women have served under our flag during periods of armed

conflict. Of these, more than one million lost their lives while serving their country. Some 26.5 million veterans of America's wars are in civilian life today. Another 3.1 million living veterans served only during the period between the Korean conflict and the Vietnam era.

THE AGING VETERAN POPULATION — JUNE 30, 1976



NUMBER OF VETERANS AND PERIOD OF SERVICE

The total veteran population of 29,607,000¹ as of June 30, 1976 represents an increase of 130,000 over the population of one year ago. This was the result of 489,000 net separations from the Armed Forces, and 359,000 deaths of veterans in civil life. The rate of growth of 0.4 percent is the lowest since the beginning of the Vietnam era, some twelve years ago.

The number of living veterans of the Vietnam era exceeded 8 million during fiscal year 1976. With 489,000 men and women returning to civilian life, and only 17,000 veteran deaths, the population of Vietnam era veterans increased by 6.2 percent to 8,070,000. The number of veterans in each of the other periods of service declined during the past year. The separation from the Armed Forces of 18,000 men and women with

service during the Korean conflict was more than offset by the deaths of 39,000 Korean conflict veterans, and the number of these veterans decreased to 5,954,000. Although it has been 29 years since the end of the second World War (in terms of eligibility for veterans benefits), some 4,000 persons with World War II service were separated during FY 1976. However, the deaths of 214,000 veterans caused the World War II veteran population to fall to 13,385,000. The number of World War I veterans decreased by more than 10 percent to 867,000. There are now less than 1,000 survivors of the 392,000 men who served in the Spanish American War. Those veterans who served only between the Korean conflict and the Vietnam era number 3,085,000.

AGE OF VETERANS

The average age of all veterans in civil life as of June 30, 1976 was 46.3 years. This increase of just 0.4 years during the past 12 months occurred due to the deaths of older veterans, and the youthfulness of the recently separated men and women. (Among the 489,000 net separations in

¹Excludes an estimated 194,000 who served only between World War I and World War II, and 251,000 who served only between World War II and the Korean conflict.

FY 1976, the average age was 24.5 years.)

Vietnam era veterans with no service in the Korean conflict are the youngest, with an average age of 29.0 years (although they range from 17 to over 65 years of age). The oldest are the Spanish-American War veterans, with an average age of 96.3 years. None of those veterans is less than 88 years of age. On the other hand, those veterans who served in the Korean conflict (with no service in World War II) are the most "average" in terms of their ages. Their average age of 44.9 years is just 1.4 years less than that of the entire veteran population. World War II veterans, who comprise 45 percent of the veteran population, average 56.3 years of age; World War I veterans average 81.2 years; and those with service only between the Korean conflict and the Vietnam era average 37.7 years of age.

The largest single 5-year age group, 50 to 54 years, contains some 4,741,000 veterans. There are an estimated 2,294,000 veterans aged 65 and over; 129,000 of these are 85 years of age or older. Some 61,000 veterans are still in their teens, with a total of 4,224,000 under the age of 30.

FEMALE VETERANS

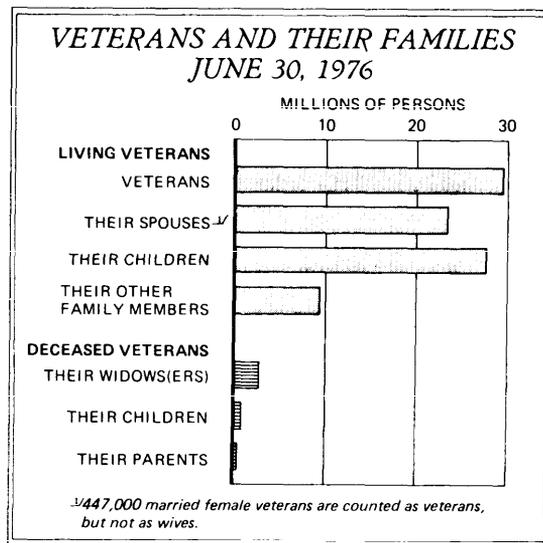
The female veteran population was 577,000 as of June 30, 1976, or just slightly less than 2 percent of the total veteran population. Women served during World War I, and in each period of conflict since; thus, female veterans range from under 20 to over 85 years of age. The majority of them (298,000) served during World War II, while only 12,000 were veterans of World War I. An estimated 75,000 saw service during the Korean conflict (no service in World War II), and 135,000 during the Vietnam era (no service in the Korean conflict). There were 57,000 female veterans of peacetime service between the Korean conflict and the Vietnam era.

VETERANS AND THEIR FAMILIES

Veterans themselves are only a part of the total number of potential recipients of VA benefits. As of June 30, 1976 there were an estimated 23.5 million husbands and wives of veterans, 28 million dependent children, and 9.2 million other family members. Veterans and their families thus account for over 90 million persons, or 42 percent of the total U.S. population.

Dependents of deceased veterans number over

3.8 million. The 2.8 million widows and widowers, 870,000 dependent children, and 164,000 dependent parents of deceased veterans bring the total population of potential beneficiaries to more than 94 million, or almost 44 percent of the population of the United States.



CHARACTERISTICS OF VETERANS

The VA obtains data on various socio-economic characteristics of male veterans and nonveterans from the Current Population Survey (CPS) through contractual agreement with the Bureau of the Census, with the approval of the Department of Labor¹. Data available from the CPS survey include educational attainment, income, work experience and employment status. It should be noted that differences in the median income and work experience of veterans and nonveterans can be largely explained by variances in their age distributions. If the nonveterans' age distribution is made to conform with that of veterans, differences in these areas are reduced considerably.

¹ The Bureau of the Census surveys only male veterans in the CPS. If data on female veterans were collected, the sample would be too small to be reliable or representative of the characteristics of female veterans as a separate group. The VA has requested that data on female veterans be collected in the 1980 Decennial Census.

Education Attainment and Income

Of the 64 million men aged 20 years or older in March 1976 (United States civilian noninstitutional population), 28.5 million (44 percent) were veterans. The latter had a median educational attainment of 12.6 years, compared to 12.4 years of nonveterans. Seventy-three percent of veterans 20 years of age or older and 62 percent of nonveterans had at least a high school diploma. About the same proportion of veterans and nonveterans had a college degree — 18 percent vs. 17 percent. Among veterans under age 35, 88 percent had a high school education compared to 82 percent of nonveterans. However, only 16 percent of veterans under age 35 had a college degree, while 23 percent of nonveterans under age 35 had one.

The median income of all veterans in calendar year 1975 was \$11,990, as opposed to \$7,800 for nonveterans. Reflecting a lack of work experience at the younger ages, plus retirement and less education on the average among older persons, median income reached a maximum (\$14,270) in the intermediate age group of 45-49 for veterans, and a maximum (\$12,180) at ages 35-39 for nonveterans. The median income of veterans was about one to three thousand dollars higher than for nonveterans within most age groups.

Greater educational attainment almost invariably leads to higher median income, and this was the case in calendar year 1975 for both veterans and nonveterans. The differences were dramatic: individuals with four or more years of college had a median income at least two and one half times as large as those with eight or fewer years of education. The median for veterans graduating from college was \$18,630, while that of veterans with eight or fewer years of schooling was \$6,650. The corresponding figures for nonveterans were \$12,520 and \$4,900.

The lone exception to the pattern of more income with more schooling could be found among nonveterans with one to three years of college. They had a median income lower than nonveteran high school graduates. This is traceable to the fact that they have a much younger average age with correspondingly less work experience and job seniority plus a greater likelihood of being in school.

Veterans had a higher median income than nonveterans at every level of educational attainment, as can be seen in the accompanying table.

The differences were especially pronounced at

Attained Level of Education	Median Income in 1975	
	Veterans	Nonveterans
Less than high school	\$6,650	\$4,900
Some high school	9,860	6,960
High school graduate	12,000	9,110
Some college	13,180	7,330
College graduate	18,630	12,520

the higher educational levels.

Veterans 20 to 34 years of age, a category nearly synonymous with Vietnam era veterans, had a median educational level of 12.8 years. Their median income was \$10,560, an increase of 11 percent over calendar year 1974. Nonveterans of the same age had a median education of 12.9 years with a median income of \$7,670.

Work Experience

Among male veterans of all ages in the civilian noninstitutional population, 87 percent worked at some point during calendar year 1975, compared to 79 percent of nonveterans. Eight of ten working veterans and seven of ten working nonveterans were employed throughout the year, either full- or part-time. Ninety-eight percent of all male veteran year-round workers and 93 percent of all male nonveteran year-round workers held full-time jobs for at least part of the year.

Ninety-four percent of male veterans 20 to 34 years old worked during calendar year 1975, as did 93 percent of nonveterans. In this age group, a somewhat smaller proportion (seven of ten veterans and six of ten nonveterans) worked all year.

Employment Status

Among male veterans of all ages the unemployment rate in FY 1976 was 5.4 percent, less than two-thirds the rate of 9.0 percent for male nonveterans. Both rates were higher than the corresponding ones of 4.7 and 8.3 percent for the previous fiscal year. This was traceable to the economic recession which occurred during late FY 1975 and which extended into FY 1976.

There were 6.3 million Vietnam era veterans aged 20 to 34 in the civilian labor force at the end of FY 1976. Of these, 558,000 were unemployed,

yielding a seasonally adjusted unemployment rate of 8.8 percent for June 1976, a statistically significant drop from the 9.5 percent (revised) in June 1975. Among nonveterans in the same age group, the unemployment rate was 7.8 percent, down from the 10.0 percent (revised) recorded for June 1975. Among the youngest Vietnam era veterans (20 to 24 years old) the unemployment rate was 19.6 percent in June 1976, nearly double the corresponding nonveteran rate of 10.5 percent.

NEW LEGISLATION

Following are digests of those public laws enacted during Fiscal Year 1976 which are of particular interest to the VA.

Public Law 94-71

The Veterans Disability Compensation and Survivor Benefits Act of 1975 provided 10 to 12 percent increases in the rates of compensation payable to veterans with service connected disabilities, including the special statutory awards for combinations of serious disabilities.

This Act provides an increase of 12 percent in dependency and indemnity compensation rates for surviving spouses and children.

This Act also requires the VA to conduct a follow-up of claims for dependency and indemnity compensation relating to veterans who at time of death were receiving disability compensation from the VA based upon a rating total and permanent in nature.

Public Law 94-97

This act redesignated November 11 of each year as "Veterans Day" and made it a legal public holiday, effective January 1, 1978.

Public Law 94-116

This act set VA's annual appropriation at almost \$18 billion for FY 1976 and over \$4 billion to cover the transition period July 1, 1976, to September 30, 1976. It also limited the amount of Loan Guaranty Revolving Fund assets available for operations under chapter 37 of Title 38, U.S.C., to \$550 million for FY 1976 and \$150 million for the transition period.

Public Law 94-123

The Veterans Administration Physicians and Dentists Pay Comparability Act of 1975 provided primary special pay and incentive special pay for certain physicians and dentists employed by the Department of Medicine and Surgery in order to enhance the recruitment and retention of such personnel. It also transferred the positions of Chief Medical Director, Deputy Chief Medical Director and Associate Deputy Chief Medical Director to the pay scale under Title 38.

Public Law 94-169

The Veterans and Survivors Pension Interim Adjustment Act of 1975 increased monthly benefit rates by approximately 8 percent and raised by \$300 the annual income limitation applicable to payment of non-service connected disability and death pensions and payment of service connected dependency and indemnity compensation to parents of deceased veterans to be effective January 1, 1976, and end September 30, 1976.

Public Law 94-237

The Drug Abuse Office and Treatment Act Amendments of 1976 more clearly defines the government's role in the formation and execution of a comprehensive coordinated drug abuse policy. This is to be accomplished particularly through some reorganization and also through the easing of requirements for admission to Federally aided hospitals. It provides certain specific authority to the Administrator of Veterans Affairs and requires a full VA report on implementing regulations and on recommendations for legislation and administrative actions.

Public Law 94-321

This Act allows the Administrator to release the names and addresses of veterans and their dependents to any criminal or civil law enforcement governmental agency or instrumentality charged under applicable law with the protection of the public health or safety if a qualified representative of such agency or instrumentality has made a written request that such names and addresses be provided for a purpose authorized by law.

Public Law 94-324

The Veterans Housing Amendments of 1976 extends eligibility for housing benefits to those veterans who served between World War II and the Korean conflict.

This legislation increases the maximum amount

of a direct home loan to \$33,000 in rural housing credit shortage areas, and makes the direct loan program permanent.

It increases the maximum mobile home loan guaranty from 30 to 50 percent of the loan.

It also preempts, under certain conditions, State constitutional usury provisions.

Health Care

COMPARATIVE HIGHLIGHTS

Item	Fiscal Year		Percent Change
	1976	1975	
Facilities operating at end of year			
Hospitals	171	171	
Domiciliaries	18	18	
Outpatient clinics	215	213	
Nursing home units	88	85	
Employment (net full-time equivalent)	181,443	173,339	+ 4.7
Operating costs (in millions)			
Medical care	\$3,974.8	\$3,460.5	+ 14.9
Research in health care	3,838.8	3,328.2	+ 15.3
Other	101.5	95.4	+ 6.4
	34.5	36.9	- 6.5
Inpatients treated (episodes of care)			
VA facilities	1,287,125	1,220,107	+ 5.5
Other facilities	1,208,281	1,142,893	+ 5.7
	78,844	77,214	+ 2.1
Average daily inpatient census			
VA facilities	113,055	114,384	- 1.2
Other facilities	94,347	95,893	- 1.6
	18,708	18,491	+ 1.2
Outpatient medical visits			
VA staff	16,409,740	14,629,517	+ 12.2
Fee-basis	14,222,594	12,595,514	+ 12.9
	2,187,046	2,034,003	+ 7.5
Outpatient dental care			
VA staff			
Examinations	83,230	85,802	+ 8.7
Treatment cases completed	94,097	83,670	+ 12.5
Net authorized on fee-basis	121,966	130,891	- 6.8
Prescriptions dispensed	32,043,848	28,044,000	+ 14.3
Laboratory procedures (unit count)	165,622,586	146,756,541	+ 12.9
Radiology examinations	5,939,845	5,421,558	+ 9.6

¹ Adjusted to new reporting system

SUMMARY

The Veterans Administration health care system at the end of FY 1976 was providing care in 171 hospitals, 215 outpatient clinics, 88 nursing homes and 18 domiciliaries. Veterans were also given care under VA auspices in non-VA hospitals and in community nursing homes. In addition, the VA authorized on a fee-for-service basis visits to non-VA physicians and dentists for outpatient treatment, and supported veterans under care in 8 hospitals, 33 nursing homes and 35 domiciliaries operated by 31 States.

VA experienced an unparalleled expansion in its health care services and in the demand for these services. More than 2,250,000 applications for care were received from veterans during the year. The

number of extended care and hospital inpatients treated (episodes of care) increased to 1,287,000, or 67,000 more than in FY 1975. More than 92 percent of these were in VA hospitals. Outpatient care provided also reached new highs. Visits for outpatient medical care amounted to 16,410,000, including 14,223,000 visits to VA staff and 2,187,000 visits to private physicians on a fee for service basis. On any single day, on the average, almost 180,000 individuals received care from the Veterans Administration.

Emphasis on outpatient care and rapid intensive treatment with shorter periods of hospital stay for psychiatric patients resulted in an increase of the number of veterans treated by VA's 122 mental hygiene clinics, 32 of which were activated during the year, 40 day hospitals, and 52 day treatment centers.

To provide the necessary professional expertise and leadership essential for long-term care programs an Office of Assistant Chief Medical Director for Extended Care was established in September 1975. The office is responsible for VA and community nursing home care, personal care homes, hospital-based home care, VA domiciliary care, State home care (domiciliary, nursing home, and hospital), and the Geriatric Research, Education and Clinical Centers. The VA considers it essential to continue to assess these and other approaches to long-term care programs to assure that its health care system is available and responsive to those veterans in need of such care. During the year, a new Geriatric Research, Education and Clinical Center was opened at the VA hospital, St. Louis, Missouri, bringing the total number to eight, and two new nursing homes were opened at the VA Hospitals, Long Beach, California, and Tuscaloosa, Alabama.

Two additional State homes were recognized, a 120-bed nursing home at Florence, Colorado, and a 162-bed nursing home at Talihina, Oklahoma. Since the beginning of the Federal/State sharing program to construct or remodel nursing home care facilities and to modernize existing domiciliary or hospital facilities, the VA has participated in 34 projects to construct 4,587 nursing home

care beds, and 77 projects to remodel existing nursing home, domiciliary and hospital care facilities.

Plans were developed during the year for new construction of 200-bed domiciliary units to replace beds in facilities which do not meet life safety code requirements and which are not suitable for upgrading because of structural considerations and prohibitive costs. At the same time, a program was initiated for modernization of domiciliary facilities which are economically feasible for upgrading and which would then meet the requirements of modern domiciliary living devoid of an institutional atmosphere.

By the end of FY 1976, more than 180,000 individuals and almost 100,000 family groups had established entitlement with the VA for medical care under Public Law 93-82. This law authorizes the VA to pay part of the cost of medical care received by the spouse or child of a veteran who has a total and permanent service connected disability, and the widowed spouse or child of a veteran who died as a result of a service connected disability. Since the program began in September 1973, some \$43 million has been expended by the VA in this program.

The VA continued to expand the number of specialized medical programs which are considered essential for assuring that every patient receives the highest quality and most modern medical care possible. A steadily increasing number of these programs are being activated at VA health care facilities based on regional needs. At the end of the fiscal year there were 1,183 separate programs in operation. These included 73 alcohol treatment units and 52 drug dependence treatment centers, seven epilepsy centers, 52 hemodialysis centers, 161 intensive care units, 21 prosthetic treatment centers, and 15 renal transplantation centers. During the year, construction was begun on a new Spinal Cord Injury and Rehabilitation Center at the VA Hospital, West Roxbury, Massachusetts. The 106-bed building will be one of the first in the United States designed exclusively for comprehensive acute care and rehabilitation of the spinal cord injured.

Significant advances in the regionalization of the management, delivery and integration of health care services were made by VA's 28 Medical Districts. Likewise, the program for sharing specialized medical resources between VA and other federal, state and community hospitals and clinics under Public Law 89-785 continued to make progress. During the year, 83 VA health care

facilities entered into 184 sharing agreements with community health care facilities.

In response to Public Law 93-641, which recognized the role of the VA nationally and regionally, the VA revised and strengthened its policy with respect to the coordination of VA programs and projects with states and communities. VA is represented in statewide Health Coordinating Councils and Health Systems Agencies. Also, the VA continued to refine, strengthen, and expand its Health Services Review Organization program for quality assurance. These reviews supplement outside evaluations by the Joint Commission on Accreditation of Hospitals, the American Medical Association Council on Medical Education, the Deans Committees of affiliated medical schools, veterans service organizations, and other non-VA sources. Close liaison is maintained with the Professional Services Review Organization activities of the Department of Health, Education and Welfare.

The VA conducted an extensive program of education and training for most of the occupations in the field of health care. This program is coordinated through more than 2,200 VA hospital affiliations with schools of medicine, dentistry, pharmacy, nursing, social work, and other allied health fields at both graduate and undergraduate levels. There were 130 VA hospitals and 29 VA outpatient clinics participating in "Deans Committee" affiliations with 102 medical schools, and 74 of VA's 171 hospitals were affiliated with the nation's 58 schools of dentistry.

VA spent \$95 million for research in health care during FY 1976. The quality of work in this area is evidenced by the recognition VA researchers received on a national scale.

At the end of FY 1976, 221 construction projects were in progress at a total estimated cost of \$323.2 million. During the year, 144 construction projects were completed at a construction cost of \$121.0 million. These projects included replacement, modernization, alteration and improvement of existing VA facilities.

On May 11, 1976, the President approved the construction of eight new VA hospitals. His decision was based on a series of analytical studies of geographical locations where planned replacement or new hospitals were under consideration.

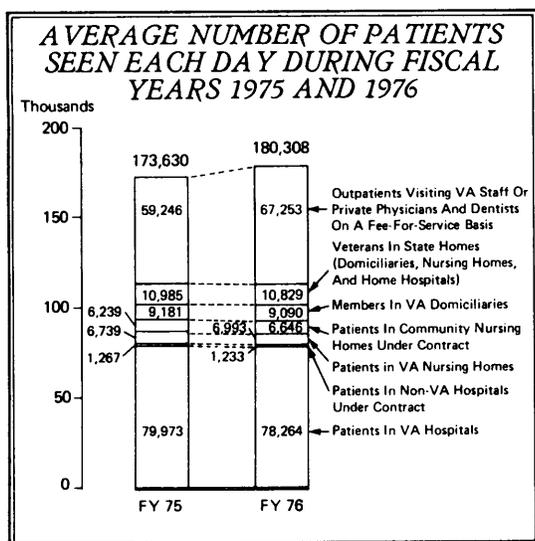
During the year VA's Department of Medicine and Surgery employed a full-time equivalent of 181,443 persons, including 10,351 physicians, 24,908 nurses, and 967 dentists. In addition, a monthly average of about 115,000 volunteers gave

VA health care facilities almost 11 million hours of service. VA's budget for health care programs (excluding construction projects) was almost \$4.1 billion. This represented about 7 percent of the \$49.9 billion expended for health care by all public sources, including the various federal agencies.

Public Law 94-123, which was enacted to assist VA's Department of Medicine and Surgery attract or retain highly qualified physicians and dentists by authorizing the payment of special pay, was implemented. By June 30, 1976, more than 8,000 VA full and part time physicians and dentists were receiving primary special pay and variable amounts of incentive special pay. Although too little time has passed to permit a definitive evaluation of the effects of this legislation on recruitment and retention, experience so far has been favorable.

PATIENT CARE

During FY 1976, more patients were cared for by the VA than during any other year since the establishment of the Veterans Administration in 1930. As can be seen in the accompanying chart, an average of 180,308 veterans were under care each day— 6,678 more than the daily average during FY 1975. Of the 180,308 about 44 percent were patients in VA hospitals or in non-VA hospitals under contract.



During FY 1976, VA received an all-time high of 2,253,000 applications for care— 184,000 more

than in the previous fiscal year. Of the applications processed, 18.5 percent were made by Vietnam era veterans and 11.9 percent by veterans 65 years of age or older. About 42.5 percent of all the applicants were accepted for hospital care, 37.2 percent were accepted for ambulatory care, 0.3 percent were accepted for domiciliary care, and 0.2 percent for nursing home care. The remaining 19.8 percent were found not to be in need of care.

Hospital Care

During FY 1976, the Department of Medicine and Surgery of the Veterans Administration completed a series of analytical studies of eight geographical locations where planned replacement or new hospitals were under consideration. The purpose of these analyses was to project the supply of medical services necessary to meet the estimated future demand at each location. The areas studied were:

- Bay Pines, Florida
- Baltimore, Maryland
- Little Rock, Arkansas
- Martinsburg, West Virginia
- Philadelphia, Pennsylvania/Southern New Jersey
- Portland, Oregon/Vancouver, Washington
- Richmond, Virginia
- Seattle, Washington

These analyses were furnished to health care consulting firms engaged by the Veterans Administration to conduct a comprehensive study of the many aspects which relate to the provision of care by the VA in the area. These included an evaluation of existing facilities; the consideration of the availability and utilization of health service resources in the area; a review of potential sites; an analysis of the necessary size, composition, and cost of recommended construction; and an environmental assessment.

The Veterans Administration reviewed the consultants' reports, recommendations, and alternate solutions for the eight major construction projects. Recommendations for a new or replacement hospital in each of the areas studied and priorities for construction were then submitted to the President.

On May 11, 1976, the President announced his decision for construction of the eight hospitals. He amended the FY 1977 Presidential Budget to the Congress to provide design funds in FY 1977 for the eight hospitals and to provide construction funds for a replacement hospital in Bay Pines, Florida, and Richmond, Virginia.

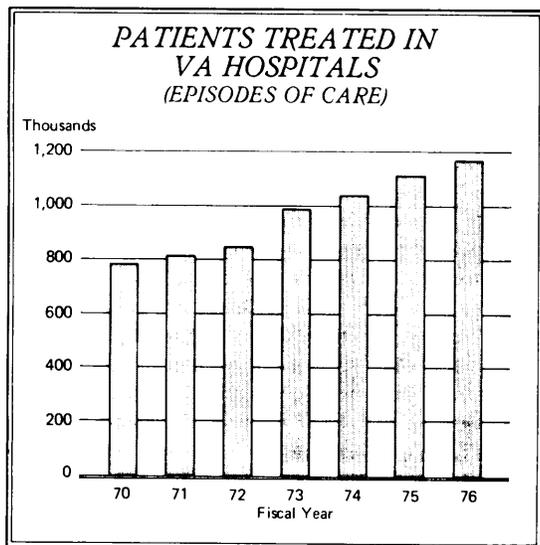
On May 25, 1976, the Director, Office of Management and Budget informed the Administrator that the President had authorized the bed levels established by the VA for these eight replacement hospitals. The President directed the VA to keep the total cost of the projects within the estimated amounts.

Plans are being formulated to incorporate selected innovations into the eight replacement hospitals, such as improved pharmacy procedures, waste disposal, radiology, material handling, clinical laboratory, and communications system. In order to expedite the completion of these facilities, phased construction will be used in the construction process.

At the end of the year, VA's 171 hospitals were operating 45,109 beds in medical bed sections, 19,951 beds in surgical bed sections, and 28,762 beds in psychiatric bed sections.

There were almost 1,131,000 patients admitted to hospitals during FY 1976— over 1,102,000 to VA hospitals and over 28,000 to non-VA hospitals under VA authorization. Admissions of Vietnam era veterans to VA hospitals amounted to almost 154,000, an increase of over 9,000 compared with FY 1975.

The number of VA patients treated (episodes of care) in VA and non-VA hospitals during FY 1976 (i.e., the number of discharges and deaths during the year plus the number on the hospital rolls on June 30, 1976) totaled more than 1,208,000. Of this number almost 1,179,000 were treated in VA hospitals— the highest number in VA history and 65,000 more than during the prior year.



The increase in the number of patients treated was accomplished largely by reducing the length of time patients spent in a hospital during an episode of care and thus making beds available for more admissions. The most important factors contributing to this were higher use of ambulatory care, and more extensive placement of patients in nursing homes and other extended care facilities.

The VA provided more than 29 million days of patient care in VA and non-VA hospitals during FY 1976. This represented an average daily census of 79,497 patients, 78,264 of whom were in VA hospitals.

Ambulatory Care

Medical Services—During FY 1976, there was a total of 16,409,740 visits for outpatient medical care, including 14,222,694 visits to VA staff and 2,187,046 visits to private physicians on a fee-for-service basis. The accompanying chart shows the growth of this program. VA's ambulatory care workload has more than doubled since FY 1971.

The Veterans Administration has made a major commitment to meet the demands of ambulatory care by implementing new programs and by improving facilities and services. In a continuing effort to provide access to VA health care services, 14 new clinics have been opened since 1972. The ambulatory care clinics at Jacksonville, Florida, Honolulu, Hawaii, Henderson, Nevada, Boston, Massachusetts, Brooklyn, New York, McAllen, Texas, Mobile, Alabama, Newark, New Jersey, New Bedford, Massachusetts, and San Antonio, Texas, are being relocated or renovated to improve their accessibility to veterans as well as their physical plant. Many VA hospitals are also scheduled to improve their ambulatory care activities as a result of newly developed and approved space criteria which permit a modern and progressive approach to clinic design and patient needs.

The expanding workload coupled with scarce physician resources has resulted in a change from an entirely physician-patient situation to a health team approach. Allied health workers are being assigned broader tasks allowing the physician to be utilized more efficiently and effectively. Their assignments vary directly with the extent of their training and the guidelines approved by the local Clinic Executive Board.

Several VA hospitals have already instituted health care teams consisting of physician's assistants, nurse clinicians or practitioners, health tech-

nicians (specially trained aids), and a physician supervisor. The number of staff and teams directed by a physician is based on the ability of the physician to effectively oversee the care provided to all of the patients. Other allied health personnel, such as social workers, dietitians, and psychologists, may also participate in these teams. Drug and alcohol counseling services, family psychiatric counselling, patient education, and the training of the health care professionals in the ambulatory setting are fast being recognized as important adjuncts to good overall outpatient health care and are being implemented in many VA facilities.

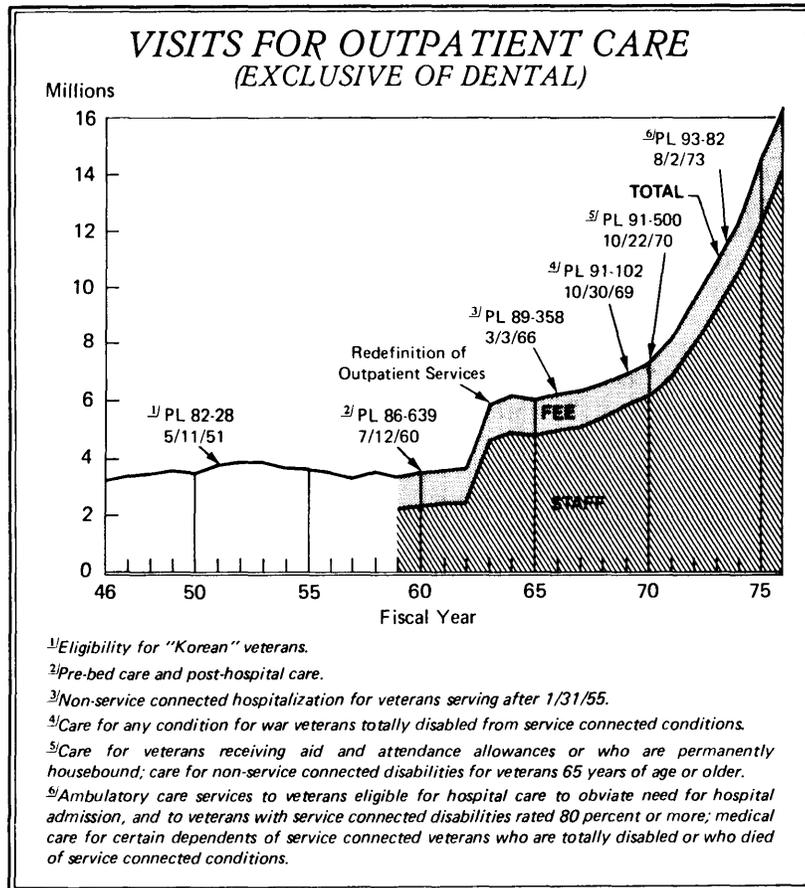
Dental Services—Vietnam era veterans continued to be the major consumers of outpatient dental benefits during FY 1976 representing more than 145,000 of the 233,000 veterans who applied. With the conclusion of the Vietnam era and the gradual reduction in military personnel, the downward trend in applications showed a 2 percent drop compared to the previous year.

Veterans applying for repeat dental treatment, having eligibility based upon a service connected disability, continued to show an increase. The number rose to 88,400 for an increase of 7 percent above FY 1975.

Costs of dental benefits through the home town dental program in which the VA pays the local dentist a preauthorized fee for service were in excess of \$57 million. Under this program, outpatient dental treatment is made conveniently available to veterans who would otherwise have unreasonable distances to travel to the nearest VA health care facility.

Extended Care

Management of Long-Term Care—The rapidly expanding proportion of the veteran population above the age of 60 requires increased attention to programs which provide alternatives to costly hospitalization of patients requiring long term



care. An Office of Assistant Chief Medical Director for Extended Care was therefore established in September 1975. The mission of the new office is to provide the necessary professional expertise and leadership for the following long term care programs: VA Nursing Home Care, Community Nursing Home Care, Personal Care Home, Hospital-Based Home Care, Domiciliary Care, State Home Care (Nursing Home, Domiciliary, and Hospital), and Geriatric Research, Education and Clinical Centers. Large numbers of aged veterans requiring long term care will place ever-increasing demands on these programs. Continuing assessment of these and other approaches to long term care is essential to assure that the VA health care system is available and responsive to those veterans in need of such care.

The creation of a separate Office of Assistant Chief Medical Director for Extended Care established the mechanism required to provide the necessary impetus for this effort. Through increased emphasis upon long term care programs it is expected that the VA will improve the quality of care for long term patients, broaden the scope of services, increase patient satisfaction, and make more effective use of manpower and resources.

The VA has worked closely with the Administration on Aging (AOA) to initiate specialized services which will benefit the elderly veteran. For instance, the VA has been involved in the implementation of a working agreement with 13 other Federal agencies and AOA to improve information and referral services to older Americans. The VA took the initiative in matching local Area Agency on Aging (AAA) offices with their nearest VA facility across the nation. Each VA facility and AAA office was then notified of its respective agency neighbor. This attempt to facilitate informational exchange at the "grass-roots" level is expected to increase service delivery to older veterans. The VA and AOA are jointly sponsoring nutritional programs for older veterans which are to be located initially at various VA Geriatric Research, Education and Clinical Centers.

The VA has participated in the Federal Canvas of Research on Aging conducted by the National Institute on Aging. The VA has also been cooperating with the Experimental Technology Incentives Program (ETIP) of the National Bureau of Standards. Under this program the Geriatric Centers are working with ETIP representatives to test technological innovations appropriate to extended care patients. The National Foundation for the Blind has also been involved in the VA's efforts to

evaluate the effectiveness of various prosthetic aids with older persons.

Geriatric Research, Education and Clinical Centers—To promote innovative and comprehensive approaches to the care of long-term patients, the VA developed the Geriatric Research, Education and Clinical Centers (GRECC) as a major resource. These centers have been given the task of integrating clinical, research, and educational advancements, particularly in the area of geriatrics and gerontology, into the total VA extended care system.

During this past year, a new GRECC was established at the VA Hospital, St. Louis, Missouri, for a total of eight centers. Of particular interest is the operational plan proposed by the St. Louis Center. Important medical data will be collected on all patients over 60 years of age and will be entered in a patient registry. Based on clinical criteria, selected patients will then be admitted to the Geriatric Diagnostic and Demonstration Unit, where careful diagnostic evaluation will be undertaken and a rehabilitation prescription developed for each patient. Through this process, not only will the immediate needs of the aging veteran be met but a growing pool of data will enable increased predictability of developing socio-medical problems. This offers an increased potential for planning for future needs and possible preventive measures for the aging veteran population in that geographic area.

A survey study of World War I veterans was completed by the GRECC at the VA Hospital, Bay Pines, Florida. A major objective of the study was to identify veterans living in Pinellas County, Florida, regardless of their degree of contact with the Veterans Administration. Detailed interviews were conducted with 670 World War I veterans whose average age was 80. Information was collected on the older veterans' social, economic, and family situation, their self-evaluated health status, and their use of health care facilities. The findings of this study are providing insight into present and future needs of veterans which should increase planning effectiveness.

In June 1976, the GRECC at the VA Hospital, Little Rock, Arkansas, opened a 10-bed Geriatric Diagnostic Ward. In planning this ward, the VA staff developed a special design approach which reflected an awareness of the individual and unique needs of the geriatric patient, such as visual limitations. Joint collaboration between the Little Rock GRECC and the University of Arkansas School of Medicine has resulted in two residency

positions in geriatric medicine, a precursor, it is hoped, to establishing in young physicians an early and lasting interest in the medical aspects of aging.

Other GRECCs are currently developing efforts related to drug utilization in the elderly, senile dementia, nutrition and cardiopathy of aging.

VA Domiciliary Care—The VA domiciliary program is designed to provide necessary medical treatment and comprehensive professional care for eligible ambulatory veterans in a residential-type setting. The program is directed toward those veterans who are disabled by age, disease, or injury and are in need of care but do not require hospitalization or the skilled nursing services of a nursing home. To be entitled to domiciliary care, the veteran's disability must be chronic in nature. The veteran must also be incapacitated from earning a living and have no adequate means of support.

The primary focus of the domiciliary had traditionally been to provide food, lodging, and limited medical care in an institutionalized setting. During the period 1967-1975 there was a change in emphasis from custodial care to a therapeutic community concept stressing more preventive health services, rehabilitation and restoration.

During FY 1976, plans were developed for new construction of 200-bed units to replace beds in facilities which do not meet life safety code requirements and which are not suitable for upgrading because of structural problems and

prohibitive costs. At the same time a program was initiated for modernization of facilities which are economically feasible for upgrading and which would then meet the requirements of modern domiciliary living devoid of an institutional atmosphere. More importantly, while this long range construction plan is unfolding, improvements in living quarters are being made for current domiciliary members. To the extent possible within existing resources, increased privacy is being provided through added partitioning and innovative furniture arrangements. A more cheerful, homelike atmosphere is developing in many domiciliaries through creative color redecorating, window shades or drapes, pictures and furniture. In many domiciliaries these efforts have resulted in significant improvements in the living, dining, toilet and recreational areas.

On June 30, 1976, VA's 18 domiciliaries were operating 10,152 beds. During the year, the average daily census was 9,090, and 18,408 patient-members were treated. The average age of patient-members is 60 years, with 30.4 percent being 65 or over. The vast majority (73.5 percent) of patient-members are World War II veterans. Most (77.0 percent) receive compensation or pension from the VA. The percentage of patient-members whose principal diagnosis is classified as general medical or surgical has been declining and is now about 43 percent.



*Veterans Exercising in VA Nursing Home
Care Unit*

VA Nursing Home Care -- This program is designed for veterans who are not acutely ill or in need of hospital care but who require skilled nursing care and related medical services. These services are prescribed by or performed under the general direction of persons duly licensed to provide such care.

The primary purpose of a nursing home care unit is to provide skilled nursing care and related medical services, and individual adjustment services including social, diversional, recreational and spiritual activities and opportunities. Typically, a veteran admitted to a VA nursing home care unit is chronically ill, has a permanent or residual disability, is expected to require a long period of nursing supervision, observation and care, and requires special efforts of a long-term rehabilitative nature. All the services required for the comprehensive care of a veteran in the nursing care unit are available through the resources of the hospital.

Nursing home care beds were increased during the course of the year with the opening of new nursing home care units at Long Beach, California, and Tuscaloosa, Alabama. On June 30, 1976, VA was operating 7,585 nursing home care beds at 88 hospitals. There were 10,979 veterans treated in this program, with an average daily census of 6,993. The average length of stay of patients discharged was 476 days. The average age of patients is 69 years, with 61.4 percent 65 or over.

About half of the patients are World War II veterans and 40.1 percent are World War I veterans. Most (77 percent) receive compensation or pension from the VA. The percentage of patients whose principal diagnosis is classified as general medical or surgical is 32 percent.

Community Nursing Home Care -- This program is designed for veterans who are not acutely ill and not in need of hospital care, but who require skilled nursing home care and related medical services. The primary purpose of this program is to aid the veteran and his family in making the transition from a hospital to the community by providing time to marshal resources for the veteran's continued care. Participating nursing homes must be licensed by their respective states. Facilities are inspected by VA personnel prior to approval and no less than every 2 years thereafter. When they are accredited by the Joint Commission on Accreditation of Hospitals no inspection is required. Follow-up visits are provided to the veteran in the nursing home by the hospital social worker, nurse and other members of the treatment team.

Under this program, non-service connected veterans may be placed in community facilities at VA expense for a period not to exceed 6 months. Veterans requiring nursing home care for service connected conditions may receive such care at VA expense indefinitely.



*Veterans Playing Table Games with
Volunteers in a VA Nursing Home Care Unit*

A total of 22,998 veterans were treated in over 2,810 community nursing homes in the 50 States and Puerto Rico during FY 1976, with an average daily census of 6,646. The average length of stay of patients discharged was 162 days. The average age of veterans is 68 years, with 58 percent being 65 or over. About 49.7 percent of the patients are World War II veterans and 37.3 percent are World War I veterans. Most (76.7 percent) receive compensation or pension from the VA. The percentage of patients whose principal diagnosis is classified as general medical or surgical is 39.9 percent.

Personal Care Homes — This program is designed to provide personal care and supervision in a homelike setting in the community to veterans who have no home or whose home is unable to provide the needed care.

Homes vary in size from those accommodating one veteran in a family setting to homes accommodating 20 or more veterans. Facilities are periodically inspected by an interdisciplinary team from the closest VA hospital. Regular followup visits to the veterans are provided by Social Work Service and other disciplines to assist in their adjustment in the community.

Hospital-Based Home Care — This program allows for an early discharge of veterans with chronic illnesses to their own homes. The family provides the necessary personal care under coordinated supervision of a hospital-based multidisciplinary treatment team. The team directs the medical, nursing, social, dietetic and rehabilitation regimens as well as the training of family members and the patient. Thirty-one hospitals are providing home health services. In FY 1976, 60,308 home visits were made by health professionals. By providing 259,827 days of care in the home, acute care beds in the hospital were freed up. These veterans were maintained in their homes at an

average per patient day cost of \$16.66, which reflects one of the advantages of the program.

State Home Program — Through grants-in-aid, the VA assists the States in providing domiciliary, nursing home, and hospital care to veterans in State veteran homes. VA makes per diem payments for the care of eligible veterans and participates up to 65 percent in the cost of construction and remodeling of State home facilities.

During the year, two additional State homes were recognized. One is a 120-bed nursing home at Florence, Colorado, and the other is a 162-bed nursing home at Talihina, Oklahoma.

Under the Federal/State sharing legislation to construct or remodel nursing home care facilities and to modernize existing domiciliary or hospital facilities in State homes, VA has participated in 34 projects to construct 4,587 nursing home care beds, and 77 projects to remodel existing State nursing home, domiciliary and hospital care facilities.

Forty State homes in 31 States (including two annexes in Nebraska) provided care to veterans during FY 1976. Of these homes, 33 provided 8,215 veterans with nursing home care, 35 provided 11,544 veterans with domiciliary care, and eight provided 6,814 veterans with hospital care. The combined average daily census during the year was 10,829.

The accompanying table shows selected data of veterans in State homes during FY 1976, by type of program.

Medical Care for Dependents

By the end of FY 1976, there were 182,622 individuals in 98,858 family groups who had established entitlement for medical care under the Civilian Health and Medical Program of the Vete-

Veterans in State Homes	Nursing Care	Domiciliary Care	Hospital Care
Average age	73	64	73
65 years of age or older	75.2%	44.2%	74.1%
Service during World War II	43.7%	65.8%	46.6%
Service during World War I	52.7%	22.9%	50.0%
Receiving VA compensation or pension	80.5%	63.1%	65.4%
With medical or surgical diagnosis	57.8%	55.4%	66.4%

rans Administration (CHAMPVA) authorized by Public Law 93-82. The total number is comprised of 87,966 children and 94,656 adults. The law authorizes VA to furnish medical care to the spouse or child of a veteran who has a total and permanent service connected disability, and the widowed spouse or child of a veteran who died as a result of a service connected disability. Since the program began in September 1973, some \$42,970,000 has been expended.

Item	CHAMPVA Expenditures Cumulative Thru June 30, 1976
Total	\$42,970,000
Hospital care (physician services and hospital charges)	32,715,000
Physician outpatient services	6,006,000
Prescriptions	2,302,000
Dental care	50,000
Contractors' administrative costs	1,897,000

PROFESSIONAL SERVICES

During the past year, VA's professional services emphasized matrix organization and teamwork, which resulted in a participative approach to

Specialized Medical Services June 30	1969	1972	1974	1976
Alcohol Treatment Units	29	41	71	73
Blind Clinics	—	3	4	5
Blind Rehabilitation Centers	2	3	3	3
Cardiac Catheterization Labs	51	57	65	67
Drug Dependence Treatment Centers	—	32	44	52
Electron Microscopy Units	15	29	41	42
Epilepsy Centers	—	3	5	7
Hemodialysis Centers	30	42	49	52
Home Dialysis Training Units	—	33	49	51
Satellite Dialysis Units	—	7	25	26 ¹
Hospital Based Home Care	—	6	31	31
Intensive Care Units				
No. of Hospitals	64	99	125	161
No. of Beds	(629)	(1489)	(1866)	(2185)
Nuclear Medicine Units	79	93	109	123
Prosthetic Treatment Centers	5	18	20	21
Pulmonary Function Labs	85	112	137	160
Renal Transplantation Centers	5	12	12	15
Respiratory Care Centers	68	93	117	158
Speech Pathology Units	54	72	86	88
Spinal Cord Injury Centers	8	14	17	18
Stereotactic Brain Surgery Centers	—	5	5	5
Supervoltage Therapy Units	16	23	23	25
Total	511	797	1038	1183

¹ Count does not include limited care dialysis

resolving problems which cuts across traditional service lines. To this end, a multi-service committee was established which reviews all proposed sharing agreements forwarded to the professional services for comment. In addition, a multi-service committee was established to assist in the selection and assignment of Chief of Staff candidates and in the ongoing review and evaluation of the overall Chief of Staff program.

The Veterans Administration continued during FY 1976 to expand the number of specialized medical programs which are considered essential for assuring that every patient receives the highest quality and most modern medical care possible. A steadily increasing number of these programs are being activated at VA health care facilities based on regional needs. At the end of the fiscal year, there were 1,183 separate units in operation. The accompanying table shows the growth of specialized medical programs from FY 1969 to FY 1976.

CLINICAL SERVICES

Medicine

During FY 1976, VA's Medical Services continued to upgrade the quality of care to our nation's veterans.

Respiratory Care Centers — At the end of the fiscal year, the VA was operating 158 Respiratory Care Centers. These Centers are designed to treat pulmonary diseases of which the most common now is pulmonary emphysema.

Respiratory Care Centers range in size from 10-bed to 80-bed nursing units. They are staffed by physicians who have specialized in diseases of the chest and in some instances by nurses and technicians who have similar specialization. During FY 1976, 43,438 patients were treated in VA Respiratory Care Centers. This has necessitated new diagnostic methodologies of which fiberoptic bronchoscopy and exfoliative cytology are two examples. At all VA hospitals there now are Inhalation Therapy Units which vary in size and in proportion to the bed space of the health care facility. The Inhalation Therapy Units provide services to all bed sections in the hospital and also to ambulatory care patients. Employing a variety of techniques, the staff of the units attempt to correct reversible functional abnormalities of the lungs, such as hypoxia, hypo-ventilation, bronchiolar obstruction, and excess secretions.

Intensive Care Units and Coronary Care Units — As of June 30, 1976, there were in operation 2,185 beds in the Medical and Surgical Intensive Care Units (ICUs) and Coronary Care Units (CCUs) located at 161 VA hospitals. During the year, 315,471 days of patient care were provided by the ICUs and CCUs.

ICUs and CCUs are constructed to provide continued automatic monitoring of cardiac rate and rhythm. In addition, there is provision for monitoring such vital signs as respiration, blood pressure and body temperature. The units allow direct patient observation from the nursing station and are divided into cubicles which can be isolated from each other visually if special treatment must be provided to an individual patient.

The special equipment also includes apparatus for all types of resuscitation functions. Since much of this equipment is operated electrically, special grounding arrangements are built into the ICU and frequently tested for electrical safety.

The usual length of stay in a CCU is 5 days and in a medical ICU from 5 to 7 days. When patients are released from CCUs to regular medical wards they are frequently fitted for a period of time with heart rate and rhythm monitors which can be telemetered to a central console even while the patient is able to move about the ward or about the hospital.

Pulmonary Function Laboratories — During FY 1976, there were 160 pulmonary function laboratories in operation. These laboratories support the care programs for patients with respiratory diseases by providing ongoing capability for tests (pulmonary function tests, blood pH, blood gas determinations) needed in diagnosis and in the evaluation of treatment.

Sickle Cell Screening, Education and Counseling¹ — During FY 1976, the VA Sickle Cell Screening, Education and Counseling program was expanded to a total of 38 hospitals. A total of 34,548 patients were screened, 14,950 attended educational sessions, and 2,975 were counseled, including 140 spouses and 128 employees.

The format of the program is essentially the same in each of the participating institutions. Black patients are identified and voluntary written consent is obtained for withdrawal of a sample of blood for analysis. Educational programs are available to all persons. For patients found to have an abnormal hemoglobin suggesting s-type sickle or

related hemoglobin disorder, personal counseling sessions are held. This may include the tested spouse, should he or she be willing to attend. Opportunities for testing, education, and counseling are also available to all VA personnel.

Training of counselors for new hospitals was provided at Wayne State University School of Medicine, Detroit, Michigan, in an intensive three day course given by the National Association for Sickle Cell Disease, Inc., on April 26-28, 1976. Further opportunity for practical experience was made available to all new counselors by having them spend some time in an established program at a nearby VA hospital.

As part of the ongoing educational needs, counselors and technicians attended workshops held in 10 major cities throughout the country under the auspices of the Department of Health, Education and Welfare Sickle Cell Program. This provided an additional opportunity for exchange of ideas and experiences among persons involved in the VA program.

Howard University presented a postgraduate course on Sickle Cell Anemia during October 2-3, 1975, in Silver Spring, Maryland, which was attended by 15 counselors. The principal investigators met in New Orleans, Louisiana, on January 21, 1976, to present individual problems and to exchange information and experiences. A Sickle Cell Advisory Group Meeting consisting of non-VA physicians was held at the VA Central Office in Washington, D.C., on January 26, 1976, to evaluate the VA program and suggest alternative techniques in furthering this effort. The Executive Committee met in Dallas, Texas, on December 5, 1975, and Washington, D.C. on June 8, 1976, to discuss matters concerned with the future of the program and suggested ancillary studies.

The coordinator of the sickle cell program has represented the Veterans Administration as an ex-officio member of the Sickle Cell Advisory Council of the Department of Health, Education and Welfare at its quarterly meetings held in Bethesda, Maryland. He has also participated in two Federal interagency group meetings on sickle cell disease held at the National Institutes of Health.

With the growth of the program, additional sickle cell exhibits were constructed. There are now six which are rotated around the country and shown at participating VA hospitals for periods of about 2 months. The exhibits have also been shown at national meetings of the National Medical Association, at New Orleans, Louisiana, and

¹ This information is included in compliance with section 654, Title 38, U.S.C.

Black Expo, at New Haven, Connecticut. Posters have been placed around corridors at hospitals to alert the general public as well as patients and personnel to problems of sickle cell disorders and where information can be obtained. In conjunction with this, educational brochures developed by many agencies have been distributed to interested persons.

Complementary efforts in such areas as "mild" homozygous sickle cell disease, renal function, bond changes, leukopenia in blacks and thalassemia are under continuing study.

Oncology — The National Cancer Institute (NCI)-VA Medical Oncology Branch at the VA Hospital, Washington, D.C., is organizationally part of the National Institutes of Health, and is also a subspecialty section of the VA hospital's medical services.

The NCI-VA Medical Oncology Branch has in its employee capacity eight full-time physicians, seven clinical associates, 30 registered nurses and 44 support positions, for a total of 80 full-time and nine part-time positions. It has a capacity of 30 beds.

During FY 1976, the unit recorded 478 admissions (358 veterans and 126 non-veterans) and an average daily patient census of 22.9. There were 293 consultations, and 696 procedures performed. More than 60,000 laboratory tests have been performed for the NCI-VA Medical Oncology Branch by the VA Hospital, Washington, D.C. These procedures included bronchoscopies, bone marrow biopsies, and liver biopsies.

The unit completed 8 projects and was continuing work on 16 other projects, resulting in 28 publications.

Comprehensive Rheumatic Disease Care — Improved care of patients with arthritis, rheumatism, related connective-tissue diseases and immunologic conditions was established as a VA Department of Medicine and Surgery objective, and a pilot program was initiated at the VA Center, Wood, Wisconsin.

Cardiac Catheterization Laboratories — Cardiac catheterization laboratories help to provide detailed anatomic and physiologic diagnoses of cardiovascular disease. During FY 1976, there were 67 cardiac catheterization laboratories in operation which performed about 92,500 procedures.

The catheterization capability of the VA appears to be appropriate to needs and only three additional laboratories are planned. In the future the cardiac catheterization laboratories will be involved principally with the angiographic demon-

stration of occluded and narrowed coronary arteries and visualization of by-pass circulation after coronary by-pass surgery. New diagnostic techniques of a non-invasive nature have recently evolved. These include echocardiography and radioisotopic demonstration of abnormal cardiac morphology and function. It seems likely that these non-invasive techniques may render unnecessary some of the methodologies for which cardiac catheterization was formerly essential.

Dialysis Program — The size of the Veterans Administration Dialysis Program continued to expand during FY 1976. There are 52 hemodialysis centers functioning, and approximately 1,370 patients were under treatment at these centers at the end of the fiscal year. The centers also offer limited or self-care programs which enable suitable patients to actively dialyze themselves with minimal staff assistance. In addition, the centers provide training and support for those patients able to continue their maintenance dialysis at home or in a limited or self-care setting in a medical facility. At the end of the fiscal year, approximately 1,000 patients were dialyzing at home, a modality which may offer greater rehabilitation potential as well as lower cost. The VA also has 26 smaller "satellite" dialysis units located at other VA facilities which care for approximately 190 patients.

The VA continues to support studies on dialysis therapy including chronic peritoneal dialysis care using automated equipment.

Surgery

Surgical services exist in 143 of VA's 171 hospitals. Supported by 752 full-time and 1,013 part-time surgeons, 19,839 acute surgical hospital beds were in operation during FY 1976. These surgeons provided care for approximately 30 percent of all patients discharged and a similar percent of the outpatient population. In order to maintain the highest standards of patient care, surgeons are employed only if certified by a specialty board or its equivalent, or if eligible for certification.

During the year, the Surgical Service was assigned the responsibility for emergency medical services in VA health care facilities. As planned, emergency medical services were established at seven major VA hospitals. The first year's experience with emergency medical services and the possibility of expanding the program are now under evaluation.

Another study is also in process to determine the types of surgical procedures which should be available through the outpatient program.

In support of improving patient care, workshops were held on techniques in microsurgery, microneurovascular surgery, total joint replacement, urologic implants and vascular surgery. These workshops not only provide educational experiences for VA surgeons, but disseminate information on advances in surgery throughout the VA hospital system.

As expertise is developed, various VA hospitals are designated as centers for highly specialized procedures such as implantation of nerve stimulators for respiration and relief of pain, urologic prosthetic implants, and intraocular lens implants. Other important new procedures such as phacoemulsification of cataracts and vitrectomies have been made available in VA hospitals as the techniques are developed. Vascular diagnostic laboratories are being evolved with stress on non-invasive diagnostic techniques. All of these advances are developed with the support and advice of specialty consultant committees consisting of experts from within and without the VA.

Evaluation of the open heart surgery and renal transplant surgery programs continued, with a view toward maintaining a minimum number of centers, in the best qualified hospitals, with balanced demographic and geographic availability. In keeping with the regionalization concept, attempts are being made to eliminate fee-for-service and contract surgery in these specialties with referral of patients to VA hospitals that have program capability.

Total joint replacement surgery continues to be a growing program. While hips and knees are the most frequently involved joints, wrists, ankles, elbows and shoulders are being operated upon with increasing frequency for replacement with artificial joints. In order to evaluate the results of this program, a retrospective cooperative study was under way at the end of the fiscal year and a prospective cooperative study is planned to determine the success of this program.

The need for prosthetic services again increased in FY 1976. During the year, VA provided 861,212 prosthetic services compared with 806,433 furnished in FY 1975, an increase of 6.8 percent. The cost of new prosthetic appliances in FY 1976 was \$42,591,334, compared with \$33,605,314 during FY 1975, an increase of 26.7 percent. The cost of repairs to previously issued appliances in FY 1976 was \$4,502,096, compared

with \$3,793,507 in FY 1975, reflecting an increase of 18.7 percent. The overall cost of new appliances and repairs in FY 1976 was \$47,093,430, an increase of 25.9 percent over the previous year.

The VA Clothing Allowance Program authorized by Public Law 92-328 experienced substantial growth. During FY 1976, DM&S completed 5,613 entitlement determinations as to whether or not a particular appliance or device qualifies as a "prosthetic or orthopedic appliance" and, if so, whether "worn" or "used" with sufficient constancy to wear out or tear a veteran's clothing. This represented an increase of 42 percent over the 3,951 determinations made in FY 1975.

During the year, improved methods were implemented for procuring non-custom fitted prosthetic appliances costing \$50 or less, and for centralized stocking of new hearing aids.

Mental Health and Behavioral Sciences

Delivery of mental health services utilizes the collective skills of a multi-disciplinary team which includes psychiatrists, psychologists, nurses, social workers, rehabilitation specialists and other trained personnel.

On any given day, almost 25,000 inpatients are receiving comprehensive mental health services. These include traditional psychotherapies as well as group, individual and family therapy, chemotherapy, and treatment in special programs such as behavior modification, social incentive work programs, therapeutic communities, and programs for vocational or educational appraisal or training.

There now are 124 VA hospitals with psychiatric bed services, including 23 in predominantly psychiatric hospitals, and 101 in general hospitals. Outpatient services are provided by 73 Alcohol Dependence Treatment Programs, 40 Day Hospital Programs, 52 Day Treatment Centers, 52 Drug Dependence Treatment Centers, and 122 Mental Hygiene Clinics, as well as other programs that provide treatment and rehabilitation services.

The trends shown in the accompanying table reflect the shift in emphasis towards increasing the number of patients treated while decreasing the number of psychiatric beds.

In the past five years, the VA has reduced its psychiatric beds by 4,726, more than a 14 percent reduction, while inpatient workloads increased 47 percent. Each psychiatric bed handles 71 percent more patients than 5 years ago. Outpatient mental health program visits were up 51 percent in the

Item	Total		Psychiatric Hospitals		General Hospitals	
	FY 1976	FY 1967	FY 1976	FY 1967	FY 1976	FY 1967
Operating psychiatric beds at end of fiscal year	28,762	54,345	11,650	47,750	17,112	6,595
Average daily census	24,218	51,667	10,062	45,726	14,156	5,941
Admissions	161,969	71,076	44,622	42,159	117,347	28,917
Turnover rates	56.6	12.7	39.3	9.2	69.0	40.0
Patients treated	193,264	142,471	58,913	106,245	134,351	36,226

past 3 years, from 2,056,653 to 3,001,901.

A training conference was held for Chiefs of Psychiatric Services and Mental Health Programs to explore recent advances in the use of psychotherapeutic drugs. In addition, a major effort was sponsored by Mental Health and Behavioral Sciences Service with the support of Medical, Neurology, Nursing, Social Work, Rehabilitation Medicine, Chaplain, and Pharmacy Services, for 350 health care professionals to address the problem of "Care for the Chronic Patient" at another conference. This demonstrated the need for leadership in program development for chronic patients, focused on education and training opportunities, and on the value of the interdisciplinary approach in health care for this high-risk patient population.

Mental Health Councils are emerging in VA health care facilities as a principal mechanism for development of effective multidisciplinary approaches. A special task force to plan a study of the impact of such councils was convened during the past year.

VA experience has already shown that Mental Health Councils have furthered the goal of assuring that veterans under treatment for all types of medical, surgical, and psychiatric conditions receive care designed to prepare them for returning to their homes strengthened in their ability to cope with the circumstances of daily life.

Utilizing the Council as an advisory body, staff and Hospital Directors find they are better able to plan and implement programs with increased understanding as to how colleagues from other services view their actions, and with greater cooperation and support. The perspective and consensus emerging from the diversity of knowledge and skills represented on the Council is a valuable asset to management.

More than 100 VA health care facilities now have these Councils and most others are establishing them.

Mental Hygiene Clinics, Day Hospitals, and Day Treatment Centers—Emphasis on outpatient care and rapid intensive treatment, with shorter periods of hospital stay, has resulted in an increase of the

Program	FY 1976		FY 1967	
	Caseload	Visits	Caseload	Visits
Mental hygiene clinics	170,020	943,300	82,232	507,347
Day treatment centers	8,546	502,933	2,791	239,989
Day hospital programs	5,550	167,561	92	6,217

number of veterans treated by the VA's 122 mental hygiene clinics, 52 day treatment centers, and 40 day hospitals. The VA in the past year has activated 32 new mental hygiene clinics. These serve the basic outpatient needs of veterans requiring any of the modalities of modern psychiatric, psychological, and social treatment, short of hospitalization. All forms of mental illness are treated, ranging from psychoneuroses to stabilized chronic psychotic conditions. During FY 1976, these clinics provided ambulatory mental health care to over 170,000 veterans.

Day treatment centers operate primarily for the benefit of chronic patients who are able, with the help of these facilities, to live in the community while participating regularly in treatment and life support programs. These centers provided continuing treatment to about 8,546 long-term psychiatric veterans last fiscal year.

Day hospital programs provide intensive treatment for veterans with more acute psychiatric conditions on a daily basis. The patient lives in the community and retains contacts with family and friends. During FY 1976, 167,561 visits were made by some 5,550 patients receiving care in Day Hospital Programs.

The psychiatric ambulatory care program reflects the philosophy of earlier short-term treatment on an ambulatory basis. Quality treatment can be given without undue separation of the veteran from his family, job, and community.

Alcohol and Drug Dependence Treatment—Patients treated for alcoholism or problem drinking increased 7.7 percent, or from 90,322 in FY 1975 to 97,244 in FY 1976, with the largest gain, 10.1 percent, recorded in the specialized alcohol dependence treatment programs. Emphasis on ambulatory care increased the turnover rate of the hospital beds involved from 114.0 percent per month in FY 1975 to 127.7 percent per month in FY 1976, and increased the outpatient visits from 151,745 to 206,645, a gain of 36.2 percent. The number of patients in treatment on June 30, 1976, was 31,879, compared to 26,043 on June 30, 1975, an increase of 22 percent. The largest gains appeared in the outpatient components of the specialized alcohol dependence treatment programs, which increased from 11,459 to 15,352, or 34 percent. Total outreach contacts increased by 50.9 percent, from 104,994 to 158,472, and treatment follow-up contacts increased by 31.6 percent, from 52,090 to 68,572. At the end of FY 1976, 73 specialized alcohol dependence treatment programs were in operation.

In drug dependence treatment programs, the experience was much the same. The total number of patients admitted for treatment increased from 24,896 to 26,527, or 6.6 percent, with all the gains occurring in the specialized medical programs. In fact, admissions of drug abusing veterans in hospitals which had no specialized drug dependence treatment programs decreased by 11.4 percent, from 5,998 in FY 1975 to 5,312 in FY 1976, while gains in admissions to the drug dependence treatment programs increased by 12.3 percent, from 18,898 to 21,215. Total patients under treatment on June 30, 1976, numbered 9,338, compared with 8,898 on June 30, 1975, a gain of 4.9 percent. The emphasis on ambulatory care increased the turnover rate of the beds involved from 129 percent per month in FY 1975 to 139 percent in FY 1976, and increased the outpatient visits from 1,075,419 to 1,201,981, a gain of 11.8 percent. Outreach contacts increased from 116,323 to 197,099, or 69.4 percent, and treatment follow-up contacts increased from 24,551 to 37,213, or 51.6 percent. There were 52 drug dependence treatment programs in operation on June 30, 1976.

During FY 1976 the VA analyzed data collected for evaluation of treatment outcome of drug dependent veterans who were admitted to treatment between July 1 and December 31, 1973. A follow-up assessment was obtained 11 months following admission, including a urinalysis, on a sample of 2,600 admissions. The following findings were reported:

1. A large decrease in heroin use. Active heroin users decreased from 55.3 percent of the total patients to 16.1 percent.

2. Moderate decreases in the use of several other drugs. For example, users of amphetamines decreased from 21.3 percent of the total patients to 8.3 percent.

3. A slight increase in use of marijuana or hashish — from 49.7 percent of the total patients to 52.3 percent.

4. A small increase in use of alcoholic beverages to the point of intoxication—from 26.1 percent of the total patients to 32.1 percent.

5. A sizeable shift in drug use proclivities from use of drugs such as opiates, cocaine, barbiturates, sedatives, tranquilizers, amphetamines and hallucinogens, toward a personal behavior style which limited drug abuse to alcohol and cannabis—from 19.0 percent of the total patients to 67.1 percent.

6. An encouraging increase in economic independence. For example, the percent of patients

supporting themselves increased from 45.0 to 60.0.

7. No significant change in frequency of arrests.

The drug abuse problem is a difficult one. However, the Veterans Administration has made some effective innovations in treatment techniques, particularly with use of group and family therapy techniques, often coupled with vocational rehabilitation, providing the veteran with job skills which are more competitive in today's tight job market.

Neurology

Efforts are being made on a continuing basis to strengthen the interrelationships between neurology and neurological surgery. Increasingly, neurological nursing units and neurological surgery nursing units are being located in adjoining areas, or developed as one nursing unit, with the same nursing coverage being provided for both neurological and neurosurgical patients. This permits better patient care, especially for those with acute neurological conditions requiring neurological surgery, since delays in interservice consultations are kept to a minimum. It also increases the efficiency of nursing coverage as neurological patients and neurological surgery patients require much the same type of care and observation, especially during the acute phases of their illness.

To determine whether the care being provided to the veteran with multiple sclerosis could be improved, a small group of consultants was brought together to consider all aspects of such care. Because consideration was being given to vaccinating chronic, debilitated patients against influenza and because patients with multiple sclerosis often fall into this category, their advice was especially sought as to whether multiple sclerosis would be aggravated if there was an allergic response to the vaccine. It was the consensus that the vaccine should be given if it became available. It was also the consensus that new and unproved therapies should be used only when a carefully controlled evaluation is possible and there is assurance that the procedures are free of deleterious effects.

Plans for developing Acute Stroke Units at strategically located parts of the country have been further developed and space planning criteria standards for such units are essentially in their final form.

Epilepsy centers have proved quite successful,

especially in treating cases of uncontrollable seizure disorder, and in evaluating cases of suspected seizure disorder. Biannual workshops for epilepsy center staffs have contributed to maintaining a uniformly high quality of patient care, and have provided training for neurologists, nurses, and allied health care personnel in the field of epilepsy. It is encouraging that an increasing number of veterans disabled because of epilepsy have been enabled to obtain or return to gainful employment.

The conversion of Neurology Sections of Medicine to independent Neurology Services, in conformity with the current trends at most medical schools, is continuing, and six more conversions were accomplished during FY 1976.

Because of its carefully maintained record system, the VA has been able to provide basic clinical and statistical information about patients with epilepsy to the recently established Commission for the Control of Epilepsy and its Consequences.

Spinal Cord Injury

The Veterans Administration operates a system of specialized care for the spinal cord injured veteran representing the only large scale program of its kind in the nation. With the activation of a Spinal Cord Injury Center at St. Louis, Mo., the Veterans Administration increased its Spinal Cord Injury Centers to 18 with a total bed capacity of 1,410. During FY 1976, 6,065 spinal cord injured patients were treated in VA Spinal Cord Injury Centers and 9,815 were treated on an outpatient basis. There were 994 patients admitted to VA hospitals for the first time, 387 of whom were admitted within 6 months of injury.

Emphasis continues on acute care and early transfer of spinal cord injured patients to Spinal Cord Injury Centers. Improved communications with the Armed Services Medical Regulating Office resulted in the transfer of 44 percent of the spinal cord injured patients from military hospitals to VA hospitals in less than 30 days following injury.

Construction was begun during FY 1976 on a new Spinal Cord Injury and Rehabilitation Center at the VA Hospital, West Roxbury, Massachusetts. This center is expected to be a prototype for future care and rehabilitation of the spinal cord injured. The chief of this VA Spinal Cord Injury Center established the nation's first professorship in Spinal Cord Injury Rehabilitation through the Harvard University Medical School.

The 106-bed building at West Roxbury will be one of the first in the United States designed exclusively for comprehensive acute care and rehabilitation of the spinal cord injured. The building is planned to represent the most modern design inclusive of a therapeutic swimming pool adapted for spinal cord injured patients, specially equipped elevators for push plate touch, dependent bath facilities with hydraulic lifts installed at the level of the wheelchair, emergency triage area, bed-side monitors, and special care laboratories.

During the past fiscal year, the Veterans Administration has been requested to treat civilian spinal cord injured patients in the absence of other available facilities for humanitarian reasons. Sixteen civilians were admitted and treated by the VA for spinal cord injury.

Nine Spinal Cord Injury Home Care programs have been activated by the Veterans Administration. This program supports severely handicapped persons with spinal cord injuries in their return and adjustment to life in the community. A total of 458 patients have been placed in the program and 81 of these were outplaced during FY 1976. This program is successfully achieving the objective of continuing rehabilitation and life enrichment of the spinal cord injured veteran in the community. Of the 458 patients, 17 percent are gainfully employed, 20 percent are in school or special training, 29 percent are involved in vocational and community activities, and 34 percent have been placed in specially arranged living situations other than their family homes.

Rehabilitation Medicine (RMS)

Continuing emphasis was placed on the multidisciplinary approach both within RMS and with other professional services. Educational workshops involved multidisciplinary themes, and special focus was placed on the involvement of therapists in outpatient treatment in community residences or in the hospital.

Emphasis was placed on recreational therapy as a treatment modality rather than as a diversional approach to the use of leisure time. In order to expand therapeutic recreation services, a Memorandum of Agreement was signed between the Forest Service of the Department of Agriculture and the VA, which allows for the use of the National Forest System's lands and facilities for the rehabilitation of patients in VA health care facilities.

A technical review of Therapeutic Printing

Plants was undertaken to assess the condition and currency of equipment used in these programs. Patients prescribed for treatment in the printing program frequently develop skills that lead to employment in letter shops in the community. RMS and VA Publications Service have developed a listing of appropriate equipment for inclusion in therapeutic printing plants so that equipment upon which patients learn in the hospital is comparable to that used by the commercial printing industry in community letter shops. During the first year, technical reviews were accomplished at 15 hospitals.

A multidisciplinary conference on Work Evaluation was held in Tempe, Arizona. In addition to VA personnel of the Department of Medicine and Surgery and the Department of Veterans Benefits, participants included representatives from universities, State departments of vocational rehabilitation, and community rehabilitation facilities. The purpose of the conference was to discuss the development of Work Evaluation Centers in selected VA health care facilities. Emphasis was placed upon the multidisciplinary approach to staffing in the proposed centers.

During the year, the changes in Industrial Therapy and Incentive Therapy that ensued as a result of amendments to the Fair Labor Standards Act were finalized. Any patient who has a therapeutic ward assignment is considered to be doing work that is of economic benefit to the hospital and is now being compensated.

The Automotive Adaptive Equipment Program, which was established by Public Law 91-666, and amended by Public Law 93-538, continues to expand. During the latter part of FY 1976, Standards of Safety and Quality, as required by Section 1902 (d), Title 38, U.S.C., were completed and published in the Federal Register. All manufacturers of add-on hand controls for passenger automobiles were identified, samples of their devices were obtained, and all were tested against the standards. Those qualifying were placed on an "accepted" list and others requiring change or redesign were given a grace period for necessary modifications. At present, 15 manufacturers' products are on the approved list. Items manufactured and installed by the automobile manufacturers, under other government regulations, are not included in the standards.

All eligible beneficiaries were notified by the VA and by service organizations that effective January 1, 1976, only those devices which met the standards of safety and qualifications would be

purchased by the Veterans Administration. Approximately 9,000 beneficiaries were furnished over 27,000 items of adaptive equipment at a cost of over \$6.3 million for the year.

Special Driver Training programs have been established at 40 VA health care facilities. Public Law 93-538 specifies that the Administrator of Veterans Affairs shall provide for the conduct of special driver training courses, directly or by contract in VA facilities where appropriate. At least one driver training center is located in each VA Medical District, and additional sites may be implemented depending upon future need. Contractual services to private or university driver training programs have been established in areas of high veteran population density where VA programs are not located.

Each center has been provided with specially purchased automobiles, and special add-on adaptive equipment has been requested and is in the process of delivery for these vehicles. Twelve centers have received training simulators for patient use and evaluation purposes, and it is anticipated that more centers will request and receive simulation equipment in the next fiscal year. Insurance coverage has been obtained for the veterans receiving training.

Twenty-eight Driver Training Instructor positions were funded during the year. Special university-based training programs for VA instructors have been organized and more than 50 instructors or alternate instructors have completed the two-week, comprehensive course. As additional preparation for driver training responsibilities, all 40 centers were represented at a three-day VA driver Training Seminar held at Washington, D.C., in June 1976.

Audiology and Speech Pathology—Audiology and Speech Pathology Services include the provision of direct patient care services, diagnostic examinations, consultation, and training.

The number of patients served during FY 1976 increased by 13 percent over the previous year. There were a total of 454,387 patient visits in audiology and speech pathology in FY 1976 as contrasted with 402,054 visits for the preceding year.

The hearing aid program of the Veterans Administration was studied by the General Accounting Office (GAO) during the year. In general, the program was regarded by GAO as efficient and the costs were described as reasonable. The Veterans Administration takes advantage of the scientific competence at the National Bureau of

Standards where hearing aids are evaluated prior to their procurement. Other government agencies, including the Department of Defense, make use of the VA's selection of inexpensively procured hearing aids having superior performance characteristics. The program has gained widespread consumer recognition.

Blind Rehabilitation—VA's three Blind Rehabilitation Centers and five Psychiatric-Blind Rehabilitation Clinics provided rehabilitation and low vision services to 660 blinded veterans during FY 1976. The Blind Centers and Clinics sent 38 personnel to special courses on electronic mobility aids at Western Michigan University.

In a newly developing area of blind rehabilitation, cecutientists (instructors of low vision patients) had a meeting at the Blind Rehabilitation Center, Hines, Illinois, to receive training in their field and to develop ongoing training programs. Five ophthalmological and optometric consultants added their knowledge to this meeting.

Radiology

Many VA hospitals upgraded their radiological facilities during FY 1976 by expansion of their departments and by acquisition of new X-ray equipment.

The radiological workload throughout the VA continues to increase. During FY 1976, 5,645,486 X-ray examinations of inpatients and outpatients were performed and 17,087,178 X-ray films were taken. This workload represents an increase of 7 percent compared with the previous year.

Keeping abreast of the latest developments in diagnosis of brain diseases and tumors, the Veterans Administration now has four hospitals equipped with Computerized Axial Tomography (CAT) units. CAT scanning permits more accurate diagnosis than was previously possible and there is a growing consensus that this is the best available method of diagnosing many neurological abnormalities, especially in cases of head trauma or suspected tumors.

During FY 1976 the supervoltage therapy treatment activity also increased. A total of 12,400 patients were given 165,000 treatments at VA hospitals and 8,400 patients received 123,000 treatments on a contractual basis. An additional supervoltage unit was activated at the VA Hospital, St. Louis, Missouri, making a total of 27 units in 25 VA hospitals.

The Veterans Administration is continuing its efforts to extend better radiological service to an ever increasing number of ambulatory outpatients. Many hospitals have provided separate X-ray facilities within their hospitals to improve the service while in other areas, freestanding clinics have been created for this purpose.

The regulations of the Department of Health, Education and Welfare on radiation protection of patients and staff are closely adhered to by the Veterans Administration when negotiating for purchase of X-ray equipment either for VA use or for other government agencies.

Nuclear Medicine

Nuclear medicine is rapidly progressing to even more accurate parameters of diagnosis with lower amounts of radiation at lower cost. These activities have been extended in the VA to outpatient services as well as to the in-house patient.

In the 123 VA hospitals which provide nuclear medicine services the number of procedures performed increased by about 438,000 to 1,253,000, while the unit cost per procedure was reduced from \$21.15 to \$16.90.

A 2-day symposium on cardiovascular nuclear medicine, co-sponsored with Johns Hopkins University, was offered in the spring of 1976 to all VA Chiefs of Nuclear Medicine, and a 2-day workshop conference on cardiac and renal nuclear medicine at the Regional Medical Education Center, St. Louis, Missouri, was offered to one technologist from each VA hospital having a Nuclear Medicine Service. In addition, VA Nuclear Medicine personnel attended meetings of the chapter groups of the Society of Nuclear Medicine as well as the annual scientific meeting of the Society itself.

During the past year the new computerized nuclear medicine network centered in the VA Hospital, St. Louis, Missouri, and participated in by the VA Hospitals, Jefferson Barracks, Missouri, Marion, Illinois, and Poplar Bluffs, Missouri,

proved very effective. This concept of extending greater expertise than otherwise possible to outlying hospitals lacking such service, and yet with an overall reduction in cost, is being copied by non-VA organizations.

The VA Nuclear Medicine Service interacts and cooperates with many other Federal agencies, learned societies, and community groups. Active participation is maintained in the relevant activities of the Nuclear Regulatory Commission, Food and Drug Administration, Energy Research and Development Administration, National Science Foundation, National Bureau of Standards, Department of Health, Education and Welfare, and Department of Defense.

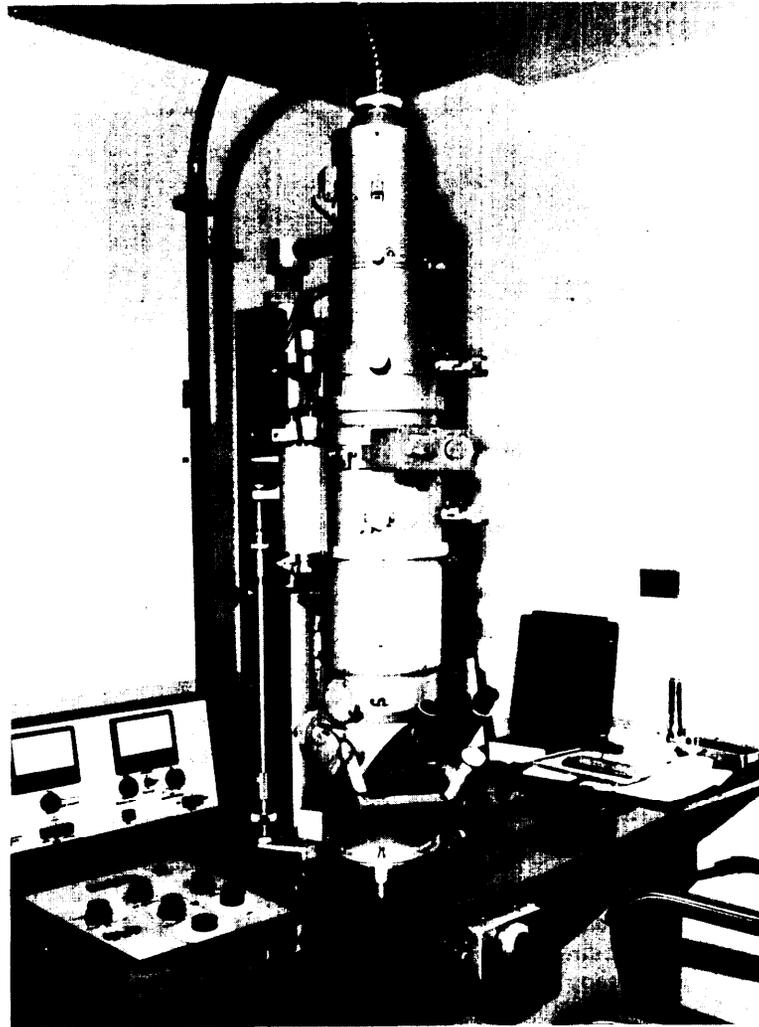
During the year, ultrasound capability increased from 76 VA hospitals to 110 VA hospitals with 320 ultrasound instruments. Nine additional atomic cardiac pacemakers were furnished to VA patients.

Pathology

VA's Laboratory Services are becoming increasingly complex in response to the broad spectrum of needs of clinical medicine. Laboratory functions which are becoming available on a round-the-clock basis in all VA health care facilities, include diversified operations in clinical pathology, such as chemistry, microbiology, blood banking and serology; and in anatomic pathology, which involves the study, interpretation and diagnosis of surgical, autopsy, and cytologic materials employing multiple modalities. Selected VA Laboratory Service data are shown in the accompanying table.

Special Reference Laboratories—Six special reference laboratories have specific resources to meet unusual nationwide VA needs by providing the following procedures: cytogenetics; serology for viral, fungal and other special infectious diseases; serology for coccidioidomycosis; radio-immunoassays for hormones; and studies for tuberculosis and other mycobacterial diseases (one at

	FY 1976	FY 1975	FY 1974
Procedures (Unit count)	165,623,000	146,757,000	129,346,000
Workload (Weighted count)	629,458,000	572,497,000	541,215,000
Deaths	48,000	47,000	46,000
Autopsies	20,000	21,000	20,000
Surgical specimens	344,000	334,000	309,000
Cytology specimens	204,000	189,000	162,000



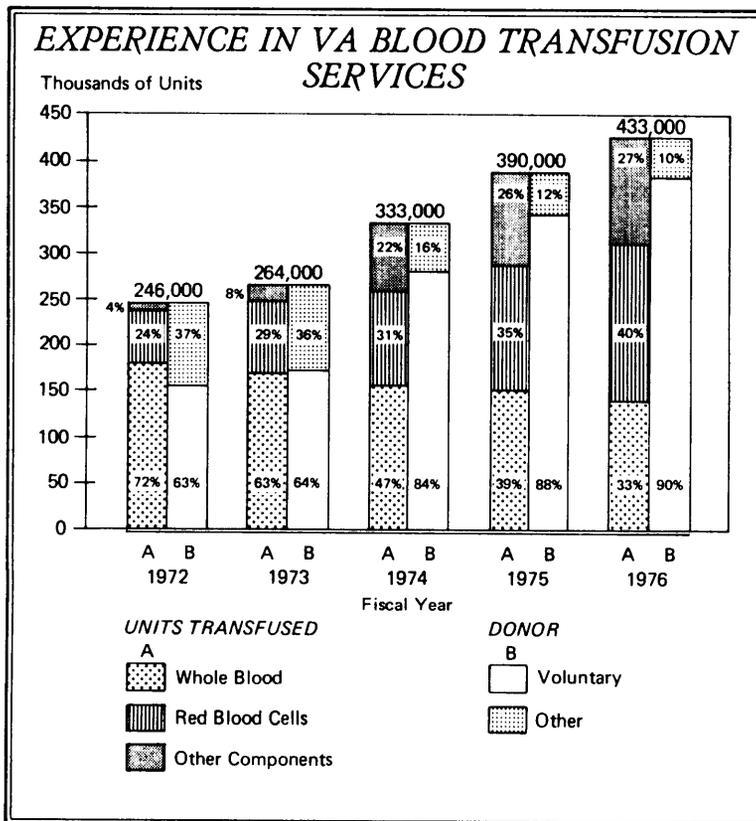
Typical High Resolution Transmission Electron Microscope

the VA Hospital, West Haven, Connecticut, for the eastern part of the United States, and one at the VA Hospital, Long Beach, California, for the western states).

Electron Microscopy in Diagnosis and Training—Electron Microscopy (EM) adds a new dimension to pathology by permitting the study of ultrastructural cellular features. Modern instrumentation and methodology make feasible the use of EM in diagnostic pathology services. Its value is generally accepted in the diagnosis of certain kidney, liver, skin, muscle, blood and nervous system diseases and in the exact classification of some neoplasms. In some instances, it is the only means by which the exact diagnosis can be

established. Another area of growing importance is the use of EM in the identification of infectious agents including viruses. FY 1976 marked the first decade of VA experience with EM programs. The number of programs in operation has expanded during that time from two to 42. During FY 1976, some 15,455 specimens were accessioned.

Blood Transfusion Services—Improvement in blood transfusion practices in the Veterans Administration continues. As shown in the accompanying chart, there has been an increase in the proportion of blood obtained from voluntary donors and in the proportion of packed red cells and components used. These trends are in line with the goal of the Veterans Administration to obtain 100



percent of its needs for blood from voluntary donors and with the continuing emphasis on use of specific component hemotherapy in accordance with good medical practice. The Veterans Administration, as a member of the American Blood Commission, supports its objectives and participates in its activities, which are designed to achieve an accessible supply of safe blood.

Laboratory Computerization and Data Processing—In an effort to maintain control of laboratory data and obtain timely reporting, the Veterans Administration is installing on a gradual and systematic basis laboratory-based computer systems. Five such comprehensive laboratory-based computer systems are in operation at the VA Hospitals, Hines, Illinois, Houston, Texas, Birmingham, Alabama, Long Beach, California, and Los Angeles (Wadsworth), California. At the end of the year, five additional comprehensive systems were in process of installation at the VA Hospitals, Minneapolis, Minnesota, Miami, Florida, Durham, North Carolina, New York, New York, and Little Rock, Arkansas.

Laboratory Service Equipment—The Veterans Administration continues to make major investments in laboratory equipment for introducing new procedures and for improving efficiency and precision. Examples of such equipment are gas chromatographs to assist in identification of anaerobic bacteria, mass spectrometers to identify unknown drugs and their metabolites, and automated white blood cell differential counters to replace a laborious routine manual procedure.

Dentistry

As the leading hospital dental care system in the nation, the Veterans Administration operates dental facilities and provides a full time staff in every one of its 171 hospitals and a number of outpatient clinics.

Because prevention of disease represents the ultimate goal in patient care, the VA continued to strengthen preventive dentistry programs during FY 1976. Special patient educational programs emphasizing the importance of good oral health



Team Dentistry

and teaching proper oral health care to aid in dental disease prevention were conducted by many VA health care facilities.

At the VA Hospital, Long Beach, California, a preventive dentistry program was developed specifically to meet the needs of spinal cord injury patients. The program was established and is directed by a spinal cord injured dentist who has also designed oral held appliances which can be used to supplant some functions of the arms and legs.

Dental hygienists play an important role in providing preventive dental care and in teaching preventive techniques to VA patients and hospital personnel. Intensive recruiting efforts to employ dental hygienists during FY 1976 resulted in overall improvement in auxiliary support and strengthened the preventive dentistry programs which are an integral part of every VA Dental Service.

The new program of hypertensive screening, initiated by the VA dental facilities during FY 1975, has been widely adopted and is now a routine part of the oral examination process. The principal effort is directed to dental outpatients who might not have contact with other medical services in the VA health care facility. During a sample testing carried out for a period of 60 days early in FY 1976, some 500 individuals, or 4 percent of those tested, were referred for further evaluation and study of their condition. The

hypertensive screening program adds another dimension to preventive medical care. Early detection and prompt treatment can greatly reduce the serious and often fatal consequences of uncontrolled hypertension.

To promote knowledge and understanding of dentistry in the Veterans Administration, a 32-minute color motion picture entitled, "That's What We're Here For" was produced by the Dental Training Center at the VA Hospital, Washington, D.C., during FY 1976. It is the first film to depict dental patient care and educational and research activities in VA facilities. It stresses the essential but little-publicized role of dentistry in the comprehensive medical care of hospitalized patients including those with severe facial disfigurements resulting from disease or injury. The film describes the primary dental/oral surgical reconstruction of their missing jaw structures with metallic implants and bone grafts. It follows with a demonstration of the remarkably esthetic and functional maxillo-facial prostheses provided for patients whose missing facial structures cannot be surgically restored and emphasizes the importance of these prostheses to their social adjustment and rehabilitation.

During FY 1976, dental examinations initially detected 774 oral malignancies, the highest number during a year in the past decade. Dentists are especially trained to recognize these abnormalities and, since their attention is more finely focused to

the oral area, they are more prone to discover early asymptomatic lesions when effective and non-disfiguring cures are most possible.

CLINICAL SUPPORT

Nursing

In an effort to improve quality and cost effectiveness for delivery of nursing services, primary nursing is receiving increased attention by the Veterans Administration. Implementation of this concept has already been achieved in selected VA Nursing Services. Nurse practitioners and clinical specialists, as primary care providers, are assigned in nurse, satellite, and mobile clinics, day hospitals, home dialysis programs, hospital-based home programs and ambulatory care programs. A statement outlining the roles, responsibilities and functions of clinical specialists and nurse practitioners was disseminated to every health care facility. There are presently 354 clinical specialists and 159 nurse practitioners in the VA system. Also, 105 registered nurses in 97 VA hospitals are assigned primary responsibility for prevention and control of infection.

VA psychiatric nurses have expanded their responsibilities in health care delivery. Fifty-two are assigned in a primary therapist role in mental hygiene clinics, and four practitioners were added to alcohol and drug treatment staffs. A collaborative relationship with VA's Mental Health and Behavioral Sciences Service is strengthening all aspects of the treatment process, including environmental factors and quality care evaluation procedures.

Multi-disciplinary approaches to the rehabilitation of veterans with long-term illnesses or disabilities, cardiac or pulmonary conditions, or who are blinded, are involving professional nurses in planning and implementing programs for referrals, patient teaching and case findings.

Nursing practice in the operating room continues to focus on meeting the needs of surgical patients. Programs are being expanded through pre-operative and post-operative visits and patient teaching to assist individuals having surgical intervention.

Group teaching programs and family counseling are conducted in several VA hospitals for patients with such conditions as coronary heart disease, diabetes, chronic obstructive lung disease, and renal failure. These programs are designed to increase independent functioning of patients re-

turning to the community, to meet emotional needs, and to foster adjustment to activities of daily living.

Nursing services as part of a formal consortium with other community groups in educational programs for professional nurses have increased. For example, coronary care courses and renal dialysis programs for registered nurses are planned, developed and conducted by multi-disciplinary members of the health care team from each of the hospitals within the consortium.

VA Nursing Service participated in two national conferences on the "Analysis and Planning for the Improved Distribution of Nursing Personnel and Services Project." This project was contracted with the Western Interstate Commission for Higher Education by the Department of Health, Education and Welfare. Based upon the national project results, the VA Nursing Service will support national efforts to improve distribution of nursing personnel and services.

"Designing Futuristic Nursing Programs" was the theme of a workshop for 200 Chiefs of Nursing Service with a goal of strengthening leadership skills. The program dealt with the systems approach to management, labor relations, and health legislative issues which will have an impact on VA Nursing. Proceedings of the workshop are being published.

"Standards and Educational Guidelines for Spinal Cord Injury Nursing Care" have been published and disseminated, and "Standards of Geriatric Nursing Care" have been developed and will be published as part of a program guide on Geriatric/Gerontologic Care.

A "Multi-Media Instructional System for Nursing Assistants and Other Health Workers," a product of an Exchange of Medical Information Project, was prepared and distributed. All health care facilities received instructor guides, student handbooks, and audio-visual materials developed by VA as a part of the project. Workshops for Nursing Service personnel were held at Regional Medical Education Centers to provide orientation in use of the system.

Dietetics

During FY 1976, 103,055,190 meals were served in VA health care facilities at a raw food cost of \$70.4 million, or 68.3 cents per meal. This was a 6.9 percent increase in raw food cost per meal, as compared with FY 1975.

During the year, 22 new market forms of food designed for use on the unrestricted diet and 20 designed for use on the restricted (modified) diet were sensory evaluated at the VA Dietetic Laboratory located in the VA Hospital, Washington, D.C. In addition, two staple food items stocked in the VA Supply Depots were evaluated for acceptable quality.

Actual in-use operational evaluations of two new pieces of food service equipment were accomplished to determine feasibility for use VA-wide.

A standardized form was developed for use VA-wide to assess patient satisfaction with food service and nutritional care. The final portion of the VA Standardized Recipe File was published and distributed to all VA health care facilities to use in planning the hospital menus.

The clinical dietetics program seeks continually to improve the quality of nutritional care of veteran beneficiaries. Use of the Problem Oriented Medical Record (POMR) has given dietitians a useful tool for documenting the nutritional assessment of patients, the nutritional care plan, and the individualized nutrition education provided. The POMR has also helped to improve communications between the dietitian and other health care team

members. Advisory groups composed of dietitians from VA health care facilities have been effective in improving the nutritional care of veterans. Sharing their insight as practitioners, these groups have formulated program guidelines and indicated professional trends. Such guidance helps to maintain the quality of patient care at an optimum level through proper utilization of the knowledge and skills of professional and nonprofessional dietetic personnel.

Dietetic activities in ambulatory care have increased proportionately with this program's rapid growth. Nutrition clinics have expanded nutrition education programs to meet the needs of veterans in ambulatory care, and dietitians have actively participated in community-based programs for VA patients. In the Activities for Daily Living programs dietitians have assisted patients to be self-sufficient in meeting their own nutritional needs through guidance in menu planning, food preparation geared to cooking facilities available to veterans in their homes, food budgeting, and food purchasing. Follow-up visits to the patients in their homes reinforce nutrition education given to them while in the health care facility.



Dietitian Visits Patient in Hospital-Based Home Care Program

Continuity of nutrition care has proved especially important for the aged veteran. Often confronted with such problems as living alone, isolation, and limited income, the aged veteran has responded to the dietitian's nutritional guidance in preparing for discharge and in achieving independence in the community.

Pharmacy

Methods of medication management were emphasized throughout the year to provide increased controls over the distribution of drugs. Such medication management methods include the unit-dose concept, automatic replenishment and inventory control of ward drug stocks, and use of centralized intravenous additive services.

An Automated Prescription Processing, Labeling, Editing and Storage system (APPLES) is currently in operation in the Los Angeles area. APPLES is an on-line, fast response system designed to process all outpatient prescriptions with the assistance of a computer. In addition to computerized labels and medication profiles, system by-products include the elimination of prescription duplication, elimination of the vast majority of manual prescription file accessions, drug usage reports, formulary listings, available drug lists and a constantly updated patient medication profile for drug utilization review.

During the year, the VA pharmacy services have emphasized drug utilization review and patient medication monitoring activities in an effort to provide improved service to the veteran patient and better information to the physicians, nurses, and other health professionals. Drug Information Services have been expanded at health care facilities where space and staff were available. Such services provide comprehensive drug information not only to VA hospital and clinic staff, but also to the community hospitals and clinics in their geographic areas.

Social Work

Throughout the past year the VA Social Work Service gave priority consideration to the provision of high quality and comprehensive services to veterans and their families, outreach to the socially or geographically isolated who are in need of services, identification of gaps in service delivery, and accountability.

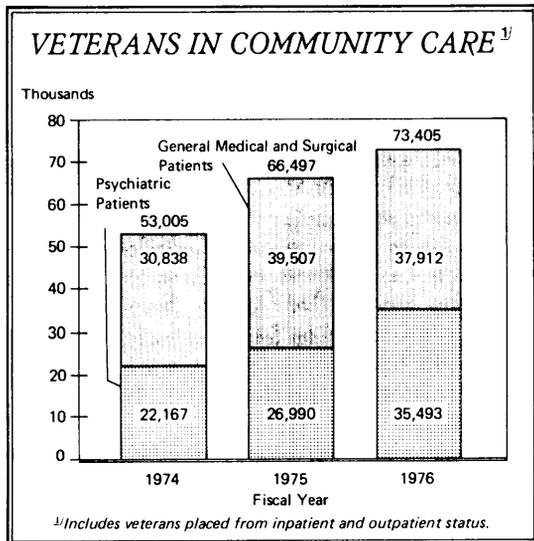
The involvement of social work staff in special medical programs continues to increase. The grow-

ing awareness of the social stresses experienced by the patient and the family during the crisis of illness has resulted in social workers being called upon to provide additional services in admissions, in intensive and coronary care units and in special surgical centers. Social work has contributed to better communications between the patient and family with the health care team, early resolution of practical problems associated with the hospitalization of a family member, and the resolution of psychosocial problems which impede recovery and prevent return to community living.

The VA Social Work Service was engaged in many innovative activities during the year. It participated with other federal, State and national organizations in the development of model criteria and standards for the care and rehabilitation of patients with end stage renal disease. It encouraged the development in health care facilities of a cadre of staff with special interest and expertise in terminal care. As part of the VA affirmative action program, it started development of a pilot project for employing blinded Social Work Associates, which could serve as a model for other Federal and non-federal agencies interested in providing employment opportunities for the visually impaired. In cooperation with the Mental Health and Behavioral Sciences Service, a special effort was initiated to upgrade through training the social worker's knowledge of the effects of psychotropic drugs. The training is directed toward staff having responsibility for supervision of patients in the community and is designed to enhance their ability to recognize drug reactions, to communicate their observations to other members of the treatment team, and to contribute in this way to the improvement of the quality of care. The staff of the Social Work Service of the VA Hospital, Palo Alto, California, developed a special outreach program with excellent results for veterans with significant psychiatric or medical disabilities residing in hotels.

The Social Work Community Care program continues to provide a viable alternative to institutional care for many veterans. Through a network of services involving the VA and community resources, social workers and other health care personnel provide follow-up services to veterans in nursing homes, personal care homes, and special placement facilities. The development of personal care home programs for medical and surgical patients was given added impetus in a multidisciplinary workshop held at Salt Lake City, Utah.

Major emphasis during the year was placed on



the extension of community resources to meet the needs of veterans in community care; the upgrading of residential care facilities through the development and enforcement of applicable standards of care by VA inspection teams; and the establishment of rate setting mechanisms to insure that the cost of care is more precisely related to the level and quality of services provided or required.

There has been a significant increase in the number of veterans utilizing community care. The accompanying chart illustrates the growth in the total Community Care Program from FY 1974 through FY 1976.

Accountability and quality measures continue to have a high priority in VA's Social Work Services. A functional work measurement instrument has been developed and is being tested with time as the service unit measure for quantifying social services to veterans.

Chaplain Service

The Veterans Administration recognizes the importance and value of a religious ministry in the total care and treatment of VA patients and domiciliary members.

The VA chaplains provide patients with an opportunity of religious worship and personal spiritual ministrations. They represent all major faith groups and denominations striving to strengthen and enhance this spiritual ministry, and serve as a channel between the hospital, family, church and community.

The Chaplain Service is increasingly involved in new modalities of health care, designing programs to increase the scope, participation and the involvement of chaplains.

The professional status of the Chaplain Service was strengthened with the appointment of 34 Chiefs of Chaplain Service at designated VA health care facilities.

Continuing education is an essential ingredient for the professional growth and development of the chaplains. New trends in pastoral care requiring the development of new skills have been a focus of continuing learning and training experience. The Chaplain Service is participating in a new "Clergy Training Program in Chemical Dependency" with local clergymen. The chaplaincy of many VA health care facilities has inaugurated a "clergy day" for area clergy to share in a day of special training sponsored with other health disciplines of the VA facilities. Special areas of training offered the local clergy are, for example, "Spiritual Care of the Aging and The Spinal Cord Injury Patient."

The church bodies and ecclesiastical endorsing agencies have continued their unique contributions to the VA Chaplain Service by providing significant guidance and assistance.

The spiritual encounter between the chaplain and his respective church affiliation is encouraged, fostering increased awareness through attendance at conferences, workshops and ministerial programs.

Veterans Canteen Service

The Veterans Canteen Service (VCS) is by statute an independent, self supporting organization, financed by revenues generated from its sales. Any balance in the revolving fund at the close of each fiscal year in excess of estimated requirements is covered into the Treasury as miscellaneous receipts. Since the inception of the VCS, over \$12 million has been returned to the Treasury, nearly three times the original government investment. A program objective is to generate only sufficient funds to finance its operations. Net operating income for FY 1976 was \$846,000 which will be required in FY 1977 to offset increased salary costs and the impact of inflation on inventories.

The VCS operates retail stores and food service at each VA hospital. Canteens provide veterans with merchandise and services essential to their comfort and well being. Retail stores offer patients

articles for occupying their leisure time, for their personal hygiene and grooming, and for their convenience, entertainment and recreation. Food service for employees, patients' families, volunteers and visitors provides a convenient source for regular meals and refreshment snacks.

Retail prices have been maintained uniformly throughout all VA canteens although this policy results in some canteens operating at a net loss. These losses are offset by profits from other canteens calculated to maintain an overall self-supporting program providing uniform benefits to all veterans.

The VCS during FY 1976 accented improvement of communications, better utilization of employee capabilities, strengthening of supervisory oversight of operations, improvement of allotted space and equipment, and maintenance of responsible liaison with health care facility management.

Conferences in which peer groups consisting of Field Directors, Assistant Field Directors, Field Supervisors and selected Canteen Officers participated were sponsored to encourage full participation of all VCS personnel in the overall canteen program as well as in the programs of the VA and the Department of Medicine and Surgery.

Fifteen retail store remodelings involving total renovation of canteen space were accomplished in FY 1976. Standards for retail store fixturing were upgraded and improvements to canteen space through expansion or relocation were completed in several canteens.

Increased demands placed upon VCS to provide for feeding of VA employees, volunteers and visitors during FY 1976 required continuation of emphasis on the improvement of the VCS food service program. Modernization of 19 canteens was accomplished through 19 nonrecurring maintenance projects.

ACADEMIC AFFAIRS

The Veterans Administration, through its Department of Medicine and Surgery, conducts an extensive program of education and training for most of the occupations in the field of health care. This program is coordinated through more than 2,000 hospital affiliations with schools of medicine, dentistry, pharmacy, and nursing, social work, and other allied health fields at both graduate and undergraduate levels. Through these affiliations, 87,098 students received training under VA auspices in fiscal year 1976.

In addition, the VA carries on a comprehensive

program of continuing education and career development for its own employees.

Because these activities are essential to the maintenance of quality patient care in the nation's largest health care system, the office of Academic Affairs was established in 1973 as a Central Office component of the VA's Department of Medicine and Surgery. As an adjunct to this national focus, the practice of assigning senior health professionals as educational directors or coordinators at VA's larger and more active teaching hospitals is continuing with more than 50 currently placed. These assignments have strengthened the VA's access to professional advice in the development of new programs.

The accompanying table exemplifies the growth and scope of training in all disciplines.

Training Category	Number of Trainees Reported		
	FY 1976	FY 1975	FY 1974
Total	87,098	79,953	71,446
Medical House Staff	16,414	15,084	14,097
Medical Students	16,995	15,230	12,786
Dental House Staff	539	470	469
Dental Students	836	541	367
Nursing	29,820	28,022	24,995
Psychology	1,573	1,670	1,652
Social Work	1,153	1,177	1,310
Other Health Professions & Occupations	18,435	16,719	15,041
Administrative	1,333	940	729

School Affiliations

The fundamental consideration in VA affiliations with educational institutions is the willingness of all parties to cooperate in programs of mutual benefit. The VA brings its substantial clinical facilities, its highly trained staff, and its capacity to coordinate activities at the national level with accrediting agencies and other organizations. The VA's role is strengthened by 30 years of experience in health curriculum development, manpower utilization, and educational program administration.

Currently, 130 VA hospitals and 29 VA out-patient clinics are participating in "Deans Committee" affiliations with 102 medical schools, and 74 out of the 171 VA hospitals are affiliated with the nation's 58 schools of dentistry. Moreover, 170 VA hospitals are engaged in education or training students in health care occupations in affiliation with one or more universities, schools, and colleges.

New medical school affiliations during FY 1976 were:

- VA Hospital, Fayetteville, North Carolina; University of North Carolina
- VA Hospital, Fresno, California; University of California School of Medicine, San Francisco
- VA Hospital, Battle Creek, Michigan; Michigan State University Colleges of Osteopathic and Human Medicine
- VA Hospital, Mountain Home, Tennessee; East Tennessee State University School of Medicine
- VA Hospitals at Beckley, West Virginia, and Huntington, West Virginia; Marshall University
- VA Hospitals at Marlin, Temple, and Waco, Texas; Texas A&M University, College Station

The affiliations at Beckley and Huntington were made possible with a grant awarded under Public Law 92-541 to assist Marshall University, a State-supported institution, in the establishment of a medical school.

The Administrator of Veterans Affairs approved the agency's first affiliation with a college of osteopathic medicine, the Battle Creek VA Hospital with the Michigan State University Colleges of both osteopathic and human medicine. The Deans Committee formed in support of this affiliation includes the Deans of both schools and professors from their major academic departments.

Medical students from both schools will receive training in the hospital in sophomore, junior and senior years. In addition, programs will be established for training house staff in psychiatry, internal medicine and family practice.

Trainees may receive compensation, depending on specific agreements with cooperating schools, local, regional or national factors, and availability of funds. Approximately four-fifths of the 87,098 persons trained in VA hospitals and clinics participated without compensation, however.

VA Staff as School Faculty

The number of VA staff professionals receiving faculty appointments has increased steadily in the last 30 years. This is regarded as a clear indication that the quality of VA staff members is equivalent to that of the nation's leading health professional schools.

Faculty appointments for both full and part-time VA staff members in their academic levels is shown in the accompanying table:

Graduate and Undergraduate Medical Education

A continuous flow of well-qualified physicians into professional practice is of primary importance to the Veterans Administration. The VA's participation in internships and residencies is intended to contribute to this as effectively as possible. Re-

VA Physicians, Dentists, and Other Staff (Full-Time and Part-Time) With Faculty Appointments December 31, 1975

Academic Title	Total	Physicians	Dentists	Other Staff
Total	6,780	5,009	290	1,481
Professors	770	694	12	64
Clinical professors	103	87	7	9
Associate professors	918	774	18	126
Associate clinical professors	357	273	21	63
Assistant professors	1,989	1,678	50	261
Assistant clinical professors	721	577	56	88
Instructors	567	359	10	198
Clinical instructors	569	321	73	175
Lecturers	67	15	9	43
Other titles	719	231	34	454

quirements to be met in these programs are established by the various medical specialty and subspecialty Boards.

All but a very few VA house staff programs are conducted in association with corresponding programs of an affiliated medical or dental school. Insofar as practical, these programs are integrated, and it is VA policy to work toward such educational integration of all of its training activities. During the year, the VA participated in 822 totally or partially integrated residency programs for physicians. In addition, 75 were approved in the names of non-VA hospitals, with residents accepted in VA hospitals, usually for short periods of training.

In fiscal year 1976, the VA supported approximately 7,100 full-time intern and resident positions. Approximately twice that number rotated from affiliated teaching programs to VA hospitals for parts of their curriculum. All medical specialties except obstetrics and gynecology, and pediatrics, are represented by residency programs.

Educational activities in VA hospitals affiliated with schools of medicine provide continuous rotational assignment of students at all undergraduate levels.

Graduate and Undergraduate Dental Education

During FY 1976, VA affiliation with every one of the nation's 58 schools of dentistry became a reality. Also, existing affiliations have been strengthened to enhance delivery of quality care.

Nearly one-fourth of VA dentists have completed advanced specialty training and of these, 40 percent have been certified by an American Specialty Board. A further indication of progress is the all time high of 279 full-time VA dentists holding academic appointments with a school of dentistry, representing 32 percent of the total full-time staff. Only 156 dentists or 20 percent of the full-time staff held academic appointments in 1970.

The training of dental auxiliary personnel and clinical clerks in VA health care facilities also showed a marked increase. Affiliations with colleges of allied health, community colleges and vocational technical schools increased to an all time high of 220 training programs.

Allied Health Training

Allied health personnel as that term is used in the Veterans Administration includes all persons



Staff Nurse Explaining Operation of a Hemodialysis Machine to Student Nurses

other than physicians, dentists, and medical or dental students engaged in providing direct services to patients.

As in the past, the number of allied health trainees in VA hospitals increased, and in fiscal year 1976, 50,981 students who were enrolled in allied health educational programs received all or part of this required supervised clinical experience in VA hospitals. The VA contributed to the training of personnel in some 40 established allied health occupations.

In addition, the VA has been involved in education for new occupational categories. Examples of new categories are the spinal cord injury technician, the clinical microbiologist, and the clinical pharmacist. These fields represent generalists who are trained in the fundamental principles of several traditional health care disciplines. The VA has had a major role in the development of a number of new types of health care professionals.

In allied health training, VA hospitals furnished training to students from 358 schools of nursing, 72 schools of pharmacy, more than 400 graduate and undergraduate departments of social work and psychology, and over 1,000 other academic institutions.

Executive Development and Administrative Training

During FY 1976, about 3,000 executives, and other employees with high potential for executive positions, received management training. The programs ranged from those for hospital directors and Central Office executives to university-based mid-management courses and some to solve local problems. In addition, DM&S trained over 350 entry level interns in eight career fields, such as Personnel Management, Supply Management, and Medical Administration. The training is designed to develop the trainee toward journeyman-level competence in administration. It also provides a reservoir of talent to fill mid-management and executive positions in the future.

Extensive effort has been expended to improve evaluation of administrative and managerial training, particularly a survey of intake administrative career intern programs. These developmental activities, along with the increased evaluation and program improvement, improve efficiency and effectiveness of management personnel.

Continuing Education

The Veterans Administration conducts a nationwide continuing education program to bring the latest medical and scientific knowledge to VA physicians and other employees involved in patient treatment. This program is conducted through workshops, institutes, lectures, educational courses and conferences. Arrangements are also made for visits by senior medical and dental teachers to non-affiliated VA hospitals; for assignment of VA staff members to hospitals for specialized training; and for participation by VA staff in educational activities conducted by professional organizations, medical schools, and other educational institutions.

A priority objective is to seek accredited status for VA educational offerings in cooperation with the American Medical Association, State medical societies, and affiliated medical schools. By June 1976, 50 VA hospitals and 3 Regional Medical Education Centers had been so accredited.

One particular emphasis during the year was in geriatrics. Conferences were organized for staff involved in the care of aged veterans covering the biomedical and the psychosocial aspects of aging, to introduce them to the latest concepts in the field.

Regional Medical Education Centers

Regional Medical Education Centers are located at the VA hospitals in Birmingham, Alabama, St. Louis, Missouri, Minneapolis, Minnesota, and Salt Lake City, Utah. The Centers offer a full range of continuing education activities for health care personnel. Non-VA health care personnel participate on a space available basis.

Each RMEC functions at three levels. At the local level it works with each individual hospital to assess need and coordinate programming. At the regional level RMECs offer programs which are regional in nature or are difficult for an individual hospital to present. At the national level they function as an arm of the VA Central Office in accordance with system-wide priorities and objectives, such as training hospital teams in the process of patient care audits to meet Joint Commission for the Accreditation of Hospitals (JCAH) requirements for hospital accreditation.

During 1976, an estimated 143 training programs were offered involving 5,455 VA participants.

Cooperative Health Manpower Education

The VA has engaged in and supports cooperative health manpower education at community and areas levels. Organizational structures for these programs include "area health education centers" and similar non-profit consortia. They reflect the community's needs and the capacity of its institutions, including the VA facility, to meet needs through joint action. Support is provided from many public and private resources including other Federal agencies, educational institutions, private foundations and community organizations.

In a number of service areas, VA hospitals have joined with other organizations to improve and expand continuing education, offer basic training for scarce health manpower, and establish new community-based residencies for preparing primary care physicians.

Exchange of Medical Information

The VA's unparalleled health care delivery system of 171 hospitals and 215 outpatient clinics is a nation-wide resource. Operation of this vast system carries with it a mandate to provide the best possible care to every eligible person who comes to a VA facility regardless of its location. The agency must constantly look to the latest scientific and technological developments to determine the impact on the delivery of quality care. This is accomplished by the VA's Exchange of Medical Information (EMI) Program.

Under the authority provided in Section 5054, Title 38, U.S.C., the EMI Program supported 18 pilot projects in biomedical communications in FY 1976 by providing grants to medical schools, hospitals and research centers and by direct funding to VA hospitals.

The following are examples of EMI projects conducted in FY 1976.

Nuclear Medicine Network. A pilot project was implemented by the Nuclear Medicine Service of the VA hospital, St. Louis, Missouri, to provide nuclear medicine services to patients in outlying VA hospitals.

The system links the central analysis site at the Cochran Division of the St. Louis hospital with peripheral laboratories in the VA hospitals at Jefferson Barracks (St. Louis), Missouri, Marion, Illinois, and Poplar Bluff, Missouri. The network uses electronic techniques and computer instrumentation to record and transmit clinical nuclear medicine data to the core facility for analysis and interpretation.

This system provides high quality nuclear medicine diagnostic services to facilities that could not otherwise be served because of chronic shortages of nuclear medicine specialists.

Remote Application of Axial Tomography Using Whole Body Transmission Scanning. This project involving the VA hospital, Boston, Massachusetts, and Tufts-New England Medical Center was initiated to explore the feasibility of sharing the component structures of whole body computerized axial tomographic (CAT) units. The objective is to extend diagnostic capabilities of radiology to outlying or remote hospitals at reduced cost. Transmission of previously recorded data to and from remote locations will be attempted, as well as transmission of scans while in progress. Assessments will be made of how clearly transmitted information is preserved. There will be exchange of medical information for both patient care and teaching purposes.

Tel-Communicology. This project is to assist persons with communicative disorders residing in areas remote from audiology-speech pathology centers. This pilot project serves rural areas of Alabama and parts of Mississippi and Florida and uses specially adapted telephonic systems, programmed materials, and educational media to serve veterans with speech, language, and voice problems.

A total of 52 patients received 1,252 sessions and 626 hours of services. Their communicative disorders included laryngeal speakers, dysphasic speakers, motor speech disorders, voice problems, articulation defects and stuttering.

Medical Media

The contributions of the medical media activities throughout the VA hospital system were recognized during the year by the Association of Federal Photographers, which presented its Mathew Brady Award to H. Paul Newman, Chief of Medical Media Division, Learning Resources Service, Office of Academic Affairs. The award is named for Mathew Brady, the first federally-employed photographer, whose record of Civil War scenes is internationally known. It has been presented to only one other federal photographer since the Association was founded in 1957. The recognition was for production of quality audio-visual materials, motivation of VA photographers to excel in their profession, perseverance in upgrading the quality of audio-visual equipment used

in the VA, and efforts to improve the working environment and grade structure of all federal photographers.

Also of interest was the recognition of 18 other VA employees who had 30 entries accepted for exhibition and awards in an international media competition sponsored by Bio 76, a triennial meeting of three professional societies.

In FY 1976, there were 322 full-time and 32 part-time employees assigned to Medical Media Production Services at 91 VA hospitals. Approximately 3 million work units were recorded, representing individual pieces of photography and art produced for teaching slide sets, motion picture sequences, videotape programs, and scientific exhibits. Thirteen new scientific exhibits were approved for production and display at national medical meetings. An additional 39 exhibit showings were approved. Seven motion pictures were approved for production.

Emphasis was placed during FY 1976 on revision of closed circuit television systems at several facilities to better meet new educational priorities. New guidelines were developed to sup-

port interactive television linkages to support VA affiliations with medical and dental schools and schools of allied and associated health professions. Similarly, a systematic upgrading to color systems, including a phased replacement of videotape recorders, was begun to facilitate utilization of standardized instructional media.

The successful summer internship program was continued, with students from accredited schools of biophotography and medical art participating in work-study programs at the VA hospitals at Boston, Massachusetts, Durham, North Carolina, East Orange, New Jersey, Pittsburgh, Pennsylvania, San Francisco, California, and Wood, Wisconsin.

Library

Services furnished by the Veterans Administration's hospital library network go beyond traditional library services. The scope of its collections covers the many disciplines, professions, and health care interests represented in hospital activity.



Resident and Student Reviewing Educational Videocassettes in the Audiovisual Section of a VA Medical Library

During FY 1976, several advances were made in the network's access to automated data bases of biomedical literature. Through additional sharing agreements and intensified inservice training, the 30 libraries accessing MEDLINE (MEDical Literature On-LINE) now provide this bibliographic service to all VA libraries. The data bases available from the National Library of Medicine contain medical literature indexed from 1974-1976, with backfiles from 1966-1973. Thus, VA personnel can rapidly select needed information from over 2 million medical journal articles.

The Central Office Library tested the Lockheed Corporation's DIALOG system, which makes available 37 separate data bases covering chemistry, biology, psychology, engineering management, agriculture, and sociology, including both journal literature and reports, dissertations, and books. The use of the complementary data bases is being evaluated for suitability at additional sites to complete the network's access to these sources.

Automated data bases are also being used for cataloging. CATLINE (CATaloging On-LINE) identifies all books cataloged by the National Library of Medicine in the past 10 years. A more sophisticated system available at the Ohio College Library Center is under study for possible production of computer-produced catalog cards and a union list of books.

The VA union list of periodical holdings is currently in its fifth edition. An abridged union list of audio-visual software (16 mm films, audio-cassettes, videocassettes, and 2 x 2 slides) from 25 facilities was also published.

Training is essential to effective library service. The VA assists in the training of medical librarians while they are still in graduate school. It also works with its practicing librarians to insure that current technical knowledge and innovative techniques are used to the fullest.

Several libraries, including those at the VA Hospitals, Washington, D.C., and Columbia, South Carolina, have taken an active role in the provision of total patient care through participation in multidisciplinary hospital rounds. These meetings, primarily a means for planning in hospital treatment and discharge placement, are held weekly in each ward. In these sessions the librarian ascertains the informational needs of the patient or the patient's family and delivers the material at later meetings.

The library at the VA Hospital, Spokane, Washington, serves as a resource center for a mini-consortium of non-VA libraries and, under

contract, furnishes library services to two small rural hospitals. It also is sharing resources with the Spokane Medical Society and with the Spokane Public Library. Similarly the libraries at the VA Center, Fargo, North Dakota, VA Center, Boise, Idaho, and the VA Hospital, Fayetteville, Arkansas, serve as the Area Health Education Center (AHEC) library for their areas.

Assistance for Health Manpower Training Institutions

Public Law 92-541, the Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972, enables the VA to provide direct grant assistance to academic institutions with which it has affiliations. Since 1974, when the program was implemented, the VA has provided basic and essential resources for creation of four new state medical schools, to be operated in affiliation with VA and community hospitals, and for expansion of 18 medical schools with a history of VA affiliation. In addition, the VA has made 102 grants for expansion and strengthening of education and training programs for professional and technical personnel.

Two of the four new medical schools which have received assistance will enroll a first class of students in the fall of 1976. These are at Wright State University in affiliation with the Dayton, Ohio, VA Center, and the University of South Carolina in affiliation with the Columbia, South Carolina, VA Hospital. The two other schools, now recruiting faculty and developing their curricula, are to be opened by Marshall University in affiliation with the Huntington, West Virginia, VA Hospital, and Texas A&M University, in affiliation with the VA facilities in Temple, Marlin, and Waco, Texas. A fifth applicant, East Tennessee State University, in affiliation with the VA Hospital at Mountain Home, Tennessee has received conditional approval of its grant application, pending fulfillment of statutory requirements. Funds for initiation of this grant are held in reserve. All new medical school awards provide for 7 years' assistance in direct grant contributions to the cost of faculty salaries, and allowances for modifying and equipping VA buildings for educational use.

The 18 existing medical schools which have received grants under the law are conducting various education programs in conjunction with VA hospitals. All will support increases in undergraduate enrollment. Projects include some for general strengthening of faculty and curriculum,

developing new areas of emphasis such as primary care outreach, establishing new clinical campuses, and converting from 2 to 4-year degree-granting programs. The grants are for periods of 5 to 7 years; in FY 1976 they ranged from \$190,000 to \$1,735,000 per year.

The 102 grants to other health manpower institutions are for from 1 to 7 years to initiate or enhance clinical affiliations with 85 VA facilities. Funds range from \$8,000 to \$440,000 per year. The traditional allied health professions, nursing, dentistry, pharmacy, podiatry, and social services have been funded. Many institutions build programs upon resources unique to VA health care facilities to meet manpower needs common to VA hospitals and to the communities in which they are located. Among these are training for multi-disciplinary services to the chronically ill and to aging adults, and programs for personnel who perform highly skilled technical services to the disabled. Other projects upgrade and expand basic training of personnel who will work in underserved areas.

The varied nature of these activities can be exemplified by several recent developments:

- In Connection with the Northport, New York, VA Hospital, Adelphi University School of Nursing has undertaken a 5-year program to train nurses at the Master's degree level in gerontological nursing, under a \$304,852 grant.

- The Department of Clinical Nutrition at the University of Kentucky in Lexington has expanded and enriched the clinical dietetics program under a 3-year grant. Nutrition classes have been increased to include medical students and are offered as continuing education courses, and new classes in patient care have been instituted.

- Ten multi-disciplinary training grants awarded under Public Law 92-541 provide for physical therapist training incorporating new approaches.

- In cooperation with the VA Hospital, Gainesville, Florida, the College of Health Related Professions at the University of Florida has been awarded a 7-year grant to provide opportunities for students with associate degrees in health technology to earn a Bachelor of Health Science degree.

- A consortium of five institutions of higher learning in Utah, working with the Salt Lake City, VA Hospital, has been awarded a 2-year grant to enable students to work toward a degree in a specific major discipline and at the same time obtain training with an emphasis on gerontology.

RESEARCH AND DEVELOPMENT

The research and development program of the VA Department of Medicine and Surgery contributes to better health for veterans and for all citizens.

A new service, the Rehabilitative Engineering Research and Development Service, was created on December 16, 1975, under the Office of the Assistant Chief Medical Director for Research and Development. The intent of this reorganization is to provide the former Prosthetic Research program with an organizational structure which is more consistent with its role in recent years and to facilitate growth in new directions.

Awards

During the fiscal year, ten VA researchers received recognition on a national scale.

Paul Heller, M.D., Senior Medical Investigator at the Chicago (West Side), Illinois, VA Hospital, was named winner of the 1975 William S. Middleton Award, VA's highest honor for medical research. Dr. Heller is chairman of VA's 13-hospital cooperative study on sickle cell disease, and has received numerous other honors for his work in hematology and sickle cell disease.

The Middleton Award is named for the late Dr. William S. Middleton, VA Chief Medical Director from 1955-63, and famous clinician and educator, and has been given annually since its inception in 1960. Dr. Middleton died on September 9, 1975.

Among ten of the nation's foremost medical scientists named by *Modern Medicine* to receive 1976 Distinguished Achievement Awards, were Morton I. Grossman, M.D., Ph.D., and Rosalyn S. Yalow, Ph.D., of the VA Hospital, Bronx, New York, both Senior Medical Investigators in the Veterans Administration's Medical Research Program. Dr. Grossman was cited for increasing the knowledge of peptic ulcer, pancreatic insufficiency, and gastrointestinal hormones. Dr. Yalow was cited for her role in developing innovative applications of radioisotopes in medicine.

Six VA researchers received awards from the Association of Military Surgeons of the U.S. at their 82nd Annual Meeting in Washington, D.C., on December 1975: Dr. Yalow received the Sustaining Membership Lecture Award for her outstanding contributions in the field of biomedical research; Leo E. Hollister, M.D., Medical Investigator, VA Hospital, Palo Alto,

California, was invited to deliver the William C. Porter Lecture, which was established to honor a pioneer in military psychiatry. Betty E. Theiss, R.N., VA Center, Bath, New York, was presented the Federal Nursing Service Award for her essay entitled "Investigation of the Perceived Role Functions and Attitudes of the Nurse Practitioner Role in A Primary Care Clinic." James E. Doherty, M.D., VA Hospital, Little Rock, Arkansas, received the Casimir Funk Award, for outstanding contributions to cardiovascular research, teaching and the treatment of cardiovascular disease. William C. Bailey, M.D., VA Hospital, Birmingham, Alabama, received the Donald H. Gaylor Award for his outstanding contribution in tuberculosis control, epidemiology, diagnosis and therapy. Norman Talal, M.D., Medical Investigator, VA Hospital, San Francisco, California, was presented the Philip Hench Award for distinguished work in the field of clinical immunology, rheumatoid arthritis and lymphoma.

Sam A. Threefoot, M.D., Ph.D., Chief of Staff at the Forrest Hills Division of the VA Hospital, Augusta, Georgia, accepted an American Heart Association (AHA) Award of Merit from the AHA President. The award was given in recognition of "dedicated and distinguished service in advancing the Association's national program." Dr. Threefoot, also Assistant Dean and Professor of Medicine at the Medical College of Georgia, is one of six volunteer leaders selected by the AHA Board of Directors to receive the award.

Cooperative Studies – Multi-Hospital Research

The VA's Department of Medicine and Surgery has demonstrated a unique capacity for cooperative biomedical and clinical research. Under this Cooperative Research Studies system, investigators from a number of VA hospitals, working with their medical school colleagues under a uniform protocol, have developed solutions to several serious problems. The following examples illustrate its effectiveness:

Report of Post-Transfusion Hepatitis – Data from 2,788 patients at 13 VA hospitals over a period of 6 years (1969-1974) formed the basis of a Cooperative Study of Post-Transfusion Hepatitis. Investigators reported the incidence of the disease, determined its characteristics, and identified factors which increase the risk of contracting the disorder.

By far the most important risk factor identified as predisposing to the development of post-

transfusion hepatitis was the use of commercial blood from paid sources. This source of blood was employed when there were insufficient volunteer donors to meet the demand. The report urged that commercial blood be removed from public use.

LAAM Compared with Methadone in Treating Addiction – Encouraging results of a VA cooperative study compared a methadone-like drug that could be ingested less frequently, eliminating need for take-home medication. Levomethadyl acetate (LAAM), a methadone derivative, was used. The study included 430 heroin addicts treated at 12 VA hospitals. The starting sample included 146 patients receiving low-dose methadone, 142 patients receiving LAAM and 142 patients receiving high-dose methadone. The dosage was stabilized at 80 mg of LAAM three times a week for LAAM treatment, and methadone hydrochloride at either 50 or 100 mg per day for the methadone patients for a 40-week period.

Evaluation of the study group was that LAAM is as safe a drug as methadone alone and that it compares favorably with high-dose methadone in terms of efficacy. Both LAAM and high-dose methadone appeared to be better for maintenance regimens than low-dose methadone.

VA Cooperation With Other Federal Agencies

The Veterans Administration/National Science Foundation (NSF) ultrasound program, with the Director of the VA Nuclear Medicine Service as Project Director, continues to develop.

Twelve color plates, correlating ultrasound images with cross-sectional anatomy, were funded for the Leopold and Asher Atlas of Ultrasound. A contract has been let for the production of 10 videotapes that will illustrate to the practicing physician how ultrasound can help him in his day to day work with patients. VA physicians are participating in the preparation and filming of these programs. In conjunction with the Food and Drug Administration, the VA/NSF program is funding the development of an ultrasound instrument calibrator that will be standard for all human use of ultrasound devices.

The VA also cooperates with many other Federal agencies in programs such as the VA-Health Education and Welfare program on evaluation of cancer therapies.

Individual Research Projects and Programs

Spinal Cord Injury Research – The general scope of research in spinal cord injury during FY

1976 focused on spinal cord regeneration; spinal cord protection after injury; medical problems of the paralyzed; and rehabilitative engineering for the paralyzed.

In collaboration with the National Institutes of Health, the VA is studying the Russian approach to spinal cord injury with interest. At the present time, there is no clearcut evidence of superiority of the Russian approach over the VA's, particularly in respect to human patients.

On May 19, 1976, Dr. V. M. Ugryumov, Director of the Polenov Neurological Research Institute in Leningrad, Dr. E. I. Babychenko, Head of the Saratov Regional Neurosurgical Center, and Dr. Levon Matinian of the Orbeli Institute of Physiology in Armenia visited the West Roxbury, Massachusetts, VA Spinal Cord Injury (SCI) unit. VA's Assistant Chief Medical Director for Research and Development, and Director of Spinal Cord Injury Service attended conferences with them.

Several VA patients were presented and their cases discussed in detail. Dr. Matinian described his work to a combined group of Harvard University and VA scientists. This work involves spinal cord regeneration in rats, using special enzyme treatments. Somewhat similar work in humans has been started, but results are not yet available. The Russians favor an aggressive early neurosurgical approach in human patients.

All attempts to regenerate new tissue in disabled victims with paralysis have failed to repair spinal cord injuries. Using a new approach, investigators at the VA Hospital, Ann Arbor, Michigan, reported partial regeneration of spinal cord tissue past the scar of the healed injury in animals.

The Ann Arbor group duplicated an animal study to determine whether an allergic reaction to central nervous tissue might be a factor in preventing spinal cord regeneration. Results suggest that humoral antibodies to brain and spinal cord tissue may be a factor in preventing such regeneration. The investigators caution that partial regeneration in animals is not yet sufficient reason to attempt regeneration of the human spinal cord.

Cancer Research on Brain Tumors Treated with Steroid — A team of investigators at the VA Hospital, St. Louis, Missouri, reported success with administration of corticosteroids in treatment of brain cancers. A brainscan identified a radioisotope, sodium pertechnetate (Tc 99m), which collects in the increased blood supply of the tumor as evidenced by edema, or swelling. The improved status of the patients was confirmed by

neurological examinations. The investigators suggested that the improvement could be explained by diminished amounts of excess blood and edema.

Research on Vision — At the Low Vision Clinic of the Eastern Blind Rehabilitation Center, VA Hospital, West Haven, Connecticut, staff workers are using Fresnel press-on prism lenses to aid veterans with extremely restricted visual fields. These prisms optically "move" objects from areas of visual field loss to areas of useful vision, thereby making objects, including those which are potentially hazardous, more visually accessible.

According to the workers, training is a leading factor in successful prism use and is the key to why the lens is most useful during motion by veterans considered legally blind.

The soft plastic quarter-lens, it was noted, will not aid visual acuity, but when placed over a prescribed refractive lens brings displaced images into the patient's range of vision, not with absolute clarity, but enough to warn him of a person or barriers in his path. One patient, after six months of training, reported he could easily find an empty seat, if any, on a crowded bus. The visual acuity of the patient, however, is very important in the functional use of the prism. Also of importance are other considerations such as age, sex, educational level, visual pathology, and psychological factors.

Oral Disease Research — Research in oral biology and oral disease was carried on in 56 VA health care facilities during FY 1976. Of 176 principal investigators, 101 are VA dentists and 75 are basic scientists engaged in studies of biological systems, oral disease processes and innovative therapeutic methods. Most investigators conduct research in addition to caring for patients.

Because dental caries or decay is the most prevalent oral disease, affecting 95 percent of the population, the bulk of VA's research has been focused upon identification of causative bacteria, understanding the tooth decay process, and development of modalities for the prevention of decay.

One of the current caries research studies deals with isolation and purification of bacteriocins. These substances, produced by some bacteria, are lethal to other bacteria but do not harm human tissues. The lethal capacity of a bacteriocin may be so specific as to destroy only a single type of bacteria. The objective of this study is to isolate one or more bacteriocins which will kill only decay-producing bacteria. These bacteriocins may

then be incorporated in carriers, such as tooth-paste, which will prevent tooth decay.

A dental research discovery at the VA Hospital, Brooklyn, New York, led to new diagnostic and therapeutic procedures for managing idiopathic facial and trigeminal neuralgias. Patients having these diseases suffer from frequent agonizing episodes of jaw and facial pains which may increase in severity over many years.

The VA dental investigators found that the pain stemmed from infected cavities in the jawbones in nearly all patients with these idiopathic neuralgias. They developed a method for locating the infected lesions. The bone cavities were then exposed surgically and treated by curettage and antibiotics to encourage healing and filling. Even in patients with neuralgias of many years' duration, pain was abolished completely and without undesirable side-effects.

Research in the past year includes contributions to improved therapeutic modalities for the care of patients. An example is development of a pro-

tective treatment for dental caries following X-rays.

Dentists in the Oral Disease Research Laboratory at the VA Hospital, Houston, Texas, have reported that this condition may be managed by strict oral hygiene and daily self-treatment with stannous fluoride gel, which essentially eliminates the ravaging form of dental caries associated with the post-irradiation period. The patient, however, must be cooperative.

Prosthetics Research — The Rehabilitative Engineering Research and Development Service was established this past year in recognition of the broadening nature of "prosthetics" research. When first begun shortly after World War II, the prosthetics research program devoted almost all its efforts to improving artificial limbs and treatment of amputees. In recent years, new areas, such as design of automotive adaptive equipment for many types of disability, development of surgically implanted devices, and research on functional electrical stimulation, are receiving increasing attention.



Electrically Powered Manipulator

The VA Hospital, Seattle, Washington, and its contractor, continued to evaluate a British system that treats stumps of newly-amputated limbs for approximately 10 days postoperatively in a controlled environment. The Seattle group coordinated trials of five additional machines at university-based centers and at the VA hospitals in San Francisco, California, and Castle Point, New York, in conjunction with other projects to study healing after amputation for peripheral vascular disease.

Two electrically powered manipulators were developed to permit quadriplegics to use their scant remaining motions to work with nearby objects. The telescopic arm, developed at the VA Prosthetics Center, can pick up objects from the floor or reach to shelves. The Johns Hopkins University Applied Physics Laboratory table-mounted "arm" allows a quadriplegic to eat, telephone, place books or magazines on a rack, or move an electric typewriter into place.

Stronger facial prostheses more nearly matching the normal skin in flexibility were developed by Temple University, Philadelphia, Pennsylvania, and the VA Hospital, Wilmington, Delaware, using heat-cured polysiloxane plastics. These permit better retention, more comfort, and better appearance during chewing or smiling.

Health Services Research and Development

The long-range program for improving the quality of health services research and development in the Veterans Administration has shown significant progress toward improving the research capabilities of VA hospitals, in developing and training research personnel, and in improving project selection for quality and relevancy.

A cooperative venture with the National Center for Health Services Research of the Department of Health, Education and Welfare to encourage research and development in health services and to train personnel was implemented during the year. Nine VA core groups for health services research have been set up or are being developed at VA hospitals. Each serves to affiliate its hospital with health services research and development in an academic department or university-based center. Funding for research by these core groups will be provided primarily through the merit review mechanism.

A doctoral-level training program in health services research has been established, with fifteen students at three universities in the 1975-76

academic year. In this, the Veterans Administration provides educational consultation and support for student research. Studies include anthropology, health care administration, psychology, and operations research. All students have organized their studies as interdisciplinary activities.

A systematic peer review process has been instituted to ensure that projects are of high technical quality and germane to the VA health care delivery system. A dual review system is employed. Outside consultants in relevant fields review proposals for scientific and technical merit. An organized review body of non-VA consultants studies all proposals, recommends approval, disapproval or deferral, and prepares a statement of its opinions and suggestions. Proposals judged to have scientific and technical merit are then reviewed by VA staff considering priorities of the Veterans Administration in final funding decisions. Assistance is provided investigators to improve their proposals.

Some 53 proposals were reviewed in the first year of this merit review program; approximately 20 percent were approved and another 10 percent deferred for additional information.

Outcome-oriented evaluations of a number of mental health treatment programs were made during FY 1976. An evaluation of the day hospital program has been completed. For drug dependence treatment, a study covering patient improvement during the first year of treatment has been completed and a second phase covering a three-year span is underway. Evaluations of the day treatment center program and of joint treatment of drug- and alcohol-dependent veterans in the same setting are underway.

The use of psychotropic medicine in the VA is being examined in a treatment process study. A survey has determined physician prescribing practices; a re-survey will evaluate modifications of these practices following an experimental educational program.

Some of the most widely used drugs are antibiotics, which have also been said to be the most improperly used drugs. A group of VA experts in infectious diseases has been developing guidelines for prudent antibiotic usage. Medical audits constructed from the guidelines will permit a hospital staff to monitor prescribing performance. Early identification of improper use will allow prompt correction of the faults.

MANAGEMENT

Operations

On June 1, 1975, a major reorganization went into effect in the Office of the Associate Deputy Chief Medical Director for Operations of VA's Department of Medicine and Surgery (DM&S). The new organization was monitored closely for approximately eight months, and minor adjustments were made which went into effect on April 1, 1976.

Before June 1, 1975, DM&S Operations consisted of seven District Field Offices representing health care facilities in seven geographical subdivisions of the country. To meet national priorities, DM&S Operations was organized on a functional basis comprised of five major subdivisions as follows: (1) Operations Review and Analysis; (2) Resources; (3) Regionalization and Sharing; (4) Management Support and Facilities; and (5) Field Liaison Staff.

Management by Objectives

The Department of Medicine and Surgery has found that Management by Objectives (MBO) is an effective tool in the planning and managing of its health care delivery system. VA objectives deal with new programs, expansion of programs, problem areas in existing activities, and significant modification of on-going programs.

Regionalization

Regionalization – the management, delivery, and integration of health care services within geographic dimensions – is receiving top priority by VA's Department of Medicine and Surgery. The primary objective of regionalization in the VA system is to provide improved patient care through the consortium approach to problem solving, thereby making the most efficient use of available resources. Optimum use of resources is achieved through district-wide planning, development, implementation and evaluation. These processes recognize quality programs which preserve the unique and innovative contributions of individual health care facilities, by making more effective use of patient care, education and research capabilities.

Significant advances were made during FY 1976 by VA's 28 Medical Districts. Facility

directors, meeting as Executive Councils, approached district health care delivery not as individual facilities, but as a group. Likewise, assessment of community/area resources and capabilities through local planning agencies has avoided costly local duplication and fostered the development of sharing services.

Sharing of Specialized Medical Resources

The program for sharing specialized medical resources between VA hospitals and other Federal, State and community hospitals and clinics continued to make progress for the tenth consecutive year. Public Law 89-785 permits the Veterans Administration to share its specialized medical resources with other hospitals and clinics and conversely to utilize the resources of the community hospitals and clinics when such services are otherwise not available in VA facilities.

Sharing activities in coordination with the regionalization program enhance the utilization of specialized medical resources in a regional setting. Medical District Coordinators have been given special orientation concerning the sharing program and appropriate VA officials have received a recently prepared sharing program guide to help simplify the procedures for the approval of sharing contracts.

During FY 1976, 83 VA health care facilities entered into 184 sharing agreements with community health care facilities. The total cost of services amounted to almost \$14.1 million; of this total, \$6.3 million represented the cost of services furnished by the VA.

Coordination of Health Care Planning

In response to Public Law 93-641, The National Health Planning and Resources Development Act of 1974, the Veterans Administration revised and strengthened its policy with respect to the evaluation, review, and coordination of VA programs and projects by States and communities. This Act recognized the role of the VA in health care nationally and regionally. Representatives, appointed by VA's Chief Medical Director, are members of Statewide Health Coordinating Councils in each case where two or more VA health care facilities are located within the State. VA representatives are also appointed to the Health Systems Agency (HSA) where the VA has a health care facility located within the local health service

area. HSAs serve as a focal point for health planning and development in their respective jurisdictions and are a vital part of a health care review process.

Health Services Review Organization (HSRO)

The VA continued to refine, strengthen, and expand the Health Services Review Organization program for quality assurance. Although a number of improvements and refinements have been made, the two basic elements of the HSRO program remain. These are systematic external reviews conducted on a formal basis within each health care facility, and systematic internal reviews conducted by teams not directly associated with the facility under review. Close liaison has been maintained with the Department of Health, Education, and Welfare relative to their Professional Standards Review Organization (PSRO) activities.

Major improvements include development of more precise criteria and standards for evaluating quality of care; introduction of a clearinghouse function to assure that teams are provided more complete information for use in evaluations and are informed of the latest techniques and developments in the quality assurance field; and an increase in the number of systematic external reviews with the objective of surveying each VA health care facility on a biennial basis.

During the past year, external reviews were conducted at 69 health care facilities located in 38 States and the commonwealth of Puerto Rico. In addition to the Health Care Review Service staff, 295 professional and 126 health care administration staff members from VA's Central Office and health care facilities participated in these reviews. The membership of all teams included physicians, dentists, and nurses.

To assure that this quality assurance program encompasses all key elements of health care, a multidisciplinary committee has been appointed and functions in an advisory capacity to the Director, Health Care Review Service. This Committee has been active and particularly effective regarding the development of new and improved methods of assessing quality of care.

Other significant developments in this program include VA-wide publication of periodic HSRO letters to improve communications and increase awareness of the importance of quality assurance measures; and the testing of a new HSRO format

which places more emphasis on the systematic internal review procedures.

VA-JCAH Agreement on Standards/Interpretations

As a result of many meetings during the year, a liaison was established between VA's Department of Medicine and Surgery and the Joint Commission on Accreditation of Hospitals (JCAH) to clarify issues of possible confusion and misunderstanding. In addition, it was agreed that each JCAH survey conducted would be a complete integrated survey under the Hospital Accreditation Program and the Accreditation Program for Psychiatric Facilities instead of separate surveys as had been the practice previously. With this type of agreement, the JCAH has been able to schedule surveys creating less overall disturbance system-wide.

Benefit Service Program in the Navajo Area

In June 1976, an agreement between the Indian Health Service of the Department of Health, Education, and Welfare and the Veterans Administration was signed establishing the Benefit Services Program in the Navajo Indian Area. This program will provide VA representation at Indian Health Service Units in the Navajo area. The VA representatives are being recruited locally in accordance with an affirmative action program as bilingual, native Americans, and are being trained to advise eligible residents in that area about all VA benefits.

The program is being developed in several phases. The main purpose of the first phase is to provide eligible veterans access to the VA health care system and assist them with their applications for VA benefits. During this phase, specific data relative to the needs of veterans in the Navajo area will be acquired and evaluated for determining additional services or resources required to assure that eligible veterans receive VA services and benefits to which they are entitled.

ADMINISTRATION

Operating Costs

The operating costs of VA's Department of Medicine and Surgery during FY 1976 were

Activity	Operating Costs		Percent Change
	FY 1976 (Thousand \$)	FY 1975 (Thousand \$)	
Total medical programs	\$3,974,849	\$3,460,533	+ 14.9
Medical care	3,838,833	3,328,230	+ 15.3
Inpatient care	2,824,986	2,478,611	+ 14.0
Hospitals	2,564,674	2,253,636	+ 13.8
VA hospitals	2,516,812	2,210,014	+ 13.9
Contract hospitals	43,774	39,597	+ 10.5
State home hospitals	4,088	4,025	+ 1.6
Nursing homes	188,609	161,890	+ 16.5
VA nursing homes	122,279	105,247	+ 16.2
Community nursing homes	56,718	47,272	+ 20.0
State nursing homes	9,612	9,371	+ 2.6
Domiciliaries	71,703	63,085	+ 13.7
VA domiciliaries	61,923	53,010	+ 16.8
State domiciliaries	9,780	10,075	- 2.9
Outpatient care	709,913	593,776	+ 19.6
CHAMPVA	22,092	13,208	+ 67.3
Education & training	202,259	177,756	+ 13.8
Miscellaneous benefits and services	79,583	64,880	+ 22.7
Miscellaneous operating expenses	34,516	36,881	- 6.4
Medical administration	22,450	23,048	- 2.6
Post graduate & inservice training	9,952	10,484	- 5.1
Exchange of medical information	2,114	3,349	- 36.9
Research in health care	101,500	95,422	+ 6.4
Medical research	96,890	91,626	+ 5.7
Rehabilitative research	3,334	3,796	- 12.2
Health services research	1,277	....	....

Item	Change in Selected Operating Costs (FY 1976 v. FY 1975)	
	Amount (Thousands)	Percent
Personnel services	\$334,715	+ 14.5
Beneficiary travel	8,414	+ 19.1
Communications	5,818	+ 25.0
Utilities	10,720	+ 22.6
Outpatient dental fees	3,716	+ 7.2
Medical and nursing fees	11,570	+ 25.6
Community nursing homes	9,224	+ 19.9
Contract hospitalization	3,946	+ 10.3
Other contractual services	11,204	+ 16.6
Provisions	4,413	+ 6.6
Drugs and medicines	27,204	+ 22.9
Medical and dental supplies	18,726	+ 20.4
Fuels	1,176	+ 8.3
Operating supplies	10,705	+ 22.9
Prosthetic appliances	6,809	+ 22.2

\$3,974,849,000, an increase of 14.9 percent over FY 1975. The accompanying table shows the distribution of these costs by program.

Although much of this increase is the result of rising workload, a portion must be attributed to inflation. The second table on page 48 lists those categories which showed the most notable increases in FY 1976.

These net increases have resulted in higher per diem costs, as shown in the accompanying table.

Even in light of increasing hospital employment, inflation, and the ever changing medical technology, the VA has endeavored to keep the costs of hospitalization at a minimum without sacrificing quality. Two primary reasons for VA's successes are a reduction in the average length of patient stay for hospitalization and an increase in outpatient care. The reduction of the average length of patient stay in hospital (from 45.0 days in FY 1970 to 26.0 days in FY 1976), is an area

Type of VA Health Care Facility	Per Diem Costs		Increase	
	FY 1976	FY 1975	Amount	Percent
Hospitals	\$ 87.86	\$ 75.71	\$12.15	+ 16.0
Medical bed sections	91.36	79.49	11.87	+ 14.9
Surgical bed sections	117.52	102.45	15.07	+ 14.7
Psychiatric bed sections	64.08	54.12	9.96	+ 18.4
Domiciliaries	18.61	15.82	2.79	+ 17.6
Nursing home units	47.78	42.79	4.99	+ 11.7

The rising costs of medical supplies and materials, increased workload, and VA's efforts to deliver quality medical care are all contributing factors in the higher cost per patient day and cost per patient treated. Compared to FY 1975, the cost per patient day in VA hospitals increased by \$12.15 to \$87.86 in FY 1976, while the average cost per patient treated increased by \$151 to \$2,135 in FY 1976. While per diem costs have historically been utilized as cost guidelines for VA's health care system, the cost per patient treated is more indicative of the VA's attempt to hold down the costs per hospitalization episode, as the table below illustrates.

the VA is constantly seeking to improve.

Employment

The net full-time equivalent employment (FTEE) in VA's Department of Medicine and Surgery (DM&S) for FY 1976 and FY 1975 is shown on the following page. The largest increases occurred in VA hospitals and outpatient activities, where FTEE increased over FY 1975 by 5,236 and 2,018 respectively.

The FTEE increases reflect a continuing trend in DM&S employment as shown in the next chart.

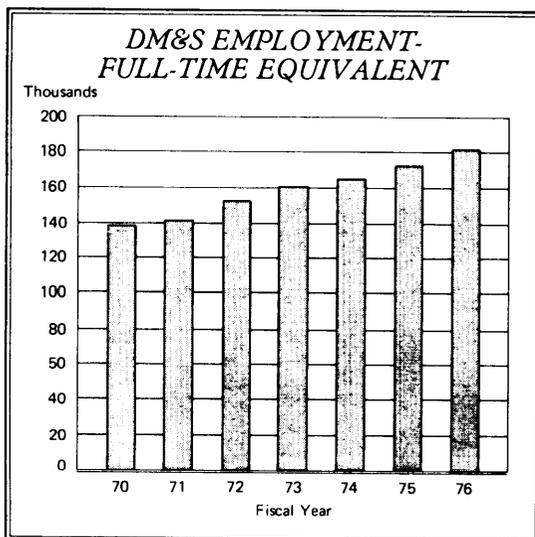
Fiscal Year	Per Diem Cost		Cost Per Patient Treated	
	Amount	Index (1970=100)	Amount	Index (1970=100)
1970	\$38.42	100	\$1,524	100
1971	43.41	113	1,626	107
1972	52.61	137	1,851	121
1973	57.92	151	1,769	116
1974	65.08	169	1,855	122
1975	75.71	197	1,984	130
1976	87.86	229	2,135	140

Appropriation/Fund	Net Full-Time Equivalent Employment		Percent Change
	FY 1976	FY 1975	
Total	181,443	173,339	+ 4.7
Medical Care	172,325	164,457	+ 4.8
Inpatient Care	146,967	141,117	+ 4.1
Hospitals	137,057	131,821	+ 4.0
Nursing Homes	6,977	6,511	+ 7.2
Domiciliaries	2,933	2,785	+ 5.3
Outpatient Care	24,089	22,071	+ 9.1
All Other	1,270	1,270	.....
Medical Administration and Miscellaneous Operating Expenses	770	748	+ 2.9
Research	4,262	4,232	+ 0.7
Medical Research	4,194	4,170	+ 0.6
Rehabilitative Research	59	62	- 4.8
Health Services Research	9	.....	.....
Canteen Service	3,334	3,169	+ 5.2
Supply Fund	688	680	+ 1.2
Consolidated Working Fund	64	53	+ 20.8

The infusion of qualified personnel resulted in an increase in the employee to patient ratio in VA hospitals from 1.28:1 in 1970 to 1.75:1 in FY 1976 and is allowing VA to approach its goal of one employee per 500 outpatient visits. This has enabled VA to improve both the availability and quality of medical care.

The increase in Medical Care employment of 4.8 percent or 7,868 has been identified by activity in the accompanying table. The distribu-

tion of this employment increase has been reflected in practically all activities, thereby maintaining program balance and permitting increased patients treated, reduced length of stay and increased ambulatory care visits.



Activity	Medical Care Net Full-Time Equivalent Employment			
	FY 1976	FY 1975	Amount Change	Percent Change
Total Medical Care	172,325	164,457	7,868	+ 4.8
Medicine	8,645	7,861	784	+ 10.0
Surgery	3,786	3,585	201	+ 5.6
Psychiatry	2,716	2,411	305	+ 12.7
Social Work	3,499	3,268	231	+ 7.1
Radiology	3,413	3,142	271	+ 8.6
Laboratory	6,138	5,684	454	+ 8.0
Pharmacy	2,850	2,469	381	+ 15.4
Med. Illustration	350	315	35	+ 11.1
Libraries	573	536	37	+ 6.9
Psychology	2,145	2,066	79	+ 3.8
Aud. & Speech Path.	539	521	18	+ 3.5
Nuclear Medicine	700	622	78	+ 12.5
Nursing	57,693	55,599	2,094	+ 3.8
Rehab. Medicine	4,407	4,303	104	+ 2.4
Dietetics	14,488	14,408	80	+ 0.6
Chaplains	612	581	31	+ 5.3
Blind Rehab. Ctrs.	90	97	-7	- 7.2
Dental	2,776	2,669	107	+ 4.0
Prosthetics	735	707	28	+ 4.0
Admin. Support	29,343	27,683	1,660	+ 6.0
Engineering	13,808	13,225	583	+ 4.4
Bldg. Management	13,019	12,705	314	+ 2.5

Volunteers Volunteers in VA health care facilities exceeded the 200 million mark in hours of service given to patients since the Voluntary Service program was established thirty years ago. Almost 11 million hours were added to the total in the current fiscal year through the services of a monthly average of 108,000 volunteers.

The staff of VA health care facilities demonstrated their awareness of volunteer capabilities and value by enlisting their services at all stages of patient care and in virtually every area of supporting activity. Trained and well supervised volunteers, for example, supplemented staff not only by providing traditional personal services for veterans in hospital wards and community nursing homes, but by operating equipment in the VA Hypertension Screening Program.

Many innovative assignments were developed and proved effective at individual hospitals. Two of the more unusual were a twice weekly Yoga class conducted by a volunteer under supervision of Psychiatric Service and a year-round monthly series of "gourmet dinners" arranged and supervised by Dietetic Service as a resocialization therapy for geriatric patients.

While volunteers in middle and later years remained in the majority, the pursuit of cooperative agreements with schools and school systems brought increasing numbers of high school and college students into the VA to learn through volunteering. An East Coast hospital successfully expanded a pilot program which involved students with learning disabilities. Those student volunteers, jointly supervised by teachers and hospital staff, were assigned principally to assist staff in such areas as engineering and building management.

At a West Coast hospital, a group of pre-medical students participated in a program developed and directed by the hospital's Chief of Medicine, a university professor, in conjunction with the university faculty. The program includes volunteer work in various sectors of the hospital, such as the coronary care unit and the clinical laboratory.

Recruitment retained its high priority in the VA Voluntary Service program. Many of the participating organizations, whose members constitute the principal source of volunteers, stepped up recruitment efforts through personal contacts and organizational communications. As the year ended, one of the largest veterans' organizations was planning a new national publication which would include a regular feature on VA volunteer

service, and a rapidly growing national organization of veterans, reserves, and service personnel was exploring ways of involving its large membership for the first time in the VA program. The year also saw the completion and distribution by the VA of a new volunteer recruitment film, "It Could Be For You."

Physicians and Dentists Pay Comparability Act -- Public Law 94-123, "The Veterans' Administration Physician and Dentist Pay Comparability Act of 1975," which was enacted to assist VA's Department of Medicine and Surgery attract or retain highly qualified physicians and dentists by authorizing the payment of special pay, was implemented during FY 1976. By June 30, 1976, more than 8,000 full- and part-time physicians and dentists of the Department of Medicine and Surgery were receiving primary special pay and variable amounts of incentive special pay.

Too little time has passed to permit a definitive evaluation of the effects of this legislation on recruitment and retention. Past experience indicates that the principal period during which physician staff is recruited is July, August and September. During these months, the greatest loss rate also occurs. However, experience so far has been good. The first quarter of FY 1976 was a very favorable recruiting period, probably related to the imminence of the pay bill. Full-time staff continued to increase thereafter and by June 30, 1976, the number of full-time physicians on duty, 5,835, was a new high. Loss rates during the 9 months following the enactment of the pay bill were less than during the comparable period one year earlier. The rate for the period March through June alone was the lowest for any equivalent quarter during the year since 1968.

Comments from the VA health care facilities emphasized the importance of this legislation. Observations were received concerning the fact that, for scarce specialties, even the maximum of variable incentive pay could be less than necessary. At the same time, these comments underscored the short term nature of the enactment and the essentiality of a long term resolution of physician pay levels.

Medical Administration

Medical administrative support activities revolve around patients and the professional and administrative staffs of VA health care facilities. Employees perform such diverse functions as

determination of legal entitlement, reception, application and billing processes, procurement of services from private hospitals, physicians and clinics, forms and record management for the Department of Medicine and Surgery, and medical record administration which includes release of information and assistance in the medical care evaluation and other requirements of the Joint Commission on Accreditation of Hospitals.

Medical Administration Service responds to veterans' health care needs through continuing analysis and strengthening of the program, with an emphasis on improvements in the quality of services and on cost effectiveness. Manual and automated centralized patient appointment scheduling systems have been established at VA hospitals to meet the increasing demands for health care.

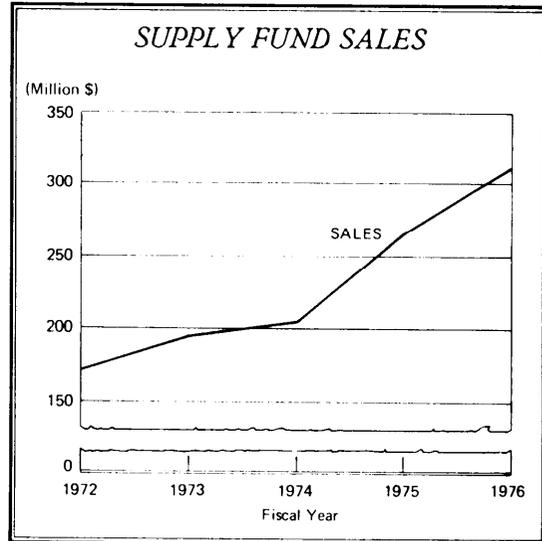
Supply

A Marketing Center, three Supply Depots and 171 Supply Services in health care facilities furnish support to about 250 VA installations and about 400 installations of other government agencies throughout the United States, the Republic of the Philippines and the Commonwealth of Puerto Rico. The annual supply workload for FY 1976 was approximately \$900 million. About \$650 million was expended for supplies and equipment for VA activities, and \$220 million for services, including utilities, equipment rentals and other contractual services. The remaining \$30 million represents the volume of supplies and equipment furnished to other government agencies.

The VA operates a business-type revolving fund without fiscal year limitation. Important objectives of the Supply Fund are efficient management of inventories and the achievement of a break-even operation during the year. During FY 1976, the Fund operated with a loss of \$92,120, which represents 0.03 percent of the \$311 million Supply Fund sales. Over the past 5 years, Supply Fund sales have risen by \$137 million, or an increase of 79 percent. The sales for this period are shown on the accompanying chart.

The Supply Service at the VA Central Office provides centralized direction of VA Supply activities, a national buying and distribution system, and supply support for field activities.

The VA Marketing Center at Hines, Illinois, is the central purchasing and contracting activity for general and medical supplies and highly sophisticated and complex medical instrumentation used



in the VA health care facilities. High volume use items centrally procured and distributed through the VA Supply Depot system amounted to \$126.1 million during FY 1976. Equipment purchased for direct delivery to the local using activity and contractor-installed at the use point amounted to \$63.2 million. The Center also consummated term contracts for direct ordering by VA and other Federal agencies. Purchases from these contracts amounted to \$155 million during this year. In addition to VA requirements, this Center supports about 25 Federal civilian agencies by providing medical supplies and equipment. This support amounted to \$97 million of the \$344 million business.

The VA has an agreement with the Food and Drug Administration for the exchange of information on medical devices. The data exchange system continues to grow at an accelerated pace, and has greatly enhanced the capability of the VA Marketing Center to keep all VA health care facilities fully informed on items that may be of inferior quality or lack a total functional patient care benefit. Product hazard alerts are also dispatched throughout the vast network of VA medical care facilities and numerous other Federal agency operations that utilize the resources of the VA for support for their medical supply needs.

During this year, the VA Marketing Center has been the focal point of inquiries into the methods and procedures of the VA supply system. Governmental bodies, at all levels, are interested in comparing or benefiting from VA's experience in the areas of price trend analysis, inspections,

specifications, testing and evaluations. Many end up as customers, and increase the volume discounts earned by the VA as a dominant purchaser.

Three Supply Depots, located at Bell, California, Hines, Illinois, and Somerville, New Jersey, are operated by the VA Supply Service for centralized distribution of supplies and equipment to all VA facilities, as well as other government agencies. In addition, eight commercial warehouses are utilized for the storage and distribution of frozen fruits, juices, vegetables, and meats. During the year, outbound depot shipments totaled approximately 45,000 tons and contained approximately 695,000 line items.

Although the basic mission of the VA Supply Depots is the same, each specializes in certain functions because of available resources.

The VA Supply Depot at Somerville, New Jersey, administers a nationwide annual contract for books and periodicals which totals approximately \$2 million, and is responsible for the selection, in accordance with medical criteria, of films required for VA's Nationwide Recreation Motion Picture Program.

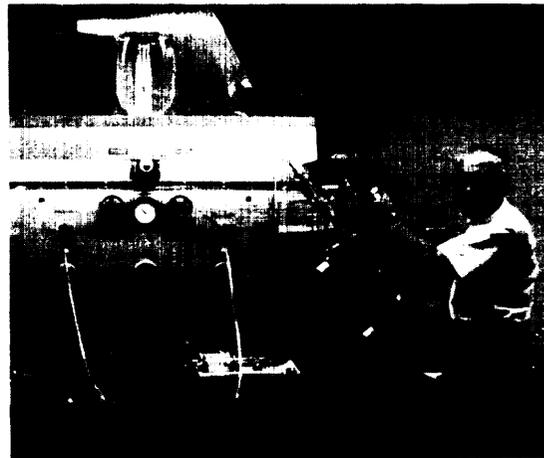
The VA Supply Depot at Hines, Illinois, maintains accountability of an estimated \$40 million inventory located at the three depots and eight commercial frozen food warehouses. Nationwide distribution of hearing aids is accomplished from this point, as is the maintenance of a national supply cataloging system. A unique function of the Hines Depot is the operation of a Service and Reclamation Division which provides preventive maintenance and repair for X-ray, technical, medical, and general hospital equipment. From



Repairing a Respiration Unit

here, highly trained VA technicians and repairmen visit hospitals throughout the nation, and through a systematic inspection and repair program insure that hospital equipment is maintained in a manner commensurate with the needs of good patient care and safety at minimum costs.

Another function of the Hines Depot, which is unique in the Federal government, is the rebuilding of X-ray tubes. The Depot is the only builder of X-ray tubes in any of the civilian agencies, and has been recognized by the Bureau of Radiological Health of the Department of Health, Education, and Welfare. Defective tubes are received from health care facilities throughout the nation. These tubes are rebuilt and tested for reissue and reuse by the hospitals. The rebuilding of X-ray tubes has resulted in an estimated savings of approximately \$800,000 during FY 1976.



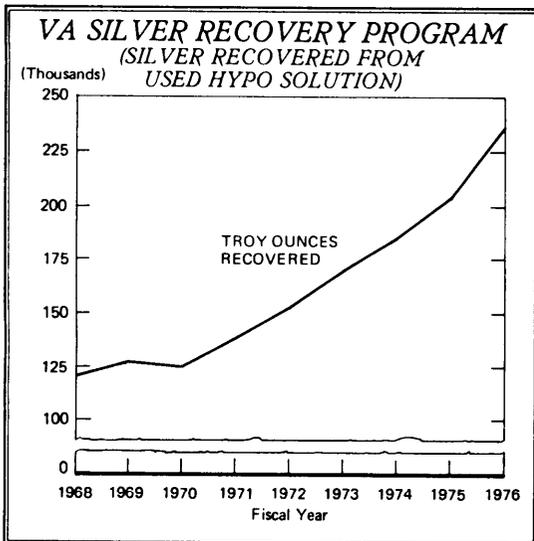
Rebuilding X-Ray Tubes

The VA Supply Depot at Bell, California, makes monthly shipments of Depot-stocked items to the Veterans Memorial Hospital and the VA Regional Office in Manila, Philippine Islands, and to the Government of American Samoa. American Samoa also obtains all of its nonperishable subsistence from this Depot. In addition, the Bell Depot performs extensive local purchasing and shipping services for American Samoa and the Trust Territories of the Pacific.

The Supply Services at VA health care facilities are responsible for planning, directing, and managing the total program to supply all staff and operating elements with necessary goods and services. These services also support a number of small installations of other government agencies

located in the same vicinity. During FY 1976, it is estimated that this support exceeded \$1 million.

Increased surveillance and monitoring of the VA Silver Recovery Program by Supply Service has resulted in substantially increased amounts of that precious metal being recovered. The accompanying chart shows the trend in the amount of troy ounces of silver recovered annually since FY 1970.



Building Management

The VA's building management services are responsible for the sanitation, decoration and pest control of over 67 million square feet of floor space, and for processing and control of over 260 million pounds of linen. The VA laundry system is comprised of 75 individual and 37 consolidated laundries. These cost \$31 million dollars to operate during FY 1976, or an average of only 11.5 cents per pound of linen processed.

Excellence in interior design for humanizing the hospital to provide an environment beneficial to the staff and esthetically and therapeutically desirable to the wellbeing of the patients is a continuing effort of the Veterans Administration.

Emphasis on deinstitutionalizing the hospital environment involves interfacing of VA's Building Management Service with all DM&S administrative services and the Office of Construction, as well as other governmental agencies, industry and private hospitals.



Recently Designed Lobby Area of a VA Hospital

In order to meet the Environmental Protection Agency requirement that all applicators of restricted use pesticides be certified by October 1977, 63 VA employees responsible for the program at their facilities were provided pest control training in FY 1976.

Engineering

Maintenance of Facilities – During the year, more than 1,400 nonrecurring maintenance and repair projects were approved and obligated. The cost of these projects amounted to \$78.5 million for maintenance of physical facilities, capital equipment and minor improvements, and \$12.7 million in personal property funds to support these projects. Of the total maintenance expenditure, \$15 million was allocated to enhance patient privacy and to correct deficiencies identified by the Joint Commission on Accreditation of Hospitals.

Correction of electrical deficiencies at VA health care facilities continues to receive top priority. As of June 30, 1976, 51 VA health care facilities had adequate emergency power under current VA Construction Standards for Essential Electrical Systems. Emergency generator installations were under various stages of completion at 18 facilities, and 26 installations were in the design stage.

Air conditioning of four existing medical facilities that was authorized in prior years was completed in FY 1976. Of nine projects authorized in FY 1976, six were placed under construction contracts, and the other three were scheduled for construction awards in FY 1977. Through technical studies, current operational data are being obtained to develop appropriate maintenance or

construction projects to improve air conditioning systems for maximization of energy conservation and operational efficiency.

Energy Conservation — The VA is in the forefront among Government agencies in implementing an effective program of energy conservation.

During FY 1976, a Steering Committee was established to spearhead and coordinate agency activities in energy conservation. The Committee is composed of VA's Department and Staff Office Heads and chaired by the Associate Deputy Administrator. To assist the Steering Committee, a Working Committee, composed of representatives of Department and Staff Office Heads and chaired by the Director, Engineering Service, has been established to research and coordinate information necessary for the formulation and development of energy policies and guidelines.

The Veterans Administration has adopted a goal of zero growth in energy consumption, using the amount consumed in FY 1975 as the base. The goal was achieved in FY 1976, and a five-year plan was developed for achieving it in future years.

An exact system for the measurement and control of energy usage was developed for the VA by a consulting firm as a result of pilot studies conducted at 23 VA health care facilities. All Chiefs, Engineering Service are being intensively trained in workshops conducted by the consulting firm. This training covers the technical and managerial aspects of the system as well as the latest techniques being used for energy management and conservation.

Energy management and retrofit project studies were initiated. The studies are designed to reduce energy consumption through the identification and use of improved control techniques, more efficient operating procedures, better maintenance methods, and energy conservation retrofit projects with a payback of 2 to 5 years.

Aerial surveys, using infrared photography to detect energy losses from buildings and mainsteam distribution lines, were being conducted at seven VA hospitals during the course of the year. The infrared photographs provide a permanent record of temperature variations which makes it possible to identify where heat losses are occurring so that corrective action can be taken.

Energy conservation in the design of new buildings is one of VA's major objectives. Design criteria for the many functions of a hospital have been changed to provide for better utilization of energy. Solar energy, total energy, selective energy

and incinerators using waste heat boilers are being investigated for possible use in hospitals. Energy savings devices and existing hardware are used extensively.

A computer software program is being developed in conjunction with the University of Pittsburgh specifically for the design of VA hospitals. This program will provide the opportunity to analyze over 30 different air conditioning systems for optimum energy consumption.

Air conditioning criteria have been revised to reduce energy loads, and lighting levels have been reduced.

A special Administrator's Award program was developed for recognizing significant improvements in energy management and conservation. Actions are also under way to provide on-going guidance and to motivate management at VA health care facilities toward the vigorous pursuit of energy related improvements in heating, cooling, lighting, equipment and motor vehicle usage.

Occupational Safety and Health — District Safety Engineers were approved for each of the 28 Medical Districts. These engineers will implement Executive Order 11807 which requires each government agency to strengthen safe and healthful working conditions for its employees. In addition, they will assure compliance with applicable portions of the Occupational Safety and Health Standards (29CFR 1910); conduct unannounced annual safety and fire protection surveys at each facility; investigate employee safety complaints; chair district safety and health committees; coordinate industrial hygiene monitoring programs; and conduct appropriate safety training for facility management and safety personnel.

In-depth fire-safety surveys of all VA health care facilities were being conducted by five consulting firms upon the recommendation of the VA Advisory Committee on Structural Safety, a Committee established at the direction of Congress. The surveys began in July 1975, and are scheduled for completion in May 1977. During FY 1976, the contractors surveyed 123 hospitals and submitted 96 draft reports and 20 final reports. Their recommendations are being reviewed by a VA Work Group. The known deficiencies, as listed in the October 26, 1974, "Quality of Care" report, were being precisely identified and projects were being developed on a nationwide basis to correct them.

Biomedical Engineering — The Biomedical Engineering Program was established in September 1972. There are now over 80 professional bio-

medical engineers at various health care facilities who are assisted by approximately 675 technicians and repairmen in maintaining complex medical equipment in daily use.

This program provides professional support varying from the selection of medical instrumentation to the modification of existing equipment to personnel engaged in direct patient care.

The introduction of increasingly complex and sophisticated medical equipment requires continued emphasis on training personnel to maintain and repair these items. When possible, this training is conducted at the VA Hospital, North Little Rock, Arkansas, or at various factory service schools. During FY 1976, 117 persons were enrolled in various short courses at the Little Rock facility and 221 persons were taking correspondence courses to improve their skills. In addition, 23 VA and 13 military personnel completed the VA Certification Program for Biomedical Engineering Technicians.

The VA has made available to the public, through the National Technical Information Service of the Department of Commerce, its G-29 Series, Preventive Maintenance Guide for Select Hospital Equipment. This material had been requested by private hospitals, medical equipment repair companies, consulting firms, and even libraries of foreign countries.

Security and Law Enforcement – Refinements in both the physical security of health care facilities and VA Hospital Police Officer skills during interpersonal encounter situations were achieved during FY 1976.

Drug storage areas in many hospital pharmacies and warehouses were upgraded to a criteria of three security barriers, and similar criteria were developed for cashier and canteen retail store areas of hospitals.

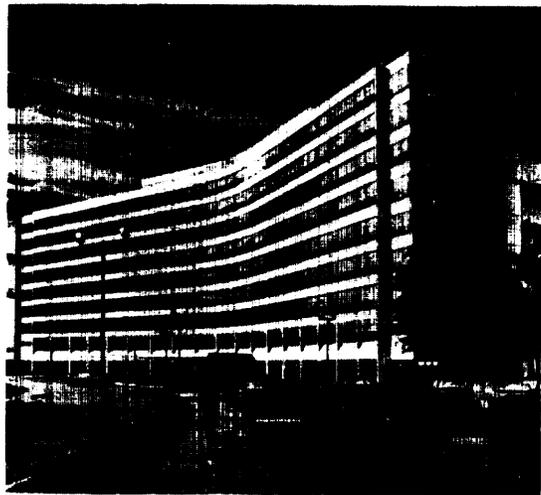
A major innovation in the training course for hospital police officers was implemented to advance their abilities to settle disputes, terminate misconduct, and enforce regulations peaceably. This is achieved at the Hospital Police Training Center through the realistic enactment of typical disturbance situations encountered in hospitals. Trainees are placed in these situations and must peaceably resolve them while being viewed by classmates and instructors on a closed circuit TV monitor. Medical District Directors were provided with training kits which enable the extension of a similar training at hospital locations.

CONSTRUCTION

In FY 1976, total construction obligations amounted to \$226.6 million. Of this total, 53 major construction contracts amounting to \$157.2 million were awarded by VA's Central Office. This includes Phases VIII, IX, X and XI of the replacement hospital at Bronx, New York; air conditioning of the VA hospital at Lexington, Kentucky; and the outpatient clinic and deadend corridor stairs of the VA hospital at Kansas City, Missouri.

At the end of FY 1976, there were 221 projects under construction at a total estimated cost of \$323.2 million. Major projects underway during FY 1976 included Phases III through VI of the replacement hospital at Bronx, New York; Phase II of a 820-bed replacement hospital at Los Angeles, California; Phase II of a 500-bed hospital at Loma Linda, California; Phase I of a 400-bed hospital at Columbia, South Carolina; and Phase I of a 420-bed hospital at Augusta, Georgia.

In FY 1976, there were 144 projects completed at a construction cost of \$121 million. These projects included replacement, modernization, alteration and improvement of existing VA facilities. Major projects completed during this period included Phase I of the 500-bed hospital at Loma Linda, California; Phases I and II of a replacement hospital at Bronx, New York; a 440-bed replacement hospital at San Francisco, California; air conditioning and outpatient clinic of the VA hospital at Indianapolis, Indiana; and a 328-bed addition to the VA hospital at Phoenix, Arizona.



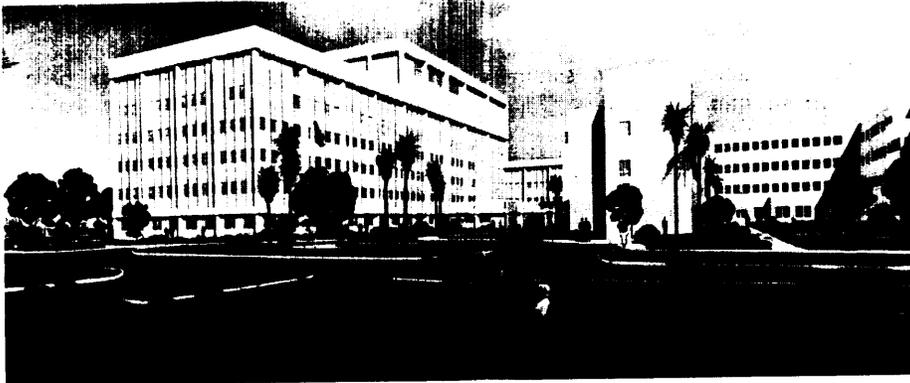
VA Hospital, Bronx, New York



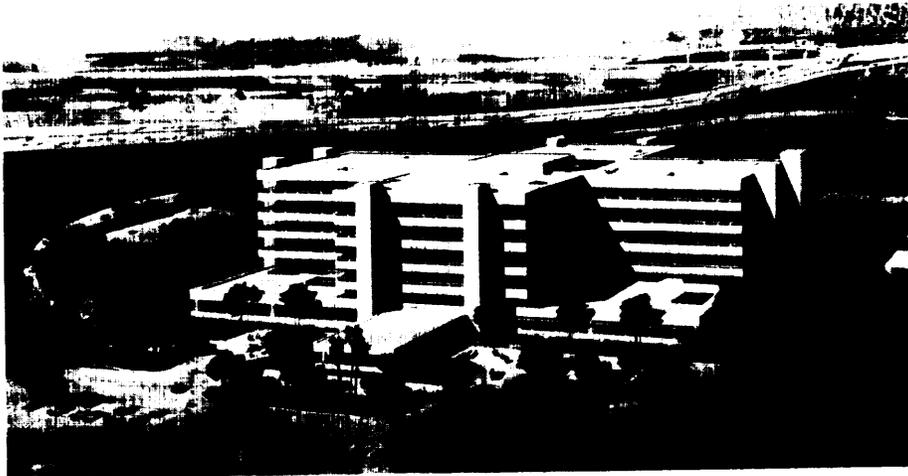
VA Hospital, Loma Linda, California



VA Hospital, San Francisco, California



VA Hospital, Phoenix, Arizona



VA Hospital Center, Los Angeles, California (Wadsworth)

Construction Status

Description	Total		Completed		Under Construction		Authorized But Not Under Construction	
	Number	Estimated Construction Cost (Million Dollars)	Number	Estimated Construction Cost (Million Dollars)	Number	Estimated Construction Cost (Million Dollars)	Number	Estimated Construction Cost (Million Dollars)
Total ¹	787	\$1,729.19	144	\$120.95	221	\$323.17	422	\$1,347.87
Replacement and relocation hospitals	29	957.75	4	44.67	14	156.60	11	756.49
Modernization	15	83.40	2	21.79	5	22.93	8	38.68
Cemeteries	32	26.95	3	0.17	5	2.59	24	24.19
Nursing home care units	29	79.20	9	10.19	6	10.13	14	58.88
Research facilities	18	35.01	4	0.77	4	6.09	10	28.15
Domiciliaries	3	21.12	0	0	0	0	3	21.12
Other improvements	661	588.15	122	43.36	187	124.83	352	420.36
Air Conditioning	31	121.67	7	17.90	10	38.14	14	65.63
Other	630	466.88	115	25.46	177	86.69	338	354.73

¹ All figures rounded from detailed reports

The accompanying table provides summary fiscal data on the construction program.

Use of Private Firms

The Veterans Administration is making more effective use of the private sector in the development and design of VA facilities. Architect-Engineer firms are now participating in the preliminary design of VA construction. Among the major projects, the VA Hospital, Columbia, South Carolina, and the VA Hospital, Augusta, Georgia, were prepared in this manner.

Land Management

During FY 1976, the Veterans Administration acquired 63 acres of land containing a Department of Defense Naval Hospital at St. Albans, New York. In addition, a site for the National Cemetery at Riverside, California, containing 740 acres, was acquired by transfer through the General Services Administration (GSA). Twenty acres were reported excess as a result of GSA surveys in compliance with Executive Order 11724. To date, 97 VA hospitals or centers have been surveyed, re-surveyed, or scheduled to be surveyed. Fifty-two out grants were issued in the form of leases, agreements, and licenses.

Of the 21 requests for space in other than VA owned buildings through GSA and direct leasing, 5 have been completed and 16 are being negotiated.

The environmental impact program activity involved the preparation and issue of 14 assessments and 3 environmental statements. Notifications were sent to clearinghouses in compliance with OMB Circular A-95 for 21 projects in 15 States.

Construction Research

The construction research and development program is a continuing effort comprised of a wide variety of architectural and engineering projects on hospital building technology. Depending on their nature, the projects are accomplished either by contracts with private consultants, educational institutions, and other Federal agencies, or by the VA staff. The results of the projects are published and are implemented in the VA construction program, and are made available to other users in the public and private sectors.

In FY 1976, the program consisted of 20 widely diversified research and development projects. A pioneering study was completed and a report published on seismic protection for hospital furniture, equipment and supplies. Another study comparing the National Building Code and the Life Safety Code was completed and a report made for VA use. Other completed projects include the development of a computerized data base for designing nursing homes, a test installation of plastic casework, and a Picturephone demonstration project.

Advisory Committee on Structural Safety

Public Law 93-82 requires that hospitals, domiciliaries, and other medical facilities, including nursing home facilities contracted for under Section 620, Title 38, U.S.C., are to be of fire, earthquake and other natural disaster resistant construction. To comply with this law, an Advisory Committee on Structural Safety of Veterans Administration Facilities was appointed to advise the Administrator of Veterans Affairs on all matters of structural safety in the construction and remodeling of VA facilities. The Advisory Committee's recommendations for fire, earthquake and other natural disaster resistant construction are developed as Construction Standards by the VA staff.

Projects progressing in FY 1976 included studies on hospital internal transportation systems, fire detection and engineered smoke control systems, directional graphics guidelines, computerized design analysis of mechanical utility systems for energy conservation, plumbing design criteria, solar energy and other advanced energy control system demonstrations, and illumination of patient bed area.

New projects initiated in FY 1976 included a solar demonstration project, an annual cycle energy conservation system demonstration project, functional space planning criteria, computer applications within the Office of Construction, improved veneer plaster partitions, and evaluation of the VA building system application at the VA Hospital, Loma Linda, California.

Computer Aided Design

The Office of Construction Research Staff and the Preliminary Planning Service received training from a private firm in computer graphics. This served as preparation for the installation of the VA's own PDP 15/76 mini-computer now used in the Preliminary Planning Service with ARK-2 programs. This was a model installation for the Federal government. It has received nation-wide recognition and the ARK-2 program has the potential of becoming a prototype for future Federal agency and military users.

CHARACTERISTICS OF PATIENTS TREATED

The demographic and medical characteristics of VA patients continue to change because of the increase in the number of aged veterans.

Among the patients treated in VA hospitals there is a larger proportion of long stay patients than is generally true of community hospitals. Four main factors contribute to this situation. First, almost one-half of the veteran population is comprised of WW II veterans whose age makes them subject to chronic conditions. Second, veterans who seek medical care from the Veterans Administration are frequently from the lower socio-economic level. Third, among hospitalized veterans there is a high percentage of unmarried veterans which must be considered in discharge planning. Fourth, hospitalization of large numbers of psychiatric patients are included in the VA experience.

Information about the characteristics of patients treated by VA is obtained from patients discharged and from a census of patients taken each fall.

The demographic and medical characteristics of patients who were discharged during FY 1976, and the patients who were under care by the Veterans Administration on October 1, 1975, are described here. All data on patients discharged from hospitals during FY 1976 exclude approximately 170,000 one-day hemodialysis discharges. The October 1, 1975 census figures are based on a 20 percent sample of VA hospital and domiciliary patients and on 100 percent of the VA patients in VA nursing home care units and community nursing homes.

Age

The average age of the estimated 29 million veterans on December 31, 1975 was 46.1 years; the average age of the patients discharged from VA hospitals during FY 1976 was 52.6 years; and the average age of patients remaining in VA hospitals on October 1, 1975 was 54.9 years. As shown in the accompanying table, the average age of discharged patients had been decreasing slightly from FY 1966 until FY 1973, when this downward trend began to reverse.

Year	Average Age of Patients Discharged from VA Hospitals	Year	Average Age of Patients Discharged from VA Hospitals
1966	53.7	1972	51.4
1967	53.4	1973	51.6
1968	53.1	1974	51.9
1969	52.7	1975	52.2
1970	52.2	1976	52.6
1971	51.6		

The proportion of discharged patients in the age group 25-34 has increased from 6.2 percent in 1966 to 11.6 percent in FY 1976, and virtually all of this increase was due to the influx of Vietnam era veterans. The proportion of patient discharges in the age group 65 and over decreased from FY 1966 to FY 1973 by over one-third (from 30.6 percent to 18.9 percent), and then started to increase (from 18.9 percent in FY 1973 to 19.9 percent in FY 1976).

The age distribution of inpatients in VA hospitals on census day for the past nine years is shown in the table below:

Census Date	Total	Age Distribution of VA Hospital Patients				
		Under 35	35-44	45-54	55-64	65 & over
Oct. 1, 1975	78,830	9,053	8,446	21,576	20,444	19,311
Oct. 2, 1974	80,715	9,435	8,992	23,689	19,383	19,216
Oct. 3, 1973	82,485	9,679	9,978	24,738	18,377	19,710
Oct. 18, 1972	83,425	9,618	11,006	25,954	17,500	19,345
Oct. 20, 1971	81,150	8,813	10,502	24,802	16,834	20,196
Oct. 14, 1970	85,550	9,018	12,728	27,533	16,038	20,247
Oct. 15, 1969	87,545	7,985	15,158	26,876	15,247	22,276
Nov. 26, 1968	90,930	7,765	17,555	27,265	14,405	23,940
Nov. 30, 1967	98,390	8,085	21,155	27,725	13,880	27,545

decline in the proportion of veterans who have a service connected disability or who are in receipt of a VA pension. Almost 47 percent of the discharges from VA hospitals during FY 1976 had either a service connected condition, or were receiving a VA pension. The percentage of veterans discharged with a service connected condition or receiving a pension over the past 11 years is shown in the chart below.

Of the 78,830 patients in VA hospitals on October 1, 1975, 15,170 were veterans who were receiving care for a service connected disability, 7,818 were veterans who had a service connected

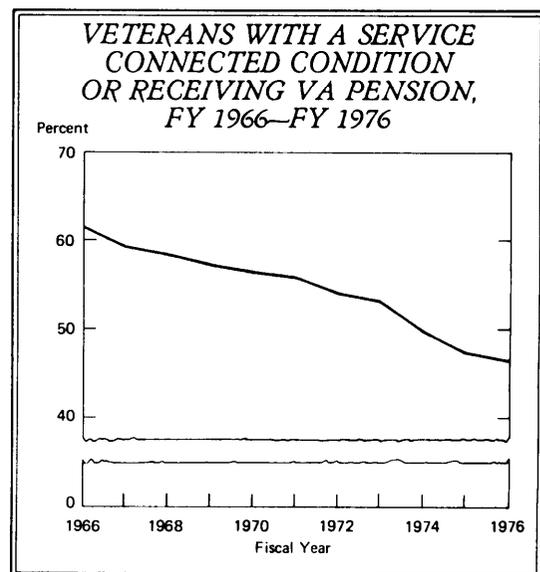
Of the inpatients in VA facilities and in other facilities under VA auspices on the census day, the number who were 65 years of age or older was 34,840 in 1970, 35,605 in 1972, 36,440 in 1974, and 36,726 in 1975. The percents of patients 65 years of age or older in the various facilities are shown in the accompanying table.

Facility	Percent of Inpatients Aged 65 Years or More on Census Day			
	1975	1974	1972	1970
All Facilities	32.6	32.1	30.8	30.4
VA Hospitals	24.5	23.8	23.2	23.7
VA Domiciliaries	30.5	32.2	32.7	34.6
VA Nursing Homes	61.4	62.2	61.9	63.4
Community Nursing Homes	58.0	58.1	58.8	60.0
State Domiciliaries	44.2	46.3	46.8	51.1
State Nursing Homes	75.2	77.0	74.9	74.9
State Home Hospitals	73.9	70.7	70.3	72.4

Service Connection

Among both the hospital discharges and the resident patients on census day there has been a

compensable disability but were receiving care for a non-service connected disability, and 21,788 were veterans on the VA pension rolls who were



being treated for a service connected disability. The table below indicates the percent distribution of patients in VA hospitals on the census days of 1970 through 1975, according to their compensation and pension status.

Compensation and Pension Status	Percent Distribution of Patients in VA Hospitals on Census Day					
	1975	1974	1973	1972	1971	1970
Received care for a service connected disability	19.2	18.8	19.1	19.8	21.7	22.7
Received care for a non-service connected disability and has a service connected disability which does not require medical care	9.9	10.6	11.1	12.1	11.9	11.8
Received care for a non-service connected disability and on VA pension rolls	27.6	27.8	29.9	30.7	31.0	31.8
Received care for a non-service connected disability No compensation or pension	42.9	42.3	39.4	36.8	34.8	33.0
Non-veterans	0.4	0.5	0.5	0.6	0.6	0.7

Diagnoses

Diagnoses are classified as either principal or associated by the Veterans Administration. The principal diagnosis is the one that the discharging physician considers to be responsible for the major portion of the patient's length of stay, while associated diagnoses are all other diagnoses for which the patient has been treated up to the time of discharge. The VA statistical system, the Patient Treatment File, permits reporting a maximum of eight diagnostic codes per patient discharge.

Five diagnostic categories have accounted for the majority of principal diagnoses among patients

Principal Diagnostic Category (ICDA)	Percent of Patients Discharged from VA Hospitals			
	FY 1976	FY 1974	FY 1972	FY 1970
Mental Disorders ¹	24.0	25.1	23.0	21.4
Circulatory	15.1	14.8	14.6	14.4
Digestive	9.5	9.5	10.1	10.7
Neoplasms	9.0	8.0	7.9	7.6
Respiratory	6.6	6.6	7.1	7.9

¹ Includes psychoses, psychoneuroses, alcoholism, and drug addiction.

discharged from VA hospitals during the past 7 fiscal years.

The numbers of patients in VA hospitals on the October 1, 1975 census day, by age and major diagnostic category, are shown in the accompanying table. General medical and surgical patients tend to be older — 14 percent were under 45 years of age and 61 percent were 55 years of age or older. On the other hand patients with mental disorders tend to be younger — 31 percent were under 45 years of age and 40 percent were 55 years of age or older.

Principal Diagnosis	Total	Age Distribution of Patients in VA Hospitals			
		Under 45	45-54	55-64	65 & over
Total	78,830	17,503	21,576	20,444	19,311
General medical & surgical	34,047	4,643	8,743	10,437	10,224
Psychoses	21,783	6,949	6,369	4,352	4,113
Other Psychiatric	14,484	4,400	4,178	3,146	2,760
Neurological	7,751	1,406	1,980	2,277	2,088
Tuberculosis	769	105	305	233	126

Psychotic patients in VA hospitals constituted 28 percent of the total 1975 patient census but their proportion has been declining since 1970. The table below shows this downward trend.

Census Date	Total	Psychotic Patients	
		Number	Percent of Total
Oct. 1, 1975	78,830	21,783	27.6
Oct. 2, 1974	80,715	22,898	28.4
Oct. 3, 1973	82,485	24,206	29.3
Oct. 18, 1972	83,425	24,935	29.9
Oct. 20, 1971	81,150	26,227	32.3
Oct. 14, 1970	85,550	28,563	33.4

Duration of Stay

The average length of stay of patients who were discharged from VA hospitals during FY 1976 was 33.8 days, representing a decline for the ninth consecutive year. All types of patients by major diagnostic category showed a decrease in average length of stay. The most notable change was in the average length of stay of psychotic patients which dropped from 159 days in FY 1975 to 137.8 days in FY 1976. This reflects the efforts in recent years to reduce the institutionalization of psychotic patients by placement in non-hospital environments. General medical and surgical pa-

tients, who comprised 69 percent of all the FY 1976 discharges, had an average length of stay of 20.4 days – slightly shorter than the FY 1975 average length of stay of 20.9 days. The accompanying chart shows the average length of stay of patients discharged, by type of patient, during 1970, 1975 and 1976.

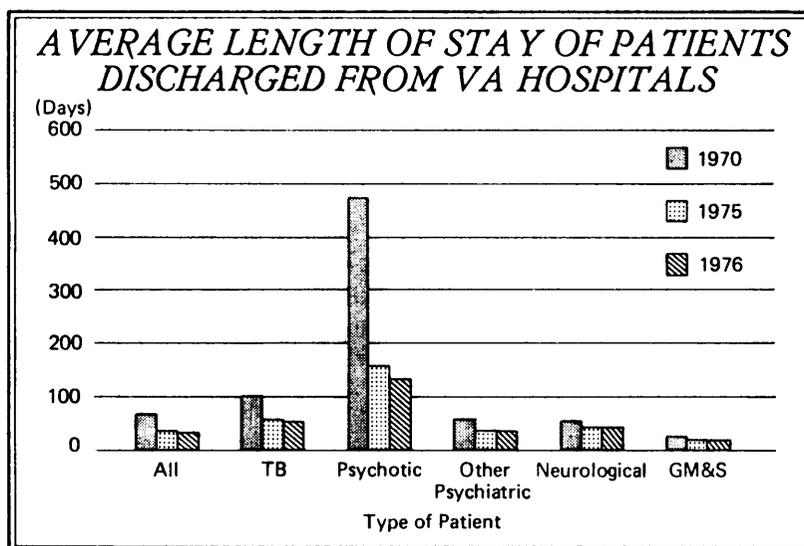
A downward trend in the past 5 years in attained hospital stay for resident patients from the time of admission to the census day may be seen in the tables below, which show more patients with less than 90 days of attained stay

and fewer patients with more than one year of attained stay. Almost 65 percent of all patients in the 1975 census had been hospitalized less than 90 days, compared with 60 percent in 1975.

Veterans hospitalized for psychotic conditions had the longest attained stay; however, their attained stay is decreasing. Although 56 percent of the patients with a psychotic condition in 1971 had been hospitalized for over a year, only 49 percent of such patients had been hospitalized for over a year in 1975.

	Percent of Patients in VA Hospitals With Less Than 90 Days of Stay on the Census Day				
	1975	1974	1973	1972	1971
All Patients	64.9	64.3	62.7	62.9	60.0
Psychoses	32.9	32.9	30.5	29.2	26.0
Other psychiatric	65.4	63.4	62.5	62.5	61.0
General medical and surgical	87.7	87.9	87.2	88.6	88.0

	Percent of Patients in VA Hospitals With More Than One Year of Stay on the Census Day				
	1975	1974	1973	1972	1971
All Patients	21.3	21.7	22.6	22.0	25.3
Psychoses	49.0	48.8	50.6	50.7	55.9
Other psychiatric	19.0	20.5	20.4	20.2	22.2
General medical and surgical	3.7	3.7	4.0	2.9	3.3



Disposition Status

There were 915,302 patients discharged from VA hospital care during FY 1976. Of these 88.8 percent returned to the community, including 61.3 percent who continued care as VA outpatients; 6.4 percent were discharged to either another VA hospital, a VA domiciliary, a VA

nursing home, or a community nursing home under VA auspices; and 4.8 percent represented deaths. The percent of patients who returned to the community has not changed over the past 7 fiscal years.

The accompanying table shows the distribution of VA discharges from VA hospitals during FY 1976, by the manner of disposition.

Manner of Disposition	Discharges from VA Hospitals FY 1976	
	Number	Percent of Total
Total	915,302	100.0
To community	812,433	88.8
Further care as VA outpatients	560,275	61.3
No further care	198,559	21.7
Irregular, refuse care, neglect or obstruct treatment, AWOL, regulatory offense, etc.	48,855	5.3
Release of committed or institutional award cases for trial in community	4,744	0.5
To further inpatient care	58,909	6.4
Another VA hospital	30,987	3.4
VA or community nursing home	19,357	2.1
VA domiciliary	8,565	0.9
Deaths	43,960	4.8

Compensation and Pension

COMPARATIVE HIGHLIGHTS

	FISCAL YEAR		
	1976	1975	Percent Change
Cost (billions)	\$8.2	\$7.6	+ 7.9
Disability cases on rolls	3,235,778	3,226,701	+ 0.3
Service connected	2,232,213	2,220,169	+ 0.5
Non-service connected	1,003,211	1,006,127	- 0.3
Special acts and retired officers	354	405	- 12.6
Death cases on rolls	1,630,830	1,628,146	+ 0.2
Service connected	367,601	368,955	- 0.4
Non-service connected	1,263,206	1,259,160	+ 0.3
Special acts	23	31	- 25.8

SUMMARY

Compensation and pension programs administered by the VA fall into four 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 a veteran who died of service-connected causes 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 dependency and indemnity compensation.

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

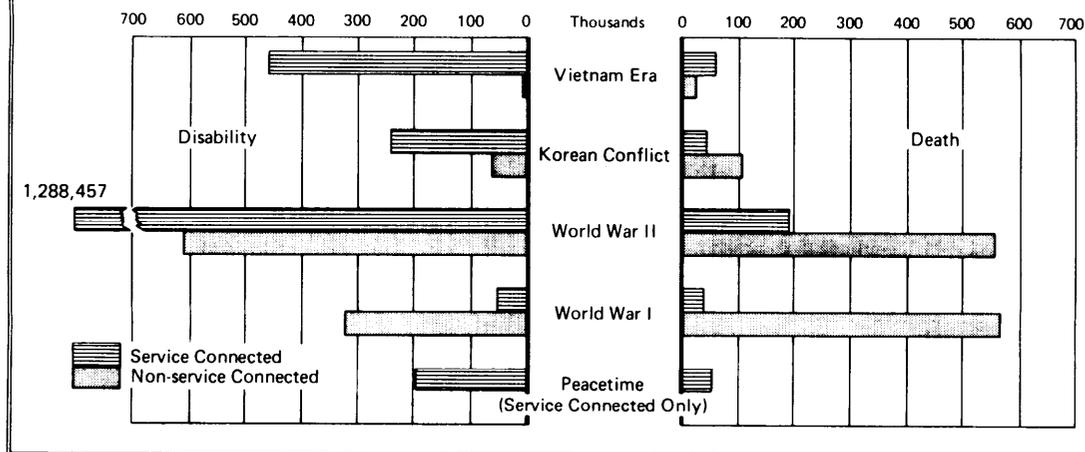
4. Death Pension – The dependent spouse and children of a war veteran who died of non-service connected causes are eligible for death pension benefits, subject to specific income limitations.

During FY 1976 the cost of compensation and pension benefits continued to rise. Compensation and pension payments to veterans and their dependents amounted to \$8.2 billion in FY 1976, an increase of \$600 million from last fiscal year. The increasing cost is primarily attributable to two factors: additional Vietnam era veterans and their beneficiaries and additional World War II survivors being placed on the rolls, and payment increases brought about by enactment of new legislation.

Public Law 94-71 (August 5, 1975) increased disability compensation and dependency and indemnity compensation rates payable to veterans and survivors by about 12 percent for veterans and 10 percent for survivors. The aid and attendance allowance for DIC widows(ers) was increased to \$72.

Public Law 94-169 (December 23, 1975) increased the disability and death pension rates and the dependency and indemnity compensation payable to dependent parents of deceased veterans by about 8 percent. Annual income limitations ap-

COMPENSATION AND PENSION CASES AS OF JUNE 1976



plicable to these cases were increased by \$300. The aid and attendance allowance for veterans was increased to \$133 and the housebound rate to \$53. The aid and attendance for widows receiving pensions and for parents receiving dependency and indemnity compensation was increased to \$69.

COMPENSATION

The number of veterans receiving compensation for service connected disabilities increased by 12,044 during FY 1976. This was primarily because of an increase of 35,575 Vietnam era veterans receiving this benefit. Regular Establishment cases showed a minor increase of 1,931 cases. World War I and World War II cases showed a substantial decline of 4,745 and 20,457 respectively along with a modest decline of 258 Korean conflict cases. The decreases for these periods of service were more than offset by the large increase in Vietnam era veterans cases.

Service connected death cases decreased by 1,354 during FY 1976 with declines recorded for all periods of service except the Vietnam era and Mexican border. The increase of 3,436 cases for these two periods was not enough to offset a total of 4,790 losses for all the other periods of service.

PENSION

Veterans in receipt of pensions continued to decline in FY 1976, with a net loss of 2,916 cases. This loss was substantially below the loss of 23,919 cases recorded in FY 1975. This decrease

in the number of losses is the result of a greater number of World War II and Korean conflict cases now entering on the rolls in increased numbers. The largest decline in FY 1976 were World War I cases which decreased 50,086 or 13.4 percent from FY 1975 totals.

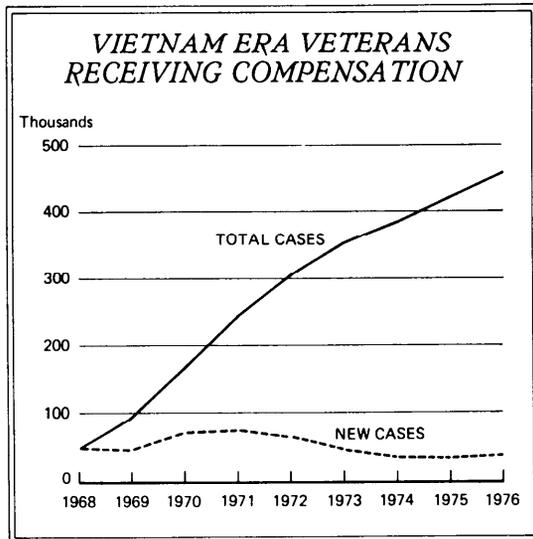
The death pension program shows an increase of 4,046 cases over FY 1975. Losses of 16,629 World War I cases and 2,634 Spanish American War cases were more than offset by increases of 13,352 World War II cases, 6,024 Korean conflict cases and 3,980 Vietnam era cases.

PERIOD OF SERVICE

Vietnam Era

There were 35,575 more Vietnam era veterans receiving compensation at the end of FY 1976 than were on the rolls at the end of FY 1975. This number was 1,890 more than last fiscal year. The accompanying chart shows the general trend in the rate of new Vietnam era compensation cases. The chart also shows that the total number of Vietnam era veterans receiving compensation continued to increase, and with new cases exceeding losses this trend is expected to continue for many years to come.

Only 8,954 Vietnam era veterans were receiving disability pension at the end of the fiscal year, an increase of 1,655 or 22.7 percent. Since the average age of these veterans is only 33 years, no appreciable increase in those applying for disability pension was expected. The number of



service connected death cases increased by 6.4 percent to 57,420. The non-service connected death pension cases numbered 20,460 at the end of the fiscal year, an increase of 3,980 cases or 24.2 percent.

Korean Conflict

The number of Korean conflict veterans receiving compensation decreased by 258 to 239,780 during FY 1976, the third consecutive drop since that conflict ended 21 years ago. The high mark on the rolls was reached in June 1973 at 240,756. In comparison, the highest number of World War II veterans receiving compensation was in FY 1953, only 8 years after the end of the war.

In contrast to compensation, the number of Korean conflict veterans receiving pensions continued to rise. At the end of the fiscal year, there were 59,258 Korean conflict veterans on the pension rolls, a 14.7 percent increase over FY 1975.

The number of service connected death cases showed a minor decrease of 28 to 39,322 at the end of the fiscal year. Since the FY 1966 high of 40,367 the number of Korean conflict cases has dropped 2.6 percent. The number of death pension cases increased 6.2 percent to 102,550. As with disability pensions, the number of Korean conflict death pension cases should continue to increase for some time.

World War II

Veterans of World War II comprise the largest single group receiving compensation for service

connected disabilities. The number on the rolls continued to decline in FY 1976. At the end of FY 1975 a total of 1,308,914 were receiving service connected compensation as compared with 1,288,457 in FY 1976, a reduction of 20,457 cases or 1.6 percent. Conversely, non-service connected pensions showed an increase of 38,269 to 609,362 cases, a 6.7 percent increase.

Service connected death cases declined 3,713 cases in FY 1976 from 191,898 to 188,185 or 1.9 percent. The non-service connected death pension caseload increased 13,352 to 553,278 or 2.5 percent in FY 1976. It is expected that death pension cases of World War II will increase in future years as the mortality rate for World War II veterans increases with advancing age.

World War I

The caseload related to World War I veterans receiving disability compensation declined during the past fiscal year by 4,745 or 8.7 percent. The comparative caseloads for FY 1976 and FY 1975 were 49,934 and 54,679 respectively. For caseloads related to payments of disability pensions the decline was significantly greater, a decrease of 50,086 or 13.4 percent from a total of 374,714 in FY 1975 to 324,628 in FY 1976.

There was a slight decrease of 664, or 1.9 percent, in the number of service connected death cases from 35,015 in FY 1975 to 34,351 in FY 1976. Death pension cases dropped 16,629 or 2.9 percent to 564,173 in FY 1976 from 580,802 in FY 1975.

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were six veterans of the Spanish American War receiving disability compensation as of June 30, 1976. A total of 681 veterans of this war were receiving disability pension in FY 1976 down from 989 in FY 1975. The service connected death and death pension caseloads were 218 and 21,771 respectively. There were 11 veterans of the Mexican Border Service receiving disability compensation, the same number as the previous fiscal year. Disability pensioners totaled 328 in FY 1976 down 44 from a total of 372 in FY 1975. There were four service connected death cases while the death pension cases increased by 24 from 554 to

578 in FY 1976. There were no living veterans of the Indian Wars and the Civil War. One widow was receiving service connected death benefits as an Indian War beneficiary and 68 widows and children were receiving death pension benefits. Widows and children receiving service connected death benefits with Civil War entitlement decreased from nine to eight in FY 1976. There were 328 widows receiving death pension. There were 195,914 peacetime veterans receiving compensation as of June 30, 1976, an increase of 1,931 over the previous year. However, beneficiaries of deceased peacetime veterans decreased 349 to a total of 48,092 in FY 1976.

BENEFIT OVERVIEW

The accompanying tables present a broad picture of the compensation and pension programs. They show the number and percent of all current cases for each period of service, a comparison of this composition with FY 1975, and the change for each period of service between FY 1975 and 1976.

ability compensation caseload. Veterans of the Korean conflict and other periods of service comprise the remainder of disability compensation cases. World War I cases have decreased 8.7 percent and World War II cases by 1.6 percent. The largest gain was shown by Vietnam era veterans whose rolls increased 8.4 percent.

Disability pension cases have decreased only 0.3 percent from FY 1975 to FY 1976. This is in contrast to a decrease of 2.3 percent between FY 1974 and FY 1975 and gives indication of future increases in pension claims for World War II and Korean conflict veterans who will be coming on the rolls in increasing numbers. World War II veterans represent 60.7 percent of all disability pension cases, World War I veterans 32.4 percent and Korean conflict veterans only 5.9 percent. Vietnam era veterans and veterans from other periods of service comprise only one percent of the total. In comparing FY 1975 with FY 1976, there has been a decline in the number of older veterans such as World War I veterans down 13.4 percent, Spanish American War veterans down

Period of Service	Disability Compensation Cases					
	FY 1976		FY 1975		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	49,934	2.2	54,679	2.5	- 4,745	- 8.7
World War II	1,288,457	57.7	1,308,914	59.0	- 20,457	- 1.6
Korean conflict	239,780	10.7	240,038	10.8	- 258	- 0.1
Vietnam era	458,111	20.5	422,536	19.0	+ 35,575	+ 8.4
Peacetime	195,914	8.9	193,983	8.7	+ 1,931	+ 1.0
Spanish American	6	¹	8	¹	- 2	- 25.0
Mexican Border	11	¹	11	¹	0	0.0
Total	2,232,213	100.0	2,220,169	100.0	+ 12,044	+ 0.5

¹ Less than 0.1 percent

Overall the number of disability compensation cases has increased only 0.5 percent from FY 1975 to FY 1976. World War II veterans accounted for 57.7 percent of the disability compensation cases in FY 1976. Vietnam era veterans increased from 19.0 percent of the total in FY 1975 to 20.5 percent in FY 1976, due largely to the loss of World War I and World War II cases. World War I veterans represent only 2.2 percent of the dis-

31.1 percent and Mexican Border veterans down 11.8 percent. The groups of younger veterans receiving disability pensions have increased over the past year - World War II by 6.7 percent, Korean conflict veterans by 14.7 percent and Vietnam era veterans by 22.7 percent.

There has been a 0.4 percent decline in the number of service connected death cases, for which payments are made to dependents of

Period of Service	Disability Pension Cases					
	FY 1976		FY 1975		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	324,628	32.4	374,714	37.2	- 50,086	- 13.4
World War II	609,362	60.7	571,093	56.8	+ 38,269	+ 6.7
Korean conflict	59,258	5.9	51,660	5.1	+ 7,598	+ 14.7
Vietnam era	8,954	0.9	7,299	0.7	+ 1,655	+ 22.7
Spanish American	681	0.1	989	0.1	- 308	- 31.1
Mexican Border	328	¹	372	0.1	- 44	- 11.8
Total	1,003,211	100.0	1,006,127	100.0	- 2,916	- 0.3

¹ Less than 0.1 percent.

deceased veterans. World War II represents 51.2 percent of all cases. Vietnam era comprises 15.6 percent and peacetime 13.1 percent of the total with the remainder distributed among other periods of service. Only the Vietnam era has shown an increase over FY 1975 at 6.4 percent.

Death pension cases increased by 0.3 percent between FY 1975 and 1976. Losses of World War I, Spanish American War, Indian War and Civil War cases were more than offset by the increase in World War II, Korean conflict and Vietnam era

cases. In FY 1976 World War I cases represented 44.7 percent of the total, and World War II cases 43.8 percent. The largest numerical increase was in World War II with an increase of 13,352. The largest percentage increase was Vietnam era at 24.2 percent.

BURIAL ALLOWANCES

Statutory burial allowances are designed to assist in providing a respectable burial for a

Period of Service	Service Connected Death Cases					
	FY 1976		FY 1975		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	34,351	9.3	35,015	9.5	- 664	- 1.9
World War II	188,185	51.2	191,898	52.0	- 3,713	- 1.9
Korean conflict	39,322	10.7	39,350	10.7	- 28	- 0.1
Vietnam era	57,420	15.6	53,985	14.6	+ 3,435	+ 6.4
Peacetime	48,092	13.1	48,441	13.1	- 349	- 0.7
Spanish American	218	0.1	253	0.1	- 35	- 13.8
Mexican Border	4	¹	3	¹	+ 1	+ 33.3
Indian War	1	¹	1	¹	0	0.0
Civil War	8	¹	9	¹	- 1	- 11.1
Total	367,601	100.0	368,955	100.0	- 1,354	- 0.4

¹ Less than 0.1 percent

Period of Service	Death Pension Cases					
	FY 1976		FY 1975		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	564,173	44.7	580,802	46.1	- 16,629	- 2.9
World War II	553,278	43.8	539,926	42.9	+ 13,352	+ 2.5
Korean conflict	102,550	8.1	96,526	7.7	+ 6,024	+ 6.2
Vietnam era	20,460	1.6	16,480	1.3	+ 3,980	+ 24.2
Spanish American	21,771	1.7	24,405	2.0	- 2,634	- 10.8
Mexican Border	578	0.1	554	¹	+ 24	+ 4.3
Indian War	68	¹	85	¹	- 17	- 20.0
Civil War	328	¹	382	¹	- 54	- 14.1
Total	1,263,206	100.0	1,259,160	100.0	+ 4,046	+ 0.3

¹ Less than 0.1 percent

deceased veteran who was separated from the armed service under other than dishonorable conditions. Generally the VA will pay a sum not exceeding \$250 (plus transportation charges where deaths occur under VA care) to help cover the burial and funeral expenses of the deceased veteran. With the passage of Public Law 93-43, an additional allowance of \$150 for a burial plot, when a veteran is not buried in a National Cemetery, was authorized for deaths on or after August 1, 1973. Additionally for deaths on or after September 1, 1973, an award of \$800 in lieu of the \$250 basic burial and the \$150 plot allowance was authorized for an eligible veteran who died of a service connected disability. The allowance is payable for a veteran who was separated from wartime service. It is also payable in the case of a peacetime veteran discharged or retired for a disability incurred in or aggravated by service in line of duty or a veteran who was in receipt of compensation for a service connected disability.

In FY 1976, basic burial allowance was paid for 312,487 claims in an amount in excess of \$81.5 million. Cemetery plot allowances were paid to 284,074 claimants amounting to nearly \$41.4 million. Service connected burial benefits amounting to \$7.6 million were paid to 12,029 claimants. In FY 1976, Cemetery Plot allowances were 0.6 percent less than FY 1975 but service connected burial allowances increased 13 percent from 10,638 in FY 1975 to 12,029 in FY 1976. This

year a total of 291,564 burial flags were issued at a cost of \$3.8 million.

REORGANIZATION

A basic principle in the reorganization of regional office structure begun in 1973 is establishment of Processing Team Concept Units in Adjudication Divisions. This principle enlarged Adjudication Divisions by integrating all elements affecting the claims processing function, including activities previously handled by the Administrative and Finance and Data Processing Divisions. It splits out from Adjudication Divisions the counseling and rehabilitation activities and those education activities involving liaison outside the office.

A program has been developed for transferring responsibility for Files, Correspondence and Input/Flexowriter activities to the Adjudication Division at remaining stations unable to make the complete physical changes due to scheduled relocation or space problems. This program completed reorganization at all 58 regional offices and centers as of June 30, 1976 for reporting purposes.

TARGET

The Target system is designed to provide a total benefits delivery system. This will include control of pending claims, letter writing, telecommunication of claims data from regional offices to the data processing center, and on-line inquiry and

response about the status of claims in the data processing center. The pilot project for the Target system, referred to as Pilot/Target, is being developed and tested at the Philadelphia and Baltimore regional offices and the Hines and Austin Data Processing Centers.

Use of the system for name and address changes, stop, suspend or resume payment actions, and original educational assistance awards and special payments of educational assistance began at Baltimore and Philadelphia in FY 1975. In addition, the inquiry subsystem provides immediate visual display of basic data required for eligibility determinations and information on the status of established claims.

During FY 1976, the additional capability for processing notices of death, adjudication of burial awards, original compensation and pension awards and disallowances and education disallowances was

provided at Baltimore and Philadelphia. Inquiry and stop, suspend and resume actions as well as change of address and name capacity was extended to the Los Angeles, New York City and Washington, D.C. regional offices. Management reports produced from the controls maintained by the system in the processing of claims became available as a significant by-product of claims processing.

Development to provide for the handling of amended compensation, pension and education awards will continue for use and testing at Baltimore and Philadelphia.

The Philadelphia regional office is being readied as a Target model station to work out the final details of operation of a regional office under the full Target system and to serve as a demonstration station for those stations for which installation plans are being prepared for Target processing.

Education Benefits

COMPARATIVE HIGHLIGHTS

Item	FY 1976	FY 1975	Percent Change
Benefit costs (millions)	\$5,333	\$4,432	+ 20.3
Post-Korean trainees (thousands)	2,821	2,692	+ 4.8
Sons and daughters	80,659	71,433	+ 12.9
Spouses	19,092	16,519	+ 15.6
Voc. rehab. trainees	29,449	24,840	+ 18.6
Trainees counseled	110,763	86,792	+ 27.6

SUMMARY

Education benefits administered by the Veterans Administration include educational assistance for veterans and service personnel, commonly termed the "G.I. Bill"; Vocational Rehabilitation for service disabled veterans; and Dependents' Educational Assistance for eligible spouses and children of veterans who died of service connected causes, whose service connected disability is rated permanent and total, or who are missing in action or prisoners of war for more than 90 days.

During FY 1976 VA education benefits reached a record number of veterans and other eligible persons. The 2,950,714 veterans, service personnel, and dependents trained exceeded the high of the previous year by 5.2 percent. Expenditures for education benefit payments rose to \$5.3 billion, the highest since the original World War II programs were enacted in the early 1940's.

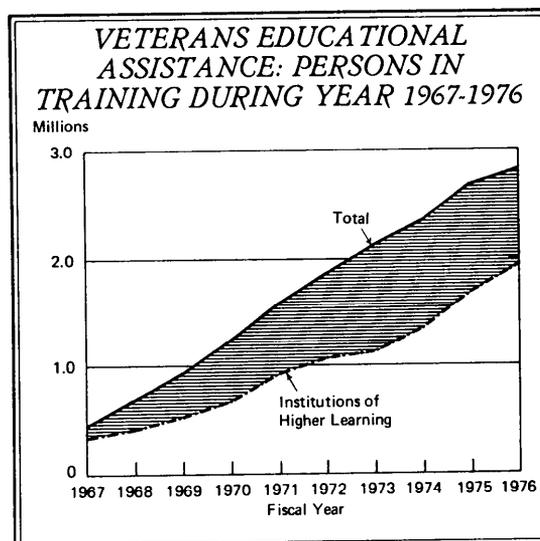
EDUCATION AND TRAINING

Veterans Educational Assistance

Veterans and active duty personnel totalling 2,821,514 received education benefits in FY 1976, an increase of 4.8 percent over FY 1975. Persons in this category who have neither completed high school nor received an equivalency certificate are considered to be educationally disadvantaged. These persons may, without charge to their basic entitlement, receive training to overcome their

educational handicaps. As of the end of April 1976, 639,000 veterans and servicemen had participated in these "free entitlement" programs.

Through June 1976, the total number who had ever trained under the current GI Bill was 6,521,973 veterans and servicemen, of whom two-thirds have been Vietnam era veterans. Those who have trained at college level (excluding correspondence) total 3,644,663. Other residence training was pursued by 1,239,649, correspondence training by 1,163,162 and on-the-job training by 474,499.



The participation rate among Vietnam era veterans and servicemen increased to 63.6 percent after 121 months of the current program. This compares to 50.5 percent of the World War II veterans trained under that earlier program.

Median prior education figures indicate that trainees under the current program have a higher level of prior education than those in either the Korean conflict or World War II programs. World War II veterans averaged 12.1 years of education, and Korean conflict veterans 12.5 years, while all post-Korean trainees averaged 12.6 years.

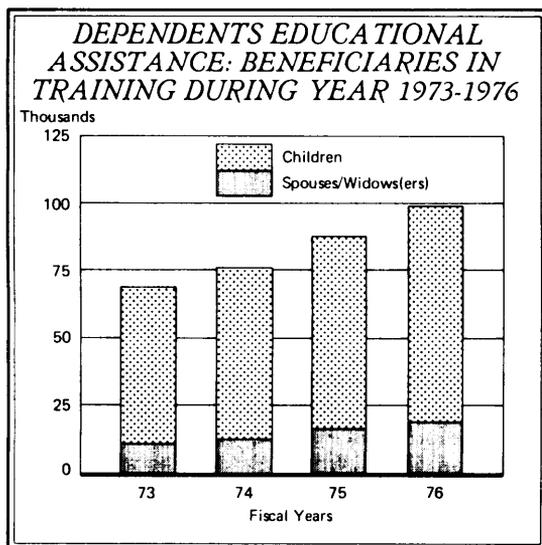
Through the veteran student services program (work-study) payment was authorized for 9,529,438 hours of work by 47,680 veterans enrolled under veterans educational assistance or vocational rehabilitation. Services were to be performed at VA regional offices, hospitals, cemeteries or other designated sites.

Since the implementation of the education loan program, January 1, 1975 through June 30, 1976, 11,947 loans totaling \$6,571,460 have been made by VA.

Dependents Educational Assistance

This educational program serves survivors of those veterans who died from service connected causes or dependents of those veterans whose service connected disabilities are rated total and permanent. Spouses and children of service personnel who are prisoners of war, missing in action, or interned by a foreign government for more than 90 days are also eligible under this program. Up to 45 months of full-time training is provided in approved schools. Individuals who trained this year totaled 99,751 which represented an increase of 13.4 percent over the prior year. Of these beneficiaries, 80,659 were children and 19,092 were spouses. College level training was favored by 87.7 percent of all dependents in training.

Training under this program has increased steadily over time and most rapidly in the last 3 years. From November 1972 to November 1975, at the peak enrollment periods, dependents in training increased 69 percent from 40,113 to



67,836. However, between November 1975 and April 1976 there was a downturn for the first time in over 3 years, to 66,662 in training. As of June 30, 1976, 314,436 beneficiaries had received training under this program.

Vocational Rehabilitation

The mission of the vocational rehabilitation program is to assist service-disabled veterans in need of rehabilitation to overcome the handicapping effects of their disabilities and to prepare for, obtain and hold productive employment. Through individualized counseling, each veteran is helped to select a suitable vocational objective and to plan a program of rehabilitation training to achieve the goal selected. The VA provides all medical, prosthetic and other services and special supplies and equipment necessary for successful rehabilitation. VA rehabilitation staff maintain continuing close contact with the veteran throughout the training to assist as needed. While in training, the veteran receives a monthly subsistence allowance in addition to disability compensation. The VA also pays the cost of tuition, books and supplies to the training facility. On completing training, the veteran is helped to secure and maintain employment in the field for which he or she trained.

Efforts of the VA vocational rehabilitation program during FY 1976 were directed toward delivery of quality counseling and rehabilitation training services to disabled veterans, implementing legislation liberalizing eligibility, strengthening relationships with other agencies, and carrying out designated responsibilities in affirmative action for employment of the handicapped.

Vocational rehabilitation training was provided 29,449 veterans during FY 1976. Seventy-four percent attended colleges or universities, 21 percent pursued training in trade or technical schools or in special training situations such as rehabilitation centers, and 5 percent were in either on-the-job or institutional on-farm training. The number of veterans in training during FY 1976 represents a 19 percent increase over the 24,840 enrolled in FY 1975 and a reversal of the decline which had begun in FY 1973.

The major reason for this increase appears to be the liberalization of eligibility requirements by Public Law 93-508 for veterans with service con-

nected disabilities rated less than 30 percent and the special efforts made to contact and assist such veterans. Of the new entrants into training during FY 1976, nearly half were rated less than 30 percent disabled, a threefold increase over the proportion of veterans so rated who were in training early in FY 1976.

Carrying out the mission of the vocational rehabilitation program requires effective coordination and collaboration with other agencies. An updated and strengthened cooperative agreement was accomplished this year with the Rehabilitation Services Administration of the Department of Health, Education and Welfare. This provided for close working relations between VA and State vocational rehabilitation agencies in interagency referral of clients, including complementary services in individual cases as appropriate, and in research and exchange of necessary information. Work has also been initiated to revise and strengthen the agreement with the Department of Labor for cooperation between the VA and the State employment security agencies in the vocational rehabilitation, counseling, training, job placement and adjustment of disabled veterans. Field station personnel also have continued their close working relationships with other organizations such as the U.S. Civil Service Commission, National Alliance of Businessmen, service organizations, unions, special rehabilitation facilities, and other agencies concerned with the rehabilitation and placement of disabled veterans.

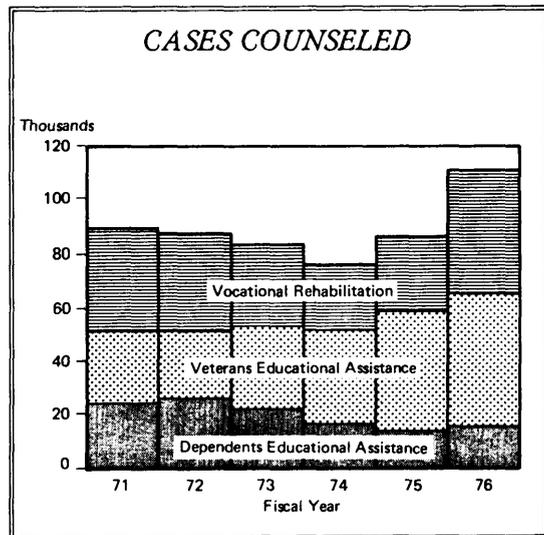
Counseling and rehabilitation staff, as part of their ongoing responsibilities, continued to take an active role during FY 1976 in the affirmative action program for employment of handicapped veterans. Counseling psychologists made effective use of special certification procedures to help severely physically handicapped veterans obtain employment in Federal agencies. During the year, 71 severely handicapped veterans received expected appointments following such certification. Of these 71 veterans, 49 were placed in VA and 22 in other agencies. Sixty-six of the 71 were Vietnam era veterans and 5 were veterans of other periods.

The special cooperative job training and job placement effort by VA, National Alliance of Businessmen, and the Department of Labor has continued throughout the year and accomplished additional placements of disabled veterans in training and employment.

Counseling

Educational and vocational counseling services are furnished under the vocational rehabilitation training program and the GI Bill and dependents education assistance programs. This year the total number of counseling cases was 110,763, compared to 86,792 in FY 1975. This increase of 27.6 percent, which continues the upward trend for FY 1975 when there was a 12.9 percent increase over FY 1974, was due largely to the upsurge of rehabilitation counseling cases. However, it also reflects a greater number of GI Bill veterans counseled in response to requests for reentrance into training following discontinuance for unsatisfactory progress or to requests for a second or a subsequent change of program.

VA counseling is available at approximately 77 VA locations and at 189 college and university counseling centers and community and private agencies providing service under contract with the



VA. Of the 110,763 cases of counseling in FY 1976, 70,711 were completed by VA counseling psychologists, and 40,052 by counseling psychologists in VA contract centers.

Under the vocational rehabilitation program counseling is an essential part of the process through which a rehabilitation plan designed to meet the needs of the individual veteran is developed. During FY 1976, there were 46,626 veterans provided rehabilitation counseling compared to 27,634 in FY 1975, a 68.5 percent increase.

Under the veterans' GI Bill and the dependents' educational assistance programs, counseling is available to all eligible persons on request and, under certain circumstances, is required before benefits may be authorized. Whether voluntary or required, the purpose of counseling is to help the veteran or dependent arrive at sound decisions regarding his or her educational and vocational goals and plans. During FY 1976, GI Bill counseling cases totaled 48,815 as against 44,928 in FY 1975, an increase of 8.6 percent. Dependents' counseling increased from 14,230 in FY 1975 to 15,322 in FY 1976, a 7.5 percent increase.

The comparative composition of the counseling caseload by program during the last 6 years is shown in the accompanying chart.

State Approving Agencies

State approving agencies were created originally to meet requirements of the World War II programs. Courses offered for training veterans and other eligible persons must be approved by the State approving agency where the training facility is located or by the Administrator. The VA currently has contracts with 74 State approving agencies at a cost to the VA of more than \$13.9 million in FY 1976. Services include continuing supervision of schools and training establishments having veterans and other eligible persons enrolled in approved courses.

Housing Assistance

COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1976	1975	
Loans closed			
Guaranteed or insured	324,968	288,167	+ 12.8
Mobile home	1,769	2,028	- 13.3
Direct	2,782	2,665	+ 4.4
Average loan amount			
Guaranteed or insured (Pimary loans for homes)	\$30,476	\$27,951	+ 9.0
Mobile home	\$12,007	\$ 9,455	+ 27.0
Direct	\$10,773	\$18,344	+ 7.8
Maximum interest rate			
GI	9%	9%	- 5.3
Mobile home	12%	12%	-
GI loans outstanding ¹	3,953,533	3,856,154	+ 2.5
Loans in default ¹	46,193	47,310	- 2.4
Defaults as percent of outstanding loans	1.17	1.23	- 4.9
Properties on hand	11,424	10,836	+ 5.4

¹ End of year

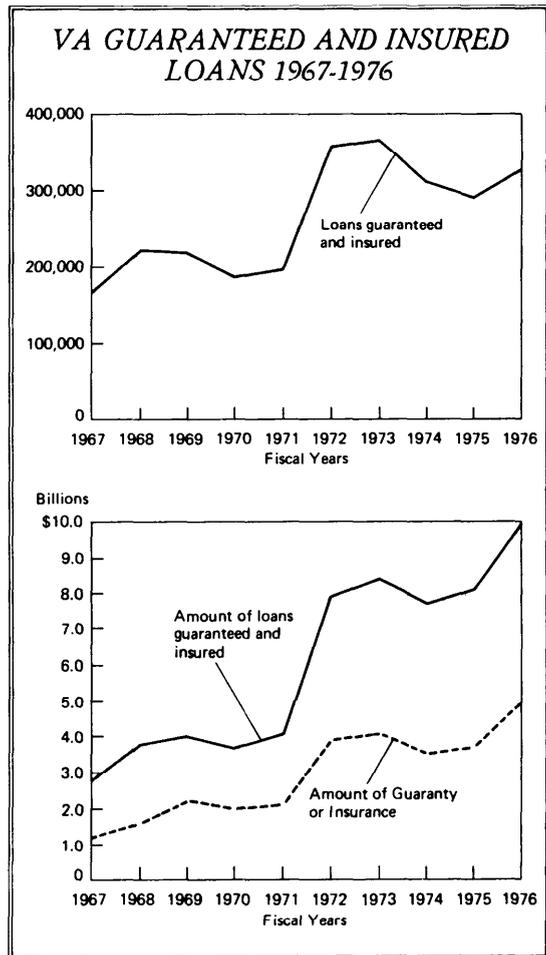
SUMMARY

More than 329,000 veterans were assisted with home ownership during FY 1976 under the VA housing program. VA guaranteed over 326,000 loans in the amount of almost \$10 billion, disbursed 2,782 direct loans amounting to over \$55 million and made 587 grants for specially adapted housing totaling more than \$14 million. This represents a 12.5 percent increase over the previous year. The number of loans guaranteed during the year was the third highest total in 20 years and the dollar amount was the largest in the history of the program.

The high level of activity in the VA housing program has been spurred by a series of legislative changes since 1970 that have expanded eligibility requirements. The Veterans Housing Act of 1970 removed the delimiting date on eligibility for VA home loans. The Veterans Housing Act of 1974, enacted December 31, 1974, made it possible for veterans who previously obtained a loan to regain entitlement if the veteran has disposed of the property and the loan has been repaid in full. Loans guaranteed for veterans using restored entitlement rose from 7,213 in FY 1975 to 16,832 in FY 1976.

The Act also provided that entitlement may be restored if another eligible veteran assumes the balance of the VA loan and substitutes his own entitlement. Approval was granted for 2,639 substitutions of entitlement in FY 1976.

This same legislation extended the provision that supervised lenders could make VA loans without prior VA approval to include nonsupervised lenders who meet standards prescribed by VA. By the end of the fiscal year,



1,929 loans had been guaranteed via the automatic processing procedure extended to 69 approved nonsupervised lenders.

Also included in this legislation was authorization to approve condominium projects for guaranteed loans without the stipulation that the Department of Housing and Urban Development must have insured at least one loan in a project prior to VA guaranty of any loan in the project. Under this authority VA has approved 230 condominium projects and issued certificates of reasonable value on 5,803 units. During the year VA guaranteed 1,352 condominium loans, as compared to 634 in FY 1975.

Another milestone in the program was reached during FY 1976 when the 9 millionth home loan was guaranteed.

MOBILE HOME LOANS¹

Since the inception of the mobile home loan program in February of 1971, the VA has guaranteed 19,421 mobile home loans totaling \$177,968,584.

During FY 1976, 1,905 applications were received and 1,759 mobile home loans amounting to \$21,119,827 were guaranteed. Of the 1,759 loans, 1,712 were for the purchase of new mobile homes while 47 were for used mobile homes. No loans for a mobile home lot alone have been reported.

Loans for the purchase of single-wide mobile homes accounted for more than 87 percent of the FY 1976 total. The average loan amount for single-wides was \$11,378 while for double-wides it was \$16,400.

Plant Inspections

Each mobile home plant producing mobile home units to be sold to veterans is inspected quarterly to assure that the units produced and the manufacturing processes are in compliance with applicable standards. American National Standards Institute (ANSI) A 119.1 standards, previously adopted by VA as its mobile home construction requirements, were in effect until June 15, 1976. From June 15, 1976, the inspection was made to ascertain compliance with the Department of Housing and Urban Development Mobile Home Construction and Safety Standards.

¹ This information is included in compliance with Section 1819, Title 38, U.S.C.

The inspection of the manufacturing process in mobile home plants involves observing the handling of materials and the assembly operation at all stages of construction. In addition, the quality control program is checked, including the type of materials used and the provisions for protecting materials during storage.

A total of 556 mobile home plant inspections were made by VA during FY 1976. An additional 1,110 inspections by third party inspectors were accepted by VA as meeting VA requirements. Approximately 5 percent or 23 inspections made by VA noted noncompliance with the ANSI standards. The noncompliance generally did not involve major structural items and typically was either immediately corrected or satisfactory arrangements were made to assure prompt correction. As reported in previous years the major noncompliances noted by VA during inspection are centered in the area of plumbing, heating, and electric wiring. No other pattern of noncompliance has developed from the inspections.

VA experience with the mobile home industry as well as local, State and area associations has been most satisfactory. VA has received full cooperation of all parties concerned with VA inspections. There have been no reported instances of flagrant, willful violations of construction standards, and no instance of manufacturers refusing to cooperate or permit inspections.

Mobile Home Onsite Inspections

During FY 1976, VA made 810 inspections of mobile homes secured by GI loans. Each inspection covered the mobile home and its site and included, where possible, an interview with the veteran owner or spouse, or both.

The inspectors found that 81 percent of the mobile homes were located in mobile home parks and 19 percent were on individual sites. They found that 90 percent of the units were at the locations named in the original loan applications and that 10 percent had been moved from the locations specified in the applications.

The average size of the units inspected was 821 square feet, approximately the area of a 70 x 12 foot unit. For 99 percent of the units, the inspectors considered the size of the lot to be adequate for the mobile home. Provisions for automobile parking were provided for 99 percent of the mobile homes.

Public water facilities were connected to 60 percent of the homes, while 40 percent had private water supply systems. Sewage was disposed of through public or community disposal systems in 65 percent of the homes and the remaining 35 percent were equipped with individual septic tank systems.

At the time of the inspections, 70 percent of the units had skirting, but only 39 percent had tiedowns installed which were adequate to withstand hurricane-force winds.

The general condition of the mobile home units was also evaluated. Nearly 40 percent were reported in excellent condition and 59 percent in good condition. Only 1 percent of the units were judged to be in less than good condition.

Interviews were conducted with occupants of 75 percent of the 810 units inspected. Their units had been occupied, on average, about 6 months at the time of the interviews. The average interview lasted 29 minutes. Some of the results of the interviews are:

97 percent were satisfied with the treatment received from VA;

97 percent were satisfied with their lenders;

82 percent were satisfied with their dealers;

76 percent were satisfied with their park operators.

As to future housing plans, 60 percent planned to remain in their mobile homes, 27 percent wanted to move their homes to other sites, 8 percent wanted to move into conventional housing, and 5 percent wanted to buy another mobile home.

Compliance with Warranty

The veteran purchaser of a mobile home is provided a written warranty from the manufacturer which specifically states that the mobile home meets the standards prescribed by the VA.

During FY 1976, VA field stations reported 66 percent fewer justified complaints than the prior year. Complaints on 146 mobile home units were considered justified, and 4 were deemed to be unjustified complaints. By the end of the fiscal year, 113 (77 percent) of the justified complaints had been resolved and 33 (23 percent) were pending resolution. Of the complaints, 124 (85 percent) were under warranty; 2 (1 percent) were due to faulty setup operations; and 20 (14 percent) were attributed to both warranty and faulty setup.

The nature of complaints varied from relatively minor defects to seriously defective items to be repaired. A total of 73 (50 percent) complaints were reported because of faulty construction of the mobile home unit; complaints on construction and furnishings of the mobile home accounted for 69 (47 percent) of the complaints; and 4 (3 percent) expressed dissatisfaction with only the furniture and appliances in the mobile home.

VA field stations have continued acting promptly in determining the validity of the complaints received. Complaints have been widely distributed among manufacturers and models, with no single manufacturer accounting for a significant percentage of the total complaints.

Profile of Mobile Home Market vs. GI Home Market

The primary purpose of the VA mobile home loan program is to make lower cost housing available to veterans and servicemen who cannot afford conventional housing.

Although the total number of mobile home loans guaranteed represents only a small percentage of total loans guaranteed, it is evident that veterans obtaining mobile home loans are those for whom the program is intended. The accompanying table compares selected characteristics of mobile home loans to those of GI loans on conventional homes.

Characteristics	Mobile Home Loans	Home Loans
Average maturity (months)	151	353
Average purchase price	\$12,586	\$31,358
Average loan amount	\$12,007	\$30,475
Average monthly income	\$ 700	\$ 945
Average monthly housing expense	\$ 249	\$ 360
Average assets	\$ 1,107	\$ 3,365
Housing expense as a percent of monthly income	35.6	38.1

The percentages of monthly income used for housing expense, as shown on the table, indicate that mobile home buyers have continued to fare a little better than conventional home buyers during FY 1976.

Defaults

When the VA mobile 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 1976 claims were paid on 8.2 percent of the average number of outstanding mobile home loans.

DIRECT LOANS

The purpose of the direct home loan program is to extend credit to veterans for the purchase, construction, repair and alteration of homes and farm houses in rural areas, small cities and towns where private credit is not generally available. VA is authorized to designate such rural areas, small cities and towns as "housing credit shortage areas," if it finds that private credit is not generally available for the making of guaranteed loans.

In the VA direct loan program, veterans apply directly to the VA for loans. The terms of direct loans are the same as those in effect for guaranteed loans.

To date, VA has made direct loans to 325,336 veterans in an aggregate amount of over \$3.2 billion. Because of the general availability of private funds for guaranteed loans, only 2,782 direct loans were made in FY 1976.

The average loan amount of direct loans made in FY 1976 was \$19,773, contrasted to the \$30,475 average for home loans guaranteed in the same period. The lower average amount for direct loans in FY 1976 was influenced to some extent by the \$25,000 limitation on the amount of a direct loan. Guaranteed loans, with a limitation on the amount of the guaranty but no limitation on the loan amount, reflect rising costs of homes more quickly than do direct loans. Also, housing costs in rural areas and small towns generally have been lower than such costs in urban areas where most guaranteed loans are made.

GI HOME LOANS

During FY 1976, the VA home loan guaranty program assisted 324,968 veterans. This represents an increase of 12.8 percent over the 288,163 veterans assisted in FY 1975. These totals include refinancing, condominium, and alteration and repair loans in addition to loans for the purchase of the traditional single family home.

Despite the continued rise in the price of houses, nearly 72 percent of the veteran home buyers were able to obtain no-downpayment loans. About 79 percent of the loans were to finance the purchase of previously occupied hous-

ing. These loans averaged \$29,434 and financed homes with an average purchase price of \$30,219. On newly constructed homes, the average loan was \$34,362 and the average purchase price was \$35,720.

Of the 324,968 GI home loans made during FY 1976, 83 percent went to post-Korean veterans and service personnel, including Vietnam era veterans, 7 percent to World War II veterans and 4 percent to Korean conflict veterans. The remaining 6 percent of the loans went to veterans whose entitlement was restored.

The 9 millionth GI home loan was guaranteed during FY 1976. From June 22, 1944 through June 30, 1976, veterans have obtained 9.1 million loans totaling \$123.2 billion under the GI loan program.

CREDIT MARKET CONDITIONS

The life-blood of the VA home loan program is private capital. As a result, the availability and cost of funds in the money and capital markets have an immense impact on VA home loan activity. During the first quarter of FY 1976 deposit growth at mortgage lending institutions such as mutual savings banks and savings and loan associations moderated from the exceptionally rapid pace of the second half of FY 1975. In addition, in the primary market for mortgages, interest rates on new commitments began moving upward in late August after several months of little change. In response to the rise in mortgage yields, VA raised the maximum contract rate on VA-guaranteed home loans to 9 percent in early September from the 8½ percent level established in late April 1975.

The general upward trend in interest rates continued for most of the first half of FY 1976. During late December and January, as a result of a number of steps taken by the Federal Reserve to help the economic recovery, most interest rates declined significantly. For example, yields on most money market instruments declined 1 to 1½ percentage points between the end of September and the end of January. In January, following the general decline in short-term market interest rates, the Federal Reserve Board put additional downward pressure on all interest rates by reducing from 6 percent to 5½ percent the rate charged member banks on loans from the Federal Reserve. In response to the general decline in both short-term and long-term interest rates, VA was in a position by early January to reduce the VA interest rate ceiling by ¼ of a percentage point to a

level of 8½ percent. The downward trend in interest rates continued during February and March and in early April VA made one more cut in the VA interest rate, this time to 8½ percent. From April to the end of FY 1976, the VA interest rate ceiling remained at 8½ percent.

Homebuying and homebuilding are the most credit-dependent activities undertaken in the economy. Veterans, more than other homebuyers, depend upon borrowed funds to meet their housing needs. The VA interest rate ceiling, therefore, is the single most potent factor governing whether or not the VA home loan program can effectively serve the credit needs of veterans. During the fiscal year, VA made every effort to keep the interest rate ceiling competitive in order to assure lender support of the program.

FUNDING OPERATIONS

No appropriations are required to pay claims and fund property management operations. Both the guaranteed loan and direct loan programs are financed from revolving funds derived from principal and interest payments made to VA and proceeds of VA loan sales.

During FY 1976 VA collected more than \$283 million in principal and interest payments, with the interest portion amounting to \$114 million. Loan sales from VA's own portfolio of loans totaled \$293.2 million.

SPECIALLY ADAPTED HOUSING ASSISTANCE

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. Frequently VA representatives escort the veteran or take his place during contacts with builders, lenders and architects.

Because of the difficulty such veterans experience in obtaining loans from private lenders on some occasions, the VA is authorized to make direct loans for specially adapted housing without regard to geographic location. Since this authorization was granted in the Veterans Housing Act of 1970, direct loans for specially adapted housing

have been made to 230 disabled veterans for \$4.3 million.

During FY 1976, 591 severely disabled veterans were declared eligible for grants to buy, build or modify homes specially adapted for their use. Grants totaling \$14.3 million were disbursed to 587 veterans during the year. Since 1948, when these grants were first authorized, 14,561 veterans have been aided by grants amounting to over \$173 million.

FAIR HOUSING PROGRAM

Statistical information collected and compiled to monitor minority participation indicated continued high levels of minority participation in VA's guaranteed home loan program during FY 1976. For example, minority veterans, who comprise 11 percent of the veteran population, obtained 16 percent of the VA guaranteed home loans closed during FY 1976. Black veterans obtained 10.7 percent, Spanish American veterans 4.4 percent, Oriental veterans 0.3 percent, and American Indian veterans 0.1 percent, of the total loans.

Since a spouse's income is needed to qualify a veteran for a loan when the veteran's income alone is insufficient, working spouses' income was particularly important to minority homebuying veterans. Approximately 46 percent of the Black, 45 percent of the Oriental, 41 percent of the Spanish American and 38 percent of the American Indian veterans who secured VA guaranteed home loans in FY 1976 had spouses with incomes which were counted in qualifying these veterans for loans. By contrast, spouses' income was a factor in approval of 33.5 percent of the loans obtained by white veterans.

The provision of guaranteed loan home financing with no downpayment requirement, was particularly useful to Black, Spanish American and American Indian veteran homebuyers. No downpayment was made by 83 percent of the Black, 77 percent of the Spanish American, 80 percent of the American Indian, 73 percent of the white, and 60 percent of the Oriental veterans.

During FY 1976 the average purchase price of homes for all veterans was \$31,360. It was \$39,550 for Oriental, \$31,950 for white, \$29,340 for Spanish American, \$28,090 for Black and \$28,670 for American Indian guaranteed home loan participants.

Oriental veterans purchased the highest average priced homes and had the highest average net

effective income. The average net effective income for veterans was \$12,488 for Orientals, \$11,437 for whites, \$10,965 for Blacks, \$10,501 for Spanish Americans and \$10,878 for American Indians. The ratio of housing expense to net effective income was higher for Orientals (40.8 percent) and Spanish Americans (39.1 percent), but lower for Blacks (36.7 percent) and American Indians (36.5 percent) than for whites (38.3 percent).

Under VA's home counseling program, which provides advice and assistance in the technical and financial aspects of homebuying to potential homebuying veterans, over 2,500 minority vet-

erans in 22 cities were counseled during FY 1976.

Another significant aspect of minority involvement in the Loan Guaranty program is the commissions and fees paid or assignments made by VA to minority businessmen for work related to Loan Guaranty operations. During FY 1976, minority businessmen received \$7.9 million or 11.6 percent of the \$68.5 million awarded by Loan Guaranty. Of the \$7.9 million going to minority businesses, \$3.4 million went to minority sales brokers, \$1.9 million to minority fee appraisers and compliance inspectors, \$0.7 million to minority management brokers and \$1.9 million to minority repair and maintenance contractors.

Life Insurance for Service Personnel and Veterans

COMPARATIVE HIGHLIGHTS

Program (In Thousands)	Fiscal Year		Percent Change
	1976	1975	
USGLI			
Policies	136	145	- 6.2
Amount	\$570,213	\$612,427	- 6.9
Death benefits	\$37,966	\$39,584	- 4.1
NSLI¹			
Policies	3,940	4,024	- 2.1
Amount	\$26,550,300	\$27,016,449	- 1.7
Death benefits	\$282,231	\$276,867	+ 1.9
VSLI¹			
Policies	585	590	- 0.8
Amount	\$5,117,370	\$5,166,109	- 0.9
Death benefits	\$15,024	\$14,138	+ 6.3
SDVI			
Policies	167	161	+ 3.7
Amount	\$1,508,707	\$1,454,476	+ 3.7
Death benefits	\$16,358	\$15,742	+ 3.9
VRI			
Policies	180	183	- 1.6
Amount	\$1,253,856	\$1,273,252	- 1.5
Death benefits	\$11,040	\$11,291	- 2.2
SGLI			
Policies	3,216	3,325	- 3.3
Amount	\$63,725,300	\$65,546,300	- 2.8
Death benefits	\$100,324	\$91,736	+ 9.4
VGLI²			
Policies	227	102	+ 122.5
Amount	\$4,206,655	\$1,825,000	+ 130.5
Death benefits	\$9,431	\$1,455	+ 548.2

¹ Includes paid-up additional insurance purchased by dividends.

² This insurance became available August 1, 1974.

SUMMARY

Life insurance protection for the nation's service personnel and veterans is provided under five separate programs administered by the Veterans Administration and three programs which are supervised by the Veterans Administration.

The first five programs shown in the table on the next page are totally administered by the Veterans Administration and the latter three supervised through a contractual relationship with private companies. The SGLI and VGLI programs are administered by the Prudential Insurance Company, Newark, New Jersey and the VMLI program by the Bankers Life Insurance Company of Lincoln, Nebraska.

At the end of FY 1976 the eight life insurance programs supervised or administered by the VA provided coverage exceeding \$103 billion to nearly 8.1 million insureds.

GOVERNMENT ADMINISTERED PROGRAMS

United States Government Life Insurance (USGLI)

This is the oldest Government administered program, established in 1919 to handle the conversion of World War I Risk Term Insurance. The program was closed to new issues after April 24, 1951. During this period of time, approximately 1,150,000 policies were issued of which 136,000 policies remained in force at the end of the year, a decline of 9,000 from the previous fiscal year. The peak of this program was

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	04-24-51
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

reached in 1927 when more than 675,000 policies were in force for over \$3.2 billion face value. The present face value of these policies is \$570.2 million. The program is self-supporting except for administrative expense and claims traceable to the extra hazard of military service, which are paid by the government. There has been a steady decline in the number of policyholders. This will continue to accelerate as the average age of these insureds is now 73.9. The death rate in 1975 was 66.2 per thousand insureds compared to 10.4 for insureds in the NSLI program. Dividends are paid to USGLI policyholders from excess earnings of the Trust Fund. The 1976 dividend payments will amount to \$22.3 million, an average of \$184 per insured, compared to \$168 in 1975.

National Service Life Insurance (NSLI)

This program was established October 8, 1940 to serve the insurance needs of World War II

service personnel. More than 22 million policies had been issued by April 25, 1951 when the program was closed to new issues. The peak enrollment was in 1944 when nearly 16 million policies were in force with a face value exceeding \$121 billion. By the end of FY 1976, 3.9 million of these remained in force with a face value of \$25.9 billion. The program is also self-supporting except for administrative expense and claims traceable to the extra hazards of military service, which are paid by the government. The 1976 dividend payments from the excess earnings of the Trust Fund will amount to \$344.2 million, an average of nearly \$93 per insured compared to \$83 last year.

Approximately 1.4 million or 37 percent of the 3.9 million NSLI policies are term insurance. These policies are renewed every 5 years at the current attained age and the premiums increase accordingly. As the policyholders grow older, the premiums can become prohibitive and many reduce the face amount of the policy. The VA

makes continuous efforts to alert term policyholders about the high premium rates if they retain their term policy to the older ages and encourages them to convert to a permanent plan of insurance.

Legislation establishing the Modified Life Age 65 and Age 70 plans of insurance has been beneficial to the term policyholders as the premium rates for these plans are lower than for any previous plans in existence. These plans are available to all government life insurance policyholders except USGLI. As of June 30, 1976, there were 417,964 Modified Life policies in force with a face value of nearly \$3.2 billion.

Public Law 92-188 provided that NSLI policyholders may use dividends to buy more insurance protection as paid-up additions to their policy. For the first time this permitted policyholders to have more than \$10,000 government life insurance in force. This option is particularly beneficial to the term policyholders as it permits them to increase the amount of their insurance. If the premium on the basic policy becomes prohibitive, they can reduce the amount of the basic policy with a corresponding reduction in premiums, but still retain about the same amount of insurance by the use of the paid-up additions. A total of 891,000 policies have paid-up additions with a face value of \$659 million, an increase of \$134.6 million over 1975.

Veterans Special Life Insurance (VSLI)

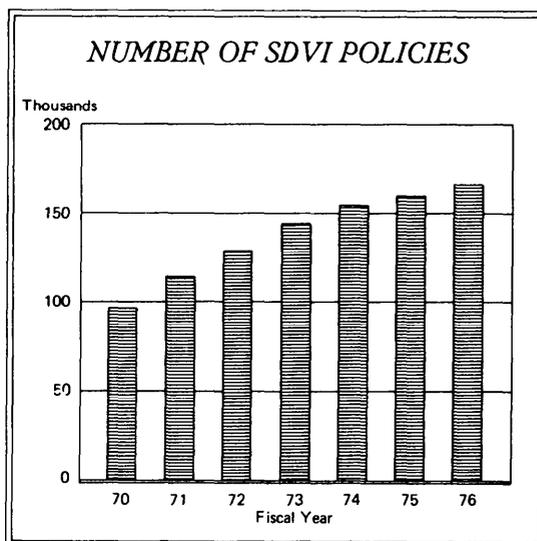
This insurance program was made available to veterans separated from service on or after April 25, 1951 through December 31, 1956, at which time the program was closed to new issues. Application for coverage had to be submitted within 120 days following separation. This insurance was a means of providing post-service Government life insurance for Korean veterans.

The Korean service person was in a different circumstance from his World War I and World War II counterparts, with no premium paying insurance during service (the Government covered insurance requirements with a \$10,000 Servicemen's Indemnity). During the above stated period about 800,000 policies were issued of which 585,000 remained in force on June 30, 1976 with a face value of \$5.1 billion. Initially, only renewable term insurance was available. Effective January 1, 1959, legislation modified this program to permit

exchange to a lower cost term policy which was non-renewable after age 50, or to convert to a permanent plan of insurance. This program was originally non-participating. Public Law 93-289, effective May 24, 1974, changed this insurance to participating. The 1976 dividend payments will amount to \$10.3 million, an average of \$18 per insured compared to \$11 in 1975. A total of 103,000 policies have paid-up additions with a face value of \$6.1 million.

Service Disabled Veterans Insurance (SDVI)

This program is the only one remaining open to new issues and was designed to assure that service disabled veterans could obtain life insurance at standard rates. Every veteran separated from service on or after April 25, 1951, who receives a service connected disability rating for which compensation would be payable if 10 percent or more in degree, and who is otherwise insurable, has 1 year from the date of notice of the VA rating to apply for this coverage. The Veterans Administration makes a special effort to assure that all eligible veterans are made aware of their eligibility for this coverage. Each receives a notice of eligibility at the time he is granted a VA service connected rating. About 6 months later a reminder notice is sent to each. In addition, publicity is given to this program through service organizations and periodic information releases to press, radio and television stations. Since the program insures



substandard risks at standard premium rates, it is not self-supporting and requires periodic appropriations to meet the costs. At the end of FY 1976, there were nearly 167,000 RH policies in force with a face value of \$1.51 billion.

Veterans Reopened Insurance (VRI)

This program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean veterans and was designed to provide insurance to these veterans who, because of their disability would be unable to obtain commercial life insurance or could not obtain it at a reasonable cost. Applications for this insurance were accepted from May 1, 1965 through May 2, 1966. Cost for administration of the program is borne by the insureds. About 210,000 policies were issued of which 180,000 policies remained in force at the end of FY 1976 with a face value of \$1.25 billion. The legislation that created this program authorized the Administrator to adjust premium rates up or down at intervals of not less than two years to keep the program self-supporting. Since the beginning of the program, there has been only one adjustment, a reduction of premiums on those policies with a "J" prefix. There are no dividends payable on policies issued under this program.

Total Disability Income Provision (TDIP)

This is an optional rider that an insured may add to the basic policy. It provides a monthly income in case of disability. By paying an extra premium and meeting the age and good health requirements, this rider may be added to any policy except Service Disabled Veterans Insurance (RH).

This provision was first made available in 1928 to USGLI policyholders and provides a benefit of \$5.75 per \$1,000 of insurance for total disability. As of June 30, 1976 there were 4,045 riders in force with a face value of \$31 million. The rider became available on NSLI on August 1, 1946. The rider on these policies paid \$5 per \$1,000 of insurance with coverage to age 60. Subsequent changes increased the payment to \$10 per \$1,000 to age 60 and then extended the coverage to age 65. The accompanying table shows the modifica-

tion to the law affecting NSLI policies and the current status of these riders:

Effective Date Of Modification	Monthly Income per \$1,000 of Insurance	Coverage to Age	In Force as of June 30, 1976	
			No. of Policies	Amount of Insurance (In Thousands)
Aug. 1, 1946	\$ 5.00	60	15,382	\$ 113,803
Nov. 1, 1958	10.00	60	139,518	1,002,896
Jan. 1, 1965	10.00	65	511,927	4,091,295

Civil Relief

The VA administers Article IV of the Soldiers' and Sailors' Civil Relief Act which deals specifically with commercial life insurance purchased by service personnel. This insurance must be purchased and in force on a premium paying basis for 180 days before the insured enters onto active duty. In order that service personnel may continue the protection provided by their commercial insurance policies during a period where they may have a reduced income, the Act provides that premiums becoming due and not paid by the insured shall be treated as a loan by the insurer. The protection under this Act continues for the duration of the insured's military service and for two years thereafter. The government guarantees to the insurer the repayment of an indebtedness not liquidated by the insured. Any such payment made by the government then becomes a debt owed to the United States by the insured. The terms of the Act exclude any form of government life insurance. They also limit the amount to be protected to a maximum of \$10,000 of life insurance on the life of the service person. This program is declining rapidly. On June 30, 1976, 29 policies were protected under this act compared to 42 as of June 30, 1975.

GOVERNMENT SUPERVISED PROGRAMS

Servicemen's Group Life Insurance (SGLI)

This program was established in September 1965 to provide insurance coverage for members on active duty in the uniformed services. This program is supervised by the VA, but is administered by the Prudential Insurance Company of America as primary insurer through

the Office of Servicemen's Group Life Insurance, Newark, New Jersey. During FY 1976, 596 other commercial companies also participated in the SGLI program on a reinsurer/convertor or convertor only basis. Claims are paid by the primary insurer. However, in cases where there is some question as to the existence of the coverage, the VA makes the final decision. By the end of FY 1976, 3,216,000 active duty service personnel and reservists were insured in the amount of \$64 billion. During FY 1975 death benefits paid amounted to \$91.7 million compared to \$100.3 million for FY 1976.

Initially, maximum coverage was for \$10,000. Each uniformed service member was automatically insured for the maximum amount unless he or she elected, in writing, only \$5,000 of insurance or not to be insured at all. Coverage was limited only to persons on active duty under orders specifying 31 days or more. SGLI coverage continued for 120 days following separation from service without premium payment. Public Law 91-291, effective June 25, 1970, boosted the maximum coverage to \$15,000. The service person was automatically insured for this amount unless he or she requested, in writing, only \$10,000 or \$5,000 of insurance or not to be insured at all. This law also extended limited coverage to reservists, members of the National Guard, and ROTC members when engaged in authorized training duty. Public Law 92-315, which was effective June 20, 1972, extended SGLI coverage to the four service schools (U.S. Military Academy, U.S. Naval Academy, U.S. Air Force Academy and the U.S. Coast Guard Academy).

The basic law was further amended by the Veterans Insurance Act of 1974 (Public Law 93-289) which was enacted on May 24, 1974. The new law increased the maximum amount of insurance for all members to \$20,000. It extended full-time SGLI coverage to members of the Ready Reserve (those who are assigned to a unit or position in which they are required to perform active duty, or active duty for training, and each year would be scheduled to perform at least 12 periods of inactive duty training that are creditable for retirement purposes). The Act also extended coverage to those persons assigned to, or who upon application would be eligible for assignment to the Retired Reserves who have not received the first increment of retirement pay, have not yet reached 61 years of age, and who have completed at least 20 years of satisfactory service creditable for retirement purposes. The right to convert SGLI

to a permanent plan of insurance with a commercial company by the 121st day following separation from active duty was terminated. Members of the Ready Reserve who have full-time SGLI coverage at the time they complete 20 years of service for retirement are the only category of persons who can still convert SGLI direct to commercial policies. Since they are eligible for assignment to the Retired Reserve, they may either convert to permanent plan commercial policies or continue SGLI coverage until receipt of the first increment of retired pay or age 61, whichever is earlier. Members of the Retired Reserve are not eligible for VGLI.

The \$20,000 maximum coverage went into effect on May 24, 1974 and applies automatically to all persons now insured either while on active duty or in the Ready Reserve. Members desiring a lesser amount of insurance (\$15,000, \$10,000 or \$5,000) or desiring no insurance at all must request such a change in writing.

Members performing duty under calls or orders not limited to 30 days or less and members of the Ready Reserve who qualify for full-time coverage are covered for 120 days following separation or release. If, on the date of such separation or release the member is totally disabled for insurance purposes, the coverage continues for one year after the date of separation or release, or to the date the insured ceases to be totally disabled, whichever is earlier, but in no event prior to 120 days after separation or release.

Since 1970 National Guard and Ready Reserve members had part-time SGLI coverage during periods of active duty, active duty for training, inactive duty training, and associated travel periods under calls or orders specifying 30 days or less. This limited coverage continues for those persons who do not qualify for the full-time coverage provided by the Veterans Insurance Act of 1974.

Veterans Group Life Insurance (VGLI)

This program, which provides for the automatic conversion of SGLI to a 5-year non-renewable term policy, was designed to provide low cost government supervised insurance to the veteran immediately following separation or release from service. Experience had indicated that a large percentage of the Vietnam era veterans failed to exercise their right to convert SGLI to a

permanent plan of insurance. This may have been due to limited income immediately after service, completion of schooling, or lack of family responsibility.

This new group coverage was effective August 1, 1974 and is available in amounts of \$20,000, \$15,000, \$10,000 or \$5,000 but for not more than the amount of SGLI which was in force at the time of separation. This insurance has no cash, loan, paid-up or extended insurance values. VGLI can, however, be converted to a permanent policy with one of the participating companies at the end of the 5-year term period. As of June 30, 1976, 227,000 veterans were insured in the amount of \$4.2 billion.

Shortly following release from duty, the VA mails to all eligible veterans an Application for Veterans Group Life Insurance and a pamphlet containing information about VGLI. Conversion to VGLI may not be effected prior to the insured's release or separation from active duty. Individuals being released from active duty on or after August 1, 1974 may continue life insurance protection by filing an application and paying the first premium within the 120 days following separation or release from active duty. VGLI may also be granted to an eligible member who fails to apply within the 120 days following separation. The veteran must apply within the one year period following the end of

the SGLI coverage, and he or she must meet health requirements. If the insured is totally disabled at time of separation or release from active duty, full coverage is extended for as long as the total disability continues up to one year before becoming eligible for VGLI.

Members who had SGLI coverage in force at the time they were separated or released from duty and whose SGLI coverage terminated less than 4 years prior to August 1, 1974, were afforded the opportunity to apply for VGLI equal to the amount of SGLI which was not converted to an individual policy. Application and the first premium must have been submitted before August 2, 1975. The VGLI coverage issued for these members covers the period equal to 5 years less the time elapsing between the date SGLI terminated and August 1, 1974.

The SGLI or VGLI proceeds are paid either in a lump sum or in equal monthly payments over a 36 month period. The member can indicate which method of settlement is desired. If the member elects a lump sum or makes no election, the beneficiary may choose either the lump sum or 36 installments. If the member elects 36 installments, the beneficiary may not elect lump sum.

When SGLI is converted to VGLI, beneficiaries must be redesignated. If no designation is made for VGLI the Office of SGLI will send a beneficiary

Premium Rates	Amount of Insurance			
	\$20,000	\$15,000	\$10,000	\$5,000
Active duty SGLI coverage (monthly premium)	\$ 3.40	\$2.55	\$1.70	\$.85
Part-time SGLI coverage (annual premium)	\$ 2.00	\$1.50	\$1.00	\$.50
SGLI coverage-Retired Reservists (monthly premium)				
Thru age 39	\$ 6.00	\$4.50	\$3.00	\$1.50
Age 40 thru 49	\$ 8.00	\$6.00	\$4.00	\$2.00
Age 50 and over	\$10.00	\$7.50	\$5.00	\$2.50
VGLI coverage (monthly premium)				
Thru age 34	\$ 3.40	\$2.55	\$1.70	\$.85
Age 35 and over	\$ 6.80	\$5.10	\$3.40	\$1.70

form to the applicant to encourage the designation for a preferred beneficiary. Designation of beneficiaries for SGLI filed with the uniformed services will be valid for VGLI but only for 60 days after VGLI becomes effective. If no designation is made, the beneficiary sequence specified by law will be followed.

Premium rates for the various categories of coverage are shown in the accompanying table.

VGLI is also available to reservists who, while performing active duty or inactive duty for training under a call or order specifying a period of less than 31 days, suffers an injury or disability which renders him or her uninsurable at standard premium rates. Application must be made within the 120 day period following the period which the disability was incurred or aggravated.

The beneficiary features of the SGLI and VGLI programs are identical, including a free and unlimited choice of beneficiaries. That is, an insured may designate as principal or contingent beneficiary any person, firm, corporation, or legal entity (including the insured's estate), individually or as a trustee.

If the insured does not want to designate a beneficiary, proceeds of either SGLI or VGLI are paid by law in the following sequence: First, to the widow or widower; if none, then to surviving child or children in equal shares; if none, then to parent or parents in equal shares; or if none, to the executor or administrator of the estate; finally, if none, to the next of kin.

Veterans Mortgage Life Insurance (VMLI)

This program was established by Public Law 92-95, enacted August 11, 1971. VMLI is supervised by the VA and is administered by the Bankers Life Insurance Company of Lincoln, Nebraska. This program provides mortgage protection life insurance for any veteran who receives a VA grant for specially adapted housing, unless he or she declines, fails to furnish information to establish the premium, or does not pay the premium. Coverage is limited to a maximum of \$40,000 with any unused portion transferable to a subsequent home mortgage after the preceding one is disposed of. Coverage ceases when the mortgage is paid off, the home is sold, the veteran reaches age 70 or dies.

The monthly premium paid by the disabled veteran is the same as that charged for standard lives, with the Government paying the extra mortality costs and administrative expenses. The premiums collected under this program are not sufficient to pay claims. The deficit is made up by transfers from the Compensation and Pension appropriation.

As of December 31, 1975, there were 5,353 VMLI policyholders. Death benefits paid cumulative from the beginning of the program to the end of calendar year 1975, totaled \$9.3 million.

Veterans Assistance

COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1976	1975	
Public telephone actions - toll free	3,883,276	3,717,600	+ 4.7
Public telephone actions - other	16,268,380	14,831,340	+ 3.0
Interviews away from office	316,892	342,555	- 7.5
Interviews at office ¹	5,262,819	4,744,718	+ 10.7
Interviews at VA hospitals	488,315	451,154	+ 3.4
Correspondence	2,158,075	1,530,461	+ 41.1

¹ Includes mobile office vans

SUMMARY

Veterans assistance activities included over 6 million face to face interviews in FY 1976, an increase of 9 percent over the 5.5 million interviews conducted in FY 1975. There was also a 3 percent increase in the total number of public telephone actions and a dramatic rise of 41 percent in pieces of correspondence released. These figures represent a broad program to advise all veterans with regard to benefits, and especially a continuing effort to assist in the readjustment of Vietnam era veterans.

Outreach programs specifically targeted to educationally disadvantaged veterans and veterans in penal institutions were again emphasized. Attention was also focused on problem areas experienced by elderly veterans. VA, in a joint endeavor with 14 other Federal agencies, began development of information and referral services for the aging, in response to the special needs and problems now confronting this important segment of our population.

RECOMMENDATIONS FOR IMPROVEMENT OF OUTREACH DURING FY 1977¹

The following recommendations have been made for the improvement of outreach programs in FY 1977.

Veterans Education and Training Representative (Vet Rep) service, now includes institutions of higher learning and non-college degree educational institutions as prescribed by Public Law 93-508. Vet Reps will continue to provide services to all veterans and their beneficiaries to the maximum extent possible, within the limitations imposed by funding and manpower considerations.

Further expansion of toll-free telephone service will be reviewed. Additional service will be made available where possible and appropriate to the needs of VA beneficiaries.

Use of work-study students under the supervision of VA personnel will be broadened to permit their placement at any location which would assist in the conduct of outreach and information activities as specified within Section 104, Public Law 93-567.

Every effort will be made to provide effective outreach counseling and assistance to older Americans, including the development of comprehensive services specifically geared to this population group.

OUTREACH

Ninety percent of the nation's population can call a VA office without incurring long distance charges. This toll-free service assists veterans throughout 33 States, two more than FY 1975, and an additional 206 metropolitan areas.

Toll-free telephone calls to VA regional offices increased by 4.7 percent to an annual total of 3.9 million. Local calls during FY 1976 exceeded 15.2 million, an increase of 3 percent over FY 1975.

Letters were sent to 389,487 recently separated service members advising them of available veterans benefits and encouraging them to apply or request information and assistance. The letters en-

¹ This information is included in compliance with Section 245, Title 38, U.S.C.

closed a postage paid preaddressed card which the veteran could use to request information or to have a VA employee call him or her. Over 17 percent of the veterans contacted had less than a high school education. Special efforts were made by the U. S. Veterans Assistance Centers (USVAC's) to reach all educationally disadvantaged veterans.

Mobile Vans

The mobile vans continued to provide nationwide service to veterans in rural and impacted urban areas. Mobile vans visited 768 communities to reach 29,036 VA beneficiaries during FY 1976; 3,889 were initial interviews and 639 involved educationally disadvantaged Vietnam era veterans. In June 1976, a 3-month van program commenced in Alaska, the first tour in that State since the program's inception. Since 1972, vans have visited 49 States, the District of Columbia, and the Commonwealth of Puerto Rico. They have traveled over 416,000 miles, and have provided interviews to 193,218 persons, including 30,550 initial interviews with Vietnam era veterans.

Veterans in Prison

During FY 1976, the program of semiannual outreach visits to veteran inmates of Federal and State penal institutions experienced a marked increase over FY 1975. Through the end of the fiscal year about 2,000 visits had been made to over 300 institutions. VA counselors held group sessions with nearly 10,000 veterans and individual counseling sessions with over 20,000 veterans. In addition, more than 2,500 prison officials attended some 900 briefings given by these counselors.

U.S. Veterans Assistance Centers

U.S. Veterans Assistance Centers (USVAC) activities are conducted at 72 locations providing help to Vietnam era veterans. Veterans are advised of all veterans benefits, encouraged to apply where appropriate and assisted in taking necessary actions. Special consideration is given to those veterans who have not attained a high school education. Approximately 45,000 of these latter veterans were assisted during the year.

The Community Service program operated at some USVAC locations conducted about 13,000

interviews, of which approximately 4,000 were conducted at other than VA locations. The program placed almost 2,200 veterans in education or training programs and found employment for 1,245 veterans.

Employment Assistance

The VA has increased its efforts to enhance employment services to veterans. In effective cooperation with the Department of Labor, State employment services and the National Alliance of Businessmen, 49,855 veterans requiring employment assistance were referred by VA to appropriate agencies or employers. Jobs were actually obtained for 23,250 through this assistance this year.

The Department of Labor and the National Alliance of Businessmen continued their cooperation with the VA on a special project to assure employment of disabled veterans. VA personnel conducted 7,337 interviews, completed 14,855 telephone actions, and released 9,603 pieces of correspondence for this project.

Veterans Education and Training Representatives

During FY 1976, a total of 1,252 VA employees assigned as Vet Reps provided service to students at over 4,400 educational institutions on a full-time or regularly scheduled basis. They assisted in expediting educational assistance payments by conducting over 3.2 million interviews and performed effective liaison in obtaining enrollment and attendance certification and similar matters.



Vet Rep on Campus

The VA's Work-Study program contributed measurably toward the realization of outreach goals for FY 1976. During the year, some 675,000 work-study hours were utilized in outreach activities at VA locations as well as activities outbased at schools, National Alliance of Businessmen metro offices and local State Employment Security offices.

Other Veterans Services Programs

Cases received for resolution of delays and other questions about educational assistance payments amounted to 1,212,879 of which 99 percent had been resolved at year's end. Vet Reps processed 581,527 of these inquiries.

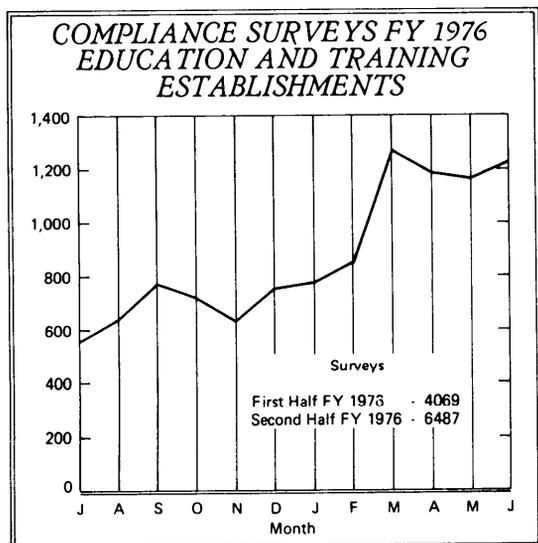
Veterans Services Divisions now supervise 141,000 fiduciary cases. At the beginning of program reorganization in 1973, the VA maintained supervision over 695,700 fiduciary cases but reduced that figure to a low of 135,000 during

FY 1976 as a result of procedural changes which eliminated supervision over cases wherein payment was made to a close relative.

The General Counsel reviewed various aspects of the fiduciary program from a legal standpoint. It was determined that the principle of due process required a reassessment of the Administrator's responsibilities toward the incompetent beneficiaries; and that the VA has a continuing responsibility to review the circumstances of incompetent adult beneficiaries regardless of who the payees may be. As a result of these findings, further changes in the fiduciary program were put into effect toward the end of FY 1976. During FY 1977, the number of supervised fiduciary cases will rise, but inasmuch as the changes affect only adult beneficiaries, the immediate increase will not approach the caseload supervised prior to the program reorganization.

Veterans Services field personnel completed more than 100,000 field examinations during FY 1976. Of this number, some 31,000 were initial or successor appointments; 14,000 were classified as other type field examinations, and 55,000 were interim or follow-up fiduciary-beneficiary contacts.

Compliance surveys of education and training establishments approved for veterans education or training totaled 10,556 during FY 76. A marked increase occurred during the last half of the fiscal year when 6,487 surveys were performed compared with only 4,069 for the first half. This increase was the result of new compliance survey requirements stemming from congressional and agency concern over a growing number of educational assistance overpayments and a need for greater accountability. Of the compliance surveys performed, 7,206 were expanded to insure compliance with title VI of the Civil Rights Act of 1964.





National Cemetery System

COMPARATIVE HIGHLIGHTS

Item	FY 1976	FY 1975	Percent Change
Applications for headstones/ markers	267,681	256,222	+ 4.5
Headstones/markers ordered	229,331	243,032	- 5.6
Pending applications for head- stones/markers	6,401	6,997	- 8.5
Interments in national cemeteries	38,632	37,776	+ 2.3

SUMMARY

The National Cemetery System consists of 104 national cemeteries containing 5,160 acres of cemetery land of which 2,682 acres were developed for burials as of June 30, 1976. Grave space was available in 56 of the cemeteries. Efforts continued to be directed towards the provision of additional gravesites to accommodate the future needs of the veteran population. Five new national cemetery sites were selected during the year.

The highlight of the year was the dedication of the site for the new VA National Cemetery at Riverside, California.

Interments for the year totalled 38,632, a 2.3 percent increase over FY 1975. A total of 267,681 applications were received for headstones and markers. This represents a 4.5 percent increase over FY 1975.

As a part of the Bicentennial year activities, a program was conducted to memorialize deceased Medal of Honor recipients with a special headstone or marker. Also, a program was initiated to plant a tree in each of the national cemeteries to honor this special year. An appropriate plaque was designed to identify these trees as commemorating the Bicentennial.

Memorial Day activities were conducted in most national cemeteries, with programs planned by local veterans and citizens groups. The holiday was an occasion for tribute to all veterans, and also

for special ceremonies such as the dedication of new headstones for the graves of Medal of Honor recipients.

ADVISORY COMMITTEE ON CEMETERIES AND MEMORIALS

The 11-member Advisory Committee on Cemeteries and Memorials met three times during the year. Most of their time was spent on reviewing new cemetery sites and considering the policies and procedures to be specified for the new cemeteries. The Committee reviewed the past policy of establishing cemeteries on a regional concept. After much deliberation, the Committee passed a resolution recommending that new cemeteries be established on "where-the-need-is-greatest" basis.

A series of objectives in Master Planning for cemeteries was approved by the Committee. These objectives will provide for an orderly development of the cemeteries and assure that the proper facilities are provided.

NATIONAL CEMETERIES

New Cemeteries

By the end of the fiscal year, five sites had been announced for new national cemeteries. These are:

- March Air Force Base, Riverside, California
- Otis Air Force Base, Massachusetts
- Ft. Indiantown Gap, Pennsylvania
- Quantico Marine Corps Base, Virginia
- Naval Weapons Industrial Reserve Plant, Calverton, New York

The site at Riverside, California was dedicated as a national cemetery on June 27, 1976, and officially named the Veterans Administration National Cemetery, Riverside, California.

Construction has begun at the Riverside site

National Cemetery	Project	Cost
Major Construction		
Oregon Willamette	38 acre development, service building & mausoleum/columbarium	\$2,758,000
Hawaii National Memorial Cemetery of the Pacific	Administration bldg./memorial center & parking structure	2,967,000
Hawaii National Memorial Cemetery of the Pacific	Columbaria	200,000
Oregon Willamette	Mausoleum/columbarium	90,000
Massachusetts National Cemetery	20 acre development, administration & service building	2,250,000
Pennsylvania National Cemetery	20 acre development, administration & service building	1,628,000
Virginia Washington, D. C. Area National Cemetery	Master plan, 20 acre development, administration & service bldg.	200,000
California Riverside	Master plan & phase I development	4,447,000
Massachusetts National Cemetery	Memorial center	115,000
Pennsylvania National Cemetery	Memorial center	135,000
Virginia Washington, D. C. Area National Cemetery	Memorial center	150,000
California Riverside	Memorial center & Phase II (45 acres)	300,000
Minnesota Ft. Snelling	20 acre development	711,000
Missouri Jefferson Barracks	20 acre development & service building	1,400,000
Minor Construction		
South Dakota Black Hills	7 acre development & service building	604,500
Texas Ft. Sam Houston	15 acre development	574,000
Florida Barrancas	8 acre development	153,000
Iowa Keokuk	5 acre development	317,000
South Carolina Florence	Working drawings—office addition to service bldg.	7,000
California Riverside	Land restoration	698,000

and it is anticipated that the cemetery will be ready to receive burials in the summer of 1978. At the other four sites, land was in various stages of being transferred to the VA. The land in Pennsylvania and Massachusetts was State-owned, and in both cases the State governments passed legislation transferring the land to the VA for the establishment of national cemeteries.

The five cemeteries will add 3,692 acres and 1,890,000 grave sites to the National Cemetery System.

Existing Cemeteries

A survey was made of all existing national cemeteries to determine if additional land was needed. In several instances it was found that land could be made available to the cemetery through donation, or that land already held by the VA in conjunction with a hospital or domiciliary could be used for national cemetery purposes. The eleven cemeteries expanded by such means are shown in the accompanying table, along with additional acreage and number of gravesites.

Cemetery	Acres	Gravesites
Total	225.6	128,300
Camp Nelson, Kentucky	10.0	4,000
Culpeper, Virginia	10.5	6,000
Ft. Sam Houston, Texas	15.0	9,000
Salisbury, North Carolina	2.5	1,000
Mountain Home, Tennessee	42.0	25,000
Port Hudson, Louisiana	2.5	1,500
Ft. Bliss, Texas	32.0	19,200
Ft. Logan, Colorado	76.8	42,000
Marion, Indiana	13.0	7,800
Dayton, Ohio	15.0	9,000
Bayamon, Puerto Rico	6.3	3,800

National Cemetery Construction

FY 1976 activities included 20 major and minor design, construction and development projects. Among these were Master Plan and Phase I development for the new VA National Cemetery at Riverside, California, and major expansions of existing national cemeteries at Ft. Snelling, Minnesota, Jefferson Barracks, Missouri, Willamette, Oregon, and the National Memorial Cemetery of the Pacific in Hawaii.

HEADSTONES AND MARKERS

A total of 6,997 applications for headstones and markers were in process at the beginning of the fiscal year and a gross total of 267,681

applications were received during the year, bringing the total workload to 274,678. Of this number, 38,946 or 14 percent were cancelled sometime during the various phases of eligibility determination, inscription and resolution process, either at the request of the applicant or as the result of internal actions by VA. The Headstone Service had on hand 6,401 applications in various stages of processing for carry over into next fiscal year. This carry over is 596 lower than the carry over at the close of FY 1975.

Applications for Headstones/Markers	FY 1976	FY 1975	Percent Change
Original	259,646	251,507	+ 3.2
Private cemeteries	218,454	209,621	+ 4.2
National cemeteries	41,192	41,886	- 1.6
Replacements	8,035	4,715	+ 70.4
Cancellations	38,946	34,948	+ 11.4
Net applications	228,735	221,274	+ 3.4

Headstones and markers are furnished by the National Cemetery System for the graves of deceased veterans and members of the Armed Forces interred in private cemeteries. They are also provided for all graves not marked with a private monument in national cemeteries under the jurisdiction of the Veterans Administration, and all national and post cemeteries under the jurisdiction of the Departments of the Army, Navy, Air Force, and Interior. During FY 1976, 229,331 headstones and markers were ordered from twelve contractors on behalf of eligible decedents at a cost of \$9.3 million. Of these, 82 percent were for private cemeteries, and the remaining 18 percent for government cemeteries. Included in the above number are 400 memorial headstones/markers for non-recoverable decedents.

Type of Headstone/Marker	Number Ordered	
	FY 1976	FY 1975
Total	229,331	243,032
Upright marble	47,292	46,866
Upright marble - Medal of Honor	214	-
Flat marble	10,816	13,465
Flat marble - Medal of Honor	5	-
Flat granite	67,449	77,192
Flat granite - Medal of Honor	50	-
Flat bronze	103,378	105,402
Flat bronze - Medal of Honor	48	-
Flat bronze - special design	78	103
Group burial - granite	1	4

Medal of Honor Recipients

As part of the VA's Bicentennial program, the Administrator approved a project to identify and memorialize deceased Medal of Honor recipients with a special headstone or marker. It was a requirement that the replacement be approved by the next of kin. The standard headstones and markers were used, but with a few distinctive changes. An enlarged replica of the Medal of Honor of the awarding service was incised in the stone or cast on the bronze, and the words "Medal of Honor" added to the standard inscription. The inscription and emblem were highlighted with gold leaf on marble and granite monuments. The finishing process used on bronze markers automatically highlights the emblem and inscription. Designs for the monuments were developed in consultation with the Administrator's Advisory Committee on Cemeteries and Memorials and the Congressional Medal of Honor Society and with advice from the U.S. Army Institute of Heraldry.

Replacements of previously furnished government headstones and markers for Medal of Honor recipients interred in national cemeteries were made prior to Memorial Day. Replacement of headstones and markers in private cemeteries is an on-going project with applications still being received regularly.

Appropriate ceremonies dedicating the headstones and markers were conducted at all cemeteries under the jurisdiction of the VA. The ceremonies ranged from a simple private family affair to large public ceremonies, including local civic, veterans and patriotic organizations.

Three hundred and seventeen Medal of Honor recipients have been honored under this program. Of this total, 106 are buried in national ceme-

teries, 123 are in Arlington National Cemetery, and one in the Post Cemetery at Fort Benning, Georgia. Eighty-seven Medal of Honor recipients buried in private cemeteries were also honored with a replacement headstone or marker.

Transportation

During the year a total of 211,930 headstones and markers were shipped from various contractors to destinations throughout the world.

Due to VA's continuous effort to expedite delivery of the headstones and markers, all marble and granite contractors have put into effect the use of the Commercial Bill of Lading for shipments of single units. Multiple shipments are still being moved by Government Bill of Lading. A total of 95,851 bronze markers were mailed parcel post.

The accompanying table reflects a total of 2,781 more commercial shipments made in FY 1976 than in FY 1975.

The use of the Commercial Bill of Lading is considered a great improvement in expediting the movement of the headstones and markers. Improved cooperation and coordination between the carrier and traffic personnel of the VA have also contributed to more expeditious delivery of the headstones and markers.

Prior to a year ago, 30 days were allowed to complete delivery of a shipment. Today, a shipment can be moved anywhere in the continental United States within 10 days with few exceptions. Because of the reduction of time in transit, inquiries relative to delay of shipment have been brought to a virtual halt.

Administration and Management

COMPARATIVE HIGHLIGHTS

Item	Fiscal Year		Percent Change
	1976	1975	
Total appropriations (billions)	\$ 19.3	\$ 16.3	+ 18.4
Compensation and pension	8.2	7.5	+ 9.4
Readjustment benefits	6.0	4.6	+ 32.2
Medical care	3.9	3.3	+ 16.2
All other	1.2	0.9	+ 31.8
Total employment	222,314	213,144	+ 4.3
Minority group employment (full-time)	56,867	54,777	+ 3.8
Women	111,046	106,329	+ 4.4
Veterans preference	81,587	89,147	+ 2.7
Vietnam era veterans	33,488	28,279	+ 18.4
Disabled veterans	14,729	14,113	+ 4.4
Records holdings (thousands of cubic feet)	1,382 ¹	1,330	+ 3.9
Forms and form letters	12,493	12,084	+ 3.4
Appeals filed	63,073	45,663	+ 16.2
Appeals disposed of	60,431	43,508	+ 15.9
Appeals allowed	12,651	10,887	+ 16.2

¹ September 30, 1976

AGENCY FUNDING

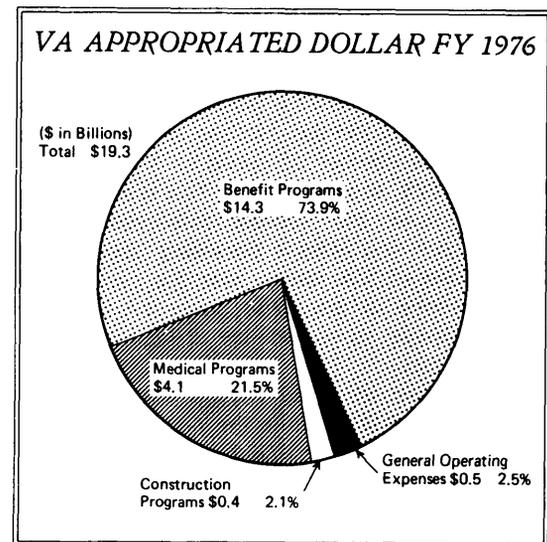
Congress appropriated \$19.3 billion to fund the VA and its programs for FY 1976, almost \$3 billion more than the record appropriation of the previous year. This amounted to an 18.4 percent increase over FY 1975. Since FY 1970 VA appropriations have increased over 127 percent. Appropriations for readjustment benefits alone have increased more than five-fold in that time.

The growth of the readjustment benefits appropriation has been caused both by rate increases, and by larger enrollments in the various education programs. For example, the monthly payment to a single veteran training full-time under the GI Bill increased from \$130 in FY 1970 to \$270 in FY 1976, with proportionate increases for married veterans. Over the same period total enrollments in

education and training programs increased from 1,287,650 in FY 1970 to 2,950,700 in FY 1976. The readjustment benefits appropriation for FY 1976 increased more than \$1.46 billion, or 32.2 percent over FY 1975.

The medical care appropriation showed an increase of more than \$536 million, or 16.2 percent over FY 1975. This increase provided for staffing improvement, new specialized medical services, higher workloads, and the increasing cost of medical supplies and utilities.

Out of the FY 1976 appropriation dollar, 73.9 cents was used for direct benefit programs such as compensation and pension and readjustment benefits. Another 21.5 cents was spent on medical care, medical and prosthetic research, and related programs. The remaining 4.6 cents was divided between the construction programs and general operating expenses.



PERSONNEL MANAGEMENT

Personnel management in the VA focused on improved staffing and position management for agency facilities and continued development of a broad variety of special emphasis programs. In addition, the areas of labor relations and employee relations generated increased activity throughout the agency.

Staffing

During the fiscal year, about 67,000 employees were hired in the VA. Although there was usually a sufficient supply of qualified applicants to meet the agency's needs in most of the lower level occupations, extensive recruitment efforts were required to meet the demand for personnel in highly skilled technical, paramedical, and professional fields. Despite these efforts, however, some shortage continued, particularly in the professional health career fields.

The number of qualified candidates interested in VA positions has generally increased during recent years. A national advertising campaign has been conducted to stimulate and encourage this interest, with special focus on VA medical care facilities experiencing recruitment difficulties. Exhibits at conferences and conventions of professional and paraprofessional associations further broadened exposure of health career specialists to VA employment needs and potential. VA facilities have kept neighboring colleges and professional schools aware of employment opportunities, particularly in the health care fields, by establishing training affiliations and cooperative education and work-study arrangements.

These recruitment efforts have contributed to the generally improved staffing of health care facilities. The number of nurses on VA's rolls on June 30, 1976, totaled 25,902. This is an increase of 1,431 over the number employed in the previous year and reflects the rising trend in the employment of VA nurses over the past several years. In spite of this trend, some VA hospitals have continued to experience difficulties in recruiting nurses.

The number of physicians on duty June 30, 1976, totaled 9,060. While the number of physicians employed by the VA has been increasing, recruitment is expected to continue to be difficult, particularly for scarce specialties, in light of competition and inflationary pressures. Although

insufficient time has passed to make a complete assessment, the special pay provided by the Veterans' Administration Physician and Dentist Pay Comparability Act of 1975 appears to have improved the VA's position in recruiting and retaining well-qualified physicians.

The Physician and Dentist Pay Comparability Act of 1975 also provided for the employment of physician's assistants under the Title 38 personnel system covering VA's physicians, dentists, nurses, and nurse anesthetists. There were 208 physician's assistants on the rolls as of June 30, 1976.

The accompanying table shows the number of physicians, dentists, nurses, nurse anesthetists, and physician's assistants on the rolls as of June 30 for the past two fiscal years.

Position	June 30, 1976			June 30, 1975		
	Total	Full-Time	Part-Time	Total	Full-Time	Part-Time
Physician	9,060	5,835	3,225	8,407	5,440	2,967
Dentist	868	852	16	865	849	16
Nurse	25,902	24,281	1,621	24,471	22,842	1,629
Nurse Anesthetist	499	448	51	486	435	51
Physician's Assistant	208	149	59	139	85	54

The VA has been authorized by the Civil Service Commission to make excepted appointments of Rehabilitation Technicians in drug and alcoholism rehabilitation units. To be eligible for such appointments, applicants must be former drug or alcoholic patients who have been rehabilitated through a prescribed treatment program. As of June 30, 1976, 245 such persons were employed in the VA. Of these, 158 were veteran preference employees, including 73 Vietnam era veterans.

Employment of Veterans

Significant efforts to attract and employ veterans were made by the VA in FY 1976 — 20,326 veterans were hired by the agency during this period. As of June 30, 1976, 15.1 percent of all VA employees were Vietnam era veterans and 6.6 percent were disabled veterans. Among male employees 73.6 percent were veterans; of these 38.4 percent were from the Vietnam era and 17.5 percent were disabled.

Particular attention was paid to employment of the Vietnam era veterans by the agency. The Veterans Readjustment Appointment (VRA) is a special type of appointment to a Federal civilian job that may be given to a recently discharged Vietnam era veteran who agrees to participate in a

training or educational program while working. In FY 1976, 6,575 VRA appointments were made. Since this authority was established in April 1970, 32,883 Vietnam era veterans have been given VRA appointments in the VA. This represents 35.4 percent of all the appointments which have been made under the VRA authority in the entire Federal government. Veterans hired under the VRA authority receive excepted service appointments initially, but are converted to regular competitive appointments after two years of satisfactory service. During the fiscal year, the VA converted 1,938 VRA's from excepted to competitive status, bringing the total number of agency conversions since the authority was established to 7,251.

The Civil Service Commission in March 1972 authorized the temporary employment of certain recently discharged Vietnam era veterans to fill Federal agencies' short-term staffing needs. During the fiscal year, the VA appointed 1,879 veterans under these provisions. The VA has also taken advantage of the military medical skills of recently discharged veterans. The agency hired 19,418 individuals in health care positions during FY 1976. Of these, 5,196 were veteran preference employees and 460 were veterans with medical military occupation specialties.

A significant number of Vietnam era veterans continued to be employed in VA jobs where they meet, work closely with, and provide services to veterans and their beneficiaries. About 70 percent of VA's Veterans Benefits Counselors and 36 percent of the Veterans Claims Examiners are Vietnam era veterans. Another 22 percent of VA's Medical Radiology Technicians and 19 percent of the VA Medical Machine Technicians (e.g., inhalation therapy, electrocardiograph, electroencephalograph, and hemodialysis technicians) are Vietnam era veterans. About 20 percent of the Medical Administrative Assistants who serve in hospital admission areas are also Vietnam era veterans.

Employment of Disabled Veterans and Handicapped Individuals

The VA pursued an active, agency-wide program to foster the hiring and advancement of disabled veterans and other handicapped individuals. The directors of all VA facilities have been instructed to take positive steps to encourage maximum employment opportunities for all handi-

capped persons, especially disabled veterans. The results-oriented affirmative action plan which guides these efforts was updated on April 1, 1976, to fully capitalize on the preceding twelve months' accomplishments. Actions specifically aimed at attracting disabled veterans are an integral part of this plan. In addition, VA has been vigorously represented throughout FY 1976 on the Inter-agency Committee on Handicapped Employees, which serves as a significant forum for stimulation of positive Federal action.

As of December 31, 1975, VA employed 12,194 handicapped persons or 5.6 percent of total VA employment. This figure, up from 5.5 percent the previous year, represents the first increase since 1968 in the handicapped proportion of VA's work force. As of June 30, 1976, there were 14,729 disabled veterans or 6.6 percent of VA's work force.

With about 7.7 percent of all Federal employees, VA had 16.4 percent of Federal handicapped employees who were reported in a December 31, 1975, Federal-wide tally.

Handicapped employees continued to demonstrate their performance capabilities with 1,587 receiving grade promotions and an additional 355 receiving other special salary advancements. Handicapped employees also earned 240 awards for employee suggestions, 82 special citations and commendations, and 438 other awards.

Executive Development and Training

The Executive Training Center continued development activities directed toward executives and mid-managers, GS-13 and above. Almost 1,200 employees in these categories participated in programs which included Management Skills Seminars for newly appointed Directors and Assistant Directors of field stations and Labor-Management Relations Seminars for Directors and Assistant Directors of field stations (and officials with comparable responsibility in Central Office). In an effort to reach more people with management training, arrangements were made to provide a management training supplement of one or more days to conferences of executives being conducted in technical program areas. For example, management training supplements were added to technical conferences for Chiefs of Nursing Service and of Dietetic Service. The Executive Training Center also assisted the Department of Medicine and Surgery in funding eighteen one-week management

courses for field mid-managers at eight universities geographically dispersed throughout the country and funded seven week-long programs for Central Office mid-managers at three universities in Washington, D.C.

The Office of Personnel worked closely with the departments in conducting the training necessary for implementation of the Privacy Act of 1974. Sessions were held for employees of Central Office and all VA field facilities involved with systems of records.

The Office of Personnel collaborated with the Department of Veterans Benefits in the production of a video tape on telephone interviewing techniques to be used in video cassette form for the training of Veterans Assistance Service personnel. Another joint effort was the development of "Venture in Progress", a training program for claims examiners, rating specialists and other adjudication personnel.

VA's managerial manpower planning publications were updated to provide current work force profiles, information on significant changes and trends, and 5-year projections of replacement needs. Internal programs of executive selection and training were strengthened through resource planning, the identification of employees with high potential for assignment to executive positions, and the preparation of individual development plans. New and incumbent managers and executives and employees identified as having high potential for assignment to executive positions, were provided formal management training or developmental work assignments to assist them in keeping abreast of managerial advances.

Personnel Management Program Evaluation

During the fiscal year 44 personnel management evaluations were conducted at VA field installations, a 9 percent increase over evaluation visits conducted the previous year.

These evaluations featured a general review of the personnel management program, with a positive emphasis on contributing to the efficiency and economy of the facility's overall operations. Special attention was given to reviewing local management's compliance with merit system and classification requirements, and to improving local systems of self-evaluation.

Program findings in these reviews and in those conducted by other VA elements and by the Civil Service Commission continue to reflect favorably

on the status of personnel management in the VA and the attention given to personnel management by field station Directors. Significant findings continue to be communicated back to all field station Directors and Personnel Officers to alert them of areas that should be given special attention during self-evaluation activities.

Classification and Pay

The position classification and job grading programs cover approximately 129,000 General Schedule and 40,000 Federal Wage System employees in the VA. Special attention was given to improving and strengthening these programs and on more effective utilization of position management to cut personnel costs. Preparations were made to train VA personnel in the new Factor Evaluation classification system for General Schedule positions.

Almost all of the 40,000 appropriated and nonappropriated fund wage employees in VA's facilities received prevailing rate pay adjustments during FY 1976. VA had lead agency wage survey and pay fixing responsibility in 23 of the 108 appropriated fund wage areas.

The pay administration program also covers pay systems that include approximately 9,000 physicians and dentists, 26,000 nurses and physician's assistants 5,000 medical and dental residents and interns, and a number of medical support trainees.

The most significant pay development in FY 1976 was the implementation of Public Law 94-123, the Physician and Dentist Pay Comparability Act of 1975. This legislation, generally effective October 12, 1975, authorized special pay, in amounts not to exceed \$13,500 per annum for eligible physicians and \$6,750 per annum for eligible dentists in the Department of Medicine and Surgery. As of June 30, 1976, more than 8,000 full and part-time physicians and dentists were receiving special pay.

The purpose of the special pay authority is to assist in recruiting and retaining physicians and dentists to provide high quality medical care for eligible veterans. By June 30, 1976, the number of full-time physicians on duty reached a new high of 5,835. Loss rates during the almost 9 months following enactment of the law were lower than for the comparable period one year earlier.

Labor Relations

Within the VA 16 labor organizations hold exclusive recognition on behalf of 146,000 employees. They comprise 367 separate bargaining units of diverse size and composition, an increase of 11 over the previous year. In 296 of these units the employees are covered by negotiated agreements with provisions encompassing a wide variety of local personnel policies, procedures, and working conditions. Four labor organizations, because of the size of membership in their exclusive units, hold national consultation rights with the VA. This entitles them to be consulted on proposed substantive agency level personnel policies affecting the employees they represent.

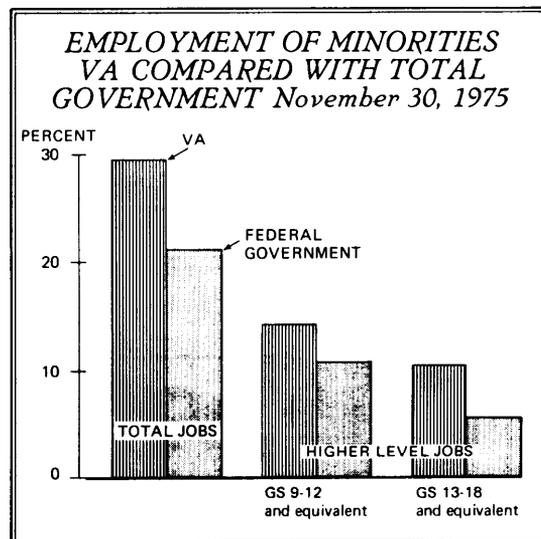
Equal Employment Opportunity

During FY 1976, minorities comprised close to 30 percent of the full-time permanent work force in the VA. Numerical gains were realized by each minority group as shown by the accompanying chart.

	May 1976	May 1975	Change	
			Number	Percent
Total minority	56,867	54,777	2,090	+ 3.8
Black	48,404	46,969	1,435	+ 3.1
Spanish-surnamed	5,405	5,055	350	+ 6.9
American Indian	406	375	31	+ 8.3
Oriental	2,652	2,378	274	+ 11.5

The fact that 4,796 or 21.7 percent of all accessions were of minorities—specifically 17.2 percent Blacks, 3.0 percent Hispanics, 1.2 percent Orientals, and 0.3 percent American Indians—is indicative of the efforts which have been made to reach all segments of the population in the labor market.

Notable gains have been made in the employment of professionals. For example, 15.8 percent of VA employees under Title 38 (physicians, dentists, nurses and physician's assistants) are now minorities. Other fields such as engineering, phar-



macy, and social work have shown similar progress in the employment of minorities.

Substantial progress also was achieved by minorities in administrative fields at grades GS-5 and above. Particularly significant were increases in personnel management, supply management, and claims adjudication.

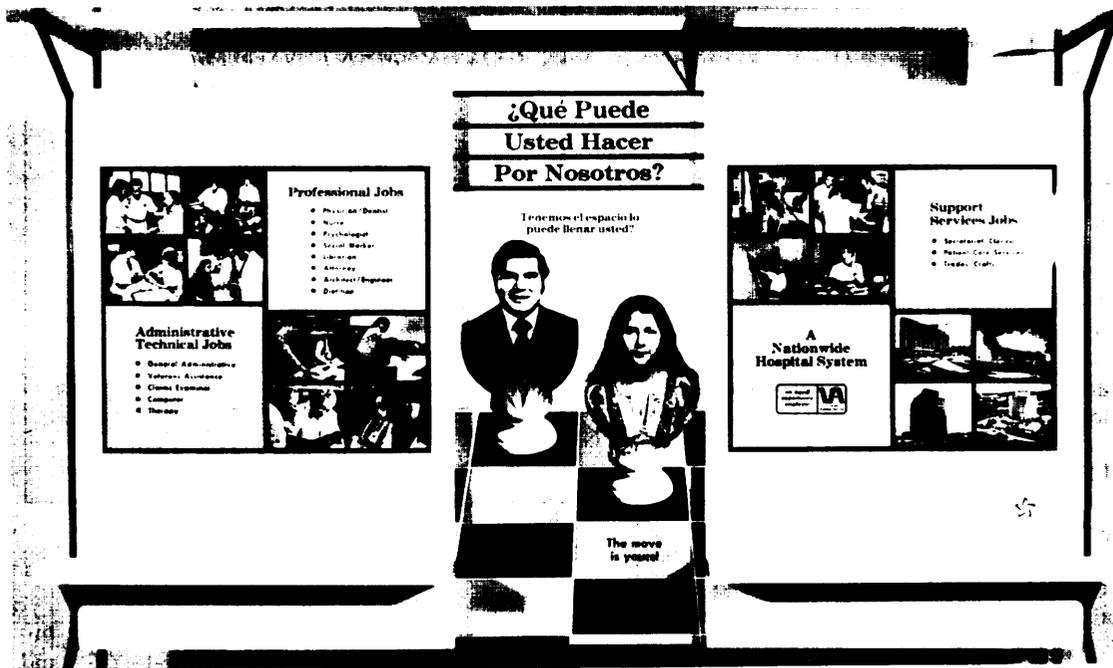
In General Schedule (GS) or similar positions, the distribution of minorities in the various grade groupings reveals an upward trend. For example, minorities in grade grouping GS 5-8 increased from 29 percent in 1975 to 29.4 percent in 1976; in GS 9-11, minorities moved from 14.7 percent to 15.4 percent; in GS 12-13, from 8 percent to 8.5 percent; in GS 14-15, from 13.3 percent to 14 percent; and in GS 16-18, from 4.1 percent to 4.9 percent.

As of May 31, 1976, a total of 32,530 Vietnam era veterans were employed both full-time and part-time. Of these, 9,569 were minorities: 7,564 Blacks, 1,584 Hispanics, 84 American Indians, and 337 Orientals.

Reports for the same period on Veterans Readjustment Appointments show that of 7,823 such appointments, nearly half were minorities. Of these, Blacks, numbering 2,890, predominated followed by 571 Hispanics, 100 Orientals, and 27 American Indians.

Minorities hold 18.8 percent of all supervisory positions ranging from 0.2 percent held by American Indians to 15.7 percent held by Blacks. Minorities, as shown in the accompanying table, are also found in senior executive level positions.

Veterans Administration Career Opportunities



New VA Recruitment Exhibit Designed for Use in Hispanic Community

Title	Number of Minorities
Hospital/Regional Office Directors	15
Hospital/Regional Office Assistant Directors	17
Chiefs of Staff (health care facilities)	6
Key Central Office positions (GS-15 and above)	13

Consistent with the government-wide trend, 27 percent more discrimination complaints were received during FY 1976 than during the previous year. In spite of this substantially increased workload, (486 complaints received), VA was able to complete its processing of discrimination complaints in an average of 154 days—a figure significantly below that for government as a whole.

Central Office continued to provide assistance (personnel ceiling and/or funds) to field activities in the operation of upward mobility programs.

Over 400 upward mobility training slots were funded by Central Office, the majority geared to health career fields. Upward Mobility programs supported solely by the field activities are also in operation and constitute the major portion of the programs.

Programs for the Disadvantaged

During the summer of 1975, over 6,000 young people were employed under the Summer Employment Program for Youth. Nearly 5,000 of these were needy youth and many were minorities. The agency also continued its participation as "host" to numerous enrollee programs averaging approximately 2,000 enrollees in training at any given time. Last year, 15 field facilities participated in the College Cooperative Education Program in association with schools having predominately minority enrollment. The VA has completed its fourth year of participation with the American University Program for Health Administration (AUPHA) geared to minority youth. Nearly 100 trainees interested in or pursuing training for careers as health care administrators have participated in this nationwide program.

Employment of Women

The number of women employed in VA increased by more than 4,700 over Fiscal Year 1975. As of June 30, 1976 women occupied 111,046 or almost 50 percent of all VA positions. They have also made progress in attaining higher level positions. Women currently hold 10.8 percent of the VA jobs at or above GS-13 or equivalent levels. The latest available government-wide statistics show that women hold only 5.1 percent of these upper level positions in the Federal work force.

In the General Schedule positions the percentage of women at the grades 7 thru 12 level increased from 33.8 percent to 34.4 percent. Women hold many high level positions in the Department of Medicine and Surgery. Currently four women are hospital directors, six are assistant directors and three are chiefs of staff. Of VA's 5,835 full-time physicians over 11 percent are women. This compares favorably with the slightly over 8 percent of all physicians in the nation who are women.

In the Department of Veterans Benefits a woman is one of four area field directors, one woman is a director of a regional office and one is an assistant director.

During the year the Administrator, upon the recommendation of the VA Women's Advisory Committee, required that all field facilities appoint part-time Federal Women's Program Coordinators. A report of VA's International Women's Year activities was distributed and a report of the impact of VA's programs on women was submitted to an Interdepartmental Taskforce on Women at the State Department.

Employee Recognition and Incentive Awards

Participation in the President's Special Cost Reduction Campaign highlighted the VA Incentive Awards and Suggestion Program. Sixty-two employees earned Presidential recognition for their contributions, each of which saved the agency \$5,000 or more. The total tangible benefits from these contributions was \$995,017.

One hundred sixty-five other employees received the VA Cost Reduction Contributor Certificate for suggestions ranging in benefits from \$1,000 to just under \$5,000.

Of the 9,905 suggestions received during fiscal year 1976, 3,203 were adopted and resulted in measurable benefits of \$3.9 million for the government.

Two VA employees won highly prized national honors:

- Rufus H. Wilson, Chief Benefits Director, Department of Veterans Benefits, received the National Civil Service League's 21st annual Career Service Award.

- Augustus H. Corley, Jr., Director, Management Services Staff, Office of Planning and Evaluation, received the 11th annual Federal Government Paperwork Management Award.

The Exceptional Service Award is the highest honor given by the agency. Among the nine employees receiving this recognition were four who were honored for acts of heroism.

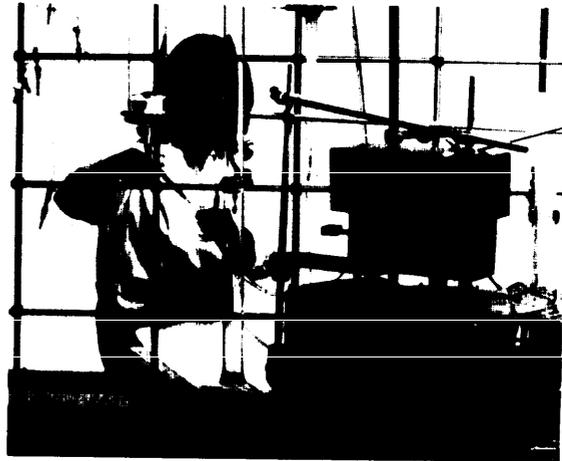
During the year 4,839 employees received quality increases in recognition of the high level of their performance. The VA also presented 5,958 employees with special achievement awards in recognition of superior performance and for special acts or services.



Outstanding Handicapped Federal Employee—VA Social Worker Salvatore D'Amico, a Blinded, Double-Amputee Veteran, Shown Interviewing Patient.

AUTOMATIC DATA PROCESSING

Virtually all VA beneficiaries are affected by the agency's extensive computer system and related facilities. In order to improve timeliness and accuracy of service to them, efforts are continuing to replace older computer systems with newer equipment and methods. Most prominent is development of VA's "Target" system, designed to take full advantage of the most up-to-date automated data processing (ADP) equipment and techniques



The Expanding Role of Women is Evident in the VA Work Force. Shown Clockwise from Top Left are Barber, Architect, Biochemist, Realty Specialist, Hospital Director, and Police Officer.

to modernize processing and handling of the Compensation, Pension, and Education systems.

The computer network with which VA supports its benefits and health care programs, regional offices, hospitals and other facilities, is comprised of six data processing centers equipped with 35 computer systems, large, medium and small, to assist in processing an ever-increasing workload. VA hospitals have 132 smaller-type computers in operation, with another 38 on order, to support medical research projects and assist in all aspects of patient care. Seven automated clinical laboratory systems are now serving VA hospitals, with more planned for the future. The Office of Construction installed a computer to assist in construction-related design projects.

Continuous efforts are being made to improve operations and effectiveness of VA's computer systems and on-going activities. In FY 1976, a large-scale computer was installed at the Hines Data Processing Center. This new equipment uses modern techniques to improve dispensation of



Computer Room at the New Washington, D.C. Data Processing Center

compensation, pension and education benefits on a more efficient and timely basis. At the Los Angeles Data Processing Center, a larger and more efficient computer was installed to accommodate an expanded automated Pharmacy System used by VA hospitals. Recognition of cost savings possible through microfilm technology led to increased use of computer output microfilm (COM) at the VA data processing centers. Two of these centers now operate their own COM equipment with further compatible systems in other locations being planned.

Improvements at VA's data processing facilities

are expected to enhance operational efficiency and effectiveness. In FY 1976, the Washington Data Processing Center was relocated to new and larger quarters in the District of Columbia, quarters specifically designed for a computer-oriented data processing environment. Planning is under way for a new building to be completed in late 1977 for the Hines Data Processing Center on the Hines reservation in the Chicago, Illinois, area. This building is planned to take full advantage of the latest in computer technology and methods, and will house VA's most modern computer equipment.

Data Administration And Privacy Staff

The Data Administration and Privacy Staff, established in FY 1975 to provide agency leadership in protecting individual privacy with respect to computer systems records, expanded its functions in the data management area. Policies, procedures and technical guidance relative to data security, individual privacy and data resource management were created and administered by this Staff since its inception.

In August 1975, the automated tape listing of the *Notice of the Systems of Records*, published in the "Federal Register," was provided. This report included descriptions of VA automated data processing systems containing identifiable personal information, the people responsible for maintenance of these systems, and how the information is collected, stored and disseminated. This publication, complying with the Privacy Act of 1974 (Public Law 93-579), indicated the type of private information maintained and how an individual must proceed to gain access to the files. Also listed were disclosure procedures and data security concerns to further support this privacy effort.

In the area of data management and standardization, the *VA Data Dictionary* was developed, a data element dictionary/directory specifically tailored to manage and control VA's data resource demands. The dictionary reports indicate the character and function of data elements in the VA automated data processing systems, including relationships of elements to files and reports within each application. Recommended standards concerning composition and utilization of elements are outlined in the dictionary as guidelines for a consolidated, well-documented data resource. Information flows are cited so management may accurately assess the scope of control necessary for the data resource.

Further data management and standardization concerns are the on-going investigation of the potentials of the new ADP data base technology and its administration or management, and the concurrent effort of a task group for the formulation of new documentation standards for application programs.

VA participated in the National Bureau of Standards task group to develop standards and guidelines for defining and safeguarding information maintained in an automated data processing system of records, and is participating in an interagency task group on data element directives under the Federal Information Processing Standards program.

Target System

The Target System is a benefits delivery system which is designed to provide on-line computer services for the regional offices to facilitate payment of benefits. It also permits on-line inquiry and response about the status of claims. With this capability, transactions on pending claims can be processed immediately, without waiting for time consuming transmission of data to the computer center by mail. The pilot project for the Target system, referred to as Pilot/Target, is being developed and tested at the Philadelphia and Baltimore regional offices, and the Hines and Austin Data Processing Centers.

During FY 1976 inquiry and change of address and name capabilities which had already been installed at Philadelphia and Baltimore, were extended to Los Angeles, New York, and Washington, D.C. regional offices. Additional processing functions such as notice of death processing, burial awards, and original compensation and pension awards were installed in Baltimore and Philadelphia.

BIRLS

The Beneficiary Identification and Records Locator Subsystem (BIRLS) is an on-line index for approximately 35 million veterans and their beneficiaries to provide identification of records and location of claims folders.

A major upgrading of the computer software that supports BIRLS was installed in May 1976 at the Austin, TX, Data Processing Center to prepare for the increased workload anticipated with the Target system. This will allow greater volumes of

records to be processed in the on-line environment, and the generalized system support features will facilitate other new and rewritten subsystems to easily convert to real time processing. Terminal inquiry and update of computer files will significantly improve the speed and accuracy of several computer applications, and the appropriate groundwork was completed for these conversions.

Fiscal Systems

Field station conversions to the Centralized Accounting for Local Management System (CALM) continued throughout the fiscal year. Sixty-four stations were converted to CALM during FY 1976, bringing the total number of stations converted to the system to 146. The Standardized Mechanized Accounting Procedures System (SMAP) was discontinued with end-of-month March processing when the remaining stations using SMAP were converted to CALM.

Liquidation and Claims

The Liquidation and Claims system (LCS) provides improved control of servicing and reporting requirements for home loan defaults, liquidations and claims. The system was designed, developed and installed at the Austin Data Processing Center during FY 1976. At the end of FY 1976, 43 of the 49 Department of Veterans Benefits field stations with Loan Guaranty Activities had been successfully converted to LCS. The new system eliminates field station work devoted to maintenance of default card files and default and liquidation registers, establishment of local diaries and preparation of several form letters. Costs of claims on liquidated GI loans are expected to be reduced by cured defaults and accelerated processing.

Medical Applications

The Department of Medicine and Surgery has a multitude of systems that are processed in the six data processing centers of the VA. Some are nationwide systems processed at all six centers or at a single center; others are local systems processed at a single center for a single station or for multiple stations. This fiscal year was one of significant activity for medical applications both in development and maintenance.

An Engineering Management Information

System (EMIS) was installed. This redesign of an on-going system effected more efficient and timely processing. EMIS produces preventive maintenance inspection schedules for equipment in VA facilities, and keeps cost records for maintenance and repair of these items.

Modifications were made to the Conservation of Energy System. This system produces reports concerning consumption of energy in VA stations. Based on forecasts, special plans, research information and actual usage submitted by the stations, the system predicts energy usage for the current year.

The conversion of all VA stations' inventories of supply and equipment was completed in May 1976. Known as the Logistics (LOG) System, this completes an effort started over ten years ago as a time phased installation. It began with the automation of the VA Supply Depots, progressed to non-expendable property and finally was expanded to include expendable property. All of VA's inventory of equipment and supplies stocked in the depots and the station warehouses now resides in the computer at the Austin Data Processing Center. LOG assists in managing the vast amount of supplies and equipment used by the VA in a more efficient manner with greater economy.

The new nationwide system for the Voluntary Service (VAVS) was developed and installed in April 1976, at six test stations. VAVS provides statistical and operating documents to stations, Central Office and more than 300 service organizations who participate in the voluntary program with VA. Implementation to other stations is now in the preliminary planning stage.

The Outpatient Fee Basis (FEE) system received multiple modifications to assure that participating physicians and pharmacists are obtaining timely payment for their services. In addition, a study was undertaken to identify a more economical and efficient method for handling this program.

The Patient Treatment File (PTF) system was changed to a discharge system in July 1975, meaning that submissions to the system are made upon the patient's discharge from a health care facility. The system consists of nearly 6 million patient records containing patient identification, beneficiary classification and clinical information concerning diagnoses, surgical procedures and medical treatment episodes. The system produces the diagnostics, operations, and surgical indices which are required by the Joint Commission on the Accreditation of Hospitals. The indices, for-

merly printed, were converted to microfiche formats and resulted in an approximate annual savings of \$26,000 in paper and computer utilization costs. In addition, a study to test the feasibility of using the optical character recognition technique to scan approximately 1 million input documents prepared by the health care facilities is underway. Acceptance of this method would eliminate key punching approximately 145 million characters annually.

The Annual Patient Census, once a part of the PTF system, was designed this year as a stand-alone system when PTF became a discharge system. Census data are required to provide medical and administrative information on a cross-section of the current beneficiaries in selected medical care facilities for annual reports, program review and planning purposes. The method of input to the system was changed to key-to-tape and centralized at the Austin DPC. This eliminated the keypunching activity previously performed at health care facilities.

TELECOMMUNICATIONS

VA telecommunications were expanded in many areas in FY 1976, to keep abreast of sophisticated technological developments in the industry, and to provide support needed for a broad variety of programs at field stations.

Data Transmission

During the past year, telecommunications facilities employing the most sophisticated, advanced electronic techniques were installed in support of various medical applications, such as, electrocardiograph, electroencephalograph, and research systems. These facilities included input/output devices operating via telephone lines from patient rooms, laboratories, and pharmacies to remote computers.

An Automated Prescription Processing, Labeling, Editing and Storage System (APPLES) was installed in November 1975 at three sites in California and plans were developed to expand to four additional sites in the Southern California Medical District. Project APPLES is an on-line, fast response system for outpatient prescription processing. Remote visual display and printer terminals located at five VA pharmacies utilize telephone lines for computer entry and retrieval of patient medication data including the generation of prescription and mail labels, worklists, refill or

renewal requests and patient medication profiles. Project APPLES provides improved service by reducing or eliminating backlogs in the refill mail-out program, and by providing readily accessible information to respond to patient and physician inquiries. Automated controls are provided to guard against prescription duplication and excessive drug use.

An Inter-VA Data Processing Center Telecommunications Network was established which allows all the data processing centers to efficiently and effectively exchange information via electronic transmissions. This network, consisting of mini-computer transceivers, features full redundancy (duplicate resources in case of full or partial breakdown) with unlimited expansion and total standardization in hardware, software and operation, giving it the capability of high speed transmission as well as total network switching versatility. It not only supports inter-VA DPC transmissions, but also augments the VA/General Services Administration Advanced Record System transmissions, thereby giving nationwide flexibility in the movement of information.

Telephone Service for Assistance to Veterans

Special toll free telephone services were further expanded during FY 1976, to assist veterans in obtaining benefits. Engineering efforts were also continued to improve telephone answering facilities at numerous VA regional offices. These efforts resulted in the installation and enlargement of automatic and manual call distributing systems for more efficient call handling of veterans' telephone inquiries.

The demand for telecommunications facsimile facilities to expedite transmission of veterans' information and priority documents increased significantly. Facsimile equipment was installed at 55 VA hospitals, 15 outpatient clinics, three regional offices, four centers and one national cemetery office.

The total number of VA field stations not provided with Federal Telecommunications System telephone service was reduced from 15 to seven VA hospitals or centers.

Technical assistance was provided to VA hospitals in identifying telephone service and engineering requirements for replacement, enlargement and modernization of hospital telephone systems. During FY 1976, special replacement engineering studies were made at 20 VA hospitals and out-

patient clinics for the purpose of preparing technical specifications to obtain new electronic type telephone systems. Orders were placed for new systems at six of these locations.

Radio Frequency Management

As a member of the Executive Office of the President's Interdepartment Radio Advisory Committee (IRAC) for 15 months, the VA is a participant in scheduled bi-monthly meetings of the IRAC, the Spectrum Planning Subcommittee (SPS), and the Frequency Assignment Subcommittee (FAS). VA has participated in the IRAC ad hoc committees on Drafting U.S. Position for the 1979 General Radio Conference and on the Provision of Additional Channels for Citizens Band Radio. The VA is also a member of the Inter-agency Communications Work Group for Improvement of Emergency Medical Services through establishment of national standards and policies governing communications between federal and local authorities.

In the past year, VA's use of the radio spectrum increased significantly and the number of VA radio frequency assignments increased by 25 percent.

In support of VA's participation in the Communications Technology Satellite (CTS) experiments, coordination was effected with the Federal Communications Commission so that the VA can obtain radio frequency authorizations to transmit medical programs from selected hospitals or medical schools, via the CTS satellite, within 30 days of scheduling.

Closed Circuit Television Systems

Closed circuit television systems (CCTV) throughout the VA and the private hospital community are enjoying a popularity never before seen in this industry. In the VA, new systems are being installed and older systems are being upgraded to color, adding a new dimension to the delivery of health care services, hospital administration, and medical education programs. To design, engineer, test and evaluate these systems, over 80 field engineering trips were made in the past year. The CCTV systems installed and upgraded included color cameras, video recorders, monitoring, testing, processing and switching equipment.

An endoscopic CCTV system installed at the VA Hospital Lake City, Florida, several years ago, was recently upgraded and equipped with one of the latest types of TV color cameras, improving the colorimetry and resolution. This system was a first for the VA and a pioneer in the field of television for endoscopic use.

Nurse Call Communications

Engineering and design activities for nurse call systems continued to grow during FY 1976. Activities included designing and engineering systems for new construction projects, and for the replacement of old and obsolete systems. Using portable television receivers, the new equipment combines audio/visual nurse-patient communications and entertainment in a single multifunctional system.

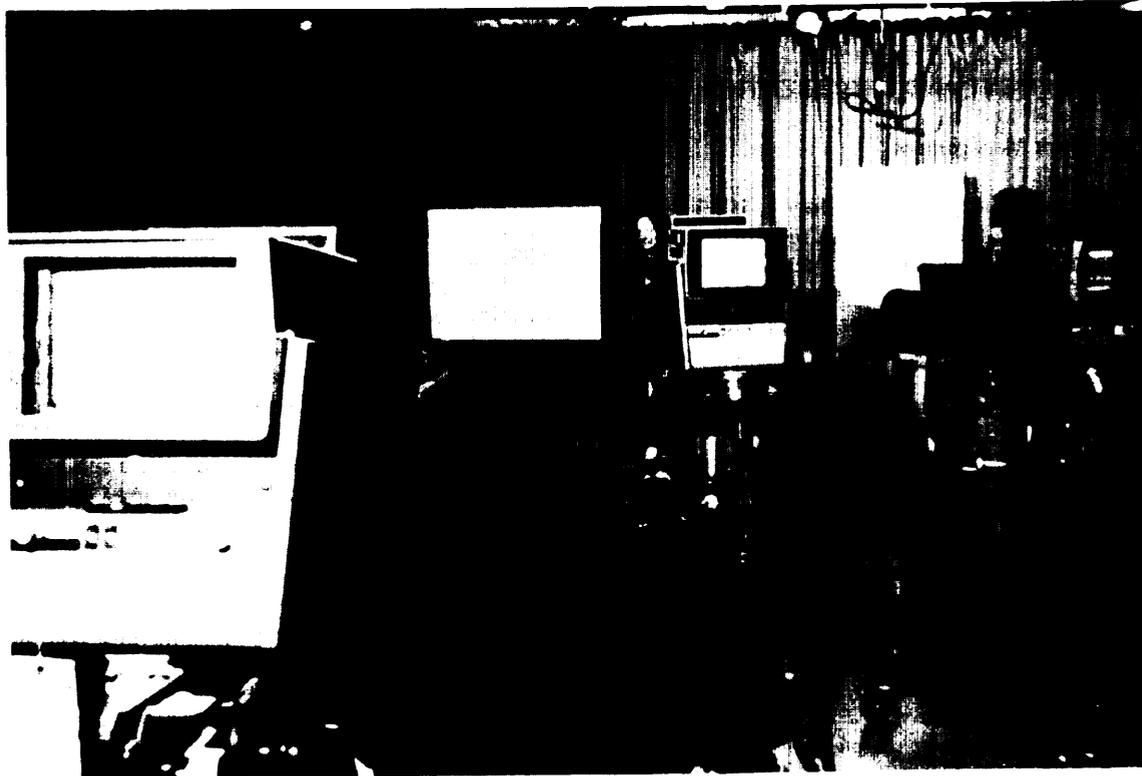
Hospital Radio Page Systems

During the past year an intensive effort was made to improve radio paging at VA hospitals.

New systems were installed or existing systems modernized by increasing coverage and providing direct dial access and "group call" features. The direct dial feature allows anyone with a hospital telephone to access the radio paging system. The group call feature provides the ability to alert an entire medical team to respond to a medical emergency.

Satellite Communications

In the past year, the Application Technology Satellite (ATS-6) "Slow Scan TV" experiments were concluded with good results. Communications Technology Satellite (CTS) was launched from Cape Kennedy on January 13, 1976, and its coverage (footprint) will encompass 11 western states and parts of Mexico and Canada. The VA will become a participant in the CTS program. The purpose is to conduct biomedical and clinical experiments among 32 VA hospitals and to determine and publish the feasibility and cost effectiveness of such communication within the VA Health Care System. These experiments are expected to



Closed Circuit Television Studio

begin in April 1977 with full color television broadcasting.

Installation of a network of color CCTV systems in Louisiana and Mississippi was completed and the systems are now operational. In the future, these systems will be inter-connected via microwave and/or telephone lines to form an interactive CCTV network. Presently, data are being gathered and evaluated to determine the desirability of interconnecting additional VA hospitals via microwave with their affiliated medical teaching hospitals. This would add another valuable source of medical education for the VA hospital staffs. The VA Hospital Houston, Texas, is the latest hospital scheduled for an inter-connected microwave system with the Baylor University Medical School.

The VA continues to provide technical consultant services to the Department of Health, Education and Welfare (HEW) for their CCTV network in the Wyoming Valley of Pennsylvania. The system was designed and contracts awarded for the CCTV studios and the interconnect microwave system. The VA will still provide technical assistance during the installation and testing of these systems.

MANAGEMENT AND ORGANIZATION

Paperwork Management

For the 15-month period July 1, 1975 through September 30, 1976, year-end record holdings increased 53,000 cubic feet or 3.9 percent to 1,382,000 cubic feet.¹ There was a 6.1 increase in the disposal of records over the previous year. In addition, there was an increase in records retired to Federal Archives and Records Centers, and a significant decrease of 12,100 cubic feet in the

¹ *The enactment of the Congressional Budget and Impoundment Control Act of 1974 (Public Law 93-344) required that the fiscal year begin October 1 and end September 30. The Federal Property Management Regulations requiring the submission of the fiscal year "Annual Records Inventory" was modified for FY 1976 to cover the 15-month period from July 1, 1975 through September 30, 1976. Beginning with FY 1977, future submissions of this report will involve the 12-month period beginning October 1 of each year and ending September 30 of the following year.*

amount of non-record holdings. However, even though records disposal actions increased substantially, the volume of new records added to the agency's files also increased, as a result of large numbers of veterans and other eligible persons applying for VA benefits.

Significant records management activities during FY 1976 included the following accomplishments.

The first of three phases for relocation of inactive claims folders from 19 regional offices to low cost storage at the Records Processing Center, St. Louis, Mo., was completed in May 1976. The project, when completed will involve relocating approximately 1.3 million folders. Projected cost avoidance savings for space and equipment are equivalent to 7,428 filing cabinets costing almost \$1.5 million and 52,00 square feet of prime office space valued at \$348,900. Additional costs, including man-hours required to select and box folders, shipping and supply costs, will amount to approximately \$205,300, producing a projected net cost avoidance savings of nearly \$1.6 million.

Since 1956 VA has used Federal Archives and Records Center facilities to store over 6 million paid-in-full and certain active guaranteed or insured and direct loan folders for an indefinite period. A recently approved retention standard now permits the destruction of paid-in-full folders five years after being returned to a Federal Records Center. As a result, approximately 1.9 million loan folders paid-in-full between the years 1946 to 1971 have been destroyed, releasing 42,394 cubic feet of storage space valued at \$33,000.

Negotiations with the General Services Administration were completed on the relocation of approximately 22,000 XC (deceased claim) folders from the Manila Regional Office to the Federal Archives and Records Center, Seattle, Washington. In May 1976, this project was completed releasing 928 square feet of prime high cost office space and 140 five-drawer filing cabinets for use. The net cost avoidance savings realized was approximately \$25,000.

A reduction in the retention period for inactive medical records from 5 years to 3 years was approved. This action will reduce medical records holdings by approximately 70,000 cubic feet, and will release prime health care facility space for other uses.

On June 30, 1976, there were 12,493 different VA forms and form letters in use of which 36 percent were standardized for VA-wide use. Dur-

ing the year, 202 standardized forms and form letters were eliminated as no longer necessary, 365 were created to meet new requirements, and 622 were updated and improved.

Management Improvement

Management reviews and analyses of major programs, systems and procedures are conducted regularly to improve the effectiveness and efficiency of VA operations in the accomplishment of the agency's overall mission of service to veterans.

A program evaluation system was developed during the fiscal year, and a new methodology, including the establishment of objectives, selection of criteria, data collection and evaluation techniques, was tested in two prototype programs.

Cost-benefit studies were conducted on the expansion of automated clinical laboratories, an automated prescription processing, labeling, editing and storage system for pharmacies in VA health care facilities and the Target system, the redesign of VA's current automated compensation, pension and education system.

The Department of Veterans Benefits continued to expand and improve its word processing capability during the past year. Stationwide remote control dictating systems are now used at 51 out of 59 field stations. In addition, obsolete dictating systems were replaced with modern magnetic media dictating/transcription systems in eight field stations, and three field stations expanded their existing systems to accommodate increased correspondence workloads. A productivity increase of 10 percent is realized whenever an obsolete dictation system is replaced. To further expand the capability of these transcription activities, utilization of automatic typewriters has also increased. Ninety-nine machines are now in use for automated preparation of repetitive and semi-repetitive correspondence.

A program to reduce employee travel costs was placed in effect in January 1976. Guidelines and suggested methods to achieve savings in travel costs were distributed agency-wide. As a result of this effort, the VA achieved savings in employee travel costs of approximately \$4 million during the second half of FY 1976.

An in-house agency-wide study of the VA's beneficiary travel allowance policy was conducted during FY 1976. Data was furnished by 171 VA hospitals and outpatient clinics. Among the factors considered were the adequacy of mileage and per diem reimbursement rates, the adequacy of park-

ing facilities at VA installations, the availability of public transportation facilities nationally, and the appropriateness of general VA policies regarding beneficiaries authorized to receive travel reimbursement.

Audit Responsibility

Major organizational and functional realignments were accomplished during FY 1976 which fundamentally changed the focus and procedures of the internal audit program. The primary objective of these changes was to achieve greater impact through individual audit reports and composite trend reports made possible by an accelerated audit cycle. They were also designed to conform with audit standards prescribed by the General Accounting Office and audit programming requirements of the Office of Management and Budget. Functions of the former Fiscal Audit Division were absorbed by an expanded and redesignated Management Evaluation Division to incorporate tests of financial transactions, accounts and reports into an overall evaluation of the management of an activity. Simultaneously, the Contracts and Special Audits Division was created to strengthen audit overview in the increasingly important area of contract and grant administration and to represent VA concerns in audits performed by the Defense Contract Audit Agency and the Department of Health Education and Welfare. In recognition of the agency's reliance on automated data processing for both internal transactions and the delivery of direct monetary benefits, the Automated Data Processing Evaluation Division was established as a separate entity.

As fiscal year 1976 audit activities were accomplished under two organizational arrangements, the number of audits accomplished under either approach is not entirely descriptive of audit impact or results. The figures do help to portray, however, the scope and range of activity in the audit program.

Financial and compliance audits were accomplished at Central Office, 16 regional offices or VA centers, 21 hospitals and 15 State homes. Eighteen contract and special audits were completed along with an additional 18 desk reviews. Thirty financial and compliance audits, accomplished by either the Defense Contract Audit Agency or the Department of Health, Education and Welfare were also monitored and evaluated during the past year. These audits resulted in an estimated savings of approximately \$650,000. Broad scope manage-

ment (or operational) audits were accomplished at twenty-four field installations and in four program elements. In addition, nine broad scope audit follow-ups were conducted to ascertain response to recommendations and to provide a quality control of audit effort. Twelve audit manager screening visits were accomplished which, in conjunction with a recently developed automated data base, assist in determining audit priority. An entirely new survey guide was developed utilizing a highly selective sampling approach for the use of audit managers and designated senior audit staff.

The potential for direct savings from an accelerated broad scope audit program is now beginning to be realized. For example, the salary and travel costs associated with these projects totaled approximately \$750,000 while the potential tangible savings and/or cost avoidance resulting from the same projects amounted to slightly over \$7.5 million. The report recommendations primarily related to improving staff utilization, more comprehensive facility planning, and strengthening controls over purchase and use of equipment and supplies.

Activities of the Automated Data Processing Evaluation Division were heavily weighted toward consultation with other department and staff offices to foster improved management practices over the entire range of agency automated data processing (ADP) activities. These consultations included preparation of position papers on overall long range planning for ADP by the Department of Medicine and Surgery, and a paper on the development of the Clinical Automated Laboratory System. In addition, the Division has been involved in establishing the Agency position in a series of internal ADP developments, such as consulting with the review group within Department of Veterans Benefits evaluating the Centralized Accounts Receivable System and reviewing Computer Security Guidelines required by the Privacy Act of 1974. The Division provided in-depth knowledge and support to the traditional Internal Audit Service function of liaison with the General Accounting Office which has greatly increased overview and reporting in this critical area.

Investigation and Security

Administrative investigations, surveys and special studies of activities are made at all levels of the VA and of those organizations or individuals having official dealings with the VA. Investigation reports containing recommendations are submitted

to department heads and top staff officials for appropriate actions such as disciplinary actions, changes or clarification of policies and procedures, recovery of funds or disbarment of individuals doing business with the VA. Liaison is maintained with other government agencies on investigative matters. Reports of investigation from other agencies are reviewed and disseminated to appropriate VA elements for action. Complaint mail received in Central Office is screened and complaints not warranting Central Office investigation are referred to department or staff offices for appropriate development. Reports of local investigations conducted by VA field stations are reviewed for adequacy of investigation and action.

Other functions conducted on a continuing basis include a nationwide missing veterans program, and the VA personnel and documents security program implementing the requirements of Executive Orders 10450 and 11652. In addition a technical laboratory is operated for the examination of questioned documents and other materials subject to laboratory analysis in connection with investigative or adjudicative activities throughout the VA.

Reports Management

During FY 1976, follow-ups continued on recommendations made in earlier studies of the total information needs of elements in the Department of Veterans Benefits (Area Field Directors, Loan Guaranty Service and Budget Staff) and in the Office of Personnel. As a result of these follow-up activities, nine reports and nearly 450 report copies were discontinued. Studies were completed of the information needs of the Department of Data Management (DDM) and the Department of Medicine and Surgery's (DM&S) Social Work Service. The DDM analysis contained 30 recommendations, which called for cancellation of 19 reports, automation of 12 reports, revision of seven reports and control of three reports. The Social Work Service study's nine recommendations included suggestions on automation of certain manual computations, elimination of data items and changes in report frequencies.

Improvements in the Patient Treatment File (PTF) resulted in discontinuance of eight reports and reduction of the number of copies of 16 reports, at a savings of 12,599 pages of paper for FY 1976. The system was changed from an inventory to a discharge system reducing the

workload on field stations by approximately 10 percent. Responsiveness of the system to produce reports has increased both in terms of time and accuracy.

Master Index File

The VA Master Index File consisted of over 30 million 3x5-inch cards, filed alphabetically, containing a veteran's name, VA claim number, and other information. It had been used extensively since 1925 to identify veterans' claims for benefits filed with the VA.

In Fiscal Year 1972 the Index File was replaced by the automated Beneficiary Identification and Records Locator System (BIRLS). At the time of conversion to BIRLS, the Index file was retained as a backup file and for use in updating and purifying the information in the automated system. The final verification project was completed in Fiscal Year 1976, and the cards were destroyed. A microfilm of the file is maintained in Washington, D.C. and Austin, Texas.

Audiovisuals

In the area of motion picture film production, three feature documentaries were completed during the year. The film "It Could Be For You" portrays the many work opportunities available in the Veterans Administration Hospital system for adult volunteers in the care of veteran patients. The U.S. Information Agency Interdepartmental Committee, reviewing selections of visual and auditory materials for showing abroad, recommended that the film be considered for entry in future Foreign Medical Film Festivals. The film titled "Audie Murphy Has The Nicest Friends" was the official filming of the unveiling and dedication of the Audie L. Murphy Memorial Statue, VA Hospital, San Antonio, Texas. The film "On Behalf Of All The People" documents the National Veterans Day Ceremonies at Arlington National Cemetery on Veterans Day, October 27, 1975.

Other motion picture films completed this fiscal year are titled "Intermittent Catheterization" and "Intermittent Self-Catheterization," describing and demonstrating detailed teaching procedures of great value in the early treatment of spinal cord injuries; and "Physical Management of Psychiatric Patients" for use in Department of

Medicine and Surgery training programs on methods of averting injury in the handling of patients.

The audiovisuals activity maintains a centralized motion picture film library, consisting of 673 titles and 3,148 prints for use in medical and scientific research, orientation, training, information, and rehabilitation programs. In FY 1976, 5,433 distributions were made to Veterans Administration stations, other Federal and State agencies, veterans organizations, educational institutions, and professional and scientific groups.

Six television spot announcements were produced during the year to inform veterans and their dependents of benefits available under the law. These announcements covered such subjects as employment of the handicapped veteran; three versions of information on VA benefits, two in English plus a Spanish language version; a spot on VA Insurance; and another one which informed veterans to submit answers to all questions when requesting information from the Veterans Administration.

Our exhibits activity produced 17 new exhibits this year on 11 program titles for the Departments of Medicine and Surgery and Veterans Benefits, and the Office of Personnel. There were 217 new and existing exhibits presented for a total of 2,102 presentation days at Veterans Administration stations, National and State Veterans Organization Conventions, educational institutions, and during professional, medical, scientific and industrial group meetings.

Presidential Memorial Certificate Program

Under authority contained in Section 112, Title 38, U.S.C., the VA is responsible for issuance of Presidential Memorial Certificates to the next of kin of honorably discharged deceased veterans. This certificate bears the signature of the President, 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 next of kin information is available. Certificates may also be issued upon request to other relatives and friends of the deceased veteran.

The VA now issues an average of 890 certificates daily, and over 224,000 certificates were mailed during FY 1976 to the next of kin. Since the program was started in March 1962, over 2.8 million certificates have been issued.

CONSUMER REPRESENTATION PLAN

During the year, the VA's Consumer Representation Plan was completed and approved by the Office of Consumer Affairs. Consumer input is received from six major sources: interested individuals; the veteran; the veterans' organizations; data gathered in ongoing evaluations and surveys conducted internally and by independent advisors; advisory committees; and community organizations. The purpose of this Plan is to identify areas where consumer representation and participation in the decision-making process can be enhanced. The Associate Deputy Administrator was appointed Consumer Affairs Coordinator. Direct responsibility for Consumer Affairs has been vested in Veterans Assistance Service which through its Veterans Service Divisions located in 50 states, serves as a single point of entry for all veterans with questions or problems. It is able to cross organizational lines to handle any inquiry.

LAW AND LEGISLATION

Legal Actions

Such actions for FY 1976 reached a total of 6,434. These included written opinions, as well as briefs, reports and other pleadings prepared for use in connection with litigated cases.

In addition, the General Counsel through the District Counsels in 54 of the 58 regional offices furnished legal advice to the field stations. In this connection, 39,997 written legal opinions were prepared in FY 1976, over 11,000 more than in FY 1975. More than half of these were on questions involving title to real property.

On June 30, 1975, 1,256 civil litigation suits of all types were pending. During the year, 1,293 new cases were received and 1,162 were disposed of, leaving a balance of 1,387 as of June 30, 1976.

In FY 1976, 1,413 tort claims were handled by District Counsels in the field and the professional staff in Central Office. This figure includes 687 claims which were allowed by District Counsels and 608 which were disallowed. Of those allowed, 582 were claims under \$2,500 paid out of VA appropriated funds. As of June 30, 1976, there was a total of 468 claims pending. (These figures are derived from a new reporting system which now combines the total workload in both field offices and Central Office. Under the previous system, certain relatively small tort claims paid

were handled by District Counsels and others by the Administrative Division Chief in Central Office. The new system includes all tort claims and their status without regard to the amount.)

Legislative Functions

The type of activity classified as legislative functions includes the preparation of draft bills, participation in hearings before congressional committees, and analyses of legislation for use of the committees or as requested by either the President or the Office of Management and Budget. As a necessary preparatory step, all of the 5,162 bills and resolutions introduced in Congress during FY 1976 were reviewed to determine their relevancy to veterans' programs. During the fiscal year, legislative functions totalled 1,146.

APPELLATE REVIEW

The Board of Veterans Appeals provides appellate review of questions involving benefits administered by the VA. Sections 4001 - 4009, Title 38, U.S.C., establish the Board's authority and responsibility. This review is independent of field offices responsible for initial adjudication of claims. In each case a claimant files a Notice of Disagreement with the field office that took the action in question. That office reviews the case in light of the disagreement and, if unable to grant benefits sought, provides the appellant a Statement of the Case. This statement outlines the issue, evidence of record, laws and regulations involved, and the reason for the decision. If the appellant, after receiving and analyzing the Statement of the Case, continues to disagree with the adjudicative decision, he or she submits a Substantive Appeal. Again the field office reviews the case. If the matter cannot be resolved to the satisfaction of the claimant, the field office certifies the case to the Board for review of the entire record and final decision.

During FY 1976 there were 53,073 appeals initiated—16 percent more than in FY 1975. The major upswing in appeals started in the final quarter of FY 1975 and continued throughout FY 1976. There were 50,431 final dispositions under the VA appeals program—an increase of nearly 16 percent over the previous year. The number of appeals in process at year's end rose from 27,723 to 31,457, while overall processing time rose slightly from 8.1 months in FY 1975 to 8.5 months in FY 1976. This time is measured from

the date of filing a Notice of Disagreement until the date the Board of Veterans Appeals enters a decision on the appeal.

There was a significant increase in the number of appellants who had formal hearings before the Board—from 868 in FY 1975 to 1,141 in FY 1976. Of these, 429 were held by travel sections in 40 field stations. The percentage of appellants availing themselves of formal hearings before the Board rose to nearly 4.1 percent—up from 3.5 percent in FY 1975.

Appeals in which appellants chose national service organizations to represent them before the Board showed an increase, while there was a corresponding decline in those who elected to pursue appeals without representation. In FY 1976, 80.7 percent of appellants were represented by service organizations—up from 79.1 percent in FY 1975. Representation by attorneys and agents fell from 2.4 percent in FY 1975 to 2.3 percent in FY 1976. The portion of appellants who chose to prosecute their appeals without representation dropped from 18.5 percent in FY 1975 to 16.9 percent in FY 1976. Vigorous and competent representation for appellants greatly assisted them in pursuing their appeals. At the same time, by their efforts to fully develop cases, representatives helped the Board reach equitable and well-reasoned decisions.

Categories of issues on appeal were virtually unchanged from FY 1975 to FY 1976. About 49 percent of the issues involved service connection for disabilities and 25 percent were for increased ratings. Death cases comprised just over 8 percent and non-service connected pension cases came to more than 7 percent. Remaining appeals covered the entire spectrum of veterans' benefits.

The Board had 122 attorneys and 17 doctors of medicine on its staff. Other professional support available upon request within the VA included advisory medical opinions from the office of the Chief Medical Director and legal opinions from the office of the General Counsel. In addition, under the authority of Section 4009, Title 38, U.S.C., the Board requested a total of 237 medical advisory opinions from independent medical experts who were not employees of the VA.

During FY 1976 there were 50,431 final appellate dispositions—nearly 16 percent more than in FY 1975. Of these, 12,651 were allowances, 13,483 were closures for failure to respond to statements of the case, 4,370 were withdrawals by claimants, and 19,927 were denials of benefits sought. The accompanying table shows summaries

of appellate actions for FY 1975 and FY 1976.

Appellate Processing	FY 1976	FY 1975
Appeals pending, start of year	27,723	23,517
Undocketed, in field offices	22,830	19,619
Docketed, in BVA	4,893	3,898
Filed during year	53,073	45,663
Settled in field offices	26,712	22,467
Allowed	9,023	7,189
Closed	13,483	11,777
Withdrawn	4,206	3,501
Submitted to BVA	29,945	26,022
Decided by BVA	28,482	25,027
Allowed	3,628	3,698
Remanded for further action	4,763	3,986
Withdrawn	164	424
Denied	19,927	16,919
Appeals Pending, end of year	31,457	27,723
Undocketed, in field offices	24,913	22,830
Docketed, in BVA	6,544	4,893
Summary		
Final dispositions	50,431	43,508
Allowed	25.1%	25.0%
Closed	26.7%	27.1%
Withdrawn	8.7%	9.0%
Denied	39.5%	38.9%

CIVIL RIGHTS — CONTRACT COMPLIANCE Industrial Compliance

The VA is responsible for assuring compliance with Federal Equal Employment Opportunity regulations for contractors, subcontractors and suppliers in the pharmaceutical, soap and cosmetic, and wholesale drug industries. During FY 1976, the VA conducted 232 onsite compliance reviews at facilities in these industries as follows: Pharmaceuticals - 143; Soaps and Cosmetics - 68; Wholesale Drugs - 21. The statistical data submitted reflected a total of 115,440 employees, of whom 18,750 or 16.2 percent were minorities, and 40,535 or 35.1 percent were women.

Of the 232 onsite reviews conducted, 37 were pre-award reviews; 2 were follow-up reviews; 11 complaint reviews; and 182 post-award reviews. Of the total onsite reviews, 29 were initial reviews. Contract Compliance personnel met with contractors 132 times to provide technical assistance.

Also, 3,190 requests for EEO clearance for government contracts were processed.

Twenty-three show cause notices were issued during FY 1976, and authority requested from the Office of Federal Contract Compliance Programs (OFCCP) to issue 14-day notices of debarment in 6 cases. Of the 23 enforcement actions, 15 were still in conciliation stages at the end of FY 1976.

In May 1976 Contract Compliance Service participated in a hearing on issues of law and fact held by the Department of Labor in Washington, D.C. A major pharmaceutical firm had requested the Director, Office of Federal Contract Compliance Programs for a hearing on (1) whether or not compliance agencies (VA in this case) are required to make random or statistically valid samples, and (2) if so, was what VA did such a sample. Meanwhile, the company refused to release to this compliance agency information necessary for completion of its investigation. No decision had been issued as of the close of the fiscal year.

During FY 1976 the staff settled 13 of the 20 identified contractor affected class situations, with the result that covered employees were to receive \$262,805 in back pay or incentive bonuses. The remaining seven cases were still under negotiation at the close of the fiscal year.

Remedies for inequality of pay for substantially equal work deficiencies at seven locations involved \$10,179 in back pay and immediate promotions.

Other important results of industrial compliance reviews included the equalization of employment benefits, the removal of invalid and non-job related selection criteria adversely affecting minorities and/or women, construction of a dressing room for women in a New Jersey production facility, training and incentive programs to assist in the movement of covered group members to non-traditional jobs, the revision of job ladders, and the awarding of retroactive seniority.

The highlight of program developments during the year was the extension of the industrial compliance program to Puerto Rico, where initially over 70 facilities were identified as assigned to VA and 27 as Federal contractors and subcontractors. By year's end, three mandatory pre-award reviews had been conducted there. Also, a technical assistance conference was held in San Juan for four more firms who annually receive \$1 million or more in contract awards.

Construction Compliance

The basic mission of VA's construction com-

pliance program is to ensure that contractors and subcontractors, and prospective contractors and subcontractors, meet their contractual obligations under Executive Order 11246, as amended, on all VA construction projects. During FY 1976, there were 308 VA construction projects operating under "City Plans" administered by the Department of Labor and 123 VA construction projects (\$100,000 or more) operating outside City Plan areas, for an overall total of 431 contracts. There were 2,586 contractors, including subcontractors, on these projects. Fifty-six percent of VA construction contractors (\$500,000 or more) were in non-plan areas.

Highlights of the construction compliance activities during the year include the following:

1. A total of 414 pre-award reviews were conducted for low bidders to provide orientation and to emphasize the EEO requirements of the VA should an award be made.

2. Contractors, having been successful bidders on major projects (\$500,000 or more), were given a more detailed description of their EEO obligations in 51 preconstruction conferences.

3. There were 300 onsite reviews of major construction contractors. These reviews consist of conferences with individual contractors, with the prime contractor participating, to discuss contractors' performance and to obtain commitments for corrective action where appropriate.

4. Approximately 8,700 desk reviews were made of minority group employment at VA project sites to evaluate day-to-day performance and to identify needs for improvement. This overall review process is based on daily logs provided by VA construction officials, in conjunction with the Monthly Manpower Utilization Reports from construction contractors.

5. Special Bid Conditions for the employment of minorities and women were prepared by the VA and approved by the Department of Labor for use on VA construction projects in the Augusta, Georgia, Standard Metropolitan Statistical Area.

Minority group employment on all major construction projects (\$500,000 or more) averaged 25 percent. Minority group workers accounted for better than one-fifth of the total skilled manhours worked and almost half of the total unskilled manhours worked. In non-plan areas, the level of minority group representation on VA contractors' site forces was attributed to careful monitoring and follow-up. This resulted in minority utilization of approximately 26 percent on major projects of \$500,000 or more.

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TABLE 1

VETERAN POPULATION

Estimated Number, State, Period of Service – June 30, 1976

(In thousands)

State	Total Veterans	War Veterans							Service Between Korean Conflict and Vietnam Era Only ⁵
		Total ¹	Vietnam Era ²		Korean Conflict		World War II ³	World War I	
			Total ³	No Service in Korean Conflict	Total ^{3 4}	No Service in World War II			
Total	29,607#	26,522#	8,070	7,553	5,954	4,716	13,385	867	3,085
State Total	29,382	26,332	7,979	7,464	5,905	4,674	13,336	858	3,050
Alabama	421	376	114	106	93	74	185	11	45
Alaska	41	36	15	14	9	7	15	(^h)	5
Arizona	300	269	86	81	63	46	132	10	31
Arkansas	261	236	68	64	48	37	124	11	25
California	3,267	2,930	914	847	741	527	1,474	82	337
Colorado	357	316	112	105	74	55	147	9	41
Connecticut	461	414	119	110	97	78	214	12	47
Delaware	79	69	24	22	13	10	35	2	10
District of Columbia	104	94	23	21	28	22	48	3	10
Florida	1,192	1,082	298	275	250	170	579	58	110
Georgia	623	553	194	183	137	109	248	13	70
Hawaii	94	81	32	31	21	17	32	1	13
Idaho	101	90	29	27	19	15	45	3	11
Illinois	1,557	1,397	395	369	313	268	716	44	160
Indiana	722	643	208	196	137	116	310	21	79
Iowa	372	331	103	97	64	55	164	15	41
Kansas	309	277	84	79	55	43	143	12	32
Kentucky	409	366	109	103	81	66	185	12	43
Louisiana	449	403	119	111	95	79	201	12	46
Maine	147	132	38	36	27	22	68	6	15
Maryland	615	550	176	164	138	104	269	13	65
Massachusetts	868	779	232	217	171	137	398	27	89
Michigan	1,166	1,056	335	315	225	194	516	31	130
Minnesota	549	488	170	161	95	79	229	19	61
Mississippi	244	220	58	54	51	42	116	8	24
Missouri	698	626	185	173	138	113	316	24	72
Montana	101	90	29	27	18	15	45	3	11
Nebraska	198	176	56	53	36	31	85	7	22
Nevada	92	82	26	24	19	14	42	2	10
New Hampshire	124	110	36	34	23	19	54	3	14
New Jersey	1,099	989	265	246	227	185	528	30	110
New Mexico	136	121	38	36	29	22	59	4	15
New York	2,513	2,275	572	532	510	436	1,233	74	238
North Carolina	616	548	178	168	121	101	264	15	68
North Dakota	63	56	17	16	10	8	29	3	7
Ohio	1,493	1,335	411	386	270	226	683	40	158
Oklahoma	397	356	114	108	77	57	177	14	41
Oregon	366	329	105	99	66	49	168	13	37
Pennsylvania	1,752	1,578	446	416	321	261	851	50	174
Rhode Island	151	135	41	38	29	22	71	4	16
South Carolina	325	289	100	95	66	54	133	7	36
South Dakota	78	69	18	17	15	13	35	4	9
Tennessee	532	476	150	142	107	90	229	15	56
Texas	1,611	1,443	457	429	323	247	725	42	168
Utah	145	128	50	47	26	20	57	4	17
Vermont	63	55	19	18	11	9	26	2	8
Virginia	649	579	193	180	142	97	287	15	70
Washington	589	526	182	171	122	83	256	16	63
West Virginia	235	213	57	53	42	36	115	9	22
Wisconsin	579	516	166	156	104	88	251	21	63
Wyoming	47	42	13	12	8	6	22	2	5
Outside U.S. – Total ⁵	224	189	91	89	49	42	49	9	35

NOTE: These estimates have been developed from "benchmark" veteran population statistics for the states as of June 30, 1970, based on 1970 Census of Population data on veterans' place of residence, extended to June 30, 1976 on the basis of (1) 1965-1970 veteran interstate migration statistics from the 1970 Census; (2) Bureau of the Census provisional estimates of 1970-1971 net civilian migration of the states, "Current Population Report," Series P-25, No. 468, October 5, 1971; and (3) mobility of the United States Population 1970-1971, "Current Population Reports," Series P-20, No. 235, April 1972. They are

independent of, and therefore not directly comparable with, estimates for June 30, 1970 through June 30, 1974, previously published. Excluded are an estimated 194 (thousand) who served only between World War I and World II, and 251 (thousand) who served only between World War II and the Korean Conflict.

See footnotes at end of table 3.

Estimated Number, Regional Office, Period of Service – June 30, 1976

(In thousands)

Regional Office	Total Veterans	War Veterans							Service Between Korean Conflict and Vietnam Era Only
		Total ¹	Vietnam Era ²		Korean Conflict		World War II ³	World War I	
			Total ³	No Service in Korean Conflict	Total ³⁻⁴	No Service in World War II			
Total	29,607 [#]	26,522 [#]	8,070	7,553	5,954	4,716	13,385	867	3,085
Alabama: Montgomery	421	376	114	106	93	74	185	11	45
Alaska: Juneau	41	36	15	14	9	7	15	(^b)	5
Arizona: Phoenix	300	269	86	81	63	46	132	10	31
Arkansas: Little Rock	265	240	69	65	49	38	126	11	25
California:									
Los Angeles	1,686	1,512	459	426	377	280	767	39	174
San Diego	303	272	97	88	77	41	133	10	31
San Francisco	1,273	1,142	357	332	286	205	572	33	131
Colorado: Denver	357	316	112	105	74	55	147	9	41
Connecticut: Hartford	461	414	119	110	97	78	214	12	47
Delaware: Wilmington	79	69	24	22	13	10	35	2	10
Dist. of Col.: Washington	442	395	132	122	109	73	192	8	47
Florida: St. Petersburg	1,192	1,082	298	275	250	170	579	58	110
Georgia: Atlanta	623	553	194	183	137	109	248	13	70
Hawaii: Honolulu	94	81	32	31	21	17	32	1	13
Idaho: Boise	101	90	29	27	19	15	45	3	11
Illinois: Chicago	1,557	1,397	395	369	313	268	716	44	160
Indiana: Indianapolis	722	643	208	196	137	116	310	21	79
Iowa: Des Moines	372	331	103	97	64	55	164	15	41
Kansas: Wichita	309	277	84	79	55	43	143	12	32
Kentucky: Louisville	409	366	109	103	81	66	185	12	43
Louisiana: New Orleans	449	403	119	111	95	79	201	12	46
Maine: Togus	147	132	38	36	27	22	68	6	15
Maryland: Baltimore	414	371	113	106	90	71	184	10	43
Massachusetts: Boston	785	704	211	197	155	124	359	24	81
Michigan: Detroit	1,188	1,058	335	315	225	194	518	31	130
Minnesota: St. Paul	516	458	161	152	90	74	215	17	58
Mississippi: Jackson	244	220	58	54	51	42	116	8	24
Missouri: St. Louis	698	626	185	173	138	113	316	24	72
Montana: Ft. Harrison	101	90	29	27	18	15	45	3	11
Nebraska: Lincoln	198	176	56	53	36	31	85	7	22
Nevada: Reno	97	86	27	25	20	15	44	2	11
New Hampshire: Manchester	124	110	36	34	23	19	54	3	14
New Jersey: Newark	1,099	989	265	246	227	185	528	30	110
New Mexico: Albuquerque	136	121	38	36	29	22	59	4	15
New York:									
Buffalo	654	590	160	150	133	113	309	18	64
New York	1,859	1,685	412	382	377	323	924	56	174
North Carolina: Winston-Salem	616	548	178	168	121	101	264	15	68
North Dakota: Fargo	96	86	26	25	15	13	43	5	10
Ohio: Cleveland	1,493	1,335	411	386	270	226	683	40	158
Oklahoma: Muskogee	397	356	114	108	77	57	177	14	41
Oregon: Portland	366	329	105	99	66	49	168	13	37
Pennsylvania:									
Philadelphia	1,112	1,000	291	271	207	167	530	32	112
Pittsburgh	667	603	161	151	119	98	335	19	64
Puerto Rico: San Juan	157	133	44	43	48	42	44	4	24
Rhode Island: Providence	234	210	62	58	45	35	110	7	24
South Carolina: Columbia	325	289	100	95	66	54	133	7	36
South Dakota: Sioux Falls	78	69	18	17	15	13	35	4	9
Tennessee: Nashville	532	476	150	142	107	90	229	15	56
Texas:									
Houston	717	642	203	191	146	112	322	17	75
Waco	890	797	253	237	176	134	401	25	93
Utah: Salt Lake City	145	128	50	47	26	20	57	4	17
Vermont: White River Jct	63	55	19	18	11	9	26	2	8
Virginia: Roanoke	512	457	147	137	109	79	228	13	55
Washington: Seattle	589	526	182	171	122	83	256	16	63
West Virginia: Huntington	208	188	51	47	37	32	101	8	20
Wisconsin: Milwaukee	579	516	166	156	104	88	251	21	63
Wyoming: Cheyenne	47	42	13	12	8	6	22	2	5
Philippines: Manila	9	6	(^b)	(^b)	(^b)	(^b)	4	2	3
All Other ^b	58	50	47	46	1	(^b)	1	3	8

NOTE: For all regional offices whose jurisdiction includes only part of a state or extends into another state, the estimates of veterans are computed by applying the most recent veteran population ratio factors for the counties or urban places involved. These factors were developed from county

veteran population estimates as of June 30, 1970 based on the U.S. Census of Population 1970. Refer to general note below table 1.

See footnotes at end of table 3.

Estimated Age, Period of Service – June 30, 1976

(In thousands)

Age	Total Veterans	War Veterans							Service Between Korean Conflict and Vietnam Era Only ⁵
		Total ¹	Vietnam Era ²		Korean Conflict		World War II ⁴	World War I	
			Total ³	No Service in Korean Conflict	Total ^{3 4}	No Service in World War II			
All Ages	29,607*	26,522*	8,070	7,553	5,954	4,716	13,385	867	3,085
Under 20 yrs	61	61	61	61	.....	.....	.....	.....	.....
20-24 yrs	970	970	970	970	.....	.....	.....	.....	.....
25-29 yrs	3,193	3,190	3,190	3,190	.....	.....	.....	.....	3
30-34 yrs	3,239	2,704	2,704	2,704	.....	.....	.....	.....	535
35-39 yrs	2,333	653	565	554	99	99	.....	.....	1,680
40-44 yrs	2,901	2,100	191	57	2,043	2,041	2	.....	801
45-49 yrs	3,786	3,728	189	11	2,647	2,372	1,345	.....	58
50-54 yrs	4,741	4,734	103	4	621	167	4,563	.....	7
55-59 yrs	4,070	4,069	67	2	333	25	4,042	.....	1
60-64 yrs	2,019	2,019	25	(⁶)	138	11	2,008	.....	.....
65-69 yrs	974	974	5	(⁶)	49	1	973	.....	.....
70-74 yrs	330	330	(⁶)	.....	18	(⁶)	329	1	.....
75-79 yrs	354	354	.....	.....	5	(⁶)	110	244	.....
80-84 yrs	507	507	.....	.....	1	.....	11	496	.....
85 yrs. & Over	129*	129*	.....	.....	(⁶)	1	2	126	.....
Average Age ⁷	46.3	47.3	30.3	29.0	46.8	44.9	56.3	81.2	37.7

NOTE: Excludes an estimated 194 (thousand) who served only between World War I and World War II, all of whom are 65 years of age or older, and 251 (thousand) who served only between World War II and the Korean Conflict who are 40-54 years of age.

¹ Veterans who served in both World War II and the Korean Conflict, and in both the Korean Conflict and the Vietnam Era are counted once.

² Includes 61 (thousand) whose only service was after May 7, 1975.

³ Includes 517 (thousand) veterans who served in both the Korean Conflict and the Vietnam Era.

⁴ Includes 1,238 (thousand) veterans who served in both World War II and the Korean Conflict.

⁵ Includes Commonwealth of Puerto Rico, U.S. possession and outlying areas, and foreign countries.

⁶ Outside Regional Office areas.

⁷ Computed from data by single year of age.

⁸ Less than 0.5 (thousand).

Includes 1 (thousand) Spanish-American War veterans not distributed geographically.

* Includes 1 (thousand) Spanish-American War veterans average age 96.3 years.

*Hospital and Extended Care: Average Daily Census, Average Operating Beds—
Fiscal Years 1966-76*

Fiscal Year	Average Daily Patient Census ¹							
	Total Hospital Patients, Domiciliary Members, and Nursing Home Care Patients	Hospital Patients				Domiciliary Members		
		Total	VA Hospitals	Non-VA Hospitals	State Homes	Total	VA Domiciliaries ¹	State Homes
1976	113,055	80,519	78,264	1,233	1,022	14,652	9,090	5,562
1975	114,384	82,253	79,973	1,267	1,013	15,030	9,181	5,849
1974	114,426	83,534	81,453	1,053	1,028	15,584	9,723	5,861
1973	115,170	84,556	82,479	1,031	1,046	16,286	10,261	6,025
1972	113,905	83,185	80,971	1,154	1,060	17,324	11,986	5,969
1971	115,758	86,319	84,002	1,251	1,066	17,888	12,685	5,880
1970	116,580	87,400	85,547	1,495	418	18,680	12,665	6,882
1969	122,771	93,547	91,878	1,669		19,552	13,054	7,140
1968	128,185	99,450	97,425	2,025		20,058	12,592	7,466
1967	133,466	105,807	103,394	2,413		20,382	12,694	7,688
1966	135,330	109,882	107,389	2,493		21,319	13,091	8,228

Fiscal Year	Average Daily Patient Census ¹				Average VA Operating Beds ²		
	Nursing Home Care Patients				VA Hospitals	VA Nursing Home Care Units	VA Domiciliaries ³
	Total	VA Hospitals	State Homes	Community Nursing Homes			
1976	17,884	6,993	4,245	6,646	94,075	7,398	10,101
1975	17,101	6,739	4,123	6,239	94,801	7,032	10,310
1974	15,308	6,418	4,005	4,885	96,106	6,769	10,839
1973	14,328	6,094	3,662	4,572	97,689	6,508	11,172
1972	12,765	5,440	3,335	3,990	96,352	5,819	13,097
1971	10,874	4,599	2,898	3,377	98,956	5,052	13,632
1970	9,773	3,760	2,432	3,581	102,633	4,002	13,959
1969	9,030	3,700	2,153	3,177	107,013	4,000	14,282
1968	8,067	3,468	1,795	2,804	112,394	4,000	13,528
1967	6,694	2,484	1,423	2,787	115,193	2,748	13,664
1966	3,854	1,245	972	1,637	116,975	1,475	14,953

¹Based on total bed days of care during year divided by the number of days in year.

²Includes restoration program data for 1965-1973, program discontinued subsequently.

³Based on the number of operating beds at the end of each month for 13 consecutive months, beginning with June of the prior fiscal year and ending with June of the indicated fiscal year.

Applications for Medical Care – Fiscal Year 1976

Pending determination of need at beginning of year	5,549
Received during year	2,252,703
Total applications	2,258,252
In need of care	1,742,663
Hospital	923,566
Ambulatory	809,664
Nursing Home	3,115
Domiciliary	6,318
Not in need of care	431,727
Total processed	2,174,390
Cancelled	76,047
Pending determination of need at end of year	6,780
Acceptance rate	80.1

VA, Non-VA and State Home Hospitals: Admissions, Discharges, Remaining—
Fiscal Years 1966-76

Fiscal Year	Admissions				Discharges and Deaths ⁴			
	Total	Hospitals			Total	Hospitals		
		VA ¹	Non-VA ²	State Home ³		VA ¹	Non-VA ²	State Home ³
1976	1,136,285	1,102,271 ⁴	28,238	5,776	1,137,231	1,103,108	28,316	5,807
1975	1,069,757	1,036,101 ⁴	27,710	5,946	1,069,945	1,036,441	27,573	5,931
1974	991,473	964,466 ⁴	21,091	5,916	991,599	964,653	21,047	5,899
1973	932,481	905,545 ⁴	20,816	6,120	933,237	906,015	21,084	6,138
1972	793,538	765,786	21,578	6,174	794,785	766,892	21,682	6,211
1971	750,546	723,907	20,952	5,687	765,268	738,594	21,022	5,652
1970	711,289	687,037	20,524	3,728	717,022	693,496	20,840	2,686
1969	689,459	667,383	22,076		698,926	676,773	22,153	
1968	670,600	647,241	23,359		678,506	654,683	23,823	
1967	654,474	624,856	29,618		665,153	635,576	29,577	
1966	641,469	614,338	27,131		642,180	619,160	23,020	
Remaining on June 30								
Fiscal Year	Total	VA Hospitals			Non-VA hospitals			State Home Hospitals ³
		Total	Bed Occupants	Absent Bed Occupants ⁵	Total	Bed Occupants	Absent Bed Occupants ⁵	Bed Occupants
	1976	77,750	75,786	74,413	1,373	957	942	15
1975	79,499	77,432	76,007	1,425	1,031	1,008	23	1,036
1974	80,526	78,640	76,847	1,793	852	811	41	1,034
1973	81,146	79,336	77,356	1,980	793	762	31	1,017
1972	81,489	79,406	77,344	2,062	1,053	820	233	1,030
1971	82,207	79,985	78,453	1,532	1,146	952	194	1,076
1970	96,040	93,805	81,976	11,829	1,202	1,034	168	1,033
1969	101,541	99,541	85,909	13,632	1,545	1,402	143	
1968	109,365	107,743	91,735	16,008	1,622	1,459	163	
1967	116,841	114,755	93,894	20,861	2,086	1,924	162	
1966	124,766	122,653	103,789	18,864	2,113	2,113		

¹ Interhospital transfer data are excluded.

² Includes transfers.

³ Program initiated on December 30, 1969.

⁴ Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic

hemodialysis are considered to be inpatients. During Fiscal Year 1976, there were about 170,000 admissions (and discharges) for one day duration of stay.

⁵ Patients on authorized absence.

VA, Non-VA and State Home Hospitals: Admissions, Discharges, Remaining
By Type of Hospital and Bed Section—Fiscal Year 1976

Type of Hospital	All Hospitals	Patients by Type of Bed Section				State Home Hospitals ²
		Total	Psychiatric	Surgical	Medical	
ADMISSIONS¹						
All hospitals	1,136,285	1,130,509	170,033	316,741	643,735	5,776
Total VA hospitals	1,102,271	1,102,271	161,969	313,202	627,100	
Psychiatric hospitals	56,215	56,215	44,716	1,430	10,069	
General hospitals	1,046,066	1,046,056	117,253	311,772	617,031	
Total non-VA hospitals	28,238	28,238	8,064	3,539	16,635	
Federal Government hospitals	4,823	4,823	225	808	3,790	
U.S. Army	1,673	1,673	97	578	998	
U.S. Air Force	694	694	96	192	406	
U.S. Navy	311	311	1	17	293	
U.S. Public Health Service	2,111	2,111	23	21	2,067	
Other (Canal Zone; St. Elizabeths, Washington, D.C.)	34	34	8		26	
Non-Federal hospitals (Veterans Memorial Hospital, Manila, Republic of the Philippines)	1,246	1,246	101	265	880	
State and local government hospitals	6,580	6,580	3,248	528	2,804	
Nonpublic hospitals	15,589	15,589	4,490	1,938	9,161	
Total state home hospitals	5,776					5,776
DISCHARGES AND DEATHS¹						
All hospitals	1,137,231	1,131,424	176,714	331,257	623,453	5,807
Total VA hospitals	1,103,108	1,103,108	168,643	327,642	606,823	
Psychiatric hospitals	60,558	60,558	48,877	1,413	10,268	
General hospitals	1,042,550	1,042,550	119,766	326,229	596,555	
Total non-VA hospitals	28,316	28,316	8,071	3,615	16,630	
Federal Government hospitals	4,888	4,888	238	841	3,809	
U.S. Army	1,689	1,689	99	605	985	
U.S. Air Force	698	698	95	196	407	
U.S. Navy	326	326	1	19	306	
U.S. Public Health Service	2,126	2,126	26	21	2,079	
Other (Canal Zone, St. Elizabeths, Washington, D.C.)	49	49	17		32	
Non-Federal hospitals (Veterans Memorial Hospital, Manila)	1,269	1,269	113	287	869	
State and local government hospitals	6,626	6,626	3,285	527	2,814	
Nonpublic hospitals	15,533	15,533	4,435	1,960	9,138	
Total state home hospitals	5,807					5,807
BED OCCUPANTS REMAINING						
Bed occupants in hospital, June 30, 1976:						
All hospitals	76,362	75,355	24,829	13,933	36,593	1,007
Total VA hospitals	74,413	74,413	24,214	13,853	36,346	
Psychiatric hospitals	17,399	17,399	10,106	160	7,133	
General hospitals	57,014	57,014	14,108	13,693	29,213	
Total non-VA hospitals	942	942	615	80	247	
Federal Government Hospitals	87	87	2	27	58	
U.S. Army	55	55	1	21	33	
U.S. Air Force	14	14	1	2	11	
U.S. Navy	5	5			5	
U.S. Public Health Service	11	11		4	7	
Other (Canal Zone; St. Elizabeths, Washington, D.C.)	2	2			2	
Non-Federal hospitals (Veterans Memorial Hospital, Manila, Republic of the Philippines)	50	50	15	18	17	
State and local government hospitals	97	97	83	3	11	
Nonpublic hospitals	708	708	515	32	161	
Total state home hospitals	1,007					1,007
ABSENT BED OCCUPANTS REMAINING						
Absent bed occupants, June 30, 1976:						
All hospitals	1,388	1,388	892	247	249	
Total non-VA hospitals	15	15	14		1	
Total VA hospitals	1,373	1,373	878	247	248	
Psychiatric hospitals	465	465	401	4	60	
General hospitals	908	908	477	243	188	

¹ Exclude interhospital transfers for VA hospitals; include transfers for non-VA hospitals.

² Data by type of bed section not available.

TABLE 8

INPATIENT CARE

*VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated
Fiscal Year 1976*

Hospital	Average Operating Beds ¹				Average Daily Patient Census ²				Total Number of Patients Treated ⁵
	Total	Bed Section ³			Total	Bed Section ³			
		Psychiatric	Surgical	Medical ⁴		Psychiatric	Surgical	Medical ⁴	
All hospitals	94,075	29,278	19,854	44,943	78,264	24,839	15,440	37,985	1,178,894
Psychiatric hospitals ⁶	21,204	12,789	217	8,198	17,647	10,382	162	7,103	78,422
General hospitals ⁶	72,871	16,489	19,637	36,745	60,617	14,457	15,278	30,882	1,100,472
PSYCHIATRIC HOSPITALS⁶									
Alabama: Tuscaloosa	590	442		148	524	404		120	4,679
California: Los Angeles (Brentwood)	470	440		30	418	401		17	4,493
Colorado: Fort Lyon	579	389		190	490	349		141	1,884
Indiana: Marion	1,131	370		761	1,027	298		728	4,173
Iowa: Knoxville	711	290		421	656	252		405	1,879
Maryland: Perry point	980	506		474	891	458		433	3,364
Massachusetts:									
Bedford	861	478	49	334	753	420	39	294	2,968
Brockton	894	561	21	312	783	486	17	280	3,299
Northampton	691	425		266	632	387		245	2,611
Michigan: Battle Creek	1,128	870		258	919	702		217	5,205
Minnesota: St. Cloud	980	521	14	445	871	446	10	414	3,102
New York:									
Canadaigua	1,053	593	15	445	976	530	12	435	3,278
Montrose	1,322	953	13	356	1,131	811	13	307	4,508
North Carolina: Salisbury	917	624	40	253	766	501	34	232	5,581
Ohio: Chillicothe	1,186	594	25	567	1,043	485	21	537	5,557
Pennsylvania:									
Coatesville	1,425	994		431	1,277	894		384	4,212
Pittsburgh (Highland Drive)	920	588	8	324	803	517		284	3,157
South Dakota: Fort Meade	403	224	19	160	350	185	14	151	2,633
Tennessee: Murfreesboro	875	398		477	804	342		462	3,790
Texas: Waco	1,100	732		368	1,024	665		359	4,796
Washington: American Lake	603	450		153	481	366		115	3,184
Wisconsin: Tomah	800	356		444	749	319		429	2,566
Wyoming: Sheridan	360	233		127	278	166		112	1,826
GENERAL HOSPITALS⁶									
Alabama:									
Birmingham	499		275	224	368		187	180	13,222
Montgomery	206		31	175	173		24	148	3,688
Tuskegee	1,102	524	106	472	979	476	65	438	5,399
Arizona:									
Phoenix	275	50	86	140	245	44	75	126	6,108
Prescott	236	15	51	170	201	15	40	146	3,970
Tucson	328	46	121	161	253	43	96	115	8,332
Arkansas:									
Fayetteville	220		75	145	186		59	127	4,920
Little Rock ⁶	1,475	662	277	536	1,266	572	231	463	17,998
California:									
Fresno	275	35	107	133	226	29	82	116	5,735
Livermore	191	15	71	105	162	12	58	92	2,902
Long Beach	1,591	150	386	1,055	1,063	92	221	750	25,096
Los Angeles (Wadsworth)	762		254	508	624		188	436	14,240
Martinez	454	70	178	206	351	54	115	182	7,618
Palo Alto ⁶	1,404	1,059	143	202	1,049	822	95	131	11,401
San Diego	599	104	227	268	419	89	162	168	14,520
San Francisco	333	2	182	149	262		151	110	8,269
Sepulveda	870	288	169	413	664	210	114	340	10,797
Colorado:									
Denver	439	87	180	172	352	76	137	139	12,507
Grand Junction	115		32	83	95		22	73	2,010
Connecticut:									
Newington	189	24	82	82	144	16	70	58	3,672
West Haven	725	142	177	406	540	107	127	307	10,352
Delaware: Wilmington	336		149	187	275		120	155	4,496
District of Columbia: Washington	708	180	201	327	610	164	174	272	14,807
Florida:									
Bay Pines	673	126	151	396	638	117	132	390	7,357
Gainesville	480	90	207	183	388	74	176	138	10,839
Lake City	363		94	269	262		63	199	5,592
Miami	790	164	228	398	672	144	192	336	18,120
Tampa	667	120	228	319	561	114	197	250	16,260

See footnotes at end of table.

*VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated
Fiscal Year 1976*

Hospital	Average Operating Bed ¹				Average Daily Patient Census ²				Total Number of Patients Treated ³
	Total	Bed Section ³			Total	Bed Section ³			
		Psychiatric	Surgical	Medical ⁴		Psychiatric	Surgical	Medical ⁴	
Georgia:									
Atlanta	550	96	219	235	428	91	165	172	13,640
Augusta ⁸	1,189	582	156	452	883	382	126	374	10,162
Dublin	468		104	364	411		64	347	4,622
Idaho: Boise	172		77	95	147		63	84	3,203
Illinois:									
Chicago (Lakeside)	530	32	237	261	450	26	193	231	13,888
Chicago (West Side)	543	80	196	268	482	80	167	234	9,442
Danville	1,246	689	93	464	988	576	52	360	5,045
Hines	1,527	240	470	817	1,247	204	342	702	27,401
Marion	176		44	132	139		36	104	4,455
North Chicago ¹¹	1,606	929	65	612	1,389	819	44	526	6,939
Indiana:									
Fort Wayne	178		67	111	167		62	105	2,989
Indianapolis ⁶	658	99	232	327	519	93	188	238	12,899
Iowa:									
Des Moines	362		154	208	280		110	171	6,056
Iowa City	360	53	152	155	273	44	124	105	9,468
Kansas:									
Leavenworth	509	171	118	220	394	147	95	153	6,349
Topeka	908	518	57	333	781	464	36	281	5,490
Wichita	199		99	99	137		58	79	4,109
Kentucky:									
Lexington ¹⁰	998	410	150	438	843	367	124	352	12,278
Louisville	442	49	182	211	351	48	137	166	8,150
Louisiana:									
Alexandria	375		110	265	304		78	226	5,716
New Orleans	554	62	221	271	468	56	176	236	11,207
Shreveport	464	74	150	240	373	71	112	190	9,693
Maine: Togus	685	385	84	215	612	363	60	188	5,842
Maryland:									
Baltimore	291	14	109	168	225	17	84	125	7,300
Fort Howard	231	14		217	207	15		192	1,971
Massachusetts:									
Boston	837	104	270	463	703	98	227	377	13,798
West Roxbury	259		68	191	210		63	147	3,573
Michigan:									
Allen Park	680	51	196	433	524	51	129	344	8,926
Ann Arbor	430	107	129	194	271	62	91	118	11,316
Iron Mountain	234		95	139	191		70	121	3,420
Saginaw	215		84	131	168		57	111	2,842
Minnesota: Minneapolis	862	107	367	388	673	89	286	299	19,697
Mississippi:									
Biloxi ⁶	842	506	84	252	758	441	73	244	5,834
Jackson	500	70	188	242	414	65	156	193	10,311
Missouri:									
Columbia	390	60	146	183	294	45	109	139	7,777
Kansas City	482	63	220	199	380	61	162	157	10,587
Poplar Bluff	176		79	97	143		58	85	4,132
St. Louis ⁵	969	284	240	445	796	242	183	371	15,423
Montana:									
Fort Harrison	160		58	102	143		47	96	3,170
Miles City	96		34	62	63		22	42	1,635
Nebraska:									
Grand Island	172		54	118	126		36	90	2,244
Lincoln	207	60	86	61	159	51	58	50	4,018
Omaha	441	76	165	200	341	58	117	167	9,711
Nevada: Reno	186	9	93	84	143	5	67	71	3,624
New Hampshire: Manchester	150		56	94	149		54	95	3,746
New Jersey:									
East Orange	1,087	239	248	600	892	144	215	534	15,049
Lyons ¹²	1,448	896	16	536	1,160	694	21	445	4,307
New Mexico: Albuquerque	442	73	163	206	372	60	131	181	10,472
New York:									
Albany	745	122	217	406	611	101	160	350	8,935
Batavia	241		30	211	209		21	189	2,092
Bath	208	11		197	193	10		183	1,636
Bronx	900	91	282	527	701	62	225	413	13,545
Brooklyn ⁹	1,000	124	295	581	824	93	241	489	14,270
Buffalo	888	133	207	547	785	118	172	495	13,145
Castle Point	258		67	191	227		64	163	2,636
New York	1,030	183	391	456	857	159	296	402	15,218
Northport	978	412	160	406	855	359	137	358	8,109
Syracuse	393	91	175	127	302	70	139	94	5,456

See footnotes at end of table.

*VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated
Fiscal Year 1976*

Hospital	Average Operating Beds ¹				Average Daily Patient Census ²				Total Number of Patients Treated ⁵
	Total	Bed Section ³			Total	Bed Section ³			
		Psychiatric	Surgical	Medical ⁴		Psychiatric	Surgical	Medical ⁴	
North Carolina:									
Asheville	536	30	159	347	504	27	145	331	8,677
Durham	501	81	216	204	414	70	193	151	11,223
Fayetteville	349	35	88	226	318	34	74	210	5,616
North Dakota: Fargo	224		72	152	177		50	127	3,433
Ohio:									
Cincinnati	439	78	199	162	348	69	149	130	8,772
Cleveland ⁶	1,682	738	292	652	1,410	655	223	532	15,469
Dayton	858	200	197	461	721	172	156	393	7,658
Oklahoma:									
Muskogee	247		102	145	183		70	113	5,715
Oklahoma City	463	108	171	184	356	94	116	145	12,080
Oregon:									
Portland	527	30	196	301	428	27	160	241	13,344
Roseburg	369	194	13	162	307	149	11	147	3,381
Pennsylvania:									
Altoona	174		60	114	155		49	106	1,856
Butler	393			393	269			269	2,858
Erie	142		42	100	133		36	96	2,125
Lebanon	846	433	31	382	812	406	24	381	3,152
Philadelphia	490	43	185	262	402	37	151	214	9,010
Pittsburgh ⁷ (University Drive)	686	31	256	400	553	27	191	335	12,276
Wilkes-Barre	500	112	121	267	447	98	97	252	5,380
Puerto Rico: San Juan	692	240	170	282	631	239	149	243	17,052
Rhode Island: Providence	352	38	90	224	273	34	76	163	7,863
South Carolina:									
Charleston	431	55	148	228	361	52	119	191	8,216
Columbia	428	34	179	215	383	28	155	200	6,925
South Dakota:									
Hot Springs	232	44	36	152	204	26	33	145	2,478
Sioux Falls	249	29	84	136	197	22	76	98	4,921
Tennessee:									
Memphis	923	180	208	535	783	155	176	452	15,425
Mountain Home	510	73	141	296	452	62	115	275	6,571
Nashville	487	46	211	230	416	39	172	205	12,937
Texas:									
Amarillo	137		61	76	110		50	60	2,891
Big Spring	232	7	83	142	186	4	52	130	3,997
Bonham	78	15	24	39	72	15	24	33	1,809
Dallas	751	138	282	331	619	121	219	279	17,286
Houston	1,252	389	272	591	1,079	359	227	493	20,683
Kerrville	309		88	221	258		74	184	3,359
Marlin	222			222	194			194	2,080
San Antonio	563	127	245	191	417	95	190	132	11,931
Temple	698	121	204	373	545	99	166	279	8,384
Utah: Salt Lake City	506	132	145	229	353	100	95	158	10,502
Vermont: White River Junction	194	20	80	94	166	18	68	80	4,007
Virginia:									
Hampton	447	75	91	281	412	67	82	263	5,803
Richmond	860	65	189	606	706	57	155	494	12,534
Salem	949	571	76	302	718	380	56	281	8,201
Washington:									
Seattle	312	66	115	131	269	61	96	112	9,012
Spokane	213		95	118	188		83	105	4,337
Vancouver	376	57	116	203	286	48	90	149	4,667
Walla Walla	190		43	147	130		29	101	2,338
West Virginia:									
Beckley	172		52	120	127		44	83	3,946
Clarksburg	214	36	83	95	177	25	74	77	5,301
Huntington	158		55	103	131		35	96	3,891
Martinsburg	675	22	138	515	581	18	90	474	5,216
Wisconsin:									
Madison	438	20	168	250	304	11	125	167	8,593
Wood	861	210	256	395	670	184	196	289	12,101
Wyoming: Cheyenne	129		49	80	116		39	77	2,649

¹Based on the number of operating beds at the end of each month of 13 consecutive months (June 1975-June 1976). In some instances, the operating beds by type do not add to total because of rounding of figures in computations.

²Based on total patient days during the fiscal year divided by the number of days in the year.

³Beds are classified according to their intended use and patients occupying them are classed accordingly rather than on a diagnostic basis.

⁴"Medical" includes data for medicine, neurology, intermediate care, spinal cord injury, physical medical and rehabilitation, and blind rehabilitation.

⁵Interhospital transfers are excluded from overall total but are included in the total for individual hospitals.

⁶Includes data for the two VA general hospitals at Indianapolis, IN (Cold Spring Road and 10th St.).

⁷Includes data for the VA hospital at Aspinwall, PA.

⁸Data for the VA psychiatric hospitals at Augusta, GA; Brecksville, OH; Gulfport, MS; Jefferson Barracks, MO; North Little Rock, AR; and Palo Alto, CA have been consolidated respectively with the VA general hospitals at Augusta, Cleveland, Biloxi, St. Louis, Little Rock, and Palo Alto.

⁹Includes data for the VA general hospitals at Brooklyn, NY, and St. Albans, NY.

¹⁰Includes data for the two VA general hospitals at Lexington, KY (Cooper Drive and Leestown).

¹¹The VA Hospital, Downey, IL, was changed to VA Hospital, North Chicago, IL, on March 2, 1976.

¹²Effective March 25, 1976, the VA hospital at Lyons, NJ, was redesignated from a psychiatric hospital to a general hospital.

VA, Non-VA Hospitals: Patient Turnover by Type of Hospital—Fiscal Year 1976

Item	VA Hospitals										Non-VA Hospitals				State Homes
	All Hospitals	Type of Hospital				Total	Type of Hospital								
		Total	Psychiatric ¹	General ¹			Federal ²	Non-Federal (VMH Manila)	State and Local Government	Nonpublic					
Average daily patient census, fiscal year 1975	82,253	79,973	19,476	60,497	1,267	164	77	278	748	1,013					
Bed occupants and absent bed occupants as of June 30, 1975	⁶ 79,512	⁶ 77,456	⁶ 18,427	⁶ 59,029	⁶ 1,020	⁶ 155	74	⁶ 149	642	1,036					
Total bed occupant and absent bed occupant gains during fiscal year 1976	1,313,788	1,279,162	80,717	1,198,445	28,382	4,850	1,328	6,582	15,622	⁸ 6,244					
Admissions ⁷	1,136,285	1,102,271	56,215	1,046,056	28,238	4,823	1,246	6,580	15,589	5,776					
Transfers from other hospitals ^{4,5}	32,149	32,149	8,104	24,045											
Changes in bed section	144,886	144,742	16,398	128,344	144	27	82	2	33						
Total bed occupant and absent bed occupant losses during fiscal year 1976	1,315,569	1,280,827	81,279	1,199,548	28,460	4,915	1,351	6,628	15,566	⁸ 6,282					
Deaths	48,024	46,712	2,031	44,681	765	158	58	128	421	547					
Discharges to post hospital care	712,491	712,491	21,441	691,050											
Other discharges ³	376,716	343,905	37,086	306,819	27,551	4,730	1,211	6,498	15,112	5,260					
Transfers to other hospitals ^{4,5}	32,977	32,977	4,323	28,654											
Changes in bed section	144,886	144,742	16,398	128,344	144	27	82	2	33						
Bed occupants and absent bed occupants, as of June 30, 1976	77,750	75,786	17,864	57,922	957	87	51	104	715	1,007					
Bed occupants remaining in hospital	76,362	74,413	17,399	57,014	942	87	50	97	708	1,007					
Absent bed occupants	1,388	1,373	465	908	15		1	7	7						
Average daily patient census, fiscal year 1976	80,519	78,264	17,647	60,617	1,233	128	68	250	787	1,022					
Patients treated, fiscal year 1976	1,214,918	1,178,894	78,422	1,100,472	29,273	4,975	1,320	6,730	16,248	6,814					
Post hospital care status patients on June 30, 1976	707,895	707,895	22,412	685,483											

¹ During fiscal year 1976, data for the VA psychiatric hospitals, Augusta, Ga.; Brecksville, Ohio; Gulfport, Miss.; Jefferson Bks., Mo.; North Little Rock, Ark.; and Palo Alto, Calif., have been consolidated respectively with the VA general hospitals, Augusta, Cleveland, Biloxi, St. Louis, Little Rock and Palo Alto.

² Includes U.S. Army, Navy, Air Force and Public Health Service hospitals; hospitals located in Canal Zone area; and St. Elizabeths Hospital, Washington, D.C.

³ Includes hospitals operated by State, County and Municipal governments.

⁴ Transfers for non-VA hospitals are included with admissions and other discharges.

⁵ Includes only patients transferred as VA beneficiaries.

⁶ Data shown in previous Annual Report revised.

⁷ Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis are considered to be inpatients. During Fiscal Year 1976, there were about 170,000 admissions (and discharges) for one day duration of stay.

⁸ Includes 475 and 468 patients respectively to and from leave of absence.

*VA, Non-VA and State Home Hospitals: Patient Turnover by Type of Bed Section—
Fiscal Year 1976*

Item	Type of Bed Section ¹								State Home Hospitals ⁶
	VA Hospitals				Non-VA Hospitals				
	Total	Psychiatric	Surgical	Medical	Total	Psychiatric	Surgical	Medical	
Average daily patient census fiscal year 1975	79,973	26,059	15,634	38,280	1,267	625	174	468	1,013
Bed occupants and absent bed occupants as of June 30, 1975	77,432	26,221	14,448	36,763	1,020	617	137	266	1,036
Total bed-occupant and absent bed-occupant gains during fiscal year 1976	1,279,162	188,554	363,793	726,815	28,388	8,108	3,596	16,684	⁵ 6,244
Admissions ⁴	1,102,271	161,969	313,202	627,100	28,238	8,064	3,539	16,635	5,776
Transfers from other hospitals ^{2,3}	32,149	9,404	10,925	11,820	150	44	57	49	.....
Changes in bed section	144,742	17,181	39,666	87,895	.....	.....	.....	.....	.....
Total bed-occupant and absent bed-occupant losses during fiscal year 1976	1,280,827	202,888	377,292	710,745	28,460	8,092	3,649	16,719	⁵ 6,282
Deaths	46,712	478	10,105	36,129	765	34	120	611	547
Discharges to post hospital care ⁴	712,491	65,459	261,095	385,937	27,551	8,037	3,495	16,019	5,260
Other discharges ⁵	343,905	102,706	56,442	184,757	.....	.....	.....	.....	.....
Changes in bed section	144,742	17,181	39,666	87,895	144	21	34	89	.....
Transfers to other hospitals ^{2,3}	32,977	6,966	9,984	16,027	.....	.....	.....	.....	.....
Bed occupants and absent bed occupants, as of June 30, 1976	75,786	25,092	14,100	36,594	957	629	80	248	1,007
Bed occupants remaining in hospital	74,413	24,214	13,853	36,346	942	615	80	247	1,007
Absent bed occupants	1,373	878	247	248	15	14	.....	1	.....
Average daily patient census, fiscal year 1976	78,264	24,838	15,440	37,986	1,233	657	128	447	1,022
Patients treated, fiscal year 1976	1,178,894	193,735	341,742	643,417	29,273	8,700	3,695	16,878	6,814
Post hospital care status patients on June 30, 1976	707,895	81,823	314,581	311,491	.....	.....	.....	.....	.....

¹Beds are classified according to their intended use and patients occupying them are classed accordingly, rather than on a diagnostic basis. "Medical" bed sections include data for medicine, neurology, intermediate care, spinal cord injury, physical medicine and rehabilitation, and blind rehabilitation.

²Non-VA hospital transfers are included with other admissions and other discharges.

³Includes only patients transferred as VA beneficiaries.

⁴Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis are considered to be inpatients. During Fiscal Year 1976, there were about 170,000 admissions (and discharges) for one day duration of stay.

⁵Includes 475 and 468 patients respectively to and from leave of absence.

⁶Data by bed section not available.

* error

VA Hospitals: Patients Remaining, Compensation and Pension Status, Type of Patient¹
October 1, 1975

Compensation and Pension Status	All Patients	Type of Patient				
		Tuberculosis	Psychoses	Other Psychiatric	Neurological	General Medical and Surgical
VA Hospitals	78,830	769	21,783	14,484	7,751	34,047
Received care for a service-connected disability	15,170	42	8,403	1,952	1,059	3,714
Received care for non-service-connected disability and has a service-connected compensable disability which does not require medical care. . .	7,818	81	1,009	1,504	644	4,580
Received care for non-service-connected disability and on VA pension rolls	21,788	198	6,049	3,286	2,495	9,760
Received care for non-service-connected disability. No compensation or pension	33,767	443	6,259	7,698	3,489	15,878
Non-Veterans ²	296	4	65	47	67	113

¹Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 1, 1975. The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

²This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Workers Compensation Program case, he is coded as a non-veteran.

TABLE 12

INPATIENT CARE

*VA Hospitals: Patients Remaining, Type of Patient, Percent Hospitalized in
Reported State of Residence — October 1, 1975¹*

Reported State of Residence	All Patients			Type of Patient									
				General Medical and Surgical		Tuberculous		Psychotic		Other Psychiatric		Neurological	
	Total	Hospitalized in Same State		Total	Percent Hospitalized in Same State	Total	Percent 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	78,830	67,106	85.1	34,046	86.8	768	87.4	21,783	82.4	14,481	85.1	7,751	85.1
United States	78,191	66,495	85.0	33,738	86.7	755	87.2	21,579	82.3	14,431	85.1	7,688	85.2
Alabama	1,742	1,488	85.4	679	86.6	34	100.0	549	84.3	369	85.9	111	77.5
Alaska	34	.....	0.0	9	0.0	.....	0.0	15	0.0	5	0.0	5	0.0
Arizona	715	622	87.0	379	97.6	.....	0.0	97	60.8	123	70.7	116	91.4
Arkansas	1,367	1,159	84.8	628	79.9	5	100.0	370	91.9	233	86.7	131	84.0
California	5,392	5,207	96.6	2,789	97.7	15	100.0	809	94.3	1,097	96.4	682	94.7
Colorado	581	510	87.8	207	88.9	4	100.0	198	82.8	133	89.5	39	100.0
Connecticut	902	648	71.8	394	98.7	20	100.0	293	34.8	105	60.0	90	82.2
Delaware	211	117	55.5	102	92.2	.....	0.0	72	8.3	22	50.0	15	40.0
District of Columbia	460	328	71.3	236	83.5	5	100.0	94	55.3	87	59.8	38	57.9
Florida	2,908	2,402	82.6	1,688	94.0	39	61.5	515	45.6	333	83.2	333	83.8
Georgia	1,759	1,298	73.8	749	76.8	31	67.7	432	65.5	345	74.2	202	80.7
Hawaii	10	.....	0.0	.....	0.0	.....	0.0	6	0.0	4	0.0	.....	0.0
Idaho	273	126	46.2	194	57.7	6	0.0	10	0.0	39	17.9	24	29.2
Illinois	4,755	4,107	86.4	1,876	83.2	63	100.0	1,496	90.7	889	83.5	431	89.3
Indiana	2,103	1,605	76.3	656	66.5	12	41.7	894	84.7	452	77.7	89	62.9
Iowa	1,093	892	81.6	485	72.8	5	100.0	334	92.2	177	87.0	92	78.3
Kansas	1,078	895	83.0	406	72.4	.....	0.0	355	85.4	216	93.1	101	96.0
Kentucky	1,301	1,046	80.4	633	76.3	.....	0.0	277	87.4	278	87.8	113	68.1
Louisiana	1,161	902	77.7	705	95.3	19	100.0	241	25.3	109	62.4	87	94.3
Maine	607	559	92.1	167	89.8	.....	0.0	166	94.0	201	97.0	73	79.5
Maryland	1,500	1,031	68.7	592	54.9	14	64.3	303	88.1	389	82.3	202	54.5
Massachusetts	2,769	2,597	93.8	814	86.5	6	100.0	1,022	97.3	599	96.8	328	95.4
Michigan	2,192	2,012	91.8	786	92.9	41	100.0	736	93.1	472	87.9	157	89.8
Minnesota	1,503	1,346	89.6	537	85.8	4	100.0	547	94.3	282	89.7	133	84.2
Mississippi	1,056	800	75.8	522	74.1	15	60.0	240	81.7	185	78.4	94	67.0
Missouri	1,748	1,272	72.8	949	82.9	5	100.0	290	50.3	344	60.2	160	79.4
Montana	340	159	46.8	164	64.0	.....	0.0	85	0.0	71	29.6	40	82.5
Nebraska	743	511	68.8	399	86.0	16	56.3	156	28.8	139	64.7	33	72.7
Nevada	190	99	52.1	138	46.4	.....	0.0	5	100.0	23	43.5	24	83.3
New Hampshire	311	130	41.8	185	60.0	.....	0.0	62	0.0	34	14.7	30	46.7
New Jersey	2,283	1,925	84.3	738	76.4	66	100.0	925	89.5	354	90.1	200	74.0
New Mexico	444	326	73.4	259	92.3	.....	0.0	77	23.4	70	65.7	38	60.5
New York	7,533	7,318	97.1	3,318	98.6	75	100.0	2,388	94.5	989	97.1	763	98.8
North Carolina	1,871	1,681	89.8	877	92.9	21	76.2	391	92.6	329	91.5	253	73.9
North Dakota	215	82	38.1	56	78.6	.....	0.0	69	0.0	80	41.3	10	50.0
Ohio	3,505	3,148	89.8	1,201	89.2	20	100.0	1,208	90.5	669	91.6	407	86.2
Oklahoma	784	513	65.4	407	88.0	11	100.0	187	23.5	142	56.3	37	54.1
Oregon	879	649	73.8	450	75.3	22	22.7	163	76.1	151	65.6	93	88.2
Pennsylvania	4,706	4,383	93.1	1,478	91.4	18	77.8	1,972	94.1	760	94.3	478	93.3
Rhode Island	303	192	63.4	164	86.0	6	100.0	83	30.1	33	24.2	17	70.6
South Carolina	1,200	696	58.0	694	74.2	9	44.4	212	12.3	177	48.0	108	61.1
South Dakota	623	546	87.6	266	86.8	.....	0.0	145	93.1	158	82.3	54	92.6
Tennessee	1,970	1,819	92.3	784	96.7	26	100.0	597	89.4	398	90.2	165	86.1
Texas	4,713	4,338	92.0	2,184	92.9	107	90.7	1,144	88.0	845	94.8	433	93.3
Utah	324	289	89.2	149	97.3	4	100.0	48	56.3	94	89.4	29	100.0
Vermont	139	94	67.6	58	91.4	.....	0.0	37	16.2	33	87.9	11	54.5
Virginia	1,875	1,495	79.7	870	78.0	.....	0.0	269	75.8	442	86.7	294	77.9
Washington	1,134	1,077	95.0	436	89.7	11	100.0	336	97.9	266	100.0	85	94.1
West Virginia	1,041	552	53.0	564	77.0	.....	0.0	192	3.1	190	26.4	95	61.1
Wisconsin	1,606	1,342	83.6	587	80.1	.....	0.0	434	75.3	452	92.5	133	95.5
Wyoming	239	162	67.8	130	52.3	.....	0.0	53	90.6	44	90.9	12	50.0
Outside United States	638	611	95.8	308	100.0	13	100.0	204	97.6	50	88.0	63	74.6
Canal Zone	5	.....	0.0	.....	0.0	.....	0.0	5	0.0	.....	0.0	.....	0.0
Philippines, Republic of .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerto Rico	611	611	100.0	308	100.0	13	100.0	199	100.0	44	100.0	47	100.0
Others	22	.....	0.0	.....	0.0	.....	0.0	.....	0.0	6	0.0	16	0.0

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining October 1, 1975. The figures

shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

VA Hospitals: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group — October 1, 1975¹

Principal Diagnoses ²	All Patients	Period of Service						Average Age	Age Group						
		Vietnam Era	Post Korea ₁	Korean Conflict ₄	WW II	WW I	All Others ₅		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	78,830	9,297	4,924	8,114	43,262	10,299	2,938	54.9	9,061	8,443	21,576	20,444	7,937	9,649	1,725
I. Infective and parasitic diseases	1,296	184	52	130	829	82	19	52.5	157	102	471	371	114	61	19
Pulmonary tuberculosis (011)	674	47	41	52	485	40	9	54.5	37	51	266	209	71	30	9
Tuberculosis, late effects (019)	9				9			(⁶)				9			
Tuberculosis, Other (010, 012-018)	60	6		14	29	11		(⁶)	6	10	29	5		6	5
Cardiovascular syphilis (093)															
Syphilis of central nervous system (094)	51			6	30	10	5	(⁶)			26	9	6	5	5
Other forms of late syphilis, latent or unspecified (095-097)	16				11	5		(⁶)				11	5		
All other venereal diseases (090-092, 098-099)	20	15			5			(⁶)	15		5				
Infectious hepatitis (070)	36	25	6		5			(⁶)	25	6		5			
Malaria (084)	5	5						(⁶)	5						
All other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083, 085-089, 100-104, 110-117, 120-129, 130-136)	425	86	5	58	255	16	5	50.6	69	35	145	123	32	20	
II. Neoplasms	5,887	249	158	274	4,040	953	213	61.0	158	216	1,417	2,035	986	938	132
Malignancy of buccal cavity and pharynx (140-149)	633	21	15	34	438	89	36	60.1	11	37	174	217	89	80	25
Malignancy of digestive organs and peritoneum (150-159)	848	36	24	24	576	177	11	63.9	19	178	294	161	160	36	
Malignancy of respiratory system (160, 162-163)	1,264	20	40	78	966	128	32	60.5	32	343	503	250	125	11	
Malignancy of larynx (161)	332	5	9	29	254	20	15	57.5	28	94	140	49	20		
Malignancy of lymphatic and hematopoietic tissue (200-209)	458	36	10	23	296	63	30	58.4	36	18	124	137	67	65	11
Malignancy of genitourinary organs (180-189)	1,009	19	15	26	617	313	19	67.0	19	10	75	354	192	332	25
Malignancies of all other systems (170-174, 190-199)	833	66	13	32	558	110	54	57.9	41	48	266	247	108	109	14
Neoplasms, benign (210-228)	292	37		14	185	40	16	55.9	37	4	86	89	30	39	5
Neoplasms, of unspecified nature (230-239)	218	9	32	14	150	13		55.3	14	20	77	54	40	8	5
III. Endocrine, nutritional, and metabolic diseases	1,830	78	79	189	1,197	242	45	58.0	59	144	527	665	184	224	29
Diabetes mellitus (250)	1,289	39	49	117	883	166	35	58.3	39	75	390	478	125	153	29
Diseases of thyroid and other endocrine glands (240-246, 251-258)	192	24		20	113	25	10	56.3	14	21	44	70	24	20	
Avitaminosis and other nutritional deficiency (260-269)	131	10	5	10	81	25		59.0	14	37	40	14	25		
Obesity not specified as of endocrine origin (277)	67		5	22	40			(⁶)		15	22	26	5		
Other metabolic diseases (270-276, 278-279)	151	5	20	20	80	26		58.3	6	19	34	51	16	26	
IV. Diseases of blood and blood-forming organs	265	5	16	20	173	41	10	60.7	9	10	77	83	32	45	10
Anemia, iron deficiency (280)	20				14	6		(⁶)				10		11	
Pernicious Anemia (281.0)	10					10		(⁶)						10	
Anemia, other (281.1-285)	181		11	15	120	25	10	61.7		5	62	54	27	24	10
All other diseases of blood and blood-forming organs (286-289)	54	5	5	5	39			(⁶)	9	5	15	19	5		
V. Mental disorders	36,202	5,905	3,131	4,516	17,144	3,872	1,634	51.4	6,113	5,215	10,541	7,469	2,471	3,765	627
Psychoses not attributed to physical conditions (295-299)	17,046	3,324	1,773	2,380	7,572	1,123	874	47.8	3,622	2,970	5,424	2,995	810	1,090	138
Alcoholic psychosis (291)	1,278	56	48	102	1,009	47	16	57.1	26	33	446	534	185	53	
Psychoses with organic brain syndrome, except syphilitic (290, 292.2-294)	3,279	142	120	247	1,583	1,104	83	65.5	105	193	469	785	471	1,082	174

Psychoses associated with syphilis (292.0, 292.1)	178			5	110	51	12	68.2			30	38	48	58	5
Alcoholism (303)	5,887	823	708	1,000	3,054	41	261	47.8	736	1,187	2,398	1,313	202	50	
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.1-309.9)	4,202	136	100	225	2,166	1,453	122	66.4	144	145	586	1,040	625	1,373	289
Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 304-307, 307.3, 307.4)	4,302	1,424	382	552	1,630	48	266	42.9	1,480	682	1,173	764	126	54	21
Mental retardation (310-315)	30			5	20	5		(^b)		5	15		4	5	
VI. Diseases of nervous system and sense organs	4,094	371	257	481	2,430	420	135	54.7	352	480	1,211	1,166	451	405	30
Inflammatory diseases of central nervous system (320-324)	81	4	5	11	50	6	5	(^b)	4	10	36	10	16	6	
Epilepsy (345)	229	37		16	145	15	16	50.7	36	17	95	48	17	9	6
Amyotrophic lateral sclerosis (348.0)	83				68	9	6	(^b)			20	26	23	14	
Paraplegia, cerebral or spinal (344.2, 349.3)	404	66	30	61	232		15	47.6	66	66	136	137			
Quadriplegia, cerebral or spinal (344.3, 349.4)	453	89	69	65	196	5	28	44.5	98	95	179	65	10	5	
Other diseases of central nervous system, including hereditary and familial disease of nervous system (330-333, 340-344.1, 344.9, 346-347, 348.1-349.2, 349.5-349.9)	1,852	112	115	257	1,102	216	50	56.5	103	234	483	542	264	215	11
Diseases of nerves and peripheral ganglia (350-358)	289	25	19	38	193	9	5	52.4	16	38	111	106	10	9	
Inflammatory diseases of the eye and other diseases and conditions of the eye, except blindness (360-369, 370-378)	556	18	5	10	362	156	5	64.5	9	5	100	196	90	143	13
Blindness (379)	52	10		6	32	4		(^b)	10	6	5	16	11	4	
Disease of ear and mastoid process (380-389)	95	10	14	16	50		5	(^b)	10	9	46	20	10		
VII. Diseases of the circulatory system	9,493	343	299	682	5,910	2,073	186	62.3	151	513	2,156	2,995	1,426	1,832	421
Chronic rheumatic heart disease (393-398)	134	5	5	26	98			53.4		15	62	40	16		
Hypertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 404)	50		6		44			(^b)		6	5	18	16		5
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 403)	537	27	31	51	379	39	10	56.1	10	51	201	157	65	45	5
Acute myocardial infarction (410)	372	35	14	11	269	18	25	55.0	10	35	166	99	35	23	5
Chronic ischemic heart disease (412)	1,904	71	64	151	1,089	494	35	64.1	10	84	409	583	302	376	142
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414)	168	5	16	40	87	15	5	53.8		25	78	40	9	15	
Other forms of heart disease (391, 392.0, 420-429)	1,030	51	32	61	637	239	10	62.4	33	61	206	296	176	230	30
Cerebral hemorrhage (431)	79	5	4	6	54	10		(^b)	5	6	32	16	11	10	
Cerebral thrombosis (433)	612	10	4	37	376	180	5	65.6	5	11	70	240	100	165	20
Cerebral embolism (434)															
Generalized ischemic cerebrovascular disease (437)	350				128	218	4	75.0			21	33	67	198	32
All other cerebrovascular disease (430, 432, 435, 436, 438)	1,733	33	62	52	1,196	361	29	63.4	12	33	342	668	297	311	70
Arteriosclerosis (440)	549	9	9	19	298	210	4	67.8		5	99	141	73	195	35
All other diseases of arteries, arterioles and capillaries (441-448)	1,068	43	5	93	718	181	28	61.4	23	66	214	401	148	175	42
Varicose veins lower extremities (454)	237	5	8	30	161	33		59.1		20	78	68	38	28	5
Hemorrhoids (455)	134	4	9	30	60	11	20	54.9	14	20	37	33	9	11	10
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458)	536	40	30	75	316	64	11	56.6	29	75	136	162	64	50	20
VIII. Diseases of the respiratory system	3,071	120	126	214	1,882	612	117	61.9	106	153	627	925	611	554	96
Acute respiratory infections including influenza (460-466, 470-474)	62	4	10	5	19	10	14	(^b)	14	14	5	15	5	10	
Pneumonia (480-486)	447	30	19	39	232	106	21	63.5	20	14	104	111	70	96	34
Bronchitis, unqualified and chronic (490-491)	365	11	5	26	218	100	5	65.9			58	123	80	99	5
Emphysema (492)	850	25	28	26	579	178	14	64.8	5	10	139	287	225	145	38
Asthma (493)	128	9	17	14	78	10		54.8	5	21	42	40	10		10
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519)	1,219	41	47	104	756	208	63	59.3	62	94	279	349	221	204	9
IX. Diseases of the digestive system	4,553	414	227	469	2,886	469	88	55.7	303	447	1,370	1,454	448	471	57
Diseases of oral cavity, salivary glands, and jaws (520-529)	58	5	5		37	6	5	(^b)	5		10	31	6	6	

VA Hospitals: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group — October 1, 1975¹

Principal Diagnoses ²	All Patients	Period of Service						Average Age	Age Group						
		Vietnam Era	Post Korea ³	Korean Conflict ⁴	WW II	WW I	All Others ⁵		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
IX. Diseases of the digestive system — Cont.															
Ulcers digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534)	607	37	23	66	385	90	6	57.6	23	72	153	208	61	81	10
All other diseases esophagus, stomach and duodenum (except ulcers) (530, 535-537)	351	33	11	66	205	36	.....	58.1	22	25	84	123	47	41	9
Hernia of abdominal cavity (550-553)	979	49	25	62	687	146	10	59.6	44	24	273	329	146	146	15
Other diseases of intestine and peritoneum (540-543, 560-569)	886	113	31	94	485	129	34	56.0	101	86	209	241	92	145	10
Cirrhosis of liver (571)	849	58	38	71	671	11	.....	53.4	10	95	372	311	46	11	4
Other diseases of liver, gall bladder and pancreas (570, 572-577)	823	119	94	110	416	51	33	50.7	98	145	269	211	50	41	9
X. Diseases of the genitourinary system															
	2,080	131	71	153	1,221	451	53	60.0	120	157	457	586	302	383	72
Nephritis and nephrosis (580-584)	309	23	16	49	189	13	19	51.0	22	51	127	76	19	13	.....
Other diseases of urinary system (590-599)	872	61	43	75	500	179	14	58.9	57	81	209	231	122	144	29
Diseases of the prostate (600-602)	730	10	6	5	439	255	15	67.9	5	5	70	232	151	222	43
Other diseases of male genital organs (603-607)	119	21	6	15	68	4	5	48.9	25	10	36	33	10	4	.....
Diseases of breast, gynecological conditions (610-616, 620-629)	50	16	.....	9	25	.....	.....	(⁶)	11	10	15	14	.....	.....	.....
XI. Deliveries and Complications of Pregnancy, Childbirth and the Puerperium (630-678)															

XII. Diseases of skin and subcutaneous tissue															
	1,196	177	89	95	667	131	37	53.2	171	164	301	304	113	116	29
Infections of skin and subcutaneous tissue (680-686, 694-698)	502	79	26	62	279	41	15	52.3	51	95	148	125	32	30	20
All other diseases of skin and subcutaneous tissue (690-693, 700-709)	694	98	63	33	388	90	22	53.9	120	69	153	179	81	86	9
XIII. Diseases of the musculoskeletal system and connective tissue															
	2,747	311	124	342	1,614	257	99	53.4	326	289	828	819	210	250	27
Arthritis and rheumatism, except rheumatic fever (710-718)	1,277	25	42	158	869	155	28	58.3	16	116	377	458	135	157	19
Displacement of intervertebral disc (725)	160	42	9	32	67	.....	10	42.2	43	33	75	10	.....	.....	.....
Osteomyelitis and other diseases of bone and joint (720-724, 726-729)	850	180	50	113	416	49	42	48.1	203	106	232	215	40	54	.....
Other diseases of musculoskeletal system (730-738)	460	64	23	39	262	53	19	53.3	64	34	144	136	35	39	8
XIV. Congenital deformities (741-759)															
	127	19	6	23	58	21	.....	54.9	25	10	28	20	24	21	.....
XVI.a Symptoms and ill-defined conditions															
	2,072	212	60	153	1,266	289	92	56.8	210	127	554	640	217	250	75
Senility without mention of psychosis (794)	13	.....	.....	.....	.....	13	.....	(⁶)	.....	.....	.....	.....	.....	8	5
Symptoms and all other ill-defined conditions (780-792, 795-796)	2,059	212	60	153	1,266	276	92	56.7	210	127	554	640	217	242	70
XVI.b Observation and examination cases, follow-up and special admissions															
	589	54	20	49	357	77	32	55.3	71	34	174	168	64	58	19
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63)	24	.....	.....	.....	19	5	.....	(⁶)	.....	.....	10	9	.....	5	.....
Mental (793.0, Y00.1, Y03.4), (316, 318, APA Code)	65	10	5	.....	40	5	5	(⁶)	15	5	6	29	5	.....	5
Malignancy (793.1, Y03.3)	79	5	.....	5	56	13	.....	(⁶)	5	.....	36	25	.....	9	4

All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11-Y12, Y20-Y29)	417	35	15	44	242	54	27	55.6	47	29	122	105	59	44	10
Diagnosis deferred, mental observation (319.0 APA Code)	4	4						(⁶)	4						
XVII. Accidents, poisonings, and nature of injury	3,332	724	209	324	1,588	309	178	50.8	730	382	837	744	284	276	82
Fracture of skull and facial bones (800-804)	95	19	14	4	49	4	5	(⁶)	30	8	39	15		4	
Fracture of skull and facial bones, late effects (800-804) ⁷	21	5			5		11	(⁶)	15				5		
Fracture of spine and trunk (805-809)	198	23	26	15	119	10	5	53.1	23	21	70	60	10	17	
Fracture of spine and trunk, late effects (805-809) ⁷	270	53	21	33	152	5	6	47.8	59	53	58	79	12	5	5
Fracture of upper limb (810-819)	118	15	14	21	63	5		51.7	5	30	40	24	14	5	
Fracture of upper limb, late effects (810-819) ⁷	4	4						(⁶)				4			
Fracture of lower limb (820-829)	867	104	45	57	440	191	30	58.6	102	62	177	216	92	178	39
Fracture of lower limb, late effects (820-829) ⁷	149	35	12	9	73	20		55.4	35	10	15	32	36	10	11
Dislocation without fracture (830-839)	82	39	4		34		5	(⁶)	44	4	25	9			
Dislocation without fracture, late effects (830-839) ⁷	21	10	6		5			(⁶)	10	6			5		
Intracranial injury — without skull fracture (850-854)	199	77	15	26	44		37	38.6	99	35	30	25	10		
Intracranial injury — without skull fracture, late effects (850-854) ⁷	152	47	5	27	58	5	10	43.2	57	22	40	13	15	5	
Internal injury of chest, abdomen and pelvis (860-869)	33	8			20		5	(⁶)	13		11	4	5		
Internal injury of chest, abdomen and pelvis, late effects (860-869) ⁷	5				5			(⁶)							
Traumatic amputation of arm and hand — complete/partial (887)															
Traumatic amputation of arm and hand — complete/partial, late effects (887) ⁷	9			5	4			(⁶)			9				
Traumatic amputation of foot and leg(s) — complete/partial (896-897)	15	10			5			(⁶)	5	5	5				
Traumatic amputation of foot and leg(s) — complete/partial, late effects (896-897) ⁷	5				5			(⁶)				5			
Burns (940-949)	93	15	11	16	42		9	(⁶)	15	6	32	34	6		
Burns, late effects (940-949) ⁷	15			4	11			(⁶)		4	5		6		
Injury to nerves and spinal cord (950-959)	41	26			15			(⁶)	16	5	5	10	5		
Injury to nerves and spinal cord, late effects (950-959) ⁷	78	21		11	40		6	(⁶)	11	17	31	20			
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 997-999)	415	55	10	54	223	51	22	54.9	55	21	122	131	24	38	22
All other accidents, poisonings and violence (840-848, 870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996)	428	150	26	42	165	18	27	45.6	131	69	108	62	39	14	5
All other accidents, poisonings and violence, late effects (870-879, 880-886, 890-895, 900-907, 910-918, 920-929) ⁷	19	8			11			(⁶)	5	4	6	5			

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 1, 1975. The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Hospital Records," USPHS Pub. No. 1593. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification: Category XV, "Certain Causes of Perinatal Morbidity and Mortality," in which no cases occurred, is not included in this table.

³ Post Korea, service between February 1, 1955 and August 4, 1964.

⁴ Service between June 27, 1950 and January 31, 1955.

⁵ Consists of 1,207 Peacetime; 764 Post Vietnam; 321 non-Veterans; and 646 Spanish American War Veterans and Veterans of other wars not elsewhere classified, including those veterans whose period of service is unknown.

⁶ Average age not calculated for totals less than 100 cases.

⁷ All late effect codes are differentiated from other codes by being uniformly .9 in the fourth digit position.

VA Hospitals: Patients Remaining, Percent by Attained Stay, Diagnostic Grouping—October 1, 1975¹

Diagnostic Composition of Patients	Number of Patients	Percent in Each Diagnostic Category for Specified Length of Stay						
		Less Than 90 Days	90 Days or More	Inpatient Stay More Than (Years)				
				1	2	5	10	20
All patients.....	78,830	64.9	35.1	21.3	16.1	9.0	5.7	3.2
Tuberculosis.....	768	69.8	30.2	4.8	2.6	0.8	0.8	0.8
Pulmonary tuberculosis.....	675	68.6	31.4	4.7	2.2	0.9	0.9	0.9
Other tuberculosis.....	93	78.5	21.5	5.4	5.4	0.0	0.0	0.0
Psychoses.....	21,782	32.9	67.1	49.0	39.5	25.0	17.5	10.4
Functional.....	17,048	36.4	63.6	45.9	37.6	26.2	19.5	12.3
Organic.....	4,734	20.3	79.7	60.5	46.0	20.5	10.1	3.7
Other psychiatric.....	14,484	65.4	34.6	19.0	14.1	5.8	2.1	0.7
Neurological.....	7,748	53.0	47.0	26.6	18.4	8.2	3.4	1.0
Vascular lesions affecting central nervous system.....	2,773	59.1	40.9	19.2	10.5	2.4	0.8	0.4
Other neurological.....	4,937	49.1	50.9	30.9	23.1	11.5	4.9	1.3
Neurological diseases of the sense organs.....	38	100.0	0.0	0.0	0.0	0.0	0.0	0.0
General medical and surgical.....	34,048	87.7	12.3	3.7	1.9	0.6	0.3	0.2
Infective and parasitic diseases.....	495	87.5	12.5	3.0	3.0	2.0	0.0	0.0
Malignant neoplasms.....	5,272	87.1	12.9	3.0	1.3	0.6	0.4	0.3
Benign and unspecified neoplasms.....	411	93.4	6.6	2.7	1.2	0.0	0.0	0.0
Allergic and endocrine system.....	1,807	80.4	19.6	7.6	4.4	1.1	0.6	0.6
Heart diseases and symptoms.....	3,681	88.2	11.8	4.8	2.5	0.5	0.2	0.0
Vascular diseases.....	3,042	80.5	19.5	6.3	3.2	1.4	0.5	0.4
Acute respiratory diseases.....	544	92.5	7.5	2.0	0.9	0.0	0.0	0.0
Other respiratory diseases with asthma and symptoms.....	2,736	83.5	16.5	6.1	3.0	0.6	0.2	0.2
Diseases of the digestive system and symptoms.....	4,967	95.0	5.0	0.9	0.5	0.0	0.0	0.0
Diseases of the genitourinary system and symptoms.....	2,353	88.8	11.2	2.8	1.7	0.4	0.3	0.3
Diseases of skin and cellular tissue.....	1,198	87.5	12.5	2.9	1.7	0.0	0.0	0.0
Diseases of bones and organs of movement and symptoms.....	2,803	87.7	12.3	3.7	2.2	0.7	0.5	0.0
Accidents, poisonings and violence.....	2,589	88.5	11.5	3.0	0.5	0.3	0.2	0.2
All other.....	2,150	88.2	11.8	3.5	1.7	1.2	1.0	0.7

¹Figures shown are estimates based on tabulations of a 20 percent random sample of records for patients remaining on October 1, 1975. The figures

shown in the column for "Number of Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data

VA Hospitals: Patients Remaining, Age, Diagnostic Grouping—October 1, 1975¹

Diagnostic Composition of Patients	All Patients		Age Distribution							
			Under 55		55-64		65-74		75 and Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients	78,830	100.0	39,074	100.0	20,446	100.0	7,938	100.0	11,373	100.0
Tuberculosis	767	1.0	409	1.0	232	1.1	71	0.9	55	0.4
Pulmonary tuberculosis	673	0.9	354	0.9	209	1.0	71	0.9	39	0.3
Other tuberculosis	94	0.1	55	0.1	23	0.1	.....	.....	16	0.1
Psychoses	21,785	27.6	13,319	34.1	4,352	21.3	1,514	19.1	2,600	22.9
Functional	17,049	21.6	12,016	30.8	2,995	14.6	810	10.2	1,228	10.8
Organic	4,736	6.0	1,303	3.3	1,357	6.7	704	8.9	1,372	12.1
Other psychiatric	14,485	18.4	8,579	22.0	3,146	15.4	962	12.1	1,798	15.8
Neurological	7,751	9.8	3,386	8.7	2,277	11.1	933	11.8	1,155	10.2
Vascular lesions affecting central nervous system	2,774	3.5	536	1.4	957	4.7	475	6.0	806	7.1
Other neurological	4,938	6.3	2,841	7.3	1,295	6.3	453	5.7	349	3.1
Neurological diseases of the sense organs	39	0.0	9	0.0	25	0.1	5	0.1	.....	.....
General medical and surgical	34,043	43.2	13,381	34.2	10,439	51.1	4,458	56.1	5,765	50.7
Infective and parasitic diseases	495	0.6	305	0.8	139	0.7	31	0.4	20	0.2
Malignant neoplasms	5,272	6.7	1,492	3.8	1,861	9.1	911	11.5	1,008	8.8
Benign and unspecified neoplasms	410	0.5	177	0.5	110	0.5	66	0.8	57	0.5
Allergic and endocrine system	1,806	2.3	706	1.8	665	3.3	183	2.3	252	2.2
Heart diseases and symptoms	3,682	4.7	1,204	3.1	1,090	5.3	559	7.0	829	7.3
Vascular diseases	3,043	3.9	1,062	2.7	962	4.7	398	5.0	621	5.5
Acute respiratory diseases	544	0.7	181	0.5	135	0.7	75	0.9	153	1.3
Other respiratory diseases with asthma and symptoms	2,736	3.5	798	2.0	874	4.3	545	6.9	519	4.6
Diseases of the digestive system and symptoms	4,966	6.2	2,324	6.0	1,556	7.6	496	6.3	590	5.2
Diseases of the genitourinary system and symptoms	2,352	3.0	790	2.0	655	3.2	365	4.6	542	4.8
Diseases of skin and cellular tissue	1,197	1.5	636	1.6	303	1.5	113	1.4	145	1.3
Diseases of bones and organs of movement and symptoms	2,803	3.6	1,457	3.7	847	4.1	211	2.7	288	2.5
Accidents, poisonings and violence	2,588	3.3	1,410	3.6	593	2.9	242	3.0	343	3.0
All other	2,149	2.7	839	2.1	649	3.2	263	3.3	398	3.5

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 1, 1975. The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

VA Hospitals: Patients Remaining, Age Groups by Type of Hospital and State—
October 1, 1975¹

Type of Hospital and State	Total All Patients	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
All Hospitals	78,830	2,529	6,524	8,446	21,572	20,446	19,316
Psychiatric Hospitals	19,042	610	1,732	2,455	5,549	4,214	4,482
General Hospitals	59,791	1,919	4,792	5,991	16,023	16,232	14,834
Psychiatric Hospitals	19,042	610	1,732	2,455	5,549	4,214	4,482
Alabama: Tuscaloosa	502	26	32	48	227	79	90
California: Los Angeles (Brentwood)	418	32	109	103	117	39	18
Colorado: Fort Lyon	495	15	72	61	155	89	103
Indiana: Marion	1,048	11	68	109	250	226	384
Iowa: Knoxville	668	23	33	92	153	161	206
Maryland: Perry Point	902	29	71	93	250	198	261
Massachusetts:							
Bedford	764	24	30	46	181	182	301
Brockton	775	28	100	78	229	176	164
Northampton	609	11	80	64	207	153	94
Michigan: Battle Creek	951	74	100	231	230	163	153
Minnesota: St. Cloud	889	20	85	75	219	195	295
New Jersey: Lyons	1,213	39	93	143	390	332	216
New York:							
Canandaigua	962	22	99	78	280	215	268
Montrose	1,111	22	70	188	407	239	185
North Carolina: Salisbury	752	25	62	84	254	213	114
Ohio: Chillicothe	1,089	14	77	94	342	229	333
Pennsylvania:							
Coatesville	1,302	56	123	165	391	354	213
Pittsburgh	798	16	76	109	264	184	149
South Dakota: Fort Meade	381	6	34	62	101	73	105
Tennessee: Murfreesboro	817	20	50	100	200	200	247
Texas: Waco	1,039	15	107	198	327	224	168
Washington: American Lake	523	63	63	129	119	83	66
Wisconsin: Tomah	741	10	62	57	185	153	274
Wyoming: Sheridan	293	9	36	48	71	54	75
General Hospitals	59,791	1,919	4,792	5,991	16,023	16,232	14,834
Alabama:							
Birmingham	365	10	29	29	102	112	83
Montgomery	142	5	5	5	46	46	35
Tuskegee	1,008	40	45	104	316	314	189
Arizona:							
Phoenix	197	9	16	9	42	60	61
Prescott	188	5		14	41	46	82
Tucson	260		29	27	73	74	57
Arkansas:							
Fayetteville	163		12		30	49	72
Little Rock	1,316	52	75	163	440	350	236
California:							
Fresno	210	5	5	16	72	69	43
Livermore	156	2	16	10	18	62	48
Long Beach	1,066	44	87	146	290	285	214
Los Angeles (Wadsworth)	763	6	64	58	204	204	227
Martinez	361	14	13	22	87	138	87
Palo Alto	1,030	73	169	190	246	185	167
San Diego	415	22	55	63	87	108	80
San Francisco	297	5	9	37	97	65	84
Sepulveda	685	46	83	54	140	155	207
Colorado:							
Denver	324	16	65	25	78	74	66
Grand Junction	91		7	14	21	21	28
Connecticut:							
Newington	143	10	22	9	58	39	5
West Haven	536	38	84	39	141	135	99
Delaware: Wilmington	267			28	94	83	62
District of Columbia: Washington	633	34	74	95	199	127	104
Florida:							
Bay Pines	652	10	19	29	166	195	233
Gainesville	389	4	53	48	123	116	45
Lake City	260		4	12	64	80	100
Miami	695	28	107	45	153	249	113
Tampa	537	23	73	32	153	149	107
Georgia:							
Atlanta	431	25	34	64	115	145	48
Augusta	887	14	54	170	261	206	182
Dublin	414	5	10	34	73	136	156
Idaho: Boise	138		7		39	33	59

See footnote at end of table.

*VA Hospitals: Patients Remaining, Age Groups by Type of Hospital and State—
October 1, 1975¹*

Type of Hospital and State	Total All Patients	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Illinois:							
Chicago (Research)	478		25	43	129	177	104
Chicago (West Side)	477	16	33	48	143	137	100
Danville	992	6	57	131	335	263	200
Downey	1,398	45	157	259	373	353	211
Hines	1,216	36	105	96	357	333	289
Marion	120	6		6	42	36	30
Indiana:							
Fort Wayne	177	5	5	26	26	52	63
Indianapolis	510	26	52	52	139	118	123
Iowa:							
Des Moines	300	20	16	16	52	80	116
Iowa City	300	11	29	19	120	79	42
Kansas:							
Leavenworth	397	16	30	30	92	102	127
Topeka	775	15	103	94	248	117	198
Wichita	123			5	33	47	38
Kentucky:							
Lexington	830	25	45	106	227	196	231
Louisville	382	9	34	23	106	97	113
Louisiana:							
Alexandria	325		10	15	100	105	95
New Orleans	426	14	53	38	135	125	61
Shreveport	378	5	10	24	132	127	80
Maine: Togus	635	23	52	47	193	161	159
Maryland:							
Baltimore	254	15	27	22	58	79	53
Fort Howard	205	5	12	7	65	58	58
Massachusetts:							
Boston	745	35	54	97	210	181	168
West Roxbury	261	11	6	55	83	77	29
Michigan:							
Allen Park	565	20	59	61	161	163	101
Ann Arbor	242	25	16	16	56	111	18
Iron Mountain	180		11	28	11	17	113
Saginaw	184	11	5	5	42	42	79
Minnesota: Minneapolis	696	33	57	37	149	211	209
Mississippi:							
Biloxi	777	26	97	102	256	169	127
Jackson	408	9	52	34	92	146	75
Missouri:							
Columbia	297	3	28	17	87	108	54
Kansas City	374	5	58	39	92	103	77
Poplar Bluff	140			6	39	22	73
St. Louis	813	21	116	106	216	148	206
Montana:							
Fort Harrison	127		12	6	30	37	42
Miles City	51				17	17	17
Nebraska:							
Grand Island	121	6	19		19	13	64
Lincoln	152		5	16	37	52	42
Omaha	367	15	40	24	95	61	132
Nevada: Reno	137			24	44	20	49
New Hampshire: Manchester	158		14	19	29	39	57
New Jersey: East Orange	860	4	106	72	236	253	189
New Mexico: Albuquerque	374	21	21	44	106	122	60
New York:							
Albany	590	17	30	35	137	158	213
Batavia	232		6	25	19	44	138
Bath	203				10	27	166
Bronx	703	21	67	86	183	201	145
Brooklyn	835	42	56	71	185	273	208
Buffalo	757	13	55	42	181	180	286
Castle Point	238		6	6	37	67	122
New York	820	29	97	102	186	230	176
Northport	851	15	61	97	249	259	170
Syracuse	302	9	27	10	68	103	85
North Carolina:							
Asheville	500	4	4	26	148	155	163
Durham	412	27	39	59	92	118	77
Fayetteville	313	3	25	22	74	119	70
North Dakota: Fargo	169	5	11	11	55	27	60
Ohio:							
Cincinnati	345	24	62	29	67	79	84
Cleveland	1,416	48	133	240	455	305	235
Dayton	717	9	10	59	155	211	273

See footnote at end of table.

VA Hospitals: Patients Remaining, Age Groups by Type of Hospital and State -
October 1, 1975¹

Type of Hospital and State	Total All Patients	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and over
Oklahoma:							
Muskogee	179			13	64	64	38
Oklahoma City	385	11	16	36	124	122	76
Oregon:							
Portland	425	14	51	24	97	107	132
Roseburg	302	15	19	48	87	71	62
Pennsylvania:							
Altoona	152	24	6	6	24	49	43
Butler	277	5	5	19	67	100	81
Erie	152		6	6	34	56	50
Lebanon	801	24	29	105	239	232	172
Philadelphia	402	30	17	41	95	87	132
Pittsburgh	570	5	11	27	132	181	214
Wilkes-Barre	473	5	29	24	105	201	109
Puerto Rico: San Juan	611	97	101	104	144	80	85
Rhode Island: Providence	253		10	23	45	107	68
South Carolina:							
Charleston	373	10	19	41	133	122	48
Columbia	396	9	29	51	102	119	86
South Dakota:							
Hot Springs	203	4	4	18	22	55	100
Sioux Falls	210	11	14	5	54	73	53
Tennessee:							
Memphis	880	42	100	50	242	275	171
Mountain Home	431		6	30	105	132	158
Nashville	410	4	40	45	145	112	64
Texas:							
Amarillo	108	6		13	32	32	25
Big Spring	190	4	8	8	62	50	58
Bonham	73			8	18	21	26
Dallas	592	19	24	67	211	188	83
Houston	1,048	56	107	144	393	184	164
Kerrville	254			20	51	61	122
Marlin	178		5		38	32	103
San Antonio	430	36	44	38	113	121	158
Temple	557	15	19	44	147	174	78
Utah: Salt Lake City	367	12	34	35	105	101	80
Vermont: White River Junction	163	6	12	29	29	46	41
Virginia:							
Hampton	414	11	11	53	117	102	120
Richmond	736	21	64	54	221	254	122
Salem	698	10	52	98	218	156	164
Washington:							
Seattle	255	11	29	27	63	66	59
Spokane	188		5	14	48	34	87
Vancouver	303	6	19	21	82	55	120
Walla Walla	135		14	36	7	43	35
West Virginia:							
Beckley	124	5	11	5	27	33	43
Clarksburg	168	11	8	7	33	54	55
Huntington	120		5	9	32	41	33
Martinsburg	587	5	37	24	104	147	270
Wisconsin:							
Madison	301			21	59	81	140
Wood	651	21	127	62	165	148	128
Wyoming: Cheyenne	117			12	6	43	56

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 1, 1975. The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

*VA Hospitals: Patients Remaining, Compensation and Pension Status,
Type of Patient, Age — October 1, 1975¹*

Type of patient and age group	Total All patients	Service-connected veterans				Non-service connected			Non-veterans ³
		Total	10% or more	Less than 10%	NSC with SC ²	Total	Pension	Other	
All patients	78,830	22,988	14,079	1,091	7,818	55,555	21,788	33,767	296
Under 25	2,531	873	741	24	108	1,520	52	1,468	138
25-34	6,529	2,477	1,911	40	526	4,029	377	3,652	29
35-44	8,443	2,528	1,907	72	549	5,877	1,368	4,509	34
45-54	21,575	6,384	4,016	319	2,049	15,146	5,188	9,958	46
55-64	20,445	6,510	3,388	461	2,661	13,931	5,455	8,476	6
65 and over	19,311	4,216	2,116	175	1,925	15,052	9,348	5,704	43
Tuberculosis	769	123	26	16	81	641	198	443	4
Under 25	6	.....	.....	.....	.....	6	.....	6	.....
25-34	38	6	.....	.....	6	32	.....	32	.....
35-44	61	5	.....	.....	5	56	5	51	.....
45-54	305	34	10	5	19	266	59	207	4
55-64	233	57	11	11	35	176	65	111	.....
65 and over	126	21	5	.....	16	105	69	36	.....
Psychoses	21,783	9,412	8,057	346	1,009	12,308	6,049	6,259	65
Under 25	1,098	560	520	19	21	499	26	473	40
25-34	2,655	1,417	1,273	30	114	1,231	164	1,067	8
35-44	3,196	1,375	1,267	32	76	1,810	728	1,082	11
45-54	6,369	2,792	2,406	101	285	3,577	2,057	1,520	.....
55-64	4,352	1,875	1,484	115	276	2,477	1,345	1,132	.....
65 and over	4,113	1,393	1,107	49	237	2,714	1,729	985	6
Other psychiatric	14,484	3,456	1,759	193	1,504	10,984	3,286	7,698	47
Under 25	648	119	88	5	26	497	11	486	31
25-34	1,728	373	185	5	183	1,356	74	1,282	.....
35-44	2,024	389	198	20	171	1,624	163	1,461	13
45-54	4,178	1,001	492	61	448	3,175	716	2,459	3
55-64	3,146	1,037	527	81	429	2,109	852	1,257	.....
65 and over	2,760	537	269	21	247	2,223	1,470	753	.....
Neurological	7,751	1,703	995	64	644	5,984	2,495	3,489	67
Under 25	212	74	64	.....	10	92	6	86	47
25-34	477	108	102	.....	6	365	80	285	5
35-44	717	165	124	11	30	551	205	346	.....
45-54	1,980	449	295	5	149	1,522	600	922	10
55-64	2,277	588	300	39	249	1,689	584	1,105	.....
65 and over	2,088	319	110	9	200	1,765	1,020	745	5
General medical and surgical	34,047	8,294	3,242	472	4,580	25,638	9,760	15,878	113
Under 25	567	120	69	.....	51	426	9	417	20
25-34	1,631	573	351	5	217	1,045	59	986	16
35-44	2,445	594	318	9	267	1,836	267	1,569	10
45-54	8,743	2,108	813	147	1,148	6,606	1,756	4,850	29
55-64	10,437	2,953	1,066	215	1,672	7,480	2,609	4,871	6
65 and over	10,224	1,946	625	96	1,225	8,245	5,060	3,185	32

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records of patients remaining on October 1, 1975. The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to the machine rounding of sample data.

² Veterans with compensable SC disabilities but treated for non-service-connected disabilities only.

³ This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Workers Compensation Program case, he is coded as a non-veteran.

VA Hospitals: Patients Discharged, Manner of Disposition, Diagnostic Grouping-Fiscal Year 1976¹

Type of Patient	Total all Discharges ²	Discharge Status				
		Regular ³	Nonbed Care ⁴	Irregular	Total Deaths	Transfers to Further VA Inpatient Care at VA or Non-Va Hospital
All Patients	915,302	786,756	4,744	48,855	43,960	30,987
Tuberculosis	5,284	4,373	4	295	215	397
Pulmonary tuberculosis	3,603	2,852	1	240	168	342
Other tuberculosis	1,681	1,521	3	55	47	55
Psychoses	73,398	51,121	3,460	11,787	1,212	5,818
Functional	63,757	44,066	3,202	10,931	566	4,992
Organic	9,641	7,055	258	856	646	826
Other psychiatric	147,171	117,189	936	23,359	1,566	4,121
Neurological	56,469	47,705	77	1,219	4,336	3,132
Vascular lesions affecting central nervous system	16,651	13,156	25	161	2,652	657
Other neurological	38,958	33,746	52	1,039	1,682	2,439
Neurological diseases of the sense organs	860	803		19	2	36
General medical and surgical	632,980	566,368	267	12,195	36,631	17,519
Infective and parasitic diseases	9,991	9,072	9	262	527	121
Malignant neoplasms	71,244	53,345	9	644	13,878	3,368
Benign and unspecified neoplasms	9,518	8,937	5	127	86	363
Allergic and endocrine system	27,396	25,448	24	548	862	514
Heart diseases and symptoms	78,556	67,208	18	1,390	7,055	2,885
Vascular diseases	43,172	39,298	17	755	1,941	1,161
Acute respiratory diseases	17,482	14,277	19	298	2,726	162
Other respiratory diseases with asthma and symptoms	52,448	48,070	23	1,219	2,267	869
Diseases of the digestive system and symptoms	96,701	88,694	41	2,469	3,840	1,657
Diseases of the genitourinary system and symptoms	47,298	44,574	18	485	945	1,276
Diseases of skin and cellular tissue	23,138	22,128	19	511	143	337
Diseases of bones and organs of movement and symptoms	42,256	40,220	9	659	223	1,145
Accidents, poisonings, and violence	51,864	47,779	31	1,462	703	1,889
All other	61,916	57,318	25	1,366	1,435	1,772

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 19,000 incomplete discharge records in file at the time the table was prepared.

³ Includes discharges to VA outpatient programs.

⁴ Committed patients and institutional award patients who were released for the purpose of determining the patient's ability to make a satisfactory adjustment outside the hospital.

TABLE 19

VA Hospitals: Patients Discharged, Age, Diagnostic Category – Fiscal Year 1976¹

Diagnostic Category and ICDA Codes ²	Total Diagnoses ³	Principal Diagnosis ⁴	Associated Diagnoses ⁵	Average Age	Age Group of Principal Diagnosis					
					Under 35	35-44	45-54	55-64	65-74	75 and Over
All diseases and conditions	2,214,857	915,302	1,299,555	52.6	145,762	93,255	243,503	250,570	86,480	95,732
I. Infective and parasitic diseases	41,222	14,821	26,401	49.1	3,751	1,518	3,760	3,379	1,120	1,293
Pulmonary tuberculosis (011)	6,220	3,603	2,617	54.1	178	403	1,399	1,064	276	283
Tuberculosis, late effects (019)	777	128	649	53.9	7	12	47	46	9	7
Tuberculosis, other (010, 012-018)	2,982	808	2,174	56.0	65	63	249	233	89	109
Cardiovascular syphilis (093)	161	53	108	(⁶) 1	1	1	8	5	14	24
Syphilis of central nervous system (094)	333	107	226	60.4	2	3	29	41	13	19
Other forms of late syphilis, latent or unspecified (095-097)	3,726	128	3,598	56.3	17	8	30	36	13	24
All other venereal diseases (090-092, 098-099)	2,257	1,030	1,227	34.0	712	96	120	71	22	9
Infectious hepatitis (070)	1,292	1,037	255	32.3	790	81	82	63	11	10
Malaria (084)	46	17	29	(⁶) 13	13		3	1		
All other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083, 085-089, 100-104, 110-117, 120-129, 130-136)	23,428	7,910	15,518	49.8	1,966	851	1,793	1,819	673	808
II. Neoplasms	138,054	82,344	55,710	60.0	3,652	3,620	18,260	29,613	13,096	14,103
Malignancy of buccal cavity and pharynx (140-149)	6,921	5,268	1,653	58.7	38	167	1,584	2,334	687	458
Malignancy of digestive organs and peritoneum (150-159)	12,250	10,034	2,216	62.3	117	292	2,142	3,596	1,847	2,040
Malignancy of respiratory system (160, 162-163)	21,716	18,749	2,967	60.1	70	618	4,851	7,905	3,200	2,105
Malignancy of larynx (161)	2,823	2,239	584	59.8	10	55	607	967	390	210
Malignancy of lymphatic and hematopoietic tissue (200-209)	11,767	8,803	2,964	55.6	1,048	654	1,971	2,900	1,115	1,115
Malignancy of genitourinary organs (180-189)	18,783	13,624	5,159	66.2	504	203	1,392	3,854	2,727	4,944
Malignancies of all other systems (170-174, 190-199)	43,292	13,350	29,942	59.2	647	797	3,036	4,759	1,901	2,210
Neoplasms, benign (210-228)	16,347	8,179	8,168	53.7	1,054	709	2,179	2,589	928	720
Neoplasms, of unspecified nature (230-239)	4,155	2,098	2,057	57.7	164	125	498	709	301	301
III. Endocrine, nutritional, and metabolic diseases	126,064	27,849	98,215	55.1	1,818	2,653	8,712	9,313	3,052	2,301
Diabetes mellitus (250)	72,947	19,724	53,223	55.7	1,024	1,770	6,146	6,821	2,303	1,660
Diseases of thyroid and other endocrine glands (240-246, 251-258)	8,980	2,985	5,995	52.1	434	302	838	926	292	193
Avitaminosis and other nutritional deficiency (260-269)	5,495	948	4,547	59.5	42	68	247	278	103	210
Obesity not specified as of endocrine origin (277)	18,113	1,392	16,721	51.1	119	197	529	431	85	31
Other metabolic diseases (270-276, 278-279)	20,529	2,800	17,729	53.9	199	316	952	857	269	207
IV. Diseases of blood and blood-forming organs	45,563	4,941	40,622	57.4	580	319	1,105	1,363	551	1,023
Anemia, iron deficiency (280)	11,430	1,216	10,214	61.6	41	64	280	346	168	317
Pernicious anemia (281.0)	692	210	482	66.0	3	12	32	47	29	87
Anemia, other (281.1-285)	26,044	2,358	23,686	56.9	314	145	515	647	238	499
All other diseases of blood and blood-forming organs (286-289)	7,397	1,157	6,240	52.1	222	98	278	323	116	120
V. Mental disorders	343,027	219,802	123,225	44.3	66,370	36,283	64,011	38,803	7,792	6,543
Psychoses not attributed to physical conditions (295-299)	75,244	63,757	11,487	39.6	28,517	10,615	14,683	7,787	1,334	821
Alcoholic psychosis (291)	8,088	5,169	2,919	50.8	427	800	2,009	1,499	359	75
Psychosis with organic brain syndrome, except syphilitic (290, 292.2-294)	7,286	4,388	2,898	61.2	593	178	533	966	642	1,476
Psychoses associated with syphilis (292.0, 292.1)	90	63	27	(⁶) 1	1	1	5	19	9	28
Alcoholism (303)	131,101	83,749	47,352	47.8	10,597	16,555	33,790	19,355	2,972	480
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9)	21,879	10,419	11,460	61.4	673	692	2,052	2,491	1,376	3,135
Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 304-307, 307.3, 307.4)	98,783	52,135	46,648	38.8	25,510	7,427	10,913	6,669	1,091	525
Mental retardation (310-315)	556	122	434	42.1	52	15	26	17	9	3
VI. Diseases of nervous system and sense organs	116,654	42,991	73,663	55.0	4,927	4,055	10,924	12,771	4,885	5,429
Inflammatory diseases of central nervous system (320-324)	996	489	507	48.4	88	85	149	122	25	20
Epilepsy (345)	9,385	3,414	5,971	46.1	828	554	1,089	682	156	105

See footnotes at end of table.

VA Hospitals: Patients Discharged, Age, Diagnostic Category - Fiscal Year 1976¹

Diagnostic Category and ICDA Codes ²	Total Diagnoses ³	Principal Diagnosis ⁴	Associated Diagnoses ⁵	Average Age	Age Group of Principal Diagnosis					
					Under 35	35-44	45-54	55-64	65-74	75 and Over
Atrophic lateral sclerosis (348.0)	629	500	129	58.0	5	33	122	236	76	28
Paraplegia, cerebral or spinal (344.2, 349.3)	4,604	1,644	2,960	43.8	503	282	456	325	51	27
Quadriplegia, cerebral or spinal (344.3, 349.4)	2,866	1,178	1,688	41.9	409	249	280	193	37	10
Other diseases of central nervous system, including hereditary and familial diseases of nervous system (330-333, 340-344.1, 344.9, 346-347, 348.1-349.2, 349.5-349.9)	25,276	9,120	16,156	54.5	919	987	2,492	2,734	1,038	950
Diseases of nerves and peripheral ganglia (350-358)	15,272	5,038	10,234	51.9	624	591	1,575	1,560	377	311
Inflammatory diseases of the eye and other diseases and conditions of the eye, except blindness (360-369, 370-378)	39,940	16,785	23,155	61.4	738	719	3,258	5,569	2,762	3,739
Blindness (379)	3,055	531	2,524	55.9	37	56	155	156	56	71
Disease of ear and mastoid process (380-389)	14,631	4,292	10,339	49.6	776	499	1,348	1,194	307	168
VII. Diseases of the circulatory system	380,679	138,023	242,656	59.4	4,147	8,269	36,333	47,547	18,091	23,636
Chronic rheumatic heart disease (393-398)	9,595	4,062	5,533	55.0	185	368	1,409	1,436	390	274
Hypertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 404)	4,503	2,467	2,036	59.6	31	128	683	909	370	346
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 403)	52,206	12,601	39,605	53.5	811	1,454	4,414	4,140	1,116	666
Acute myocardial infarction (410)	11,153	7,918	3,235	59.3	55	458	2,280	2,988	1,025	1,112
Chronic ischemic heart disease (412)	93,162	42,823	50,339	61.0	230	2,038	11,387	14,983	5,585	8,600
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414)	17,639	4,124	13,515	56.5	36	295	1,534	1,571	372	316
Other forms of heart disease (391, 392.0, 420-429)	78,950	16,729	62,221	60.8	656	862	3,694	5,434	2,407	3,676
Cerebral hemorrhage (431)	1,062	668	394	59.2	16	41	188	226	89	108
Cerebral thrombosis (433)	5,245	3,124	2,121	63.4	20	75	595	1,156	531	747
Cerebral embolism (434)	308	115	193	59.6	1	8	28	45	17	16
Generalized ischemic cerebrovascular disease (437)	6,417	1,892	4,525	69.1	4	16	192	490	318	872
All other cerebrovascular disease (430, 432, 435, 436, 438)	21,518	10,852	10,666	63.2	121	279	2,061	3,852	1,997	2,542
Arteriosclerosis (440)	15,445	5,068	10,377	64.9	4	96	848	1,801	863	1,456
All other diseases of arteries, arterioles and capillaries (441-448)	22,858	9,350	13,508	60.8	217	364	2,031	3,610	1,529	1,599
Varicose veins lower extremities (454)	6,958	2,884	4,074	55.5	190	224	898	1,005	308	259
Hemorrhoids (455)	10,854	5,061	5,793	48.7	880	787	1,651	1,258	289	196
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458)	22,806	8,285	14,521	55.1	690	776	2,440	2,643	885	851
VIII. Diseases of the respiratory system	167,956	60,319	107,637	57.8	5,494	3,375	13,166	19,969	8,657	9,658
Acute respiratory infections including influenza (460-466, 470-474)	12,060	5,072	6,988	52.3	1,163	377	1,033	1,247	513	739
Pneumonia (480-486)	28,212	11,605	16,607	61.3	773	687	2,248	3,044	1,496	3,357
Bronchitis, unqualified and chronic (490-491)	23,506	6,924	16,582	60.3	168	249	1,610	2,696	1,172	1,029
Emphysema (492)	44,388	13,034	31,354	62.7	53	238	2,344	5,526	2,605	2,268
Asthma (493)	6,202	2,933	3,269	51.7	393	286	902	980	260	112
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519)	53,588	20,751	32,837	54.2	2,944	1,538	5,029	6,476	2,611	2,153
IX. Diseases of the digestive system	253,049	86,933	166,116	53.2	10,282	9,170	25,998	25,743	7,949	7,791
Diseases of oral cavity, salivary glands, and jaws (520-529)	81,498	4,999	76,499	49.3	1,120	493	1,391	1,329	375	291
Ulcers digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534)	21,450	11,380	10,070	53.7	1,092	1,178	3,487	3,664	1,066	893
All other diseases esophagus, stomach and duodenum (except ulcers) (530, 535-537)	20,082	7,730	12,352	53.7	841	804	2,292	2,337	738	718
Hernia of abdominal cavity (550-553)	37,063	20,280	16,783	55.9	1,894	1,463	5,356	6,731	2,395	2,441
Other diseases of intestine and peritoneum (540-543, 560-569)	40,935	18,547	22,388	53.0	2,989	1,832	4,909	4,756	1,670	2,391
Cirrhosis of liver (571)	27,025	11,462	15,563	51.8	653	1,521	4,704	3,689	716	179
Other diseases of liver, gall bladder and pancreas (570, 572-577)	24,996	12,535	12,461	51.2	1,693	1,879	3,859	3,237	989	878
X. Diseases of the genitourinary system	119,440	42,962	76,478	57.4	4,717	2,935	8,757	13,034	6,014	7,505
Nephritis and nephrosis (580-584)	10,129	5,101	5,028	52.6	514	614	1,627	1,586	470	290
Other diseases of urinary system (590-599)	62,292	17,143	45,149	56.5	1,977	1,425	3,876	4,842	1,996	3,027
Diseases of the prostate (600-602)	31,206	13,152	18,054	65.2	263	200	1,462	4,651	2,920	3,656
Other diseases of male genital organs (603-607)	12,793	5,967	6,826	49.3	1,560	500	1,344	1,591	521	451
Diseases of breast, gynecological conditions (610-616, 620-629)	3,020	1,599	1,421	47.6	403	196	448	364	107	81

XI. Deliveries and Complications of Pregnancy, Childbirth and the Puerperium (630-678)	58	41	17	(⁶)	37	4	.....	.....	.....	.....
XII. Diseases of skin and subcutaneous tissues	59,917	23,138	36,779	49.2	5,394	2,542	6,084	5,664	1,777	1,677
Infections of skin and subcutaneous tissue (680-686, 694-698)	22,571	10,173	12,398	48.1	2,591	1,176	2,692	2,372	718	624
All other diseases of skin and subcutaneous tissue (690-693, 700-709)	37,346	12,965	24,381	50.1	2,803	1,366	3,392	3,292	1,059	1,053
XIII. Diseases of the musculoskeletal system and connective tissue	96,996	40,853	56,143	50.5	6,878	4,670	12,374	11,563	2,935	2,433
Arthritis and rheumatism, except rheumatic fever (710-718)	45,392	15,470	29,922	56.1	881	1,114	4,722	5,644	1,617	1,492
Displacement of intervertebral disc (725)	4,774	3,380	1,394	46.3	634	666	1,211	736	94	39
Osteomyelitis and other diseases of bone and joint (720-724, 726-729)	28,388	13,972	14,416	45.9	3,767	2,079	4,095	2,885	622	524
Other diseases of musculoskeletal system (730-738)	18,442	8,031	10,411	49.7	1,596	811	2,346	2,298	602	378
XIV. Congenital deformities (741-759)	8,973	3,401	5,572	48.4	746	420	992	875	200	168
XVI. a. Symptoms and ill-defined conditions	134,717	46,652	88,065	52.8	6,770	4,955	13,272	12,358	4,142	5,155
Senility without mention of psychosis (794)	1,093	247	846	77.4	.....	.....	1	10	28	208
Symptoms and all other ill-defined conditions (780-792, 795-796)	133,624	46,405	87,219	52.7	6,770	4,955	13,271	12,348	4,114	4,947
XVI. b. Observation and examination cases, follow-up and special admissions	65,495	22,704	42,791	54.1	3,238	1,895	5,621	6,716	2,578	2,656
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63)	4,532	811	3,721	54.3	25	81	354	227	72	52
Mental (793.0, Y00.1, Y03.4), (316, 318, APA Code)	1,194	746	448	37.6	405	106	127	79	15	14
Malignancy (793.1, Y03.3)	13,965	6,052	7,913	61.6	172	203	1,181	2,224	1,109	1,163
All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11-Y12, Y20-Y29)	45,517	14,813	30,704	52.3	2,454	1,475	3,917	4,164	1,379	1,424
Diagnosis deferred, mental observation (319.0 APA Code)	287	282	5	34.9	182	30	42	22	3	3
XVII. Accidents, poisonings, and nature of injury	116,993	57,528	59,465	47.2	16,961	6,572	14,134	11,859	3,641	4,361
Fracture of skull and facial bones (800-804)	3,728	2,406	1,322	41.6	994	327	578	372	74	61
Fracture of skull and facial bones, late effects (800-804) ⁷	921	501	420	39.6	222	82	120	62	12	3
Fracture of spine and trunk (805-809)	6,032	2,965	3,067	52.0	548	261	814	755	268	319
Fracture of spine and trunk, late effects (805-809) ⁷	5,819	1,487	4,332	43.4	515	240	383	235	63	51
Fracture of upper limb (810-819)	5,802	3,425	2,377	47.8	979	347	811	715	226	247
Fracture of upper limb, late effects (810-819) ⁷	1,664	915	749	43.1	346	107	219	183	42	18
Fracture of lower limb (820-829)	11,117	8,020	3,097	54.3	1,367	698	1,908	1,879	713	1,455
Fracture of lower limb, late effects (820-829) ⁷	3,444	2,025	1,419	47.2	617	219	476	413	143	157
Dislocation without fracture (830-839)	2,368	1,742	626	40.6	809	216	341	260	77	39
Dislocation without fracture, late effects (830-839) ⁷	769	534	235	37.2	294	73	97	55	10	5
Intracranial injury—without skull fracture (850-854)	3,668	2,465	1,203	45.7	849	260	563	483	148	162
Intracranial injury—without skull fracture, late effects (850-854) ⁷	2,075	970	1,105	42.1	380	135	245	148	41	21
Internal injury of chest, abdomen and pelvis (860-869)	1,328	626	702	44.2	222	86	148	101	41	28
Internal injury of chest, abdomen and pelvis, late effects (860-869) ⁷	230	107	123	39.5	48	17	26	12	4	.....
Traumatic amputation of arm and hand—complete/partial (887)	17	9	8	(⁶)	5	.....	1	3	.....	.....
Traumatic amputation of arm and hand—complete/partial, late effects (887) ⁷	16	5	11	(⁶)	1	2	1	1	.....	.....
Traumatic amputation of foot and leg(s)—complete/partial (896-897)	140	55	85	(⁶)	6	10	17	11	6	5
Traumatic amputation of foot and leg(s)—complete/partial, late effects (896-897) ⁷	121	59	62	(⁶)	24	6	16	2	6	5
Burns (940-949)	2,545	1,459	1,086	47.9	359	177	411	339	86	87
Burns, late effects (940-949) ⁷	429	237	192	44.7	72	43	62	36	13	11
Injury to nerves and spinal cord (950-959)	881	420	461	42.5	161	57	109	67	13	13
Injury to nerves and spinal cord, late effects (950-959) ⁷	1,410	626	784	41.5	231	104	173	104	9	5
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 997-999)	31,086	10,774	20,312	50.6	2,287	1,084	2,779	2,735	916	973
All other accidents, poisonings and violence (840-848, 870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996)	28,857	14,425	14,432	44.2	5,096	1,878	3,514	2,577	692	668
All other accidents, poisonings and violence, late effects (870-879, 880-886, 890-895, 900-907, 910-918, 920-929) ⁷	2,526	1,271	1,255	41.7	529	143	322	211	38	28

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Hospital Records", USPHS Publication No. 1693. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification, Category XV, "Certain Causes of Perinatal Morbidity and Mortality", in which no cases occurred, is not included in this table.

³ This figure is based on completed records. In addition, there were 19,000 incomplete discharge records in

the file at the time the table was prepared.

⁴ Principal diagnosis is that diagnosis designated by the treating physician as responsible for the major portion of the patient's length of stay.

⁵ Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.

⁶ Average age not calculated for totals of less than 100 cases.

⁷ All late effect codes are differentiated from other codes by being uniformly .9 in the fourth digit position.

*VA Hospitals: Patients Discharged, Compensation and Pension Status, Type of Patient—
Fiscal Year 1976¹*

Compensation and Pension Status	Total Discharges ²	Type of Patient				
		Tuberculosis	Psychotic	Other Psychiatric	Neurological	General Medical and Surgical
VA Hospitals	915,302	5,284	73,398	147,171	56,469	632,980
Received care for a service-connected disability	97,112	409	28,278	13,699	6,208	48,518
Received care for non-service-connected disability and has a service-connected compensable disability which does not require medical care	129,821	628	4,401	17,313	7,548	99,931
Received care for non-service-connected disability and on VA pension rolls	197,657	1,194	10,728	20,286	13,517	151,932
Received care for non-service-connected disability-no compensation or pension	482,428	3,023	28,910	94,427	28,579	327,489
Non-Veterans ³	8,284	30	1,081	1,446	617	5,110

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 19,000 incomplete discharge records in the file at the time the table was prepared.

³ This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Workers Compensation Program case, he/she is coded as a non-veteran.

TABLE 21

VA Hospitals: Patients Discharged, Age, Selected Period of Service, Diagnostic Grouping – Fiscal Year 1976¹

Diagnostic Composition of Patients	World War II					Korean Conflict					Vietnam Era							
	Total Patients ²	Age Distribution				Total Patients ²	Age Distribution				Total Patients ²	Age Distribution						
		Under 45	45-54	55-64	65 and Over		Under 35	35-44	45-54	55-64		65 and Over	Under 25	25-34	35-44	45-54	55-64	65 and Over
All Patients	487,414	136	165,263	231,614	89,701	100,434	130	37,655	51,816	7,894	2,939	159,333	33,273	95,660	15,199	10,381	3,995	825
Tuberculosis	3,290	3	1,401	1,438	448	721	2	240	409	62	8	392	46	189	90	56	10	1
Pulmonary tuberculosis	2,236	3	964	989	280	522	2	179	294	40	7	249	25	120	64	32	7	1
Other tuberculosis	1,054	....	437	449	168	199	....	61	115	22	1	143	21	69	26	24	3	....
Psychoses	22,716	86	10,794	9,503	2,333	9,463	24	4,324	4,676	357	82	28,563	6,995	19,263	1,697	437	102	69
Functional	17,594	76	9,071	7,194	1,253	8,325	22	3,886	4,093	274	50	27,389	6,756	18,609	1,558	340	72	54
Organic	5,122	10	1,723	2,309	1,080	1,138	2	438	583	83	32	1,174	239	654	139	97	30	15
Other psychiatric	61,903	179	30,094	26,120	5,510	22,701	30	9,935	11,390	1,147	199	38,757	7,849	24,918	3,693	1,793	408	96
Neurological	30,852	45	9,931	14,797	6,079	5,983	12	2,238	3,057	489	187	8,521	1,457	5,114	977	647	276	50
Vascular lesions affecting central nervous system	10,833	11	2,312	5,366	3,144	923	1	221	453	151	97	448	21	111	57	136	103	20
Other neurological	19,537	34	7,444	9,199	2,860	4,947	11	1,983	2,536	328	89	7,936	1,421	4,919	901	500	166	29
Neurological diseases of the sense organs	482	....	175	232	75	113	....	34	68	10	1	137	15	84	19	11	7	1
General medical and surgical	368,653	523	113,043	179,756	75,331	61,566	62	20,918	32,284	5,839	2,463	83,100	16,926	46,176	8,742	7,448	3,199	609
Infective and parasitic diseases	3,868	5	1,309	1,807	747	919	2	357	463	69	28	3,504	1,090	2,038	237	105	30	4
Malignant neoplasms	47,879	35	11,391	24,192	12,261	4,750	3	1,180	2,443	731	393	3,800	434	1,698	545	625	443	85
Benign and unspecified neoplasms	5,709	9	1,723	2,809	1,168	871	1	299	446	91	34	1,372	214	785	152	134	72	15
Allergic and endocrine system	17,583	28	5,906	8,556	3,093	3,217	1	1,100	1,784	254	78	2,409	281	1,295	367	343	127	26
Heart diseases and symptoms	51,196	48	15,062	25,277	10,809	6,726	....	1,844	3,645	838	399	3,495	172	864	743	1,111	522	83
Vascular diseases	27,071	48	8,526	13,347	5,150	4,645	....	1,539	2,455	474	177	3,883	440	2,027	605	533	229	49
Acute respiratory diseases	9,022	8	2,479	4,230	2,305	1,355	2	473	662	148	70	2,160	547	1,222	176	148	58	9
Other respiratory diseases with asthma and symptoms	33,673	34	9,311	16,988	7,340	4,807	7	1,483	2,525	531	261	5,087	1,025	2,617	602	554	239	50
Diseases of the digestive system and symptoms	54,863	95	19,424	26,190	9,154	11,604	14	4,273	6,191	852	274	14,214	2,658	8,039	1,691	1,264	483	79
Diseases of the genitourinary system and symptoms	26,916	39	6,785	13,257	6,835	3,752	5	1,251	1,907	372	217	5,951	1,269	3,401	567	429	237	48
Diseases of skin and cellular tissue	11,057	21	4,047	5,178	1,811	2,643	6	1,012	1,366	205	54	5,797	1,425	3,519	432	296	100	25
Diseases of bones and organs of movement and symptoms	22,752	49	8,531	11,027	3,145	5,186	8	1,921	2,784	377	96	8,215	1,459	5,012	854	650	199	41
Accidents, poisonings and violence	22,124	56	8,483	9,987	3,598	5,561	9	2,332	2,765	332	123	14,905	4,187	8,977	973	566	169	33
All other	34,940	48	10,066	16,911	7,915	5,530	4	1,854	2,848	565	259	8,308	1,725	4,742	798	690	291	62

¹Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

²This figure is based on completed records. In addition, there were 19,000 incomplete discharge records in file at the time the table was prepared.

INPATIENT CARE

TABLE 22

VA Hospitals: Patients Discharged, Type of Patient, Age, Length of Stay - Fiscal Year 1976¹

Type of Patient and Age Group	Total Patients ²	Average Days	Median Days ³	Length of Stay Distribution (days)													Total Days
				1 Day	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 . . .	915,302	33.8	12.2	93,755	101,649	146,036	194,270	111,143	86,215	107,641	32,811	25,278	6,285	2,802	3,918	3,499	30,981,234
Under 20	2,613	16.6	6.6	534	415	544	435	186	153	197	72	59	10	3	4	1	43,256
20-24	36,608	18.6	7.3	6,561	5,748	7,189	6,247	2,917	2,191	3,209	1,207	973	214	94	53	5	680,310
25-29	67,081	21.4	8.0	11,375	9,646	12,486	11,797	5,555	4,557	6,596	2,293	1,893	431	194	204	54	1,439,200
30-34	39,460	24.4	9.5	5,795	5,345	6,989	7,275	3,620	3,034	4,251	1,448	1,102	279	133	131	58	963,605
35-39	32,826	28.8	10.7	3,989	4,141	5,837	6,275	3,451	2,711	3,691	1,178	971	262	109	114	97	945,532
40-44	60,429	30.0	11.4	6,577	7,438	10,160	12,208	6,825	5,354	7,040	2,164	1,630	428	179	243	183	1,814,203
45-49	94,727	31.6	12.0	9,303	10,787	15,762	20,039	11,349	8,830	11,129	3,440	2,545	608	274	365	296	2,992,214
50-54	148,776	33.3	12.4	13,798	16,183	23,896	32,738	18,593	14,552	17,337	5,307	3,905	957	409	608	493	4,956,336
55-59	148,831	33.2	12.8	13,173	15,432	23,058	33,327	19,458	14,918	17,942	5,143	3,903	938	370	612	557	4,948,693
60-64	101,739	33.6	13.2	8,616	10,000	15,165	22,962	13,990	10,416	12,511	3,648	2,677	621	295	446	392	3,416,729
65-69	62,643	34.5	13.6	5,154	6,014	8,775	14,294	8,593	6,636	7,890	2,257	1,798	468	211	279	274	2,162,321
70-74	23,837	40.1	14.0	1,940	2,175	3,249	5,267	3,249	2,482	3,132	967	790	191	96	158	141	954,942
75-79	34,530	58.1	14.3	2,620	3,020	4,677	7,749	4,766	3,714	4,675	1,292	1,055	318	157	211	280	2,006,330
80-84	45,765	58.9	14.4	3,231	3,991	6,183	10,238	6,416	4,957	5,993	1,779	1,455	400	199	358	475	2,696,040
85 and over	15,437	62.3	14.9	1,089	1,314	2,066	3,329	2,175	1,710	2,048	616	522	160	83	132	193	961,523
Tuberculous	5,284	56.5	23.8	372	243	435	829	648	561	906	432	566	184	56	39	13	298,564
Under 20	3	23.7	26.5			1			1	1							71
20-24	49	30.4	14.0	3	3	9	11	6	4	6	3	3	1				1,489
25-29	108	32.5	17.3	8	6	15	20	12	16	13	7	8	2				3,508
30-34	114	35.4	17.2	9	11	18	15	16	10	15	10	8					4,041
35-39	166	40.9	20.6	15	5	16	27	25	19	25	17	12					6,794
40-44	384	53.6	26.5	22	11	29	52	55	46	61	28	14					20,581
45-49	797	54.8	26.0	53	38	51	119	100	85	136	70	101	29	11	3	1	43,713
50-54	1,224	67.1	24.2	106	57	99	192	126	129	215	105	127	40	16	9	3	82,148
55-59	983	59.6	27.4	55	42	78	140	117	100	180	81	118	49	13	7	3	58,580
60-64	566	52.0	23.6	39	33	41	88	72	56	100	51	59	17	5	3	2	29,416
65-69	317	60.4	23.7	26	10	24	54	38	35	54	23	29	14	1	7	2	19,131
70-74	126	43.5	15.6	21	4	16	21	13	6	26	5	9					5,481
75-79	156	39.0	19.5	7	10	17	30	22	21	22	11	10	4				6,087
80-84	225	57.3	22.5	7	9	17	43	35	26	42	16	18	9				12,893
85 and over	66	70.2	19.5	1	4	4	17	11	7	10	5	3	1				4,631
Psychotic	73,398	137.8	26.1	5,494	4,798	6,751	9,172	7,084	7,350	13,710	6,158	6,307	2,063	1,037	1,518	1,956	10,112,005
Under 20	459	31.2	18.6	45	28	72	62	44	52	89	35	28	2	2			14,296
20-24	7,856	37.8	20.3	757	624	875	1,061	804	786	1,464	678	596	124	56	28	3	296,815
25-29	13,840	43.0	20.7	1,372	1,018	1,517	1,938	1,307	1,413	2,591	1,120	1,058	244	115	115	32	594,691
30-34	7,383	54.6	21.8	656	528	775	1,025	728	750	1,365	626	547	178	81	82	42	403,468
35-39	4,919	81.3	24.4	356	350	478	635	513	481	903	403	438	143	71	71	77	399,880
40-44	6,675	108.4	26.0	453	460	607	838	662	728	1,215	555	548	212	96	157	144	723,863
45-49	7,947	132.7	28.1	535	503	678	949	775	790	1,537	690	722	251	135	170	212	1,054,280
50-54	9,287	185.4	30.5	561	540	762	1,043	877	920	1,773	794	905	327	165	284	336	1,721,607
55-59	6,871	210.8	33.1	381	369	464	754	669	704	1,311	603	671	240	134	252	319	1,448,039
60-64	3,409	250.1	36.4	193	207	221	368	279	319	652	301	334	118	72	140	205	852,619
65-69	1,733	280.9	41.5	77	74	103	190	140	168	330	147	197	76	42	57	132	486,772
70-74	616	309.3	49.3	28	18	38	54	53	47	114	60	72	24	13	39	56	190,519
75-79	865	851.0	49.3	41	28	44	97	62	72	146	51	84	47	23	45	125	736,089
80-84	1,076	816.3	50.8	26	28	74	101	117	86	161	73	81	53	21	58	197	878,386
85 and over	462	672.5	34.6	13	23	43	57	54	34	59	22	26	24	11	20	76	310,681

Other Psychiatric	147,171	35.0	13.7	16,128	15,066	23,194	23,550	14,231	14,590	24,062	7,890	5,315	1,255	568	756	566	5,155,643
Under 20	657	19.7	7.1	157	84	114	107	45	49	59	20	17	3	.....	2	1	12,929
20-24	8,696	20.3	8.7	1,840	987	1,387	1,369	771	653	1,036	350	232	41	19	11	.....	176,580
25-29	17,406	23.3	9.9	3,415	1,878	2,702	2,597	1,483	1,447	2,381	761	518	117	53	46	8	405,492
30-34	10,478	23.8	11.2	1,689	1,171	1,688	1,545	878	985	1,584	493	336	60	26	18	5	249,381
35-39	9,365	24.3	12.1	1,169	1,084	1,616	1,391	883	934	1,451	465	277	55	17	18	5	227,378
40-44	15,430	26.6	13.2	1,621	1,737	2,621	2,345	1,372	1,473	2,756	856	473	101	32	29	14	409,766
45-49	21,013	28.8	13.8	1,863	2,315	3,552	3,343	2,028	2,089	3,638	1,207	677	137	59	72	33	605,275
50-54	25,895	32.0	15.0	1,969	2,564	4,148	4,270	2,673	2,820	4,520	1,520	947	214	91	109	50	827,272
55-59	19,327	38.9	16.2	1,351	1,784	2,943	3,251	2,015	2,102	3,494	1,127	789	190	69	116	96	751,996
60-64	9,284	47.0	16.3	574	810	1,333	1,725	1,049	1,011	1,546	520	404	105	48	83	76	436,323
65-69	4,192	56.1	17.7	241	360	556	761	462	449	679	239	223	79	44	56	43	235,299
70-74	1,271	95.8	21.4	73	86	138	229	119	142	195	78	89	30	22	36	34	121,756
75-79	1,459	148.1	26.3	58	81	155	209	149	161	281	91	100	48	19	45	62	216,073
80-84	1,876	191.0	28.6	66	80	162	283	208	191	305	125	168	55	49	84	100	358,273
85 and over	822	148.2	24.4	43	45	79	125	96	84	137	38	65	20	20	31	39	121,850
Neurological	56,469	44.3	15.2	4,254	5,120	7,090	11,585	7,376	5,905	7,692	2,865	2,705	748	337	445	347	2,503,926
Under 20	187	23.5	6.6	32	36	39	36	11	4	10	4	9	4	1	1	.....	4,388
20-24	1,674	28.7	9.3	254	229	296	311	151	114	128	63	67	35	17	7	2	47,998
25-29	3,435	26.6	9.9	501	451	581	676	362	264	289	110	123	39	18	12	9	91,270
30-34	2,403	31.3	11.6	282	315	346	504	252	223	238	89	92	26	13	16	7	75,288
35-39	2,034	42.2	11.8	256	245	300	401	244	178	193	71	81	30	9	14	12	85,832
40-44	3,540	37.1	13.3	304	429	462	771	460	320	386	161	158	29	20	23	17	131,331
45-49	5,667	43.7	14.2	475	568	727	1,214	765	586	668	259	236	64	26	47	32	247,581
50-54	8,871	41.8	14.8	619	847	1,158	1,865	1,173	977	1,193	402	374	104	43	67	49	371,006
55-59	9,456	45.7	16.3	608	738	1,123	2,009	1,292	1,044	1,389	442	500	121	53	77	60	431,773
60-64	6,532	46.2	18.5	320	435	718	1,323	931	753	1,072	425	330	89	48	56	32	301,459
65-69	4,165	52.3	19.6	174	269	413	860	501	704	277	243	71	27	32	36	21	217,967
70-74	1,699	63.1	19.3	95	92	185	329	240	183	253	113	116	40	13	20	20	107,200
75-79	2,497	51.2	19.5	121	174	255	474	353	436	168	138	30	20	26	19	127,951	
80-84	3,308	61.1	19.2	159	224	373	626	451	369	556	214	175	60	25	38	38	202,186
85 and over	1,001	60.6	19.1	54	68	114	186	133	106	177	67	63	6	4	9	14	60,696
General medical and surgical	632,980	20.4	11.0	67,507	76,422	108,566	149,134	81,804	57,809	61,271	15,466	10,385	2,035	804	1,160	617	12,911,096
Under 20	1,307	8.8	5.1	301	267	318	230	86	47	38	13	5	1	.....	1	.....	11,572
20-24	18,333	8.6	5.4	3,707	3,905	4,622	3,495	1,185	634	575	113	75	13	2	7	.....	157,428
25-29	32,292	10.7	6.0	6,078	6,293	7,671	6,566	2,391	1,417	1,322	295	186	29	8	31	5	344,239
30-34	19,082	12.1	7.0	3,160	3,320	4,162	4,186	1,746	1,066	1,049	230	119	15	10	15	4	231,427
35-39	16,342	13.8	8.1	2,193	2,457	3,427	3,821	1,786	1,099	1,119	222	163	30	12	10	3	225,648
40-44	34,400	15.4	9.5	4,177	4,801	6,441	8,202	4,276	2,787	2,622	564	390	72	27	33	8	528,662
45-49	59,303	17.6	10.5	6,377	7,363	10,754	14,414	7,681	5,280	5,150	1,214	809	127	43	73	18	1,041,365
50-54	103,499	18.9	11.2	10,543	12,175	17,729	25,368	13,744	9,706	9,636	2,486	1,552	272	94	139	55	1,954,303
55-59	112,194	20.1	11.7	10,778	12,499	18,450	27,173	15,365	10,968	11,568	2,890	1,825	338	101	160	79	2,258,305
60-64	81,948	21.9	12.3	7,490	8,515	12,852	19,458	11,659	8,277	9,141	2,351	1,550	292	122	164	77	1,796,912
65-69	52,236	23.0	12.8	4,636	5,301	7,679	12,429	7,395	5,483	6,123	1,571	1,106	228	97	127	61	1,203,152
70-74	20,125	26.3	13.2	1,723	1,975	2,872	4,634	2,824	2,104	2,544	711	504	97	46	60	31	529,986
75-79	29,553	31.1	13.5	2,393	2,727	4,206	6,939	4,180	3,177	3,790	971	723	189	91	93	74	920,130
80-84	39,280	31.7	13.6	2,973	3,650	5,557	9,275	5,605	4,285	4,929	1,351	1,013	223	104	176	139	1,244,302
85 and over	13,086	35.4	14.1	978	1,174	1,826	2,944	1,881	1,479	1,665	484	365	109	47	71	63	463,665

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 19,000 incomplete records in file at the time the table was prepared.

³ One-half of the discharges in the given category have lengths of stay greater than the median; the other half, less than the median.

TABLE 23

*VA Hospitals: Patients Discharged, Age, Marital Status, Diagnostic Grouping-Fiscal Year
1976*

INPATIENT CARE

Diagnostic Composition of Patients	Total Patients ²	Age Group					Marital Status					
		Under 45	45-54	55-64	65-74	75 and Over	Never Married	Married	Separated	Widowed	Divorced	Unknown
All Patients	915,302	239,017	243,503	250,570	86,480	95,732	144,221	503,167	51,284	54,932	141,567	20,131
Tuberculosis	5,284	824	2,021	1,549	443	447	844	2,229	430	446	1,167	168
Pulmonary tuberculosis	3,603	581	1,399	1,064	276	283	603	1,401	314	313	857	115
Other tuberculosis	1,681	243	622	485	167	164	241	828	116	133	310	53
Psychoses	73,398	41,132	17,234	10,280	2,349	2,403	30,534	21,939	5,137	1,942	11,557	2,289
Functional	63,757	39,132	14,683	7,787	1,334	821	28,784	17,823	4,351	1,143	9,637	2,019
Organic	9,641	2,000	2,551	2,493	1,015	1,582	1,750	4,116	786	799	1,920	270
Other psychiatric	147,171	62,032	46,908	28,611	5,463	4,157	27,213	61,272	12,976	6,486	36,352	2,872
Neurological	56,469	13,273	14,538	15,988	5,864	6,806	7,466	34,186	2,613	3,417	7,341	1,446
Vascular lesions affecting central nervous system	16,651	581	3,064	5,769	2,952	4,285	1,478	10,628	628	1,660	1,834	423
Other neurological	38,958	12,496	11,203	9,963	2,842	2,454	5,896	22,960	1,958	1,732	5,409	1,003
Neurological diseases of the sense organs	860	196	271	256	70	67	92	598	27	25	98	20
General medical and surgical	632,980	121,756	162,802	194,142	72,361	81,919	78,164	383,541	30,128	42,641	85,150	13,356
Infective and parasitic diseases	9,991	4,441	1,983	1,973	728	866	2,162	5,301	514	457	1,350	207
Malignant neoplasms	71,244	5,070	15,291	26,033	11,796	13,054	7,147	45,427	2,670	5,645	8,550	1,805
Benign and unspecified neoplasms	9,518	1,861	2,480	3,060	1,152	965	1,089	6,154	436	495	1,193	151
Allergic and endocrine system	27,396	4,364	8,564	9,167	3,018	2,283	3,214	17,025	1,366	1,731	3,530	530
Heart diseases and symptoms	78,556	5,420	21,103	27,440	10,199	14,394	6,020	52,959	2,980	6,500	8,424	1,673
Vascular diseases	43,172	6,462	12,263	14,436	4,985	5,026	4,753	26,317	2,225	3,048	5,984	845
Acute respiratory diseases	17,482	3,108	3,522	4,548	2,094	4,210	2,519	9,308	991	1,763	2,510	391
Other respiratory diseases with asthma and symptoms	52,448	7,656	13,146	18,271	7,295	6,080	5,624	31,772	2,576	3,645	7,838	993
Diseases of the digestive system and symptoms	96,701	22,100	28,654	28,324	8,837	8,786	12,615	56,120	5,477	5,676	14,888	1,925
Diseases of the genitourinary system and systems	47,298	8,540	9,679	14,221	6,526	8,332	5,827	30,222	1,930	3,409	4,845	1,065
Diseases of skin and cellular tissue	23,138	7,936	6,084	5,664	1,777	1,677	4,139	12,444	1,295	1,183	3,563	514
Diseases of bones and organs of movement and symptoms	42,256	11,949	12,782	11,880	3,083	2,562	4,746	27,764	1,796	1,875	5,446	629
Accidents, poisonings and violence	51,864	20,721	12,718	10,870	3,403	4,152	10,313	24,991	3,242	2,814	9,155	1,349
All other	61,916	12,128	14,533	18,255	7,468	9,532	7,996	37,737	2,630	4,400	7,874	1,279

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 19,000 incomplete discharge records in file at the time the table was prepared.

*VA Hospitals: Patients Discharged, Compensation and Pension Status,
Type of Patient, Age – Fiscal Year 1976¹*

Type of Patient and Age Group	Total All Patients ²	Service-Connected Veterans				Non-Service-Connected			Non-Veterans ⁴
		Total	10% or More	Less Than 10%	NSC with SC ³	Total	Pension	Other	
All Patients	915,302	226,933	94,821	2,291	129,821	680,085	197,657	482,428	8,284
Under 25	39,221	8,420	6,102	279	2,039	27,183	509	26,674	3,618
25-34	106,541	33,711	21,783	404	11,524	71,074	3,314	67,760	1,756
35-44	93,255	22,087	12,114	225	9,748	70,155	7,943	62,212	1,013
45-54	243,503	60,211	24,308	530	35,373	182,454	43,842	138,612	838
55-64	250,570	69,521	22,008	620	46,893	180,400	58,469	121,931	649
65 and over	182,212	32,983	8,506	233	24,244	148,819	83,580	65,239	410
Tuberculosis	5,284	1,037	396	13	628	4,217	1,194	3,023	30
Under 25	52	3	2		1	48	1	47	1
25-34	222	44	29		15	175	6	169	3
35-44	550	78	36	1	41	464	40	424	8
45-54	2,021	370	139	5	226	1,646	374	1,272	5
55-64	1,549	369	127	3	239	1,175	386	789	5
65 and over	890	173	63	4	106	709	387	322	8
Psychoses	73,398	32,679	27,815	463	4,401	39,638	10,728	28,910	1,081
Under 25	8,315	3,648	3,359	105	184	3,880	111	3,769	787
25-34	21,223	11,305	10,154	137	1,014	9,682	961	8,721	236
35-44	11,594	4,863	4,254	50	559	6,694	1,471	5,223	37
45-54	17,234	6,991	5,713	105	1,173	10,231	4,041	6,190	12
55-64	10,280	4,596	3,492	55	1,049	5,680	2,352	3,328	4
65 and over	4,752	1,276	843	11	422	3,471	1,792	1,679	5
Other Psychiatric	147,171	31,012	13,340	359	17,313	114,713	20,286	94,427	1,446
Under 25	9,353	1,278	747	54	477	7,083	87	6,996	992
25-34	27,884	5,584	2,744	78	2,762	22,046	524	21,522	254
35-44	24,795	3,940	1,668	46	2,226	20,763	1,552	19,211	92
45-54	46,908	10,206	4,207	87	5,912	36,651	7,345	29,306	51
55-64	28,611	8,161	3,308	85	4,768	20,411	6,359	14,052	39
65 and over	9,620	1,843	666	9	1,168	7,759	4,419	3,340	18
Neurological	56,469	13,756	6,104	104	7,548	42,096	13,517	28,579	617
Under 25	1,861	460	350	3	107	1,142	49	1,093	259
25-34	5,838	2,168	1,491	23	654	3,536	420	3,116	134
35-44	5,574	1,498	963	5	530	3,987	650	3,337	89
45-54	14,538	3,580	1,546	32	2,002	10,898	2,980	7,918	60
55-64	15,988	4,032	1,265	28	2,739	11,916	3,820	8,096	40
65 and over	12,670	2,018	489	13	1,516	10,617	5,598	5,019	35
General medical and surgical	632,980	148,449	47,166	1,352	99,931	479,421	151,932	327,489	5,110
Under 25	19,640	3,031	1,644	117	1,270	15,030	261	14,769	1,579
25-34	51,374	14,610	7,365	166	7,079	35,635	1,403	34,232	1,129
35-44	50,742	11,708	5,193	123	6,392	38,247	4,230	34,017	787
45-54	162,802	39,064	12,703	301	26,060	123,028	29,102	93,926	710
55-64	194,142	52,363	13,816	449	38,098	141,218	45,552	95,666	561
65 and over	154,280	27,673	6,445	196	21,032	126,263	71,384	54,879	344

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 19,000 incomplete records in file at the time the table was prepared.

³ Veterans with compensable service-connected disabilities but treated for non-service-connected disability only.

⁴ This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Workers Compensation Program case, he is coded as a non-veteran.

TABLE 25

INPATIENT CARE

VA Hospitals: Patients Discharged, Compensation and Pension Status, Type of Hospital, Type of Patient, Sex - Fiscal Year 1976¹

Compensation and Pension Status	All Patients						Female						Male					
	Total ²	Tuber- culous	Psy- choses	Other Psychi- atric	Neuro- logical	GM&S	Total	Tuber- culous	Psy- choses	Other Psychi- atric	Neuro- logical	GM&S	Total	Tuber- culous	Psy- choses	Other Psychi- atric	Neuro- logical	GM&S
VA hospitals - total	915,302	5,284	73,398	147,171	56,469	632,980	14,068	36	1,657	1,749	875	9,751	901,234	5,248	71,741	145,422	55,594	623,229
Service-connected	97,112	409	28,278	13,699	6,208	48,518	1,541	6	502	248	93	692	95,571	403	27,776	13,451	6,115	47,826
10% or more	94,821	396	27,815	13,340	6,104	47,166	1,489	6	493	232	92	666	93,332	390	27,322	13,108	6,012	46,500
Less than 10%	2,291	13	463	359	104	1,352	52	.....	9	16	1	26	2,239	13	454	343	103	1,326
Non-service-connected with SC	129,821	628	4,401	17,313	7,548	99,931	1,662	4	69	146	107	1,336	128,159	624	4,332	17,167	7,441	98,595
NSC with pension	197,657	1,194	10,728	20,286	13,517	151,932	2,571	2	366	262	151	1,790	195,086	1,192	10,362	20,024	13,366	150,142
NSC no claim pending	482,428	3,023	28,910	94,427	28,579	327,489	7,094	18	675	1,030	420	4,951	475,334	3,005	28,235	93,397	28,159	322,538
Non-Veterans ³	8,284	30	1,081	1,446	617	5,110	1,200	6	45	63	104	982	7,084	24	1,036	1,383	513	4,128
Psychiatric hospitals-total	62,377	65	22,912	30,093	1,249	8,058	1,015	1	527	313	25	149	61,362	64	22,385	29,780	1,224	7,909
Service-connected	15,317	9	10,286	3,596	255	1,171	256	.....	164	64	1	27	15,061	9	10,122	3,532	254	1,144
10% or more	14,801	9	9,960	3,461	251	1,120	234	.....	157	52	1	24	14,567	9	9,803	3,409	250	1,096
Less than 10%	516	.....	326	135	4	51	22	.....	7	12	.....	3	494	.....	319	123	4	48
Non-service-connected with SC	6,067	16	1,071	3,574	136	1,270	60	.....	19	15	3	23	6,007	16	1,052	3,559	133	1,247
NSC with pension	10,533	11	4,161	3,963	313	2,085	246	.....	143	58	9	35	10,287	10	4,018	3,905	304	2,050
NSC no claim pending	30,084	28	7,265	18,758	537	3,496	420	.....	185	164	10	61	29,664	28	7,080	18,594	527	3,435
Non-Veterans ³	376	1	129	202	8	36	33	.....	16	12	2	3	343	1	113	190	6	33
General hospitals-total	852,925	5,219	50,486	117,078	55,220	624,922	13,053	35	1,130	1,436	850	9,602	839,872	5,184	49,356	115,642	54,370	615,320
Service-connected	81,795	400	17,992	10,103	5,953	47,347	1,285	6	338	184	92	665	80,510	394	17,654	9,919	5,861	46,682
10% or more	80,020	387	17,855	9,879	5,853	46,046	1,255	6	336	180	91	642	78,765	381	17,519	9,699	5,762	45,404
Less than 10%	1,775	13	137	224	100	1,301	30	.....	2	4	1	23	1,745	13	135	220	99	1,278
Non-service-connected with SC	123,754	612	3,330	13,739	7,412	98,661	1,602	4	50	131	104	1,313	122,152	608	3,280	13,608	7,308	97,348
NSC with pension	187,124	1,183	6,567	16,323	13,204	149,847	2,325	1	223	204	142	1,755	184,799	1,182	6,344	16,119	13,062	148,092
NSC no claim pending	452,344	2,995	21,645	75,669	28,042	323,993	6,674	18	490	866	410	4,890	445,670	2,977	21,155	74,803	27,632	319,103
Non-Veterans ³	7,908	29	952	1,244	609	5,074	1,167	6	29	51	102	979	6,741	23	923	1,193	507	4,095

¹Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

²This figure is based on completed records. In addition, there were 19,000 incomplete records in the file at the time the table was prepared.

³This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Workers Compensation Program case, he is coded as a non-veteran.

Operations Performed in VA Hospitals - Fiscal Year 1976¹

Operations and ICDA Codes	All Hospitals	GM&S Hospitals			Psychiatric Hospitals ⁵
		Total	Affiliated Hospitals	Non-Affiliated Hospitals	
Surgical Operations (01-98) ²	264,061	261,771	180,199	81,572	2,290
Neurosurgery (01-05)	8,068	8,049	5,837	2,212	19
Incision and excision of skull and intracranial structure (01)	1,997	1,993	1,495	498	4
Other operations on brain and cerebral meninges (02)	889	888	686	202	1
Operations on spinal cord structures (03)	1,462	1,461	1,114	347	1
Operations on peripheral nerves (04)	2,838	2,832	1,999	833	6
Operations on sympathetic nerves or ganglia (05)	882	875	543	332	7
Ophthalmology (06-14)	17,200	17,122	12,507	4,615	78
Operations on lacrimal apparatus (06)	150	149	105	44	1
Operations on eyelids (07)	3,565	3,542	2,580	962	23
Operations on conjunctiva (08)	832	831	596	235	1
Operations on orbit (09)	368	367	269	98	1
Operations on eyeball and muscles (10)	717	715	539	176	2
Operations on cornea and sclera (11)	553	551	413	138	2
Operations on iris and ciliary body (12)	731	728	547	181	3
Operations on choroid, anterior chamber and retina (13)	1,214	1,214	903	311	.....
Operations on lens and vitreous (14)	9,070	9,025	6,555	2,470	45
Otorhinolaryngology (16-21)	18,100	18,016	12,957	5,059	84
Operations on external ear (16)	1,669	1,649	1,084	565	20
Operations on middle ear (17)	3,231	3,231	2,388	843	.....
Operations on inner ear (18)	48	48	36	12	.....
Operations on nose and accessory sinuses (19)	7,562	7,512	5,349	2,163	50
Operations on larynx and trachea (20)	4,374	4,361	3,198	1,163	13
Operations on pharynx, tonsils and adenoids (21)	1,216	1,215	902	313	1
Operations on Thyroid, Parathyroid, Thymus and Adrenals (22-23)	919	916	627	289	3
Operations on thyroid and parathyroid (22)	837	834	572	262	3
Operations on thymus and adrenals (23)	82	82	55	27	.....
Vascular and Cardiac Surgery (24-30)	27,299	27,261	19,720	7,541	38
Operations on peripheral blood vessels (24)	9,222	9,193	6,540	2,653	29
Operations on lymphatic system (25)	2,467	2,461	1,738	723	6
Operations on blood vessels of head, neck and base of brain (26)	2,099	2,099	1,555	544	.....
Operations on intra-abdominal blood vessels (27)	4,013	4,011	2,839	1,172	2
Operations on intrathoracic vessels (28)	422	422	313	109	.....
Operations on heart and pericardium (29)	2,948	2,947	2,206	741	1
Other heart procedures (30)	6,128	6,128	4,529	1,599	.....
Thoracic Surgery (32-35)	7,165	7,114	4,773	2,341	51
Operations on chest wall, pleura and mediastinum (32)	2,775	2,756	1,851	905	19
Operations on bronchus (33)	70	69	54	15	1
Operations on lung (34)	2,453	2,441	1,698	743	12
Operations on esophagus (35)	1,867	1,848	1,170	678	19
Abdominal Surgery (38-48)	58,217	57,613	38,836	18,777	604
Repair of hernia (38)	18,377	18,127	11,933	6,194	250
Incision and excision of abdominal wall region (39)	8,472	8,399	5,793	2,606	73
Other operations on region of abdomen and peritoneum (40)	2,216	2,193	1,522	671	23
Operations on appendix (41)	2,653	2,627	1,723	904	26
Operations on liver (42)	176	176	133	43	.....
Operations on biliary tract (43)	5,869	5,811	3,897	1,914	58
Operations on pancreas (44)	544	542	375	167	2
Operations on spleen (45)	1,032	1,029	719	310	3
Operations on stomach (46)	9,769	9,669	6,612	3,057	100
Incision, excision, resection and enterostomy of intestines (47)	6,491	6,440	4,413	2,027	51
Anastomosis, repair and other operations on the intestines (48)	2,618	2,600	1,716	884	18
Proctological Surgery (50-52)	8,775	8,653	5,439	3,214	122
Operations on rectum (50)	1,980	1,949	1,317	632	31
Operations on anus (51)	5,829	5,746	3,491	2,255	83
Operations on pilonidal sinus or cyst (52)	966	958	631	327	8
Urological Surgery (54-61)	37,458	37,111	25,457	11,654	347
Operations on kidney (54)	2,416	2,414	1,773	641	2
Operations on ureter (55)	1,766	1,756	1,257	499	10
Operations on urinary bladder (56)	6,140	6,088	4,089	1,999	52
Operations on urethra (57)	4,588	4,541	3,020	1,521	47
Operations on prostate and seminal vesicles (58)	12,060	11,943	8,222	3,721	117
Operations on scrotum and contents and spermatic cord (59)	4,289	4,236	2,844	1,392	53
Operations on epididymis and vas deferens (60)	2,830	2,799	1,953	846	31
Operations on penis (61)	3,369	3,334	2,299	1,035	35

INPATIENT CARE

TABLE 26 - Continued

Operations Performed in VA Hospitals - Fiscal Year 1976¹

Operations and ICDA Codes	All Hospitals	GM&S Hospitals			Psychiatric Hospitals ²
		Total	Affiliated Hospitals	Non-Affiliated Hospitals	
Breast Surgery (65)	953	935	645	290	18
Gynecological Surgery (67-72)	708	693	436	257	15
Operations on ovary (67)	130	130	82	48	
Operations on fallopian tubes (68)	18	17	7	10	1
Hysterectomy (69)	164	163	102	61	1
Other operations on uterus and supporting structures (70)	286	276	175	101	10
Operations on vagina (71)	87	86	55	31	1
Operations on vulva and perineum (72)	23	21	15	6	2
Obstetrical Procedures (74-78)	9	9	5	4	
Antepartum obstetrical operations (74)	1	1	1		
Operations inducing or assisting delivery (75)					
Operations inducing or assisting delivery (continued) (76)					
Cesarean section (77)					
Operations after delivery or abortion (78)	8	8	4	4	
Orthopedic Surgery (80-90)	39,190	38,891	26,850	12,041	299
Incision and excision of bones (80)	6,063	6,020	4,099	1,921	43
Repair and plastic operations on bone (81)	2,583	2,554	1,762	792	29
Reduction of fracture and fracture-dislocation of hip (82)	2,338	2,278	1,568	710	60
Reduction of fracture and fracture-dislocation of ankle and wrist (83)	1,140	1,123	794	329	17
Reduction of other fracture and fracture-dislocation (84)	2,086	2,057	1,387	670	29
Amputation and disarticulation of extremities (85)	6,018	5,970	4,012	1,958	48
Incision and excision of joint structures (86)	6,514	6,502	4,583	1,919	12
Other operations on joint structures (87)	6,890	6,873	4,987	1,886	17
Operations on muscles, tendons, fascia and bursa except of hand (88)	3,368	3,337	2,156	1,181	31
Operations on muscles, tendon and fascia of hand (89)	2,184	2,172	1,498	674	12
Reattachment of extremities (90)	6	5	4	1	1
Plastic Surgery (92-94)	35,341	34,768	22,738	12,030	573
Operations on skin and subcutaneous tissue (92)	26,097	25,547	16,064	9,483	550
Reparative and reconstructive surgery (93)	8,229	8,206	5,913	2,293	23
Reparative and reconstructive surgery (continued) (94)	1,015	1,015	761	254	
Oral and Maxillofacial Surgery (95-98)	4,659	4,620	3,372	1,248	39
Operations on salivary glands and ducts (95)	737	729	501	228	8
Operations on buccal cavity, tongue, and palate (96)	1,236	1,223	874	349	13
Operations on jaws (bone and joint) (97)	1,449	1,439	1,062	377	10
Reduction of fracture and fracture-dislocation of jaw bone (98)	1,237	1,229	935	294	8

¹ Patient Treatment File. The procedures included in this table are grouped on the "International Classification of Diseases Adapted for Indexing of Hospital Records", USPHS Publication No. 1693. The numbers following the operations are the identifying code numbers of this operation classification.

² For purposes of this table, dental, diagnostic and therapeutic procedures are excluded.

VA Hospitals: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence - Fiscal Year 1976¹

Reported State of Residence	All Patients			Type of Patient									
	Total ²	Hospitalized in Same State		General Medical and Surgical		Tuberculous		Psychotic		Other Psychiatric		Neurological	
		Number	Percent	Total	Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State
Total	915,302	802,580	87.7	632,980	88.5	5,284	87.1	73,398	86.2	147,171	85.7	56,469	86.2
United States	905,892	793,484	87.6	626,371	88.4	5,217	87.1	71,650	86.0	146,614	85.6	56,040	86.1
Alabama	18,598	16,556	89.0	11,561	90.0	124	89.5	1,765	85.3	4,082	88.6	1,066	85.7
Alaska	279	.....	0.0	176	0.0	1	0.0	32	0.0	41	0.0	29	0.0
Arizona	15,218	14,369	94.4	11,627	96.4	72	93.1	879	82.3	1,759	88.6	881	92.4
Arkansas	20,287	16,596	81.8	15,118	80.7	113	78.8	913	87.4	3,017	88.1	1,126	75.7
California	79,350	77,386	97.5	55,869	97.8	362	95.6	6,589	96.6	11,461	96.9	5,069	97.5
Colorado	10,061	9,191	91.4	6,656	92.6	42	90.5	761	89.9	2,084	88.2	518	90.2
Connecticut	9,344	8,673	92.8	6,756	97.1	52	98.1	657	66.1	1,141	81.7	738	94.6
Delaware	2,250	1,957	87.0	1,686	96.4	16	93.8	139	23.7	268	64.2	141	90.8
District of Columbia	5,230	4,849	92.7	3,577	95.1	66	100.0	451	79.4	747	89.7	389	90.5
Florida	47,071	44,748	95.1	36,297	96.5	287	97.2	2,899	85.4	4,937	89.8	2,651	95.1
Georgia	23,018	18,518	80.5	16,143	81.8	172	73.3	1,303	67.6	4,019	79.3	1,381	81.0
Hawaii	24	.....	0.0	9	0.0	.....	0.0	5	0.0	10	0.0	.....	0.0
Idaho	4,559	2,429	53.3	3,442	56.6	8	37.5	162	26.6	657	46.3	290	45.2
Illinois	50,031	43,309	86.6	32,078	85.0	449	89.3	4,311	88.1	10,057	91.2	3,136	84.9
Indiana	17,557	12,661	72.1	10,886	69.1	225	87.6	1,606	78.8	3,857	77.7	983	69.8
Iowa	13,889	10,959	78.9	10,391	79.2	50	80.0	857	82.3	1,640	74.0	951	81.1
Kansas	12,363	10,241	82.8	7,965	80.8	45	62.2	878	82.3	2,696	91.1	779	76.8
Kentucky	18,395	13,705	74.5	13,031	74.9	112	66.1	1,155	78.3	2,726	71.3	1,371	75.0
Louisiana	20,572	18,934	92.0	15,490	95.0	151	94.7	1,151	66.7	2,507	85.4	1,273	91.3
Maine	5,156	4,699	91.1	2,773	89.9	17	94.1	509	95.9	1,594	96.3	263	65.0
Maryland	13,310	9,242	69.4	9,008	68.7	84	64.3	959	71.0	2,436	74.2	823	62.1
Massachusetts	18,537	16,145	87.1	11,186	83.5	79	72.2	2,125	93.6	3,885	93.7	1,262	88.9
Michigan	22,145	20,893	94.3	13,457	95.1	113	99.1	3,205	93.7	4,052	93.3	1,318	91.0
Minnesota	17,026	14,695	86.3	12,301	86.0	25	92.0	1,220	92.0	2,256	85.6	1,224	84.8
Mississippi	15,021	11,740	78.2	11,286	80.2	100	78.0	978	79.0	1,765	70.9	883	66.3
Missouri	28,989	23,782	82.0	21,403	85.1	135	88.9	1,553	75.7	4,209	67.9	1,689	82.7
Montana	5,905	4,163	70.5	4,137	75.0	33	78.8	275	28.7	1,086	62.5	374	73.8
Nebraska	10,957	9,389	85.7	7,459	88.5	34	91.2	582	70.4	2,266	80.2	616	85.9
Nevada	4,145	2,584	62.6	3,225	64.1	11	63.6	188	52.7	462	57.4	259	60.6
New Hampshire	5,412	3,084	57.0	3,913	60.7	7	28.6	221	20.4	911	53.7	360	48.3
New Jersey	13,771	10,792	78.4	7,922	74.5	132	90.9	2,458	86.7	2,497	83.6	762	72.6
New Mexico	7,298	6,483	88.8	5,202	91.9	27	96.3	559	78.0	1,028	77.3	482	91.9
New York	60,852	59,963	98.5	42,157	99.0	288	96.9	5,830	96.2	9,389	98.5	3,188	97.5
North Carolina	25,544	23,420	91.7	18,161	92.9	163	88.3	1,532	91.6	4,092	89.9	1,596	83.2
North Dakota	2,494	1,665	66.8	1,529	75.9	4	50.0	167	17.4	649	56.7	145	73.1
Ohio	23,926	20,346	85.0	14,475	82.9	153	83.0	3,164	91.4	4,677	87.3	1,457	84.9
Oklahoma	15,310	13,501	88.2	11,269	91.8	113	94.7	802	62.1	2,250	79.5	876	87.1
Oregon	13,885	11,084	79.8	10,305	82.3	63	52.4	704	80.3	1,777	64.8	1,036	82.1
Pennsylvania	29,608	27,397	92.5	18,992	92.0	190	90.5	3,619	94.6	4,892	94.1	1,915	90.5
Rhode Island	4,283	3,721	86.9	3,206	93.1	24	100.0	320	53.4	442	67.0	291	84.5
South Carolina	18,302	12,570	68.7	12,993	74.9	134	66.4	988	59.0	3,043	42.1	1,144	77.5
South Dakota	7,415	6,395	86.2	4,634	83.8	15	93.3	454	91.2	1,872	93.8	440	74.8
Tennessee	24,455	23,254	95.1	16,357	95.5	159	88.1	1,678	93.4	4,607	94.2	1,654	95.5
Texas	63,473	58,541	92.2	45,830	92.8	377	91.8	4,659	93.3	8,754	88.8	3,853	92.2
Utah	5,994	5,811	96.9	3,973	97.1	10	100.0	381	96.6	1,334	96.6	296	97.3
Vermont	2,338	2,095	89.6	1,760	93.1	7	85.7	96	54.2	319	80.3	156	91.7
Virginia	22,151	18,215	82.2	14,386	81.6	141	78.7	1,895	86.8	4,174	83.3	1,555	80.1
Washington	15,130	14,267	94.3	9,935	94.3	62	91.9	1,377	94.6	2,659	95.2	1,097	91.6
West Virginia	14,431	11,347	78.6	10,114	85.1	90	71.1	862	39.2	2,536	67.0	829	77.0
Wisconsin	17,567	15,005	85.4	12,226	84.8	78	91.0	1,604	86.3	2,385	87.6	1,294	85.9
Wyoming	2,975	2,125	71.4	2,039	68.5	2	50.0	173	75.7	630	80.3	131	68.7
Outside United States	9,410	9,096	96.7	6,609	97.2	67	92.5	1,748	96.1	557	92.6	429	96.3
Canal Zone	1	.....	0.0	.....	0.0	.....	0.0	1	0.0	.....	0.0	.....	0.0
Guam	3	.....	0.0	1	0.0	.....	0.0	.....	0.0	2	0.0	.....	0.0
Philippines, Republic of	1	.....	0.0	.....	0.0	.....	0.0	1	0.0	.....	0.0	.....	0.0
Puerto Rico	9,173	9,096	99.2	6,450	99.6	62	100.0	1,719	97.7	524	98.5	418	98.8
Others	232	.....	0.0	158	0.0	5	0.0	27	0.0	31	0.0	11	0.0

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there are 19,000 incomplete discharge records in file at the time the table was prepared.

VA Hospitals: Patients Discharged, Diagnostic Grouping, Average and Median Length of Stay, Length of Stay Distribution - Fiscal Year 1976¹

Principal Diagnoses ²	Total Patients ³	Average Length of Stay	Median Length of Stay ⁴	Length of Stay Distribution (days)													Total Days
				1 day	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	915,302	33.8	12.2	93,755	101,649	146,036	194,270	111,143	86,215	107,641	32,811	25,278	6,285	2,802	3,924	3,493	30,981,234
I. Infective and parasitic diseases	14,821	31.0	11.6	1,726	1,827	2,349	2,884	1,653	1,201	1,526	628	694	206	59	46	22	459,878
Pulmonary tuberculosis (011)	3,603	68.7	29.7	160	148	243	499	421	383	658	353	480	165	50	31	12	247,413
Tuberculosis, late effects (019)	128	23.4	14.0	6	9	20	34	16	19	12	9	2	1				2,995
Tuberculosis, other (010, 012-018)	808	31.0	18.7	44	41	88	164	127	102	155	41	34	5	3	3	1	25,076
Cardiovascular syphilis (093)	53	15.7	10.7	3	5	12	17	5	4	6		1					831
Syphilis of central nervous system (094)	107	167.8	17.2	9	6	11	22	17	13	13	8	6				2	17,950
Other forms of late syphilis, latent or unspecified (095-097)	128	15.1	7.5	29	22	15	23	14	12	9	1	1	2				1,927
All other venereal diseases (090-092, 098-099)	1,030	7.6	4.8	184	280	274	177	53	22	29	6	4	1				7,824
Infectious hepatitis (070)	1,037	12.8	10.4	64	117	220	342	148	93	39	7	6				1	13,278
Malaria (084)	17	9.3	7.5	2	3	4	4	2	2								158
All other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083, 085-089, 100-104, 110-117, 120-129, 130-136)	7,910	18.0	8.3	1,225	1,196	1,462	1,602	850	551	605	203	160	32	6	11	7	142,426
II. Neoplasms	82,344	25.8	13.9	10,868	8,830	10,214	13,330	9,444	8,549	13,216	4,533	2,622	383	143	159	53	2,121,692
Malignancy of buccal cavity and pharynx (140-149)	5,268	41.5	23.4	348	376	474	782	568	531	1,014	619	425	75	30	21	5	218,747
Malignancy of digestive organs and peritoneum (150-159)	10,034	31.5	21.5	637	638	1,265	1,328	1,232	1,375	2,329	739	393	54	18	18	8	315,778
Malignancy of respiratory system (160, 162-163)	18,749	28.2	17.9	2,126	1,444	1,980	2,858	2,347	2,365	3,742	1,180	558	74	30	40	5	528,107
Malignancy of larynx (161)	2,239	42.1	27.1	113	187	204	235	248	234	538	281	141	35	11	9	3	94,193
Malignancy of lymphatic and hematopoietic tissue (200-209)	8,803	19.0	9.7	1,645	1,141	1,259	1,510	972	759	1,015	261	198	16	12	8	7	167,332
Malignancy of genitourinary organs (180-189)	13,624	25.5	14.5	1,203	1,314	1,742	2,744	1,821	1,463	2,182	646	400	62	16	20	11	346,867
Malignancies of all other systems (170-174, 190-199)	13,350	24.0	11.2	2,382	1,731	1,617	2,062	1,407	1,176	1,770	676	413	54	21	34	7	321,009
Neoplasms, benign (210-228)	8,179	11.7	5.3	2,008	1,654	1,355	1,416	652	454	450	96	69	10	4	6	5	95,814
Neoplasms, of unspecified nature (230-239)	2,098	16.1	7.7	406	345	318	395	197	192	176	35	25	3	1	3	2	33,845
III. Endocrine, nutritional, and metabolic diseases	27,849	24.8	13.5	1,839	2,293	4,183	7,134	4,232	2,984	3,222	917	707	176	74	59	29	691,170
Diabetes mellitus (250)	19,724	26.3	13.9	1,203	1,418	2,843	5,205	3,108	2,175	2,293	668	541	140	61	46	23	518,782
Diseases of thyroid and other endocrine glands (240-246, 251-258)	2,985	20.2	13.2	191	306	462	715	461	326	363	96	50	10	1	3	1	60,412
Avitaminosis and other nutritional deficiency (260-269)	948	35.0	18.8	69	76	88	166	140	110	183	61	31	11	6	3	4	33,215
Obesity not specified as of endocrine origin (277)	1,392	25.2	13.5	70	145	225	327	190	143	176	47	50	12	5	1	1	35,103
Other metabolic diseases (270-276, 278-279)	2,800	15.6	9.8	306	348	565	721	333	230	207	45	35	3	1	6		43,658
IV. Diseases of blood and blood-forming organs	4,941	19.1	11.7	680	637	604	1,033	722	538	549	96	53	4	8	11	6	94,360
Anemia, iron deficiency (280)	1,216	21.9	16.2	59	89	111	308	243	189	177	23	13	2		1	1	26,677
Pernicious Anemia (281.0)	210	30.5	16.9	20	18	12	45	37	29	35	8	1	1		3	1	6,397
Anemia, other (281.1-285)	2,358	18.3	9.4	435	383	275	425	291	217	240	47	29	1	6	6	3	43,082
All other diseases of blood and blood-forming organs (286-289)	1,157	15.7	9.6	166	147	206	255	151	103	97	18	10		2	1	1	18,204
V. Mental Disorders	219,802	69.5	17.1	21,418	19,745	29,821	32,592	21,255	21,900	37,711	14,032	11,615	3,317	1,605	2,277	2,514	15,234,838
Psychoses not attributed to physical conditions (295-299)	63,757	133.6	26.9	4,823	3,969	5,650	7,812	6,145	6,487	12,341	5,578	5,642	1,765	869	1,209	1,467	8,520,200
Alcoholic psychosis (291)	5,169	71.6	13.2	503	654	788	856	503	422	617	206	261	104	46	99	110	370,099
Psychosis with organic brain syndrome, except syphilitic (290, 292.2-294)	4,388	225.3	38.2	166	172	308	503	432	436	741	370	396	188	120	212	344	968,784
Psychoses associated with syphilis (292.0, 292.1)	63	3,685.7	2	2		2			4	7	1	6	6	2	1	32	232,200
Alcoholism (303)	83,749	26.0	13.6	6,971	9,403	14,712	13,477	7,841	8,710	14,863	4,580	2,389	390	162	179	72	2,176,724
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9)	10,419	137.2	26.6	531	756	1,038	1,336	1,020	1,035	1,768	709	882	349	202	379	414	1,429,889

Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 304-307, 307.3, 307.4)	52,135	28.5	12.6	8,413	4,786	7,310	8,591	5,296	4,797	7,353	2,580	2,033	508	203	197	68	1,483,555
Mental retardation (310-315)	122	273.7	21.6	9	5	13	17	18	9	21	8	6	7	1	1	7	33,387
VI. Diseases of nervous system and sense organs	42,991	29.9	10.5	3,557	5,165	9,164	10,395	4,668	3,239	3,589	1,173	1,186	334	150	201	170	1,286,993
Inflammatory diseases of central nervous system (320-324)	489	58.3	20.7	36	38	42	84	54	64	88	36	33	4	3	4	3	28,519
Epilepsy (345)	3,414	19.5	10.9	322	436	575	892	455	319	280	64	42	8	6	11	4	66,704
Amyotrophic lateral sclerosis (348.0)	500	46.6	15.9	33	47	53	108	67	61	62	19	27	9	7	4	3	23,292
Paraplegia, cerebral or spinal (344.2, 349.3)	1,644	58.4	23.0	104	146	153	238	164	159	267	122	177	64	22	20	8	96,002
Quadriplegia, cerebral or spinal (344.3, 349.4)	1,178	131.8	27.6	62	91	105	149	108	120	180	82	142	67	22	24	26	155,234
Other diseases of central nervous system, including hereditary and familial disease of nervous system (330-333, 340-344.1, 344.9, 346-347, 348.1-349.2, 349.5-349.9)	9,120	61.2	18.9	457	613	961	1,826	1,246	1,033	1,479	558	512	135	75	111	114	558,300
Diseases of nerves and peripheral ganglia (350-358)	5,038	18.6	11.4	393	615	935	1,193	672	515	470	118	95	19	6	6	1	93,636
Inflammatory diseases of the eye and other diseases and conditions of the eye, except blindness (360-369, 370-378)	16,785	11.8	7.7	1,668	2,105	5,004	4,952	1,526	751	542	106	91	11	7	13	9	198,854
Blindness (379)	531	50.2	18.8	37	40	61	95	60	37	79	43	59	12	2	4	2	26,662
Disease of ear and mastoid process (380-389)	4,292	9.3	6.1	445	1,034	1,275	858	316	180	142	25	8	5	.....	4	.....	39,790
VII. Diseases of the circulatory system	138,023	25.4	12.8	9,534	12,746	22,400	35,053	21,304	14,327	14,226	3,699	2,944	756	298	455	281	3,499,802
Chronic rheumatic heart disease (393-396)	4,062	17.1	11.6	204	530	779	1,022	635	389	375	73	41	7	2	2	3	69,277
Hypertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 404)	2,467	18.3	11.2	115	259	540	715	337	214	199	38	37	5	1	4	3	45,257
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 403)	12,601	14.9	9.0	1,869	1,584	2,368	3,238	1,518	914	812	168	97	13	5	11	4	188,178
Acute myocardial infarction (410)	7,918	23.3	15.1	743	368	758	2,057	1,906	1,120	715	116	69	19	6	22	19	184,838
Chronic ischemic heart disease (412)	42,923	21.3	12.0	2,087	4,260	8,264	11,917	6,715	4,272	3,624	748	559	128	58	124	67	912,618
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414)	4,124	12.2	9.5	271	546	974	1,277	561	273	176	24	14	2	1	5	.....	50,361
Other forms of heart disease (391, 392.0, 420-429)	16,729	19.7	10.9	1,292	1,906	3,273	4,518	2,337	1,471	1,388	263	150	37	14	38	22	328,926
Cerebral hemorrhage (431)	668	44.9	13.7	113	64	72	104	70	60	99	40	27	5	6	5	3	30,015
Cerebral thrombosis (433)	3,124	70.8	27.7	89	113	216	512	399	369	630	297	297	87	39	43	33	221,287
Cerebral embolism (434)	115	51.2	20.1	5	3	6	34	13	18	14	7	10	2	1	.....	2	5,885
Generalized ischemic cerebrovascular disease (437)	1,892	47.2	18.3	81	109	218	398	296	215	316	98	87	25	12	22	15	89,332
All other cerebrovascular disease (430, 432, 435, 436, 438)	10,852	48.7	20.0	439	620	1,126	2,141	1,533	1,236	1,909	767	689	165	67	93	67	528,261
Arteriosclerosis (440)	5,068	43.9	20.0	206	306	575	897	762	690	922	255	276	91	28	40	20	222,263
All other diseases of arteries, arterioles, and capillaries (441-448)	9,350	34.2	19.3	523	672	869	1,692	1,502	1,366	1,599	483	424	137	41	30	12	319,928
Varicose veins lower extremities (454)	2,884	25.5	13.9	333	237	324	650	450	324	365	113	56	20	7	3	2	73,621
Hemorrhoids (455)	5,061	11.1	9.2	700	615	948	1,563	681	346	170	24	11	1	.....	1	1	56,062
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458)	8,285	21.0	14.2	464	554	1,090	2,318	1,589	1,050	903	185	90	12	10	12	8	173,693
VIII. Diseases of the respiratory system	60,319	24.6	11.2	3,160	7,041	12,799	15,969	7,971	5,243	5,343	1,242	897	214	93	178	169	1,482,127
Acute respiratory infections including influenza (460-466, 470-474)	5,072	10.9	7.2	389	979	1,477	1,282	458	243	197	26	8	5	1	5	2	55,303
Pneumonia (480-486)	11,605	46.1	13.6	475	760	1,969	3,259	1,781	1,227	1,279	334	237	70	32	74	108	535,076
Bronchitis, unqualified and chronic (490-491)	6,924	19.6	11.7	275	648	1,418	2,108	1,015	607	593	138	72	15	8	15	12	135,872
Empysema (492)	13,034	24.9	13.0	557	1,043	2,324	3,674	1,968	1,301	1,390	357	270	64	28	44	24	324,170
Asthma (493)	2,933	14.3	9.2	247	381	694	832	351	202	161	26	27	3	2	6	1	42,059
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519)	20,751	18.8	9.5	1,217	3,230	4,917	4,814	2,408	1,663	1,723	361	283	57	22	34	22	389,647
IX. Diseases of the digestive system	86,933	18.5	12.1	6,353	7,552	14,829	24,825	13,052	8,953	8,438	1,714	900	147	44	82	44	1,607,855
Diseases of oral cavity, salivary glands, and jaws (520-529)	4,999	9.2	5.2	1,374	784	1,189	909	367	158	156	32	22	2	3	2	1	46,177
Ulcers digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534)	11,380	20.9	14.0	780	850	1,506	2,984	1,988	1,571	1,318	241	97	20	5	10	10	238,190

VA Hospitals: Patients Discharged, Diagnostic Grouping, Average and Median Length of Stay, Length of Stay Distribution - Fiscal Year 1976¹

Principal Diagnoses ²	Total Patients ³	Average Length of Stay	Median Length of Stay ⁴	Length of Stay Distribution (days)												Total Days	
				1 day	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 other diseases esophagus, stomach and duodenum (except ulcers) (530, 535-537)	7,730	17.6	10.0	921	1,107	1,300	1,915	1,004	700	599	103	52	8	3	10	7	136,176
Hernia of abdominal cavity (550-553)	20,280	14.8	11.7	742	981	4,124	8,084	3,264	1,662	1,148	173	70	10	4	13	5	299,601
Other diseases of intestine and peritoneum (540-543, 560-569)	18,547	16.7	10.6	1,664	2,124	3,641	4,962	2,460	1,671	1,433	300	162	31	13	24	12	309,768
Cirrhosis of liver (571)	11,462	26.2	17.4	382	896	1,366	2,480	1,743	1,569	2,073	538	340	51	9	11	5	300,074
Other diseases of liver, gall bladder and pancreas (570, 572-577)	12,535	22.2	14.6	490	811	1,703	3,490	2,226	1,622	1,661	327	157	25	7	12	4	277,869
X. Diseases of the genitourinary system	42,962	16.5	10.0	4,157	7,215	7,079	10,581	5,518	3,752	3,428	669	387	56	36	56	28	710,902
Nephritis and nephrosis (580-584)	5,101	20.7	8.2	572	1,161	791	861	532	404	501	136	104	17	12	6	4	106,775
Other diseases of urinary system (590-599)	17,143	16.7	9.8	1,768	2,815	2,943	4,133	2,125	1,451	1,386	286	151	26	14	31	14	285,718
Diseases of the prostate (600-602)	13,152	18.7	13.0	1,063	1,386	1,517	3,666	2,249	1,588	1,315	215	113	11	9	13	7	245,571
Other diseases of male genital organs (603-607)	5,967	10.0	6.6	565	1,497	1,451	1,493	475	249	183	28	15	2	1	5	3	59,456
Diseases of breast, gynecological conditions (610-616, 620-629)	1,599	9.0	6.7	188	356	377	428	137	60	43	4	4	.....	.....	1	.....	14,382
XI. Deliveries and Complication of Pregnancy, Childbirth and Puerperium (630-678)	41	4.7	3.8	9	13	11	7	.....	1	.....	.....	.....	.....	.....	.....	.....	192
XII. Diseases of skin and subcutaneous tissue	23,138	17.4	7.0	5,339	3,493	3,576	4,113	2,026	1,626	1,800	542	432	100	32	47	12	403,264
Infections of skin and subcutaneous tissue (680-686, 694-698)	10,173	18.1	10.0	975	1,332	2,082	2,445	1,159	891	889	229	120	22	9	13	7	183,948
All other diseases of skin and subcutaneous tissue (690-693, 700-709)	12,965	16.9	4.0	4,364	2,164	1,491	1,668	867	735	911	313	312	78	23	34	5	219,316
XIII. Diseases of the musculoskeletal system and connective tissue	40,853	20.5	12.8	3,993	4,082	6,057	9,200	6,000	4,710	4,936	954	657	134	57	56	17	836,919
Arthritis and rheumatism, except rheumatic fever (710-718)	15,470	23.9	15.1	1,118	1,106	1,992	3,472	2,503	2,081	2,284	444	334	71	25	29	11	370,206
Displacement of intervertebral disc (725)	3,380	20.4	17.3	197	178	288	791	712	590	520	76	22	4	1	1	.....	68,929
Osteomyelitis and other diseases of bone and joint (720-724, 726-729)	13,972	19.5	11.7	1,605	1,485	2,149	3,272	1,951	1,450	1,487	292	204	38	20	15	4	273,046
Other diseases of musculoskeletal system (730-738)	8,031	15.5	8.0	1,073	1,313	1,628	1,665	834	589	645	142	97	21	11	11	2	124,738
XIV. Congenital deformities (741-759)	3,401	17.2	9.8	459	498	539	778	381	312	286	79	53	2	4	9	1	58,605
XVI. a. Symptoms and ill-defined conditions	46,652	16.0	8.8	5,222	7,003	9,596	12,088	5,464	3,426	2,715	561	359	78	37	64	39	745,693
Senility without mention of psychosis (794)	247	40.4	14.8	21	24	29	51	28	26	37	7	13	7	1	2	1	9,967
Symptoms and all other ill-defined conditions (780-792, 795-796)	46,405	15.9	8.8	5,201	6,979	9,567	12,037	5,436	3,400	2,678	554	346	71	36	62	38	735,726
XVI. b. Observation and examination cases, followup and special admissions	22,704	14.7	4.6	5,729	5,095	3,407	3,590	1,630	1,134	1,338	335	305	61	27	38	15	334,149
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63)	811	30.0	12.0	163	50	108	148	88	60	89	31	53	13	3	5	.....	24,370
Mental (793.0, Y00.1, Y03.4), (316, 318, APA Code)	746	43.0	5.8	204	116	121	129	56	39	57	13	5	1	.....	1	4	32,088
Malignancy (793.1, Y03.3)	6,052	10.3	3.7	1,628	1,631	855	854	383	273	294	64	47	12	4	6	1	62,517
All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11-Y12, Y20-Y29)	14,813	14.4	5.0	3,582	3,244	2,284	2,439	1,098	757	894	227	199	35	20	24	10	213,204
Diagnosis deferred, mental observation (319.0 APA Code)	282	7.0	5	152	54	39	20	5	5	4	.....	1	.....	.....	2	.....	1,970

XVII. Accidents, poisoning, and nature of injury	57,528	24.6	8.8	9,712	8,411	9,411	10,698	5,823	4,320	5,318	1,637	1,467	317	135	186	93	1,412,796
Fracture of skull and facial bones (800-804)	2,406	15.8	8.6	246	358	549	648	272	135	120	38	28	5	2	3	2	38,078
Fracture of skull and facial bones, late effects (800-804) ⁷	501	18.0	9.3	53	68	106	127	57	33	31	13	9	1	.....	2	1	9,033
Fracture of spine and trunk (805-809)	2,965	31.0	13.5	188	324	476	629	387	304	367	131	103	24	8	17	7	91,837
Fracture of spine and trunk, late effects (805-809) ⁷	1,487	72.2	17.0	98	168	187	248	150	129	203	91	114	37	17	33	12	107,322
Fracture of upper limb (810-819)	3,425	20.3	5.0	979	601	513	472	233	207	286	81	40	4	2	5	2	69,593
Fracture of upper limb, late effects (810-819) ⁷	915	14.2	8.8	124	104	203	234	102	63	53	15	14	2	1	.....	.....	13,025
Fracture of lower limb (820-829)	8,020	46.0	17.9	801	644	838	1,257	1,107	891	1,393	454	431	96	39	43	26	368,970
Fracture of lower limb, late effects (820-829) ⁷	2,025	29.8	13.6	200	216	264	414	225	217	255	97	105	16	6	7	3	60,275
Dislocation without fracture (830-839)	1,742	14.2	9.1	275	207	312	475	198	118	104	28	19	2	1	3	.....	24,758
Dislocation without fracture, late effects (830-839) ⁷	534	17.1	9.7	48	46	139	142	66	39	40	10	2	1	.....	.....	1	9,113
Intracranial injury - without skull fracture (850-854)	2,465	24.2	6.2	603	449	322	353	178	156	218	75	74	15	9	10	3	59,710
Intracranial injury - without skull fracture, late effects (850-854) ⁷	970	86.0	14.7	104	93	117	178	123	86	91	46	63	22	14	14	19	83,463
Internal injury of chest, abdomen and pelvis (860-869)	626	16.9	10.7	49	65	136	166	75	46	68	7	11	2	.....	1	.....	10,574
Internal injury of chest, abdomen and pelvis, late effects (860-869) ⁷	107	27.9	15.4	12	6	17	17	24	8	13	4	2	2	2	.....	.....	2,982
Traumatic amputation of arm and hand - complete/partial (887)	9	37.8	18.5	.....	1	2	1	1	.....	2	1	1	.....	.....	.....	.....	340
Traumatic amputation of arm and hand - complete/partial, late effects (887) ⁷	5	17.4	5	3	.....	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	87
Traumatic amputation of foot and leg(s) - complete/partial (896-897)	55	125.5	66.1	4	.....	2	1	2	7	11	3	9	10	3	3	.....	6,903
Traumatic amputation of foot and leg(s) - complete/partial, late effects (896-897) ⁷	59	47.2	19.3	6	2	5	9	12	7	8	1	6	2	.....	1	.....	2,787
Burns (940-949)	1,459	28.9	16.3	132	131	155	279	183	139	267	88	68	8	5	4	.....	42,148
Burns, late effects (940-949) ⁷	237	27.5	14.4	16	30	34	42	31	20	35	15	12	1	1	.....	.....	6,513
Injury to nerves and spinal cord (950-959)	420	40.2	12.8	41	51	61	83	55	27	46	12	28	6	3	5	2	16,893
Injury to nerves and spinal cord, late effects (950-959) ⁷	626	41.7	13.5	40	63	114	121	69	54	78	28	33	13	3	6	4	26,078
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 997-999)	10,774	15.5	8.4	1,406	1,779	2,080	2,257	1,144	816	876	202	174	21	6	9	4	167,408
All other accidents, poisoning and violence (840-848, 870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996)	14,425	12.0	4.5	4,114	2,787	2,500	2,292	1,014	710	671	171	106	25	11	18	6	172,729
All other accidents, poisonings and violence, late effects (870-879, 880-886, 890-895, 900-907, 910-918, 920-929) ⁷	1,271	17.4	7.6	170	218	278	253	115	108	82	25	15	2	2	2	1	22,176

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 170,000 one-day hemodialysis discharges.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases. Adapted for Indexing of Hospital Records," U.S.P.H.S. Publication No. 1693. The numbers following the diagnosis are the identifying code numbers of this diagnostic classification, Category XV, "Certain Causes of Perinatal Morbidity and Mortality", in which no cases occurred, is not included in this table.

³ This figure is based on completed records. In addition, there were 19,000 incomplete discharge records in the file at the time the table was prepared.

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.

⁵ No median computed since more than one-half of the cases had one day of stay.

⁶ In excess of 731 days and over.

⁷ All late effect codes are differentiated from other codes by being uniformly .9 in the fourth digit position.

Cost of Operation of Medical Inpatient Facilities – Fiscal Year 1976

(Dollars in Thousands)

Activity	Total	VA Hospital Care			VA Nursing Care	VA Domiciliaries
		Medical Bed Section	Surgical Bed Section	Psychiatric Bed Section		
Total Costs	\$2,703,390	\$1,271,198	\$664,735	\$583,185	\$122,300	\$61,972
Professional and ancillary:						
Medical Services ¹	654,940	322,935	183,646	123,917	14,140	10,302
Nursing Service	756,489	367,352	192,732	156,020	38,115	2,270
Chaplain Service	13,941	5,937	2,546	3,636	907	915
Dietetics Service	255,444	107,962	46,539	63,978	18,596	18,369
Dental Service	28,554	12,633	5,526	7,992	906	1,497
Audiology & Speech Pathology	3,493	2,225	646	231	276	115
Direct Care, Total	1,712,861	819,044	431,635	355,774	72,940	33,468
Administrative Support	334,334	157,696	83,531	72,169	13,208	7,730
Engineering Support	329,739	136,376	68,887	87,298	21,984	15,194
Building Management²	160,129	70,627	35,993	40,452	10,217	2,840
Research Support	49,790	29,332	13,597	6,407	260	194
Asset Acquisitions	116,537	58,123	31,092	21,085	3,691	2,546
Support, Total	990,529	452,154	233,100	227,411	49,360	28,504

¹ Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, rehabilitation medicine, social service, clinical psychology, radiology, medical illustration and library.

² Includes operation of laundry.

EXTENDED CARE

VA Domiciliaries, VA Nursing Home Care Units, and Community Nursing Homes: Turnover—Fiscal Year 1976

Item	VA Facilities			Community Nursing Homes
	Total	Domiciliaries	Nursing Home Care Units	
Average daily domiciliary member and nursing home care patient census, fiscal year 1975	15,920	9,181	6,739	6,239
Domiciliary members and nursing home care patients remaining, June 30, 1975	15,836	9,040	6,796	6,718
Total gains during fiscal year 1976	20,559	13,873	6,686	19,247
Admissions after rehospitalization, etc	1,990	1,309	681	1,128
Other admissions	10,202	6,860	3,342	15,425
Transfers in from similar facility	152	96	56	478
From absent sick in hospital	8,215	5,608	2,607	2,216
Total losses during fiscal year 1976	20,270	13,947	6,323	18,948
Deaths	717	136	581	2,515
Discharges	6,797	5,181	1,616	9,741
Transfers out to similar facility	137	56	81	496
To absent sick in hospital	12,619	8,574	4,045	6,196
Domiciliary members and nursing home care patients remaining, June 30, 1976	16,196	9,044	7,152	7,002
Average daily domiciliary member and nursing home care patient census, fiscal year 1976	16,083	9,090	6,993	6,646
Discharges while in absent sick in hospital status	3,620	2,775	845	2,678
Deaths while in absent sick in hospital status	676	196	480	868
On rolls in absent status, June 30, 1976	1,343	1,076	267	194
In hospital status	486	313	173	193
Other	857	763	94	1
Domiciliary members and nursing home care patients treated	29,349	18,408	10,941	22,998

*VA and State Domiciliaries: Average Daily Census, Average Operating Beds—
Fiscal Year 1976*

VA and State Domiciliaries	Average Daily Census ¹	Average Operating Beds ²	VA and State Domiciliaries	Average Daily Census ¹	Average Operating Beds ²
Total — VA and State Domiciliaries	14,652	10,101	Indiana: Lafayette	86	
Total — VA Domiciliaries	9,090	10,101	Iowa: Marshalltown	136	
Arizona:			Kansas: Fort Dodge	68	
Prescott	205	232	Louisiana: Jackson	101	
Tucson	46	72	Massachusetts:		
California: Los Angeles	425	550	Chelsea	249	
Florida: Bay Pines	305	322	Holyoke	62	
Georgia: Dublin	399	407	Michigan: Grand Rapids	188	
Kansas: Leavenworth	711	925	Minnesota: Minneapolis	370	
Mississippi: Biloxi	523	550	Missouri: St. James	66	
New York: Bath	629	660	Montana: Columbia Falls	79	
Ohio: Dayton	784	840	Nebraska: Grand Island	122	
Oregon: White City	1,140	1,165	New Hampshire: Tilton	3	
South Dakota: Hot Springs	418	511	New Jersey:		
Tennessee: Mountain Home	879	927	Menlo Park	104	
Texas:			Vineland	55	
Bonham	225	230	New York: Oxford	25	
Temple	414	477	North Dakota: Lisbon	107	
Virginia: Hampton	657	750	Ohio: Sandusky	657	
Washington: Vancouver	48	80	Oklahoma:		
West Virginia: Martinsburg	528	550	Ardmore	91	
Wisconsin: Wood	755	853	Clinton	38	
Total — State Domiciliaries	5,562		Norman	223	
California: Napa County	507		Sulphur	34	
Colorado: Homelake	80		Pennsylvania: Erie	88	
Connecticut: Rocky Hill	554		Rhode Island: Bristol	115	
District of Columbia (Occoquan, VA): Washington	239		South Dakota: Hot Springs	93	
Georgia: Milledgeville	447		Vermont: Bennington	15	
Idaho: Boise	113		Washington:		
Illinois: Quincy	123		Orting	89	
			Retsil	122	
			Wisconsin: King	58	
			Wyoming: Buffalo	52	

¹Based on total member days during year divided by number of days in year.

²Based on the number of operating beds at the end of each month for 13 consecutive months (June 1975-June 1976).

TABLE 32

State Nursing Homes: Average Daily Census—Fiscal Year 1976

Location	Average Daily Census	Location	Average Daily Census
Total	4,245	New Hampshire: Tilton	54
California: Napa County	382	New Jersey:	
Colorado: Florence	19	Menlo Park	161
Homelake	12	Vineland	196
Georgia:		New York: Oxford	16
Augusta	172	Oklahoma:	
Milledgeville	127	Ardmore	75
Illinois: Quincy	302	Clinton	119
Indiana: Lafayette	138	Norman	49
Iowa: Marshalltown	67	Sulphur	129
Kansas: Fort Dodge	53	Talihina	82
Massachusetts:		Pennsylvania: Erie	63
Chelsea	52	Rhode Island: Bristol	163
Holyoke	179	South Carolina: Columbia	80
Michigan: Grand Rapids	408	South Dakota: Hot Springs	27
Minnesota: Minneapolis	79	Vermont: Bennington	70
Missouri: St. James	85	Washington:	
Montana: Columbia Falls	38	Orting	71
Nebraska: Grand Island	336	Retsil	55
		Wisconsin: King	387

VA Nursing Home Care Units: Average Operating Beds, Average Daily Census—
Fiscal Year 1976

Location	Average Operating Beds	Average Daily Census	Location	Average Operating Beds	Average Daily Census
Total	7,398	6,993	Nevada: Reno	22	21
Alabama:			New Hampshire: Manchester	38	38
Tuscaloosa ¹	40	20	New Jersey:		
Tuskegee	112	102	East Orange	40	40
Arizona: Tucson	41	38	Lyons	90	88
Arkansas: Little Rock	177	171	New Mexico: Albuquerque	47	45
California:			New York:		
Long Beach ¹	157	105	Albany	100	96
Palo Alto	100	98	Bath	180	174
San Diego	56	47	Brooklyn	151	144
Sepulveda	80	74	Buffalo	36	35
Colorado:			Canandaigua	100	99
Fort Lyon	37	36	Castle Point	96	90
Grand Junction	42	40	Montrose	122	103
Connecticut: West Haven	90	88	Syracuse	40	37
Florida:			North Carolina:		
Bay Pines	120	115	Asheville	82	77
Lake City	40	38	Fayetteville	39	37
Miami	90	86	Salisbury	93	91
Georgia:			North Dakota: Fargo	50	47
Augusta	40	38	Ohio:		
Dublin	86	83	Chillicothe	99	96
Illinois:			Cincinnati	206	195
Danville	120	104	Cleveland	100	97
North Chicago	190	179	Dayton	300	281
Indiana:			Oregon: Roseburg	75	72
Fort Wayne	40	38	Pennsylvania:		
Indianapolis	60	60	Altoona	20	19
Marion	69	66	Butler	104	99
Iowa: Knoxville	200	192	Coatesville	50	49
Kansas:			Erie	40	39
Topeka	79	76	Lebanon	120	119
Leavenworth	45	43	Pittsburgh (University Drive)	222	204
Kentucky: Lexington	100	98	South Carolina: Columbia	72	72
Louisiana: Alexandria	95	89	South Dakota: Sioux Falls	75	73
Maine: Togus	60	59	Tennessee:		
Maryland:			Mountain Home	58	57
Fort Howard	47	44	Murfreesboro	48	47
Perry Point	64	65	Texas:		
Massachusetts:			Big Spring	12	1
Bedford	162	156	Bonham	100	96
Brockton	100	98	Houston	78	75
Northampton	50	49	Kerrville	36	34
Michigan:			Waco	84	81
Allen Park	72	68	Utah: Salt Lake City	46	41
Battle Creek	189	176	Vermont: White River Junction	30	29
Iron Mountain	40	38	Virginia:		
Minnesota: St. Cloud	44	42	Hampton	40	39
Mississippi: Biloxi	101	97	Salem	100	99
Missouri:			Washington: American Lake	76	74
Columbia	54	49	West Virginia: Beckley	42	39
Poplar Bluff	49	46	Wisconsin:		
St. Louis	93	89	Tomah	100	98
Montana: Miles City	20	20	Wood	200	197
Nebraska: Grand Island	42	40	Wyoming: Cheyenne	47	46

¹ Program activated during Fiscal Year 1976

TABLE 34

Community Nursing Homes: Admissions, Average Daily Census, Remaining—
Fiscal Year 1976

Authorizing VA Facility	Patients Admitted ¹	Average Daily Census ²	Remaining in Nursing Home, June 30, 1976	Authorizing VA Facility	Patients Admitted ¹	Average Daily Census ²	Remaining in Nursing Home, June 30, 1976
Total	3 16,553	6,646	4 7,002	Michigan:			
Alabama:				Allen Park ⁵	68	29	46
Birmingham	132	43	41	Ann Arbor	70	22	20
Montgomery	18	7	7	Battle Creek ⁵	29	24	27
Tuscaloosa ⁵	44	32	32	Iron Mountain ⁵	12	7	6
Tuskegee ⁵	12	6	6	Saginaw	10	6	8
Alaska: Juneau (RO)	27	6	4	Minnesota:			
Arizona:				Minneapolis	305	112	119
Phoenix	244	101	107	St. Cloud ⁵	50	40	42
Prescott	20	7	3	Mississippi:			
Tucson ⁵	139	49	62	Biloxi ⁵	79	33	37
Arkansas:				Jackson	63	23	26
Fayetteville	58	14	11	Missouri:			
Little Rock ⁵	273	86	89	Columbia ⁵	69	24	28
California:				Kansas City	163	50	49
Fresno	63	17	18	Poplar Bluff ⁵	70	25	27
Livermore	61	28	28	St. Louis ⁵	138	69	77
Long Beach ⁵	591	169	161	Montana:			
Los Angeles (Wadsworth)	355	124	137	Fort Harrison	50	23	24
Los Angeles (Brentwood)	96	69	66	Miles City ⁵	44	14	17
Martinez	71	19	19	Nebraska:			
Palo Alto ⁵	147	60	62	Grand Island ⁵	5	2	4
San Diego ⁵	148	55	57	Lincoln	43	17	17
San Francisco	214	48	63	Omaha	129	26	24
Sepulveda ⁵	187	105	96	Nevada: Reno ⁵	28	6	15
Colorado:				New Hampshire: Manchester ⁵	169	46	48
Denver	109	45	46	New Jersey:			
Fort Lyon ⁵	35	29	30	East Orange ⁵	108	78	80
Grand Junction ⁵	33	10	11	Lyons ⁵	7	16	17
Connecticut:				New Mexico: Albuquerque ⁵	121	48	56
Newington	94	31	32	New York:			
West Haven ⁵	68	21	20	Albany ⁵	77	28	31
Delaware: Wilmington	154	67	61	Batavia	1	1	
District of Columbia: Washington	147	73	83	Bath ⁵	8	3	5
Florida:				Bronx	5	2	3
Bay Pines ⁵	414	167	171	Brooklyn ⁵	40	12	20
Gainesville	129	69	73	Buffalo ⁵	51	16	22
Lake City ⁵	57	19	23	Canandaigua ⁵			
Miami ⁵	255	75	85	Castle Point ⁵	10	7	4
Tampa	268	94	98	Montrose ⁵	8	3	5
Georgia:				New York	4	2	2
Atlanta	202	60	62	Northport	4	4	4
Augusta ⁵	125	88	94	Syracuse ⁵	3	7	7
Dublin ⁵	21	7	9	North Carolina:			
Hawaii: Honolulu (RO)	17	7	9	Asheville ⁵	86	41	42
Idaho: Boise	65	25	29	Durham	103	34	39
Illinois:				Fayetteville ⁵	80	36	30
Chicago (West Side)	232	85	91	Salisbury ⁵	41	27	22
Chicago (Lake Side)	254	75	80	North Dakota: Fargo ⁵	51	21	22
Danville ⁵	48	20	16	Ohio:			
Hines	335	145	130	Chillicothe ⁵	186	140	142
Marion	155	53	49	Cincinnati ⁵	192	66	53
North Chicago ⁵	127	69	68	Cleveland ⁵	207	82	82
Indiana:				Dayton ⁵	115	57	61
Fort Wayne ⁵	61	14	18	Oklahoma:			
Indianapolis ⁵	88	33	32	Muskogee	100	29	39
Marion ⁵	22	29	29	Oklahoma City	234	48	43
Iowa:				Oregon:			
Des Moines	123	41	45	Portland	280	78	94
Iowa City	208	57	64	Roseburg ⁵	106	41	43
Knoxville ⁵	7	4	5	Pennsylvania:			
Kansas:				Altoona ⁵	31	15	20
Leavenworth ⁵	95	32	41	Butler ⁵	28	12	13
Topeka ⁵	84	46	50	Coatesville ⁵	28	110	111
Wichita	20	8	8	Erie ⁵	44	19	24
Kentucky:				Lebanon ⁵	34	29	25
Lexington ⁵	144	53	64	Philadelphia	331	112	128
Louisville	164	45	45	Pittsburgh (University Drive) ⁵	32	27	36
Louisiana:				Pittsburgh (Highland Drive)	133	46	64
Alexandria ⁵	70	15	18	Wilkes-Barre	86	32	39
New Orleans	196	56	59	Philippines: Manila (RO)	3	1	1
Shreveport	152	40	28	Puerto Rico: San Juan	141	44	43
				Rhode Island: Providence	103	39	39

See footnotes at end of table.

Community Nursing Homes: Admissions, Average Daily Census, Remaining—
Fiscal Year 1976

Authorizing VA Facility	Patients Admitted ¹	Average Daily Census ²	Remaining in Nursing Home, June 30, 1976	Authorizing VA Facility	Patients Admitted ¹	Average Daily Census ²	Remaining in Nursing Home, June 30, 1976
Maine: Togus ⁵	81	36	35	South Carolina:			
Maryland:				Charleston	60	18	20
Baltimore	76	23	25	Columbia ⁵	154	61	76
Fort Howard ⁵	53	20	22	South Dakota:			
Perry Point ⁵	9	21	21	Fort Meade	16	7	7
Massachusetts:				Hot Springs	19	6	5
Bedford ⁵	54	62	57	Sioux Falls ⁵	65	15	19
Boston	173	64	68	Tennessee:			
Brockton ⁵	48	26	30	Memphis	113	33	45
Northampton ⁵	34	58	51	Mountain Home ⁵	182	90	109
West Roxbury	20	5	8	Murfreesboro ⁵	10	5	5
Texas:				Nashville	195	59	56
Amarillo	44	15	18	Washington:			
Big Spring ⁵	38	24	20	American Lake ⁵	28	19	22
Bonham ⁵	43	17	18	Seattle	318	93	96
Dallas	261	85	96	Spokane	92	31	28
Houston ⁵	322	102	108	Vancouver	116	42	44
Kerrville ⁵	80	31	30	Walla Walla	52	15	16
Marlin	34	11	12	West Virginia:			
San Antonio	269	76	79	Beckley ⁵	27	9	7
Temple	164	67	67	Clarksburg	97	31	31
Waco ⁵	75	56	54	Huntington	159	50	49
Utah:				Martinsburg	157	77	75
Salt Lake City ⁵	40	15	19	Wisconsin:			
Vermont:				Madison	76	22	29
White River Junction ⁵	13	3	3	Tomah ⁵	6	6	6
Virginia:				Wood ⁵	299	95	108
Hampton ⁵	84	36	35	Wyoming:			
Richmond	83	27	23	Cheyenne ⁵	32	9	13
Salem ⁵	129	72	79	Sheridan	41	39	41

¹ Admissions are placed by VA hospitals and regional offices (RO) having jurisdictional authority.

² Based on total patients days of care during fiscal year divided by number of days in year.

³ Overall total excludes interhospital transfers; individual facility data include transfers.

⁴ Excludes 193 patients in absent sick in hospital status.

⁵ Indicates hospitals having a VA nursing home care unit in operation.

State Nursing Homes, State Domiciliaries, State Home Hospitals: Patient Turnover — Fiscal Year 1976

Item	State Nursing Home	State Domiciliary	State Home Hospital
Patients remaining, June 30, 1975	4,097	5,656	1,036
Total gains during fiscal year 1976	7,254	14,249	6,244
Direct admissions	2,142	4,436	3,494
Admissions from State facilities	2,011	1,529	2,282
From leave of absence	3,101	8,284	468
Total losses during fiscal year 1976	6,917	14,679	6,282
Deaths	837	262	547
Other discharges	1,262	4,426	2,913
Discharges to State facilities	1,684	1,659	2,347
To leave of absence	3,134	8,332	475
Patients remaining, June 30, 1976	4,432	5,197	1,007
Average daily patient census, fiscal year 1976	4,245	5,562	1,022
Patients treated, fiscal year 1976	8,215	11,544	6,814

Outpatient Medical Care: Purpose of Visit, Staff, Fee – Fiscal Year 1976

Purpose of Visit	Total	Staff	Fee
Total	16,409,740	14,222,694	2,187,046
Compensation or pension	388,674	345,152	43,522
Determine need for hospital or domiciliary care	2,126,614	2,124,362	2,252
Outpatient treatment (Service connected)	5,284,220	3,722,074	1,562,146
Aid and attendance	475,121	.....	475,121
Outpatient treatment (Non-service connected)	5,854,443	5,761,874	92,569
Other ¹	3,394,452	11,753,180	2,141,272

¹ Includes medical care for veterans receiving vocational rehabilitation training; beneficiaries of certain foreign countries and other Federal agencies. VA employees engaged in certain types of medical care; first aid to VA employees, when treated by a physician; insurance examinations; pre-bed care, and non-bed care.

TABLE 37

AMBULATORY CARE

Outpatient Dental Care: (Class I-VI) Applications—Fiscal Years 1969-1976

Applications	Fiscal Year							
	1969	1970	1971	1972	1973	1974	1975	1976
Pending, beginning of fiscal year	21,355	49,466	68,027	64,573	64,530	39,684	41,611	45,910
Received during year	180,015	248,485	301,501	309,606	257,388	219,564	239,182	233,392
Total workload	201,370	297,951	369,528	374,179	321,918	259,248	280,793	279,302
Dispositions during year	151,904	229,924	304,955	309,649	282,234	217,637	234,883	241,003
Pending, end of year	49,466	68,027	64,573	64,530	39,684	41,611	45,910	38,299

TABLE 38

AMBULATORY CARE

*Outpatient Dental Care: Examinations and Treatment Cases Completed
Fiscal Years 1969—1976*

Fiscal Year	Examinations Completed			Treatment Cases Completed		
	Total	By VA Staff Dentists ¹	By Fee Basis Dentists (Net Authorizations)	Total	By VA Staff Dentists ²	By Fee Basis Dentists (Net Authorizations)
1976 .....	.....	93,230	³	216,053	94,097	121,956
1975 .....	.....	85,802	³	214,561	83,670	130,891
1974 .....	.....	79,674	³	235,965	79,498	156,467
1973	227,777	114,199	113,578	248,388	82,916	165,472
1972	256,738	142,919	113,819	248,692	82,873	165,819
1971	239,354	147,794	91,560	228,388	82,724	145,684
1970	180,890	131,542	49,348	135,790	81,110	54,680
1969	121,508	102,593	18,915	92,712	71,162	21,550

¹ Includes pre-bed care, post-hospital care, etc., cases.

² Includes patients whose dental treatment was completed in post-hospital care status.

³ Reporting of data discontinued; made integral part of treatment cases completed.

Activity	Number
VA Pharmacies	
Prescriptions dispensed — Total	32,043,649
Inpatient	5,832,533
Ambulatory — Total	26,211,116
Methadone ¹	1,150,041
All other ¹	18,821,862
Investigational drugs dispensed ¹	40,923
Doses dispensed ¹	
Ward stock system	166,855,271
Automatic replenishment	87,023,051
Externals	58,293,629
DEA Orders	37,502,697
Unit doses	20,855,570
I.V. admixtures	418,316
Piggy backs	654,988
Hyperalimentation	101,119
Fluids and sets	3,629,472
Blood and blood products	123,186
Fee-Basis Prescriptions filled by participating pharmacies	1,074,238

¹ Includes data for October 1, 1975 through June 30, 1976 only

CONSTRUCTION

Replacement and Relocation Hospital Construction Projects Fiscal Year 1976 — Completions and Year End Status

Location	Total number of beds and Hospital Type ¹	Estimated Construction Cost ²	Value of Work in Place	Percent Complete ³	Date Construction Completed (C) ⁴ or Contract Awarded (A)
Total, 29 Projects	7,045	957,754,689	136,641,659	14	
A. Projects Completed ⁵ in fiscal year 1976					
Total, 4 Projects	440	44,668,674	44,668,674	100	
California : Loma Linda (PH-1)	(500)	14,990,042	(⁵)	100	January, 1976 (C)
: San Francisco (Bed Repl)	440	14,351,717	(⁵)	100	January, 1976 (C)
New York : Bronx (PH 1)	(702)	4,809,976	(⁵)	100	November, 1975 (C)
: Bronx (PH-2)	(702)	10,516,939	(⁵)	100	May, 1976 (C)
B. Projects under construction ⁶ 6/30/76					
Total, 14 Projects	1,720	156,597,815	91,972,985	59	
California : Loma Linda Ph-2	(500)	40,373,000	26,460,200	66	May, 1975 (A)
: Los Angeles Ph-2	820	59,333,000	57,676,418	97	October, 1974 (A)
Georgia : Augusta Ph-1	420	3,486,392		0	June, 1976 (A)
New York : Bronx Ph-3	(702)	3,545,000	2,734,997	77	June, 1975 (A)
: Bronx Ph-4	(702)	196,000	192,824	98	April, 1975 (A)
: Bronx Ph-5	(702)	2,563,000	837,264	33	June, 1975 (A)
: Bronx Ph-6	(702)	6,560,000	412,325	6	June, 1975 (A)
: Bronx Ph-7	(702)	1,159,600	137,277	12	June, 1975 (A)
: Bronx Ph-8	(702)	10,397,000	281,293	3	January, 1976 (A)
: Bronx Ph-9	(702)	5,122,000	530,934	10	January, 1976 (A)
: Bronx Ph-10	(702)	9,072,000	367,336	4	January, 1976 (A)
: Bronx Ph-11	(702)	11,387,000	794,300	7	January, 1976 (A)
South Carolina: Columbia Ph-1	400	2,859,371	1,343,803	47	December, 1975 (A)
: Columbia Boiler Plant Expansion		544,452	205,014	38	December, 1975 (A)
C. Projects authorized ⁷ not under construction 6/30/76					
Total, 11 Projects	4,885	756,488,200			
Arkansas : Little Rock	460 (General)				
Florida : Bay Pines	830 (General)				
Georgia : Augusta Ph-2	(420) (General)				
Maryland : Baltimore	400 (General)				
New Jersey : Camden	480 (General)				
New York : Bronx (Res Bldg Ph-1)					
Oregon : Portland	890 (General)				
South Carolina: Columbia Ph-2	(400) (General)				
Virginia : Richmond	820 (General)				
Washington : Seattle	515 (General)				
West Virginia : Martinsburg	490 (General)				

¹ Includes receiving, recovery and Nursing Home care Beds and Spinal Cord Injury Beds.

² Construction anticipated, issued, awarded, including contingencies.

³ Based on general construction only.

⁴ Major general construction contract completed. Major Construction and Landscaping may remain to be accomplished.

⁵ Same as value of construction issued or awarded when project is financially complete.

⁶ Under construction when major general construction contract has been awarded.

⁷ Authorized when funds are appropriated for construction, technical services, or site acquisition.

Modernization Construction Projects, ¹ Fiscal Year 1976 – Completions and Year End Status

Location	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A) ³
Total	15 Projects	83,406,963	27,314,428	33	
A. Projects completed, Total	2 Projects	21,793,313	21,793,313	100	
Arizona : Phoenix	328 Bed Addition (206 MS&N & 122 Psy)	18,483,935	2	100	
Virginia : Hampton	New Clinic Addition to Bldg. 110	3,309,378	2	100	
B. Project under Construction, Total	5 Projects	22,930,450	5,521,115	24	
Arizona : Phoenix	Phase 2	4,619,000			June 29, 1976 (A)
Idaho : Boise	New Clinical Support Facility	4,550,000	1,454,579	32	September 4, 1975 (A)
Massachusetts : West Roxbury	Bldg. 1 (Phase 1) & SCI Center	10,648,967	2,177,637	20	June 30, 1975 (A)
New York : St. Albans (Brooklyn)	Canteen	874,493			June 29, 1976 (A)
New York : St. Albans (Brooklyn)	Bldg. 85-86-92-93 & Electr.	2,688,000	1,888,899	70	June 27, 1975 (A)
C. Projects Not Under Construction, Total	8 Projects	38,682,900			
Kansas : Wichita	Alterations & Addition (Phase 1)	4,905,200			
Massachusetts : West Roxbury	Bldg. 1 (Phase 2) & SCI Center	8,042,200			
New York : St. Albans (Brooklyn)	Outpatient Clinic (East)	870,000			
New York : St. Albans (Brooklyn)	Pharmacy	351,200			
New York : St. Albans (Brooklyn)	Outpatient Clinic (West)	870,000			
Ohio : Chillicothe	Bldgs. 7, 26, 27, 30, 31				
Virginia : Hampton	A/C Bsmt. & Nursing Units – Bldg 110	1,705,800			
Wisconsin : Madison	New Wing Addition	12,279,900			

¹ Projects included in table if approved for development by Administrator's Office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

³ For Purchase and Hire Projects, the date the station reports construction started.

Nursing Home Care Units Construction Projects, ¹ Fiscal Year 1976 - Completions and Year End Status

Location	Projects	Number of Nursing Home Care Beds	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A) ¹
Total	29 Projects	2668	79,203,302	13,598,065	17	
A. Projects completed, Total	9 Projects	836	10,191,096	10,191,096	100	
Alabama : Tuscaloosa		120	2,626,947	(²)	100	February 1976 (C)
Arkansas : Little Rock		100	671,600	(²)	100	October 1975 (C)
California : Sepulveda		(⁴) 120	3,101,155	(²)	100	November 1975 (C)
Colorado : Grand Junction		42	1,067,308	(²)	100	April 1976 (C)
Iowa : Knoxville		100	559,404	(²)	100	March 1976 (C)
Michigan : Battle Creek		205	1,288,014	(²)	100	February 1976 (C)
Montana : Miles City		26	262,999	(²)	100	March 1976 (C)
Pennsylvania : Lebanon		83	285,906	(²)	100	April 1976 (C)
Texas : Big Spring		40	327,763	(²)	100	January 1976 (C)
B. Projects under Construction, Total	6 Projects	460	10,134,329	3,406,969	34	
Project 1,000,000 and over	3 Projects	300	8,391,000	3,291,256	39	
Delaware : Wilmington		60	2,384,000	0	0	June 1976 (A)
Mississippi : Jackson		120	3,008,000	1,801,599	60	July 1975 (A)
New Hampshire : Manchester		120	2,999,000	1,489,657	50	May 1975 (A)
Projects under 1,000,000	3 Projects	160	1,743,329	115,713	7	
C. Projects not under construction, Total	14 Projects	1372	58,877,877			
Projects 1,000,000 and over	10 Projects	1190	56,645,677			
Arizona : Phoenix		120	4,713,000			
California : Palo Alto		150	4,638,200			
D.C. of Columbia : Washington		120	17,881,300			
Florida : Gainesville		120	3,983,000			
Florida : Miami		120	5,132,877			
Georgia : Atlanta		120	4,960,300			
Maryland : Perry Point		80	2,435,200			
South Carolina : Columbia		120	3,922,200			
Tennessee : Memphis		120	4,027,200			
Virginia : Hampton		120	4,952,400			
Projects under 1,000,000	4 Projects	182	2,232,200			

¹ Projects included in table if approved for development by Administrator's Office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

³ For Purchase & Hire Projects, the date the station reports construction started.

⁴ Includes Rehab. Beds.

Research & Education Facilities Construction Projects, ¹ Fiscal Year 1976 – Completions and Year End Status

Location	Type	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Total	18 Projects	35,005,294	1,720,403	5	
A. Projects Completed, Total	4 Projects	766,400	766,400	100	
California : Los Angeles (WADSWORTH)	Peptic Ulcer Center Lab (V)	278,994	(²)	100	June 1976 (C)
: San Diego	6 Flr. Res. Activ. (Increase)	13,466	(²)	100	December 1975 (C)
Nebraska : Lincoln	Education Bldg. (Pre Fab)	412,645	(²)	100	October 1975 (C)
New York : Castle Point	Education/Class Rooms	61,295	(²)	100	February 1976 (C)
B. Projects Under Construction, Total	4 Projects	6,090,794	954,003	16	
Projects \$1,000,000 and over, Total	1 Projects	4,460,000	0		
Texas : Houston	Research/Education Addition	4,460,000			April 1976 (A)
Projects Under \$1,000,000, Total	3 Projects	1,625,475	954,003	59	
C. Projects not under construction, Total	10 Projects	28,148,100			
Projects \$1,000,000 and over, Total	5 Projects	25,577,600			
California : Long Beach	Research Addition	8,025,400			
Florida : Miami	Research/Education/Psychiatric Addn.	7,011,500			
Illinois : Chicago (Lakeside)	Research Addition	3,797,300			
Louisiana : Shreveport	Alterations/Research/Education	1,294,300			
Texas : Dallas	Research/Education Addition	5,449,100			
Project under \$1,000,000	5 Projects	2,570,500			

¹ Projects included in table if approved for development by Administrator's Office or if there has been an appropriation of funds for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially completed.

³ For Purchase & Hire Projects, the date the station reports construction started.

Other Improvement Construction Projects, ¹ Fiscal year 1976 - Completions and Year End Status

Location	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)	
I. Air Conditioning - Construction Projects						
Total		31	121,672,342	28,059,773	23	
A. Projects Completed, Total						
Total		7 Projects	17,904,082	17,904,082	100	
Alabama	Tuscaloosa	2,397,910	(²)	100	July	1975 (C)
Illinois	Danville	89,181	(²)	100	April	1976 (C)
Indiana	Indianapolis (TSD&CSR)	6,838,089	(²)	100	June	1976 (C)
Kansas	Leavenworth	4,141,803	(²)	100	November	1975 (C)
North Carolina	Fayetteville	2,074,430	(²)	100	September	1975 (C)
Ohio	Chillicothe	133,895	(²)	100	June	1976 (C)
West Virginia	Huntington	2,228,774	(²)	100	March	1976 (C)
B. Projects Under Construction, Total						
Total		10 Projects	38,135,160	10,155,691	27	
Projects \$1,000,000 and over Total						
Total		8 Projects	36,980,500	9,250,350	25	
Arkansas	Tucson	4,124,000			June	1976 (A)
California	Sepulveda	8,795,000	2,255,044	26	September	1976 (A)
Georgia	Augusta	3,432,000			May	1976 (A)
Kentucky	Lexington	6,554,700			June	1976 (A)
North Carolina	Salisbury	5,674,000	5,620,593	99	June	1974 (A)
Tennessee	Mountain Home	1,405,300			June	1976 (A)
Texas	Kerrville	2,465,000	1,374,713	56	June	1975 (A)
Virginia	Salem	4,530,500			June	1976 (A)
Projects Under \$1,000,000, Total						
Total		2 Projects	1,154,660	905,341	78	
C. Projects Not Under Construction Total						
Total		14 Projects	65,633,100			
Projects \$1,000,000 and Over Total						
Total		9 Projects	62,816,300			
Arkansas	Fayetteville	2,732,600				
Arizona	Tucson	4,124,000				
Iowa	Knoxville	9,830,300				
Indiana	Indianapolis	3,613,200				
Maryland	Perry Point	8,644,700				
Missouri	Poplar Bluff	8,644,700				
Nebraska	Lincoln	2,728,800				
New Jersey	East Orange	13,511,400				
Pennsylvania	Coatesville	15,177,900				
Projects Under \$1,000,000 Total		5 Projects	2,816,800			
II. Other Improvement - Construction Projects						
Total		630 Projects	466,882,554	46,028,743	10	
A. Projects Completed, Total						
Total		115 Projects	25,458,949	25,458,949	100	
Arkansas	Little Rock	Install Nur. Call Sys At Toilet seats	46,828	(²)	100	May 1976 (C)
	Little Rock (NLR)	Upgrade and Extend Fire Alarms	175,676	(²)	100	June 1976 (C)
	Little Rock (NLR)	Medical Equip. Tec. School	186,741	(²)	100	April 1976 (C)
	Little Rock (NLR)	Biomedical Equip. Training	125,752	(²)	100	May 1976 (C)
	Little Rock (LR)	Install Nurse Call Sys. at Toilet seat	26,492	(²)	100	May 1976 (C)
Arizona	Phoenix	Steel Bldg. (purchase)	8,795	(²)	100	June 1976 (C)
California	Livermore	Demolition of Bldgs #1-4	502,301	(²)	100	May 1976 (C)
	Long Beach	Expand OP Bldg #1	133,525	(²)	100	May 1976 (C)
	Long Beach	11 Bed Coro/Care Unit (2nd Contract)	61,619	(²)	100	August 1975 (C)
	Los Angeles (WADS)	Seismic Correction of Bldg #113	178,138	(²)	100	July 1975 (C)
	Los Angeles (WADS)	Replace Ceiling Title	22,300	(²)	100	July 1975 (C)
	Palo Alto (PAD)	Neuroscience Lab Bldg. #7	178,118	(²)	100	July 1975 (C)
	Palo Alto (PAD)	Physical Therapy Unit	113,735	(²)	100	December 1975 (C)
	Palo Alto (PAD)	New Warehouse	933,812	(²)	100	December 1975 (C)
	San Diego	Emergency Power Alteration Bldg. #2	78,342	(²)	100	April 1976 (C)
	San Diego	Pulmonary Function Lab	116,427	(²)	100	December 1975 (C)
	San Francisco	Upgrade & Extend Fire Alarm Sys.	161,851	(²)	100	May 1976 (C)
	San Francisco	Remove Boilers & Auxiliary Equip. Bldg. #3	39,966	(²)	100	August 1975 (C)
	Sepulveda	Loading Dock for Warehouse	80,162	(²)	100	April 1976 (C)

Other Improvement Construction Projects, ¹ Fiscal year 1976 - Completions and Year
End Status

Location		Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)	
Colorado	Denver	Emergency Generator	767,344	(²)	100	November 1975	(C)
Connecticut	Newington	Upgrade & Extend Fire Alarm Sys.	73,205	(²)	100	August 1975	(C)
	West Haven	Replacement of Water Tower	94,315	(²)	100	July 1975	(C)
District of Columbia	Washington (DPC)	Data Processing Center Relocate				September 1975	(C)
Delaware	Wilmington	Renovate Radiology	189,004	(²)	100	January 1976	(C)
	Wilmington	Install Fire Alarm Sys.	202,910	(²)	100	April 1976	(C)
Florida	Gainesville	Modular Bldg	203,312	(²)	100	April 1976	(C)
	Gainesville	Tunnel Between VAH & UNIV	736,243	(²)	100	March 1976	(C)
	Miami	OP Expansion	212,875	(²)	100	September 1975	(C)
Georgia	Augusta (LD)	AC Bldg #34	82,421	(²)	100	November 1975	(C)
	Augusta (FHD)	Addition to Bldg #304	13,780	(²)	100	October 1975	(C)
Idaho	Boise	Remodel Ward 2	53,541	(²)	100	April 1976	(C)
	Boise	Emergency Generator	484,246	(²)	100	March 1976	(C)
Illinois	Chicago (WS)	Additional Ventilation In/ICU	147,250	(²)	100	February 1976	(C)
	Downey	6 Bed General Purpose ICU	182,041	(²)	100	August 1976	(C)
	Downey	23 Bed Respiratory Care & Pulm. Func. Lab	546,123	(²)	100	August 1975	(C)
	Hines	Fire Exits - Bldg #51	75,617	(²)	100	May 1976	(C)
	Hines	Exit Stairs Bldgs. 50 & 53	204,814	(²)	100	May 1976	(C)
	Hines	Enclose Roof Terraces	200,339	(²)	100	August 1975	(C)
	Hines (DPC)	AC & Elect. Improvements	233,856	(²)	100	October 1975	(C)
Indiana	Indianapolis (TSD)	Expand Radiology	100,221	(²)	100	June 1976	(C)
	Indianapolis (TSD)	Lab Expansion	198,867	(²)	100	November 1975	(C)
Kansas	Leavenworth	Handrails & Guardrails, VA	72,521	(²)	100	March 1976	(C)
	Leavenworth	Exit Lights, Various Bldgs	123,036	(²)	100	August 1975	(C)
	Leavenworth	Enclose Stairwells	35,994	(²)	100	August 1975	(C)
	Leavenworth	Enclose Stairs Bldgs 9, 11, 12 & 14	95,399	(²)	100	April 1976	(C)
	Topeka	Remodel OP Clinic	176,776	(²)	100	September 1975	(C)
Louisiana	Shreveport	Inst. Auto. Door Closers/Replace	71,337	(²)	100	April 1976	(C)
Massachusetts	Bedford	Stair Towers Bldgs #78 & 78A	138,947	(²)	100	October 1975	(C)
	Brocton	Addition to Laundry	95,200	(²)	100	May 1976	(C)
Maryland	Ft. Howard	Respiratory Care Center (16 Beds)	171,575	(²)	100	February 1976	(C)
Michigan	Allen Park	Electrical - Surgical Area	165,627	(²)	100	March 1976	(C)
	Ann Arbor	Emergency Generator	470,750	(²)	100	March 1976	(C)
	Battle Creek	Corridor Walls	95,539	(²)	100	January 1976	(C)
	Battle Creek	Upgrade & Extend Fire Alarm Sys.	271,209	(²)	100	November 1975	(C)
	Saginaw	Fire Exit from Surg. Dining/rec. Area	73,383	(²)	100	April 1976	(C)
Minnesota	Minneapolis	Constr. Immunology Lab.	40,835	(²)	100	October 1975	(C)
	St. Cloud	Upgrade & Extend Fire Alarm Sys.	177,389	(²)	100	October 1975	(C)
	St. Cloud	Radiology Expansion	168,300	(²)	100	March 1976	(C)
Missouri	Kansas City	Clinical Improvements	1,197,534	(²)	100	February 1976	(C)
	St. Louis (JED)	28 Bed Respiratory Care	220,290	(²)	100	March 1976	(C)
	St. Louis (SLD)	Supervoltage Therapy	375,811	(²)	100	October 1975	(C)
Nebraska	Omaha	Boiler Plant Expansion	742,858	(²)	100	September 1975	(C)
North Dakota	Fargo	Relocate Dental Service	114,621	(²)	100	March 1976	(C)
New Hampshire	Manchester	OPC (site Demolition & Improve.)	120,870	(²)	100	June 1976	(C)
New Jersey	East Orange	Surgical Suite Clinical Lab	710,000	(²)	100	February 1976	(C)
	Lyons	Pulmonary Function Lab.	79,818	(²)	100	December 1975	(C)
	Lyons	Remote-Bldg. #58 or Chapel Ser.	123,624	(²)	100	October 1975	(C)
	Lyons	Update Bldg. #53 (Masonry)	19,826	(²)	100	December 1975	(C)
	Lyons	Update Bldg. #53 (Plumbing)	33,110	(²)	100	April 1976	(C)
	Lyons	16 Bed Respiratory Care Center	266,435	(²)	100	June 1976	(C)
	Lyons	Update Bldg. #53 (Electrical)	30,925	(²)	100	November 1975	(C)
	Lyons	Update Bldg. #53 (Inst. Partitions)	61,727	(²)	100	April 1976	(C)
	Lyons	Update Bldg. #53 (Paint Bldg)	7,326	(²)	100	April 1976	(C)
	Lyons	Update Bldg. #53 (Ceiling A)	21,830	(²)	100	January 1976	(C)
New Mexico	Albuquerque	Neuro/Cardio Radiographia	71,066	(²)	100	October 1975	(C)
	Albuquerque	OP Clinic Expansion	1,697,168	(²)	100	June 1976	(C)
New York	Brooklyn	Auxiliary Electric Power	712,684	(²)	100	December 1975	(C)
	Buffalo	Expand EEG Lab.	106,042	(²)	100	June 1976	(C)
	Buffalo	Exit Stairwell Bldg. #5	46,339	(²)	100	January 1976	(C)
	Buffalo	Exit from Surgery, Bldg. #1	34,490	(²)	100	October 1975	(C)
	Montrose	29 Bed Respiratory Care Center	452,129	(²)	100	May 1976	(C)
	New York	Renovation/Clinical Lab	527,902	(²)	100	May 1976	(C)
Ohio	Chillicothe	New Stairwells & Connecting Corr.	322,905	(²)	100	March 1976	(C)
	Cleveland (Brecksville)	5 Bed GPICU	109,980	(²)	100	January 1976	(C)
	Cleveland (Brecksville)	Remove Lake & Drainage	201,869	(²)	100	February 1976	(C)
Oregon	Roseburg	Alterations to Kitchen/Refrig.	328,467	(²)	100	December 1975	(C)
	Roseburg	18 Bed RCU & 6 Bed GPU	492,030	(²)	100	July 1975	(C)

Other Improvement Construction Projects, ¹ Fiscal year 1976 -- Completions and Year
End Status

Location	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)		
Pennsylvania	Pittsburg (LFRD) Pulmonary Function Lab.	84,000	(²)	100	July	1975	(C)
	: Pittsburgh (AD) 18 Bed RCC & Pul Func. Lab	404,193	(²)	100	April	1976	(C)
	: Butler Elevator Bldg. # NHC	192,722	(²)	100	September	1975	(C)
	: Erie Relocate Engineering Shop	90,737	(²)	100	October	1975	(C)
South Carolina	: Charleston Warehouse Bldg.	199,776	(²)	100	September	1975	(C)
South Dakota	: Ft. Meade Replace Garages for Quarters	24,287	(²)	100	December	1975	(C)
	: Hot Springs Elevator Installation, B1	48,165	(²)	100	August	1976	(C)
	: Hot Springs OP, Pharmacy & Adm.	156,850	(²)	100	June	1976	(C)
	: Hot Springs 6 Bed Gen. Purpose ICU	104,260	(²)	100	July	1975	(C)
	: Sioux Falls 13 Bed Resp. Care	129,717	(²)	100	December	1975	(C)
Tennessee	: Murfreesboro Warehouse Exp. Consolidation	743,712	(²)	100	April	1976	(C)
	: Murfreesboro 4 Bed GPU, 20 Bed Resp Care Unit	442,891	(²)	100	May	1976	(C)
Texas	: Dallas New Warehouse	457,089	(²)	100	January	1976	(C)
	: Houston Super Voltage Therapy & Admin. Space	336,669	(²)	100	July	1975	(C)
	: San Antonio Exp. of Radiology & Dental Clinic	277,784	(²)	100	November	1975	(C)
	: Waco Day Hosp. Unit	75,983	(²)	100	December	1975	(C)
Utah	: Salt Lake City Upgrade & Exp. Fire Alarm Sys.	142,957	(²)	100	September	1975	(C)
	: Salt Lake City Remodel Pharmacy	130,744	(²)	100	March	1976	(C)
Virginia	: Hampton Centralized Tray Service	81,416	(²)	100	October	1975	(C)
	: Hampton Pull Box Gongs	42,049	(²)	100	April	1976	(C)
	: Hampton Correct Egress	170,358	(²)	100	June	1976	(C)
Washington	: Seattle Remodel Ward 4 West, Bldg #1	77,500	(²)	100	September	1975	(C)
Wisconsin	: Wood Control Joints Bldg #111	100,563	(²)	100	October	1975	(C)
West Virginia	: Beckley Central Tray Service & 6 Bed GPICU	435,779	(²)	100	October	1975	(C)
	: Huntington Upgrading Elec. Service	97,021	(²)	100	June	1976	(C)
	: Huntington Space Renov. & Relocate Bldgs 1, 2, 4 & 12	185,482	(²)	100	August	1975	(C)
	: Martinsburg AC Domiciliary	62,568	(²)	100	May	1976	(C)
Wyoming	: Sheridan 4 Bed GPU & 10 Bed Resp. Care	337,280	(²)	100	July	1975	(C)
B. Projects Under Construction, Total	177 Projects	86,695,666	20,569,794	24			
Projects \$1,000,000 and Over Total	21 Projects	52,911,727	7,923,509	15			
Arizona	: Tucson AC Various Bldgs.	2,300,900		0	June	1976	(A)
California	: Livermore New Adm. & Research Bldg.	1,709,400		0	June	1976	(A)
	: Long Beach OP Clinic Expansion	4,666,000		0	June	1976	(A)
	: Palo Alto OP Clinic Expansion	2,483,120	2,415,609	97	March	1975	(A)
	: Palo Alto Blind and Low Vision Center	2,132,800		0	June	1976	(A)
Florida	: Bay Pines Clinical Improvements	2,074,700	812,840	39	September	1975	(A)
	: Gainesville Clinical Improvements (Addit PH1)	4,939,800	937,056	19	November	1975	(A)
Idaho	: Boise Seismic Corr. Various Bldgs.	2,371,171	1,790,155	75	April	1975	(A)
Illinois	: Chicago (LA) OP Clinic Expansion	1,916,328		0	June	1976	(A)
	: Hines OP Clinic Improvements	2,092,000		0	June	1976	(A)
Kansas	: Leavenworth Consolidated Laundry Facility	3,389,400	722,356	21	July	1975	(A)
Missouri	: Kansas City Deadend Corr. Stairs	1,263,312		0	June	1976	(A)
	: Kansas City Improve to OP Clinic	5,823,423		0	June	1976	(A)
	: St. Louis (JBD) Ambulatory Care Addition	1,755,728		0	June	1976	(A)
New York	: Brooklyn Addition Elevators	1,573,100	336,700	21	September	1975	(A)
Ohio	: Cincinnati OP Clinic Exp/Addit.	3,879,000		0	June	1976	(A)
	: Cleveland OP Clinic Exp/Radiology Facility	2,178,000	776,526	36	October	1975	(A)
Texas	: Waco Boiler Plant Replacement	1,382,600		0	June	1976	(A)
Vermont	: White River (JCT) Clinical Improvements	2,507,000		0	June	1976	(A)
Washington	: Seattle Ambulatory Care Bldg.	1,155,945		0	May	1976	(A)
West Virginia	: Huntington Clinical Improvements	1,318,000	132,267	10	April	1976	(A)
Projects Under \$1,000,000 Total	156 Projects	33,783,939	12,646,285	37			
C. Projects Not Under Construction Total	338 Projects	354,727,382					
Projects \$1,000,000 and Over Total	69 Projects	262,441,033					
Alabama	: Tuscaloosa Deadend Corridor Stairs	1,418,100					
Arizona	: Tucson Ambulatory Care Clinic Exp.	2,300,900					
California	: Fresno OP Clinic Addition	3,150,100					
	: San Diego Exp. of Rad/Lab Services	2,846,000					
	: San Francisco Remodel Bldgs #2, 4, & 200	1,828,000					
	: Sepulveda Deadend Corr. Stairs	1,430,000					

*Other Improvement Construction Projects, ¹ Fiscal year 1976 - Completions and Year
End Status*

Location	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Colorado : Denver	Deadend Corr. Stairs	1,214,500			
Florida : Gainesville	Clinical Improv./Research/Educ	16,806,300			
Georgia : Atlanta	Warehouse/Engineering Office	1,373,900			
: Atlanta	OP Clinic	7,562,800			
: Augusta (LD)	Dining Hall/Kitchen/Warehouse	3,043,600			
: Augusta (LD)	New Boiler/Steam Distribution	3,431,000			
Iowa : Iowa City	Replace Boiler Plant	1,713,100			
: Iowa City	Parking Facilities	2,002,900			
: Knoxville	Deadend Corr. Stairs	1,052,500			
Illinois : Chicago					
: (Lakeside)	Correction/Electrical Def.	1,066,300			
: Chicago					
: (Lakeside)	Remodel Surgical Area	2,011,900			
: Hines	Correction/Electrical Def.	1,787,200			
: Hines (DPC)	Data Processing Center	9,421,000			
: North Chicago	Deadend Corr. Stairs	3,212,300			
Indiana : Indianapolis	Clinical Improv./Education	10,100,000			
: Marion	Correct/Electrical Def.	1,613,400			
Massachusetts : North Hampton	Exp. of OP Clinic	2,188,100			
Maryland : Perry Point	Correction/Electrical Def.	1,635,400			
Maine : Togus	Clinical Improv.	1,122,700			
Michigan : Battle Creek	Deadend Corr. Stairs	1,165,000			
Minnesota : Minneapolis	Deadend Corr. Stairs	1,560,000			
Missouri : Kansas City	Improv. to OP Clinic	5,823,423			
: Kansas City	Deadend Corr. Stairs	1,263,312			
: Kansas City	OPC & Deadend Corr. Stairs/overview	7,086,755			
: St. Louis (JBR)	Ambulatory Care Addition	1,755,728			
: St. Louis (JBR)	Deadend Corr. Stairs	1,140,000			
Mississippi : Jackson	Update RO Space/OP Clinic	4,562,000			
Nebraska : Omaha	Two Additional Elevators	1,345,800			
North Carolina: Durham	Electrical Deficiencies	1,660,600			
New Jersey : East Orange	Additional Elevators	2,980,400			
: East Orange	Deadend Corr. Stairs	1,684,000			
: East Orange	Er. Gen/Corr. Elect. Def.	2,673,000			
Nevada : Reno	Clinical Addn. Utility Improv/Boiler Plant	10,502,000			
New York : Buffalo	OP Clinic Exp.	6,216,600			
: Canandaigua	New Engineer Shops/Office Bldg	1,420,400			
: Canandaigua	Deadend Corr. Stairs	4,637,100			
: Canandaigua	Renovate Patients Bldgs	2,536,700			
: New York	Emergency Gen. Corr. Elec. Def.	1,563,000			
: St. Albans	Laundry Consolidation	2,349,600			
: Syracuse	300-Car Multi-Sotry Park/Garage	2,371,300			
Ohio : Cincinnati	Deadend Corr. Stairs	1,089,400			
: Dayton	Clinical Addition	1,083,800			
Oklahoma : Muskogee	Deadend/Corr. Stairs (PH2)	1,193,292			
: Oklahoma City	Deadend Corr. Stairs	1,324,000			
Pennsylvania : Lebanon	Deadend Corr. Stairs	1,331,400			
: Philadelphia	Clinical Improv.	1,825,000			
Puerto Rico : San Juan	Update RO space/OP Clinic	14,320,500			
Rhode Island : Providence	OPC relocate/ADM consolidation	3,142,300			
Tennessee : Murfreesboro	Additional Exits	2,502,000			
: Murfreesboro	Remodel Ward 5A/5B	2,309,000			
: Nashville	OPC Exp/alterations Bldg #1	9,762,000			
Utah : Salt Lake City	Seismic Corrections/Bldgs 6-10, 13, 27 & 28	1,388,300			
: Salt Lake City	Seismic Corrections/Bldgs 1-5	3,696,000			
Virginia : Salem	Renovate Bldg. #77 Intermediate Care	1,055,300			
: Salem	Renovate Bldg. #76 Intermediate Care	1,934,800			
: Salem	Deadend Corr. Stairs	3,988,400			
: Salem	New Clinical Bldg	3,049,000			
Washington : Seattle	Lab/Exp./Res.	4,313,600			
Wisconsin : Tomah	Update Elect. Dist. Sys. Auxil. Elect. Ph-1	1,352,078			
West Virginia : Huntington	Addition/Bldg #1 (PH-1)	6,240,700			
Projects Under \$1,000,000 Total	269 Projects	92,286,349			

¹ Projects included in table if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issue or awarded when projects if financially complete.

³ For Purchase & Hire Projects, the date the station reports construction started.

National Cemetery Projects, ¹ Fiscal Year 1976 - Completions and Year End Status

Location	Description	Estimated Construction Cost	Value Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Total	32 Projects	26,947,402	1,312,957	5	
A. Projects Completed, Total	3 Projects	174,651	174,651		100
California : Los Angeles	Mod. & Enlarge Entrance Gate	15,990	2	100	October 1975 (C)
Texas : Ft. Sam Houston	Repair & Recurface Cemetery Drives PH2	52,344	2	100	January 1976 (C)
Wisconsin : Wood	Develop 9 Acres for Graves Sites	106,317	2	100	October 1976 (C)
B. Projects under Construction, Total	5 Projects	2,585,023	1,138,306	44	
Projects \$1,000,000 and over, Total	1 Project	1,197,971	294,584	25	
Missouri : Jefferson	Develop 20 Acres/Additional Facilities	1,197,971	294,584	25	January 1976 (A)
Projects under \$1,000,000	4 Projects	1,387,052	843,722	61	
C. Projects not under construction, Total ..	24 Projects	24,187,728			
Projects \$1,000,000 and over, Total	10 Projects	20,694,397			
California : California	Phase 1 Development	3,669,800			
California : California	Visitors Center	1,800,000			
District of Columbia : Washington	Visitors Center	1,860,465			
Washington : Washington	Develop 20 Acres/Constr. Adm/Svc. Bldg.	1,836,521			
Hawaii : Natl. Memorial	Adm Bldg/Memorial/Ctr./Parking Struc.	2,824,700			
Hawaii : Natl Memorial	Columbarian Flanking ABMC Memorial	2,400,900			
Massachusetts : New England	Visitors Center	1,397,511			
Massachusetts : New England	Develop 20 Acres/Constr. Adm/Svc/Bldg	1,745,800			
Oregon : Willamette	38 Acres Development (phase 1)	1,773,000			
Oregon : Willamette	Mausoleums A-2,H-1,H-2,H-3	1,385,700			
D. Projects under \$1,000,000	14 Projects	3,493,331			

¹ Projects in table include those approved by the administrator and those in some stage of design for construction for which funds have been approved.

² Same as value of construction issued or awarded when project is financially complete.

Incompetent and Minor Beneficiaries Served – Fiscal Years 1970-76

Fiscal Year	Total Beneficiaries	Incompetent Adults				Minors		
		Total	Type of Fiduciary			Total	Type of Fiduciary	
			State Court Appointed Fiduciaries	Federal Fiduciaries	Supervised Direct Payment ¹		State Court Appointed Fiduciaries	Federal Fiduciaries
1976	141,218	100,044	49,208	46,505	4,331	41,174	16,154	25,020
1975	146,471	97,272	52,662	40,995	3,615	49,199	21,971	27,228
1974	² 177,950	107,636	58,328	46,618	2,690	70,314	33,856	² 36,458
1973	699,028	115,495	61,399	52,251	1,845	583,533	43,857	539,676
1972	730,532	114,092	64,635	48,740	717	616,440	53,941	562,499
1971	770,972	114,751	68,087	46,664	.....	656,221	63,738	592,483
1970	786,053	114,741	69,844	44,897	.....	671,312	68,288	603,024

¹ This type payment first authorized in fiscal year 1972.

² Decrease represents cases where approved, close relative/custodians receive payments for the benefit of minors.

TABLE 47

SPECIAL ACTS

Death: Special Acts, Class of Beneficiary, Period of Service – June 1976

Class of Beneficiary	Total			Regular Establishment		Civil War		Indian Wars		Spanish-American War	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	23	\$412	\$17.91	8	\$14.25	6	\$23.33	1	\$12.00	8	\$18.25
Widow alone	12	215	17.92	8	14.25	.....	.....	1	12.00	3	20.67
Widow and children	11	197	17.91	.....	.....	6	23.33	.....	.....	5	16.80
Children alone .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total dependents	24	.....	.....	8	.....	7	.....	1	.....	8	.....
Widows	12	.....	.....	8	.....	.....	.....	1	.....	3	.....
Children	12	.....	.....	.....	.....	7	.....	.....	.....	5	.....

Disability, Death: Number of Cases, Amount, Period of Service

Period of Service	Number of Cases June 1976	Average Annual Expenditure Per Case		Total Expenditures (in Thousands)	
		June 1975	June 1976	Fiscal Year 1976	Cumulative Through June 1976
Grand total	4,866,608	\$1,495.68	\$1,629.05	\$8,074,488	\$134,696,636
Living veterans	3,235,778	1,631.43	1,787.01	5,892,431	
Service connected	2,232,213	1,699.25	1,899.95	4,236,598	
Retired Reserve or Emergency Officers	317	4,349.27	4,778.04	1,518	508,886
Non-service connected	1,003,211	1,480.86	1,534.82	1,654,309	
Special acts	37	174.73	176.43	6	
Deceased veterans	1,630,830	1,226.63	1,315.64	2,182,057	
Service connected	367,601	2,375.44	2,662.96	955,956	
Non-service connected	1,263,206	890.03	923.59	1,226,099	
Special acts	23	218.32	214.96	2	
Civil War	342	1,184.90	1,187.16	410	8,221,577
Deceased veterans	342	1,184.90	1,187.16	410	
Service connected	8	2,513.33	2,611.50	23	
Non-service connected	328	1,168.84	1,169.01	385	
Special acts	6	270.00	280.00	2	
Indian wars	70	960.69	1,021.03	71	118,731
Deceased veterans	70	960.69	1,021.03	71	58,305
Service connected	1	2,064.00	2,316.00	2	
Non-service connected	68	957.32	1,014.88	69	
Special acts	1	144.00	144.00		
Spanish-American War	22,684	1,144.45	1,177.55	27,025	5,167,897
Living veterans	687	2,088.25	2,187.72	1,680	3,368,666
Service connected	6	6,589.50	6,222.00	69	
Non-service connected	681	2,051.84	2,152.18	1,611	
Deceased veterans	21,997	1,106.30	1,146.00	25,345	1,799,231
Service connected	218	2,837.08	3,167.67	700	
Non-service connected	21,771	1,088.71	1,126.10	24,645	
Special acts	8	235.20	219.00		
Mexican border service	921	982.33	983.46	1,068	5,257
Living veterans	339	1,395.20	1,448.00	610	3,305
Service connected	11	2,156.73	3,360.00	99	400
Non-service connected	328	1,372.68	1,383.88	511	2,904
Deceased veterans	582	698.43	709.71	458	1,952
Service connected	4	1,948.00	3,501.00	15	35
Non-service connected	578	691.67	692.51	443	1,917
World War I	973,403	1,158.70	1,192.22	1,216,433	40,162,831
Living veterans	374,879	1,527.26	1,604.11	634,525	28,528,220
Service connected	49,934	2,384.95	2,597.93	131,374	9,678,528
Retired emergency officers	316	4,337.47	4,773.76	1,512	183,182
Non-service connected	324,628	1,399.40	1,448.16	501,639	18,666,511
Special acts	1	120.00	120.00		
Deceased veterans	598,524	901.50	934.24	581,907	11,634,611
Service connected	34,351	2,760.20	3,096.02	106,371	2,950,672
Non-service connected	564,173	789.44	802.62	475,536	8,683,939
World War II	2,639,282	1,477.74	1,606.23	4,323,529	60,959,383
Living veterans	1,897,819	1,565.61	1,710.45	3,321,741	46,456,060
Service connected	1,288,457	1,586.62	1,780.91	2,296,677	38,637,424
Non-service connected	609,362	1,517.45	1,561.47	1,025,064	7,818,636
Deceased veterans	741,463	1,252.03	1,339.46	1,001,789	14,503,322
Service connected	188,185	2,101.52	2,360.26	420,409	8,825,984
Non-service connected	553,278	950.10	992.26	581,380	5,677,338
Korean conflict	440,910	1,722.01	1,882.17	841,875	8,697,199
Living veterans	299,038	1,865.25	2,056.61	623,139	6,490,236
Service connected	239,780	1,915.36	2,144.54	514,895	5,852,422
Non-service connected	59,258	1,632.44	1,700.84	108,244	637,814
Deceased veterans	141,872	1,414.48	1,514.47	218,736	2,206,963
Service connected	39,322	2,233.69	2,501.03	98,544	1,370,408
Non-service connected	102,550	1,080.53	1,136.18	120,192	836,555
Regular establishment	244,051	2,065.54	2,315.08	562,150	6,195,734
Living veterans	195,951	1,886.49	2,118.77	411,811	4,292,211
Service connected	195,914	1,886.49	2,119.10	411,799	
Retired reserve officers	1	6,486.00	6,132.00	6	325,705
Special acts	36	176.10	178.00	6	
Deceased veterans	48,100	2,873.78	3,114.83	150,339	1,903,523
Service connected	48,092	2,784.42	3,115.31	150,337	
Special act	8	218.00	171.00	2	
Vietnam era	544,945	1,843.24	2,028.09	1,101,926	4,973,496
Living veterans	467,065	1,748.98	1,932.74	898,924	3,982,940
Service connected	458,111	1,750.59	1,936.84	881,685	3,922,529
Non-service connected	8,954	1,655.58	1,722.95	17,239	60,411
Deceased veterans	77,880	2,418.22	2,599.92	203,002	990,556
Service connected	57,420	2,833.76	2,125.99	179,556	911,556
Non-service connected	20,460	1,057.00	1,123.51	23,446	79,000

Disability, Age Group, Period of Service - June 1976

Age Group	Grand Total			World War I			World War II		
	Total ³	Service Connected	Non-Service-Connected	Total	Service-Connected	Non-Service-Connected	Total	Service-Connected	Non-Service-Connected
Average age	56.1	51.2	66.8	81.7	81.3	81.9	58.8	57.6	61.3
Total veterans	3,235,741	2,232,213	1,003,211	374,562	49,934	324,628	1,897,819	1,288,457	609,362
Under 20	297	297							
20 to 24	28,859	28,441	418						
25 to 29	192,871	189,398	3,473						
30 to 34	135,421	131,632	3,789						
35 to 39	69,866	68,019	1,847						
40 to 44	149,800	129,044	20,756						
45 to 49	266,454	212,627	53,827				51,849	30,082	21,767
50 to 54	585,243	472,156	113,087				518,940	410,043	108,897
55 to 59	642,093	499,506	142,587				589,360	447,678	141,682
60 to 64	381,457	265,053	116,404				354,650	238,657	115,993
Under 65	2,452,361	1,996,173	456,188				1,514,799	1,126,460	388,339
65 to 69	259,526	130,563	128,963				246,874	118,175	128,699
70 to 74	104,371	39,383	64,988	774	78	696	97,066	32,852	64,214
75 to 79	116,176	26,207	89,951	76,835	13,736	63,099	35,468	8,700	26,768
80 to 84	234,961	32,321	202,444	230,601	29,472	201,129	2,958	1,838	1,120
85 to 89	62,945	6,797	56,060	61,950	6,098	55,852	491	338	153
90 to 94	4,474	646	3,816	4,107	485	3,622	72	55	17
95 and over	927	123	801	295	65	230	91	39	52
65 and over	783,380	236,040	547,023	374,562	49,934	324,628	383,020	161,997	221,023

Age Group	Korean Conflict			Vietnam Era				Spanish-American War ¹	Mexican Border Service ¹	R.E.O. And R.R.O. ²
	Total	connected	Non-service-connected	Total	Service-connected	Non-service connected	Regular Establishment			
Average age	47.8	48.3	45.9	33.4	33.5	30.5	46.4	96.4	82.1	83.6
Total veterans	299,038	239,780	59,258	467,065	458,111	8,954	195,914	687	339	317
Under 20				247	247		50			
20 to 24				28,533	28,115	418	326			
25 to 29				192,731	189,258	3,473	140			
30 to 34				119,636	115,847	3,789	15,785			
35 to 39	1,358	583	775	23,104	22,032	1,072	45,404			
40 to 44	79,407	58,787	20,620	26,109	25,973	136	44,284			
45 to 49	151,981	119,968	32,013	33,007	32,960	47	29,617			
50 to 54	31,298	27,123	4,175	19,570	19,555	15	15,435			
55 to 59	17,766	16,865	901	16,432	16,428	4	18,535			
60 to 64	9,217	8,806	411	6,136	6,136		11,454			
Under 65	291,027	232,132	58,895	465,505	456,551	8,954	181,030			
65 to 69	4,738	4,474	264	1,271	1,271		6,643			
70 to 74	2,018	1,940	78	260	260		4,253			
75 to 79	852	840	12	29	29		2,902			
80 to 84	358	352	6				649		72	18
85 to 89	41	40	1				320		199	196
90 to 94	3	2	1				101	166	55	88
95 to over	1		1				16	521	13	12
65 and over	8,011	7,648	363	1,560	1,560		14,884	687	339	317

¹Service connected and non-service connected are combined in S.A.W. and Mexican Border service.

²Emergency, provisional, probationary, temporary or reserve officers in receipt of retired pay under Public Law 2-73, 743, 262-77 or 351-81.

³R.F.O. And R.R.O. included in Grand Total, but not in service connected and non-service connected Grand Total.

COMPENSATION AND PENSION

TABLE 50

Terminations of Awards, Disability, Death – Fiscal Year 1976

Reasons for Termination	Total	World War I		World War II		Korean Conflict		Vietnam Era		Regular Estab- lishment	Civil War	Indian Wars	Spanish-American War	Mexican Border Service
		Service-Connected	Non-Service-Connected	Service-Connected	Non-Service-Connected	Service-Connected	Non-Service-Connected	Service-Connected	Non-Service-Connected					
Disability, total	197,203	5,665	58,321	24,247	75,199	3,086	6,324	18,770	1,646	3,532			342	71
Death of veteran	123,809	5,594	43,171	23,215	41,142	2,531	2,490	2,389	317	2,599			308	53
Disability less than 10 percent	3,912	1		152		97		3,472		190				
Disability less than permanent and total	437		2		243		125		67					
Estate in excess of \$1,500	343	14	40	79	115	20	13	29	5	28				
Excessive corpus of estate	420		217		191		9		3					
Failure to cooperate	2,354	1	338	31	699	21	115	1,057	50	42				
Income provision	40,350		10,971		25,814		2,648		894				7	16
Person entitled is incarcerated	117		2	1	81		17		16					
Veteran on active duty or in receipt of retirement pay	1,258		3	46	19	50	2	1,069	1	68				
Failure to return questionnaire	7,023		1,813		4,444		579		181				4	2
Miscellaneous ¹	17,180	55	1,764	723	2,451	367	326	10,754	112	605			23	
Death, total	288,967	1,809	50,667	15,484	162,655	3,926	33,311	7,626	3,663	6,618			3,148	60
Dependency not established or discontinued	143,774	32	1,481	2,215	109,094	1,178	23,664	2,417	588	3,085			19	1
Payee incarcerated	45		1		35		5	1	3					
Death of payee	50,473	1,655	26,458	10,272	5,548	1,481	253	739	22	1,358			2,655	32
Income provisions	39,731	7	11,594	244	21,829	191	3,382	822	1,424	218			5	15
Excess corpus of estate	611		295	27	239	24	15	1	4	5			1	
Person entitled (widow, child, parent) married	13,752	32	1,313	718	7,259	255	1,748	1,386	608	399			32	2
Failure to return questionnaire	8,399	2	3,352	245	3,816	135	376	216	140	97			16	4
Miscellaneous ¹	32,182	81	6,173	1,763	14,835	662	3,868	2,044	874	1,456			420	6

¹ Includes temporary terminations.

Disability: Class of Dependent, Period of Service – June 1976

Class of Dependent	Total			World War I		World War II		Korean Conflict	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	2,232,213	\$353,424,308	\$158.33	49,934	\$216.49	1,288,457	\$148.41	239,780	\$178.71
Veterans less than 50 percent disabled (no dependency benefit)	1,743,838	112,146,808	64.31	33,157	83.84	1,020,268	64.03	181,745	238.40
Veterans 50 percent or more disabled	488,375	241,277,500	494.04	16,777	478.66	268,189	469.43	58,035	532.24
Without dependents	116,964	58,205,145	497.63	6,403	483.92	58,375	480.71	11,668	532.26
With dependents	371,411	183,072,355	492.91	10,374	475.41	209,814	466.29	46,367	532.24
Wife only	188,021	89,731,761	477.24	10,143	475.03	133,032	462.88	14,846	534.11
Wife, child or children	155,196	77,104,618	496.82	185	492.50	65,120	458.24	26,090	517.35
Wife, child or children, and parent or parents	3,032	1,957,705	645.68	1	1,117.00	1,217	584.04	623	708.18
Wife, parent or parents	1,866	1,151,792	617.25			1,224	588.45	267	712.91
Child or children only	16,120	8,293,458	514.48	44	473.14	5,791	478.17	3,104	523.67
Child or children and parent or parents	527	370,131	702.34			150	619.69	114	739.89
Parent or parents only	6,649	4,462,890	671.21	1	687.00	3,280	646.77	1,323	687.80
Total dependents on whose account additional compensation was being paid	711,307			10,606		335,288		114,294	
Wives	348,115			10,329		200,593		41,826	
Children	349,402			275		128,375		69,789	
Parents	13,790			2		6,320		2,679	

Class of Dependent	Vietnam Era		Regular Establishment		Spanish-American War		Mexican Border Service	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	458,111	\$161.40	195,914	\$176.59	6	\$518.50	11	\$280.00
Veterans less than 50 percent disabled (no dependency benefit)	356,631	87.95	152,031	58.22	1	98.00	5	59.60
Veterans 50 percent or more disabled	101,480	506.75	43,883	570.44	5	602.60	6	463.67
Without dependents	28,768	491.89	11,742	568.88	3	488.00	5	514.80
With dependents	72,712	512.63	32,141	571.01	2	774.50	1	208.00
Wife only	18,490	484.14	11,507	560.75	2	774.50	1	208.00
Wife, child or children	47,007	514.64	16,794	564.69				
Wife, child or children, and parent or parents	859	649.85	332	742.16				
Wife, parent or parents	264	624.67	111	687.12				
Child or children only	4,822	527.07	2,359	566.59				
Child or children and parent or parents	169	721.74	94	753.79				
Parent or parents only	1,101	675.64	944	727.69				
Total dependents on whose account additional compensation was being paid	173,816		77,300		2		1	
Wives	66,620		28,744		2		1	
Children	104,130		46,833					
Parents	3,066		1,723					

Disability, Degree of Impairment, Type of Major Disability, Period of Service - June 1976

Degree of Impairment	Total				Tuberculosis (Lungs and Pleura)				Psychiatric and Neurological Diseases				General Medical and Surgical Conditions			
	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total Tuberculosis	Percent of Degree of Impairment	Average Monthly Value	Number	Percent of Total Psychiatric and Neurological Diseases	Percent of degree of impairment	Average Monthly Value	Number	Percent of Total General Medical and Surgical Conditions	Percent of Degree of Impairment	Average Monthly Value
TOTAL																
Total	2,232,213	100.0	\$353,424,308	\$158.33	55,966	100.0	2.5	\$145.17	475,155	100.0	21.3	\$274.12	1,701,092	100.0	76.2	\$126.42
No disability	28,483	1.3	1,880,476	66.02	26,624	47.6	93.5	67.00	.....	.....	.....	.....	1,859	.1	6.5	52.00
10 percent	870,404	39.0	30,845,807	35.44	1,451	2.6	.2	55.30	140,063	29.5	16.1	35.20	728,890	42.8	83.7	35.44
20 percent	346,999	15.5	22,831,869	65.80	5,740	10.3	1.7	80.40	25,370	5.3	7.3	66.20	315,889	18.5	91.0	65.50
30 percent	315,762	14.1	31,479,165	99.69	11,384	20.3	3.6	98.92	80,491	16.9	25.5	98.61	223,887	13.2	70.9	100.12
40 percent	182,190	8.2	25,109,491	137.82	1,400	2.5	.8	138.37	26,160	5.5	14.4	135.84	154,630	9.1	84.8	138.15
50 percent	112,928	5.1	24,641,660	218.21	1,691	3.0	1.5	224.22	42,629	9.0	37.7	213.39	68,608	4.0	60.8	221.05
60 percent	119,003	5.3	48,551,006	407.98	1,445	2.6	1.2	392.42	19,346	4.1	16.3	347.78	98,212	5.8	82.5	420.07
70 percent	81,196	3.6	41,760,781	514.32	1,114	2.0	1.4	374.87	41,484	8.7	51.1	552.34	38,598	2.3	47.5	477.53
80 percent	39,057	1.8	21,049,526	538.94	1,814	3.2	4.6	434.17	10,828	2.3	27.7	556.80	26,415	1.6	67.6	538.82
90 percent	13,440	.6	7,966,220	592.72	130	.2	1.0	545.27	3,624	.8	26.9	608.56	9,686	.6	72.1	587.44
100 percent	122,751	5.5	97,308,307	792.73	3,173	5.7	2.6	711.23	85,160	17.9	69.4	765.34	34,418	2.0	28.0	868.00
WORLD WAR I																
Total	49,934	100.0	\$10,810,437	\$216.49	7,324	100.0	14.7	\$164.01	9,799	100.0	19.6	\$331.76	32,811	100.0	65.7	\$193.74
No disability	691	1.4	42,292	61.20	424	5.8	61.4	67.00	.....	.....	.....	.....	267	.8	38.6	52.00
10 percent	8,773	17.6	372,669	42.48	24	.3	.3	60.29	594	6.1	6.8	43.96	8,156	24.9	92.9	42.32
20 percent	12,034	24.1	948,326	78.80	5,078	69.3	42.2	82.12	1,434	14.6	11.9	83.77	5,522	16.8	45.9	74.46
30 percent	7,052	14.1	745,506	105.71	506	6.9	7.2	109.99	1,271	13.0	18.0	107.46	5,275	16.1	74.8	104.86
40 percent	4,607	9.2	671,141	175.32	238	3.3	5.2	149.85	798	8.2	17.3	148.91	3,571	10.9	77.5	144.68
50 percent	3,828	7.7	813,167	212.43	66	.9	1.7	211.23	1,357	13.9	35.5	213.58	2,405	7.3	62.8	211.81
60 percent	3,969	7.9	1,621,809	408.62	89	1.2	2.2	496.70	629	6.4	15.9	301.79	3,251	9.9	81.9	426.88
70 percent	1,898	3.8	858,221	452.17	23	.3	1.2	375.43	679	6.9	35.8	454.02	1,196	3.7	63.0	452.60
80 percent	1,163	2.3	565,625	486.35	12	.2	1.0	490.58	295	3.0	25.4	438.68	856	2.6	73.6	502.72
90 percent	286	.6	158,970	555.84	7	.1	2.5	473.29	33	.3	11.5	579.97	246	.7	86.0	554.95
100 percent	5,633	11.3	4,012,711	712.36	857	11.7	15.2	685.03	2,709	27.6	48.1	706.08	2,067	6.3	36.7	731.91
WORLD WAR II																
Total	1,288,457	100.0	\$191,218,716	\$148.41	30,424	100.0	2.4	152.22	293,946	100.0	22.8	\$237.68	964,087	100.0	74.8	\$121.07
No disability	16,815	1.3	1,114,770	66.42	16,026	52.7	95.3	67.00	.....	.....	.....	.....	789	.1	4.7	52.00
10 percent	515,641	40.0	18,194,524	30.67	709	2.3	.1	61.16	99,798	34.0	19.4	35.10	415,134	43.1	80.5	35.29
20 percent	190,980	14.8	12,465,233	65.27	406	1.3	.2	67.37	15,758	5.4	8.3	65.12	174,816	18.1	91.5	65.28
30 percent	189,289	14.7	18,800,322	99.32	6,409	21.1	3.4	98.25	53,260	18.1	28.1	98.20	129,620	13.5	68.5	99.83
40 percent	107,543	8.4	14,748,980	137.14	698	2.3	.7	136.76	16,889	5.7	15.7	135.03	89,956	9.3	83.6	137.55
50 percent	66,844	5.2	14,453,779	216.23	1,103	3.6	1.6	225.91	24,801	8.4	37.1	211.88	40,940	4.3	61.3	218.60
60 percent	69,557	5.4	28,149,996	404.70	996	3.2	1.4	381.47	11,340	3.9	16.3	336.01	57,221	5.9	82.3	418.72
70 percent	45,390	3.5	23,445,858	516.54	932	3.1	2.1	369.90	23,327	7.9	51.4	568.53	21,131	2.2	46.5	465.62
80 percent	22,262	1.7	11,566,738	519.57	1,640	5.4	7.4	430.98	5,994	2.0	26.9	544.99	14,628	1.5	65.7	519.09
90 percent	6,918	.6	3,952,672	571.36	111	.4	1.6	545.16	1,682	.6	24.3	582.18	5,125	.5	74.1	568.38
100 percent	57,218	4.4	44,325,844	774.68	1,394	4.6	2.5	731.93	41,097	14.0	71.8	760.46	14,727	1.5	25.7	818.42
KOREAN CONFLICT																
Total	239,780	100.0	\$42,851,401	\$178.71	10,748	100.0	4.5	\$100.41	44,936	100.0	18.7	\$371.89	184,096	100.0	76.8	\$136.13
No disability	7,495	3.1	497,695	66.40	7,197	67.0	96.0	67.00	.....	.....	.....	.....	298	.2	4.0	52.00
10 percent	84,631	35.3	3,016,616	35.64	253	2.4	.3	64.58	9,680	21.6	11.4	35.49	74,698	40.5	88.3	35.57
20 percent	36,903	15.4	2,415,947	65.47	105	1.0	.3	67.34	1,947	4.3	5.3	65.30	34,851	18.9	94.4	65.47
30 percent	32,527	13.4	3,244,714	99.75	2,154	20.0	6.6	98.66	6,275	14.0	19.3	98.72	24,098	13.1	74.1	100.12
40 percent	20,189	8.4	2,787,609	138.08	225	2.1	1.1	134.92	2,353	5.2	11.7	136.13	17,611	9.6	87.2	138.38

50 percent	11,665	4.9	2,654,294	227.54	291	2.7	2.5	224.68	3,703	8.2	31.7	224.13	7,671	4.2	65.8	229.30	
60 percent	13,863	5.8	5,829,708	420.52	197	1.8	1.4	381.05	2,208	4.9	15.9	372.05	11,458	6.2	82.7	430.54	
70 percent	9,898	4.2	5,318,847	537.37	85	.8	.9	402.82	4,683	10.4	47.3	574.25	5,130	2.8	51.8	505.92	
80 percent	4,649	2.0	2,665,306	573.31	71	.6	1.5	496.25	1,326	3.0	28.5	596.70	3,252	1.8	70.0	565.45	
90 percent	1,642	.7	997,050	607.22	7	.1	.4	588.71	476	1.1	29.0	624.32	1,159	.6	70.6	600.30	
100 percent	16,318	6.8	13,423,615	822.63	163	1.5	1.0	716.04	12,285	27.3	75.3	803.54	3,870	2.1	23.7	887.70	
VIETNAM ERA																	
Total	458,111	100.0	\$73,940,743	\$161.40	2,169	100.0	.5	\$227.69	86,749	100.0	18.9	\$297.80	369,193	100.0	80.6	\$128.96	
No disability	236	.1	14,082	59.67	14	.6	5.9	67.00				222		.1	94.1	59.21	
10 percent	182,978	39.9	6,472,406	35.37	340	15.7	.2	35.23	20,700	23.9	11.3	35.23	161,938	43.8	88.5	35.39	
20 percent	77,050	16.8	5,034,403	65.34	43	2.0	.1	65.09	4,748	5.5	6.2	65.16	72,259	19.6	93.7	65.35	
30 percent	59,805	13.1	5,953,976	99.59	1,017	46.8	1.7	99.23	13,812	15.9	23.1	99.14	44,976	12.2	75.2	99.72	
40 percent	36,562	8.0	5,041,079	217.30	143	6.6	.4	134.73	4,633	5.3	12.7	134.73	31,786	8.6	86.9	138.10	
50 percent	23,199	5.1	5,076,117	218.81	104	4.8	.4	219.71	9,300	10.8	40.1	211.38	13,795	3.7	59.5	223.81	
60 percent	21,186	4.6	8,155,728	384.96	50	2.3	.2	412.58	3,857	4.4	18.2	354.29	17,279	4.7	81.6	391.72	
70 percent	17,476	3.8	8,592,224	491.66	19	.9	.2	462.26	8,833	10.2	50.5	501.08	8,624	2.3	49.4	482.07	
80 percent	8,292	1.8	4,674,584	563.75	10	.5	.1	508.60	2,452	2.8	29.6	565.35	5,830	1.6	70.3	563.17	
90 percent	3,813	.8	2,371,919	622.06	2	.1	.1	562.00	1,212	1.4	31.8	635.88	2,599	.7	68.1	615.66	
100 percent	27,514	6.0	22,554,225	819.74	427	19.7	1.6	701.35	17,202	19.8	62.5	748.66	9,885	2.7	35.9	948.54	
REGULAR ESTABLISHMENT																	
Total	195,914	100.0	\$34,596,820	\$176.59	5,301	100.0	2.7	\$135.62	39,724	100.0	20.3	\$367.22	150,889	100.0	77.0	\$127.84	
No disability	3,246	1.7	213,237	65.69	2,963	55.9	91.3	67.00				283		.2	8.7	52.00	
10 percent	78,379	40.0	2,789,522	35.59	125	2.4	.2	56.92	9,291	23.4	11.9	35.35	68,963	45.6	87.9	35.58	
20 percent	30,030	15.3	1,967,830	65.53	108	2.0	.4	67.42	1,483	3.7	4.9	65.23	28,439	18.8	94.7	65.54	
30 percent	27,087	13.8	2,732,851	100.89	1,298	24.5	4.8	98.09	5,873	14.8	21.7	98.99	19,916	13.2	73.5	101.43	
40 percent	13,289	6.8	1,860,682	140.02	96	1.8	.7	135.08	1,487	3.7	11.2	135.74	11,706	7.8	88.1	140.60	
50 percent	7,390	3.8	1,643,907	222.45	127	2.4	1.7	218.91	3,467	8.7	46.9	217.95	3,796	2.5	51.4	226.68	
60 percent	10,426	5.3	4,792,874	459.70	113	2.1	1.1	417.66	1,312	3.3	12.6	411.60	9,001	6.0	86.3	467.24	
70 percent	6,532	3.3	3,544,945	542.70	55	1.0	.8	385.53	3,962	10.0	60.7	562.22	2,515	1.7	38.5	515.40	
80 percent	2,689	1.4	1,575,896	586.05	81	1.5	3.0	426.79	761	1.9	28.3	598.50	1,847	1.2	68.7	587.91	
90 percent	781	.4	485,609	621.78	3	.1	.4	604.67	221	.6	28.3	629.82	557	.4	71.3	618.68	
100 percent	16,065	8.2	12,989,467	808.56	332	6.3	2.1	702.27	11,867	29.9	73.8	780.43	3,866	2.6	24.1	904.03	
SPANISH AMERICAN WAR																	
Total	6	100.0	\$ 3,111	\$518.50									6	100.0	100.0	\$518.50	
No disability																	
10 percent																	
20 percent																	
30 percent	1	16.7	98	98.00									1	16.7	100.0	98.00	
40 percent																	
50 percent																	
60 percent	1	16.7	236	236.00									1	16.7	100.0	236.00	
70 percent	1	16.7	332	332.00									1	16.7	100.0	332.00	
80 percent																	
90 percent																	
100 percent	3	50.0	2,445	815.00									3	50.0	100.0	815.00	
MEXICAN BORDER SERVICE																	
Total	11	100.0	\$ 3,080	\$280.00						1	100.0	9.1	\$188.00	10	100.0	90.9	\$289.20
No disability	2	18.2	70	35.00									2	20.0	100.0	35.00	
10 percent	2	18.2	130	65.00									2	20.0	100.0	65.00	
20 percent	1	9.1	98	98.00									1	10.0	100.0	98.00	
30 percent																	
40 percent																	
50 percent	2	18.2	396	198.00						1	100.00	50.0	188.00	1	10.0	50.0	208.00
60 percent	1	9.1	655	655.00										1	10.0	100.0	655.00
70 percent	1	9.1	354	354.00										1	10.0	100.0	354.00
80 percent	2	18.2	1,377	688.50										2	20.0	100.0	688.50
90 percent																	
100 percent																	

¹ Figure adjusted 8-26-75.

Death: Total, Class of Beneficiary, Period of Service—June 1976

Class of Beneficiary	Total			World War I		World War II		Korean Conflict		Vietnam Era	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	367,601	\$81,575,513	\$221.91	34,351	\$258.00	188,185	\$196.69	39,322	\$208.46	57,420	\$260.58
Compensation	84,355	6,541,874	77.55	162	104.95	66,878	77.69	14,058	77.00	20	115.80
Dependency and indemnity compensation	278,574	73,452,323	263.67	34,185	258.71	117,845	260.17	24,343	279.18	57,379	260.59
Dependency and indemnity compensation and compensation	4,672	1,581,316	338.47	4	387.75	3,462	336.44	921	344.04	21	377.52
Widow alone	168,212	48,197,920	286.53	33,078	258.51	84,135	281.50	15,115	318.75	11,183	311.72
Widow and children	33,515	11,668,193	348.15	449	370.27	6,881	325.98	2,807	345.39	17,212	356.99
Widow, children and mother	2,790	1,223,421	438.50			250	435.89	120	434.93	1,936	440.82
Widow, children and father	353	155,372	440.15			26	477.69	13	432.00	259	435.60
Widow, children, mother and father	836	399,152	466.69			17	471.88	22	457.95	673	467.54
Widow and mother	8,112	3,035,375	374.18	11	404.09	4,837	367.18	1,047	374.87	1,029	386.12
Widow and father	1,175	436,413	371.42			809	369.45	120	434.93	119	384.91
Widow, mother and father	1,119	444,258	397.01			551	398.24	166	377.38	247	405.92
Children alone	22,272	3,524,693	158.26	507	191.25	2,889	162.58	1,583	161.38	11,680	158.30
Children and mother	2,121	531,123	250.41			156	267.08	104	255.11	1,323	252.66
Children and father	258	63,276	245.26			15	274.87	13	233.85	174	248.27
Children, mother and father	701	189,361	270.13			19	302.00	21	285.52	513	270.64
Mother alone	95,359	8,526,619	89.42	296	143.82	68,355	89.89	13,249	83.27	6,888	93.98
Father alone	12,991	1,216,723	93.66	9	139.67	9,627	97.51	1,729	82.11	811	80.25
Mother and father	17,787	1,972,614	110.90	1	80.00	9,618	110.06	3,213	95.57	3,373	127.60
Total dependents	482,957			34,507		215,291		50,366		116,126	
Widows	216,112			33,538		97,506		19,410		32,658	
Children	102,789			646		13,300		7,715		61,313	
Mothers	128,836			313		83,803		17,944		15,986	
Fathers	35,220			10		20,682		5,297		6,169	

Class of Beneficiary	Regular Establishment		Civil War		Indian Wars		Spanish-American War		Mexican Border Service	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	48,092	\$259.61	8	\$217.63	1	\$193.00	218	\$263.97	4	\$266.25
Compensation	3,237	77.51								
Dependency and indemnity compensation	44,591	272.33	8	217.63	1	193.00	218	263.97	4	266.25
Dependency and indemnity compensation and compensation	264	343.08								
Widow alone	24,495	310.42	2	291.50			200	266.26	4	266.25
Widow and children	6,163	347.80					3	466.67		
Widow, children and mother	484	431.46								
Widow, children and father	55	445.75								
Widow, children, mother and father	124	462.90								
Widow and mother	1,188	391.50								
Widow and father	127	379.96								
Widow, mother and father	155	399.51								
Children alone	5,591	151.63	6	193.00	1	193.00	15	193.00		
Children and mother	538	239.14								
Children and father	56	230.61								
Children, mother and father	148	262.09								
Mother alone	6,571	90.92								
Father alone	815	85.52								
Mother and father	1,582	111.60								
Total dependents	66,436		8		1		218		4	
Widows	32,791		2				203		4	
Children	19,793		6		1		15			
Mothers	10,790									
Fathers	3,062									

¹Includes one widow who may be receiving compensation, rather than D.I.C.

Disability: Total, Period of Service, Type of Major Disability - 1976

Type of Pension and Disability	Total				World War I			World War II		
	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total	1,003,211	100.0	\$128,312,535	\$127.90	324,628	100.0	\$120.68	609,362	100.0	\$130.12
Tuberculosis (lungs and pleura)	13,921	1.4	1,948,122	139.94	2,316	.7	138.97	10,252	1.7	139.08
Psychiatric and neurological diseases	214,754	21.4	33,790,444	157.34	36,894	11.4	183.16	145,205	23.8	153.94
Psychoses	55,916	5.6	7,672,740	137.22	3,631	1.1	177.38	36,604	6.0	136.45
Other psychiatric and neurological diseases	158,838	15.8	26,117,704	164.43	33,263	10.3	183.79	108,601	17.8	159.84
General medical and surgical conditions	674,394	67.2	83,105,442	123.23	265,614	81.8	114.32	374,382	61.4	127.88
No disability shown	100,142	10.0	9,468,547	94.55	19,804	6.1	87.39	79,523	13.1	96.03
Protected pension	90,004	9.0	7,577,473	84.19	80,102	24.7	83.73	8,545	1.4	86.87
PL 86-211	913,207	91.0	120,735,062	132.21	244,526	75.3	132.78	600,817	98.6	130.74

	Korean Conflict			Vietnam Era			Spanish-American War			Mexican Border Service		
	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total	59,258	100.0	\$141.74	8,954	100.0	\$143.58	681	100.0	\$179.35	328	100.0	\$115.32
Tuberculosis (lungs and pleura)	1,297	2.2	148.89	55	.6	131.38	1	.1	101.00	.....	.....	.....
Psychiatric and neurological diseases	26,890	45.4	144.24	5,607	62.6	137.05	130	19.1	204.89	28	8.5	209.04
Psychoses	12,429	21.0	130.03	3,248	36.3	128.42	1	.1	101.00	3	.9	224.33
Other psychiatric and neurological diseases	14,461	24.4	156.46	2,359	26.3	148.94	129	19.0	205.70	25	7.6	207.20
General medical and surgical conditions	30,891	52.1	139.53	3,283	36.7	154.94	181	26.6	195.56	43	13.1	175.23
No disability shown	180	.3	95.14	9	.1	141.78	369	54.2	162.61	257	78.4	95.09
Protected pension	962	1.6	85.41	.....	.....	.....	395	58.0	116.68	.....	.....	.....
PL 86-211	58,296	98.4	142.67	8,954	100.0	143.58	286	42.0	265.90	328	100.0	115.32

TABLE 55

Death: Total, Class of Beneficiary, Period of Service - June 1975

Class of Beneficiary	Total			World War I		World War II		Korean Conflict	
	Number	Monthly Value	Average Monthly	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	1,263,206	\$97,223,391	\$ 76.97	564,173	\$ 66.89	553,278	\$ 82.69	102,550	\$ 94.68
Widow alone	829,345	58,845,185	70.95	542,505	66.06	256,325	78.76	8,063	89.36
Widow and children	140,897	18,289,699	129.81	10,577	121.20	98,285	127.24	24,217	144.96
Children alone	292,964	20,088,507	68.57	11,091	55.51	198,668	65.72	70,270	77.97
Total dependents	1,737,703	.....	.....	578,257	.....	844,160	.....	245,389	.....
Widows	970,242	.....	.....	553,082	.....	354,610	.....	32,280	.....
Children	767,461	.....	.....	25,175	.....	489,550	.....	213,109	.....

Class of Beneficiary	Vietnam Era		Civil War		Indian Wars		Spanish-American War		Mexican Border Service	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	20,460	\$ 93.63	328	\$ 97.42	68	\$ 84.57	21,771	\$ 93.84	582	\$ 57.71
Widow alone	1,091	87.78	156	124.09	56	85.77	20,586	94.66	567	58.18
Widow and children	7,622	127.03	.....	.....	1	147.00	186	117.93	9	124.11
Children alone	11,747	72.49	172	73.23	11	73.13	999	73.34	6	53.00
Total dependents	46,877	.....	330	.....	69	.....	22,032	.....	593	.....
Widows	8,713	.....	156	.....	57	.....	20,772	.....	576	.....
Children	38,164	.....	174	.....	12	.....	1,260	.....	17	.....

Persons in Training During Fiscal Year by Program and Period of Service

PROGRAM	Fiscal Year			
	1976	1975	1974	1973
Post-Korean Educational Assistance Program:				
In training during year—Total	2,821,514	2,691,566	2,358,608	2,125,595
Institutions of higher learning	1,923,639	1,692,922	1,333,262	1,176,714
Resident schools other than college	449,700	420,290	382,835	332,845
Correspondence Schools	302,134	386,731	430,604	427,350
On-job training	146,041	191,623	211,907	188,686
Children's Educational Assistance Program				
In training during year—Total	80,659	71,433	63,010	57,678
Institutions of higher learning	72,966	64,687	57,080	51,972
Schools other than college	7,208	6,258	5,549	5,559
Special restorative training	76	59	64	73
On-job training	409	429	317	74
Period of service of beneficiary's parent				
World War I	1,255	1,151	759	382
World War II	32,190	30,975	30,125	31,079
Korean conflict	12,464	11,414	10,455	9,962
Other	34,750	27,893	21,671	16,255
Spouses, Widows/Widowers Educational Assistance Program				
In training during year—Total	19,092	16,519	12,952	10,505
Institutions of higher learning	14,545	12,150	9,366	7,600
Schools other than college	4,486	4,307	3,526	2,880
Special restorative training	8	5	5	12
On-job training	53	57	55	13
Period of service of beneficiary's spouse				
World War I	297	297	161	76
World War II	4,328	3,891	3,219	2,893
Korean conflict	2,352	2,057	1,645	1,333
Other	12,115	10,274	7,927	6,203
Vocational Rehabilitation Program for Disabled Veterans				
In training during year—Total	29,449	24,840 ¹	26,974	29,537
Institutions of higher learning	20,993	18,487	19,523	21,034
Schools other than college	5,994	4,855	5,685	6,590
On-job training	1,038	1,310	1,588	1,730
Institutional on-farm	191	188	178	183
Unknown	1,233 ²			
Period of service of veterans				
World War II	95	362	405	422
Korean conflict	300	453	492	526
Vietnam era	27,536	20,281	21,874	23,983
Post-Korean and between wars	1,518	3,744	4,203	4,606

¹ Estimated.² The unknown count of type of training was generated by a change from a punched card to magnetic tape system.

Post-Korean Veterans and Service Personnel Training Programs - Individuals Trained

Training Programs	Trained During Fiscal Year 1976					Ever Trained Through June 30, 1976 Total
	TOTAL	Resident School Trainees			Correspondence Trainees	
		Graduate	Under-Graduate	Non-Degree		
TOTAL ALL TYPES OF TRAINING	2,821,514					6,521,973
COLLEGE LEVEL						
Total	1,925,436	198,420	1,692,425	32,794	1,797	3,654,034
Academic degrees—field not specified—Total	1,316,284	106,978	1,209,240		66	2,205,211
Associate in arts	389,095		389,088		7	629,827
Associate in science	59,589		59,589			92,140
Associate degree, nec	329,206		329,196		10	474,678
Bachelor of arts	123,581		123,570		11	225,299
Bachelor of science	77,455		77,451		4	145,467
Bachelor's degree, nec	230,376		230,346		30	416,522
Master of arts	29,825	29,825				57,118
Master of science	11,916	11,916				26,493
Master's degree, nec	53,665	53,663			2	106,744
Doctor of philosophy	9,560	9,559			1	26,002
Doctor's degree, nec	1,891	1,890			1	4,656
Post Doctoral, nec	125	125				265
Business and commerce	191,040	27,019	163,995		26	437,060
Education	40,157	20,474	19,681		2	133,030
Engineering	24,981	2,656	22,319		6	83,084
English and journalism	2,698	634	2,061		3	11,372
Fine and applied arts	11,081	1,255	9,803		23	32,094
Foreign languages	612	247	365			3,087
Law	13,048	10,672	2,376			41,239
Liberal arts (major not specified)	26,875	560	26,313		2	62,644
Life sciences—Total	33,238	14,504	18,733		1	104,135
Agricultural sciences	4,759	557	4,201		1	15,504
Biological sciences	5,821	1,201	4,620			17,194
Medical and health sciences	22,658	12,746	9,912			71,437
Mathematics and statistics	1,586	427	1,159			7,374
Physical sciences	4,143	1,202	2,938		3	15,257
Social sciences	22,363	7,351	15,007		5	78,244
Theology	5,117	1,799	3,308		10	13,946
Technician courses—Total	192,557		158,612	32,794	1,151	353,612
Business and Commerce	51,985		47,592	4,104	289	88,411
Engineering and related	3,951		3,786	154	11	8,103
Medical and related	5,211		3,543	1,661	7	12,698
Other technician courses	131,410		103,691	26,875	844	244,400
All other academic fields	39,656	2,642	36,515		499	72,645

SCHOOLS OTHER THAN COLLEGE	Trained During Fiscal Year 1976					Ever Trained Through June 30, 1976 Total
	Total Other Schools	Resident School Trainees			Correspondence Trainees	
		Vocational or Tech. Post-High School	Other Vocational or Technical	High School		
Total	750,037	64,310	248,752	136,638	300,337	2,393,440
Arts	22,740	4,387	9,097		9,256	115,078
Business	49,808	13,503	17,478		18,827	320,467
Services	35,937	4,129	16,698		15,110	134,958
Technical courses—Total	45,193	8,988	14,233		21,972	205,660
Electronic	29,568	4,724	7,111		17,733	138,021
Engineering	4,772	915	1,557		2,300	32,172
Legal	1,309	399	266		644	8,912
Medical and related	3,762	1,630	1,996		136	10,858
Other technical, nec	5,782	1,320	3,303		1,159	15,697
Trade and industrial—Total	361,029	29,888	109,569		221,572	1,063,760
Air conditioning	36,048	3,793	12,101		20,154	133,760
Construction	18,816	1,943	10,054		6,819	45,568
Electrical and electronic	140,631	4,795	15,832		120,004	349,711
Mechanical	102,412	9,447	36,801		56,164	303,170
Metalwork	30,487	6,775	22,376		1,336	84,326
Other trade and industrial	32,635	3,135	12,405		17,095	147,225
Other institutional	192,759	3,415	32,106	136,638	13,600	421,510
Flight training	42,571		42,571			132,007

MAJOR OCCUPATIONAL OBJECTIVES - JOB TRAINING	Trained During Fiscal Year 1976			Ever Trained Through June 30, 1976 Total
	Total Job Trainees	Apprentice	Other On-Job	
Total	146,041	71,007	75,034	474,499
Technical and managerial	19,641	1,262	18,379	59,787
Clerical and sales	5,347	437	4,910	14,509
Service occupations	17,571	2,031	15,540	59,213
Farming, fishery, forestry occupations	1,641	121	1,520	4,154
Trade and industrial—Total	95,909	64,564	31,345	316,849
Processing occupations	4,053	2,408	1,645	12,682
Machine trades occupations	34,545	21,990	12,555	97,304
Benchwork occupations	6,173	3,233	2,940	18,010
Structural work occupations	51,138	36,933	14,205	188,853
Miscellaneous occupations	5,932	2,592	3,340	19,987

NOTE: nec - not elsewhere classified

Sons, Daughters, Spouses and Widows/Widowers Training Program

	Trained During Fiscal Year 1976				Ever Trained Through June 30, 1976 Total
	Total	Sons	Daughters	Spouses Widows/Widowers	
Total all types of training	99,751	39,081	41,578	19,092	314,436
COLLEGE LEVEL					
Total	87,511	35,010	37,956	14,545	254,796
Academic degrees, field not specified - Total	63,849	25,495	27,786	10,568	140,944
Associate in arts	14,822	5,161	5,978	3,683	26,838
Associate in science	2,178	792	878	508	3,901
Associate degree, nec ¹	10,482	3,739	4,328	2,415	20,392
Bachelor of arts	9,489	4,037	4,463	989	19,811
Bachelor of science	5,253	2,509	2,297	447	10,534
Bachelor's degree, nec	19,206	8,501	8,928	1,777	52,620
Master of arts	722	213	283	226	1,959
Master of science	255	82	113	60	572
Master's degree, nec	1,276	406	480	390	3,739
Doctor of philosophy	143	46	34	63	426
Doctor's degree, nec	23	9	4	10	152
Business and commerce	4,861	2,226	1,768	867	21,987
Education	3,621	803	1,982	836	23,426
Engineering	1,099	1,007	89	3	6,438
English and journalism	284	91	152	41	2,418
Fine and applied arts	832	421	334	77	4,566
Foreign languages	70	21	35	14	541
Home economics	188	4	139	45	1,353
Law	384	254	96	34	2,034
Liberal arts (major not specified)	1,644	695	756	193	12,103
Life sciences - Total	3,520	1,098	1,956	466	14,398
Agriculture sciences	302	224	68	10	1,509
Biological sciences	586	319	244	23	2,794
Medical and health sciences	2,632	555	1,644	433	10,095
Mathematics	96	55	38	3	992
Physical sciences	225	168	56	1	1,846
Social sciences	1,330	544	581	205	8,139
Theology	151	107	31	13	706
Technician courses - Total	4,207	1,555	1,708	944	10,382
Business and commerce	1,142	206	538	398	2,291
Engineering and related	36	34	1	1	128
Medical and related	804	100	561	143	2,501
Other technical courses	2,225	1,215	608	402	5,462
All other academic fields	1,150	466	449	235	2,523
SCHOOLS OTHER THAN COLLEGE LEVEL					
Total	11,778	3,694	3,590	4,494	58,780
Arts	652	296	181	175	2,827
Business	2,564	300	1,324	940	17,868
Services	2,938	268	1,389	1,281	16,129
Technical courses - Total	852	385	344	123	3,390
Electronic	215	203	8	4	1,024
Engineering	54	50	2	2	276
Medical and related	348	45	231	72	1,402
Other technical, nec	235	87	103	45	688
Trades and Industrial - Total	3,063	2,276	216	571	15,544
Construction	200	190	3	7	634
Dressmaking	576	122	114	340	4,606
Electrical and electronic	339	306	10	23	2,122
Mechanical	966	923	11	22	4,757
Metalwork	467	438	9	20	1,697
Other trade and industrial	525	297	69	159	1,728
Other institutional	1,709	169	136	1,404	3,022
ON-JOB TRAINING					
Total	462	377	32	53	860
Technical and managerial	83	47	11	25	153
Clerical and sales	20	6	6	8	38
Service occupations	42	29	5	8	99
Trade and industrial occupations	305	286	9	10	543
Miscellaneous occupations	12	9	1	2	27

¹Not elsewhere classified.

Guaranteed or Insured Loans, Direct Loans, Property Management

Item	Cumulative Through June 30, 1976	Fiscal Year 1976	Fiscal Year 1975
GUARANTEED OR INSURED LOANS			
Number of loans, total	9,134,137	326,727	290,191
Home	9,114,716	324,968	288,163
Mobile Home	19,421	1,759	2,028
Amount of loans (\$000), total	\$123,420,823	\$9,951,196	\$8,091,365
Home	123,242,854	9,930,076	8,072,101
Mobile Home	177,969	21,120	19,264
Amount of guaranty and insurance (\$000), total	\$ 62,659,107	\$4,878,006	\$3,701,693
Home	62,605,776	4,871,680	3,695,898
Mobile Home	53,331	6,326	5,795
Defaults and claims:			
Defaults reported	2,469,883	110,623	118,653
Loans in default - end of period		46,193	47,310
Defaults disposed of, total	2,408,027	111,740	110,461
Cured or withdrawn	2,056,442	94,624	94,571
Percent	85.4	84.7	85.6
Claims vouchered for payment	351,668	17,116	15,890
Rate per 1000 loans outstanding		4.38	4.16
Average number of loans outstanding		3,904,542	3,820,278
DIRECT LOANS			
Number of loans fully disbursed	325,336	2,782	2,665
Amount of loans fully disbursed (\$000)	\$ 3,245,014	\$55,009	\$49,582
PROPERTY MANAGEMENT			
Number acquired	383,799	18,335	17,060
Number sold	368,023	17,389	17,001
Number redeemed	4,352	358	358
Number on hand-end of period		11,424	10,836

TABLE 60

Appropriations and Other Receipts Versus Expenditures, Cumulative through June 30, 1976

Item	United States Government Life Insurance Fund	National Service Life Insurance Fund	Veterans Reopened Insurance Fund	Veterans Special Life Insurance Fund	Service-Disabled Veterans Insurance Fund	Servicemen's Group Life Insurance Fund
Appropriations and other receipts:						
Appropriations	\$	\$	\$	\$	\$ 4,250,000	\$
Receipts other than appropriations	4,483,310,680	31,596,024,035	515,379,750	888,863,874	264,874,485	1,487,877,033
Total	4,483,310,680	31,596,024,035	515,379,750	888,863,874	269,124,485	1,487,877,033
Expenditures:						
Fiscal Year	87,036,299	948,039,368	17,803,140	32,849,856	25,278,427	126,001,104
Cumulative to June 30, 1976	3,838,929,118	23,365,116,843	140,177,066	377,132,659	254,570,075	1,487,877,033
Covered into U.S. Treasury				4,250,000		
Investments, loans and liens	630,138,131	8,281,391,805	376,541,523	525,557,428	26,841,763	0
Balance	14,243,431	-50,484,613	-1,338,839	-18,076,213	-12,287,353	0

Summary of Operations (Accrual Basis)

(In Thousands)

	U.S. Government Life Insurance		National Service Life Insurance		Veterans Special Life Insurance		Service-Disabled Veterans Insurance		Veterans Reopened Insurance	
	Fiscal Year 1976	Cumulative Totals From Origin January 1919 to June 30, 1976	Fiscal Year 1976	Cumulative Totals From Origin October 1940 to June 30, 1976	Fiscal Year 1976	Cumulative Totals From Origin April 1951 to June 30, 1976	Fiscal Year 1976	Cumulative Totals From Origin April 1951 to June 30, 1976	Fiscal Year 1976	Cumulative Totals From Origin May 1965 to June 30, 1976
INCOME										
Premius	\$ 6,711	\$2,055,963	\$598,006	\$17,742,092	\$47,855	\$671,143	\$21,129	\$187,641	\$30,388	\$378,055
Policy proceeds left to be paid in installments	4,639	765,101	36,181	5,242,411	1,255	32,705	706	20,725	863	9,889
Dividends left on credit or deposit	3,368	61,685	51,473	1,164,217	2,863	4,620	.....	.....	.....	.....
Investment income	33,737	1,987,969	439,898	7,066,600	26,986	180,496	809	5,642	23,824	124,302
Extra Hazard contributions from the U.S. Government ..	39	142,207	2,086	4,802,338	.....	.....	.....	.....	.....	.....
Total	48,494	5,012,925	1,127,644	36,017,658	78,959	888,964	22,644	214,008	55,075	512,246
DISPOSITION OF INCOME										
Death benefits	37,730	1,319,393	288,032	8,597,251	15,138	189,978	16,472	179,486	11,030	93,956
Matured endowments	664	494,805	29,541	496,931	134	656	351	966	1,422	3,174
Surrender benefits	2,555	308,880	33,154	669,680	2,908	28,582	1,489	10,701	1,771	10,471
Disability benefits	1,057	381,861	42,554	568,415	1,531	10,968	5,895	49,967	1,978	9,495
Payments from policy proceeds left to be paid in installments	18,641	962,536	123,897	7,124,898	1,556	28,002	1,064	17,561	919	7,782
Dividends withdrawn	3,644	54,603	50,481	1,057,260	532	654	.....	.....	.....	.....
Net deposits for policy reserves ..	-38,292	574,072	195,580	7,558,468	38,696	485,702	11,372	120,773	28,891	339,901
Reserve for dividends left on credit or deposit	661	20,148	14,336	276,235	2,468	4,137	.....	.....	.....	.....
Administrative costs .....	.....	.....	.....	.....	.....	.....	.....	.....	683	15,191
Total	26,660	4,116,298	777,575	26,349,138	62,963	748,679	36,643	379,454	46,694	479,970
Net gain (+) or loss (-) from operations before dividends and transfers										
Dividends to policyholders	21,834	896,627	350,069	9,668,520	15,996	140,285	-13,999	-165,446	8,381	32,276
Transfers to U.S. Government	22,740	880,473	380,323	9,581,481	11,051	73,149	.....	.....	.....	.....
Gain (+) or loss (-) after dividends and transfers	-906	16,154	-30,254	87,039	4,945	11,523	-13,999	-165,446	8,381	32,276

In Force - Fiscal Year 1976

Item	Participating						Nonparticipating			
	U.S. Government Life Insurance		National Service Life Insurance		Veterans Special Life Insurance		Service-Disabled Veterans Insurance		Veterans Reopened Insurance	
	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)
In force at beginning of year . . .	145,356	\$612,427	4,019,338	\$26,466,276	590,269	\$5,164,158	160,893	\$1,454,476	182,525	\$1,273,252
Insurance issued during year . . .							11,446	104,733		
Insurance reinstated during year . . .	3	4	4,128	22,320	414	3,875	73	711	153	644
Insurance terminated during year by:										
Death	8,335	37,967	44,596	281,725	1,770	15,024	1,815	16,358	1,672	11,040
Maturity as endowment . . .	126	639	5,554	29,082	19	124	78	378	263	1,426
Permanent total disability	74	363								
Lapse, expiry, and net changes	81	425	28,659	258,026	3,681	36,294	2,846	29,150	373	4,021
Cash surrender	655	2,824	9,572	53,352	695	5,303	629	5,327	519	3,573
Total terminated	9,271	42,218	88,381	622,185	6,165	56,745	5,368	51,213	2,827	20,060
In force at end of year	136,088	570,213	3,935,085	25,866,411	584,518	5,111,288	167,044	1,508,707	179,851	1,253,856
Selected year end items:										
In force on 5-year term plan	929	5,961	1,471,019	11,430,627	388,688	3,561,875	82,336	790,782		
In force on all other plans	135,159	564,252	2,464,066	14,435,784	195,830	1,549,413	84,708	717,925	179,851	1,253,856
In force with disability income rider	4,045	31,219	549,999	4,165,939	104,280	949,036			11,895	88,457
In force under disability premium waiver	161	1,010	124,417	860,508	4,725	40,077	33,152	312,984	7,036	48,255

PERSONNEL

TABLE 63

Employment: Full, Part Time and Intermittent by Installation

Installation	June 30	
	1976	1975
Total	222,314	213,444
Central Office	4,089	3,918
Field	218,225	209,226
Hospitals (separate)	169,552	162,059
Domiciliary and Hospital Centers	16,694	16,123
Regional Offices (separate)	17,216	16,896
Regional Offices and Hospital Centers	8,552	8,110
Regional Office and Insurance Centers	2,165	2,150
Independent Outpatient Clinics	1,454	1,332
Data Processing Centers	1,765	1,723
Supply Depots and Marketing Center	468	472
Miscellaneous Activities (VCSFO's, PC, NCSO's)	359	361

PERSONNEL

TABLE 64

Employment: Full, Part Time and Intermittent by Pay System

Pay System	June 30	
	1976	1975
Total	222,314	213,144
GS	129,801	124,610
Title 38 (excludes Canteen)	46,249	43,321
Wage System	39,063	38,092
Canteen	3,636	3,417
Nationals (Manila)	259	258
Other (includes stay-in-school)	3,306	3,446

PERSONNEL

TABLE 65

Employment: Minority Groups by Grade—May 31, 1976

Grade or Supervisory Level	Total Employment (Full-Time)	Percent Minority Employment	Negro	Spanish Surnamed	American Indian	Oriental
Total all pay plans	192,442	29.6	48,404	5,405	406	2,652
GS and similar						
GS-1 thru 4	46,995	35.5	14,841	1,486	122	237
GS-5 thru 8	53,616	29.4	13,842	1,307	119	503
GS-9 thru 11	35,979	15.4	3,860	636	54	982
GS-12 and above	17,629	10.8	755	399	21	735
Federal Wage System						
Non-supervisory	30,197	46.7	12,575	1,295	67	153
Leader	1,017	44.9	431	36	6	2
Supervisory	3,491	40.9	1,294	110	7	15
Production Facilitating	130	3.1	1	2	0	1
Other wage systems	3,388	29.3	823	134	10	24

PERSONNEL

TABLE 66

Employment: Sex and Veteran Preference—June 30, 1976

Eligibility	All Employees		Male Employees		Female Employees	
	Number	Percent	Number	Percent	Number	Percent
Total	222,314	100.0%	111,268	100.0%	111,046	100.0%
Veterans preference:						
With preference	91,587	41.2	81,955	73.7	9,632	8.7
Without preference	130,727	58.8	29,313	26.3	101,414	91.3

PERSONNEL

TABLE 67

Employment of Women Full-time and Part-time

Type or Grade of Employment	Total Employment	Women	
	Number	Number	Percentage of Total
Total	222,314	111,046	50.0
GS Total			
GS-1-6	129,801	67,957	52.4
GS-7-12	88,698	55,063	62.1
GS-13 and above	35,985	12,384	34.4
	5,118	510	10.0
Title 38 (excludes Canteen)	46,249	27,498	59.5
Wage System	39,063	11,056	28.3
Canteen	3,636	2,643	72.7
Nationals	259	117	45.2
Other (includes Stay-in School)	3,306	1,775	53.7

Advisory Opinions Requested by the Board of Veterans Appeals From Outside Medical Experts

Medical Specialty	Number of Advisory Opinions Requested	
	Fiscal Year 1975	Fiscal Year 1976
All Specialties	245	237
Number requested in connection with:		
Appellate consideration	217	221
Reconsideration	28	16
Internal Medicine:		
General	13	7
Cardiovascular	24	27
Gastroenterology	10	3
Pulmonary diseases	13	16
Surgery:		
General	1	0
Orthopedic	7	8
Thoracic	0	0
Otolaryngology & Ophthalmology	14	13
Psychiatry	60	59
Neurology - Medical and/or Surgical	19	20
Pathology - Medical and/or Surgical	77	73
Other	7	11

TABLE 69

Analysis of Cases Decided by Board of Veterans Appeals - Fiscal Year 1976

Benefits involved	Cases				
	Total	Allowed	Denied	Remanded	Withdrawn
Total	28,482	3,628	19,927	4,763	164
Disability	23,605	3,043	16,524	3,928	110
Death	2,247	312	1,472	449	14
Insurance and indemnity	212	8	173	27	4
Education and training	1,087	136	818	121	12
Loan guaranty, waiver of indebtedness	151	12	95	43	1
Waiver and forfeiture	365	34	264	64	3
Medical treatment and reimbursement	436	44	289	89	14
Reconsideration ¹	193	22	154	12	5
Character of discharge ²	186	17	138	30	1
¹ and ² New categories.					
PERIOD OF SERVICE					
Total	28,482	3,628	19,927	4,763	164
WW I	492	60	350	75	7
WW II	14,010	1,575	10,154	2,178	103
Korean conflict	4,163	527	2,969	652	15
Vietnam era	8,360	1,301	5,395	1,629	35
Regular establishment	1,445	164	1,050	227	4
Other	12	1	9	2	0

VA Gross Expenditures¹—Fiscal Years 1967-1976

Fiscal Year	Grand Total	Medical and Administrative Expenses					Hospital and Domiciliary Construction Costs	Construction Grants for State Homes	Health Manpower Training Facilities	National Cancer Institute (transfer to VA)
		Total	Medical Care	General Operating Expenses	Medical and Prosthetic Research	Medical Administration Expenses				
1976	\$20,167,672,990	\$3,996,765,600	\$3,831,942,636	\$479,213,633	\$101,130,244	\$34,479,087	\$185,569,710	\$11,616,975	\$26,950,826	
1975	18,002,858,455	3,919,256,993	3,348,139,083	438,660,271	95,794,770	36,662,859	119,579,730	3,153,684	12,926,229	
1974	15,281,999,263	3,290,194,883	2,833,622,391	343,916,399	81,581,682	31,034,411	106,364,406	2,484,814		
1973	13,973,824,241	2,966,237,960	2,545,676,531	317,104,838	78,412,475	25,044,116	92,635,174	2,448,163		
1972	12,723,327,251	2,650,982,373	2,269,185,623	290,516,258	68,958,723	22,321,769	107,335,950	2,553,288		\$ 70
1971	11,565,101,689	2,256,979,848	1,913,508,523	260,146,750	63,138,682	20,185,893	80,919,238	4,168,114		27,379
1970	10,201,210,179	2,007,783,909	1,687,622,806	243,024,802	59,354,767	17,781,534	71,153,768	3,451,576		1,020,531
1969	9,099,968,453	1,735,043,428	1,464,103,543	206,239,450	50,378,100	14,322,334	46,102,621	1,769,335		800,750
1968	8,494,740,176	1,620,046,513	1,372,300,914	189,640,831	45,342,579	12,762,188	47,993,173	1,890,043		964,936
1967	8,061,740,320	1,518,199,132	1,281,231,866	178,939,727	44,027,313	14,000,224	59,957,224	77,471		990,312
Compensation and Pension										
	Total	Compensation and Pensions	Statutory Burial Awards	Special Dependents and Clothing Allowances ³	Mortgage Life Insurance	Subsistence Allowance (Voc. Rehab.)	Invalid Lifts, Devices, and Polio Rentals ³	Headstones Markers and Burial Flags ³	Tort Claim Settlements	Other ⁴
1976	\$8,242,088,546	\$8,074,488,426	\$130,505,883	\$10,623,546	\$3,740,397		\$6,361,164	\$13,079,492		\$3,289,638
1975	7,551,176,877	7,385,070,190	130,590,145	8,794,394	1,600,000		5,304,048	13,007,763		6,810,337
1974	6,734,790,004	6,615,598,931	101,607,099	740,193	2,200,000		3,929,569	2,644,410	1,228	8,068,574
1973	6,568,081,137	6,426,646,756	77,701,419	759,462	1,249,917	\$48,959,907	3,340,854	2,559,306	15,324	6,848,192
1972	6,167,996,446	6,045,214,262	75,753,044	663,017	1,850,000	42,051,401	3,007,622	2,257,664	37,254	2,837,818
1971	5,839,390,281	5,726,457,889	69,644,373	603,653		39,561,067	2,541,021	2,005,881	92,616	2,516,219
1970	5,357,407,811	5,253,839,611	73,385,181	572,948		27,866,405	1,459,708	1,542,930	172,400	1,400,304
1969	4,939,409,724	4,848,851,703	66,949,861	477,137		20,042,537	783,728	1,650,080	90,950	563,724
1968	4,611,180,743	4,519,304,373	63,798,148	388,030		15,622,758	419,877	1,463,611	215,085	9,968,857
1967	4,494,130,947	4,392,834,057	61,425,288	314,128		13,495,763	175,866	1,119,286	103,500	24,673,055
Educational Assistance and Readjustment Benefits										
	Total	Post-Korean Veterans (Ch. 34) Educational Assistance	Dependents (Chapter 35) Educational Assistance	Vocational Rehabilitation (Ch. 31, Books, Supplies, etc.)	Subsistence Allowance (Voc. Rehab. Chapter 31)	Automobiles, etc., for Disabled Veterans	Housing for Paralegic Veterans	Advanced Payments and Changes in Receivables	Direct Loans to Veterans	Loan Guaranty Revolving Fund
1976	\$ 5,543,354,200	\$5,028,843,708	\$185,582,673	\$27,502,222	\$68,077,759	\$19,073,015	\$14,553,425	\$209,721,398	\$88,649,371	\$483,799,919
1975	4,529,227,472	4,164,774,846	163,277,716	22,500,293	50,565,594	17,251,021	14,322,011	96,535,991	83,694,151	422,549,554
1974	3,268,556,875	3,005,746,476	115,546,256	22,593,495	45,151,941	5,005,085	11,254,178	63,259,444	81,861,265	449,102,008
1973	2,696,239,516	2,513,214,849	99,879,139	22,995,825		6,789,579	12,890,667	40,469,457	104,064,742	372,580,455
1972	1,935,797,731	1,812,434,284	76,631,860	22,937,790		10,539,775	7,068,429	6,185,593	113,126,877	322,052,753
1971	1,631,738,617	1,521,889,607	70,644,290	19,168,047		6,642,228	8,016,871	5,567,574	147,134,261	268,240,129
1970	1,018,861,723	938,775,099	51,927,780	13,776,262		5,856,799	7,785,818	739,565	180,403,169	248,961,391
1969	678,903,395	614,736,833	40,320,423	9,922,707		4,931,648	4,952,552	4,039,230	208,546,050	282,955,331
1968	461,506,628	407,047,466	37,104,563	7,132,409		3,467,763	4,416,178	3,406,084	208,381,593	328,089,576
1967	297,601,152	251,651,864	34,322,084	5,690,558		827,998	4,485,431	378,635	161,659,592	368,873,003

Insurance and Indemnities									
U.S. Government Life Insurance	National Service Life Insurance	Veterans Special Life Insurance	Service-disabled Veterans Insurance	Veterans Reopened Insurance	Servicemen's Group Life Insurance Fund	Servicemen's Idemnities	Military and Naval Insurance	Soldiers' and Sailors' Civil Relief	
1976	\$ 88,805,893	\$ 949,901,617	\$38,287,346	\$23,150,102	\$22,218,746	\$126,001,104	\$ 191	\$ 752,714	\$ 9,417
1975	104,128,105	1,028,933,066	34,256,480	22,388,592	21,672,793	132,272,330	9,476	887,627	2,078
1974	96,269,929	879,961,278	26,758,014	21,346,577	19,389,713	83,241,810	4,268	1,006,426	4,887
1973	85,585,286	736,065,715	24,346,142	20,082,876	18,408,675	79,426,528	28,827	1,090,058	2,602
1972	104,217,996	958,006,040	22,629,652	18,909,369	16,021,871	113,341,078	5,683	1,227,405	9,957
1971	101,057,270	859,289,985	22,063,259	17,590,247	14,710,802	163,988,014	743	1,352,490	10,318
1970	106,955,265	877,780,135	21,910,442	23,847,187	13,586,911	135,216,033	16,443	1,519,693	2,539
1969	96,385,699	741,623,221	16,480,391	17,126,352	10,073,725	194,788,657	7,641	1,741,466	334
1968	94,509,559	728,478,286	14,011,961	13,312,743	8,549,402	229,532,406	40,920	1,867,140	5,827
1967	97,216,854	755,190,356	19,844,577	13,828,964	9,054,310	150,449,931	564,136	2,016,259	2,796
Miscellaneous Funds and Expenditures									
Vocational Rehabilitation Revolving Fund	Grants to The Republic of The Philippines	Construction Corregidor-Bataan Memorial	Rental Maintenance and repair of quarters	Supply Fund	General Post Fund	Consolidated Working Fund	All Others		
1976	\$833,532	\$1,869,576	.....	\$ 217,101	\$330,636,825	\$4,661,975	\$1,531,704	.....
1975	992,277	2,019,325	.....	205,320	8,554,095	3,912,665	1,059,537	.....
1974	884,041	1,952,900	.....	200,342	213,261,928	3,674,147	795,145	.....
1973	627,319	1,816,967	\$ 37,628	179,495	199,030,568	3,171,917	502,089	\$ 841,346	
1972	378,464	1,954,474	.....	180,281	182,937,825	2,603,569	419,666	556,150
1971	351,056	1,652,300	761	142,653	150,744,832	2,480,062	514,386	649,364	
1970	302,370	1,454,083	76,138	101,842	125,888,435	2,393,790	174,000	600,609	
1969	6,346	1,369,022	776,153	107,681	123,347,400	2,228,408	.....	201,315
1968	14,111	1,309,692	519,956	114,530	120,172,974	2,242,756	.....	4,700
1967	637	445,809	7,681	113,325	109,073,031	2,442,812	.....	.....

¹Data for FY 1970 and later are on an accrued expenditures basis. Prior year data based on a non-accrual basis.

²Credit.

³Clothing Allowance, Polio Rentals, Headstones/Markers included in their respective columns beginning with FY 1975; previously included under "All Others".

⁴Change in receivables, WWI adjusted service certificates and adjusted service/dependent pay.

Appropriations, Expenditures and Balances - Cash Basis

	Appropriations	Expenditures		Nonexpenditure Transfers	Covered into U.S. Treasury or restored	Investments	Cash Balance
		Fiscal Year 1976	Cumulative through June 30, 1976				
General and special funds:							
Compensation and pensions	121,170,202,000	8,178,316,171	120,494,952,833				675,249,167
Readjustment benefits	46,931,217,404	5,526,562,037	46,323,557,640	*74,509,000			533,150,764
Veterans insurance and indemnities	337,840,036	6,145,704	386,438,230	49,500,000			901,806
Medical care, 1976 - 75	3,854,456,000	3,472,983,344	3,472,983,344				381,472,656
Medical care, 1954 - 75	30,682,645,571	221,994,960	30,484,970,718		162,119,176		35,555,677
Medical and prosthetic research	820,599,131	93,559,262	802,420,186				18,178,945
Assistance for health manpower training institutions, 1973 - 82	85,000,000	22,679,956	28,616,712				56,383,288
Medical administration and miscellaneous operating expenses, 1976	38,528,000	29,601,012	29,601,012				8,926,988
Medical administration and miscellaneous operating expenses, 1954 - 75	480,017,492	6,053,726	463,938,240		14,838,346		1,240,906
General operating expenses, 1976	483,300,000	451,012,547	451,012,547				32,287,453
General operating expenses, 1954 - 75	4,612,531,197	24,686,668	4,576,929,932		33,360,725		2,240,540
Construction of hospital and domiciliary facilities	1,042,596,863	5,832,046	1,032,422,939				10,173,924
Construction, major projects	742,927,000	138,705,191	261,802,570				481,124,430
Construction, minor projects	253,338,000	42,628,178	117,551,456				135,786,544
Construction, minor projects (Corps of Engineers)		472,707	2,095,606	2,200,000			104,394
Grants for construction of state extended care facilities, 1966 - 78	59,700,000	9,313,271	30,934,218		734,419		28,031,363
Grants to the Republic of the Philippines	600,000	6,025	505,931				94,069
Grants to the Republic of the Philippines, 1976	2,050,000	1,587,694	1,587,694				462,306
Grants to the Republic of the Philippines, 1950 - 1975	42,346,232	202,324	30,169,322		12,191,048		*14,138
Loan guaranty revolving fund	32,420,742	*21,793,832	556,280,235	827,840,679			303,981,186
Direct Loan revolving fund	1,733,055,599	*43,026,979	*395,601,618	*1,145,551,979			983,105,238
Canteen service revolving fund	4,965,000	*48,273	*18,801,222		12,068,086		11,698,136
Rental maintenance and repair of quarters		*19,027	*123,108		96,832		26,276
Service-disabled veterans insurance fund	4,500,000	998,892	*2,879,909				7,379,909
Soldiers' and sailors' civil relief	3,528,000	7,112	2,011,641		1,500,000		16,359
Veterans reopened insurance fund		*34,372,120	*352,090,168			350,131,000	1,959,168
Vocational rehabilitation revolving fund	2,197,000	*89,905	338,735		1,600,000		258,265
Education Loan fund	74,509,000	4,949,642	6,352,079				68,156,921
Servicemen's group life insurance fund							
Supply fund	110,000,000	74,520,907	24,016,415	*71,400	15,677,579		70,234,606
Consolidated working fund		*738,193	*1,687,115				1,687,115
Total: appropriations and funds	213,605,070,267	18,212,731,047	208,810,307,056	*340,591,700	254,186,211	350,131,000	3,849,854,261
Deduct: proprietary receipts from the public		1,548,902					
Total: federal funds	213,605,070,267	18,211,182,145	208,810,307,095	*340,591,700	254,186,211	350,131,000	3,849,854,261
Trust funds:							
General post fund, national homes	63,021,866	4,519,068	56,656,020		386	1,143,000	5,222,460
National service life insurance fund	27,845,544,231	633,012,730	20,581,945,095		89	7,240,933,000	22,666,047
U.S. government life insurance fund	3,780,125,802	71,297,009	3,206,215,281		1,811,199	569,027,000	3,072,322
Veterans special life insurance fund	250,000	*44,993,790	*533,345,710	*51,150,000	4,250,000	476,384,000	1,811,710
Sub-total: Trust funds	31,688,941,899	663,835,017	23,311,470,686	*51,150,000	6,061,674	8,287,487,000	32,772,539
Deduct: Proprietary receipts from the public		458,042,048					
Total: trust funds	31,688,941,899	205,792,969	23,311,470,686	*51,150,000	6,061,674	8,287,487,000	32,772,539
Deduct: intragovernmental transactions		2,139,888					
Total: Veterans Administration	245,294,012,166	18,414,835,226	232,121,777,781	*391,741,700	260,247,885	8,637,618,000	3,882,626,800
Appropriations and funds not included above:							
Personal funds of patients		*637,366	*58,050,864				58,050,864
Funds due incompetent beneficiaries		49,050	*72,724				72,724
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	4,700,842,393		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	40,704,862,190	*588,316	39,729,611,237		917,127,365		58,123,588

*Indicates credit

TABLE 72

Veterans Administration Comparative Consolidated Balance Sheet¹

ASSETS	June 30, 1976	June 30, 1975	Increase (Decrease)
Current assets:	\$ 3,960,405,722.82	\$ 3,016,521,749.39	\$
Cash and disbursing authority	525,263,598.13	280,049,950.31	.....
Accounts receivable	34,759,912.25	34,235,988.60	.....
Interest receivable	96,155.95	81,439.01	.....
Advance for bidding at public sales	104,367,079.29	82,802,921.47	.....
Inventories	203,293,336.14	165,621,454.83	.....
Acquired security or collateral property		15,000.00	.....
Accrued reimbursements due from insurance appropriations			.....
Total current assets	4,828,185,804.58	3,579,328,503.61	1,248,857,300.97
Other assets:	1,828,230,989.47	1,892,987,375.22	.....
Loans receivable	1,027,465,361.92	1,055,784,143.98	.....
Vendee accounts receivable	8,637,618,000.00	8,380,252,434.94	.....
Investments	731,011.55	569,562.54	.....
Policy liens	72,086,566.21	62,849,988.64	.....
Deposits with trustee			.....
Total other assets	11,566,131,929.15	11,392,443,505.32	173,688,423.83
Fixed assets:	2,238,086,399.64	2,122,610,851.96	.....
Land, buildings and plants	376,671,531.52	257,518,789.06	.....
Construction and betterments in process	862,508.87	743,334.99	.....
Leasehold improvements	788,216,288.77	700,692,434.21	.....
Equipment			.....
Total Fixed assets	3,403,836,728.80	3,081,565,410.22	322,271,318.58
Deferred charges:	7,932,210.05	4,563,197.85	.....
Construction advance	21,210,536.62	17,949,651.94	.....
Advance payments on undelivered supplies and services	1,461,722.08	1,322,667.53	.....
Advance to employees for travel expenses	1,176,581.46	587,400.47	.....
Value of ADP equipment purchases options	158,869,267.33	28,007,180.80	.....
Advance for educational benefits			.....
Total deferred charges	190,650,317.54	52,430,101.59	138,220,215.95
Total assets	19,988,804,780.07	18,105,767,520.74	1,883,037,259.33
LIABILITIES AND CAPITAL			
Current liabilities:	954,163,301.62	703,100,472.72	.....
Accounts payable	100,202,366.28	67,972,452.78	.....
Accrued salaries and wages	778,656.52	616,316.86	.....
Accrued annual leave — Canteen Service	164,784,474.90	141,608,237.94	.....
Accrued services and benefits	88,775.55	99,492.46	.....
Undelivered orders — personal funds of patients	1,459,173.54	1,476,582.82	.....
Employees payroll allotments for U.S. Savings Bonds	11,657,389.73	11,259,587.13	.....
Federal, state, city and territorial income taxes withheld and FICA taxes	95,919.31	7,655.01	.....
Canteen Service unredeemed coupons	14,840.79	11,848.64	.....
Other miscellaneous liabilities — Canteen Service	4,953,965.21	4,631,280.00	.....
Accrued interest — U.S. Treasury	91,949.35	95,601.40	.....
Accrued interest on policy liens due general fund	3,725,775.38	3,322,198.84	.....
Accrued interest on dividend deposits			.....
Accrued reimbursements due insurance fund	87,662,600.00	84,771,982.00	.....
Premiums paid in advance	29,022,865.37	27,585,850.36	.....
Matured contracts payable	999,190.55	857,942.24	.....
Undeposited general fund receipts			.....
Total current liabilities	1,359,701,244.10	1,047,417,501.20	312,283,742.90
Other liabilities:	806,671,397.68	918,808,350.81	.....
Participation certificates outstanding, net	9,361,829,116.00	9,081,703,475.00	.....
Insurance program operating reserves			.....
Total other liabilities	10,168,500,513.68	10,000,511,825.81	167,988,687.87
Unfunded liabilities:	280,211,017.28	250,325,698.06	.....
Accrued annual leave	267,476.41	267,476.41	.....
Unredeemed coupons			.....
Total unfunded liabilities	280,478,493.69	250,593,174.47	29,885,319.22
Total liabilities	11,808,680,251.47	11,298,522,501.48	510,157,749.99
Accountabilities:	56,935,720.67	56,508,763.63	.....
Funds of patients and incompetent beneficiaries	298,674,645.79	281,400,081.78	.....
Policholders insurance dividend deposit	48,229,428.12	49,852,991.28	.....
Borrowers deposits for taxes and insurance	1,297,758.66	1,141,345.59	.....
Unapplied insurance collections	4,984,963.00	9,965,192.88	.....
Bid deposits and other suspense items			.....
Total accountabilities	410,122,516.24	398,868,375.16	11,254,141.08
Capital reserves:	53,329,866.02	81,121,886.57	.....
Insurance fund retained earnings (reserve for contingencies)	665,276,564.65	663,104,003.23	.....
Direct loan and loan guaranty programs — reserve for losses			.....
Total reserves	718,606,430.67	744,225,889.80	(25,619,459.13)
Capital borrowings from U.S. Treasury — interest bearing — direct loan program	1,730,077,996.00	1,730,077,996.00	.....
Capital residual	5,321,317,585.69	3,934,072,758.30	1,387,244,827.39
Total liabilities and capital	\$19,988,804,780.07	\$18,105,767,520.74	\$ 1,883,037,259.33

¹Contingent liabilities with respect to the guaranty or insurance of loans not shown.

VA Supply Fund Comparative Balance Sheet

ASSETS	June 30, 1976	June 30, 1975	Increase (Decrease)
Cash	\$ 70,234,605.54	\$ 34,755,512.67	\$
Advance payment to GSA Supply Fund	5,700,000.00	5,700,000.00	.....
Advance payments on undelivered orders	574,622.30	586,617.23	.....
Advances to employees	20,603.18	21,790.26	.....
Accounts receivable	17,084,681.23	11,484,223.88	.....
Inventories	84,418,516.75	67,958,888.48	.....
Work in process - service & reclamation division	66,357.80	223,486.85	.....
Work in process - printing & reproduction	32,445.58	16,410.51	.....
Supply Depot operating equipment less reserve for depreciation	672,947.77	550,044.54	.....
Printing & Reproduction equipment less reserve for depreciation	252,452.07	243,298.02	.....
Marketing center equipment less reserve for depreciation	28,487.35	23,511.43	.....
Total Assets	179,085,719.57	121,563,783.87	57,521,935.70
LIABILITIES AND CAPITAL			
Accrued salaries and wages	326,277.51	235,162.55	.....
Accrued transportation and service costs	307,282.31	225,363.54	.....
Accounts payable	26,858,830.76	16,600,202.66	.....
Advances from other government agencies	553,273.85	670,877.64	.....
Advance from V.A. appropriations	.....	62,700,000.00	.....
Total Liabilities	28,045,664.43	80,431,608.39	(52,385,943.96)
Capital at beginning of period	41,250,550.73	40,720,743.35	.....
Transfer of inventories from HEW	.....	529,807.38	.....
Appropriation realized	110,000,000.00	.....	.....
Adjusted capital	151,250,550.73	41,250,550.73	.....
Operating profit or loss* - current fiscal year	92,120.34*	192,693.94	.....
Operating profit or loss* - prior fiscal year	118,375.25*	311,069.19*	.....
Capital at end of period	151,040,055.14	41,132,175.48	109,907,879.66
Total Liabilities and Capital	\$ 179,085,719.57	\$ 121,563,783.87	\$ 57,521,935.70

VA Supply Fund—Statement of Income and Expense
(Fiscal Year 1976)

INCOME		
Sale of supplies and equipment		\$ 310,603,498.39
Less: Cost of Goods sold		304,966,881.83
Income on sales		5,636,616.56
Other Income:	\$ 5,383,330.21	
Income-station transfers	1,940,332.98	
Discounts on purchases	1,545,305.61	
Reimbursable earnings	1,014,240.65	
Donated income	1,481,626.84	
Credit allowances	294,845.32	
Variations and adjustments	85,242.69	
Increased valuation	104,730.89	11,849,655.19
Miscellaneous income		
Total income		17,486,271.75
EXPENSES		
Maintenance and operation of supply depots		6,477,709.80
Other operating expenses		6,943,440.53
Net transportation costs		1,919,221.09
Completed S & R projects		1,701,595.88
Depot storage, handling, etc.		263,150.13
Donations, reappraisals and Write offs		271,561.56
Disposal of operating equipment		2,343.10
Total expense		17,578,392.09
Operating Loss		\$ 92,120.34

Estimated Selected Expenditures by State - Fiscal Year 1976

State	Total Expenditures ¹ All Programs	READJUSTMENT BENEFITS							
		Total		EDUCATIONAL ASSISTANCE					
				Post-Korean Conflict Veterans (Title 38, U.S.C., Ch. 34)		Sons and Daughters of Deceased & Totally Disabled Veterans (Title 38, U.S.C., Ch. 35)		Widows/Widowers and Spouses of Totally Disabled Veterans (Title 38, U.S.C., Ch 35)	
		Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount
World Totals	\$19,032,185,484	2,950,714²	\$5,333,632,803	2,821,514	\$5,028,843,709	80,659	\$ 154,839,944	19,092	\$ 30,742,729
Philippines	86,371,167	7,378	12,691,410	4,864	10,150,822	2,266	1,758,682	245	745,837
Other foreign areas	71,647,119	39,372	20,965,044	39,157	20,693,009	186	227,539	22	31,922
Puerto Rico	226,220,725	23,849	61,749,146	20,874	54,962,436	2,077	4,253,204	602	1,098,317
Other U.S. areas	4,324,237	2,535	1,698,271	2,498	1,638,694	23	22,554	12	10,510
Total U.S.	18,643,622,236	2,876,624	5,236,538,932	2,754,121	4,941,398,748	76,107	148,577,965	18,211	28,856,143
Alabama	383,557,315	69,879	127,343,355	66,024	118,460,152	2,174	4,244,130	647	1,025,201
Alaska	21,546,353	4,535	8,183,298	4,466	8,014,949	41	80,084	12	19,016
Arizona	273,374,037	54,573	99,510,971	51,715	92,784,644	1,832	3,576,420	600	950,723
Arkansas	260,245,292	27,012	49,507,623	25,266	45,332,392	1,154	2,252,888	270	427,821
California	2,127,317,703	454,207	821,691,671	439,893	789,250,091	9,317	18,189,064	3,181	5,040,446
Colorado	265,452,623	55,315	101,459,492	52,260	93,763,041	1,495	2,918,517	361	572,015
Connecticut	197,911,287	28,511	51,788,348	27,646	49,601,761	529	1,032,765	78	123,591
Delaware	50,543,324	8,917	16,186,198	8,635	15,491,285	156	304,585	83	60,223
District of Columbia	380,809,910	27,927	50,919,382	27,144	48,702,426	320	624,770	117	185,401
Florida	896,301,917	130,202	238,171,360	121,899	218,711,250	5,452	10,643,531	1,732	2,744,421
Georgia	471,833,405	76,357	138,864,560	72,207	129,553,592	2,659	5,191,017	785	1,243,873
Hawaii	75,279,732	23,555	42,709,556	22,873	41,038,317	414	808,264	107	169,559
Idaho	76,376,433	9,406	17,229,795	8,866	15,906,363	326	636,359	62	98,255
Illinois	731,879,579	114,649	207,638,700	112,606	202,034,029	1,261	2,461,788	243	385,056
Indiana	324,726,601	48,920	89,311,878	47,135	84,567,098	886	1,729,745	154	244,008
Iowa	212,620,846	26,208	47,774,846	25,255	45,312,627	608	1,186,989	68	107,749
Kansas	195,096,002	25,478	46,414,492	24,201	43,420,071	791	1,544,171	138	218,672
Kentucky	302,707,288	41,050	74,721,309	39,414	70,716,357	1,137	2,219,606	186	294,737
Louisiana	310,549,318	40,937	74,332,098	38,961	69,901,027	1,414	2,760,430	340	538,744
Maine	115,694,963	16,469	29,874,384	15,777	28,309,273	474	925,344	113	179,052
Maryland	304,501,479	60,681	110,162,976	58,691	105,301,207	1,203	2,348,572	256	405,631
Massachusetts	568,574,213	71,290	130,042,075	67,869	121,770,889	2,377	4,640,387	296	469,028
Michigan	606,641,081	112,238	203,966,162	108,590	194,829,470	2,088	4,076,236	414	656,016
Minnesota	341,371,337	45,176	82,387,791	43,307	77,698,554	1,167	2,278,295	104	164,797
Mississippi	227,371,795	24,527	44,677,338	22,830	40,959,254	1,185	2,313,359	269	426,234
Missouri	448,633,306	75,139	136,257,859	72,925	130,843,297	1,326	2,588,674	267	423,060
Montana	65,938,113	8,549	15,630,062	8,131	14,587,009	275	536,812	47	74,478
Nebraska	135,015,178	19,846	36,224,837	18,899	33,907,878	598	1,167,377	74	117,243
Nevada	58,721,828	10,772	19,652,374	10,430	18,713,077	159	310,379	72	114,097
New Hampshire	80,066,148	12,923	23,633,464	12,344	22,147,349	323	630,565	60	95,081
New Jersey	427,989,562	55,550	101,647,929	53,546	96,070,674	1,074	2,096,732	246	389,789
New Mexico	126,648,538	17,070	31,402,867	15,777	28,309,273	909	1,774,615	183	289,975
New York	1,340,659,912	156,749	285,642,881	150,915	270,768,886	3,682	7,188,053	517	819,197
North Carolina	502,619,513	91,884	166,455,464	88,391	158,589,251	2,387	4,659,999	637	1,009,359
North Dakota	49,694,735	9,174	16,740,227	8,928	16,020,015	132	257,634	14	22,190
Ohio	728,799,839	99,451	182,130,768	95,575	171,481,361	1,896	3,701,374	331	524,489
Oklahoma	302,605,457	46,422	84,984,323	43,320	77,723,261	1,842	3,596,032	493	781,194
Oregon	217,428,762	34,301	63,073,979	32,461	58,239,326	931	1,817,554	225	356,518
Pennsylvania	853,927,071	90,673	166,002,698	87,112	156,296,442	2,298	4,486,163	273	432,582
Rhode Island	104,591,883	18,951	34,607,006	18,094	32,464,990	511	997,552	60	95,081
South Carolina	261,729,075	51,583	93,385,036	49,784	89,320,724	1,193	2,328,960	374	592,619
South Dakota	84,475,634	10,864	19,827,693	10,409	18,673,546	216	421,664	29	45,939
Tennessee	415,836,481	61,417	111,625,524	59,161	106,146,187	1,527	2,981,068	326	516,554
Texas	1,202,397,751	189,489	345,816,584	177,561	318,576,919	7,298	14,247,291	2,027	3,211,862
Utah	101,019,256	19,719	35,954,273	18,780	33,695,398	638	1,245,529	93	147,368
Vermont	43,249,980	3,745	6,981,188	3,420	6,137,217	180	351,387	19	30,097
Virginia	440,811,640	60,811	110,830,367	57,393	102,973,809	2,296	4,482,300	496	785,926
Washington	362,790,954	63,765	116,175,216	60,163	107,944,856	2,172	4,240,267	553	876,246
West Virginia	187,797,208	19,546	35,629,921	18,716	33,581,746	520	1,015,085	100	158,449
Wisconsin	335,323,067	46,357	84,342,370	44,651	80,109,957	1,157	2,258,682	110	174,291
Wyoming	42,567,512	3,855	7,014,364	3,705	6,646,181	107	208,901	14	22,190

¹ Excludes the following which are not distributable by State: adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C.; invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I; tort claim settlements;

Mortgage Life Insurance; Servicemans Group Life Insurance; Veterans Group Life Insurance; vocational rehabilitation revolving fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.

Estimated Selected Expenditures by State - Fiscal Year 1976

State	Readjustment Benefits - Continued							
	Vocational Rehabilitation		Automobiles and Other Conveyances for Disabled Veterans	Homes for Paraplegics	Direct Loans	Insurance and Indemnities	Hospital and Domiciliary Construction ¹	Medical Services and Administrative Costs
	Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)							
	Total Number Who Trained During Year	Amount						
World Totals	29,449 ²	\$ 85,579,981	\$ 19,073,015	\$ 14,553,425	\$ 70,910,212	\$ 865,099,158	\$ 197,218,436	\$ 4,490,836,449
Philippines	3	9,062	27,007			2,596,389		1,841,296
Other foreign areas	7	2,574				3,137,324		
Puerto Rico	296	1,139,202	223,869	72,118	24,542	1,156,184		48,130,105
Other U.S. areas	2	1,513		25,000		265,008		
Total U.S.	28,185	84,427,630	18,822,139	14,456,307	70,885,670	857,944,253	197,218,436	4,440,865,048
Alabama	1,034	3,097,312	350,090	166,470	212,982	10,854,711	2,286,139	84,359,381
Alaska	16	47,955	21,294			1,167,662		6,307,184
Arizona	426	1,276,039	533,609	389,536	33,090	10,888,171	3,357,016	57,425,794
Arkansas	322	964,586	329,446	200,490	3,816,356	6,256,129	778,039	64,988,516
California	1,816	5,439,840	2,138,502	1,633,728	47,138	108,732,422	80,563,381	451,950,884
Colorado	1,199	3,591,551	317,166	297,202		12,980,697	3,068,123	55,977,685
Connecticut	258	772,851	182,380	75,000		16,176,539	226,852	50,596,907
Delaware	88	263,583	41,537	24,985		2,541,231	377,770	14,202,717
District of Columbia	346	1,036,434	370,351		15,011,476	6,573,569	15,438,588	257,393,302
Florida	1,119	3,351,946	1,429,623	1,290,589	441,934	44,095,761	2,861,012	174,259,877
Georgia	706	2,114,828	365,231	396,019	439,901	17,192,345	2,302,395	96,636,879
Hawaii	161	482,251	54,759	156,406		5,232,602		7,343,401
Idaho	152	455,318	58,500	75,000	12,179,395	2,992,510	3,678,902	10,226,729
Illinois	539	1,614,594	665,891	477,342		43,699,391	2,097,362	226,850,018
Indiana	745	2,231,591	315,820	223,616	402,514	13,871,243	5,791,571	67,215,387
Iowa	277	829,755	142,556	195,170	381,655	10,931,068	2,608,794	61,318,675
Kansas	348	1,042,428	139,150	50,000	13,680	9,137,106	1,485,320	58,447,870
Kentucky	313	937,569	328,040	225,000	2,945,819	8,594,886	536,125	59,287,102
Louisiana	222	665,036	321,573	145,288	171,319	10,932,784	120,432	67,455,120
Maine	105	314,493	83,393	62,829	1,277,061	3,881,340	87,864	24,408,676
Maryland	531	1,590,617	194,482	322,467	3,929	17,544,102	341,290	53,150,540
Massachusetts	748	2,240,625	488,646	432,500		26,472,728	2,547,238	139,757,149
Michigan	1,146	3,432,827	605,927	365,686	104,540	26,753,276	2,201,130	108,916,971
Minnesota	598	1,791,301	229,844	225,000	6,084,457	18,824,155	1,241,157	90,157,894
Mississippi	243	727,935	204,082	46,474	10,428	6,234,681	2,606,981	49,830,914
Missouri	621	1,860,194	352,764	189,870	566,550	16,991,586	1,785,080	111,425,760
Montana	96	287,561	73,546	70,656	4,249,886	3,197,558	816,717	13,932,197
Nebraska	275	823,760	108,400	100,179	302,615	6,213,232	559,474	39,738,627
Nevada	111	332,476	107,345	75,000		2,729,979	209,173	13,854,644
New Hampshire	196	587,110	77,301	96,058	1,741,197	3,641,973	1,241,292	12,642,295
New Jersey	684	2,048,890	471,537	570,307		34,913,183	1,221,125	80,754,876
New Mexico	201	602,053	180,474	246,477	22,974	4,882,561	1,811,662	26,999,273
New York	1,635	4,897,647	1,261,413	707,685	317,659	75,254,579	23,477,091	380,806,727
North Carolina	469	1,404,876	429,862	362,117	95,475	14,299,357	3,942,932	94,718,262
North Dakota	100	299,549	65,839	75,000	367,420	2,361,063	117,288	11,663,679
Ohio	1,649	4,939,522	975,756	508,266	984,318	37,584,822	3,956,697	162,190,590
Oklahoma	767	2,297,529	386,515	199,792	2,512,728	9,744,531	495,301	49,892,905
Oregon	684	2,048,890	269,708	341,983	638,825	9,874,080	131,239	51,110,525
Pennsylvania	990	2,965,521	892,959	929,031	868,799	47,458,901	3,905,976	216,474,891
Rhode Island	286	856,687	142,696	50,000		3,899,357	188,651	22,311,873
South Carolina	232	694,924	232,356	215,453	123,658	8,480,779	2,536,529	43,842,476
South Dakota	210	629,070	32,474	25,000	1,187,141	2,468,306	643,500	31,820,038
Tennessee	403	1,207,146	501,727	272,842	310,483	11,828,477	1,969,196	109,129,255
Texas	2,603	7,797,313	1,065,344	917,855	2,382,701	46,326,910	3,468,638	256,286,225
Utah	208	623,076	129,323	113,579	1,748,684	4,360,073	216,755	27,953,832
Vermont	126	377,392	35,095	50,000	622,715	1,817,126	1,697,914	12,942,792
Virginia	626	1,875,138	363,713	349,481	1,027,834	25,201,254	1,718,915	94,845,599
Washington	877	2,627,050	337,640	149,157	276,024	18,221,020	1,299,562	79,479,294
West Virginia	210	629,070	107,223	138,348	53,892	4,994,951	2,352,069	51,304,843
Wisconsin	439	1,315,045	284,021	200,374	1,862,253	18,077,743	675,099	89,243,281
Wyoming	29	86,876	25,216	25,000	3,936,067	1,559,743	187,080	17,034,717

² Includes 956 not identifiable by location.

³ Includes \$11,648,727 in Grants for Construction of state extended care facilities.

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION							
	All Periods of Service							
	Living and Deceased Veterans						Living Veterans	
	Total		Service Connected		Non-Service Connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	4,867,648	\$8,074,488,426	2,600,496	\$5,194,072,699	2,267,152	\$2,880,415,727	3,236,744	\$5,892,431,049
Philippines	43,204	69,242,072	34,553	53,645,426	8,651	15,596,646	15,443	25,709,706
Other foreign areas	25,144	47,554,751	9,035	22,571,519	16,109	24,983,232	11,122	23,362,509
Puerto Rico	42,002	115,160,748	20,874	78,587,696	21,128	36,573,052	30,912	97,259,786
Other U.S. areas	1,217	2,360,958	848	1,830,954	369	530,004	799	1,582,574
Total U.S.	4,756,081	7,840,169,897	2,535,186	5,037,437,104	2,220,895	2,802,732,793	3,178,468	5,744,516,474
Alabama	94,701	158,500,747	46,146	91,440,617	48,555	67,060,130	58,886	107,717,960
Alaska	3,869	5,888,209	2,945	4,740,587	924	1,147,622	3,064	4,672,053
Arizona	52,969	102,158,995	32,502	76,071,025	20,467	26,087,970	38,018	78,953,729
Arkansas	68,684	134,898,629	30,201	78,879,964	38,483	56,018,665	45,384	103,026,551
California	406,387	664,332,207	234,328	463,280,757	172,059	201,051,450	274,826	471,356,653
Colorado	51,718	91,966,626	33,143	69,316,527	18,575	22,650,099	36,541	68,746,026
Connecticut	55,642	79,122,641	34,504	56,227,374	21,138	22,895,267	39,491	59,531,641
Delaware	10,870	16,952,341	6,191	11,358,129	4,679	5,594,212	7,297	12,175,235
District of Columbia	18,488	35,473,593	10,584	24,628,352	7,904	10,845,241	12,248	23,854,036
Florida	230,096	436,471,973	129,454	310,126,099	100,642	126,345,874	159,992	331,614,055
Georgia	117,993	216,397,325	58,442	131,790,139	59,551	84,607,186	75,201	152,076,538
Hawaii	11,221	19,994,173	8,279	16,273,614	2,942	3,720,559	8,176	14,534,020
Idaho	17,534	30,069,102	9,274	19,585,476	8,260	10,483,626	12,414	23,685,676
Illinois	180,633	250,769,077	87,106	143,191,021	93,527	107,578,056	113,612	174,356,019
Indiana	98,731	148,134,008	48,763	90,191,201	49,968	57,942,807	62,907	105,965,032
Iowa	57,312	89,605,808	26,639	52,629,487	30,673	36,976,321	37,270	66,464,519
Kansas	49,911	79,597,534	24,458	47,965,213	25,453	31,632,321	32,271	56,828,591
Kentucky	92,072	156,622,047	41,077	83,311,257	50,995	73,310,790	59,419	113,198,724
Louisiana	92,126	157,537,565	40,215	84,275,862	51,911	73,261,703	57,302	109,174,399
Maine	30,681	56,165,638	14,966	34,926,992	15,715	21,238,646	20,621	43,008,559
Maryland	76,558	123,298,642	43,878	84,632,952	32,680	38,665,690	49,611	84,537,598
Massachusetts	168,601	269,755,023	110,049	200,781,385	58,552	68,973,638	121,641	208,846,192
Michigan	168,880	264,699,002	96,143	180,746,816	72,737	83,952,186	114,341	201,005,954
Minnesota	90,939	142,675,883	48,124	86,848,307	42,815	55,827,576	63,285	108,979,423
Mississippi	68,138	124,011,453	28,771	64,549,798	39,367	59,461,655	43,441	88,303,572
Missouri	114,056	181,606,471	51,219	100,765,556	62,837	80,840,915	72,501	130,185,403
Montana	17,253	28,111,693	8,904	17,731,000	8,349	10,380,693	11,948	21,682,082
Nebraska	30,876	51,976,393	15,561	31,930,211	15,315	20,046,182	20,850	39,178,784
Nevada	13,785	22,275,658	8,501	16,002,847	5,284	6,272,811	10,171	17,186,929
New Hampshire	21,592	37,165,927	12,268	25,603,278	9,324	11,562,649	15,078	28,515,607
New Jersey	151,863	209,452,449	90,305	143,257,213	61,558	66,195,236	103,730	152,798,947
New Mexico	30,837	61,529,201	18,140	43,523,352	12,697	18,005,849	22,225	48,246,736
New York	380,303	575,160,975	216,669	385,533,711	163,634	189,627,264	262,782	434,552,699
North Carolina	125,336	223,108,023	58,548	131,226,818	66,788	91,881,205	79,107	159,175,093
North Dakota	11,834	18,445,058	6,444	11,118,320	5,390	7,326,738	8,320	14,144,332
Ohio	226,017	341,952,644	122,786	218,256,229	103,231	123,696,415	151,942	253,268,233
Oklahoma	83,252	154,975,669	41,466	95,373,046	41,786	59,602,623	56,289	117,800,559
Oregon	56,705	92,600,114	27,131	56,193,431	29,574	36,406,683	39,171	71,444,126
Pennsylvania	282,263	419,215,806	148,875	264,110,548	133,388	155,105,258	182,984	300,222,304
Rhode Island	27,107	43,584,996	15,997	31,086,983	11,110	12,498,013	18,834	33,173,398
South Carolina	66,250	113,360,597	29,203	61,823,503	37,047	51,537,094	39,605	74,774,087
South Dakota	16,854	28,528,956	7,279	15,548,956	9,575	12,980,000	11,403	21,917,271
Tennessee	107,037	180,973,546	46,050	95,764,199	60,987	85,209,347	67,280	127,622,468
Texas	297,462	549,126,693	160,012	359,390,073	137,450	189,736,620	200,035	403,818,098
Utah	19,602	30,785,639	11,886	21,738,849	7,716	9,046,790	13,670	23,214,517
Vermont	10,621	19,188,245	5,443	12,730,504	5,178	6,457,741	6,991	14,350,977
Virginia	112,656	207,187,671	61,534	140,125,269	51,122	67,062,402	73,793	146,196,383
Washington	81,896	147,339,838	48,414	105,398,889	33,482	41,940,949	57,436	112,445,287
West Virginia	55,556	93,461,532	24,935	51,444,507	30,621	42,017,025	36,111	69,046,528
Wisconsin	92,648	141,122,321	47,271	85,655,571	45,377	55,466,750	63,484	106,871,054
Wyoming	7,666	12,835,541	4,163	8,335,290	3,503	4,500,251	5,469	10,071,817

Estimated Selected Expenditures by State - Fiscal Year 1976

State	COMPENSATION AND PENSION - CONTINUED							
	All Periods of Service							
	Living Veterans				Deceased Veterans			
	Service Connected		Non-Service Connected		Total		Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	2,232,889	\$4,238,116,216	1,003,855	\$1,654,314,833	1,630,904	\$2,182,057,377	367,607	\$ 955,956,483
Philippines	12,023	17,862,534	3,420	7,847,172	27,761	43,532,366	22,530	35,782,892
Other Foreign areas	5,478	11,638,480	5,644	11,724,029	14,022	24,192,242	3,557	10,933,039
Puerto Rico	18,358	72,203,421	12,554	25,056,365	11,090	17,900,962	2,516	6,384,275
Other U.S. areas	669	1,339,628	130	242,946	418	778,384	179	491,326
Total U.S.	2,196,361	4,135,072,153	982,107	1,609,444,321	1,577,613	2,095,653,423	338,825	902,364,951
Alabama	37,955	70,509,203	20,931	37,208,757	35,815	50,782,787	8,191	20,931,414
Alaska	2,737	4,128,082	327	543,971	805	1,216,156	208	612,505
Arizona	27,921	62,683,657	10,097	16,270,072	14,951	23,205,266	4,581	13,387,368
Arkansas	24,747	65,837,388	20,637	37,189,163	23,300	31,872,078	5,454	13,042,576
California	199,250	356,720,604	75,576	114,636,049	131,561	192,975,554	35,078	106,560,153
Colorado	28,567	55,954,116	7,974	12,791,910	15,177	23,220,600	4,576	13,362,411
Connecticut	31,461	48,101,368	8,030	11,430,273	16,151	19,591,000	3,043	8,126,006
Delaware	5,479	9,304,954	1,818	2,870,281	3,573	4,777,106	712	2,053,175
District of Columbia	8,782	17,667,711	3,466	6,186,325	6,240	11,619,557	1,802	6,960,641
Florida	110,217	252,350,229	49,775	79,263,826	70,104	104,857,918	19,237	57,775,870
Georgia	47,354	101,205,553	27,847	50,870,985	42,792	64,320,787	11,088	30,584,586
Hawaii	7,062	12,672,556	1,114	1,861,464	3,045	5,460,153	1,217	3,601,058
Idaho	8,177	16,936,920	4,237	6,748,756	5,120	6,383,426	1,097	2,648,556
Illinois	76,861	118,730,322	36,751	55,625,697	67,021	76,413,058	10,245	24,460,699
Indiana	42,445	75,146,986	20,462	30,818,046	35,824	42,168,976	6,318	15,044,215
Iowa	23,039	44,359,559	14,231	22,104,960	20,042	23,141,289	3,600	8,269,928
Kansas	20,484	37,991,967	11,787	18,836,624	17,640	22,768,943	3,974	9,973,246
Kentucky	33,849	66,610,733	25,570	46,587,991	32,653	43,423,323	7,228	16,700,524
Louisiana	33,406	66,763,319	23,896	42,411,080	34,824	48,363,166	6,809	17,512,543
Maine	12,788	29,466,745	7,833	13,541,814	10,060	13,157,079	2,178	5,460,247
Maryland	37,727	65,727,149	11,884	18,810,449	26,947	38,761,044	6,151	18,905,803
Massachusetts	100,026	173,724,554	21,615	35,121,638	46,960	60,908,831	10,023	27,056,831
Michigan	87,141	159,159,322	27,200	41,846,632	54,539	63,693,048	9,002	21,587,494
Minnesota	43,039	74,710,661	20,246	34,268,762	27,654	33,696,460	5,085	12,137,646
Mississippi	23,011	49,995,659	20,430	38,307,913	24,697	35,707,881	5,760	14,554,139
Missouri	43,373	81,823,921	29,128	48,361,482	41,555	51,421,068	7,846	18,941,635
Montana	7,937	15,392,965	4,011	6,289,117	5,305	6,429,611	967	2,338,035
Nebraska	13,403	26,551,530	7,447	12,627,254	10,026	12,797,609	2,158	5,378,681
Nevada	7,638	13,379,781	2,533	3,807,148	5,614	5,088,729	863	2,623,066
New Hampshire	10,847	21,623,357	4,231	6,892,250	6,514	8,650,320	1,421	3,979,921
New Jersey	82,386	122,392,902	21,344	30,406,045	48,133	56,653,502	7,919	20,864,311
New Mexico	15,571	36,594,206	6,654	11,652,530	8,612	13,282,465	2,569	6,929,146
New York	197,310	336,304,570	65,472	98,248,129	117,521	140,608,276	19,359	49,229,141
North Carolina	48,334	104,759,954	30,773	54,415,139	46,229	63,932,930	10,214	26,466,864
North Dakota	5,749	9,652,866	2,571	4,491,466	3,514	4,300,726	695	1,465,454
Ohio	110,299	187,475,543	41,643	65,792,690	74,075	88,684,411	12,487	30,780,686
Oklahoma	34,717	78,573,846	21,572	39,226,713	26,963	37,175,110	6,749	16,799,200
Oregon	23,768	47,497,612	15,403	23,946,514	17,534	21,155,988	3,363	8,695,819
Pennsylvania	131,699	222,596,832	51,285	77,625,472	99,279	118,993,502	17,176	41,513,716
Rhode Island	14,400	26,581,404	4,434	6,591,994	8,273	10,411,598	1,597	4,505,579
South Carolina	23,301	45,708,149	16,304	29,065,938	26,645	38,586,510	5,902	16,115,354
South Dakota	6,357	13,442,728	5,046	8,474,543	5,451	6,611,685	922	2,106,228
Tennessee	37,459	75,303,308	29,821	52,319,160	39,757	53,351,078	8,591	20,460,891
Texas	133,749	286,781,112	66,286	117,036,986	97,427	145,308,595	26,263	72,608,961
Utah	10,555	18,299,900	3,115	4,914,617	5,932	7,571,122	1,331	3,438,949
Vermont	4,628	10,549,143	2,363	3,801,834	3,630	4,837,268	815	2,181,361
Virginia	50,908	107,570,242	22,885	38,626,141	38,863	60,991,288	10,626	32,555,027
Washington	41,986	86,656,443	15,450	25,788,844	24,460	34,894,551	6,428	18,742,446
West Virginia	20,772	42,468,586	15,339	26,577,942	19,445	24,415,004	4,163	8,975,921
Wisconsin	41,973	73,401,465	21,511	33,469,589	29,164	34,251,267	5,298	12,254,106
Wyoming	3,717	7,230,471	1,752	2,841,346	2,197	2,763,724	446	1,104,819

Estimated Selected Expenditures by State - Fiscal Year 1976

State	COMPENSATION AND PENSION - CONTINUED							
	All periods of Service							
	Deceased Veterans		Vietnam Era					
			Total		Service Connected		Non-Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	1,263,297	\$1,226,100,894	467,111	\$ 898,924,029	458,149	\$ 881,684,853	8,962	\$ 17,239,176
Philippines	5,231	7,749,474	259	876,430	249	856,108	10	20,322
Other foreign areas	10,465	13,259,203	1,178	2,372,684	1,166	2,347,130	12	25,554
Puerto Rico	8,574	11,516,687	7,101	28,000,298	6,805	27,477,275	296	523,023
Other U.S. areas	239	287,058	206	502,452	203	494,557	3	7,895
Total U.S.	1,238,788	1,193,288,472	458,367	867,172,165	449,726	850,509,783	8,641	16,662,382
Alabama	27,624	29,851,373	7,680	13,742,071	7,536	13,473,322	144	268,749
Alaska	597	603,651	951	1,388,477	937	1,366,907	14	21,570
Arizona	10,370	9,817,898	6,820	13,082,314	6,741	12,936,779	79	145,535
Arkansas	17,846	18,829,502	4,883	11,520,946	4,712	11,219,847	171	301,099
California	96,483	86,415,401	42,740	76,110,680	42,066	74,856,850	674	1,253,830
Colorado	10,601	9,858,189	7,439	14,401,092	7,353	14,247,925	86	153,167
Connecticut	13,108	11,464,994	4,950	8,673,868	4,857	8,503,591	93	170,277
Delaware	2,861	2,723,931	1,379	2,315,917	1,367	2,288,440	12	27,477
District of Columbia	4,438	4,658,916	2,148	4,013,199	2,116	3,946,348	32	66,851
Florida	50,867	47,082,048	25,573	53,077,957	25,192	52,303,962	381	773,995
Georgia	31,704	33,736,201	13,711	28,252,372	13,437	27,686,315	274	566,057
Hawaii	1,828	1,859,095	2,414	4,214,755	2,395	4,176,874	19	37,881
Idaho	4,023	3,734,870	1,641	3,221,979	1,618	3,169,729	23	52,250
Illinois	56,776	51,952,359	13,731	23,156,572	13,420	22,573,297	311	583,275
Indiana	29,506	27,124,761	8,731	17,310,304	8,570	17,028,561	161	281,743
Iowa	16,442	14,871,361	4,388	8,141,590	4,284	7,974,172	104	167,418
Kansas	13,666	12,795,697	4,001	6,969,831	3,922	6,833,245	79	136,586
Kentucky	25,425	26,722,799	6,094	12,463,952	5,902	12,093,961	192	369,991
Louisiana	28,015	30,850,623	6,627	13,329,527	6,429	12,996,680	198	332,847
Maine	7,882	7,696,832	2,893	6,467,681	2,784	6,263,726	109	203,955
Maryland	20,796	19,855,241	8,458	15,136,216	8,359	14,935,575	99	200,641
Massachusetts	36,937	33,852,000	14,897	26,814,178	14,643	26,325,940	254	488,238
Michigan	45,537	42,105,554	18,353	37,073,154	17,987	36,357,489	366	715,665
Minnesota	22,569	21,558,814	8,092	13,212,715	7,967	12,965,991	125	246,724
Mississippi	18,937	21,153,742	4,660	9,405,264	4,544	9,200,869	116	204,395
Missouri	33,709	32,479,433	8,256	15,664,266	8,094	15,365,732	162	296,534
Montana	4,338	4,091,576	1,700	3,248,929	1,660	3,165,442	40	83,487
Nebraska	7,868	7,418,928	2,629	4,852,198	2,588	4,765,886	41	86,312
Nevada	2,751	2,465,663	1,725	2,724,592	1,710	2,687,522	15	37,070
New Hampshire	5,093	4,670,399	2,917	5,730,548	2,875	5,637,967	42	92,581
New Jersey	40,214	35,789,191	12,426	21,150,365	12,280	20,903,948	146	246,417
New Mexico	6,043	6,253,319	4,292	8,138,665	4,206	7,980,669	86	157,996
New York	98,162	91,379,135	33,769	59,042,609	33,009	57,626,163	760	1,416,446
North Carolina	36,015	37,466,066	12,297	26,010,152	12,082	25,530,376	215	479,776
North Dakota	2,819	2,835,272	1,205	1,748,762	1,178	1,695,261	27	53,501
Ohio	61,588	57,903,725	20,632	38,904,393	20,150	37,969,878	482	934,515
Oklahoma	20,214	20,375,910	8,395	17,680,801	8,164	17,202,766	231	478,035
Oregon	14,171	12,460,169	5,768	10,715,950	5,628	10,426,751	140	289,199
Pennsylvania	82,103	77,479,786	20,844	35,888,621	20,434	35,121,691	410	766,930
Rhode Island	6,676	5,906,019	2,577	4,588,741	2,540	4,527,010	37	61,731
South Carolina	20,743	22,471,156	6,962	12,675,385	6,833	12,413,450	129	261,935
South Dakota	4,529	4,505,457	1,587	3,209,027	1,529	3,097,136	58	111,891
Tennessee	31,166	32,890,187	7,953	15,811,869	7,758	15,412,731	195	399,138
Texas	71,164	72,699,634	35,394	71,896,788	34,863	70,797,984	531	1,098,804
Utah	4,601	4,132,173	2,398	3,702,737	2,364	3,620,628	34	82,109
Vermont	2,815	2,655,907	908	2,050,790	876	1,990,474	32	60,316
Virginia	28,237	28,436,261	15,147	31,151,295	14,970	30,789,038	177	362,257
Washington	18,032	16,152,105	11,477	23,258,224	11,281	22,872,916	196	385,308
West Virginia	15,282	15,439,083	3,886	7,756,549	3,778	7,530,726	108	225,823
Wisconsin	23,866	21,997,161	9,079	14,449,296	8,871	14,076,694	208	372,602
Wyoming	1,751	1,658,905	890	1,624,002	867	1,574,549	23	49,453

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION — CONTINUED							
	Vietnam Era						Korean Conflict	
	Deceased Veterans						Living Veterans	
	Total		Service Connected		Non-Service Connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	77,894	\$ 203,001,783	57,423	\$ 179,555,667	20,471	\$ 23,446,116	299,071	\$ 623,138,899
Philippines	267	960,892	225	887,174	42	73,718	146	564,481
Other foreign areas	1,368	4,234,700	1,209	4,039,984	159	194,716	774	1,958,048
Puerto Rico	743	1,775,076	578	1,569,674	165	205,402	7,860	24,912,282
Other U.S. areas	66	210,129	55	189,304	11	20,825	159	300,742
Total U.S.	75,450	195,820,986	55,356	172,869,531	20,094	22,951,455	290,132	595,403,346
Alabama	2,037	5,340,632	1,546	4,792,159	491	548,473	5,541	11,543,798
Alaska	163	366,943	103	315,964	60	50,979	373	588,263
Arizona	1,162	3,231,545	867	2,869,299	295	362,246	3,639	9,023,368
Arkansas	1,069	2,671,100	805	2,367,579	264	303,521	3,484	9,463,984
California	8,304	22,982,601	6,273	20,764,923	2,031	2,217,678	28,096	56,012,699
Colorado	1,354	3,954,203	1,067	3,644,005	287	310,198	3,638	7,685,871
Connecticut	457	1,167,900	335	1,029,785	122	138,115	3,498	5,968,186
Delaware	239	671,461	180	610,116	59	61,345	717	1,376,586
District of Columbia	281	774,697	201	690,572	80	84,125	1,622	3,708,554
Florida	4,239	11,920,133	3,381	10,989,512	958	930,621	14,089	35,640,192
Georgia	3,148	8,784,585	2,469	8,001,899	679	782,686	7,166	16,422,387
Hawaii	419	1,368,173	353	1,283,918	66	84,255	1,261	2,606,363
Idaho	297	653,993	199	558,531	98	95,462	994	2,169,632
Illinois	2,209	4,845,664	1,411	3,955,336	798	890,328	9,437	16,335,197
Indiana	1,385	3,117,306	903	2,588,551	482	528,755	5,448	10,214,740
Iowa	580	1,297,248	383	1,075,568	197	221,680	2,857	5,814,325
Kansas	815	2,150,762	593	1,899,169	222	251,593	2,485	5,584,168
Kentucky	1,545	3,731,233	1,131	3,269,991	414	461,242	5,162	10,897,454
Louisiana	1,656	4,092,202	1,183	3,537,384	473	554,818	5,382	11,094,121
Maine	479	1,229,163	354	1,088,625	125	140,538	1,991	4,621,591
Maryland	1,547	4,382,894	1,195	3,992,451	352	390,443	5,164	9,806,790
Massachusetts	1,284	3,310,945	945	2,927,973	339	382,972	14,006	25,055,210
Michigan	2,142	4,558,194	1,305	3,549,723	837	1,008,471	10,354	21,101,602
Minnesota	850	1,846,624	568	1,537,566	282	309,058	5,194	9,699,247
Mississippi	1,121	2,919,292	838	2,605,392	283	313,900	3,450	7,931,328
Missouri	1,669	3,954,349	1,132	3,333,554	537	620,795	6,028	12,422,859
Montana	255	566,942	168	465,521	87	101,421	963	1,881,295
Nebraska	452	1,102,583	310	943,292	142	159,291	1,891	3,861,646
Nevada	327	867,627	233	768,789	94	98,838	976	1,944,172
New Hampshire	287	786,997	219	705,148	68	81,849	1,404	2,952,726
New Jersey	1,398	3,588,790	997	3,129,428	401	459,362	9,908	16,035,623
New Mexico	696	1,768,640	488	1,525,820	208	242,820	2,267	5,540,400
New York	2,951	6,803,194	1,968	5,626,661	983	1,176,533	23,295	42,894,099
North Carolina	2,947	8,027,110	2,296	7,258,580	651	768,530	7,177	16,188,806
North Dakota	156	326,139	107	272,647	49	53,492	633	1,266,834
Ohio	2,848	6,556,962	1,873	5,425,882	975	1,131,080	13,686	25,259,321
Oklahoma	1,515	3,927,865	1,146	3,509,063	369	418,802	4,859	11,816,029
Oregon	797	1,787,252	514	1,469,896	283	317,356	2,876	6,203,328
Pennsylvania	2,812	6,592,597	1,887	5,463,343	925	1,129,254	15,924	29,626,851
Rhode Island	273	789,570	196	689,131	77	100,439	1,580	3,037,996
South Carolina	1,784	4,963,249	1,385	4,476,850	399	486,399	3,609	7,932,006
South Dakota	217	463,170	141	385,044	76	78,126	1,038	2,225,857
Tennessee	1,988	4,956,445	1,462	4,354,848	526	601,597	5,336	11,629,269
Texas	6,476	17,822,750	5,059	16,173,979	1,417	1,648,771	16,979	39,691,200
Utah	350	912,169	243	786,277	107	125,892	1,266	2,625,253
Vermont	148	388,321	108	348,830	40	39,491	677	1,567,060
Virginia	2,898	9,028,863	2,383	8,442,235	515	586,628	7,306	16,694,450
Washington	1,628	4,513,433	1,244	4,094,614	384	418,819	5,649	12,809,949
West Virginia	790	1,743,390	561	1,484,318	229	259,072	3,534	7,618,609
Wisconsin	857	1,898,323	553	1,532,720	304	365,603	5,762	10,377,236
Wyoming	149	314,763	95	257,070	54	57,693	461	934,806

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION—CONTINUED							
	Korean Conflict							
	Living Veterans				Deceased Veterans			
	Service Connected		Non-Service Connected		Total		Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	239,792	\$ 514,895,017	59,279	\$ 108,243,882	141,881	\$ 218,735,914	39,322	\$ 98,543,871
Philippines	125	528,298	21	36,183	166	489,208	127	419,885
Other foreign areas	681	1,785,930	93	172,118	833	1,637,419	353	1,031,841
Puerto Rico	5,080	19,500,630	2,780	5,411,652	2,174	3,871,409	884	1,875,176
Other U.S. areas	137	264,131	22	36,611	65	102,528	24	49,590
Total U.S.	233,769	492,816,028	56,363	102,587,318	138,643	212,635,350	37,934	95,167,379
Alabama	4,317	9,251,849	1,224	2,291,949	3,359	5,185,866	1,047	2,402,875
Alaska	348	530,263	25	58,060	150	188,159	15	45,714
Arizona	3,085	7,998,191	554	1,025,177	1,617	2,660,438	493	1,406,635
Arkansas	2,507	7,730,908	977	1,733,076	1,602	2,394,092	610	1,273,673
California	24,086	49,057,153	4,010	6,955,546	13,531	23,079,516	4,215	13,050,266
Colorado	3,241	6,914,576	397	771,295	1,594	2,555,632	453	1,321,291
Connecticut	3,009	5,133,634	489	834,552	1,457	2,071,936	261	696,514
Delaware	605	1,176,338	112	200,248	347	528,304	73	201,339
District of Columbia	1,284	3,043,297	338	665,257	691	1,574,220	259	1,047,435
Florida	11,600	31,133,823	2,489	4,506,369	6,069	11,432,033	2,337	7,298,579
Georgia	4,916	12,090,171	2,250	4,332,216	3,982	6,269,647	1,264	3,170,049
Hawaii	1,183	2,486,451	78	119,912	505	865,127	223	533,702
Idaho	840	1,863,098	154	306,534	483	694,245	106	258,898
Illinois	7,587	13,168,043	1,850	3,167,154	5,986	7,905,451	1,088	2,192,660
Indiana	4,278	8,276,935	1,170	1,937,805	3,119	4,195,591	673	1,353,098
Iowa	2,308	4,895,277	549	919,058	1,554	2,116,673	376	720,127
Kansas	2,049	4,803,552	436	780,616	1,352	2,051,115	432	969,912
Kentucky	3,414	7,390,781	1,748	3,506,673	2,633	3,793,149	824	1,576,503
Louisiana	3,992	8,557,012	1,390	2,537,109	2,789	4,351,712	872	1,957,445
Maine	1,450	3,587,130	541	1,034,461	839	1,282,662	253	570,523
Maryland	4,390	8,434,449	774	1,372,341	2,630	4,365,696	694	2,128,393
Massachusetts	12,501	22,181,381	1,505	2,873,829	3,530	5,563,521	966	2,446,965
Michigan	8,492	17,764,055	1,862	3,337,547	5,204	7,148,932	884	1,958,962
Minnesota	4,451	8,263,387	743	1,435,860	2,280	3,206,131	509	1,042,417
Mississippi	2,404	5,919,355	1,046	2,011,973	1,957	3,042,801	673	1,502,659
Missouri	4,641	9,890,009	1,387	2,532,850	3,320	4,743,966	886	1,923,345
Montana	790	1,601,215	173	280,080	532	712,159	97	207,247
Nebraska	1,551	3,227,526	340	634,120	941	1,317,679	215	479,728
Nevada	854	1,726,385	122	217,787	463	646,565	85	260,388
New Hampshire	1,107	2,378,330	297	574,396	585	907,545	154	399,607
New Jersey	8,658	13,961,110	1,250	2,074,513	3,937	5,692,501	755	1,956,825
New Mexico	1,781	4,607,063	486	933,337	980	1,607,407	287	757,095
New York	18,832	35,059,147	4,463	7,834,952	9,197	13,312,410	1,825	4,336,060
North Carolina	5,292	12,687,399	1,885	3,501,407	4,001	5,856,338	1,166	2,655,617
North Dakota	526	1,070,433	107	196,401	390	510,778	88	137,094
Ohio	10,950	20,340,414	2,736	4,918,907	6,635	8,918,462	1,277	2,612,464
Oklahoma	3,697	9,632,774	1,162	2,183,255	2,163	3,296,064	790	1,781,377
Oregon	2,182	4,997,516	694	1,205,812	1,431	2,026,528	326	808,076
Pennsylvania	12,999	24,453,474	2,925	5,173,377	7,890	11,200,133	1,797	3,819,677
Rhode Island	1,340	2,627,082	240	410,914	582	928,940	157	405,976
South Carolina	2,580	5,963,327	1,029	1,968,679	2,476	3,899,018	736	1,793,755
South Dakota	722	1,671,330	316	554,527	492	718,675	101	231,452
Tennessee	3,652	8,498,290	1,684	3,130,979	3,305	4,663,332	1,028	2,013,556
Texas	13,760	33,562,170	3,219	6,129,030	8,465	14,633,219	2,961	8,216,691
Utah	1,121	2,365,030	145	260,223	663	904,442	119	294,101
Vermont	527	1,295,993	150	271,067	279	439,166	83	188,104
Virginia	5,705	13,678,523	1,601	3,015,927	3,808	6,898,171	1,402	4,104,493
Washington	4,847	11,255,731	802	1,554,218	2,535	4,310,281	801	2,428,488
West Virginia	2,277	5,245,158	1,257	2,373,451	1,667	2,283,099	562	946,247
Wisconsin	4,664	8,590,267	1,098	1,786,969	2,423	3,373,759	591	1,178,966
Wyoming	377	779,283	84	155,523	223	312,064	45	104,316

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION — CONTINUED							
	Korean Conflict				World War II			
	Deceased Veterans				Living Veterans			
	Non-Service Connected		Total		Service Connected		Non-Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	102,559	\$ 120,192,043	1,898,507	\$3,321,740,663	1,288,726	\$2,296,676,679	609,781	\$1,025,063,984
Philippines	39	69,323	13,081	18,457,524	11,180	14,549,733	1,901	3,907,791
Other foreign areas	480	605,578	4,255	7,513,062	2,670	4,994,354	1,585	2,518,708
Puerto Rico	1,290	1,996,233	10,398	28,269,573	3,893	15,973,425	6,505	12,296,148
Other U.S. areas	41	52,938	308	495,007	225	332,801	83	162,206
Total U.S.	100,709	117,467,971	1,870,465	3,267,005,497	1,270,758	2,260,826,366	599,707	1,006,179,131
Alabama	2,312	2,782,991	35,358	61,913,515	21,788	38,426,954	13,570	23,486,561
Alaska	135	142,445	1,325	2,053,336	1,120	1,706,592	205	346,744
Arizona	1,124	1,253,803	20,575	42,599,782	14,296	32,053,338	6,279	10,546,444
Arkansas	992	1,120,419	27,521	60,387,551	14,342	37,188,202	13,179	23,199,349
California	9,316	10,029,250	153,075	248,546,757	106,870	176,220,669	46,205	72,326,088
Colorado	1,141	1,234,341	18,245	32,602,527	13,982	25,440,615	4,263	7,161,912
Connecticut	1,196	1,375,422	24,723	35,186,604	20,266	28,434,765	4,457	6,751,839
Delaware	274	326,965	4,115	6,605,444	2,937	4,680,847	1,178	1,924,597
District of Columbia	432	526,785	6,475	11,806,513	4,070	7,461,234	2,405	4,345,279
Florida	3,732	4,133,454	87,401	180,066,636	58,773	132,524,705	28,628	47,541,931
Georgia	2,718	3,099,598	42,935	82,995,943	23,451	47,758,303	19,484	35,237,640
Hawaii	282	331,425	3,103	5,382,762	2,534	4,385,854	569	996,908
Idaho	377	435,347	7,060	13,523,969	4,723	9,706,563	2,337	3,817,406
Illinois	4,898	5,712,791	69,908	103,508,775	48,710	70,122,640	21,198	33,386,135
Indiana	2,446	2,842,493	36,482	58,371,972	25,249	40,829,045	11,233	17,542,927
Iowa	1,178	1,396,546	21,087	37,004,963	14,168	25,960,034	6,919	11,044,929
Kansas	920	1,081,203	18,289	31,086,289	12,265	21,252,845	6,024	9,833,444
Kentucky	1,809	2,216,646	37,989	70,019,653	20,867	38,562,315	17,122	31,457,338
Louisiana	1,917	2,394,267	35,602	65,023,956	19,245	36,342,012	16,357	28,681,944
Maine	586	712,139	11,943	24,572,002	7,063	15,997,824	4,880	8,574,178
Maryland	1,936	2,237,303	27,703	45,601,907	20,269	33,419,032	7,434	12,182,875
Massachusetts	2,564	3,116,556	74,849	126,442,875	62,713	105,392,333	12,136	21,050,542
Michigan	4,320	5,189,970	68,017	113,347,162	52,852	89,056,176	15,165	24,290,986
Minnesota	1,771	2,163,714	36,134	60,853,924	25,789	42,887,695	10,345	17,966,229
Mississippi	1,284	1,540,142	27,731	54,499,327	13,171	27,657,271	14,560	26,842,056
Missouri	2,434	2,820,621	42,540	73,557,591	25,799	45,366,247	16,741	28,191,344
Montana	435	504,912	6,932	12,460,822	4,521	8,513,264	2,411	3,947,558
Nebraska	726	837,951	11,803	22,011,072	7,733	14,869,152	4,070	7,141,920
Nevada	378	386,177	5,781	9,542,737	4,059	6,920,860	1,722	2,621,877
New Hampshire	431	507,938	8,217	15,161,720	5,606	10,776,269	2,611	4,385,451
New Jersey	3,182	3,735,676	66,146	93,549,599	54,202	75,480,492	11,944	18,069,107
New Mexico	693	850,312	12,110	27,169,749	7,718	19,397,453	4,392	7,772,296
New York	7,372	8,976,350	167,921	271,497,383	128,116	209,108,190	39,805	62,389,193
North Carolina	2,835	3,200,721	46,357	89,586,377	25,493	52,862,112	20,864	36,724,265
North Dakota	302	373,684	4,868	8,023,430	3,463	5,547,498	1,405	2,475,932
Ohio	5,358	6,305,998	93,940	149,218,631	69,121	108,421,771	24,819	40,796,860
Oklahoma	1,373	1,514,687	31,880	65,440,285	18,476	41,188,341	13,404	24,251,944
Oregon	1,105	1,218,452	21,715	39,109,196	12,890	24,917,288	8,825	14,191,908
Pennsylvania	6,093	7,380,456	117,114	187,103,421	85,770	137,598,544	31,344	49,504,877
Rhode Island	425	522,964	11,598	20,514,560	9,164	16,685,510	2,434	3,829,050
South Carolina	1,740	2,105,263	22,509	41,351,058	11,051	21,319,674	11,458	20,031,384
South Dakota	391	487,223	5,964	11,240,266	3,358	6,865,635	2,606	4,374,631
Tennessee	2,277	2,649,776	42,337	76,563,757	22,032	41,345,481	20,305	35,218,276
Texas	5,504	6,416,528	114,140	224,247,545	70,170	146,567,071	43,970	77,680,474
Utah	544	610,341	7,468	12,621,182	5,902	9,921,383	1,566	2,699,799
Vermont	196	251,062	4,063	8,196,617	2,678	5,949,096	1,385	2,247,521
Virginia	2,406	2,793,678	38,950	74,189,535	23,860	48,610,317	15,090	25,579,218
Washington	1,734	1,881,793	28,825	54,631,439	20,375	39,728,455	8,450	14,902,984
West Virginia	1,105	1,336,852	22,594	42,449,976	12,478	24,788,311	10,116	17,661,665
Wisconsin	1,832	2,194,793	34,054	58,102,819	23,173	40,774,145	10,881	17,328,674
Wyoming	178	207,748	2,994	5,460,586	2,037	3,835,944	957	1,624,642

Estimated Selected Expenditures by State - Fiscal Year 1976

State	COMPENSATION AND PENSION - CONTINUED							
	World War II						World War I	
	Deceased Veterans						Living Veterans	
	Total		Service Connected		Non-Service Connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	741,504	\$1,001,788,822	188,187	\$ 420,408,998	553,317	\$ 581,379,824	375,049	\$ 634,525,487
Philippines	22,757	33,897,147	21,222	31,593,414	1,535	2,303,733	1,481	3,905,668
Other foreign areas	3,097	4,612,101	811	2,113,276	2,286	2,498,825	4,175	9,870,991
Puerto Rico	3,432	5,445,917	607	1,618,572	2,825	3,827,345	3,020	7,105,126
Other U.S. areas	158	236,135	45	98,328	113	137,807	25	48,140
Total U.S.	712,060	957,597,522	165,502	384,985,408	546,558	572,612,114	366,348	613,595,562
Alabama	16,022	21,865,667	3,643	7,862,341	12,379	14,003,326	6,785	13,195,090
Alaska	358	454,933	48	127,250	310	327,683	89	128,420
Arizona	6,615	9,710,244	1,844	4,741,243	4,771	4,969,001	4,090	7,439,294
Arkansas	9,646	13,188,498	2,675	5,504,206	6,971	7,684,292	7,062	14,512,595
California	57,291	80,887,820	14,766	39,868,979	42,525	41,018,841	30,317	48,859,625
Colorado	6,110	8,417,228	1,684	4,043,589	4,426	4,373,639	4,102	7,564,072
Connecticut	7,516	9,919,402	1,717	4,121,173	5,799	5,798,229	3,752	5,430,920
Delaware	1,774	2,305,672	315	785,099	1,459	1,520,573	569	830,604
District of Columbia	3,008	5,379,009	760	2,901,561	2,248	2,477,448	895	1,654,683
Florida	29,772	44,017,160	8,358	22,401,933	21,414	21,615,227	21,676	35,841,719
Georgia	19,554	27,312,120	4,666	11,092,182	14,888	16,219,938	6,663	13,209,361
Hawaii	1,237	1,790,691	374	886,734	863	903,957	475	794,231
Idaho	2,125	2,723,821	531	1,107,696	1,594	1,616,125	1,912	3,107,245
Illinois	30,901	38,169,936	5,756	12,428,751	25,145	25,741,185	15,053	21,804,676
Indiana	15,063	18,904,691	3,245	6,750,466	11,818	12,154,225	9,073	13,601,102
Iowa	7,962	10,118,652	2,102	4,255,346	5,860	5,863,306	7,343	11,888,641
Kansas	7,116	9,664,415	2,070	4,432,033	5,046	5,132,382	5,817	9,485,158
Kentucky	14,990	19,874,678	3,637	7,121,541	11,353	12,753,137	7,565	13,801,058
Louisiana	16,770	23,143,596	3,179	7,295,201	13,591	15,848,395	6,476	12,546,137
Maine	4,359	5,903,714	1,129	2,457,776	3,230	3,445,938	2,562	4,518,304
Maryland	12,360	17,346,553	2,631	7,236,315	9,729	10,110,238	4,309	6,851,784
Massachusetts	21,315	29,938,649	5,648	13,879,071	15,667	16,059,578	9,886	16,876,396
Michigan	25,393	32,415,505	5,109	11,111,683	20,284	21,303,822	11,199	16,460,280
Minnesota	11,395	14,816,987	2,765	5,898,113	8,630	8,918,874	10,627	19,420,206
Mississippi	10,969	15,486,858	2,631	5,684,185	8,338	9,802,673	5,574	11,652,600
Missouri	16,914	21,826,791	3,994	8,328,657	12,920	13,498,134	12,130	20,609,406
Montana	2,483	3,050,712	475	1,003,342	2,008	2,047,370	1,681	2,754,745
Nebraska	4,082	5,462,772	1,173	2,556,709	2,909	2,906,063	3,360	5,853,349
Nevada	1,652	2,127,505	312	845,078	1,340	1,282,427	792	1,249,765
New Hampshire	2,905	3,939,506	686	1,698,538	2,219	2,240,968	1,477	2,403,254
New Jersey	23,301	29,879,903	4,631	11,052,219	18,670	18,827,684	9,063	12,291,577
New Mexico	3,924	5,759,547	1,150	2,646,730	2,774	3,112,817	2,059	4,019,658
New York	58,686	76,529,088	11,983	28,224,773	46,703	48,304,315	23,514	34,178,384
North Carolina	21,314	28,390,351	4,573	10,121,952	16,741	18,268,399	8,546	16,128,110
North Dakota	1,516	1,894,724	356	668,482	1,160	1,226,242	1,195	2,247,210
Ohio	35,464	44,744,143	6,683	14,930,733	28,781	29,813,410	15,923	24,314,581
Oklahoma	10,870	14,855,811	3,276	6,859,840	7,594	7,995,971	7,586	14,859,374
Oregon	7,220	9,120,057	1,644	3,769,591	5,576	5,350,466	6,425	10,189,863
Pennsylvania	50,114	64,298,635	10,183	22,227,881	39,931	42,070,754	19,238	28,371,385
Rhode Island	3,666	4,982,914	879	2,189,854	2,787	2,793,060	1,954	2,907,550
South Carolina	12,022	16,382,811	2,346	5,427,439	9,676	10,955,372	4,046	7,626,306
South Dakota	1,983	2,549,644	462	912,349	1,521	1,637,295	2,315	4,095,145
Tennessee	17,885	23,573,738	4,128	8,387,129	13,757	15,186,609	8,525	15,967,662
Texas	43,025	62,150,980	11,982	28,410,559	31,043	33,740,421	20,839	39,291,333
Utah	2,594	3,326,274	633	1,375,642	1,961	1,950,632	1,614	2,483,806
Vermont	1,567	2,161,831	415	994,605	1,152	1,167,226	932	1,615,031
Virginia	17,037	24,531,465	4,134	10,720,764	12,903	13,810,701	6,783	11,776,249
Washington	9,623	13,367,221	2,665	6,700,708	6,958	6,666,513	6,845	11,402,321
West Virginia	9,630	12,514,551	2,322	4,535,394	7,308	7,979,157	4,286	7,340,822
Wisconsin	12,092	15,392,082	2,939	5,972,186	9,153	9,419,896	10,552	16,843,013
Wyoming	870	1,127,967	195	429,787	675	698,180	797	1,311,462

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION — CONTINUED									
	World War I									
	Living Veterans					Deceased Veterans				
	Service Connected		Emergency Officer Retirement Pay		Non-Service Connected		Total		Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	49,952	\$ 131,373,981	316	\$ 1,512,180	324,781	\$ 501,639,326	598,532	\$ 581,907,472	34,351	\$ 106,371,358
Philippines	21	145,009			1,460	3,760,659	2,936	4,427,234	152	506,759
Other foreign areas	226	873,185	1	5,896	3,948	8,991,910	7,629	10,693,698	333	1,038,137
Puerto Rico	52	297,632			2,968	6,807,494	4,265	5,683,985	128	402,819
Other U.S. areas	3	11,906			22	36,234	70	77,789	5	9,207
Total U.S.	49,650	130,046,249	315	1,506,284	316,383	482,043,029	583,632	561,024,766	33,733	104,414,436
Alabama	789	2,011,017	6	30,131	5,990	11,153,942	12,845	14,294,417	701	2,124,033
Alaska	6	11,724			83	116,696	88	91,221	5	15,974
Arizona	909	2,875,636	7	30,834	3,174	4,532,824	4,614	4,929,365	625	1,888,266
Arkansas	758	2,560,480	4	18,481	6,300	11,933,634	10,069	11,563,224	733	2,158,111
California	5,725	14,822,496	50	241,161	24,542	33,795,968	42,806	40,594,262	3,426	10,813,374
Colorado	874	2,831,732	6	31,792	3,222	4,690,548	5,100	5,472,580	581	1,788,601
Connecticut	777	1,771,931	4	17,085	2,971	3,641,904	6,157	5,149,809	395	1,228,763
Delaware	54	113,023	1	3,753	514	713,828	1,064	897,484	40	128,429
District of Columbia	214	547,216	6	26,275	675	1,081,192	1,678	2,009,827	180	629,879
Florida	3,444	9,371,779	33	171,121	18,199	26,298,819	25,218	24,287,903	1,697	5,332,588
Georgia	830	2,464,382	9	42,212	5,824	10,702,767	13,945	16,124,430	974	3,009,573
Hawaii	28	88,750			447	705,481	614	575,576	18	59,893
Idaho	190	537,366			1,722	2,569,879	1,984	1,806,845	104	308,965
Illinois	1,687	3,344,496	10	41,820	13,356	18,418,360	26,140	21,841,889	1,008	3,110,839
Indiana	1,201	2,587,651	4	21,389	7,868	10,992,062	14,939	13,346,130	808	2,463,454
Iowa	710	1,960,284	1	4,169	6,632	9,924,188	9,382	8,414,887	423	1,306,531
Kansas	588	1,437,074	3	11,123	5,226	8,036,961	7,519	7,090,980	369	1,145,258
Kentucky	1,079	2,570,982	5	22,473	6,481	11,207,603	12,081	13,076,959	804	2,464,289
Louisiana	531	1,696,350	1	4,370	5,944	10,845,417	12,462	13,856,704	687	2,095,227
Maine	261	788,422	2	7,921	2,299	3,721,961	3,997	3,847,539	188	595,862
Maryland	735	1,771,361	6	38,202	3,568	5,042,221	8,884	8,355,119	531	1,693,287
Massachusetts	2,183	6,176,438	12	54,125	7,691	10,645,833	19,244	18,133,035	1,379	4,377,056
Michigan	1,415	3,002,481	1	6,121	9,783	13,451,678	20,313	16,406,139	811	2,456,007
Minnesota	1,607	4,820,221	6	26,123	9,014	14,573,862	12,372	12,287,340	798	2,473,820
Mississippi	869	2,408,460			4,705	9,244,140	9,750	12,047,979	907	2,781,284
Missouri	1,305	3,268,555	10	51,251	10,815	17,289,600	18,116	17,607,293	907	2,730,264
Montana	297	777,601	1	4,794	1,383	1,972,350	1,820	1,659,428	110	332,835
Nebraska	373	1,103,040	1	4,370	2,986	4,745,939	4,156	3,981,819	207	639,239
Nevada	120	325,211			672	924,554	974	880,965	75	228,658
New Hampshire	214	589,524	2	7,685	1,261	1,806,045	2,448	2,270,855	167	518,861
New Jersey	1,075	2,285,263	8	34,558	7,980	9,971,756	18,076	14,258,610	673	2,062,342
New Mexico	371	1,227,972	2	9,121	1,686	2,782,565	2,568	2,955,653	300	917,558
New York	3,106	7,557,755	21	102,009	20,387	26,518,620	43,778	37,604,411	1,929	6,027,027
North Carolina	748	2,421,679	6	28,870	7,792	13,677,561	16,051	16,986,756	731	2,299,120
North Dakota	163	482,230	1	4,169	1,031	1,760,811	1,349	1,354,536	66	204,291
Ohio	2,343	5,215,832	9	41,574	13,571	19,057,175	26,958	23,987,580	1,432	4,397,760
Oklahoma	814	2,543,845	3	13,011	6,769	12,302,518	11,165	11,956,685	616	1,886,901
Oregon	693	1,942,796	4	18,360	5,728	8,228,707	7,180	6,382,216	413	1,269,747
Pennsylvania	2,680	6,232,775	14	65,662	16,544	22,072,948	35,854	31,009,251	1,627	5,086,638
Rhode Island	236	619,457	1	4,370	1,717	2,283,723	3,430	2,800,042	122	393,721
South Carolina	366	810,716	8	38,900	3,672	6,776,690	9,182	10,208,578	512	1,577,484
South Dakota	253	666,466			2,062	3,428,679	2,590	2,565,811	112	338,855
Tennessee	908	2,423,852	7	32,971	7,610	13,510,839	14,817	16,278,819	852	2,590,885
Texas	2,299	7,172,536	16	79,454	18,524	32,039,343	34,272	36,310,153	2,161	6,660,856
Utah	246	613,702			1,368	1,870,104	2,063	1,785,809	128	398,191
Vermont	139	397,302			793	1,217,729	1,464	1,457,146	109	334,885
Virginia	779	2,101,151	11	47,706	5,993	9,627,392	12,553	12,786,371	676	2,134,652
Washington	865	2,480,612	7	36,612	5,973	8,885,097	8,906	8,198,887	545	1,670,839
West Virginia	431	1,029,774	1	4,794	3,854	6,306,254	6,752	6,558,920	300	913,921
Wisconsin	1,253	2,887,232	4	21,193	9,295	13,934,588	12,989	11,868,177	716	2,187,286
Wyoming	109	297,619	1	4,169	687	1,009,674	856	808,352	55	162,257

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION — CONTINUED									
	World War I		Regular Establishment							
	Deceased Veterans		Living Veterans							
	Non-Service Connected		Total		Service Connected		Reserve Officers		Special Acts	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	564,181	\$ 475,536,114	195,973	\$ 411,811,426	195,936	\$ 411,799,008	1	\$ 5,951	36	\$ 6,467
Philippines	2,784	3,920,475	448	1,783,386	448	1,783,386				
Other foreign areas	7,296	9,655,561	734	1,631,985	734	1,631,985				
Puerto Rico	4,137	5,281,166	2,528	8,954,459	2,528	8,954,459				
Other U.S. areas	65	68,582	101	236,233	101	236,233				
Total U.S.	549,899	456,610,330	192,162	399,205,363	192,125	399,192,945	1	5,951	36	6,467
Alabama	12,144	12,170,384	3,519	7,315,930	3,519	7,315,930				
Alaska	83	75,247	326	512,656	326	512,656				
Arizona	3,989	3,041,099	2,883	6,780,735	2,882	6,780,596			1	139
Arkansas	9,336	9,405,113	2,425	7,119,609	2,424	7,119,470			1	139
California	39,380	29,780,888	20,452	41,499,196	20,450	41,498,849	68		2	279
Colorado	4,519	3,683,979	3,111	6,487,476	3,111	6,487,476				
Connecticut	5,762	3,921,046	2,548	4,240,362	2,548	4,240,362				
Delaware	1,024	769,055	515	1,042,553	515	1,042,553				
District of Columbia	1,498	1,379,948	1,093	2,643,457	1,092	2,643,341			1	116
Florida	23,521	18,955,315	11,175	26,829,490	11,173	26,829,328			2	162
Georgia	12,971	13,114,857	4,714	11,164,855	4,711	11,164,170			3	685
Hawaii	596	515,683	922	1,534,627	922	1,534,627				
Idaho	1,880	1,497,880	806	1,660,164	806	1,660,164				
Illinois	25,132	18,731,050	5,447	9,478,660	5,447	9,478,549				111
Indiana	14,131	10,882,676	3,147	6,393,861	3,143	6,393,123			4	738
Iowa	8,959	7,108,356	1,568	3,565,623	1,568	3,565,623				
Kansas	7,150	5,945,722	1,657	3,654,128	1,657	3,654,128				
Kentucky	11,277	10,612,670	2,588	5,971,059	2,582	5,970,221			6	838
Louisiana	11,775	11,761,477	3,208	7,165,808	3,208	7,165,261	547			
Maine	3,809	3,251,677	1,229	2,821,861	1,228	2,821,722			1	139
Maryland	8,353	6,661,832	3,969	7,128,487	3,968	7,128,116			1	371
Massachusetts	17,865	13,755,979	7,973	13,586,849	7,973	13,586,849				
Michigan	19,502	13,950,132	6,394	12,970,939	6,394	12,970,939				
Minnesota	11,574	9,813,520	3,219	5,726,564	3,219	5,726,564				
Mississippi	8,843	9,266,695	2,024	4,809,843	2,023	4,809,704			1	139
Missouri	17,209	14,877,029	3,525	7,882,313	3,524	7,881,938	189		1	186
Montana	1,710	1,326,593	668	1,330,649	668	1,330,649				
Nebraska	3,949	3,342,580	1,158	2,579,422	1,157	2,579,283			1	139
Nevada	899	652,307	895	1,719,803	895	1,719,803				
New Hampshire	2,281	1,751,994	1,043	2,233,582	1,043	2,233,582				
New Jersey	17,403	12,196,268	6,163	9,727,531	6,163	9,727,531				
New Mexico	2,268	2,038,095	1,492	3,371,644	1,492	3,371,644				
New York	41,849	31,577,384	14,228	26,851,585	14,226	26,851,306			2	279
North Carolina	15,320	14,687,636	4,714	11,228,918	4,712	11,228,373			2	545
North Dakota	1,283	1,150,245	418	853,275	418	853,275				
Ohio	25,526	19,589,820	7,725	15,474,388	7,724	15,474,165			1	223
Oklahoma	10,549	10,069,784	3,562	7,965,460	3,562	7,965,460				
Oregon	6,767	5,112,469	2,371	5,187,359	2,371	5,187,359				
Pennsylvania	34,227	25,922,613	9,802	19,124,779	9,802	19,124,686				93
Rhode Island	3,308	2,406,321	1,119	2,117,975	1,119	2,117,975				
South Carolina	8,670	8,631,094	2,463	5,162,082	2,463	5,162,082				
South Dakota	2,478	2,226,956	495	1,142,161	495	1,142,161				
Tennessee	13,965	13,687,934	3,106	7,590,735	3,102	7,589,983			4	752
Texas	32,111	29,649,297	12,639	28,583,968	12,638	28,578,821	1	5,147		
Utah	1,935	1,387,618	922	1,779,157	922	1,779,157				
Vermont	1,355	1,122,261	408	916,278	408	916,278				
Virginia	11,877	10,651,719	5,585	12,343,595	5,583	12,343,247			2	348
Washington	8,361	6,528,048	4,610	10,281,860	4,610	10,281,814				46
West Virginia	6,452	5,644,999	1,806	3,844,783	1,806	3,844,783				
Wisconsin	12,273	9,680,891	4,007	7,048,362	4,007	7,048,362				
Wyoming	801	846,095	326	738,907	326	738,907				

Estimated Selected Expenditures by State — Fiscal Year 1976

State	COMPENSATION AND PENSION — CONTINUED									
	Regular Establishment						Mexican Border Service			
	Deceased Veterans						Living Veterans			
	Total		Service Connected		Special Acts		Total		Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	48,101	\$ 150,338,950	48,092	\$ 150,336,778	9	\$ 2,172	339	\$ 610,101	11	\$ 99,261
Philippines	800	2,363,952	800	2,363,952						
Other foreign areas	851	2,707,412	851	2,707,412				1,265		
Puerto Rico	318	915,248	318	915,248						
Other U.S. Areas	50	144,897	50	144,897						
Total U.S.	46,082	144,207,441	46,073	144,205,269	9	2,172	339	608,836	11	99,261
Alabama	1,249	3,733,653	1,249	3,733,653			2	5,504		
Alaska	37	107,603	37	107,603						
Arizona	753	2,480,475	752	2,479,788	1	687	6	12,745	1	8,283
Arkansas	629	1,731,697	629	1,731,697			4	4,434		
California	6,377	21,998,605	6,377	21,998,559		46	25	46,216	2	7,293
Colorado	790	2,561,915	790	2,561,915			1	1,961		
Connecticut	335	1,049,771	335	1,049,771			13	15,371		
Delaware	104	328,192	104	328,192						
District of Columbia	399	1,681,417	399	1,681,417			1	2,027		
Florida	3,436	11,655,785	3,436	11,655,785			20	33,909	1	2,588
Georgia	1,711	5,297,393	1,711	5,297,393			5	9,910		
Hawaii	248	833,801	248	833,801						
Idaho	156	412,315	156	412,315			1	1,819		
Illinois	977	2,754,156	977	2,754,156			9	14,023		1,477
Indiana	677	1,850,941	676	1,850,749	1	192	4	6,958		
Iowa	308	884,190	308	884,190			14	23,856		
Kansas	509	1,524,188	509	1,524,188			5	7,008		
Kentucky	822	2,236,310	821	2,236,091	1	219	3	7,437		
Louisiana	888	2,627,286	888	2,627,286			2	3,882		1,087
Maine	253	744,285	253	744,285						
Maryland	1,093	3,827,472	1,092	3,827,335	1	137	6	4,152		
Massachusetts	1,082	3,412,604	1,081	3,412,467	1	137	11	23,316	1	7,488
Michigan	889	2,490,101	888	2,489,964	1	137	6	11,274		2,061
Minnesota	441	1,174,395	441	1,174,395			7	33,606		20,680
Mississippi	709	1,975,247	709	1,975,247						
Missouri	924	2,617,118	924	2,617,118			6	11,785		
Montana	116	325,543	116	325,543						
Nebraska	251	753,211	251	753,211			6	7,150		
Nevada	158	520,153	158	520,153						
New Hampshire	191	648,093	191	648,093			15	23,534		
New Jersey	861	2,658,060	861	2,658,060			7	11,825		
New Mexico	343	1,077,493	343	1,077,493			4	3,609	1	284
New York	1,643	4,979,039	1,642	4,978,902	1	137	15	22,539		
North Carolina	1,444	4,120,048	1,444	4,120,048			11	20,048	1	527
North Dakota	78	182,940	78	182,940						
Ohio	1,212	3,379,931	1,212	3,379,931			8	9,920	1	1,395
Oklahoma	920	2,757,984	920	2,757,984			2	29,749	1	27,649
Oregon	462	1,366,544	462	1,366,544			8	11,555		260
Pennsylvania	1,676	4,898,873	1,676	4,898,873			27	36,041		
Rhode Island	242	824,211	242	824,211			4	4,005		
South Carolina	920	2,832,838	920	2,832,838			12	18,570		
South Dakota	106	238,528	106	238,528			3	3,680		
Tennessee	1,106	3,066,532	1,105	3,066,395	1	137	4	8,723		
Texas	4,091	13,115,036	4,090	13,114,693	1	343	27	65,514	2	17,929
Utah	207	581,571	207	581,571			1	588		
Vermont	98	308,216	98	308,216			3	4,901		
Virginia	2,025	7,133,439	2,025	7,133,439			10	16,311		260
Washington	1,165	3,824,476	1,165	3,824,476			7	9,923		
West Virginia	418	1,096,041	418	1,096,041			1	1,710		
Wisconsin	497	1,376,450	497	1,376,450			12	16,457		
Wyoming	56	151,276	56	151,276			1	1,291		

Estimated Selected Expenditures by State - Fiscal Year 1976

State	COMPENSATION AND PENSION - CONTINUED									
	Mexican Border Service								Spanish-American War	
	Living Veterans		Deceased Veterans						Living Veterans	
	Non-Service Connected		Total		Service Connected		Non-Service Connected		Total	
Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	
World Total	328	\$ 510,840	583	\$ 458,293	5	\$ 14,598	578	\$ 443,695	694	\$ 1,680,444
Philippines									28	122,217
Other foreign areas		1,265							6	14,474
Puerto Rico									5	18,048
Other U.S. areas										
Total U.S.	328	509,575	583	458,293	5	14,598	578	443,695	655	1,525,705
Alabama	2	5,504	6	7,688	1	4,806	5	2,882	1	2,052
Alaska										901
Arizona	5	4,462	6	3,993			6	3,993	5	15,491
Arkansas	4	4,434	9	7,789	1	375	8	7,414	5	17,432
California	23	38,923	28	18,482			28	18,482	121	281,480
Colorado	1	1,961	4	2,775			4	2,775	5	13,027
Connecticut	13	15,371	15	8,061			15	8,061	7	16,330
Delaware			3	1,516			3	1,516	2	4,131
District of Columbia	1	2,027							14	25,603
Florida	19	31,321	38	25,800			38	25,800	58	124,152
Georgia	5	9,910	5	5,367			5	5,367	7	21,710
Hawaii									1	1,282
Idaho	1	1,819								868
Illinois	9	12,546	10	8,409			10	8,409	27	58,116
Indiana	4	6,958	21	14,895			21	14,895	22	66,095
Iowa	14	23,856	18	12,198			18	12,198	13	25,511
Kansas	5	7,008	10	12,912			10	12,912	17	42,009
Kentucky	3	7,437	7	5,801			7	5,801	18	38,111
Louisiana	2	2,795	1	588			1	583	5	10,968
Maine			8	6,019			8	6,019	3	7,120
Maryland	6	4,152	21	17,109			21	17,109	2	8,262
Massachusetts	10	15,828	23	15,700			23	15,700	19	47,368
Michigan	6	9,213	21	15,660			21	15,660	18	41,543
Minnesota	7	12,926	19	15,831			19	15,831	12	33,161
Mississippi			1	759			1	759	2	5,210
Missouri	6	11,785	18	12,260			18	12,260	16	37,183
Montana			1	2,147			1	2,147	4	5,642
Nebraska	6	7,150	3	5,267			3	5,267	3	13,947
Nevada									2	5,860
New Hampshire	15	23,534	12	6,706			12	6,706	5	10,243
New Jersey	7	11,825	11	9,279			11	9,279	17	32,427
New Mexico	3	3,325	6	4,953			6	4,953	1	3,011
New York	15	22,539	42	29,473			42	29,473	40	66,100
North Carolina	10	19,521	15	9,963			15	9,963	5	12,682
North Dakota			2	2,071			2	2,071	1	4,821
Ohio	7	8,525	20	17,363	1	4,290	19	13,073	28	86,999
Oklahoma	1	2,100	7	7,269			7	7,269	5	8,861
Oregon	8	11,295	13	11,370	1	2,947	12	8,423	8	26,875
Pennsylvania	27	36,041	53	38,581			53	38,581	35	71,206
Rhode Island	4	4,005	4	1,830			4	1,830	2	2,571
South Carolina	12	18,570	13	12,416			13	12,416	4	8,680
South Dakota	3	3,680	1	722			1	722	1	1,135
Tennessee	4	8,723	13	15,941			13	15,941	19	50,453
Texas	25	47,585	26	21,936			26	21,936	17	41,750
Utah	1	588	3	526			3	526	1	1,794
Vermont	3	4,901	4	2,809			4	2,809		300
Virginia	10	16,051	8	6,038	1	2,067	7	3,971	12	24,948
Washington	7	9,923	10	12,695			10	12,695	23	51,571
West Virginia	1	1,710	5	3,706			5	3,706	4	14,079
Wisconsin	12	16,457	19	15,507			19	15,507	18	33,871
Wyoming	1	1,291		113						763

Estimated Selected Expenditures by State — Fiscal Year 1976

COMPENSATION AND PENSION — CONTINUED										
Spanish-American War										
State	Living Veterans				Deceased Veterans					
	Service Connected		Non-Service Connected		Total		Service Connected		Non-Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Total	6	\$ 69,286	688	\$ 1,611,158	21,997	\$ 25,344,676	218	\$ 699,957	21,779	\$ 24,644,719
Philippines			28	122,217	835	1,393,933	4	11,708	831	1,382,225
Other foreign areas			6	14,474	243	305,899		2,389	243	303,510
Puerto Rico			5	18,048	158	209,327	1	2,786	157	206,541
Other U.S. areas					9	6,906			9	6,906
Total U.S.	6	69,286	649	1,456,419	20,752	23,428,611	213	683,074	20,539	22,745,537
Alabama			1	2,052	279	335,539	4	11,547	275	323,992
Alaska				901	9	7,297			9	7,297
Arizona			5	15,491	179	184,199		2,137	179	182,062
Arkansas			5	17,432	264	301,872	1	6,935	263	294,937
California	1	16,065	120	265,415	3,202	3,389,345	20	61,684	3,182	3,327,661
Colorado			5	13,027	221	252,627	1	3,010	220	249,617
Connecticut			7	16,330	213	220,499			213	220,499
Delaware			2	4,131	41	43,663			41	43,663
District of Columbia			14	25,603	177	193,333	2	7,457	175	185,876
Florida	1	12,923	57	111,229	1,310	1,489,250	27	93,633	1,283	1,395,617
Georgia			7	21,710	435	513,119	4	13,490	431	499,629
Hawaii			1	1,282	21	26,007	1	3,010	20	22,997
Idaho				868	73	90,417	1	2,151	72	88,266
Illinois			27	58,116	783	870,757	4	16,589	779	854,168
Indiana		10,282	22	55,813	604	723,180	12	35,529	592	687,651
Iowa			13	25,511	229	285,789	7	25,798	222	259,991
Kansas			17	42,009	309	363,923	1	2,686	308	361,237
Kentucky			18	38,111	562	689,429	11	32,109	551	657,320
Louisiana			5	10,968	255	288,059			255	288,059
Maine			3	7,120	121	137,349	1	3,176	120	134,173
Maryland		414	2	7,848	408	459,115	7	24,709	401	434,406
Massachusetts			19	47,368	472	524,046	4	13,299	468	510,747
Michigan			18	41,543	566	646,770	5	21,155	561	625,615
Minnesota			12	33,161	290	342,635	4	11,335	286	331,300
Mississippi			2	5,210	177	217,194	2	5,372	175	211,822
Missouri			16	37,183	577	640,347	3	8,697	574	631,650
Montana			4	5,642	96	109,652	1	3,547	95	106,105
Nebraska		2,273	3	11,674	140	172,767	2	6,502	138	166,265
Nevada			2	5,860	40	45,292			40	45,292
New Hampshire			5	10,243	86	90,618	4	9,674	82	80,944
New Jersey			17	32,427	545	561,071	2	5,372	543	555,699
New Mexico			1	3,011	91	105,029	1	4,450	90	100,579
New York			40	66,100	1,215	1,337,226	12	35,041	1,203	1,302,185
North Carolina		618	5	12,064	441	521,776	4	11,547	437	510,229
North Dakota			1	4,821	23	28,390			23	28,390
Ohio	1	10,514	27	76,485	921	1,062,247	9	29,626	912	1,032,621
Oklahoma			5	8,861	318	367,954	1	4,035	317	363,919
Oregon		7,282	8	19,593	428	458,911	3	9,018	425	449,893
Pennsylvania			35	71,206	870	943,145	6	17,304	864	925,841
Rhode Island			2	2,571	71	80,019	1	2,686	70	77,333
South Carolina			4	8,680	242	281,344	3	6,988	239	274,356
South Dakota			1	1,135	57	70,513			57	70,513
Tennessee			19	50,453	615	763,659	14	43,344	601	720,315
Texas			17	41,750	1,050	1,227,209	10	31,348	1,040	1,195,861
Utah			1	1,794	50	58,032	1	3,167	49	54,865
Vermont				300	68	78,184	2	6,721	66	71,463
Virginia			12	24,948	521	590,728	5	17,377	516	573,351
Washington	1	303	22	51,268	588	662,316	8	23,321	580	638,995
West Virginia	1	5,040	3	9,039	172	203,913			172	203,913
Wisconsin	1	3,572	17	30,299	286	325,992	2	6,498	284	319,494
Wyoming				763	41	46,864			41	46,864

Estimated Selected Expenditures by State - Fiscal Year 1976

State	COMPENSATION AND PENSION - CONTINUED									
	Indian Wars						Civil War			
	Deceased Veterans						Deceased Veterans			
	Total		Service Connected		Non-Service Connected		Total		Service Connected	
Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	
World Total	70	\$ 71,244	1	\$ 2,320	69	\$ 68,924	342	\$ 410,223	8	\$ 22,936
Philippines										
Other foreign areas							1	1,013		
Puerto Rico										
Other U.S. areas										
Total U.S.	70	71,244	1	2,320	69	68,924	341	409,210	8	22,936
Alabama	1	778			1	778	17	18,547		
Alaska										
Arizona	3	3,378			3	3,378	2	1,629		
Arkansas	1	1,511			1	1,511	11	12,295		
California	7	6,230			7	6,230	15	18,693	1	2,368
Colorado	1	931			1	931	3	2,709		
Connecticut							1	3,622		
Delaware							1	814		
District of Columbia	2	3,093	1	2,320	1	773	4	3,961		
Florida	4	3,662			4	3,662	18	26,192	1	3,840
Georgia	1	778			1	778	11	13,348		
Hawaii	1	778			1	778				
Idaho	1	1,567			1	1,567	1	223		
Illinois	2	1,589			2	1,589	13	15,207	1	2,368
Indiana	2	1,555			2	1,555	14	14,687	1	2,368
Iowa	1	778			1	778	8	10,874	1	2,368
Kansas	1	942			1	942	9	9,706		
Kentucky	1	778			1	778	12	14,986		
Louisiana	1	1,227			1	1,227	2	1,792		
Maine							4	6,348		
Maryland							4	7,086	1	3,313
Massachusetts	2	1,622			2	1,622	8	8,709		
Michigan	1	811			1	811	10	10,936		
Minnesota	4	3,911			4	3,911	3	2,606		
Mississippi	1	1,511			1	1,511	12	16,240		
Missouri	4	3,878			4	3,878	13	15,066		
Montana	1	1,511			1	1,511	1	1,517		
Nebraska	1	1,511			1	1,511				
Nevada		622				622				
New Hampshire										
New Jersey		1,202				1,202	4	4,086		65
New Mexico	3	2,929			3	2,929	1	814		
New York	1	1,351			1	1,351	8	12,084		677
North Carolina	2	1,867			2	1,867	14	18,721		
North Dakota		311				311		837		
Ohio	1	778			1	778	16	16,945		
Oklahoma							5	5,478		
Oregon	1	778			1	778	2	2,332		
Pennsylvania	1	1,400			1	1,400	9	10,887		
Rhode Island							5	4,072		
South Carolina	1	811			1	811	5	5,445		
South Dakota	5	4,622			5	4,622				
Tennessee	2	1,555			2	1,555	26	31,057	2	4,734
Texas	6	4,855			6	4,855	16	22,457		835
Utah	1	782			1	782	1	1,517		
Vermont							2	1,595		
Virginia	1	1,073			1	1,073	12	15,140		
Washington		467				467	5	4,775		
West Virginia							11	11,384		
Wisconsin							1	977		
Wyoming	1	1,511			1	1,511	1	814		

Estimated Selected Expenditures by State - Fiscal Year 1976

COMPENSATION AND PENSION - CONTINUED		
Civil War		
State	Deceased Veterans	
	Non-Service Connected	
	Number	Amount
World total	334	\$ 387,287
Philippines		
Other foreign areas	1	1,013
Puerto Rico		
Other U.S. Areas		
Total U.S.	333	386,274
Alabama	17	18,547
Alaska		
Arizona	2	1,629
Arkansas	11	12,295
California	14	16,325
Colorado	3	2,709
Connecticut	1	3,622
Delaware	1	814
District of Columbia	4	3,961
Florida	17	22,352
Georgia	11	13,348
Hawaii		
Idaho	1	223
Illinois	12	12,839
Indiana	13	12,319
Iowa	7	8,506
Kansas	9	9,706
Kentucky	12	14,986
Louisiana	2	1,792
Maine	4	6,348
Maryland	3	3,773
Massachusetts	8	8,709
Michigan	10	10,936
Minnesota	3	2,606
Mississippi	12	16,240
Missouri	13	15,066
Montana	1	1,517
Nebraska		
Nevada		
New Hampshire		
New Jersey	4	4,021
New Mexico	1	814
New York	8	11,407
North Carolina	14	18,721
North Dakota		837
Ohio	16	16,945
Oklahoma	5	5,478
Oregon	2	2,332
Pennsylvania	9	10,887
Rhode Island	5	4,072
South Carolina	5	5,445
South Dakota		
Tennessee	24	26,323
Texas	16	21,622
Utah	1	1,517
Vermont	2	1,595
Virginia	12	15,140
Washington	5	4,775
West Virginia	11	11,384
Wisconsin	1	977
Wyoming	1	814

Location and Status of National Cemetery Gravesites — June 30, 1976

National Cemetery	Grave-sites Used	Grave-sites Reserved	¹ Grave-sites Available	² Close Out Date (Fiscal Year)	National Cemetery	Grave-sites Used	Grave-sites Reserved	¹ Grave-sites Available	² Close Out Date (Fiscal Year)
Alexandria, LA	5,781	167	469	1983	Jefferson Barracks, MO	54,462	2,946	127,596	2000 +
Alexandria, VA	4,053	29	0	Closed	Jefferson City, MO	1,541	83	14	Closed
Alton, IL	484	43	6	Closed	Keokuk, IA	2,353	71	9,702	2000 +
Annapolis, MD	2,886	45	0	Closed	Kerrville, TX	460	0	0	Closed
Balls Bluff, VA	25	0	0	Closed	Knoxville, TN	7,182	281	13	Closed
Baltimore, MD	32,467	4,181	0	Closed	Leavenworth, KS	12,850	1	33,079	2000 +
Barrancas, FL	9,994	642	6,528	1988	Lebanon, KY	1,864	37	115	1979
Bath, NY	8,103	0	271	1979	Lexington, KY	1,384	0	0	Closed
Baton Rouge, LA	4,993	69	6	Closed	Little Rock, AR	14,442	393	2,913	1986
Bay Pines, FL	4,197	1	2	Closed	Long Island, NY	212,012	14,728	19,118	1978
Beaufort, SC	10,915	194	5,920	2000 +	Los Angeles, CA	66,587	4	2,723	Open ³
Beverly, NJ	34,764	5,035	219	Closed	Loudon Park, MD	6,471	5	11	Closed
Biloxi, MS	1,669	0	9,667	2000 +	Marietta, GA	15,952	493	85	Closed
Black Hills, SD	4,885	521	56,762	2000 +	Marion, IN	4,289	0	16,197	2000 +
Camp Butler, IL	7,349	379	14,799	2000 +	Memphis, TN	26,535	715	6,716	1987
Camp Nelson, KY	5,365	82	3,156	2000 +	Mill Springs, KY	1,611	46	630	1991
Cave Hill, KY	5,621	2	14	Closed	Mobile, AL	3,550	305	4	Closed
Chattanooga, TN	22,398	691	26,902	2000 +	Mound City, IL	6,639	88	1,158	2000 +
City Point, VA	5,420	90	30	Closed	Mountain Home, TN	5,434	0	4,562	2000 +
Cold Harbor, VA	933	0	13	Closed	Nashville, TN	23,447	485	7,189	1993
Corinth, MS	6,155	28	7,290	2000 +	Natchez, MS	4,715	71	204	1981
Crown Hill, IN	795	0	0	Closed	New Albany, IN	4,883	192	21	Closed
Culpeper, VA	3,734	20	0	Closed	New Bern, NC	4,882	106	442	1982
Cypress Hills, NY	18,524	69	95	Closed	Pacific, HI	22,895	706	3,935	1984
Danville, IL	5,872	0	680	1985	Perryville, KY	0	0	0	Closed
Danville, KY	393	1	2	Closed	Philadelphia, PA	10,208	46	141	Closed
Danville, VA	2,121	36	20	Closed	Port Hudson, LA	5,972	39	70	1977
Dayton, OH	23,548	2	617	1978	Prescott, AZ	2,915	1	0	Closed
Fayetteville, AR	3,080	136	442	1984	Puerto Rico, PR	9,624	1,517	30,714	2000 +
Finn's Point, NJ	2,703	2	0	Closed	Quincy, IL	454	2	126	1995
Florence, SC	4,189	80	356	1982	Raleigh, NC	3,159	93	1,822	1990
Fort Bayard, NM	1,710	0	890	2000 +	Richmond, VA	7,123	313	33	Closed
Fort Bliss, TX	12,165	1,375	22,118	2000 +	Riverside, CA	0	0	390,000 ⁴	2000 +
Fort Gibson, OK	6,676	172	13,002	2000 +	Rock Island, IL	9,455	353	9,154	2000 +
Fort Harrison, VA	1,009	2	51	Closed	Roseburg, OR	1,818	1	361	1980
Fort Leavenworth, KS	15,744	673	3,226	1983	St. Augustine, FL	1,124	29	0	Closed
Fort Logan, CO	18,240	883	55,901	2000 +	Salisbury, NC	13,926	77	283	1980
Fort Lyon, CO	814	0	24,920	2000 +	San Antonio, TX	3,005	31	5	Closed
Fort McPherson, NE	3,202	117	6,289	2000 +	San Francisco, CA	22,010	836	77	Closed
Fort Meade, SD	188	0	0	Closed	Santa Fe, NM	9,454	509	11,858	1995
Fort Rosecrans, CA	41,410	2,783	196	Closed	Seven Pines, VA	1,087	4	33	Closed
Fort Sam Houston, TX	31,462	3,678	10,323	1984	Sitka, AK	548	2	101	1982
Fort Scott, KS	2,691	131	3,137	2000 +	Springfield, MO	6,485	293	1,360	1983
Fort Smith, AR	4,942	261	3,526	1996	Staunton, VA	828	8	8	Closed
Fort Snelling, MN	58,460	16,322	199,212	2000 +	Togus, ME	5,371	0	0	Closed
Glendale, VA	1,279	0	14	Closed	White City, OR	810	0	15,509	2000 +
Golden Gate, CA	91,309	10,070	0	Closed	Wilamette, OR	39,954	2,702	79,814	2000 +
Grafton, WV	2,071	55	2	Closed	Wilmington, NC	4,154	82	441	1981
Hampton, VA	20,808	553	116	Closed	Winchester, VA	4,998	46	10	Closed
Hampton, VA (VAC)	22	0	0	Closed	Wood, WI	17,688	1	5,709	1986
Hot Springs, SD	1,481	0	1	Closed	Woodlawn, NY	6,175	271	2	Closed
Houston, TX	7,653	38	193,377	2000 +	Zachary Taylor, KY	7,893	1,381	153	Closed
TOTALS						1,269,430	80,051	1,454,778	

¹ Included estimated gravesites in underdeveloped areas.

² Cemeteries indicated as "closed" will continue to make interments of eligible family members in occupied gravesites and previously reserved gravesites.

³ Open only for murned cremains. Columbarium with 2,958 available niches is projected to close in 1983.

⁴ Dedicated June 27, 1976. Scheduled to open FY 1978.

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