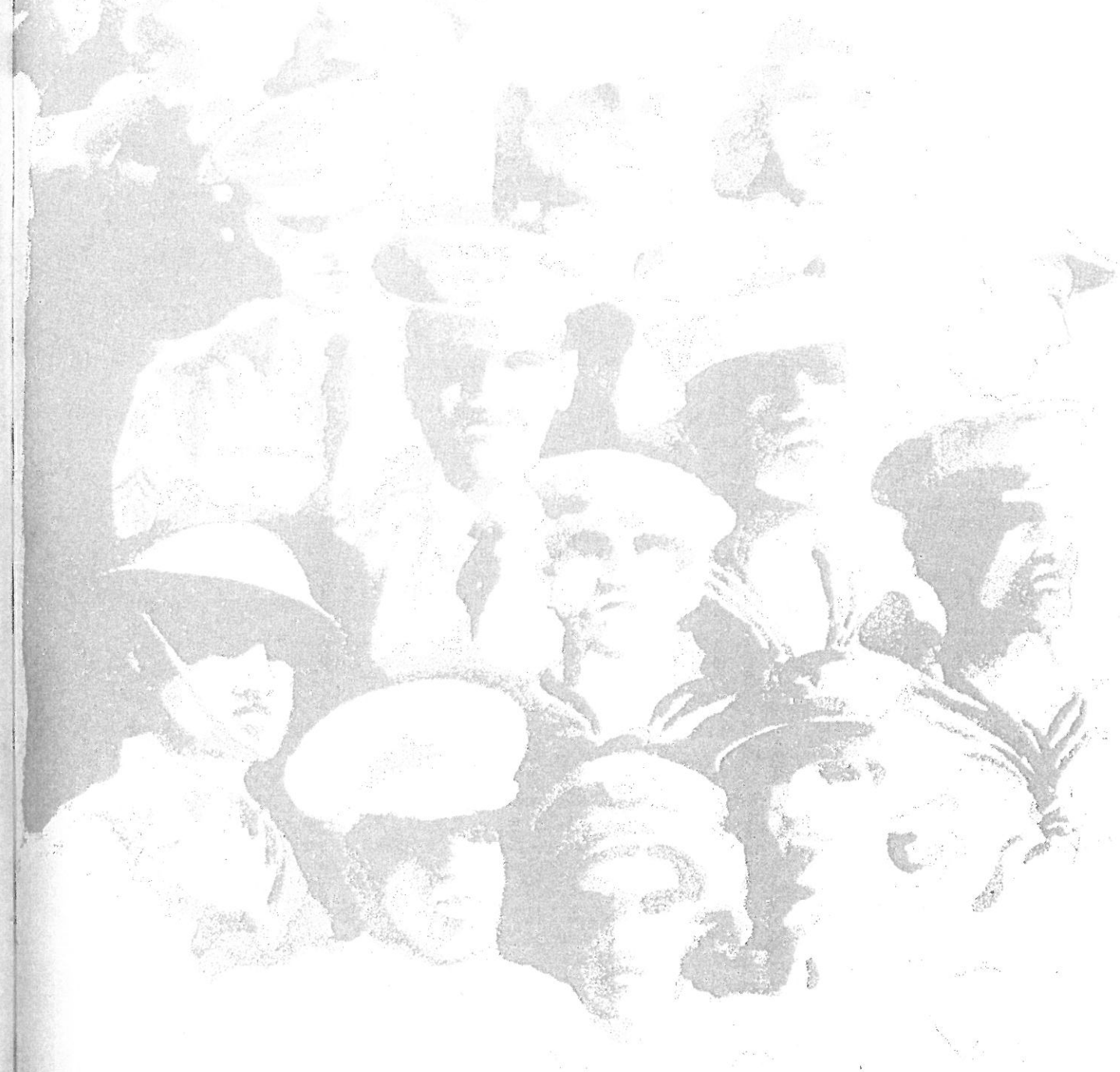
Veterans Administration

Annual Report 1983

America is #1 Thanks to our Veterans



VETERANS ADMINISTRATION
MISSION & GOALS

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

Medical

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

Benefits

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

Memorial Affairs

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

Leadership

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

Human

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

Management

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

ADMINISTRATOR OF VETERANS AFFAIRS

DEPUTY ADMINISTRATOR

CHIEF MEDICAL DIRECTOR

CHIEF BENEFITS DIRECTOR

CHIEF MEMORIAL AFFAIRS DIRECTOR

America is #1 Thanks to our Veterans

Introduction

Brief History of the Veterans Administration

The United States today has the most comprehensive system of assistance and care for veterans of any nation in the world. This extensive system can trace its roots back to 1636 when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The colonists at that time enacted a law which provided that "if any man shalbee sent forth as a souldier and shall return maimed, hee shalbee maintained competently by the collonie during his life." Similar laws for disabled veterans were passed by other colonies - Virginia in 1644, Maryland in 1661, New York in 1691, and Rhode Island in 1718. Later the Continental Congress encouraged enlistments during the Revolutionary War by providing pensions for men who were disabled.

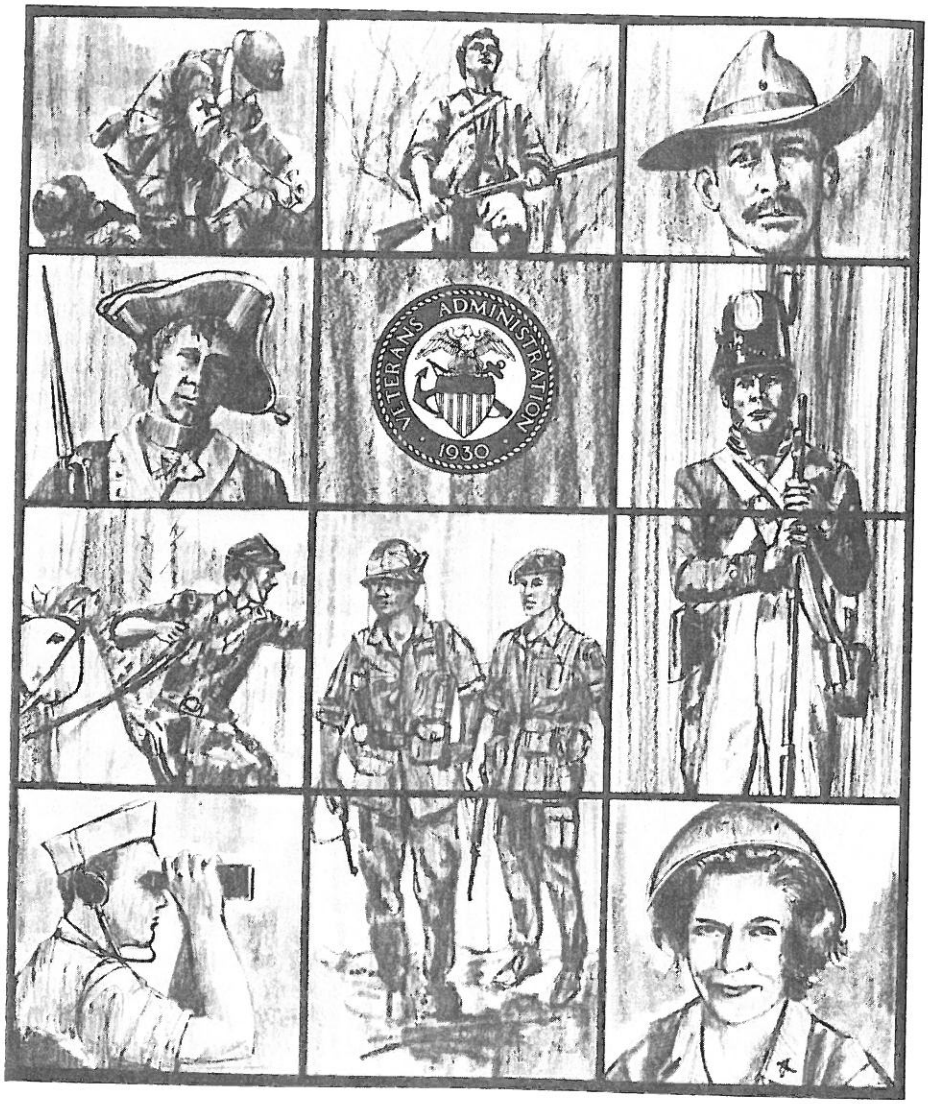
In the 19th century the young nation's veterans assistance program was expanded to include benefits and pensions not only for veterans, but also for their widows and dependents. It was in his second inaugural address in March 1865 that Abraham Lincoln called upon Congress and the American people "to care for him who shall have borne the battle and for his widow, and his orphan." This phrase has become the motto of the VA.

Early veteran legislation placed emphasis on pensions for veterans. Direct medical and hospital care given to veterans in the early days of the Republic was provided by the individual states and communities. It was not until 1811 that the first domiciliary and medical facility for veterans was provided for by the Federal government. In that year Congress authorized the U.S. Naval Home in Philadelphia as a "permanent asylum for disabled and decrepit Navy officers, seamen, and Marines." Following the Civil War various other homes were established for veterans throughout the reunited nation. Since all of these homes provided domiciliary care, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not of service origin. In the years that followed, these homes cared for the indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border Service, and the discharged regular members of the armed forces. All had to have honorable discharges from military service as one of the requirements for admission.

When the United States entered World War I in 1917, Congress provided new benefits, including disability compensation, insurance for servicemen and veterans, a family allotment program for servicemen, and vocational rehabilitation for the disabled. However, by the 1920's, the various veterans benefits were administered in a somewhat unwieldy fashion by three different Federal agencies - the Veterans' Bureau, the Bureau of Pensions of the Interior Department, and the National Homes for Disabled Volunteer Soldiers. As a result of the administrative confusion that sometimes occurred, in 1930 Congress authorized President Herbert Hoover to "consolidate and coordinate government activities affecting war veterans" by establishing the Veterans Administration. Brigadier General Frank T. Hines was named the first Administrator of Veterans Affairs, a position he held until 1945.

Since the establishment of the Agency, the benefits programs and responsibilities of the Veterans Administration have grown enormously. In 1930, there were

about 4.7 million veterans; today there are more than 28 million. The passage of several GI bills as well as bills providing for other veterans benefits programs, the increasing sophistication of VA medical care, and the transferral in 1973 of the National Cemetery System to the VA from the Department of the Army - all of these factors have contributed to the growth of the VA so that today it is the largest of all independent Federal agencies.



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The VA: Highlights of the Year

Organization of the Veterans Administration

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

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

A series of staff offices provide support to the operating departments as well as to the Administrator. Three staff offices report directly to the Administrator, five report to the Deputy Administrator, and the remmaining staff offices report to three Associate Deputy Administrators who are responsible for management of specific functional areas: Logistics, Information Resources Management, and Congressional and Public Affairs.

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

Magnitude of the VA Programs

VA programs have an enormous impact on the lives of millions of Americans. Congress appropriated $24.6 billion in fiscal year 1983 to ensure that the Agency would provide benefits and services to the Nation's veterans and their dependents. Accomplishments by the VA during the year include the following:

- Provided $13.8 billion in compensation and pension payments to 4.3 million veterans and survivors, $122 million in burial and other benefits, $1.6 billion for educational assistance payments to 753,600 trainees, and special assistance to disabled veterans.

- Guaranteed or insured over 245,000 loans to veterans. Operated the fifth largest individual life insurance program in the U.S. ...nearly $157 billion was administered or supervised.

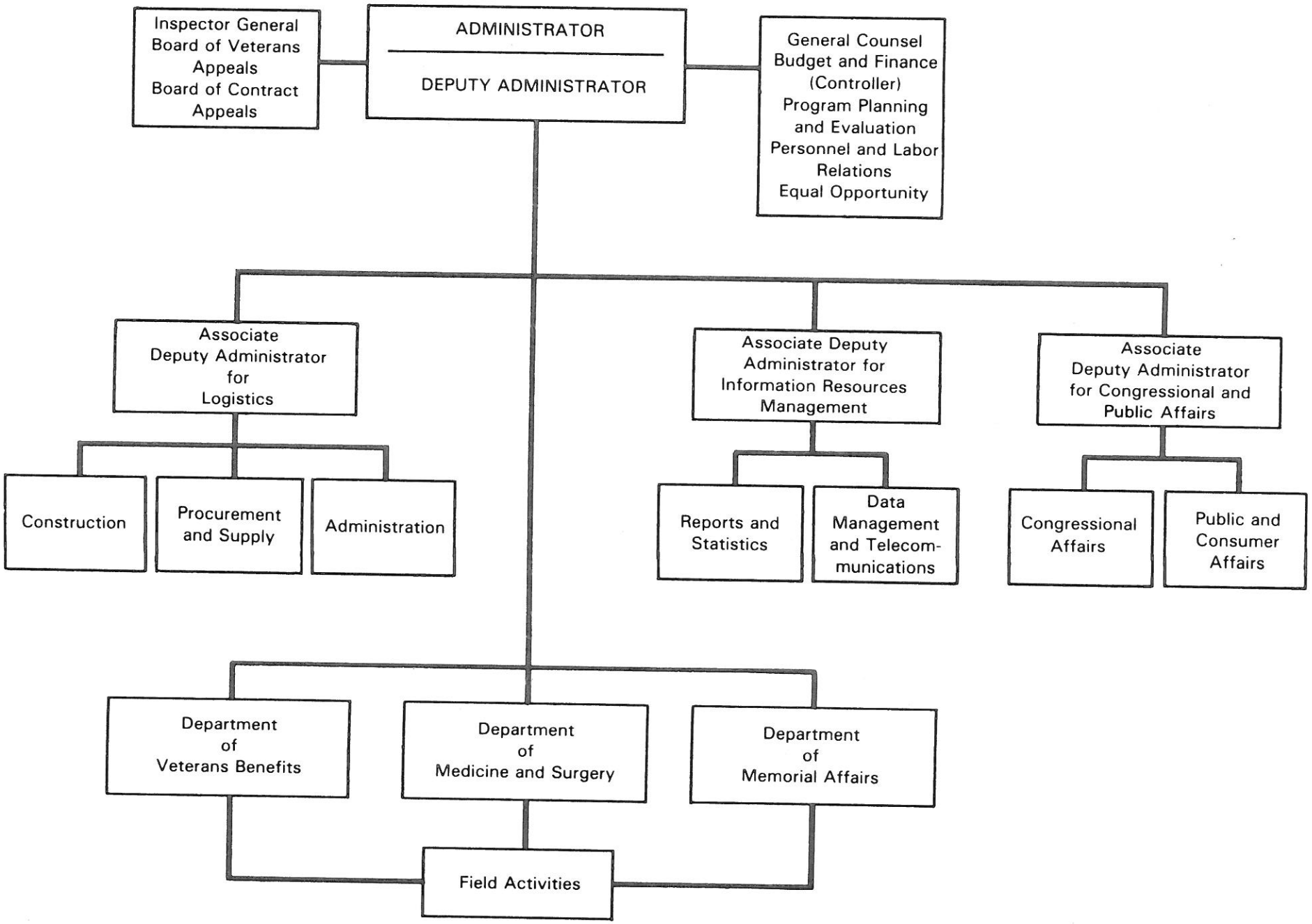
- Operated 108 national cemeteries in 38 states and Puerto Rico. Provided over 233,000 headstones and markers for the graves of eligible decedents and interred nearly 45,000 eligible veterans and dependents in national cemeteries.

- Treated 1.3 million inpatients in 172 VA medical centers and treated an additional 90,000 veterans in non-VA hospitals and extended care homes, and provided over 18.5 million visits for outpatient medical care.

- Provided clinical training to over 99,000 students from affiliated schools in all health care disciplines. Provided over 36,000 continuing education episodes to DM&S employees.

- Spent $154 million for medical research, rehabilitation research and development, and other health services research and development. Close to 4,700 principal investigators participated in research projects and cooperative studies.

THE VETERANS ADMINISTRATION



Employment

To carry out the mission of the VA, the energies and talents of the more than 238,000 full-time, part-time and intermittent employees were used. These employees have a broad range of skills and diverse occupation titles required to staff VA activities. About 82 percent of total VA employment was associated with medical program activities.

At the end of the year, five percent of all VA employees were disabled veterans and 19 percent were Vietnam era veterans.

About 164,000 VA employees are represented by unions, and in the past three years, four unions have consolidated their local units of recognition within the VA. In late 1983, ground rules were established leading to negotiations for a master agreement between VA and the American Federation of Government Employees, covering approximately 15,000 professional employees located at over 100 VA facilities.

Many actions in the area of personnel management were taken to ensure that employees receive "...quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition."

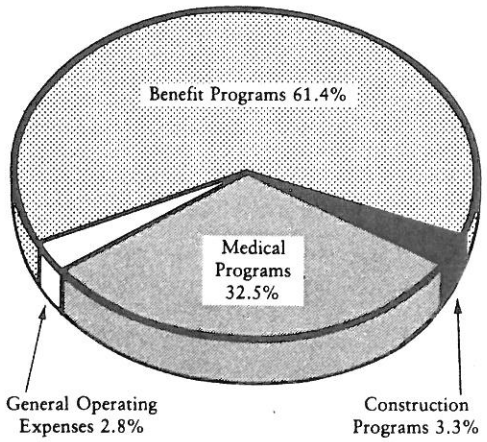
Budget

Congress appropriated $24.6 billion in FY 1983 to fund benefits and services administered by the VA. This is an increase over FY 1982 of $391 million, and is an all-time high budget for the Agency.

Item	FY 1983	FY 1982	Percent Change
Total appropriations (millions)	$24,634	$24,216	+1.7
General Operating Expenses	690	662	+4.2
Benefit Programs	15,128	15,752	−4.0
Medical Programs	8,003	7,328	+9.2
Construction Programs	813	474	+71.5

Monthly compensation and pension benefits paid to some 4.3 million veteran and survivor cases in FY 1983 totaled $13.9 billion, an increase of $519.5 million over FY 1982. During FY 1983, a rate increase of 7.4 percent was provided for

VA FY 1983 APPROPRIATIONS



the compensation program. A rate increase for the pension program was scheduled for June 1983. The pension rate increase was, however, delayed for six months as part of a governmentwide policy affecting indexed programs. As a result, the pension rate increase of 3.5 percent will become effective December 1, 1983.

More than $7.8 billion was appropriated for medical care and treatment of veterans in fiscal year 1983, an increase of $672 million over 1982. Medical and prosthetic research efforts to improve the delivery of health care to veterans and to improve the treatment of the disabilities and diseases most common to veterans were funded by a $155 million appropriation in FY 1983. Inpatient care and treatment were provided to over 1.4 million veterans in FY 1983 and 18.5 million outpatient care visits were made.

Facilities

Accomplishment of the VA's mission required the operation of 172 medical centers; 226 outpatient clinics; 16 domiciliaries; a prosthetic center; a prosthetic distribution center; 58 regional offices, including two insurance centers; 17 VA offices; 108 cemeteries; 3 cemetery area offices; 3 canteen field offices; a canteen finance center; 5 data processing centers; a records processing center; a marketing center; and three supply depots. These facilities are located in every state, the District of Columbia, and in Puerto Rico and the Philippines.

During the fiscal year, three research and education construction projects were completed; a nursing home care unit project was completed at VA Medical Center, Reno, Nevada; air conditioning projects were completed at VA medical centers at Coatesville, Pennsylvania and Amarillo, Texas; five national cemetery projects were completed (opened Quantico National Cemetery, Viriginia; completed a columbarium at Willamette National Cemetery, Portland, Oregon; completed administration/service buildings at Keokuk National Cemetery, Iowa, and Calverton National Cemetery, New York; and developed additional acreage at Massachusetts National Cemetery, Bourne, Massachusetts); and 776 other construction projects were completed. Overall there was $813 million appropriated for construction programs, up 71.5 percent from the prior year.

Challenges for the VA

While significant achievements were made during the year in carrying out the VA's mission of serving America's veterans and their families with dignity and compassion, the VA faced major challenges, particularly in three areas:

- the aging veteran
- Agent Orange
- women veterans

The following is a summary of the issues involved and the extent to which the Agency is meeting these challenges.

The Aging Veteran

Planning for the delivery of coordinated comprehensive health care services to increasing numbers of eligible older veterans is one of the more compelling challenges facing the VA today. The number of veterans 65 years of age and older will triple between 1981 and 2000, reaching a total of 9 million in that year. Of particular significance are the large numbers of veterans over 75 years of age who typically have greater and more complex health and socioeconomic needs. The VA must therefore find ways to provide more services and more kinds of services to greater numbers of veterans.

In preparing to meet the commitments and responsibilities inherent in this challenge, the VA is now charting a course that will, in the words of the Administrator, "be as important to the rest of the Nation as it is to veterans and their families."

A major Agency-wide effort was initiated to develop a comprehensive planning document which describes the VA's future course in the care of older veterans, in

the education of health care professionals, and in research into special needs, conditions, and diseases of the elderly.

The planning document was prepared by the Department of Medicine and Surgery project office using internal VA Central Office and field work groups as well as external advisory bodies. Project oversight is being provided by a Steering Committee chaired by the Deputy Administrator.

A survey of 3,000 veterans aged 55 years and over was conducted by Louis Harris and Associates, under the direction of the Office of Reports and Statistics, to assist the VA in planning for future care of the older population.

In meeting the challenge of the older veterans, the VA has an unparalleled opportunity to develop and test innovative approaches. Faced with large numbers of the aged before the rest of the Nation, the VA system has been cited by professionals in aging as providing "...the opportunity to test the impact of an array of services under single administrative auspices."

Much of the innovation that is contemplated will involve finding new ways for the VA to work cooperatively with the private sector, with state and local governments, and with other Federal agencies.

Through the independent and collective effort of the VA's three major departments, and in conjunction with the non-VA sector, a shared concern for the Nation's elderly will be translated into an effective system of health care and benefits for veterans and nonveterans alike.

Agent Orange

The Veterans Administration's Agent Orange program is a multifaceted and far-reaching effort that remains committed to serving the needs of veterans as they relate to this visible, sensitive, and often emotional issue. The VA's Agent Orange Registry program of comprehensive examinations for concerned Vietnam veterans and its membership in special agency and interagency committees established to assist in the resolution of this complex medical and scientific issue were evidence of that commitment in FY 1983. In addition, under the authority of Public Law 97-72, the "Veterans Health Care, Training and Small Business Loan Act of 1981," enacted November 3, 1981, eligible Vietnam veterans are now receiving care at VA health care facilities for health conditions possibly related to their exposure to Agent Orange. In the meantime, research and related efforts managed or monitored by the Agency are prompted by the concept that major policy initiatives related to the health of veterans should be based on sound scientific principles. These research efforts include the following:

- Vietnam Experience Twin Study
- Mortality Study
- Soft Tissue Sarcoma Study
- Restrospective Study of Dioxins and Furans in Adipose Tissue
- Chloracne Skin Review
- Monograph Series
- Specially Solicited Research Projects
- Centers for Disease Control Epidemiology Study (funded by the VA)
- Centers for Disease Control Birth Defects Study (jointly funded by VA/DOD/DHHS)

Women Veterans

Female veterans are increasing both in numbers and as a percentage of the total veteran population. Historically, VA health care programs were oriented toward

male needs because of the high proportion of male veterans. As the number of female veterans has increased, so too has the VA's commitment to provide equitable care. In FY 1983, female veterans had the same eligibility for VA medical care as male veterans. They were accepted for and were provided with VA medical care on the same hierarchy of priorities that apply to male veterans. Female veterans are, "first and foremost, veterans," and as such, have access to the full range of benefits information and assistance provided to all veterans. Medical centers are reviewing their approach to female patients and will determine what changes and adjustments are needed to provide this group with the highest possible quality of care. Guidelines have been developed to provide those special treatments needed in our facilities for breast diseases and gynecological disorders. Construction criteria in FY 1983 incorporated provisions for privacy and eliminated those physical barriers found in our older facilities that prevented integrated treatment of men and women. A greater proportion of VA physicians and other clinical staff and managerial positions are occupied by female employees.

The VA is keeping pace with the changing societal attitudes on traditional male and female roles. As the estimated number of female veterans rises in the coming years, the VA's mission will give special consideration to the problems of this group. The VA's efforts will include work on the following:

- Comprehensive care
- Contract hospital care
- Elimination of barriers to care
- Outreach efforts
- New legislation
- Fee medical care
- Elimination of sex bias
- Readjustment counseling
- Female oriented medical research
- Statistics for female veterans

In recognition of the growing impact of female veterans upon current and future demands for veterans services, the VA in FY 1983 created an Advisory Committee on Women Veterans.

The Veteran

Comparative Highlights

Period of Service	Veteran Population 9/30/82 (revised)	Net Separations from the Armed Forces	Deaths in Civil Life	Veteran Population 9/30/83	Percent Change in Veteran Population	Females	
						Number	Percent of Total/ Veteran Population
Total Veterans[1]	28,399,000	198,000	395,000	28,202,000	- 0.7	1,153,000	4.1
War Veterans[1, 2]	23,421,000	51,000	363,000	23,109,000	- 1.3	737,000	3.2
Vietnam era-Total	8,210,000	51,000	23,000	8,238,000	+ 0.3	261,000	3.2
With no Korean conflict service	7,551,000	48,000	15,000	7,584,000	+ 0.4	250,000	3.3
With Korean conflict service	658,000	3,000	8,000	653,000	- 0.8	12,000	1.8
Korean conflict-Total	5,346,000	3,000	55,000	5,294,000	- 1.0	118,000	2.2
With no World War II or Vietnam era service	3,931,000	0	31,000	3,900,000	- 0.8	91,000	2.3
With World War II service only	1,065,000	0	21,000	1,044,000	- 2.0	22,000	2.1
With Vietnam era service only	349,000	3,000	3,000	350,000	+ 0.3	5,000	1.4
World War II-Total	11,241,000	0	263,000	10,978,000	- 2.3	381,000	3.5
With no Korean conflict service	10,176,000	0	242,000	9,934,000	- 2.4	359,000	3.6
With Korean conflict service	1,065,000	0	21,000	1,044,000	- 2.0	22,000	2.1
World War I	348,000	0	51,000	297,000	-14.7	11,000	3.7
Peacetime -Total	4,978,000	146,000	32,000	5,093,000	+ 2.3	415,000	8.1
Service between Korean conflict and Vietnam era only	3,064,000	0	13,000	3,051,000	- 0.4	86,000	2.8
Post-Vietnam era	1,479,000	146,000	2,000	1,623,000	+ 9.7	195,000	12.0
Other Peacetime[3]	435,000	0	17,000	419,000	- 3.7	134,000	32.0

NOTE: These data represent the number of veterans living in the U.S. and Puerto Rico and are final estimates reflecting all veteran figures drawn from the 1980 Decennial Census. Detail may not add to totals due to rounding.

[1] *Not included are 40 Spanish-American War veterans and 100 Mexican Border period veterans.*

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

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

Summary

During the two centuries since the beginning of the American Revolution, our Nation has been directly involved in ten major armed conflicts in which close to 39 million men and women have valiantly served their country. About nine of every ten of these persons participated in wartime periods during the 20th century. The cost of armed conflict has been high—nearly 1.1 million men and women have died in service.

Some 28.2 million veterans of United States military service were living in the United States and Puerto Rico at the end of fiscal year 1983. About 82 percent of all veterans served during wartime, while the remaining 18 percent were in the armed forces during peacetime only.

Number of Veterans and Period of Service

The veteran population of the United States and Puerto Rico amounted to 28,202,000 as of September 30, 1983. This total was about 197,000 below the figure one year earlier, a decline brought about through an excess of veteran

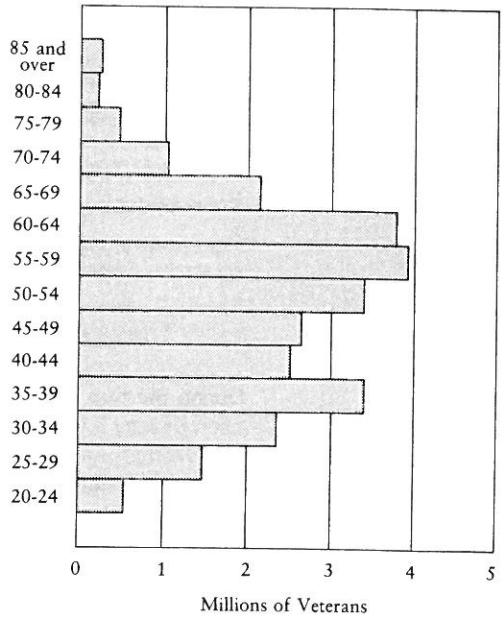
deaths (395,000) over net separations from the armed forces (198,000). The number of veterans in civilian life is expected to decrease at an accelerated pace throughout the remainder of this century. Separations from the armed forces (new veterans) dropped sharply during the early part of the 1980's, but the volume of discharges has now essentially leveled off. Veteran deaths, on the other hand, have been increasing steadily each year, due largely to the advancing age of the sizeable cohort of World War II veterans. The number of veteran deaths is expected to rise annually for another two decades.

World War II veterans remained the single largest component of the veteran population, numbering 10,978,000 as of September 30, 1983. This group accounted for about two of every five living ex-service members. More than a quarter of a million (263,000) World War II veterans died during fiscal year 1983, a total amounting to two-thirds of all veterans who died during the year. The second largest component of veterans was composed of those from the Vietnam era. Their ranks rose marginally to 8,238,000, or 29 percent of the overall veteran count. Veteran survivors of the Korean conflict totaled 5,294,000 (19 percent) at the end of fiscal year 1983, and World War I veterans 297,000 (1 percent). In excess of five million living veterans served during peacetime only. Those who were in the armed forces only between the Korean conflict and the Vietnam era numbered 3,051,000, while veterans from the post-Vietnam era (i.e., only after May 7, 1975) added up to 1,623,000. This latter group grew by nearly 10 percent during the fiscal year as some 146,000 new veterans entered civilian life after their separation from the armed forces. Finally, other peacetime veterans totaled about 419,000 at the end of September 1983.[1]

Age of Veterans

The median age of the 28.2 million living veterans at the close of fiscal year 1983 was 51.8 years. Veterans under the age of 45 years constituted 36 percent of the total, those 45-64 years old made up 49 percent, while those at least 65 years of age comprised 15 percent of all veterans. The burgeoning size of the

ESTIMATED VETERAN POPULATION BY AGE: SEPTEMBER 30, 1983



Note: Approximately 3,000 veterans are under 20 years of age

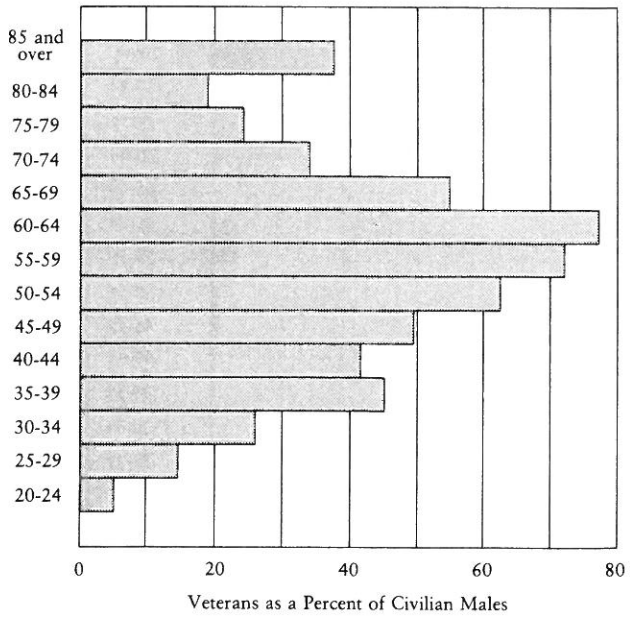
[1] *Other peacetime veterans are those who served either only between World War I and World War II, or only between World War II and the Korean conflict.*

elderly sector of the veteran population is of vital concern to VA health planners. During fiscal year 1983 alone, the number of veterans aged 65 years and over increased by 383,000, or by 10.1 percent. As more and more World War II veterans advance into this oldest age range, the elderly veteran population will continue to expand rapidly. Meeting the medical care needs of this increasing aged population represents the VA's foremost challenge in the coming decades.

As of September 30, 1983, veterans accounted for slightly over one-third (35 percent) of all civilian males 17 years and over. This proportion varied noticeably by age, however, reflecting our nation's enhanced military involvement during the four major armed conflicts during the 20th century. The percentage of veterans in the general civilian population of males 17 and older rises with age until peaking among those 60-64 years of age. Fully 77 percent of these civilian males were veterans—vivid evidence of the overwhelming participation in the military during World War II. This proportion then drops steadily before jumping up again among those 85 years old and over. The proportion of 38 percent for those in the oldest age range reflects our involvement in World War I.

Post-Vietnam era veterans were, as a group, the youngest sector of the veteran population, with a median age of 26.4 years on September 30, 1983. They were followed by veterans who served only during the Vietnam era, 36.3 years. Spanish-American War veterans were the oldest, the 40 still alive having a median age of 102 years. World War I veterans' median age was 87.4 years, while for veteran survivors of World War II it was 62.3 years.

VETERANS AS A PERCENT OF ALL CIVILIAN MALES, BY AGE: SEPTEMBER 30, 1983



Note: Under 20 years of age = 0.05 percent.

Geographic Distribution of Veterans

Evidence of sizeable migration flows of veterans from the Northeast and industrial Mid-west to the South and West has been substantiated by mobility data drawn from the 1980 Census. Since veteran deaths currently outnumber net separations (new veterans) in every state, veteran population increases only occur in those areas experiencing noticeable in-migration of veterans. The Sunbelt states continue to be the high in-migration areas, with states like Florida, Texas, Arizona, and Nevada leading the way.

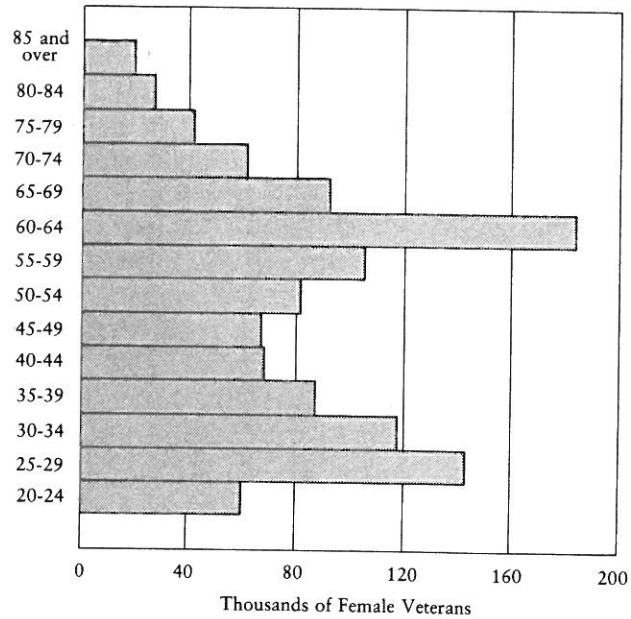
California's 2,985,000 veterans represented the highest state veteran total in the nation. Following in order were New York (1,932,000) and Texas (1,732,000). Five other states had veteran counts in excess of one million—Pennsylvania (1,586,000), Florida (1,398,000), Ohio (1,377,000), Illinois (1,338,000), and Michigan (1,112,000). Collectively, these eight states accounted for nearly half (48 percent) of all veterans living in the U.S. at the end of fiscal year 1983.

Female Veterans

The estimated number of female veterans in civilian life on September 30, 1983, was 1,153,000, or 4.1 percent of the total veteran population. This figure was about 6,400 more than the total one year earlier, an increase of 0.6 percent. A slow but steady increase in the female veteran population is projected for the remainder of this century, provided that women's share of the active duty military force remains at or above its current level of around nine percent.

The age structure of the female veteran population was significantly different from that of all veterans, in spite of the fact that the females' median ages were virtually the same (52.0 years for female veterans versus 51.8 years for all veterans). Female veterans were more clustered toward the lower and upper ranges of the age spectrum. More than two of every five (41 percent) female veterans were under the age of 45 years, owing largely to women's markedly increased participation in the military during the seventies. At the opposite end of the age range, 21 percent of all female veterans were at least 65 years old. This share, which was substantially above the proportion found for all veterans, was higher partially due to the greater life span of women.

ESTIMATED FEMALE VETERAN POPULATION BY AGE: SEPTEMBER 30, 1983



Note: Approximately 200 female veterans are under 20 years of age.

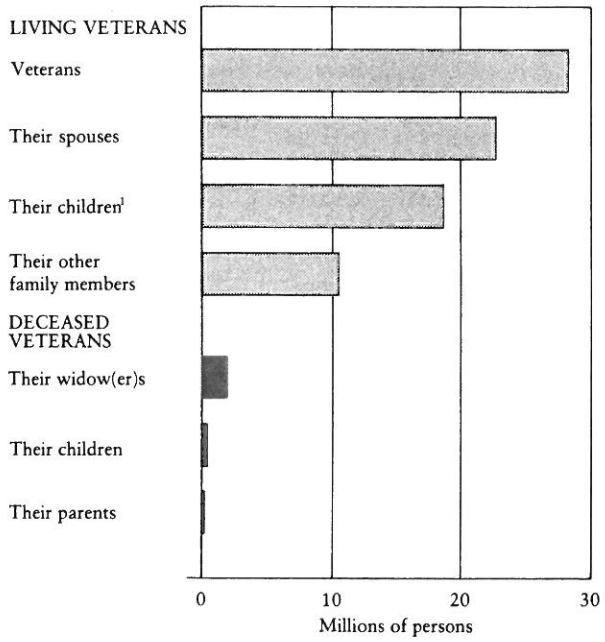
The distribution of the female veteran population by period of military service was also vastly different from that of veterans in general. Due to the fact that women's involvement in the military has picked up markedly only in recent years, a much higher share of female veterans (16.9 percent) than of all veterans (5.8 percent) served only during the peacetime period following Vietnam, i.e., only after May 7, 1975. As a group, all peacetime veterans comprised twice as large a share among female veterans (36 percent) as for veterans in general (18 percent).

World War II veterans were also the single largest component of the female veteran population, the 381,000 accounting for one of every three female veterans in civilian life as of the end of September 1983. Female ex-service personnel from the Vietnam era made up the second biggest sector, 22 percent of the total number of female veterans. Female ex-service members who served during wartime comprised 64 percent of the total female veteran population.

Veterans and Their Families

Veterans account for only about one of every three of those potentially eligible for VA benefits and services. The 28.2 million veterans living on September 30, 1983, have an estimated 22.6 million spouses, 18.6 million dependent children under 18 years of age, and 10.5 million parents and children over 18 years old who before age 18 became unable to support themselves. Although only a fraction of these dependents are likely to receive monetary benefits directly from the VA at any time in the future, benefits paid to veterans affect indirectly the socioeconomic well-being of a great number of these dependents. In addition to the dependents of living veterans, there were 2.4 million survivors of deceased veterans at the close of fiscal year 1983. This number includes 2.0 million widows and widowers, 294,000 surviving children, and 94,097 dependent parents. The total of these potential beneficiaries is approximately 82.3 million, or 35.2 percent of the entire resident population of the United States.

VETERANS AND THEIR FAMILIES
SEPTEMBER 30, 1983



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

Characteristics of Veterans

Data on various socioeconomic characteristics of male veterans and nonveterans are obtained from the CPS (Current Population Survey) through a contract agreement with the Bureau of the Census and with the approval of the Department of Labor, the survey's sponsor. Data from the CPS include educational attainment, income, work experience, school enrollment, and employment status.

Educational Attainment and Income

All veterans

There were 74.5 million males aged 20 years and over in the civilian noninstitutional population of the United States in March 1983. Twenty-six million, seven hundred thousand (26,700,000) of these were veterans, and their median education level was 12.7 years; their 47.8 million nonveteran counterparts also had a median educational level of 12.7 years.

Seventy-five percent of the war veterans, all of whom were 24 or more years old, had completed the requirements for a high school diploma or its equivalent. Eighty-six percent of the peacetime veterans and 72 percent of the nonveteran males also had high school diplomas or the equivalent. Both of these latter groups include substantial numbers of 17 to 25 year olds. About 21 percent of the male war veterans and nonveterans had completed college, but only 17 percent of the peacetime veterans had done so.

Higher education correlates with increased earnings, as can be seen in the median incomes of both veterans and nonveterans in calendar year 1982. Differences in median incomes at progressively higher education levels are substantial, as demonstrated in the following table.

Attained Level of Education	Median Income in 1982	
	Veterans	Nonveterans
No high school	$ 8,810	$ 7,340
Some high school	12,780	9,810
High school graduate	18,160	13,340
Some college	21,490	12,470
College graduate	30,000*	22,630

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

An exception to the rule that more education results in more income appears in the table for nonveterans with some college. Their median income was $870 lower than that of nonveteran high school graduates who had not gone to college. This can be traced to the fact that the average age of nonveterans with some college is much lower than that of nonveteran high school graduates, and these younger nonveterans have less work experience and less job seniority. Additionally, a greater proportion of the nonveterans with some college were still attending classes during most of the year, limiting their income potential.

The median income of veterans was higher than that of nonveterans at every educational level.

Vietnam Era Veterans

Male Vietnam era veterans under age 45 had a median educational level of 13.0 years and a median income of $20,190 in 1982. Nonveteran males of similar age had a median educational level of 12.9 years, but a median income of only $13,410. Comparison of the distribution of educational attainment for Vietnam era veterans and nonveterans shows that 92 percent of the Vietnam era veterans had completed high school while 82 percent of similarly aged nonveterans had done so. Despite the greater proportion of high school graduates among veterans, the percentage who had completed college was approximately the same for both groups (22 percent for Vietnam era veterans, 24 percent for nonveterans under 45 years old).

Work Experience

All Veterans

About four out of five veterans and nonveterans worked during calendar year 1982. Seventy-five percent of the 21.3 million working veterans and 68 percent of the 38.3 million working nonveterans worked throughout the year, either full time or part time. Ninety-two percent of the veteran workers and 88 percent of the nonveteran workers held full-time jobs for all or part of the year.

Vietnam Era Veterans

Ninety-five percent of all noninstitutional male Vietnam era veterans under 45 years of age worked during calendar year 1982. Seventy-four percent of the 7.2 million male Vietnam era veterans who worked had year-round employment. In the age group of similarly aged male nonveterans, 91 percent worked during the year, and about two-thirds of these working nonveterans worked year-round.

Employment Status

War Veterans

In FY 1983, the unemployment rate for male war veterans averaged 7.3 percent, or 1.2 percentage points higher than for FY 1982. Nonveteran males had an average unemployment rate of 11.8 percent during the fiscal year; this was also 1.2 percentage points above their FY 1982 unemployment rate.

Vietnam Era Veterans

An average of 7.6 million Vietnam era veterans were in the labor force in FY 1983. The average number of Vietnam era veterans unemployed during the fiscal year was 704,000, resulting in an average unemployment rate of 9.3 percent for the fiscal year.

Family Income

War Veterans

The number of families headed by male war veterans was estimated to be 18.0 million in 1982, and their median family income for the year was $28,700. Families headed by nonveterans had a median family income of $23,820. In 54 percent of the families, whether headed by war veterans or nonveterans, wives worked. Among those families headed by war veterans, the wife's earnings increased the median family income to more than $30,000, compared with a median family income of $24,010 for families in which the wife did not work. When looked at by five-year age groups, the median income of families headed by 25-29 year-old male war veterans was $22,670 and rose to $26,700 in families headed by veterans aged 30-34. The median family income for families headed by veterans aged 35-59 was above $30,000. The median family income was $26,480 for families whose veteran head was aged 60-64; $21,140 for those

Vietnam Era Veterans

There were 5.5 million families in the United States headed by male Vietnam era veterans under 45 years of age in March 1983. Their median family income was $28,670, compared with $25,420 for families headed by similarly aged male nonveterans. Wives worked in nearly 7 out of 10 families headed by Vietnam era veterans; these families had a median income of more than $30,000, compared with $24,980 for veteran-headed families in which the wife did not work outside the home. A slightly smaller proportion (6 percent) of the families headed by male Vietnam era veterans had incomes below the $9,300 poverty level than did families headed by all male war veterans (8 percent).

Health Care

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Facilities operating at end of year			
Medical centers	172	172	
Hospital care	(172)	(172)	
Outpatient care	(172)	(172)	
Nursing home care	100	99	+ 1.0
Domiciliary care	15	15	
Independent or satellite clinics	53	53	
Independent domiciliary	1	1	
Employment (net full-time equivalent)	197,352	195,251	+ 1.1
Obligations (in millions)	$8,053	[1] $7,369	+ 9.3
Medical care	$7,817	$7,155	+ 9.3
Research in health care	$161	$137	+ 17.5
Medical administration and miscellaneous operating expenses	$62	$57	+ 8.8
Other medical programs	$13	$19	– 31.6
Inpatients treated	1,401,018	1,357,547	+ 3.2
VA facilities	1,311,008	1,272,151	+ 3.1
Other facilities	90,010	85,396	+ 5.4
Average daily inpatient census	103,955	102,601	+ 1.3
VA facilities	80,693	80,467	+ 0.3
Other facilities	23,262	22,134	+ 5.1
Outpatient medical visits	18,509,552	17,808,977	+ 4.0
VA staff	16,617,485	15,861,687	+ 4.8
Fee-basis	1,892,067	1,947,290	– 2.8
Prescriptions dispensed	41,263,062	40,650,610	+ 1.5
Lab procedures (unit count)	[2] 252,919,000	232,035,884	+ 9.0
Radiology examinations	5,457,957	5,266,166	+ 3.6

[1] *Total does not add due to rounding.*
[2] *Estimated.*

Summary

During FY 1983, the VA cared for over 1.3 million hospital inpatients in VA and non-VA facilities; 1,280,468 of these patients received care in the 172 VA

hospitals. Another 62,793 patients received nursing home care in VA, community, and state nursing homes; and 22,981 patients received domiciliary care in the VA and state home domiciliaries. This totaled more than 1.4 million inpatients treated under VA auspices. In addition, outpatient visits for medical care exceeded 18.5 million.

The VA continued its emphasis on the aging veteran population by increasing the number of Geriatric Evaluation Units in its medical centers. Also, the VA co-sponsored a series of lectures and medical rounds by European experts on Alzheimer's disease.

Agent Orange remained a key issue during FY 1983. An interagency agreement to transfer the epidemiology study from the VA to the Centers for Disease Control was signed, and several significant Agent Orange-related research efforts were initiated during the year.

There was an increased emphasis by the VA on the provision of adequate health care for female veterans. The VA Advisory Committee on Women Veterans was chartered on May 16, 1983. Its members will consult with the Administrator on the needs of female veterans with respect to health care, rehabilitation, benefits, compensation, outreach, and other VA programs.

In maintaining its high standard of quality health care to veterans, the VA introduces new programs or expands others as required. During FY 1983, the VA's first "in-house" bone marrow transplants were performed at the VA medical center Seattle, Washington. Development of a large-scale rheumatology-immunology center continued at the VA medical center Philadelphia, Pennsylvania. Computer-based pacemaker surveillance centers have been established at two major medical centers, and four new automated electrocardiographic interpretive systems have been added. A new Blind Rehabilitation Center was opened at Birmingham, Alabama, and the first Nuclear Magnetic Resonance unit was installed at the St. Louis, Missouri, VA medical center.

The high quality of care provided in the VA medical centers is also a function of the VA's extensive research and development program in health care related areas, its employee education and training program, and its affiliation with over 1,000 educational institutions.

To accomplish its mission, the VA's Department of Medicine and Surgery operated with a budget of just over $8 billion and employed more than 197,000 full-time equivalent persons.

Types of Care

Hospital Care

VA medical centers operated an average of 79,859 hospital beds during the fiscal year. There were 39,578 beds in medical bed sections, including 10,605 intermediate care beds; surgical bed sections accounted for 16,517 beds, and psychiatric bed sections accounted for 23,764 beds. The average daily census for all bed sections was 64,992, which resulted in an average bed occupancy rate of 81.4. The average length of stay for all patients discharged was 25.8 days; for short-term patients, that is, those with stays of 99 days or less, the average length of stay was 14.7 days.

The number of hospital inpatients treated in VA medical centers during FY 1983 was 1,280,468. The number treated in non-VA hospitals was 34,776. The total of 1,315,244 inpatients treated represents an increase of 3.2 percent over the previous year.

Ambulatory Care

Ambulatory care continued to play a vital role within the Veterans Administration's commitment to optimize the supply of health care available to eligible veterans. In keeping with this goal, the Veterans Administration considers

it important that the least expensive level of care be maintained consistent with the medical needs of veterans; for many, this is ambulatory care. In FY 1983, there were 16.6 million outpatient medical visits provided by the VA staff at 226 outpatient clinics, and 1.9 million visits made to private physicians which were authorized on a fee-for-service basis.

Improvement of the physical facilities of VA outpatient clinics continued with the completion of construction, renovation, and improvement projects. These involved the expansion of available outpatient space, the inclusion of new services, and the improvement of patient flow.

Geriatrics and Extended Care

The projected increase in the elderly population of the U.S. is reflected in the veteran population. Today there are almost 4.2 million veterans over the age of 65. It is predicted that this number will increase to 7.2 million in 1990, and to 9 million in the year 2000. In 1990, a little over half of all males 65 years of age and over will be veterans. Of the projected 9 million veterans in the year 2000, 4 million will be 75 years of age or older. By the year 2030, 3.7 million veterans will still fall into this age group, even though the total number of living veterans will decrease considerably over the same 30-year period.

The aging of the veteran population will influence the kind of patients we are likely to see and the services we are called upon to provide. The elderly generally have more chronic conditions requiring care. While the need for nursing home, domiciliary, and other long-term-care facilities will increase, there will also be an increased need for noninstitutional alternatives to long-term-care beds. At the same time, there will be an increased need for acute care.

The VA medical care system is addressing the increasing medical care requirements of the aging veteran population by striving to provide the best possible acute and long-term medical care for the aging veteran; to develop, implement, and maintain pertinent educational programs; and to identify, develop, initiate, and maintain a program of medical and health services research to improve care for the aging veteran. Major emphasis and direction in these areas continues to be a focus of the GRECC's (Geriatric Research, Education and Clinical Centers). System planning is well underway to identify specific needs and to structure programs accordingly through the MEDIPP (Medical District Initiated Program Planning) process.

While the goal is to provide the best possible care, the delivery of services must be provided in the most cost-effective manner consonant with reasonable accessibility. Therefore, efforts have been and will continue to be directed toward containing the costs of current programs, and expanding the use of less costly alternative modes of providing care. Relative to this goal, experience shows that assessment of functional status and social support is a necessary addition to the traditional medical diagnosis and treatment plan for many older patients. Steps have been taken to acquaint staffs of VA medical centers with this concept.

The Office of Geriatrics and Extended Care has taken several educational initiatives in the area of senile dementia and, more specifically, Alzheimer's disease, a disease whose onset is clearly age related. Between July and September 1983, the Veterans Administration's Office of Geriatrics and Extended Care and the Institute of Gerontology of the University of Michigan co-sponsored a series of lectures and medical rounds by European experts on Alzheimer's disease. These individuals, chosen by a team of VA and European consultants, visited VA medical centers at Bronx, New York; Ann Arbor and Allen Park, Michigan; and Palo Alto, California; as well as the VA Central Office in Washington, D.C.

The first lecturers, Klaus Bergman, M.D., (England) and Franz Baro, M.D., (Belgium), discussed clinical care and diagnostic issues. The next lecturers, consisting of Drs. Elaine Perry (England) and Anders Bjorklund (Sweden), reviewed

current research related to Alzheimer's disease and made several research related recommendations in this area to the Veterans Administration. The last lecturer, Sir Martin Roth (England), drew on his extensive experience in this area to make a large number of recommendations to the VA. A summary of the lectures and recommendations is being prepared by VA and University of Michigan staff for distribution to VA officials and the public.

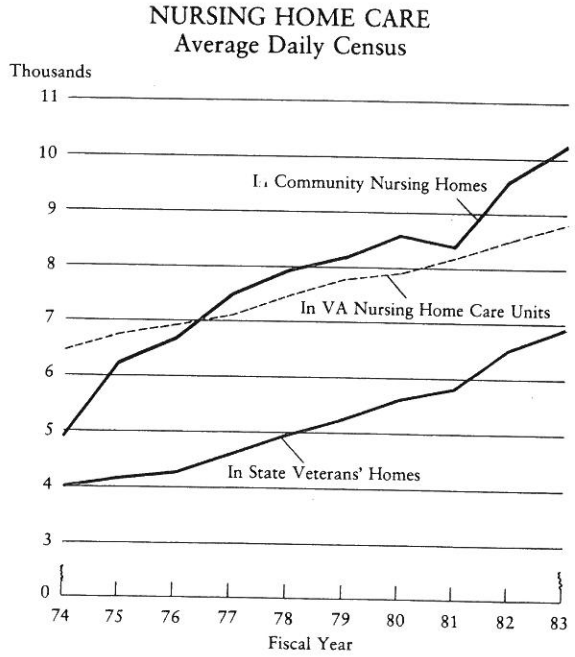
Other activities included the initiation of planning for joint projects on Alzheimer's disease by the GRECC's. VA Central Office officials served on the DHHS (Department of Health and Human Services) task force on Alzheimer's disease, and related education efforts included the GRECC sponsored conference "Clinical Memory Assessment in the Elderly." Other VA staff have prepared or presented testimony on the disease to various Congressional committees.

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

VA Nursing Home Care

The nursing home care units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and supervision, and rehabilitation services to attain and/or maintain optimal function.

In FY 1983, 16,473 veterans were treated in VA nursing homes, which had an average daily census of 8,849. The average age of the veterans treated was 70.3 years; 63.8 percent were 65 and over, and their average length of stay was 3.0 years. Approximately 37.1 percent were receiving compensation for



service-connected conditions and 33.7 percent were receiving VA pensions. The trend toward the increased provision of nursing home care by the VA is shown in the chart.

One new 120-bed nursing home care unit was activated at the VA medical center in Hines, Illinois, located 13 miles west of downtown Chicago. This and other changes resulted in a net increase of 181 operating beds for a total of 9,420 nursing home beds at 99 VA medical centers by the end of FY 1983. One additional nursing home care unit at VAMC Salt Lake City, Utah, is temporarily closed due to construction.

Community Nursing Home Care

This is a contract program for veterans who require skilled or intermediate nursing care in making the transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment primarily of a service-connected condition may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed six months. The program requires assessment of participating facilities and follow-up visits to veterans by teams from the VA medical centers.

In FY 1983, there were 34,092 patients treated in community nursing homes, for a 7.7 increase over last year. Similarly, the number of nursing homes under contract increased to 3,286, or 6 percent more than in FY 1982. The average daily census in these homes for FY 1983 was 10,212, an increase of 7.2 percent. The average age of veterans treated was 68.0 years; 58.4 percent were 65 years of age or older, and their average attained length of stay was 1.1 years. Approximately 44.8 percent were receiving compensation and 26.1 percent were receiving a VA pension.

Since April 1981, the VA has, through arrangements with the states (coordinated with the DHHS), attempted to make maximum use of inspections conducted for Medicare or Medicaid, reducing the amount of time and duplication in such efforts of the VA. Due to cutbacks in inspection efforts of some states, however, the VA medical centers sometimes find that they must continue to conduct a full-team inspection of nursing homes. While the general VA policy of greater reliance on state inspections continues, this policy can only be carried out where there is a strong state inspection program.

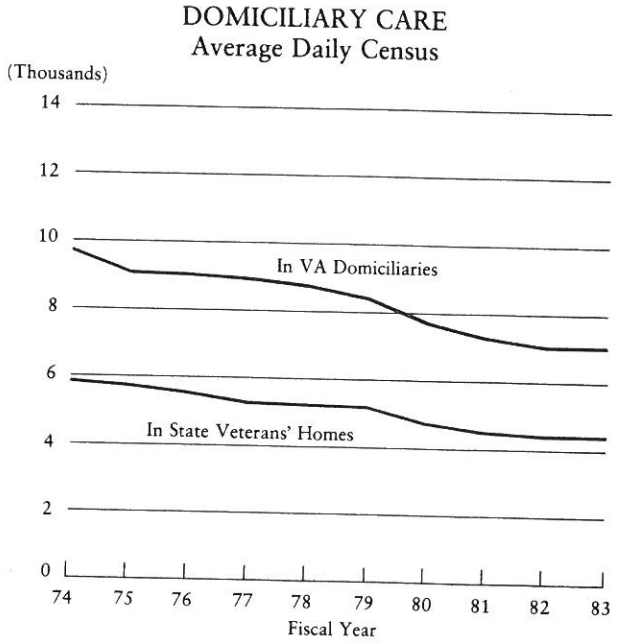
VA Domiciliary Care

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

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

Standards and criteria specifically designed to permit objective evaluation of the quality of care and administrative procedures unique to domiciliary operations were implemented in 1983.

In FY 1983, there were 14,067 veterans treated in VA domiciliaries with an average daily census of 6,852, a decrease of 3.3 percent, reflecting a return to the community for these veterans. The average age of the veterans treated during the year was 59.1 years; 27.9 percent were 65 years of age or older, and their average attained length of stay was 4.2 years. Approximately 23.8 percent



were receiving compensation for service-connected conditions, and 38.9 percent were receiving a VA pension.

State Veterans Homes

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

During FY 1983 the state homes maintained an average daily census of 6,919 nursing home, 4,489 domiciliary, and 541 hospital patients. Veterans treated during the year in state veterans nursing homes and domiciliaries were, on average, two to four years older than those in VA facilities. In comparison with those veterans treated during the year in VA facilities, a greater proportion was 65 years of age or over in the state homes.

During FY 1983, construction was started on a 150-bed nursing home in Mexico, Missouri, funded in part by a VA grant. The VA participated in the construction cost of the Maine Veterans Home at Augusta, which opened during the year. A 120-bed nursing home at Mt. Vernon, Missouri opened late in the fiscal year and was recognized by the VA. Since a wing of an existing state facility was used, there was no VA construction grant involved. The VA obligated funds totaling $8.3 million for construction and renovation projects.

Geriatric Evaluation Units

Geriatric Evaluation Units in medical centers are being developed to improve the diagnosis, treatment, and placement of older patients, using an interdisciplinary health care team approach to achieve lower morbidity, improved functioning, and prevention of unnecessary institutionalization. In addition, GEU's (Geriatric Evaluation Units) provide training and research opportunities for physicians and other health care professionals.

There are more than a dozen GEU's operating in the VA hospital system and, dur-

ing FY 1983, 29 additional VA medical centers initiated programs, or expressed an intention to do so.

Hospital Based Home Care

This program arranges for selected patients, who would otherwise remain in the hospital, to return to their own homes for further care. The patient and the family are provided instruction in nursing procedures and in daily care under the coordinated supervision of the hospital based treatment team. The team provides medical, nursing, social, rehabilitation, and dietetic regimens as follow-up to hospital care. During FY 1983, 13 additional teams were established, thereby increasing the number of VA medical centers providing HBHC (hospital based home care) services to 43. More acute care beds in hospitals are made available by providing increased days of care in the home.

In FY 1983, there were 151,913 home visits made by health professionals and over 7,423 patients were treated. An information system, based on individual patient records, has been activated which describes the types of patients treated and the professional services rendered in the program. Four former VA Geriatric Fellows are employed as HBHC physicians.

Adult Day Health Care

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

During FY 1983, an educational program in ADHC (Adult Day Health Care) was held at the Minneapolis Regional Medical Education Center, and was attended by clinical teams from ten VA medical centers which have expressed interest in developing such a program. This course provided basic and comprehensive understanding of ADHC concepts and program design.

At the end of the year legislation was pending which would authorize the VA to operate a contract program for the provision of ADHC to eligible veterans (with a provision for the VA to provide in-kind assistance to the centers), and to operate in-house programs in ADHC. If this proposed legislation becomes law, it is anticipated that the VA will initiate these two varieties of ADHC in a limited number of carefully chosen facilities and conduct, as required by the law, an evaluation of the medical efficacy and cost effectiveness of these programs. Program guidance for the design, operation, and evaluation of ADHC is being prepared and will be distributed during FY 1984.

Residential Care Home Program

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

are outpatients of the local VA facilities. In FY 1983, an average daily census of 12,800 veterans was maintained in this program utilizing approximately 3,125 homes.

At the end of the year legislation was pending which would clarify and strengthen the VA's authority to operate this program and allow it to establish more explicit standards for its operation. New programmatic guidance, based on the legislation, will be distributed during FY 1984.

Geriatric Research, Education and Clinical Centers

The Geriatric Research, Education, and Clinical Centers are playing a key role at VA medical centers in developing innovative approaches to caring for the elderly. Conceived in 1973, the Geriatric Research, Education and Clinical Centers were designed to counter a historic reluctance among health care professionals to specialize in geriatric medicine, research, and education.

At present, there are eight such centers focusing on research into diseases and disabilities of the aged that have implications for improved care and the education of health professionals. A solicitation to select a ninth center to be located at one of 11 Southeast medical centers was completed during the year. A total of up to 15 was authorized by Congress in Public Law 96-330. Each center focuses on the research, education, and clinical treatment of a particular area of geriatrics, including health care delivery in general medicine, cardiology, metabolic diseases, neurology, stroke rehabilitation, immunology, dentistry, and organic brain disease.

Research and educational activities, integrated with clinical practice, are in areas such as the cardiomyopathy of aging, age-related modifications in glucose-insulin metabolism, Parkinson's disease, connective tissue disorders, the immunologic bases of aging, the hemopoietic system, organic and functional aspects of memory loss, and senile and other organic dementias. Through their integrated approach, the centers are developing practitioners, educators, and researchers in the field of geriatrics.

Medical Care for Dependents

Civilian Health and Medical Program of the VA provides medical care to the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability; the surviving spouse or child of a veteran who died as a result of a service-connected disability, or who at the time of death had a total disability, permanent in nature, resulting from a service-connected disability; and, the surviving spouse or child of a person who died while on active duty. CHAMPVA (Civilian Health and Medical Program of the VA) care may be furnished to these eligible dependents provided they are not eligible for CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) or Medicare. Eligibility for CHAMPVA may be reinstated for a beneficiary who loses eligibility by virtue of becoming entitled to Medicare hospital insurance benefits (Part A) and subsequently exhausts a Part A benefit. At the end of FY 1983, there were approximately 210,000 individuals (128,400 adults and 81,600 children) in 137,300 families who had established entitlement for medical care under CHAMPVA. Since the program began in September 1973, $334,990,000 has been expended for hospital care, physician visits, and prescriptions; in FY 1983 the cost of the program was just over $62 million.

Public Law 97-72 provided that CHAMPVA beneficiaries may be treated in VA facilities on a space available basis. A test was initiated in a medical district on March 1, 1983, to determine the feasibility of providing all medical care of CHAMPVA beneficiaries in VA facilities or through the fee basis and contract hospitalization programs. The test is being expanded to three additional medical districts in order to obtain a greater cross-section of information on which to base a final decision regarding Agency-wide implementation.

During FY 1983, the VA's first "in-house" bone marrow transplant unit at the Seattle Washington, VA medical center performed transplants for 18 patients. Bone marrow transplant is a promising new form of therapy in which bone marrow from a related donor is used in the treatment of selected patients with such otherwise fatal conditions as severe aplastic anemia and leukemia.

The hepatitis B vaccine immunization program continued throughout FY 1983. At midyear over 12,000 patients and employees had been vaccinated against this serious infection, which poses a significant risk to hospital employees and certain high risk patients.

VA medical services continued to emphasize the areas of hypertension, sickle cell disorders, dialysis, rheumatology-immunology, cardiology, pulmonary disease, intensive care, pacemakers, and geriatrics.

There has been one VA medical center added to the previous 32 VAMC's participating in the special hypertension screening and treatment program. Being treated are 45,000 veterans, 60 percent of whom are under complete control. More than 25,000 veterans, who were considered at high risk but not on therapeutic agents, are being followed at intervals of three months to one year. Eighty-five percent of these veterans receive their primary care from allied health professionals (registered nurses or physician assistants under the supervision of a physician coordinator. The continued decrease in strokes, heart disease, and renal disease seen in patients treated under this program is attributed to a significant degree to the control of this health problem.

There were 48,854 patients identified and screened for hemoglobin disorders and glucose-6-phosphate dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency in the 39 medical centers participating in the VA sickle cell screening and education program.[1] Education sessions were attended by 84,496 persons, and 3,682 were counseled. Professional staff at each medical center consists of a physician, a counselor, and a technician. The VA film on sickle cell disease, "A Matter of Chance," and mobile exhibits have also been displayed, not only in VA Medical centers, but also at meetings of various community organizations.

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

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

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

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

More than 70,000 patients were treated in VA coronary care and medical intensive care units. New construction criteria were implemented to modernize the intensive care units and to make provision for step-down units. Many older intensive care units have been renovated.

Surgery

During FY 1983, 417,880 surgical procedures were performed in 133 VA medical centers. There were 784 full-time and 1,549 part-time surgeons assigned, with 2,651 residents.

Detailed surveys of eye and orthopedic care were conducted during FY 1983. Results of these surveys indicate that, overall, excellent care is being delivered, while deficiencies identified generally relate to situations that can be corrected locally.

The VA cardiac surgery program has been closely monitored with the assistance of an active, interested consulting committee made up of eminent VA and non-VA cardiac surgeons and cardiologists. The renal transplant program has likewise been monitored by a similarly constituted consulting committee. The VA's only cardiac transplant program at the VA medical center, Richmond Virginia, has attained a high success rate.

Special emphasis is continuing to improve the multidisciplinary care of amputees. Ambulatory surgery for minor surgical procedures is encouraged where feasible, as is pre-admission screening and testing of elective surgical patients. Special emphasis is being placed on appropriate supervision of surgical house-staffs. This supervision is required for pre-and post-surgical care, as well as intra-operative care. Documentation of supervision is required. Support of continuing education projects was at a lower level of activity this year.

The establishment of "step-down" intensive care units has been approved in some locations, although specific criteria for these units have not been formulated. Requests for high-cost equipment have been closely monitored. Inclusion of non-invasive peripheral vascular laboratories in appropriate hospitals is being encouraged as representing state-of-the-art requirements.

Recruitment of trained surgeons and appointment of qualified chiefs of service have been on-going activities. The high quality of VA surgeons can be attested to by their contributions to medical literature and by the recognition of many by specialty organizations.

Mental Health and Behavioral Sciences Service

The Mental Health and Behavioral Sciences Service has three divisions: psychiatry, psychology, and substance abuse. Through excellent support from highly trained personnel in a multidisciplinary approach to treatment, professional services were rendered to eligible beneficiaries in a confident and caring manner. The VA, utilizing approximately 21 percent of its professional services' budget, maintained organized psychiatry services in 129 of the 172 medical centers and 155 psychology services in medical centers and outpatient clinics, 102 alcohol dependence treatment programs and 51 drug dependence treatment programs. Outpatient services included 40 day hospital programs; 61 day treatment centers; 152 mental hygiene clinics and outpatient components of the alcohol and drug dependence treatment program.

During FY 1983, there were 23,764 average operating psychiatric beds. The bed occupancy rate was 85.1 percent and the average monthly turnover rate was 64.9 percent. The VA treated 177,575 patients in FY 1983, and the average daily census was 20,225 patients. Committed psychiatric patients treated by the VA during the fiscal year totaled 11,510. On any given day, an average 2,138 patients were on involuntary commitment.

Services rendered to eligible beneficiaries included chemotherapy and psychotherapies; group, individual, and family therapy; treatment such as

behavior modification; incentive work programs; and programs for vocational appraisal for training and education. Many of the centers with psychology services provided services through biofeedback and relaxation methods for long-term pain problems.

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

VA Psychiatric Bed Sections	FY 1983	FY 1978
Average operating beds	23,764	27,669
Average daily census	20,225	22,836
Admissions	150,896	159,160
Average monthly turnover rate	64.9	60.6
Patients treated	177,575	188,808

As the figures show, the reduction in average operating psychiatric beds since 1978 (14.1 percent) has been significantly greater than the decline in the number of patients treated (5.9 percent). Outpatient mental health program visits numbered 3,460,634 in FY 1983.

Mental Hygiene Clinics, Day Hospitals, and Day Treatment Centers

Continued emphasis on outpatient care and rapid intensive treatment, with shorter periods of hospital stay, has resulted in an increase in the number of veterans treated by the VA's mental hygiene clinics, day treatment centers, and day hospitals.

Mental hygiene clinics serve as the basic unit in the delivery of ambulatory psychiatric care. During FY 1983, 1,276,947 visits were made to mental hygiene clinics.

Day treatment centers provide supportive, maintenance, and learning environments for chronic psychiatric patients experiencing long-term difficulties with community adjustment, interpersonal relations, vocational, educational, emotional, or behavioral problems. These centers received 535,099 visits from long-term psychiatric patients in FY 1983.

Day hospital programs are ambulatory care programs for patients able and willing to come on a daily basis to a VA medical center to receive intensive individual and group therapy. These veterans' problems are of an acute, intensive, or situational nature and can be resolved within a short period of time. During FY 1983, 159,708 visits were made to day hospital programs.

Vocational Evaluation and Counseling

The Mental Health and Behavioral Sciences Service is responsible for the complex psychological process of providing counseling and assisting veterans as they adjust to the psychological impact and disabling consequences of injury or illness.

VA medical centers employ psychiatrists, counseling psychologists, clinical psychologists, psychiatric nurse specialists, rehabilitation specialists, and psychiatric social workers to assist veterans in reestablishing their ability to function independently. Specific targets in treatment and rehabilitation involve productive work.

During FY 1983, the VA provided psychological evaluation and assessment as a part of treatment and medical rehabilitation to 112,650 patients.

Alcohol and Drug Dependence Treatment

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

During FY 1983 inpatients treated for alcoholism numbered 85,893; 39,076 of these were treated in the specialized alcoholism treatment units. The average monthly turnover rate in the ADTP's was 133.8 percent, and the bed occupancy rate was 87.6 percent. The number of outpatient visits for alcohol dependence treatment was 469,446 in FY 1983, reflecting a 7.5 percent increase compared with FY 1982. Follow-up contacts with former patients for therapeutic/counseling purposes or for assistance with social/economic problems was 134,080, an increase of 0.3 percent over FY 1982. There was a 3.7 percent decrease in the recidivism rate over FY 1982.

The VA operates 51 DDTP's (drug dependence treatment programs). These are specialized programs which provide for the care and treatment of eligible drug dependent veterans with special emphasis on veterans dependent on narcotics. Each DDTP has the capability for treating drug related medical emergencies. Eligible veterans may be self-referred, or referred by family, courts, or other treatment facilities. Major treatment components utilized include methadone detoxification, methadone maintenance, "drug free" treatment, and therapeutic communities. The length of inpatient stay is usually brief (average length of stay is 12 days). Outpatient/ambulatory treatment is longer. The total number of inpatients treated for drug dependence during FY 1983 was 16,969. Of this number 9,797 were treated in DDTP beds. The average monthly turnover rate in DDTP beds was 112.7 in FY 1983. The bed occupancy rate was 94.5. The number of outpatient visits for drug dependence treatment was 1,039,242, and of this number 1,033,357 were visits to DDTP's. The number of follow-up contacts for therapeutic counseling or for assistance with social/economic problems was 26,920.

Requests for treatment of alcoholism and/or drug dependence are medically and administratively processed in the same manner as requests for treatment of any other disability, disease, or defect susceptible to cure or decided improvement. When veterans apply voluntarily for treatment, they are fully informed of program goals, ethics, and norms of behavior, and are instructed concerning patient responsibilities and penalties for infractions of program rules. Any eligible veteran who is diagnosed as having alcohol and/or drug dependence and who requests treatment for that disease may be admitted to a VA alcohol dependence program or drug dependence treatment program.

Section 104 of Public Law 96-22 continued to be implemented. This legislation provided the VA with authority to contract with non-VA community programs for treatment and rehabilitation services for veterans with alcohol or drug dependence and/or abuse disabilities. Two hundred and fifty contracts sponsored by 78 VA medical centers were in operation at the close of FY 1983.

Other planning initiatives include the continued development and operation of on-campus residential programs for the treatment of alcohol and drug dependent

veterans. VA-operated halfway house programs are located at the VA medical centers in Murfreesboro, Tennessee, and at West Haven, Connecticut.

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

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

Physician training in substance abuse is being implemented through two current initiatives: a two-year university-affiliated fellowship training program is offered at five VA medical centers, and multimedia videotapes are being produced at the St. Louis, Missouri, Audiovisual Center (RMEC), for physician training in the recognition and management of alcoholism and in the range of medical complications encountered by specialists in neurology, gastroenterology, hematology, and psychiatry. When the videotape training aids are completed, a companion package will be produced for VA nurses.

Readjustment Counseling Service

The outreach program for Vietnam era veterans was initially established by Public Law 96-22 in 1979 and was extended for three years until September 30, 1984, by Public Law 97-72.

During FY 1982, the Veterans Administration began awarding contracts to community-based mental health organizations on a fee basis contract. By the end of FY 1983, 484 contractors were providing readjustment counseling to eligible Vietnam era veterans.

During the period FY 1980 to 1983, Operation Outreach provided readjustment counseling services to 274,258 veterans, for a total of 804,701 visits. There were 233,739 such visits in FY 1983. In addition, there were 165,541 visits by family members and "significant others." Vet Centers are small (typically with a four-to-six person staff), community-based storefront centers that offer a broad range of services during day and evening hours. Their professional mental health and paraprofessional staff have expertise in addressing problems and concerns of Vietnam era veterans and their families that are related to the veteran's experience while on active duty or during the military-to-civilian transition. Such services include readjustment counseling to individuals, families, and groups; outreach to contact veterans in need of counseling; crisis intervention; counseling related to employment; information and referral regarding available assistance, VA and non-VA services and resources, hospital treatment, benefits, discharge upgrade, Agent Orange, and social services; and community education about post-traumatic stress disorder and other readjustment problems of Vietnam era veterans.

Rehabilitation Medicine Service

In May 1983, the RMS (Rehabilitation Medicine Service) acquired the services of its first full-time director since August 1976. Dr. Helen T. Rovinski, board-certified in physical medicine and rehabilitation, assumed the responsibility of leading the nearly 4,300 Rehabilitation Medicine Service personnel throughout the VA medical system.

The number of bed programs in the Rehabilitation Medicine Service continues to grow steadily throughout the system. Although there are currently 54 programs with a total of 1,357 beds, there are various levels of rehabilitation medicine therapy expertise at all 172 medical centers and many of the larger outpatient clinics.

The driver training program for the handicapped veteran added another 2,610 referrals during the year, making over 18,500 veterans who have either been evaluated or completed the specialized training since its inception in 1975. Nearly 208,000 driver training

Meeting the needs of the disabled veteran patient through active and ongoing rehabilitation therapy is a primary concern.

hours have been recorded at the 40 centers over the intervening years. When the new MED-Van (Mark IX) training system is introduced at the VA merdical center in East Orange, New Jersey, there will be technology available to the very severely handicapped veteran on the east coast as well as in the western regions at VAMC Long Beach, California.

The work restoration program provided 106,889 patients with vocational and avocational activities in order to assist them in employment and to maximize the quality of life for the severely disabled and elderly. The compensated work therapy program provided vocational therapy for 11,271 patients in activities such as packaging buttons, building furniture, assembling computer boards, etc. This $3 million self-sustaining program is designed to contract with private industry and encompasses real work situations which can lead to competitive employment. Since the funds are generated by contracting with private industry, it is the most cost effective therapeutic program for our medical centers. Other programs focusing on vocational rehabilitation included incentive therapy with 45,752 patients, manual arts therapy with 46,934 patients, and the therapeutic printing plant, which serviced 2,932 patients.

The identification of comprehensive rehabilitation as a DM&S priority was further enhanced and expanded in FY 1983 with the designation and implementation of three CRC's (comprehensive rehabilitation centers). These centers were established at VA medical centers in Boston, Massachusetts; Tampa, Florida; and Northport, New York. The allocation of 62 FTEE, and $1,074,000 in resources which include equipment, travel and educational dollars, will enable these medical centers to acquire rehabilitation staff and equipment to augment current programs; to develop and initiate new programs utilizing an interdisciplinary team approach; and to provide an integrated functional matrix of services required to deliver comprehensive rehabilitation. Staff from these three centers, along with personnel from the two original comprehensive rehabilitation centers at VA medical centers in Hines, Illinois and Palo Alto, California, met this year to discuss vital issues concerning the delivery of rehabilitation services and to establish specific goals, objectives, and guidelines for CRC's.

One of the DM&S budget initiatives is for the further enhancement of the CRC concept in fiscal years 1985-1986. FTEE and resource dollars have been requested to upgrade the CRC programs at the two original sites, VAMC's in Hines, Illinois and Palo Alto, California, which did not receive full allocation at the time of their designation at CRC's.

Spinal Cord Injury Service

The VA system treated 7,474 SCI (spinal cord injury) inpatients during FY 1983 and provided outpatient care to over 14,500 patients with a total of 31,000 visits. There were 911 SCI patients who made their first visit to a VA medical center, and 614 of these had sustained their injury less than six months before admission. As in the past, the majority of the new patients were paraplegics.

The SCI home care units were expanded to include three additional SCI centers. The various members of SCI home care teams made over 18,000 visits to patients in their residences.

As a result of a major demographic study conducted by the VA Central Office Spinal Cord Injury Service, five VA medical centers were identified as treating a sufficient number of SCI patients to warrant planning SCI centers at those locations in the future. In order to obtain the broadest possible base for SCI program planning, the program was decentralized to the medical districts and placed in the MEDIPP (Medical District Initiated Program Planning) process for the first time in 1983.

The SCI Service in Central Office received approval from the Chief Medical Director to initiate a registry that will allow tracking of all veteran SCI patients. Data collection through the registry would, after appropriate collation, permit demographic studies, vital statistic analysis, identification of trends, and studies of the history of disease processes which are peculiar to SCI. The registry will be utilized for systematic recalling of noncomplaint patients for annual or semi-annual checkups. This type of preventive medicine is essential to identify and treat pathological processes which can become threatening if not treated in a timely manner.

Over 125 physicians attended the annual spinal cord injury seminar which was held in conjunction with the American Paraplegia Society. Also attending the meeting were nurses from the American Association of Spinal Cord Injury. Thirty VA SCI nurses attended the initial meeting of the new organization, which will be independent and governed by VA SCI nurses. An annual education seminar, funded through a grant made by the Eastern Paralyzed Veterans Association, will be held for approximately 250 registered nurses and licensed practical nurses in the VA.

The independent living program within the Department of Medicine and Surgery has expanded to include the availability of services which will assist severely disabled veterans to live and function at their maximum level of independence within the community. Service areas include: housing, personal care attendant, transportation, employment, activities of daily living, skills training ranging from learning to cook to using a computer, and use of community independent living facilities for peer counseling and transitional living. A recent audiovisual package was developed to be used as an informational and educational medium at VA medical centers, regional offices, and other facilities in the community.

A pilot program coordinated between the VA and the U.S. Postal Service focusing on employment of wheelchair-disabled veterans was recently started at the VA Medical Center in Wood, Wisconsin. Within six months, three veterans were trained and employed. A movie was produced by the Postal Service with the intent of developing other programs between the Postal System and the VA.

Blind Rehabilitation Service

During FY 1983, approximately 720 blinded veterans were given adjustment-to-blindness training at the four Blind Rehabilitation Centers and the three Blind Rehabilitation Clinics, and more than 8,000 blinded veterans received services from the 79 VIST's (Visual Impairment Services Teams).

The blind rehabilitation center located at the VA medical center Birmingham, Alabama, admitted its first veteran in November 1982 and was operating at full capacity by February 1983.

In FY 1983, four additional VIST coordinators were selected, bringing the total to 27 full-time coordinator positions.

As of March 1983, the fourth blind rehabilitation regional counsultant (formerly referred to as a field representative) was hired, resulting in one for each of the four Blind Rehabilitation Centers. These consultants travel an approximate 12-state area, each reviewing, assessing, and training VIS Teams in their respective areas. The consultants travel 50 percent of the time representing the Blind Rehabilitation Service, VA Central Office.

During the year the Blind Rehabilitation Service collaborated with the Prosthetic and Sensory Aids Service to develop issuance criteria for two high-technology sensory aids, the Kurzweil Reading Machine and the VersaBraille. The Blind Rehabilitation Service developed training programs for both aids and has trained and provided a number of veterans with these devices.

The Blind Rehabilitation Service in Central Office also monitors a field service contract with the Blinded Veterans Association. This contract provides funding for five blinded veterans to travel the United States, seeking out other blinded veterans in order to counsel, motivate, and assist these veterans in getting needed services that might otherwise be overlooked. Approximately 1,000 blinded veterans were given special assistance during the past year.

The Blind Rehabilitation Service developed and presented a regional VIST training conference in Birmingham, Alabama, giving needed training to approximately 30 VIST coordinators and local medical center staff.

Audiology and Speech Pathology Service

During fiscal year 1983, there were more than 594,000 patient visits reported by 131 VA audiology and speech pathology programs throughout the nation. This represents a 3.5 percent increase in these services over the previous year.

During the year, more than 36,000 hearing aids were issued to eligible veterans. The VA hearing aid program has been heralded internationally for the uniqueness and effectiveness in providing hearing aid satisfaction to hearing impaired individuals. Because the quality control on hearing aids does not ensure that identical makes and models of hearing aids will electroacoustically perform identically, the hearing aid that gives the veteran the greatest satisfaction is issued immediately after the hearing aid evaluation is completed. Almost any other hearing aid program will refer the hearing impaired individual to a hearing aid dispenser and hope that the hearing aid that is given will be similar to the instrument used in the clinic. This VA procedure alone accounts for the high number of satisfied hearing aid wearers within the VA.

A program to evaluate devices that are reported to assist the communicative ability of speech and hearing impaired veterans was initiated during the past year. It has been determined that manufacturers' claims for many of these assistive devices cannot be relied upon for making specific recommendations for the devices' use. The evaluation program will determine to what extent veterans can enhance their communicative ability with each device, and will distribute this information within the VA system.

During the past year, an increase was achieved in the number of medical centers offering dysphagia treatment. Hospitalized veterans with swallowing problems are being assisted through this program. The concept of team approaches to dysphagia treatment is being coordinated through the VA medical center at Allen Park, Michigan. The value of this program has significantly increased due to the involvement of all health care professionals.

Prosthetic and Sensory Aids Service

The Prosthetic and Sensory Aids Service (P&SAS) provided prosthetic services costing approximately $93.5 million in FY 1983. Appliances and services were furnished to one million disabled veterans. The P&SAS is a high profile service because its patient load is composed primarily of disabled veterans.

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

A sample of items distributed in FY 1983:

Item	Number Issued
Aids for blind	15,158
Artificial limbs	10,598
Braces	36,306
Corset belts	20,641
Eyeglasses	101,286
Hearing aids	33,984
Shoes	29,597
Wheelchairs	30,981

In accomplishing the mission of the VA, prosthetic appliances and services were furnished to one million disabled veterans during the year.

The Prosthetic and Sensory Aids Service has intensified comprehensive training programs for new trainees, and for chiefs of the Prosthetic and Sensory Aids Service; has been in the process of developing a review mechanism through the national orthotic program which will identify training needs; developed a systematic evaluation program and space criteria outline for P&SAS in the VA medical centers; has developed a quarterly newsletter; disseminated information and guidance to the field through monthly conference calls; began rewriting outdated manuals and circulars; and began analyzing every aspect of the P&SAS program.

Agent Orange

The VA has expanded its efforts to resolve the complex health care issues raised by the defoliant Agent Orange. During FY 1983, Agent Orange remained a key issue for some Vietnam veterans concerned about the possible adverse health effects of this

herbicide. The Agent Orange projects office, within the VA's Department of Medicine and Surgery, served as the Agency's primary office responsible for the conduct of significant Agent Orange research and other related activities. This office also assumed responsibility for monitoring Agency and interagency activities undertaken to resolve the health care issues raised by phenoxy herbicides and other defoliants used during the Vietnam era.

On January 14, 1983, an interagency agreement to effect the transfer of the epidemiology study originally mandated by Public Law 96-151 from the Veterans Administration to the CDC (Centers for Disease Control), Atlanta, Georgia, was signed by the two agencies. The interagency agreement provides for the transfer of responsibility for the actual conduct of the study to the CDC. The interagency agreement also provides for the transfer from the VA to the CDC of resources and authority for the design, implementation, analysis, and scientific interpretation of a valid epidemiological study in accordance with the provisions of section 307 of Public Law 96-151, as amended by Public Law 97-72.

During FY 1983 the VA pursued the initiation and conduct of several significant Agent Orange-related research efforts including the Vietnam Veterans Mortality Study, the Vietnam Experience Twin Study, a Retrospective Study of Dioxins and Furans in Adipose Tissue, the Soft Tissue Sarcoma Study, and ten specially solicited animal research projects.

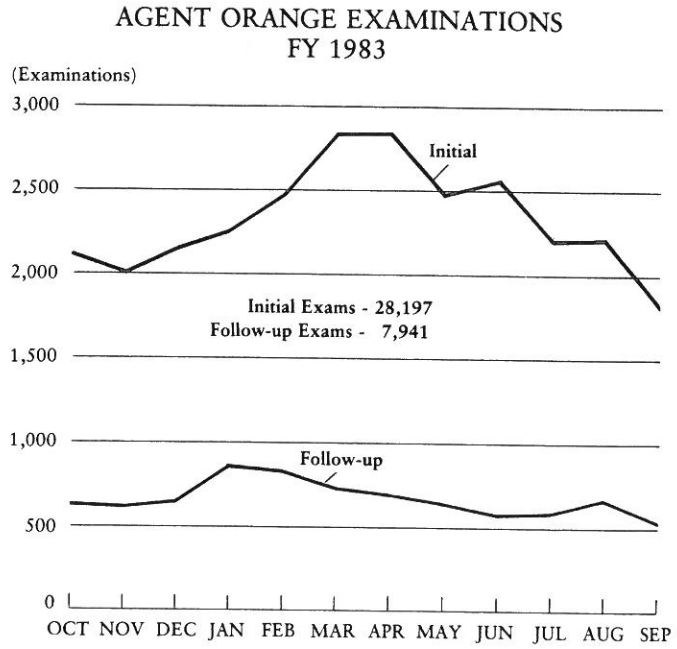
Public Law 96-151, enacted December 20, 1979, mandated preparation by the VA of a review and critical analysis of the worldwide scientific literature on Agent Orange and other phenoxy herbicides. Subsequently, a two-volume report, prepared under contract by J.R.B. Associates, Inc., of McLean, Virginia, was submitted to the VA on October 1, 1981. Public Law 97-72, enacted November 3, 1981, provided the Administrator of Veterans Affairs with authority to expand the literature review to include other studies relating to whether there may be long-term adverse health effects in humans from exposure to phenoxy herbicides. In April 1983 a contract for such an updated review and analysis was awarded to Clement Associates, Inc., of Arlington, Virginia.

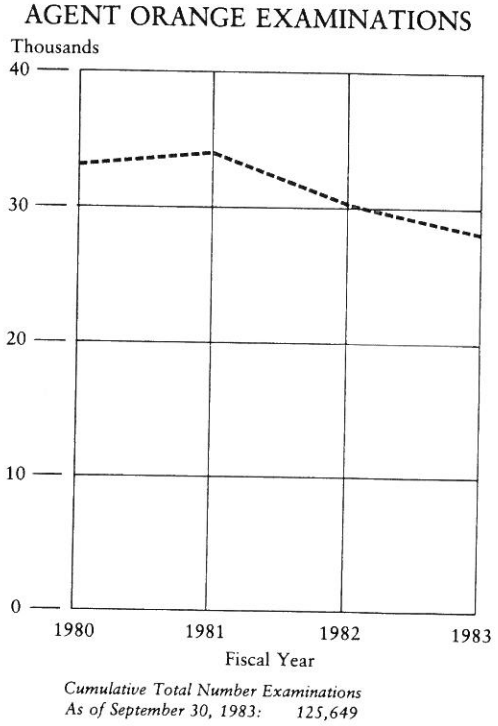
The passage of Public Law 97-72, the "Veterans Health Care, Training and Small Business Loan Act of 1981," gave the VA legislative authority to provide medical care to Vietnam era veterans, subject to guidelines established by the Chief Medical Director, for health conditions possibly related to their exposure to Agent Orange without proof that it was the cause. As a result, it is estimated that during the period of February 1, 1982, to February 1, 1983, VA health care facilities had an additional 9,400 inpatient admissions and 369,000 outpatient visits.

In addition, during FY 1983, other program activities including the Agent Orange registry, chloracne task force reviews, preparation of a monograph series, and a review of Patient Treatment File records were continued as part of the total Agency efforts related to Agent Orange.

As of September 30, 1983, a total of 125,649 Vietnam veterans had reported to the VA medical centers and independent outpatient clinics to participate in the VA's Agent Orange registry program of physical examinations. This program, coordinated by the environmental physicians located at each VA health care facility, is being conducted to identify those veterans concerned about the possible adverse health effects of exposure to Agent Orange. Approximately 28,000 of these veterans participated in the examination program during FY 1983. Personal, service, and medical information from the examinations is placed into a special computer file to assist the VA in its efforts to serve these individuals. The Agent Orange registry is being used for the periodic updating of addresses of registry participants to assist in providing them with significant information on Agent Orange. Specially prepared Agent Orange-related pamphlets and newsletters developed by the VA's Office of Public and Consumer Affairs in cooperation with the Agent Orange project office have highlighted this effort.

Through Agency directives and special ongoing nationwide bimonthly conference calls with environmental physicians and other key staff members, the VA is pursuing





its goal of keeping its health care staff fully aware of the latest scientific and medical developments concerning Agent Orange. This effort is supplemented through the periodic mailout from VA Central Office to each environmental physician of significant scientific, medical, and other information.

The VA has cooperated with other government agencies and public institutions involved in Agent Orange research. With the Department of Health and Human Services and the Department of Defense, the VA has funded a birth defects study nearing completion at the CDC in Atlanta, Georgia. Participation as an active member of the White House-established AOWG (Agent Orange Working Group) and its science panel enables the VA to share information and interact with other Federal

agencies concerned with resolving the issue of Agent Orange. The VA Advisory Committee on Health-Related Effects of Herbicides, which advises the Administrator on scientific and policy matters of concern to Vietnam era veterans exposed to herbicides, was restructured in May 1983 to include two subcommittees to provide a better forum for discussions of epidemiology and biostatistics and to further dialogue with veterans who can advise the VA on matters related to Agent Orange (the Subcommittee on Veterans Education/Information and the Subcommittee on Epidemiology/Biostatistics). In July 1983, the Administrator appointed a representative of the various state Agent Orange commissions and programs to this committee in order to improve communication and coordination between the VA and these concerned state organizations. The committee, which meets in open sessions at VA's Central Office on a quarterly basis, provides an important forum for comments by the general public.

In September 1983, a videotape entitled, "Agent Orange: Where Do We Stand?" was produced for distribution to all VA facilities. This production, which included the participation of the Administrator; Chief Medical Director; Chief Benefits Director; and the Director, Agent Orange Projects Office; and other key officials, was designed to update VA staff on Agent Orange activities.

During FY 1983, the VA's multi-faceted approach towards resolving the many complex health issues surrounding Agent Orange advanced the Agency's efforts towards ensuring that every eligible Vietnam era veteran receives those health care benefits provided by law.

Health Care for Female Veterans

During FY 1983, the Department of Medicine and Surgery made the provision of adequate health care for female veterans a priority goal. All VA medical centers and outpatient clinics developed written plans for the care of female veterans. These plans included the definition of a complete physical examination, provision of gynecologic services, and referral procedures so that female veterans could receive care not immediately available at local facilities. Emphasis was also placed on correcting any physical limitations which might interfere with the care of females, such as inadequate bath facilities or a lack of privacy.

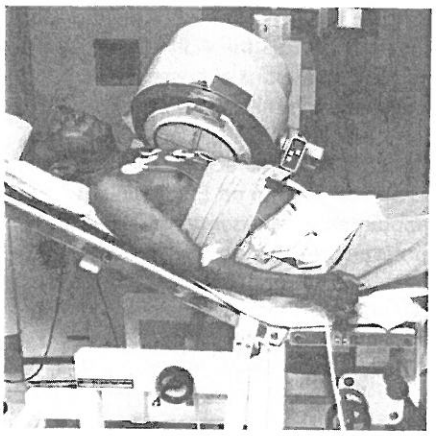
On May 16, 1983, the VA Advisory Committee on Women Veterans was chartered. The committee, which met for the first time September 14-16, 1983, was established by administrative action to consult with the Administrator on the needs of female veterans with respect to health care, rehabilitation, compensation, outreach, and other programs of the Veterans Administration. The 18-member panel was appointed by the Administrator from a large number of persons from throughout the United States recommended by veterans organizations, womens' groups, professional associations, and government agencies.

Neurology Service

The neurology program continued to grow with two new services established this year. Two other programs were upgraded from sections to services. One new stroke center and two epilepsy centers came on line within established services. The VA neurology program continues to play a strong role within the total health care system, as the number of VA house staff positions allocated to neurology increased slightly. VA staff neurologists continue to make a significant contribution to research in the neurosciences with a strong emphasis on clinically oriented research. At the same time, the Neurology Service continues to improve its efficiency and cost effectiveness. The number of patients treated and the number of patients in post-hospital care continue to increase while the length of stay decreases. The gains over the past five years have been pronounced, as over 40,000 patients were treated in FY 1983 compared to 36,400 in FY 1978. Because the average length of stay decreased from 29.4 days in FY 1978 to 21.4 during FY 1983, the increased number of admissions accounted for 17.4 percent fewer total patient days in FY 1983 than in FY 1978.

Radiology Service

During FY 1983 the Radiology Service continued to meet the broad requirement of providing diagnostic and therapeutic radiology services. This support involved several different modalities, including diagnostic radiography, ultrasound, computerized tomography, digital vascular imaging and radiation therapy.



Continued advancements and improvements in radiological techniques help bring state-of-the-art care to the veteran population.

Extensive planning went into the development of a technologically advanced radiology service for several replacement VA medical centers. There were also major improvement projects planned for radiology services at the following VA medical centers: New Orleans, Louisiana; Muskogee, Oklahoma; Atlanta, Georgia; Louisville, Kentucky; Alexandria, Louisiana; Fargo, North Dakota; Philadelphia, Pennsylvania; Tucson, Arizona; and New York, New York.

Twenty-four computerized tomographic scanners were purchased in FY 1983. With this purchase, the Radiology Service reached a major goal of providing in-house computerized tomographic scanners for each of our tertiary care VA medical centers.

The Radiology Service, working with the Management Systems Service, Office of Administration developed staffing guidelines during the fiscal year. This will provide a meaningful management tool for comparing efficiency, measuring productivity, and determining technical staffing requirements for the VA medical centers.

There was a slight increase in the overall radiology workload for FY 1983. There were 5,457,957 radiology examinations performed on inpatients and outpatients and over 16 million X-ray processed.

The radiation therapy program expanded by two units in FY 1983, making a total of 26 VA medical centers which offer Cobalt 60, linear accelerators, and Betatron supervoltage radiotherapy to patients with deep-seated malignancies. A total of 37,111 patients received 368,479 treatments. Modernization of radiation therapy treatment facilities continued through the replacement of outdated equipment.

Nuclear Medicine Service

The Nuclear Medicine Service in the Veterans Administration continues to expand its capability to enhance diagnostic patient care by developing and applying new methods of detecting disease earlier in its course and with even greater precision. With positron-electron transformation scanning and the use of single photon emitting radioactive compounds, both a more accurate imaging of disease in the brain and heart and a determination of the biochemical effects involved are possible.

New methods of diagnosis are leading directly to improved treatment of patients:

- improved identification of dysfunction of the right ventricle of the heart
- enhanced detail of lung function in disease with new aerosal compounds
- early detection of stress fractures in bone (undetectable by X-ray)

Beyond this, the application of the use of monoclonal antibodies to the therapy of cancer, as well as the detection of its presence, is growing in importance rapidly.

The identification and production of new radiopharmaceuticals, basically for diagnosis, but ultimately for a role in the treatment of disease, have progressed during the past year in the VA. The overall impact of nuclear medicine in identifying disturbance of chemical function in tissues before anatomical changes in form or structure occurs has accelerated.

The installation of the first NMR (nuclear magnetic resonance) unit in the VA has taken place at the VA medical center in St. Louis, Missouri. This instrument, under supervision of a multidisciplinary group, will lead not only to the detection of disease which was hidden from any previous diagnostic method, but it will be the source device for instruction of VA physicians, generally, in its use and applicability to patient care. It is expected that, because of what it reveals of brain functions, NMR may revolutionize the management of psychiatric patients.

The problems posed by the shutdown of facilities for the disposal of medical radioactive wastes has been solved by the cogent recommendations of VA physicians to the NRC (Nuclear Regulatory Commission) that such substances not be classified with nuclear reactor wastes and that controlled incineration is feasible.

The Nuclear Medicine Service, with its use of many consultant experts, has been the

Central Office information source on all radiation pertaining to the VA. This involves not only close liaison with the NRC but also with the planning and construction groups on the radiation ecology of sites chosen.

The handling of certain matters pertaining to veterans who served during the testing of nuclear devices or as occupation troops in Hiroshima or Nagasaki has also been a major activity of the Nuclear Medicine Service. The framework for an epidemiological study of the approximately 250,000 veterans involved has been drawn up with the help of expert consultants. All VAMC's have been provided with a protocol for the examination of such veterans and with a new manual on low-level radiation. In addition, world literature reports on the effects of low-level radiation are received monthly from the National Library of Medicine. The abstracts of these articles, useful for VA patient examination and care, are sent to VA medical centers. An informative brochure for the veterans of atomic testing has been prepared and distributed.

Implementation of programs for the medical technologists who apply ionizing radiation in patient care have been evaluated in light of the far-reaching implication of Public Law 97-35. This act specifies the criteria and curricula for accreditation of technologist schools and for the certification of the technologists taught in them. Extensive work has been done in this critical matter in cooperation with the Department of Health and Human Services and its branches involved in the subject.

Although nuclear medicine equipment has had inherent computerization for some years, the expanded role of computers is being further developed in conjunction with the Central Office planning group in this area.

Innovative sharing agreements have always characterized the VA nuclear medicine service so that the provisions of Public Law 97-174 in this matter were simply an extension of what had already been in practice. However, further explorations into creative sharing arrangements are underway.

Dentistry

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

Fiscal year 1983 was a year of continued improvement in workload and budgetary management. The VA dental staff provided treatment to an increased number of service-connected outpatient beneficiaries. The accompanying table shows that approximately 107,653 of these cases were completed by staff, which represents a 10 percent increase over FY 1982. Patients treated by private sector dentists decreased by 21,000 over the previous year, resulting in a saving of more than $13 million compared to FY 1982. For both inpatient and outpatient beneficiaries, VA dentists performed more than 3.9 million separate clinical procedures.

In order to continue our progress in this area, Dental Service personnel were briefed repeatedly through telephone conference calls, meetings, and policy issuances on the need to adhere to priorities of dental care in conjunction with established levels of care. Priority of care refers to the determination of which patients will be treated first, based on defined justifiable criteria. Level of care is the type and amount of care to be provided each patient. In this manner, existing dental resources will be used in the most effective manner possible in fulfilling both the expressed intent of the Congress and our professional responsibility to the veteran patient.

A Dental Field Advisory Group composed of a representative from each medical district, and selected staff from the clinical specialties, research, and education, was appointed and is being used as a grassroots planning resource. Several ad hoc task forces composed of members from this group, have been charged with making recommendatins on the role and direction of VA dentistry in such departmental initiatives as DRG's (Diagnostic Related Groupings), refinements in the dental management information system, provisions for care to geriatric patients, and adjunctive care criteria. Additional topics to be explored and developed by the group will include future directions of dental residency programs, the dental fee-basis program, and the increased role and responsibilities of auxiliaries.

The recognition and diagnosis of soft tissue oral lesions provide the basis of treatment for localized oral disease or, in some cases, for serious systemic diseases having oral manifestations. As evidence of the meticulous oral examinations given, VA dentists diagnosed a total of 1,341 malignant neoplasms in FY 1983. The early recognition of such abnormalities increases the potential of an effective and non-disfiguring cure and a resultant lower morbidity and mortality.

CLASS I-VI OUTPATIENT DENTAL PROGRAM

Item	FY 1979	FY 1980	FY 1981	FY 1982	FY 1983
Staff and fee cases Total completed	128,003	145,881	160,564	149,700	138,534
Staff cases completed	60,101	74,331	86,036	97,768	107,653
Yearly change	+ 4,492	+ 14,230	+ 11,705	+ 11,732	+ 9,885
Percent change	+ 8	+ 24	+ 16	+ 14	+ 10
Fee cases completed	67,902	71,550*	74,528*	51,899	30,881
Yearly change	– 21,538	+ 3,648	+ 2,978	– 22,629	– 21,018
Percent change	– 24	+ 6	+ 4	– 30	– 40
Funds oblig. (000's)	$ 39,217	$ 54,195*	$ 50,305*	$ 30,548	$ 16,954
Yearly change (000's)	– 4,033	+ 14,978	– 3,890	– 19,757	– 13,594
Percent change	– 9	+ 38	– 7	– 39	– 45

**P.L. 96-22 increased workloads and resultant fee expenditures.*

Optometry Service

During FY 1983 there was a total of 372 ophthalmology FTEE (including 235 residents) and 92 optometry FTEE (including 26 residents) on duty nationwide, with 85 clinics having teaching affiliations with departments of ophthalmology and 41 having teaching affiliations with schools or colleges of optometry. Forty-seven clinics were without a teaching affiliation.

In this system both optometrists and ophthalmologists work in a common shared clinic under a common supervisor, the Chief of the Surgical Service. Optometry staff makes timely and appropriate patient referrals, and the increased use of optometry staff has increased the scope and quality of their medical centers' eye care.

Podiatric Service

In FY 1983, the Podiatric Service completed a survey of foot care activities in the Veterans Administration. The survey revealed that there were 82 VA medical centers that employed 78 FTEE podiatrists with an additional 70 full-time podiatric residents assigned in 29 of the 82 VA medical centers. The VA podiatry program saw approximately 300,000 inpatients and outpatients in FY 1983 for foot care problems.

The need for foot care in the diabetic patient remains a high priority in the Podiatric Service, as it has been reported that 24 percent of the patients seen in Podiatry clinics have diabetes mellitus. The survey showed that 115 VA medical centers have a formal diabetic foot screening and education program in operation for their patient population and that several VA medical centers have initiated clinical studies and research programs in the area of diabetic foot problems of the aging veteran.

The Podiatric Service continues to provide inservice education to its podiatric staff at VA medical centers in conjunction with the American Association of Colleges of Podiatric Medicine. In June 1983 the VA sponsored a conference in New York City entitled, "Podiatric Medicine and the Disabled."

FY 1983 EMPLOYMENT STATUS OF VA PODIATRISTS

Status	Podiatrists	Hours Per Week
Full-time (head count)	60	2,400
Part-time (head count)	47	730
Consultants & attendings	98	307
On-station fee basis	10	84
Residents	70	2,800
Totals	285	6,321

Pathology Service

Major changes in the philosophy concerning the operation of VA medical center laboratories were initiated during the past fiscal year, oriented towards more efficient management of operational costs for high technology equipment, and improved methodologies to provide smaller groups of more specific diagnostic tests.

Six workshops, entitled, "Optimizing Laboratory Productivity," were given for laboratory chiefs and administrators at regional medical educational centers. These workshops emphasized better control over purchasing and utilization of expensive technologies, and improved communication with clinical user services which order tests.

Overall laboratory operational costs were analyzed and found to constitute the second largest expenditure for all diagnostic services in a VA medical center, second only to pharmacy. These costs were found to be dependent on the type of instrumentation in use in each laboratory and the test ordering preferences of physicians in each medical center.

As a major cost containment effort, laboratory test costs were analyzed for each major type of chemistry apparatus in 40 VA laboratories during FY 1983. This analysis indicated that nearly twice as much is spent for fixed-profile testing on pre-programmed instruments as is spent for tests on discrete or programmable analyzers. It is apparent that the overall volume of tests ordered on the pre-programmed instruments escalates total costs for operation of a laboratory in the VA. A protocol for determining the specific operational costs of all high-technology instrumentation and diagnostic test groupings in use in VA medical centers is currently being developed by Pathology Service.

Efforts to computerize VA laboratories continued during FY 1983 in cooperation with the VA medical center at Salt Lake City, Utah, Verification and Development Center. The Laboratory special interest user group, composed of pathologists and laboratory ADP experts, recommended changes and improvements which were incorporated into the VA's laboratory software system currently under development. Completed systems for chemistry, hematology, microbiology and ward reporting, as well as other laboratory subspecialty areas, will be ready for installation at some VAMC's in FY 1984.

A computerized management tool which uses laboratory peer group comparisons based on cluster analysis was developed in FY 1983, to advise managers how to measure the type and volume of incoming clinical workload and to estimate the total volume of expected laboratory output in response to clinical workload. The method, called the clinical activity profile, provides a classification scheme which allows the separation of laboratories into four distinct inpatient peer groups, and two outpatient groups.

The method provides a sound framework for management decisions on a nationwide, regional, or district-wide basis. It was used to provide peer group criteria for the more efficient allocation of space during the recent revision of chapter 240, H-08-9, "Space Criteria for Laboratory Service," and the newly developed "Use Guidelines for Laboratory Equipment," both of which were completed in FY 1983. These major areas of cost for the Department of Medicine and Surgery can now be based on actual functional needs by degree of clinical activity in each medical center laboratory rather than on inflexible, broad criteria applied across the board without regard for the size and mission of the medical center.

An estimated 7-9 percent increased occurred in the clinical test and blood transfusion workload in FY 1983.

Other statistics of interest include:

Item	FY 1983	FY 1982	FY 1981
Procedures (unit count)	252,919,000 (est.)	232,035,884	215,990,010
Surgical Accessions[1]	369,574	380,960	385,236
Cytological Accessions[1]	217,220	202,904	198,236
Autopsies	16,013	14,772	[2]15,269
Autopsies as a percent of deaths	34.6	33.9	33.5
Deaths	46,285	43,603	45,586

[1]*Surgical accessions in FY 1983 declined 4.1 percent from the FY 1981 level, while cytology accessions increased 9.6 percent in FY 1983 over FY 1981.*

[2]*Corrected data.*

Studies continued in conjunction with the Armed Forces Institute of Pathology on tissues obtained from Vietnam veterans exposed to Agent Orange, and on tissues from prisoners of war.

As of October 1, 1983, all 198 laboratory services enrolled in the College of American Pathologists Laboratory Inspection and Accreditation Program were inspected and fully accredited, an achievement which is recognized by the JCAH (Joint Commission on Accreditation of Hospitals) in lieu of their own inspection process for the accreditation of a VA medical center laboratory.

Nursing Service

During FY 1983, the Nursing Service's emphasis shifted from major activities in response to the nation's nursing shortage, to initiatives which provide a climate conducive to the practice of nursing. The final report of the Recruitment and Retention Study, mandated by Public Law 96-330, section 118, is due to Congress in February 1984. The project has two major components, a questionnaire completed by head nurses and staff nurses, and pilot projects conducted in six VAMC's experiencing problems in the recruitment and retention of nurses.

The VA nurse qualification standards were revised. Major changes were made to improve recruitment and retention of nurses by reducing time-in-grade for promotion consideration, and by eliminating the baccalaureate degree in nursing as a requirement for the intermediate grade. The revisions elevated the performance levels expected of nurses by establishing more precise criteria of professional nursing practice. These include interpersonal skills and a greater emphasis on the nurse's increased contribution to the care of veterans.

The need for nurse leaders in gerontology was identified. A centralized preceptorship training program was implemented to prepare nurses for leadership positions in nurs-

ing home care units. Two nurses are participating in this program. Five VA and four non-VA nurses have received one year full-time scholarships for graduate study in gerontological nursing (Public law 96-330).

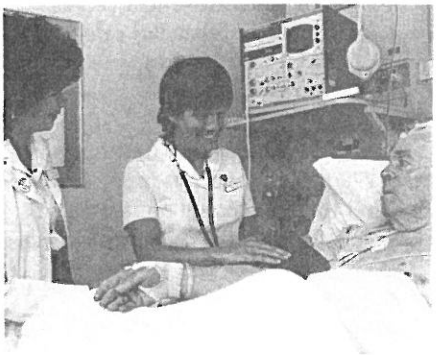
The Nursing Service introduced these initiatives to keep pace with increasing demands and to more effectively coordinate the wide array of health services which are required. Initiatives continue for the recruitment and development of nurses with clinical expertise in geriatrics.

Forty part-time positions were funded for master's level nursing students preparing to become clinical specialists in gerontological nursing. The positions were approved through affiliations with accredited schools of nursing.

The VA medical center at Hines, Illinois, was selected to participate in the Robert Wood Johnson Teaching Nursing Home Project, in conjunction with Rush University.

A discretionary title, Associate Chief, Nursing Service for Nursing Home Care, has been established to denote the complexity of the program and the nursing leadership responsibilities required for integrating a wide array of health care services and maintaining continuity in a comprehensive patient care program. This title has been approved for use in 14 VA medical centers.

The first **Guidelines for Operating Room Nursing Programs** (G-18) were published to assist in the implementation of nursing standards for the operating room and to promote clinical competence and safe patient care.



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

The Nursing Service continues to collaborate with the Office of Construction in establishing criteria and reviewing designs for medical centers. The Nursing Service also particpates in the post-occupancy visits to new medical centers and in renovation projects to evaluate the efficiency of the overall design.

Mary Ann Mikulic of the VAMC Seattle, Washington, Nursing Service received the fifth Olin E. Teague award for her work in the rehabiliation of war-injuried veterans.

Five hundred thirty-four nurses held joint faculty appointments. Clinical experience was provide for 27,622 nursing students from 420 affiliated nursing schools.

There is an increase in the appointments of deans of schools of nursing and in the participation of chief nurses on VA medical center Dean's Committees which address issues of competency, educational levels, credentialing, and accountability. Fifty-three deans of schools of nursing were members and 17 deans were ex-officio members of Dean's Committees. The Deputy Assistant Chief Medical Director for Nursing Programs continues regular meetings with officials from the American Association of Colleges of Nursing, which represents 362 baccalaureate and graduate programs in nursing.

A chief nurse conference was held in Philadelphia, Pennsylvania, during the biennial convention of the National League for Nursing; approximately 100 nurses attended. Current programs and initiatives were discussed and significant issues were identified. The opportunity for individual conferences was provided.

The Central Office Nursing Service held a conference for 14 trainees to familiarize them with current initiatives and to supplement the learning experiences provided at selected VA medical centers.

The executive development of nurse leaders continues to receive attention through preceptorship training for the Chief, Nursing Service; the Assistant Chief, Nursing Service; the Associate Chief, Nursing Service for Education, and the Supervisor,Nursing Home Care Unit. Performance-based interview concepts are being implemented to provide more relevant data and consistency in the selection of key nursing personnel. Educational programs for trainees are being planned for FY 1984.

A task force is examining the role of the Associate Chief, Nursing Service for Education and the role of nursing education programs in VAMC's to assure their relevance and responsiveness.

A three-year pilot project for a practicum in nursing administration in highly affiliated VAMC's has been approved for implementation in FY 1984. Nurses who are enrolled in master's degree programs will be selected for this practicum.

A master's degree program in Nursing Administration has been included in the second cycle of the full-time scholarship program granted under the authority of Public Law 96-330. Four VA and three non-VA nurses received scholarships. This is in addition to awards for specified clinical specialities at the master's level.

The VA Nursing Service is collaborating with the VA medical center at Hines, Illinois, Verification and and Development Center in the development of an integrated computerized nursing information system. This system will provide a core module for the Nursing Serrvice in FY 1985. Nursing representatives decided to simultaneously develop an automated nursing care plan and a clinical and management information system.

There has been an increase in the number of nursing research projects funded by the Research Service. Two nursing projects have been funded through the Medical Research Merit Review, and one nurse researcher has been funded by the Division of Nursing, U.S. Public Health Service.

Pharmacy Service

In FY 1983, the major issues confronting the Pharmacy Service were the continuing implementation of the unit-dose medication system; ADP pharmacy and pharmacy management information requirements; drug procurement activities; the OPM (Office of Personnel Management) Revision of Pharamacists' Classification Standards and title 38; cost containment efforts; and promotion of more patient-oriented services. The Pharmacy Service continued to implement its objectives in providing safe and effective drugs to veteran patients and in assuring appropriate drug utilization in the VA health care system.

During FY 1983, approximately 42 million prescriptions for ambulatory patients were dispensed from 220 pharmacies. In addition, over 279 million inpatient medication doses and approxrimately six million intravenous and total parenteral nutrition solutions were prepared and distributed. Acquisition costs for drugs and pharmaceuticals exceeded $430 million.

At the end of FY 1983, there were 98 VA medical centers and over 42,000 beds having total unit-dose medication distribution systems. The program has brought about a reduction in medication losses, less probability of medication errors, less diversion of drugs to street traffic, savings in nursing time devoted to medication activities, and a complete medication profile on inpatients.

Enhanced automated pharmacy systems comprising outpatient and inpatient functions were being tested for implementation in several medical districts. An integrated "core" system including pharmacy was developed in selected medical centers. When fully operational, these systems will process the flow of medication more efficiently and provide for clinical and management information decisionmaking.

The VA supported the combined Federal procurement directives to standardize drug procurement, nomenclature, product description, and drug selection, and to eliminate duplicate stocked drug items. These procedures are expected to be cost-effective and to reduce the total cost of medications to the VA and other Federal agencies. By the end of FY 1983, the VA and the DOD had reviewed more than 12,000 depot-stocked drugs and devices. Initial review and rewrite of the VA/DOD contracts have been completed for compliance with Federal sharing procurement directives in the interest of economy, standardization, and effciency.

The Centralized Multidisciplinary Clinical Nutrition Committee has developed criteria and policy to provide guidance and recommendations to the medical center subcommittees regarding the use of total parenteral nutrition in hospitalized patients and nutrition in the elderly.

In the revision of classification standards of the Pharamacist, GS-660 and Pharmacy Technician, GS-661 series, the Pharmacy Service provided important input to the

OPM. The first draft report is expected by the end of 1983. The VA provided support and training of 75 pharmacy residents in 33 medical centers for one-year and two-year programs. The two-year program is closely affiliated with universities, leading to a Master's or Pharm.D. degree. The one-year program, while affiliated, is post-Master's or Pharm.D. In addition, eight pharmacy trainees received on-the-job managerial experiences from selected preceptors.

A national Pharmacy Advisory Council continues to consult with the Director of the Pharmacy Service regarding new and innovative trends and practices in pharmacy services, education, and research that can benefit the VA in its care of veterans. The membership is comprised of representatives from the national pharmacy organizations, academic institutions, the U.S. Public Health Service, the Food & Drug Administration, the U.S. Pharmacopoeia, and community hospital pharmacy administrators and practitioners.

The rapid introduction and dissemination of new drugs and drug technologies which are often more complex, sophisticated, and costly, necessitate planning and implementing cost-containment measures and patient-oriented pharmacy services. A program has been initiated to monitor the usage pattern of selected high-cost drugs for feedback to field and central office managers in cost containment decisionmaking.

Dietetic Service

During FY 1983, more than 87 million meals were served by the Dietetic Service at a raw food cost of nearly $96 million, or $1.10 per meal (an increase of two cents per meal from FY 1982).

Dietetic Service training activities were directed toward increasing management competency of dietitians and of new chiefs in the food production and service section. Dietitians from 35 VAMC's received specialized training to enhance thier administrative knowledge and their skills needed to effectively administer program responsibilities. Individualized training was provided to new chiefs in the Dietetic Service, and new chiefs in the food production and service sections to strengthen and solidify their management skills.

Emphasis was placed on development of computer software with a module for nutritive evaluation of meals served. Diet ordering, processing, food production, and dietetic cost reports for efficient fiscal management were identified as priorities.

The Dietetic Service field advisory group provided advice to Central Office on the conduct of administrative, clinical, and educational programs at medical centers. They also served as resource liaisons and assisted in planning programs geared to the needs of the medical centers.

A survey was developed to identify problems in the food service facilities in nursing home care units. The results of this survey will be used to adjust space criteria and equiment requirements and to improve the quality of nutritional care for geriatric patients.

The increasing elderly veteran population has presented a challenge to the clinical dietetic program. The role of the dietitian is expanding rapidly in the areas of assessment, planning, and evaluation. Dietitians are members of interdisciplinary teams treating patients in geriatric evaluation units, hospital-based home care programs, and GRECC's.

The need for technical support to the clinical dietitian has been identified, and initiatives to provide qualified dietetic technicians include:

- Upward mobility training to prepare VAMC personnel to become qualified clinical dietetic technicians.

- Nationwide job study to determine the proper role of the dietetic technician in the clinical dietetic program and to provide standards for recruiting personnel.

• Affiliations with academic programs and VAMC's to provide clinical experience for dietetic technician students.

To improve the nutritional status of ambulatory care and neuropsychiatric patients, guidelines are being developed by clinical dietitians from selected medical centers to be used VA-wide.

Social Work Service

During FY 1983, the VA's Social Work Service provided direct patient treatment services in 1,621,591 cases as an integral part of the VA's multidisciplinary health care delivery system. Comprehensive social services throughout the health care continuum and integration with community agencies and resources resulted in the placement of 234,706 veterans in the full range of community/residential and continued care facilities. In addition to direct patient treatment services, social workers make a major contribution through professional program direction of over 400 patient care programs providing a wide range of inpatient and outpatient services.

Continued emphasis has been placed on the integration of VA and community services to more effectively meet the medical and social needs of veterans no longer requiring institutional care as well as veterans who can be maintained in their own homes or other community settings. The activation of a nationwide network of medical district community services coordinators to facilitate the development and integration of VA/community services and programs in meeting the needs of the frail elderly has expanded and enhanced the VA's capability for responding to the health care requirements of this population. Joint training programs sponsored by VA, Federal, state, and local agencies have taken place at numerous sites across the country and have strengthened VA/community linkages in support of the VA's priorities for the older veteran.

The Social Work Service has established linkages with state and area agencies on aging in support of joint planning and coordination in the development and delivery of services to the impaired elderly. Joint conferences, training activities, and local program initiatives are underway in all medical districts to ensure integration and coordination of VA and community resources in the continued development of a comprehensive system of community and institutionally based health and social services.

Several program initiatives were taken in support of DM&S' development of services to former POW's (prisoners of war), as authorized by Public Law 97-37. The Social Work Service provided consultation to the Advisory Committee on Former Prisoners of War and participated in the development of Agency plans for medical evaluation and service coordination. Social work staff has been designated at each VA medical center as members of the POW service team to provide services and ensure integration of VA and community resources to former POW's and their families. In collaboration with former POW service organizations, social work staff at 87 VA medical centers have provided outreach services to former POW's requesting assistance.

The Agency's expanded computer capability was used by the Social Work Service in special surveys and studies of significance for policy formalization, program development, and management in areas of aging, high-risk screening, program coordination, and discharge planning.

A survey of approximately 3,500 veterans in a random sample at 25 VA health care facilities used selected psychosocial indicators to identify patients at risk, e.g., who, if not treated, are likely to suffer further medical/social disabilities. Approximately 43 percent of the total sample of patients were found to evidence one or more of these at-risk criteria. When age was considered along with the at-risk criteria, a clear pattern was identified. The percentage of patients at risk remained fairly constant from age 25-74 (42 percent). However, at age 75 and older the proportion at risk rose to 58 percent. The Social Work Service has established and implemented guidelines and programs to ensure early identification of the patients whose diagnoses, disabilities, or psychosocial circumstances suggest that they are medically or socially at risk and require coordinated discharge planning.

Program plans and activities continue to expand government and private sector collaboration in meeting the needs of veterans and their families. Through joint efforts

with the National Health Screening Council for Voluntary Organizations, 14 VA medical centers have participated in community health fairs. This VA and private sector initiative promotes health awareness and prevention, and provides health information and referral to appropriate health care resources.

Social work staff continues to initiate and participate in a wide range of pilot programs to develop cost effective alternatives to/or extensions of existing levels of health and social services.

Recreation Service

During FY 1983 the VA's **Recreation Service** provided over 850,000 hours of programming to hospitalized veterans. This broadbased program was developed on assessed patient needs designed to assist in patient care, improve the quality of life, and facilitate reentry into the community.

There was significant advancement in providing comprehensive services to meet the special needs of the long-term-care patients. Greater emphasis has been placed on the conscious management of daily life activities through creating, supporting, developing, and restoring the appropriate lifestyle of the patient in the direction of personal and social autonomy. The programs are actively involving patients more in their plans of care to nurture an environment, for such involvement induces independent functioning.

Criteria to evaluate the quality of recreation services were also developed, tested, and implemented in the quality assurance reviews of all VA medical centers.

A major achievement during the past year was the development of program guides for Recreation Service responsibilities in psychiatric, substance abuse, and patient education programs.

Space planning criteria were approved for use in all new construction and modernization projects involving the Recreation Service. Application of these criteria will adequately reflect the differing missions and needs of VA medical centers based on types of patients, their needs, and utilization rates.

Other successful national activities conducted by the Recreation Service included veterans wheelchair games, Vet Arts II, golden age games, and the national veterans music festival.

Recreation therapy programs are provided to better meet the veteran's total health care needs.

Chaplain Service

The mission of the VA Chaplain Service is to provide an adequate spiritual and religious ministry for patients in all of the VA medical centers as an integral part of the

medical healing team. The Chaplain Service represents all major faith groups and denominations and has approximately 1,100 chaplains. Sixty-two percent of the chaplains are either part-time or contract.

The endorsing committee for VA Chaplaincy met in March 1983, to review its responsibility for granting ecclesiastical endorsement to all VA chaplains. Each endorser certifies that the chaplain is authorized to represent the faith group at a national level. This committee is parallel with one which endorses military chaplains. At their meeting, the Administrator spoke to the committee of the importance which the Veterans Administration attaches to the services of chaplains. He identified their comparability with military chaplains and the unique services which they offer to hospitalized veterans.

A Board of Advisors, which consists of one senior chaplain from each of the six VA regions, met in Central Office in June. They reviewed three key issues: **education**, which included orientation for new chaplains and ongoing education for staff chaplains, the **training manual and program for chiefs of Chaplain Service**, and the revision of the **qualifications and standards for Chaplain Service**.

Workshops were conducted to enhance the skills and expertise of the chaplains. "Spiritual Support Systems" was the theme of two conferences held at Salt Lake City, Utah, and Seattle, Washington.

Veterans Canteen Service

The Veterans Canteen Service has a canteen in each Veterans Administratin medical center. It is a nonappropriated fund activity charged with providing items or services of convenience or necessity to America's hospitalized veterans. As a secondary mission, the VCS (Veterans Canteen Service) operates cafeterias to feed VA personnel, volunteers, and visitors at the medical centers.

In FY 1983, VCS's gross sales totaled $179,537,695. Retail sales were $105,998,479, and all food sales were $68,865,916. Barber shops and other services contributed $4,673,300. Out of these sales, VCS through its revolving fund paid all its expenses, including salaries. VCS makes an annual payment to the VA for rent, utilities, and other services provided by the VA medical centers. By using income from its larger profitable operations to help defray the costs of smaller, less profitable canteens, the VCS is able to offer the same high level of service at each of its canteens, including the smallest and most remote.

A first for the VCS occurred in 1983. The computer operation at the centralized VCS Finance Center was initiated. When completed, the system will enable VCS to gather and process financial information in a more efficient and timely manner. It will produce statements of income and expense, departmental inventory data, sales and budget information, accounts receivable data, accounts payable, and other data on a monthly basis. Previously, these functions were manually accomplished on a quarterly basis.

VCS implemented a new supervisory reporting system which eliminated many forms and updated others. Each supervisor now provides a narrative report of findings when a full or partial canteen supervisory visit is completed. This narrative provides VCS and medical center management with a more complete picture of how each canteen operates. It is helpful not only to those in VCS, but to others who deal with canteens, such as medical center directors.

Training is an important element in the VCS. The VCS recognizes that they serve a very special and deserving clientele — the aged, the frail, and the severely handicapped. The most recent nationwide training project was the introduction of an extensive cash register training program. The new program includes an operator's manual for each cashier, a loose leaf supervisor's manual with training exercises, and two 20-minute video cassettes which spotlight courteous behavior. The videocassette program, designed by the Regional Learning Resources Service at the VA medical center at St. Louis, Missouri, and featuring Canteen Service employees, received a certificate of excellence at the 1983 U.S. Industrial Film Festival.

Voluntary Service

Fiscal year 1983 saw 79,000 volunteers contribute 12 million hours of service. This was an increase of 1,500 volunteers and 1.1 million hours over last year. The VA youth volunteer program grew in the same period from 5,612 to 7,377.

Major emphasis was again placed on new and innovative approaches to recruiting for youth and younger volunteers. In support of this youth volunteer emphasis, the VAVS National Advisory Committee has moved toward increasing the principal of its James H. Parke Memorial Fund, contributed by interested individuals and nonprofit organizations. Each year this scholarship fund recognizes the outstanding youth volunteer in the VA health care system and provides the winner and a runner-up with checks representing interest on the fund.

To encourage increased volunteer participation by its 51-member organizations, the National Advisory Committee established a subcommittee on membership. The subcommittee, chaired during its first year by a member representing the Disabled American Veterans, offered assistance to national participating organizations which showed a decline in participation. It also monitored and assisted prospective member organizations as their level of activity at medical facilities approached eligibility for National Advisory Committee membership.

Service organization representatives and volunteers contributed over 12 million hours of service in FY 1983.

Fiscal Year 1984's National Salute to Hospitalized Veterans promises to be the very best. During 1983, a concentrated effort between the Public and Consumer Affairs Office and the Voluntary Service put together a promotional package to provide full exposure of the National Salute involving various interpretive public service materials for print media, radio, and television.

Paperwork management has been improved and the amount of paperwork reduced to a more efficient level. The quantity and frequency of reports for which the field facilities are responsible have been reduced. The Voluntary Service's recordkeeping has been made more comprehensive and has eliminated the need for separate systems of management information reporting.

The Voluntary Service program continues to grow and explore new avenues toward recruitment and innovative volunteer assignment areas. Today's volunteers may range from the assignment of a retirement age volunteer working closely with a nursing home patient with Alzheimer's disease to a high school student youth volunteer working side-by-side with a research biologist.

Academic Affairs

The VA conducts the largest coordinated health professions education and training effort of its kind in the country. Its purpose is two fold.

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

- Provide continuing education and staff development activities for DM&S employees involved in health care delivery through facility-based programs and a network of continuing education field units. Nineteen such field units are geographically dispersed across the VA system. Sponsored activities provided over 36,000 training episodes to VA employees in FY 1983.

This education and training effort is accomplished through a series of coordinated programs and activities adminstered by the Assistant Chief Medical Director for Academic Affairs. At 82 VAMC's where educational programs are manifold and complex, an ACOS/E (Associate Chief of Staff for Education) provides a single focus for health education activities. The ACOS/E also serves the facility by involvement in quality assurance programs, the MEDIPP process, research, and patient care, in addition to having educational responsibilities.

VA Health Professional Scholarship Program

The health scholarship professional program was established in 1982 to assist in providing an adequate supply of health care personnel for the VA. In FY 1983, 130 of the

344 participants who received scholarships in July 1982 completed degree requirements and were assigned to VA medical centers for their two-year service obligation. Awards were made to an additional 341 full-time nursing students in baccalaureate and master's programs needed by the VA. Fifty-five VA-employed nurses received scholarship awards.

Regulations were revised and application packages prepared and disseminated to implement the provisions of Public Law 97-251. This legislation authorized the award of scholarships to VA health care employees enrolled as part-time students in baccalaureate nursing programs. The first awards to part-time students will be made in December 1983.

Assistant for Health Manpower Training Institutions

Since 1974 when the health manpower training grant program was initiated, the VA has provided essential resources for the creation of five new state medical schools to be operated in affiliation with VA facilities and community hospitals. Eighteen medical schools with established VA affiliations received grants to improve and expand existing programs. One hundred thirty-eight grants were made to other health manpower training institutions for a variety of program enhancements in cooperation with one or more VA health care facilities.

Two of the five new state medical school grants and support to the 18 medical schools have concluded. Of the 138 grants to other health manpower training institutions, 16 will receive their final VA funding in FY 1984.

Graduate and Undergraduate Education

The VA supported approximately 7,700 full-time **medical residency positions** under affiliations with 100 medical schools. Special emphasis was given to supporting programs in psychiatry, anesthesiology, radiology, and physical medicine and rehabilitation. Through similar arrangements, VA facilities also provided clinical education experiences for undergraduate medical students. Three hundred and twenty positions were supported for **dental residency programs**. Advanced training in dental general practice received the largest portion of these positions. Students in nearly 50 additional recognized **associated health professions and occupations** came to VA facilities for clinical experience.

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

Discipline	Number of Trainees	
	FY 1983	FY 1982
Total	99,684	98,503
Medical house staff	26,307	25,587
Medical students	22,517	21,422
Dental house staff	767	794
Dental students	1,074	1,217
Nursing	26,665	27,622
Social work	977	918
Psychology	1,233	1,225
Other health professions and occupations	19,395	19,004
Administrative	749	714

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

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

April 15, 1983

Academic Title	Total	Physicians	Dentists	Other Staff
Total faculty appointments	10,071	7,619	445	2,007
Professor	1,351	1,237	10	104
Clinical professor	217	168	21	28
Associate professor	1,485	1,269	35	181
Associate clinical professor	532	394	51	87
Assistant professor	2,918	2,500	68	350
Assistant clinical professor	1,236	908	113	215
Instructor	761	508	24	229
Clinical instructor	876	365	100	411
Lecturer	101	57	8	36
Other titles	594	213	15	366

At mid-FY 1983, 10,071 VA physicians, dentists, and other staff held faculty **appointments** at affiliated health science schools and colleges. A decade earlier, the number was 4,076.

Special Programs

Fellowship

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

Program Category	Year Initiated	No. of VAMC Training Sites	No. of Fellowships Funded FY 1983	No. of Fellowships Completed Through June 1983
Geriatrics/Gerontology				
Physician	1978	12	47	56
Dentist	1982	5	10	—
Spinal cord injury	1980	5	13	14
Substance abuse	1981	5	13	9
Total	—	—	83	79

Interdisciplinary Team Training in Geriatrics

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

Summer Traineeships

VA medical centers which experienced difficulty in recruiting students because of their geographic location or the schools' class schedules were assisted by a special summer traineeship program. In FY 1983, 400 traineeships were funded. Disciplines that may be supported in this program include occupational therapy, alcohol rehabilitation, audiology/speech pathology, blind rehabilitation, patient health education, psychology, and social work.

Clinical Nurse Specialist

Master's level clinical nurse specialist students received training at 26 VA facilities in the priority areas of geriatrics, rehabilitation, or mental health.

Continuing Education

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

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

Continuing Education and Learning Resources Field Organization

National/Regional Units*

VAMC Site	CEC	RMEC	RegLib	RPHEC	LRPC	DEC	ETC
Washington, D.C.	x				x	x	
Birmingham, Alabama		x	x	x			
Cleveland, Ohio		x	x	x			
Long Beach, California		x	x	x			
Minneapolis, Minnesota		x	x	x			
Northport, New York		x	x	x	x		
Salt Lake City, Utah		x	x	x	x		
St. Louis, Missouri		x	x	x	x		
Little Rock, Arkansas							x
West Los Angeles, California						x	

Facility Centered Units

Component	No. of VA Facilities
Cooperative health manpower education programs (Boise, Dublin, Erie, Fort Meade, Lincoln, Saginaw, Togus, Tuskegee)	8
Medical media production services	100
Patient health education programs	175
Library services	175

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

Continuing Education Center

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

Regional Medical Education Centers

Consultation, coordination, support, and educational programming is provided by the seven DM&S RMEC's. The RMEC program, established by Congress in Public Law 92-541, plays a pivotal role in the DM&S continuing education effort. Each RMEC supports between 20 and 30 DM&S facilities by providing extensive and intensive analyses of educational needs within its region as well as expert consultation and assistance to facilities on continuing education administration and operations. RMEC's sponsored 1,166 educational courses or activities in FY 1983 for 28,146 members of the DM&S staff. In addition to meeting regional needs, the RMEC's are the major vehicle for providing training in support of high priority VA and DM&S initiatives.

Dental Education Centers

Two DEC's provide specialized continuing education activities for dental employees. In FY 1983, the DM&S Continuing Dental Education Council was formed to coordinate continuing dental education activities, and to establish and maintain educational standards for continuing dental education programs at VA facilities.

Engineering Training Center

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

Cooperative Health Manpower Education Program

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

Patient Health Education

Patient health education is an important component of health care services. Full-time patient health education coordinators are assigned to 19 VAMC's and each RMEC. Patient health education consists of activities designed to contribute to the improved health status of veteran beneficiaries. These activities include institutional management of patient health education services, development of patient health education programs for identified target populations, staff training, and direct interaction with individual patients and families.

VAMC and Outpatient Clinic Continuing Education

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

Library Services

The VALNET (VA Library Network) is made up of 175 Library Services. In addition to operating patient libraries, VALNET supports the information and continuing education needs of medical care and research and clinical, administrative, and patient health education programs. VALNET is subdivided into seven regional libraries which match the seven RMEC regions and 28 district libraries for further sharing of resources and cost-avoidance techniques. Internal networking through the VALNET regional libraries and through external sharing arrangements with community libraries and library consortia makes possible even speedier delivery of materials and eliminates duplication.

Library Services act as the major learning resources depository and distribution hub for VA-produced audiovisual programs. The continued expansion of medical and scientific publications, coupled with technological changes in information and library sciences, requires continued planning to ensure the provision of timely, useful, and comprehensive information services.

Medical Media

Media services within DM&S provide a broad spectrum of audiovisual products and services in support of VA medical center clinical, research, affiliations, and continuing education programs. During FY 1983, the four learning resources production centers completed and distributed 25 productions, and had an additional 130 titles under production. Two productions received Emmy's from the National Academy of Television Arts and Sciences, and one received the U.S. Industrial Film Festival Gold Camera Award.

Education Space and Facilities

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

In FY 1983, support was provided to VA medical centers for 35 approved projects, including renovation to existing structures to improve or provide new conference/classroom's libraries, and medical media production facilities.

Research and Development

Research and development is a critical element in the VA's three-pronged effort to maintain and improve the quality of health care provided to veterans. The other elements are patient care and education, and they are linked together in a unique health care system that not only permits but encourages clinical and nonclinician investigators to study a wide variety of health care issues. Their efforts, in the areas of biomedical, rehabilitation, and health services research and development, are designed to support the VA's patient care mission by focusing on problems that affect large numbers of veterans or problems that are specific to the veteran population. By sharing research findings with the medical and scientific community as a whole, the VA has made many significant contributions to health care not only in the United States, but also throughout the world.

During the fiscal year, many VA investigators were honored for their achievements. Awards included the following:

- The William S. Middleton Award, the highest award given by the VA for achievement in biomedical research, was presented to Abba J. Kastin, M.D., Chief of the Endocrinology Section of the Medical Service of the VA Medical Center, New Orleans, Louisiana. Dr. Kastin's studies of naturally occurring chemicals in the brain have greatly increased our understanding of the basic mechanisms, diagnosis, and treatment of a number of disorders of the central nervous system.

- The 1983 Elizabeth Seton Medal, awarded annually by the Seton Hall Alumnae Association to "an outstanding woman," was presented to Margaret J. Giannini, M.D., Director of the Rehabilitation Research and Development Service of the VA for devoting her career to helping handicapped and developmentally disabled children and the functionally impaired of all ages.

- The Endocrine Society presented the Fred Conrad Koch Award to Roger H. Unger, M.D., Senior Medical Investigator at the VA Medical Center, Dallas, Texas, for his outstanding contributions to endocrinology, and specifically, for his discoveries concerning the way glucogen acts as a regulatory hormone in the body's "fuel" system.

- Ann M. Lawrence, M.D., Ph.D., Associate Chief of Staff for Education at the VA Edward Hines, Jr. Hospital, Hines, Illinois, was awarded the Upjohn Diabetes Educator Award for her outstanding contributions in the areas of teaching, research, and patient care in the field of diabetes.

Medical Research

VA medical research plays a key role in fulfilling the Agency's mission to provide the nation's veterans with quality medical care. First, research creates new medical knowledge which increases our understanding and improves the diagnosis and treatment of diseases that are prevalent among the veteran population. Second, the presence of a quality research program at a VA medical center helps to improve health care delivery because it is closely linked to the patient care functions of the facility.

Research projects are conducted by members of the clinical staff whose proposals successfully pass the rigorous review and funding procedures that have been established to maintain the quality of VA research. Currently, the Medical Research Service's high priority program stresses research projects dealing with schizophrenia, alcoholism, spinal cord injury and tissue regeneration, delayed stress, cancer, health problems of female veterans, and Agent Orange. Other significant studies focus on health problems prevalent among veterans; for example, diabetes, chronic heart disease, chronic pulmonary disease, and the health problems of former prisoners of war.

Because of the close relationship between the research and patient care activities in the VA medical centers, a great deal of emphasis is placed not only on the relevance of research to patient problems but also on the practical application of research find-

ings to patient care. In this regard, the cooperative studies program provides the best example. This program consists of multi-hospital studies in which investigators at different VA medical centers test a common protocol on large numbers of patients under strictly controlled conditions. Twenty-one such studies are in progress; an additional 21 are in the planning phase, and nine are in the final phase of analysis. The following examples illustrate the effectiveness of the cooperative study approach:

- A 12-hospital study on more than 1,200 male patients with unstable angina showed that low doses of aspirin reduced the incidence of myocardial infarction and death by more than 50 percent. Since these findings hold considerable promise for improved patient care, the study has attracted national attention.

- A study of the efficacy of pre-operative total parenteral nutrition in reducing morbidity and mortality among malnourished patients undergoing major surgery is being conducted in 10 VA medical centers.

- The value of lithium carbonate in the treatment of alcohol dependence in two major subgroups of alcoholic patients (those with a history of depression and those without) is being studied in eight VA medical centers.

- A study comparing the efficacy of four drug regimens and a placebo in preventing occlusion of bypass grafts following coronary bypass surgery is being conducted in 10 VA medical centers. Almost 200,000 patients undergo bypass surgery in the United States each year, but because this is a relatively new procedure the long-term effects of such surgery are not known.

Rehabilitation Research and Development

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

In prosthetics, researchers are using new materials and computer technology to develop a new generation of artificial limbs; lighter, better fitting, and more comfortable limbs that permit more natural movements and more vigorous activities, including running, skiing, and swimming. In spinal cord injury, the use of robotics is being studied, as is the possibility that computer controlled electrical stimulation can be used to restore function to paralyzed limbs. Research projects in the area of sensory aids include the development of advanced mobility aids for the visually impaired, computer-based hearing aids, and a multi-hospital study in which remote machine-assisted therapy is provided to stroke patients who are aphasic. In all, 92 merit reviewed projects were being conducted at 34 VA medical centers during FY 1983.

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

To review the state of the art and identify priority research areas, Rehabilitation R&D organized three special workshops on functional electrical stimulation, speech and audiology, and prosthetics. The workshops were attended by disabled veterans and related interest groups, government and private officials, professionals, consumers, researchers, and health care deliverers.

Rehabilitation R&D also addressed the problem of the time lag between the design of a technical system for the physically disabled and its clinical application. First, an agreement was signed with the Department of Commerce to study ways of promoting the orderly transition to clinical practice of devices developed under VA auspices. Under the agreement, effected in May 1983, the Technology Commercialization Office of the MBDA (Minority Business Development Agency) will use existing programs to stimulate private sector involvement in marketing devices developed under Rehabilitation R&D sponsorship. The agreement helps both agencies toward the fulfillment of

their missions: Rehabilitation R&D's by accelerating the availability of these devices to disabled veterans and MBDA's by opening this rapidly growing high technology market to minority entrepreneurs.

Second, a special development and evaluation program has been established at the VA medical center Washington, D.C. This program will establish and operate a nationwide effort to conduct clinical trials or evaluations of new devices, techniques, or concepts in rehabilitation; to promote commercial devices evaluated by the Rehabilitation R&D programs; and to establish a technical information program, including educational guidelines and technical manuals, and a training program on the proper use of these devices, techniques, or concepts in the rehabilitation of VA patients. This program is specifically for devices which are developed in VA or other Federally funded R&D projects and which are not yet commercially available.

The dissemination of research results is vital to the timely, practical application of technological advances. To this end, the Rehabilitation R&D Office of Technology Transfer in New York, New York, recently published the first issue of the **VA Journal of Rehabilitation R&D**, which has already been recognized as a leader in its field. Published for the past 20 years under the title of **Bulletin of Prosthetic Research**, the new journal will be a quarterly. One issue each year will be devoted to progress reports of national and international significance.

Health Services Research and Development

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

HSR&D investigators and students have gained national attention, and some of its research results are being applied to patient care. For example:

- Group counseling by telephone conference call, developed at VA medical centers in Seattle and American Lake, (Tacoma) Washington, has decreased loneliness and increased household activities among blinded veterans for whom travel is difficult. Contact with others with similar handicaps enables the veterans to share experiences and exchange information. The results of this program have been made known to the Blinded Veterans Association and disseminated nationally.

- Teaching social skills to psychiatric patients reduces their anxiety levels, according to the results of a study at the VA medical center, Providence, Rhode Island. The social skills training program is suitable for a variety of treatment settings and for many disease categories.

- A study at the VA medical center, Seattle, Washington, showed that treatment stays for alcoholics can be shortened without diminishing outpatient care. The results of this finding include increased availability of treatment space for alcoholic patients and more emphasis on follow-up care.

In FY 1983, HSR&D began emphasizing the transfer of research results to patient care by targeting results directly to the appropriate clinicians and administrators. Capacity-building activities also were continued, with HSR&D-supported projects underway at 41 health care facilities: a 41 percent increase over FY 1982. Projects were undertaken in collaboration with other VA offices in several priority areas, including the development of:

- A spinal cord injury registry (with the VA Office of Professional Services and the Paralyzed Veterans of America).

- A Geriatric Evaluation Unit information system (with the Office of Extended Care).

- Systematic technology assessment (with the Offices of the Associate Chief Medical Director and Professional Services).

Under the VA's pilot program of preventive health care, established in response to Public Law 96-22, projects are being conducted in schizophrenia, psychiatric screening, dentistry, and the evaluation of a selected set of preventive health care services.

Five HSR&D field programs became operational during FY 1983, with three more scheduled to become operational in FY 1984. A significant resource for regional and local clinicians and administrators, each program is staffed by experienced health services researchers and is supported by one or more community institutions (e.g., a school of public health). Specially designated field programs also train HSR&D researchers or serve as a system-wide resource on a particular subject (e.g., care of the aged veteran).

Five investigator-initiated research projects completed during FY 1983 contributed information concerning:

- The reliability and validity of a comprehensive battery of instruments for assessing the physical and social characteristics of geriatric treatment centers.

- The effectiveness of an experimental psychosocial treatment program to reduce the stress associated with cancer.

- The effectiveness of nursing care in peripheral vascular disease.

- The risk of Hepatitis B virus transmission from health care providers to patients.

- The factors influencing high-risk ambulatory care patients to seek (or not seek) influenza vaccination, and the effectiveness of a mailed brochure in influencing patients to obtain vaccination.

Resources

Funds

Obligations by the VA's Department of Medicine and Surgery during FY 1983 were over $8 billion, an increase of 9.3 percent over FY 1982. The accompanying table summarizes the distribution of these funds by major program.

Activity	Obligations (in thousands)	
	FY 1983	FY 1982
Total DM&S	$8,053,202	$7,368,772
Medical care	7,816,775	7,155,117
Medical administration and miscellaneous operating exenses	62,283	57,122
Medical and prosthetic research	161,387	137,272
Other medical programs[1]	12,757	19,261

[1]*Excludes Revolving and Trust Funds.*

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

The VA strives to deliver the highest quality medical care possible and at the same time contain costs by assuring delivery of services through the most appropriate type of care and the most cost efficient mode. The two accompanying charts illustrate the success of these efforts. First, while the hospital average daily census has decreased over the past 10 years (81,453 in 1974 to 64,992 in 1983), both the number of patients treated and the number of staff outpatient visits have increased significantly over the same time period. The cost effectiveness of this is evidenced by the fact that while per diems have more than *tripled* (65.08 in 1974 to 206.89 in 1983) in the past 10 years, the cost per inpatient treated has only *doubled* ($1,855 in 1974 to $3,833 in 1983).

WORKLOAD

Fiscal Year	Hospital Inpatient Program: Average Daily Patient Census		Hospital Inpatient Program: Patients Treated		Outpatient Program: Staff Visits	
	Number	Index (1974 = 100)	Number	Index (1974 = 100)	Number (in thous.)	Index (1974 = 100)
1974	81,453	100	1,043,293	100	10,458	100
1975	79,973	98	1,113,873	107	12,596	120
1976	78,264	96	1,178,894	113	14,223	136
1977	75,285	92	1,209,763	116	14,675	140
1978	73,008	90	1,228,755	118	15,070	144
1979	69,821	86	1,230,252	118	15,053	144
1980	68,109	84	1,247,516	120	15,752	151
1981	66,376	81	1,248,502	120	15,828	151
1982	64,894	80	1,242,544	119	16,024	153
1983	64,992	80	1,280,468	123	16,627	159

COST EFFECTIVENESS OF INCREASED TURNOVER

Fiscal Year	Per Diems: Amount	Per Diems: Index (1974 = 100)	Cost Per Hospital Inpatient Treated: Amount	Cost Per Hospital Inpatient Treated: Index (1974 = 100)
1974	$ 65.08	100	$1,855	100
1975	75.71	116	1,984	107
1976	87.86	135	2,135	115
1977	103.27	159	2,346	126
1978	119.10	183	2,583	139
1979	133.82	206	2,772	149
1980	154.00	237	3,077	166
1981*	166.05	255	3,222	174
1982	190.36	293	3,629	196
1983	206.89	318	3,833	207

**Beginning with 1981, data are calculated on the basis of obligations rather than cost.*

The impacts of inflation and technological innovation are difficult to partition, but their overall impact on per diems for the major medical care activities are shown in the table on page 49.

Resource Allocation Development

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

The initial resource allocation study using bed-day of care and case mix models was conducted during FY 1982. A validation study was completed in FY 1983. Approximately one million discharges, each year, from FY 1981 and 1982 were analyzed. The validation study focused almost exclusively on case mix models.

A number of budget items were excluded from each of the analyses. Such exclusions, or pass-throughs, were:

- Research appropriations.
- Medical care support for research.
- Renal dialysis.

Type of Care	FY 1983	FY 1982	Change	
			Amount	Percent
Medical care in VA medical centers				
Obligations per patient per day	$ 206.89	$ 190.36	+ 16.53	+ 8.7
Total obligations ($000)	4,907,871	4,508,841	+ 399,030	+ 8.8
Personal services	3,481,885	3,218,780	+ 263,105	+ 8.2
Other	1,425,986	1,290,061	+ 135,925	+ 10.5
Visits to VA staff				
Obligations per visit	82.09	76.23	+ 5.86	+ 7.7
Total obligations ($000)	1,364,880	1,221,433	+ 143,447	+ 11.7
Personal services	837,663	759,856	+ 77,807	+ 10.2
Other	527,217	461,577	+ 65,640	+ 14.2
Domiciliary care in VA facilities				
Obligations per patient per day	39.47	36.34	+ 3.13	+ 8.6
Total obligations ($000)	98,723	94,015	+ 4,708	+ 5.0
Personal services	63,366	58,940	+ 4,426	+ 7.5
Other	35,357	35,075	+ 282	+ 0.8
Nursing home care in VA facilities				
Obligations per patient per day	98.00	91.17	+ 6.83	+ 7.5
Total obligations ($000)	316,541	282,402	+ 34,139	+ 12.1
Personal services	236,619	207,361	+ 29,258	+ 14.1
Other	79,922	75,041	+ 4,881	+ 6.5

- Intermediate, nursing home, and domiciliary care.
- Fee basis and CHAMPVA.
- Spinal cord injury units.
- Ambulatory care.

Thus, the analyses dealt with approximately 4.2 billion of the more than $6 billion in the FY 1981 medical care appropriation and approximately $4.5 billion in FY 1982.

The analyses were simulations, i.e., calculations in terms of a hypothetical situation whereby budget dollars were held constant at the national, regional, and/or district levels and those dollars were moved around, or allocated, among facilities within each of those geographic levels, based on measures of differences in facility case mix and workload.

The results of these studies demonstrated the statistical validity of using the case mix model in explaining a large proportion of the variation in resource expenditures among VA health care facilities for inpatient medicine, surgery, and psychiatry. They also provide a sound statistical base for determining future resource allocation decisions to better reflect patient care requirements in various VA settings. The FY 1985 budget allocation to VA health care facilities will incorporate the results of these studies in determining the resource base for each VA facility. As further validation and refinements are available, the methodology will be phased in over a number of years until it provides the major information base directing the allocation of patient care resources.

Further developmental work is proceeding to provide similar methodologies for analyzing and allocating resources associated with ambulatory care and long-term care. It is anticipated that these methodologies will be available for initial application with the FY 1986 resource allocation process. The development of these methodologies, representing advanced state-of-the-art concepts and technologies, is the major priority for the Allocation Development Service.

Employment

The net FTEE (full-time equivalent employment) in the Department of Medicine and Surgery increased from 195,250 in FY 1982 to 197,352 in FY 1983.

Total Health Care: Net Full-Time Equivalent Employment

Appropriation/Fund	FY 1983	FY 1982
Total	197,352	195,250
Medical care	188,713	186,836
Inpatient care	154,948	153,878
Hospitals	142,167	141,654
Nursing homes	10,159	9,592
Domiciliaries	2,622	2,632
Outpatient care	31,951	31,183
All other	1,813	1,775
Medical administration and miscellaneous operating expenses	862	853
Research	4,281	4,066
Medical research	3,954	3,845
Rehabilitation research	215	128
Health services research	112	93
Canteen service	3,496	3,495

NOTE: Totals may not add due to rounding.

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

Fiscal Year	Hospital Care (FTEE/Census)	Outpatient Care (FTEE/1000 Visits)	Nursing Home Care (FTEE/Census)	Domiciliary Care (FTEE/Census)
1974	1.57	[1]1.89	0.92	0.30
1975	1.65	[1]1.75	0.97	0.30
1976	1.75	[1]1.69	1.00	0.32
1977	1.85	[1]1.77	1.02	0.33
1978	1.99	[1]1.82	1.08	0.35
1979	2.04	1.79	1.05	0.35
1980	2.11	1.84	1.09	0.36
1981	2.13	1.85	1.11	0.37
1982	2.18	[1]1.95	1.13	0.37
1983	2.19	1.92	1.15	0.38

[1]*Corrected data.*

Personnel

Recruitment of health care professionals has been improved through the activation of a centralized SEU (Special Examining Unit) at the Richmond, Virginia, VA medical center. This unit, the largest examining unit in the Federal government outside of the Office of Personnel Management, will provide all VA medical centers with lists of qualified applicants for the following positions: dietitian, pharmacist, psychologist, social worker, occupational therapist, and audiologist/speech pathologist. The SEU features a toll-free telephone number for the convenience of applicants seeking VA

employment and computerized processes for rapid responses to requests for candidates from VA medical centers.

Public Law 97-251, the legislation which provides for use of the "Baylor Plan" for scheduling registered nurse tours of duty and the use of Saturday premium pay within the VA, was implemented this year. With these authorities, along with those provided under Public Law 96-330, the VA has remained competitive with private sector hospitals in the recruitment and retention of nurses.

The first biennial report on physicians pay was submitted to the President as required by Public Law 96-330. Although recognizing that changes were necessary in the pay structure for VA physicians, none were recommended due to an across-the-board pay increase that all VA physicians received in December 1982 when the Executive Level pay cap was increased by almost $6,000.

Organizational analyses in eight major program areas resulted in the implementation of new organizations, the realignment of existing organizations, or specific management improvements. Essential post-installation evaluations of the effectiveness of these changes were initiated where appropriate.

DM&S continued its program of internal review and analysis to streamline its Central Office operations and allocate its staff resources most efficiently. A specialized staff capability was established in the Resource Management Office to implement a new resource allocation process based on the Diagnostic Related Grouping methodology. In total, DM&S was able to reallocate over five percent of its Medical Administration and Miscellaneous Operating Expenses personnel ceiling to areas of greater priority, while at the same time minimizing the adverse impact of a reduction of 23 positions in its budgeted ceiling.

In FY 1983, the DM&S Executive Development Program made a significant contribution to the quality of VA medical center management by providing 1,200 individual development experiences to VA executives. This represents an 80 percent increase in training episodes over FY 1982. In response to the critical need for computer literacy training for executives, computer overviews were conducted for all medical center directors and chiefs of staff. Additionally, the following experiences were provided to meet DM&S' highest level executive development priorities: a national forum for all DM&S associate/assistant directors; a preceptor/trainee conference and a didactic session for associate director trainees; two new seminars for directors: Management of Clinical Affiliations and Executive Seminar in Health Care Administration; and assessor refresher training to update skills for the assessment center processes.

Management Systems Service

The mission of the Management Systems Service is to develop, redevelop, implement, and maintain staffing guidelines in conjunction with program services in a two-fiscal-year period. Guidelines have been developed for 15 medical center operational functions, and reporting of this data will commence within the next fiscal year.

Guidelines for 15 additional medical center operational functions will be developed and implemented during FY 1984. By September 30, 1984, guidelines will have been developed and implemented for 90 percent of the medical center's operational functions. Various management engineering techniques are used in the development of staffing guidelines; i.e., time study, work sampling, and operational audit.

The Agency has entered into a contract with the Institute of Medicine for the development of a methodology for determining physician resource needs.

Facility Planning Service

Each medical center annually prepares a construction and facility improvement plan covering a five-year period. This plan, which is reviewed and approved in Central Office, proposes construction strategies to meet facility requirements consistent with program and service plans. The implementation of MEDIPP in November 1982 substantially strengthened facility planning by providing an approved program plan upon which to base construction needs.

The Agency Five-Year Medical Facility Construction Needs Assessment is submitted to the Congress each year and identifies the major construction needs of the health care system. This plan supports the VA's construction goals, and its implementation directly improves the quality of care provided in VA medical centers. The June 1983 submission covering the period FY 1984-FY 1988 identified 327 projects with a combined estimated cost of $6.4 billion.

In addition to the major projects identified in the plan submitted to the Congress, medical center plans identify construction needs for projects costing less than $2 million. The proposed projects for the five-year period FY 1984-FY 1988 have an estimated cost of $937.6 million.

In order to implement changes and further improvements in the design, construction, and operational systems of our medical centers, a program of post occupancy evaluation was established during FY 1983. A multidisciplinary team visits major new construction sites approximately one year after beneficial occupancy and, working closely with the medical center staff, recommends changes which may reduce costs and improve the delivery of health care services in future construction projects.

Engineering Service

The mission of the Engineering Service is to provide the necessary support in the areas of minor construction, maintenance, repair, and plant operations. This is accomplished at 172 medical centers composed of over 5,000 buildings totaling more than 116 million square feet of building space valued at approximately $20 billion. To accomplish its mission, over $288 million was expended on recurring maintenance and repair; $96 million on nonrecurring maintenance and repair; $380 million on plant operations; and over $113 million on capital improvements. This total of $877 million represents almost 11 percent of health care expenditures for FY 1983. In addition, the Chiefs, Engineering Service, at VA medical centers were the resident engineers for design and construction of 215 delegated FY 1983 construction projects totaling some $90 million.

The accompanying table provides a breakdown of the FY 1983 obligated nonrecurring maintenance and repair and the capital improvement projects by primary category. Top priority for funding was again given to projects for correction of deficiencies identified by the JCAH and fire safety surveys. The additional $75 million provided by Public Law 98-8 (Jobs Bill) provided for increased maintenance and repair projects. This is reflected in an increased number of projects in categories 220, 260, and 280.

CODE	CATEGORY	NO. OF PROJECTS	COST OF PROJECTS (MILLIONS)
100	Electrical	98	$ 11.4
120	Fire protection	103	10.9
140	Safety and health	92	13.9
160	Air conditioning and refrigeration	160	17.2
180	Boiler plant	52	14.6
200	Automatic transport	33	4.2
220	Exterior maintenance (buildings)	433	67.8
240	Exterior maintenance (utilities)	56	10.0
260	Interior maintenance (buildings)	245	27.2
280	Interior maintenance (utilities)	136	15.7
300	Exterior minor improvement (buildings)	79	6.4
320	Exterior minor improvement (utilities)	13	2.4
340	Interior minor improvement (renovation)	390	39.9
	Total	1,890	$241.6

Biomedical Engineering

The Biomedical Engineering Sections of the individual VA Medical Center Engineering Services have continued their successful medical equipment support program of combining in-house medical equipment maintenance activities with judicious use of private sector sources. The exact composition of this blend differs among medical centers, depending on varying local conditions. The systemwide distribution consisted of 80 percent of the medical equipment maintained in-house with the remaining 20 percent supported under some form of service contract. The resultant *overall* cost was 6.1 percent of the almost $1 billion medical equipment inventory. This compares to a systemwide average service contract cost of 9.1 percent. The 3.0 percent cost differential translates to a cost avoidance of approximately $27.8 million.

In order to assist these Biomedical Engineering Sections with the large amount of record-keeping and test documentation mandated by accrediting organizations such as the JCAH, a medical equipment reporting system was proposed and approved.

Energy Management Program

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

The program's achievements can be related to the various medical centers, which have successfully implemented their energy management programs. Twenty-two medical centers have achieved more than 100 percent of their 1985 goal, and 71 have achieved more than 90 percent.

The basic plan provides for research that stays current with modern technology, a detailed study of each medical center to determine its specific requirements, training of each medical center's personnel, an updated five-year energy management plan for each medical center, a review and priority assignment of projects for funding, and a central review of overall programs to insure that each action or retrofit will save more than its cost.

The VA is widely accepted as one of the leaders in the energy management field and acts as a consultant for many Federal and private institutions. With this leadership, the major benefactors of the energy management program are the recipients of VA medical care, since the savings from this program have allowed resources, otherwise unavailable, to be used in continuing to improve medical care programs.

The energy management program, to date, has spent $98 million and has already saved $199 million. The VA is currently saving 9.9 trillion BTU and $48.6 million per year.

Safety, Occupational Health, and Fire Protection

The DM&S Safety, Occupational Health, and Fire Protection Program initiated three significant programs during the year. These programs will provide medical centers with the ability to improve management of safety programs as well as the ability to take corrective action on physical plant deficiencies in the most cost-effective manner consistent with operational needs.

The VA fire departments have been a matter of concern within the Agency for several years. As a result of changes in a national concensus fire department rating system, the VA criteria for the establishment and maintenance of fire departments became obsolete. A consultant contract resulted in the development of new fire department standards, as well as a model program guide for medical center use.

A series of instructions to medical centers provided basic program direction for the prevention of asbestos exposure to VA employees, beneficiaries, and visitors. The directives include air monitoring and medical surveillance requirements, as well as guidance to determine if removal is necessary.

Approximately 90 medical centers used the services of fire protection engineering consulting firms to develop strategies to provide levels of safety equivalent to that required by the Life Safety Code. Planning documents are being revised to include corrective actions as necessary. Most significant is the elimination of the need to add stairwells to many buildings in order to correct dead-end corridor deficiencies.

Security Service

Crimes and offenses at the 172 VA medical centers during FY 1983 remained approximately at FY 1982 levels with the exception of weapon introductions, which increased by 43 percent. This increase is attributable in part to an increased awareness of the weapon threat and more aggressive detection and confiscation efforts. Starting in FY 1982 and throughout FY 1983, continued high emphasis was maintained on use by VA medical center police of the Stop and Question authority to stop unauthorized property removals. The start of this effort reversed a steady ten-year upward trend in annual property dollar losses. FY 1983 property dollar losses ($5.2 million) were lower than those of fiscal years 1981 ($5.5 million) and 1982 ($5.3 million). As an additional property loss prevention tool, a property pass system is in the final stage of implementation.

Long-range efforts to increase security management included the development and addition of a new security specification in Office of Construction standards. This specification requires that all building access doors of newly constructed hospitals and nursing care homes be equipped with centrally controlled magnetic lock hardware. This construction feature will signficantly reduce police patrol requirements, trespass and unauthorized property removals, and the incidence of disoriented patients wandering from the safety of hospitals and nursing care homes.

The problem of weapon introduction and the safety of patients and staff continues. VA police resorted to the use of their nonlethal mace weapons on 79 occasions due to the possession of dangerous weapons in the hands of assaultive persons. Three medical centers which experienced blatant weapon possessions by patients, visitors, and employees installed airport-type metal detector stations at hospital building entrances to achieve the needed control.

Medical centers continued to receive specialized undercover criminal investigation support from the DM&S Security Service. Investigative response teams conducted operations at nine medical centers, which resulted in 56 arrests for drug law, property theft, and weapon possession violations. Specialist teams under direct DM&S control also initiated surveillance operations and base-line studies to conclusively determine the sources of linen losses common to all hospitals and conducted undercover operations which resolved patient abuse allegations.

Through the support of the Medical Media Production Services of the Office of Academic Affairs, the production and distribution of a videocassette training package for the on-site training of VA police officers was begun. The first and most needed training vehicle covering the complex procedure of Stop and Question in loss prevention was completed. Three additional training units were scheduled for completion and distribution during the year. Progress towards enhancing each medical center's capabilities to provide uniform proficiency training to VA police officers was offset by a reduction in capacity to provide centralized training to newly hired officers.

Progress in FY 1983 towards the recruitment and retention of highly qualified VA medical center police officers was aided by the concurrence of the Office of Personnel Management with the VA's position that crime prevention responsibilities in the medical center environment meet the GS-5 grade classification criteria. The net result of all efforts to upgrade VA police officer qualifications, to recognize the importance of their responsibilities in the protection of life and property, and to provide training most relevant to their actual task assignments was to lower the VA police annual turnover rate in FY 1982 from 29 percent to 25 percent in FY 1983. Raising the annual police uniform purchase and maintenance allowance from the current limit of $125 to $400 and allowing more extensive use of special salary rate provisions to increase police compensation in high cost of living areas are measures in proposed legislation to achieve further reductions in the annual VA police turnover rate.

Building Management Service

A major effort of the Building Management Service — the introduction of low temperature laundering to achieve energy savings yet produce hygienically clean linen — will soon be realized.

Final results of a scientific test conducted at the VA Medical Center, Denver, Colorado, demonstrated that hospital linens can be laundered safely at low temperatures. Reducing wash temperatures will have an enormous impact on energy consumption in hospital laundries, and it is estimated that the VA can save over $32 million in energy costs by 1990 with this process.

A plan is underway to implement low temperature laundering, and if the procedure proves to be safe and effective, VA-wide implementation will be accomplished by December 1984.

As a part of the continuing program to provide efficient laundry operations, six laundry modernization and consolidation projects were completed during FY 1983. By consolidating operations and making maximum use of automated equipment, these projects will result in annual savings of $1.5 million in operating expenses.

In FY 1983 six VA medical centers entered into cooperative education agreements with the University of Washington, California State University—Northridge, and East Tennessee State University, to train students majoring in Environmental Health. This program will be expanded with additional universities and medical centers participating, and will provide an invaluable source of professionally trained candidates for recruitment into the Building Management Service career intern program.

Emergency Management and Resource Sharing Service

Implementatin of Public Law 97-174, the "VA-DOD Health Resources Sharing and Emergency Operations Act," has continued to receive major support and attention within the VA. A VA regulation for VA/DOD contingency planning was issued for immediate use in August 1983 while being formally coordinated prior to official release. This regulation provides instructions on planning for the provision of medical treatment to active duty personnel of the United States Armed Forces in time of war or national emergency.

The VA/DOD National Plan was signed by the Chief Medical Director and the Assistant Secretary of Defense for Health Affairs on May 3, 1983. Strategic planning guidance was issued in the form of a special study guide under MEDIPP. Instructions for developing and implementing the contingency plans were issued in a VA Special Study and distributed at workshops conducted jointly by DOD and the VA. Fifteen workshops were held during the fall of 1983, at nine cities in the U.S. Representatives from all participating VA medical centers and military hospitals as well as district planning officials were briefed to begin local cordination.

A memorandum of understanding signed by the Chief Medical Director and the Assistant Secretary of Defense of Health Affairs provided that the VA and DOD will jointly develop eight modules of an education program for clinicians dealing with the unique needs of combat casualties. These modules are to be produced at the rate of one per quarter during FY 1984 and FY 1985 and are to be accredited for continuing medical education credits.

The VA continued to work with several of the principal working groups under the President's Emergency Mobilization Preparedness Board to improve federal coordination and response capability in various emergency situations. Although plans for expanding our emergency communications system have progressed signficantly, details of the arrangements are classified for national security purposes.

A memorandum of understanding with DOD which was signed July 29, 1983, and distributed with Circular 00-83-30, VA/DOD Health Care Resources Sharing Guidelines, August 10, 1983, included reimbursement procedures. Instructions for implementing the sharing provisions were distributed by the Department of Medicine and Surgery.

During the VA/DOD workshops cited above, sessions were also designed to explain and promote the VA/DOD sharing program.

Community sharing programs, including specialized medical resources, contracting for scarce medical specialists, and exchanges between the VA and Federal as well as non-Federal agencies, have continued to expand. Analysis of cost and of equity in sharing agreements is performed through a formal review and coordination process including professional specialists. There were 331 contracts during the year proposed by our medical centers, of which approximately 310 were approved and implemented for the sharing of specialized medical resources.

The VA participated in joint civilian and military exercises with other agencies, conducted tests at all of the VA medical centers of our emergency response capability, and trained personnel in simulated emergency exercises.

Plans are well underway to develop the Agency's alternate emergency operations centers. This is in consonance with the national policy to provide for the continuation of essential functions in a national emergency. This requirement is most appropriate for the VA's vital health care role as well as responsibility for veterans' benefits programs.

Medical District Initiated Program Planning

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

The purpose of the MEDIPP process is to create district plans which are:

- Responsive to the health care needs of veterans.
- Reflective of resource needs, as determined at the medical district level.
- Based on local and national demographic analyses.
- Supportive of the approved mission of each VA health care facility in a district.
- Built upon specific professional and supportive programs and activities.
- Reflective of current directives and policies, as set forth under the Chief Medical Director's guidance.

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

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

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

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

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

The MEDIPP cycle is formed by a series of events, beginning each year on November 1 and ending on October 31. The preparation of 1982 and 1983 MEDIPP plans involved over 400 administrative and clinical personnel who served on medical district planning

boards, advisory committees, and task forces. The plans provided extensive information on the impact of changes in the veteran population and on other important factors in the medical facility operating environment. The district plans proposed over 2,000 specific actions to meet anticipated future health care needs of veterans.

A large proportion of actions submitted in November 1982 were approved through the review process, and steps were taken to coordinate their implementation through existing planning, budgeting, and operational activities. Eventually, other cyclical planning processes will be based on MEDIPP-approved actions.

On the basis of the 1982 MEDIPP plans, DM&S was able to delineate trends in the health care needs of veterans and describe the types and sizes of facilities and the mix of health care services necessary to meet identified needs. This information was briefed to the Congress and veteran constituency groups. The *DM&S Strategic Outlook*, published in April 1983, summarized trends in veteran health needs and environmental factors; it also outlined overall program directions of DM&S and described the changed configuration that DM&S will assume to meet veteran needs.

Medical Information Resources Management

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

The result of this effort is the DHCP (Decentralized Hospital Computer Program) which will expedite the procurement and implementation of computer capability to VA medical centers to meet critical needs while addressing clinical and administrative functions. While the implementation strategy for DHCP involves multiple phases, the process has been accelerated to ensure the availability of hardware and software to all medical centers by FY 1985. Successful accomplishment of the following Phase I objectives was achieved during the year:

- Demonstrated the effectiveness and transportability of selected field-developed software.
- Made efficient use of currently available hardware.
- Established a foundation for succeeding phases.
- Met the critical ADP needs of 27 medical centers by implementing initial core application software, e.g., the admission, discharge, transfer, scheduling, and outpatient pharmacy functions.

Implementation of Phase I involved procurement of computer hardware, continued development of core software, and establishment of SIUG's composed of field and Central Office program experts to assist in system development. During the coming year, Phase II of DHCP will see the expansion of the system to the remaining medical centers as well as the enhancement of the software/programming capability. Procurement of hardware for those facilities was accomplished in FY 1983, and installation will proceed once acceptance testing is complete.

At the same time, the IHS (Integrated Hospital System) plan was developed for a test of commercial hospital information systems at several VA medical facilities. This is in accordance with a congressional mandate. Three VAMC's, in Philadelphia, Pennsylvania; Saginaw, Michigan; and Big Spring, Texas, have been selected as IHS test sites to demonstrate competitively acquired vendor hospital information systems. Separate contracts will be awarded for each site during the coming year.

A major initiative in FY 1983 laid groundwork for the establishment of a Management Information System Task Force. The task force, composed of both Central Office and field representatives, is charged with developing a design for an automated manage-

ment information system for DM&S that will provide decision-makers with the tools needed to manage the VA health care delivery system. The task force will also be evaluating and recommending priorities for all ongoing and planned systems development activities that impinge on the DM&S management needs.

Other accomplishments during the past year have included the following:

- Publication of the first DM&S ADP plan.
- Introduction of station-initiated ADP planning through integration with MEDIPP.
- Organization of an information resources management conference to share information on the various ADP systems used by The DM&S both in Central Office and the field.
- Planning for the development of a prototype office automation system which will include electronic mail, calendars, word processing, and automated filing.
- Beginning the conversion of the SFDI (Space and Functional Deficiency Identification) system from commercial time-sharing to an in-house operation.
- Completion of changes to the Patient Treatment File and the Report of Medical Care Distribution Accounts, RCS 14-4, which will more accurately reflect resource utilization.
- Initiation of computer literacy seminars for both Central Office and field personnel.

Quality Assurance

In 1983 the Medical Inspector and Evaluation Office made significant strides in the development of an innovative quality assurance information system. A computerized information system called ERMIS (External Review Management Information System) was developed, which computerizes findings and recommendations of external surveys/audits. The information is used to perform trend analysis and has proven to be beneficial in preparing for upcoming surveys and educational programs. The system aggregates information on a national, regional, medical district, or individual facility basis and performs analysis based on standards or specific problem areas.

The first annual analysis of all JCAH, SERP (system external review program), and Inspector General surveys has been completed. The information provided will be a useful management tool in helping to identify potential problem areas.

The SERP conducted 36 regular and four follow-up surveys reviewing the quality of patient care and support provided at VA health care facilities. The review of Agent Orange, resident supervision, and availability of care for the female veteran was emphasized. The SERP team leader training program was enhanced during FY 1983 with orientation relative to program responsibilities being provided by Central Office program directors.

Internal Control Systems

The DM&S implemented OMB Circular A-123 (Internal Control Systems) and the FMFIA (Federal Managers Financial Integrity Act) of 1982 during 1983. Since 1975 the HSRO (Health Services Review Organization) program has implemented a comprehensive, ongoing internal and external control system, and therefore FMFIA and OMB Circular A-123 were integrated within the existing HSRO program. The OMB Circular A-123 system is being refined and a calendar of scheduled internal control reviews is being established.

Characteristics of VA Patients

The demographic and medical characteristics of VA patients are derived from the patient treatment file (discharges during FY 1983) and the annual patient census (taken on June 15, 1983). The data on discharges during FY 1983 excludes 235,491 one-day hemodialysis discharges. Census figures for hospital and domiciliary patients in VA facilities are based on a 20 percent sample; figures for nursing home patients in VA and community facilities are based on a 100 percent survey.

Age

As the veteran's age increases, so does the utilization of VA medical centers. This phenomenon is demonstrated in the accompanying table, which shows the number of

hospital, domiciliary, and nursing home patients discharged during FY 1983 from VA facilities and from community nursing homes.

Age	Veteran Population on 3/31/83 (Thousands)	Hospital Patients Discharged From VA Facilities		Domiciliary Patients Discharged From VA Facilities		Nursing Home Patients Discharged From VA and Community Facilities			
		Number	Rate Per 1,000 Veterans	Number	Rate Per 1,000 Veterans	VA Nursing Home Care Units	Community Nursing Home	Total	Rate Per 1,000 Veterans
Total	28,202	997,610	35.4	6,826	0.2	6,840	19,868	26,708	0.9
Under 25	529	14,012	26.5	53	0.1	9	32	41	0.1
25-44	9.749	198,942	20.4	1,357	0.1	210	628	838	0.1
45-54	6,052	146,259	24.2	1,437	0.2	395	1,266	1,661	0.3
55-64	7,697	349,963	45.5	2,644	0.3	1,855	5,393	7,248	0.9
65-74	3,217	200,944	62.5	1,046	0.3	1,872	5,895	7,767	2.4
75-84	684	48,513	70.9	193	0.3	1,033	2,966	3,999	5.8
85 & over	274	38,713	141.3	96	0.4	1,466	3,688	5,154	18.8
Unavailable[1]	—	264	—	—	—	—	—	—	—
Under 65	24,027	709,176	29.5	5,491	0.2	2,469	7,319	9,788	0.4
65 & over	4,175	288,170	69.0	1,335	0.3	4,371	12,549	16,920	4.1

[1]*Record for which data are not available.*

A 10-year trend in the age distribution of hospital patients remaining in VA medical centers near the end of the fiscal year is shown in the table below.

Census Date	Age Distribution of Hospital Patients Remaining in VA Medical Centers					
	Total[1]	Under 35	35-44	45-54	55-64	65 and Over
June 15, 1983	65,630	7,467	6,452	9,669	22,386	19,555
July 28, 1982	66,820	8,324	5,670	10,930	23,322	18,574
June 24, 1981	65,450	8,432	5,570	11,731	22,122	17,595
September 24, 1980	69,290	8,841	5,339	13,611	23,319	18,183
September 26, 1979	69,995	8,871	5,465	14,438	22,754	18,466
October 4, 1978	72,037	8,680	5,887	16,404	22,352	18,714
September 28, 1977	75,057	8,813	6,542	17,970	22,766	18,966
September 29, 1976	76,890	9,421	7,274	19,413	21,804	18,986
October 1, 1975	78,830	9,053	8,446	21,576	20,444	19,311
October 2, 1974	80,715	9,435	8,992	23,689	19,383	19,216

[1]*Totals may not equal sum of parts due to rounding.*

Service-connected Patients and VA Pensioners

Of the hospital patients discharged from VA medical centers, 49.5 percent were veterans who had a service-connected disability or who were in receipt of a VA pension. In FY 1983 there was a decrease of 1.4 percent in the proportion of hospital discharges involving veterans who have a service-connected condition or who receive a VA pension.

Of the 65,530 hospital patients in VA medical centers on June 15, 1983, 53.7 percent had a service-connected disability or were receiving a VA pension. The fact that this is 4.2 percent higher than their proportion among discharges illustrates the longer term nature of the service-connected patient. The accompanying table indicates the percentage distributions of hospital patients in VA medical centers on the census days of 1979 through 1983, according to their compensation and pension status.

Diagnoses

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

Compensation and Pension Status	Percent Distribution of Hospital Patients in VA Medical Centers on Census Day				
	1983	1982	1981	1980	1979
Receiving care for a service-connected disability	16.1	16.4	15.9	16.2	17.5
Receiving care for a non-service connected disability and has a service-connected disability which does not require medical care	13.9	14.7	13.5	13.2	12.1
Total service-connected	29.9	31.1	29.4	29.4	29.6
Receiving care for a non-service connected disability and on VA pension rolls	23.8	24.1	25.9	24.6	26.6
Receiving care for a non-service connected disability and not on VA or compensation or pension rolls	45.9	44.5	44.2	45.5	43.4
Non-veterans	0.4	0.4	0.4	0.4	0.4

NOTE: May not add to 100 percent due to rounding.

associated diagnoses. As shown in the table, five major categories accounted for the majority of principal diagnoses among patient discharges from VA medical centers during the past five years. When both principal and associated diagnoses are considered, and attention is focused on more specific diagnostic categories, the two most common diagnoses are heart disease and alcoholism, accounting for 30 and 17 percent, respectively, of the total diagnoses.

Major Categories of Principal Diagnosis ICD-9-CM[1]	Percent by Diagnosis of Hospital Patients Discharged from VA Medical Centers				
	FY 1983	FY 1982	FY 1981	FY 1980	FY 1979
Mental disorder	20.3	21.5	22.0	22.7	22.9
Circulatory	16.3	16.1	15.7	15.5	15.3
Neoplasms	10.9	10.7	10.3	10.3	10.1
Digestive	9.3	9.2	9.3	9.1	9.2
Respiratory	6.7	6.5	6.6	6.4	6.3

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

Type of Patient	Census Day—June 15, 1983				
	Total	Under 45	45-54	55-65	65 and Over
All patients[1]	65,530	13,919	9,669	22,386	19,555
General medical & surgical	38,834	4,015	5,124	15,293	14,401
Psychotic	16,551	5,194	2,859	4,930	3,568
Psychiatric	10,145	4,709	1,687	2,164	1,586

[1]*Totals may not add due to rounding.*

The number of hospital patients remaining in VA hospital centers on the June 15, 1983, census day, by age and major diagnostic category, appears in the following table. As in previous years, general medical and surgical patients tend to be older (37.1 percent 65 years of age and over) than patients with psychoses (21.6 percent 65 and over).

Duration of Stay

There has been a steady decline in the average length of stay of patients discharged from VA hospitals over the past several years; FY 1983 continued that trend with an average length of stay of 25.8 days, down from 26.6 days in FY 1982. Among psychotic patients, the average length of stay dropped from 86.3 days to 86.1 days for the same time periods. For general medical and surgical patients, who represent 79.2 percent of all FY 1983 discharges, the average length of stay was 18.9 days compared to 19.5 days in FY 1982.

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

During FY 1983, 84.1 percent of the 997,610 hospital patients discharged from VA medical centers spent 30 days or less in a hospitalized status. Though this group comprised the majority of the discharges, they accounted for only 30.6 percent of the 25,696,180 days of care received since admission by all the discharges. These patients had an average length of hospital stay of less than 10 days. At the other extreme, 0.6 percent of discharges had stays of more than one year and had received 28.2 percent of all the days of care. Their average length of stay was 1,315 days.

As the table indicates, among hospital patients remaining in VA medical centers on the census days for the past five years, there was an overall gradual increase in the proportion with stays of 90 days or less since FY 1981.

	Percent of Hospital Patients in VA Medical Centers With 90 Days or Less of Attained Stay on Census Day				
Type of Patient	FY 1983	FY 1982	FY 1981	FY 1980	FY 1979
All patients	72.6	72.1	69.4	70.2	70.1
Psychotic	42.9	43.3	40.2	39.4	40.2
General medical & surgical[1]	84.1	83.6	82.2	90.4	90.0

[1]*Includes tubercular and neurological patients.*

Disposition Status

Of the FY 1983 hospital discharges from VA medical centers for whom disposition data are available, 88.4 percent returned to the community. Although this overall percentage has changed little over the past five fiscal years, two of its components have changed. The percentage of patients discharged for further care as VA outpatients has increased progressively from 66.7 percent in FY 1978 to 70.7 percent in FY 1983. Correspondingly, the percent discharged for no further care has decreased from 16.4 to 13.2 percent in the same period.

As shown in the table, 7.1 percent of hospital patients were discharged from VA medical centers for further inpatient care (hospital, domiciliary, or nursing home care) in another VA facility or a community nursing home. Deaths accounted for 4.5 percent of discharges.

Manner of Disposition	Hospital Discharges from VA Medical Centers During FY 1983	
	Number	Percent of
Total	992,371[1]	100.0
To community	877,511	88.4
Further care as VA outpatient	701,859	70.7
No further care	130,894	13.2
Release of committed or institutional award for trial in community	44,758	4.5
To further VA inpatient care	70,007	7.1
Another VA medical center for hospital care	32,551	3.3
Another VA medical center for community nursing home for nursing home care	30,270	3.1
VA facility for domiciliary care	7,186	0.7
Deaths	44,853	4.5

[1]*The total number of discharges excludes 5,239 cases with missing data. Data may vary from reports based on all discharges.*

Compensation and Pension

Comparative Highlights

Item	Fiscal Year 1983	Fiscal Year 1982	Percent Change
Cost (billions)	$ 13.9	$13.4	+3.7
Disability cases on rolls	3,043,968	3,099,109	− 1.8
Service connected	2,263,335	2,274,634	− 0.5
Non-service connected	780,515	824,329	− 5.3
Special acts and retired officers	118	146	−19.2
Death cases on rolls	1,241,807	1,307,710	− 5.0
Service connected	346,291	350,357	− 1.2
Non-service connected	895,504	957,338	− 6.5
Special acts	12	15	−20.0

Summary

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

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

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

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

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

5. Burial Allowances—These benefits include a burial allowance, a burial plot allowance, and a flag to drape the casket of a deceased veteran. All benefits require separation from the armed services under other than dishonorable conditions. The burial allowance of up to $300 is limited to veterans who at the time of death were in receipt of pension or compensation, or who, but for the receipt of military retired pay, would have been entitled to compensation. Eligibility is also established when death occurs in a Veterans Administration facility to which the deceased was properly admitted. A plot allowance of up to $150 is available where burial is not in a national cemetery or a state veterans cemetery. An award of $1,100 in lieu of basic burial and plot allowances is payable for veterans who die of service-connected disabilities.

During FY 1983 the cost of compensation and pension benefits continued to rise, reaching $13.9 billion, an increase of $51.9 million from last fiscal year. This increased cost is attributable to new legislation which granted cost of living increases.

Public Law 97-306 (October 14, 1982) increased the rates of disability and dependency compensation for disabled veterans and their survivors by approximately 7.4 percent. This law also resulted in the following changes:

- A 7.4 percent increase in allowances for dependents, and in benefits for housebound, and aid and attendance.

- An increase in the annual clothing allowance from $305 to $327.

- Modification of 38 U.S.C. 314 to increase the special monthly compensation payable for veterans who are, as the result of service-connected disability, totally blind, without light perception in both eyes, and for veterans who have suffered service-connected blindness with 5/200 visual acuity or less bilaterally and have also suffered the service-connected loss or loss of use of one hand or one foot.

- A modification of 38 U.S.C. 101(22) to include within the definition of "active duty for training" the annual training duty performed by member of a Senior Reserve Officers' Training Corps unit.

- A modification of 38 U.S.C. 410(b)(1) to liberalize the requirements relating to the payment of DIC rates for survivors of certain veterans whose deaths were not service connected.

- Modifications of 38 U.S.C. 902 and 903 to allow a the payment of burial benefits for certain indigent veterans whose bodies are held by a governmental entity and unclaimed by any person and for veterans who die in a public or private institution to which they had been transferred for nursing home care under the provisions of 38 U.S.C. 620.

- A modification of 38 U.S.C. 901 to permit the issuance of a flag to drape the casket of a non-veteran citizen eligible for burial in a VA national cemetery.

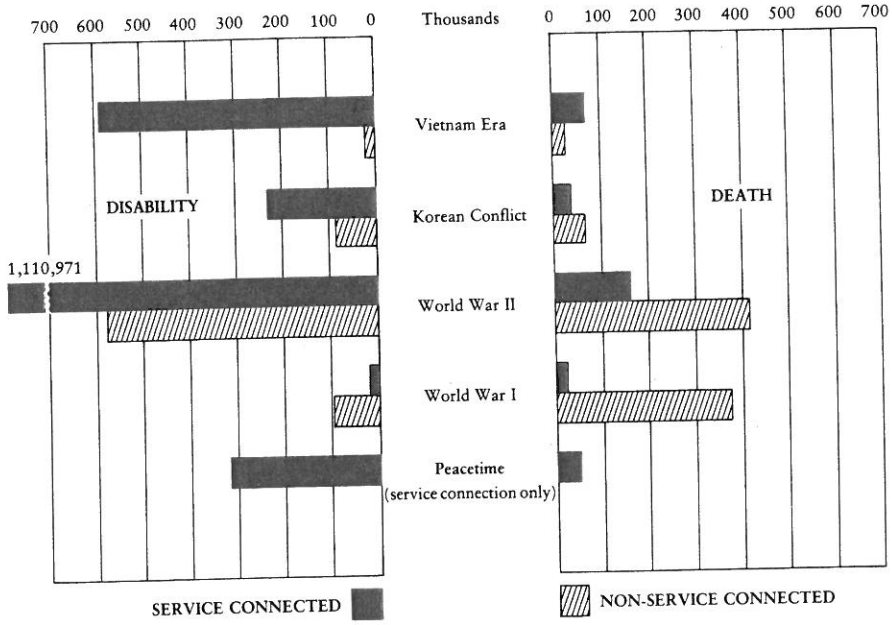
The Omnibus Reconciliation Act of 1982 (Public Law 97-253) contained the following provisions:

- Effective October 1, 1982, payment of monetary benefits based on an original, reopened, or increased award of compensation, DIC, or pension may not be made for any period before the first day of the calendar month following the month in which the award would otherwise be effective. For the purposes of this provision an "increased award" is an award that is increased because of an added dependent, an increase in disability, or a reduction in income. It applies only to awards with an effective date of entitlement or increase on or after October 1, 1982.

- Title 38 USC 3012(b)(2) was amended to provide that the effective date of a reduction or discontinuance by reason of marriage, annulment, divorce, or death of a dependent of a payee shall be the last day of the month in which such event occurs. The change did *not* apply to section 306 and Old Law pension cases. For all other cases, it applies only to those marriages, annulments, divorces, and deaths occurring after September 30, 1982. The end-of-year rule applies in section 306 and Old Law cases and in other benefit programs in which the dependency loss occurred before October 1, 1982.

- Effective with amounts payable for periods beginning after May 31, 1983, the monthly or other periodic rate of Improved Pension or Section 306 pension, if not a multiple of $1, was to be rounded down to the nearest dollar. However, Public Law 98-21, Social Security Act Amendments of 1983, had the effect of delaying COLA (cost-of-living allowance) until December 1, 1983, and delaying the rounding of Improved Pension until COLA. Rounding of section 306 took place effective June 1, 1983, and was reflected in the checks issued on or about July 1, 1983.

COMPENSATION AND PENSION CASES
AS OF SEPTEMBER 1983



Compensation

As shown in the accompanying chart, the number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1983, because of the declines among World War I, World War II, and Korean conflict cases. There was a net decrease of 11,299 from FY 1982.

Period of Service	Disability Compensation Cases					
	FY 1983		FY 1982		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	18,078	0.8	21,556	0.9	− 3,478	− 16.1
World War II	1,110,971	49.1	1,140,144	50.1	− 29,173	− 2.6
Korean conflict	228,651	10.1	231,475	10.2	− 2,824	− 1.2
Vietnam era	587,032	25.9	579,451	25.5	+ 7,581	+ 1.3
Peacetime	318,599	14.1	302,001	13.3	+ 16,598	+ 5.5
Spanish-American	3	(1)	3	(1)	—	—
Mexican Border	1	(1)	4	(1)	− 3	− 75.0
Total	2,263,335	100.0	2,274,634	100.0	− 11,299	− 0.5

[1] *Less than 0.05 percent.*

For the seventh straight year there has been a decline in the number of service-connected death cases for which payments are made to dependents of deceased veterans. The overall decline was 1.2 percent. Only Vietnam era and peacetime cases showed an increase from FY 1982.

Period of Service	Service Connected Death Cases					
	FY 1983		FY 1982		Change	
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Number	Percent
World War I	25,696	7.4	27,247	7.8	−1,551	− 5.7
World War II	162,432	46.9	165,890	47.3	−3,458	− 2.1
Korean conflict	38,609	11.1	38,809	11.1	− 200	− 0.5
Vietnam era	68,341	19.7	67,601	19.3	+ 740	+ 1.1
Peacetime	51,118	14.8	50,702	14.5	+ 416	+ 0.8
Spanish-American	91	(2)	104	(2)	− 13	−12.5
Mexican Border	1	(2)	1	(2)	—	—
Civil War	3	(2)	3	(2)	—	—
Total	346,291	100.0	350,357	100.0	−4,066	− 1.2

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

Pension

The improved pension rates were adjusted on June 1, 1982. The maximum annual rates of pension payable appear below.

Class of Beneficiary	Rates of Pension
Veteran	
Alone	$ 5,328
One dependent	6,980
Alone, aid and attendance allowance	8,524
One dependent, aid and attendance allowance	10,176
Alone, housebound	6,513
One dependent, housebound	8,165
Surviving Spouse	
Alone	3,570
One child	4,677
Alone, aid and attendance allowance	5,712
One child, aid and attendance allowance	6,817
Alone, housebound	4,365
One child, housebound	5,469

The decrease of 5.3 percent in the disability pension rolls during FY 1983 is similar to that experienced last year. Two periods of service showed increases during the year—the Korean conflict and the Vietnam era.

Period of Service	Disability Pension Cases					
	FY 1983		FY 1982		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	95,914	12.3	116,819	14.2	−20,905	−17.9
World War II	579,898	74.3	604,718	73.3	−24,820	− 4.1
Korean conflict	84,601	10.8	83,882	10.2	+ 719	+ 0.9
Vietnam era	19,966	2.6	18,727	2.3	+ 1,239	+ 6.6
Spanish-American	37	(1)	57	(1)	− 20	−35.1
Mexican Border	99	(1)	126	(1)	− 27	−21.4
Total	780,515	100.0	824,329	100.0	−43,814	− 5.3

[1]*Less than 0.05 percent.*

As shown in the table, the number of death pension cases decreased in all eight periods of service. The overall decrease of 6.5 percent is a slightly smaller decline than that recorded during last fiscal year (6.7 percent).

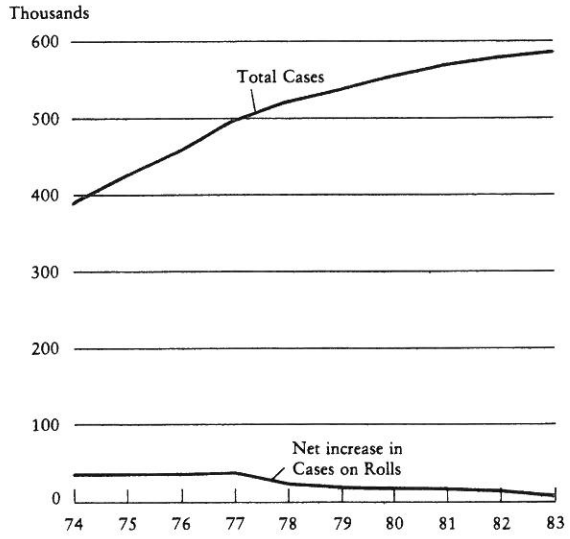
Period of Service	Death Pension Cases					
	FY 1983		FY 1982		Change	
	Cases	Percent of Total[1]	Cases	Percent of Total[1]	Number	Percent
World War I	374,811	41.9	404,566	42.3	−29,755	− 7.4
World War II	419,732	46.9	442,562	46.2	−22,830	− 5.2
Korean conflict	66,738	7.5	73,864	7.7	− 7,126	− 9.6
Vietnam era	25,020	2.8	25,824	2.7	− 804	− 3.1
Spanish-American	8,659	1.0	9,919	1.0	− 1,260	−12.7
Mexican Border	401	(2)	433	(2)	− 32	− 7.4
Indian Wars	27	(2)	35	(2)	− 8	−22.9
Civil War	116	(2)	135	(2)	− 19	−14.1
Total	895,504	100.0	957,338	100.0	−61,834	− 6.5

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

Period of Service
Vietnam Era

There were 7,581 more Vietnam veterans receiving compensation at the end of FY 1983 than at the end of the previous fiscal year. The chart shows the trend in new Vietnam era compensation cases since 1974. The total number of Vietnam era veterans receiving compensation continues to increase and, with new cases exceeding losses, this trend is expected to continue. However, since 1977, the rate of increase has declined in each successive year.

VIETNAM ERA VETERANS RECEIVING COMPENSATION



A total of 19,966 Vietnam era veterans were receiving disability pension at the end of the fiscal year, an increase of 6.6 percent from the number a year ago. Since the median age of these veterans was 37 years, a gradual increase in those applying for disability pension is epxected. The number of service-connected death cases increased by 1.1 percent to 68,341. The non-service connected death pension cases numbered 25,020 at the end of the fiscal year, a decrease of 3.1 percent from last year.

Korean Conflict

The number of Korean conflict veterans receiving compensation decreased to 228,651 during FY 1983, the tenth consecutive annual decline. The high mark on the rolls (240,765) was reached in June 1973, 18 years after that conflict ended. For comparison, the highest number of World War II veterans receiving compensation was reached in FY 1953, only 8 years after the end of that war.

In contrast to compensation, the number of Korean conflict veterans receiving pension continued to rise. At the end of the fiscal year there were 84,601 Korean conflict veterans on the pension rolls, a 0.9 percent increase over FY 1982. As this group grows older, the number on the pension rolls can be expected to increase.

The number of service-connected death cases at the end of the fiscal year was 38,609, a decrease of 0.5 percent, and the number of death pension cases decreased 9.6 percent to 66,738.

World War II

Veterans of World War II still constitute the largest single group receiving compensation for service-connected disabilities, although their numbers continued to decline (by 2.6 percent) in FY 1983. Non-service connected pension showed a decrease of 4.1 percent, down to 579,898. Service-connected death cases declined by 3,458 cases, or by 2.1 percent in FY 1983. The non-service connected death pension caseload decreased to 419,732, a decrease of 5.2 percent, in FY 1983.

World War I

The number of World War I veterans receiving disability compensation declined during the past fiscal year by 16.1 percent. World War I disability pension cases also decreased by 17.9 percent in the past fiscal year. The advanced age of this group of veterans will accelerate these decreases in the next few years. Decreases were also recorded for service-connected death cases (5.7 percent) and death pension cases (7.4 percent).

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were 3 veterans of the Spanish-American War receiving disability compensation as of September 30, 1983, and 7 Spanish-American War veterans were receiving disability pension in FY 1983, a decline of 35.1 percent. The service-connected death and death pension caseloads for Spanish-American War veterans were 91 and 8,659, respectively.

There was one veteran of the Mexican Border period receiving disability compensation and 99 receiving disability pension in FY 1983, down 27 from last fiscal year. There was one service-connected death case, while the death pension cases decreased by 7.4 percent to 401.

Although there are no living veterans of the Indian Wars, 19 widows and 8 helpless children are receiving death pension benefits. There are 1 widow and 2 helpless children receiving service-connected death benefits with Civil War entitlement, and 31 widows and 86 helpless children receiving death pension. There were 318,599 peacetime veterans receiving compensation as of September 30, 1983, an increase of 5.5 percent from the previous year. Beneficiaries of deceased peacetime veterans increased by 416 to 51,118 in FY 1983.

Burial Allowance

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

Generally, the VA will pay a sum not to exceed $300 to help cover burial and funeral expenses for veterans whose deaths occur while the veteran is under VA care or en-

titled to disability compensation or pension. After October 1, 1982, eligibility may also be established in cases of certain indigent veterans whose remains are unclaimed. Transportation charges are payable when the veteran dies while a patient in a VA medical center. An additional allowance of $150 is payable for a burial plot when a veteran is not buried in a national cemetery or a state veterans cemetery. An award of $1,100 in lieu of these basic allowances is authorized for an eligible veteran who died of a service-connected disability.

In FY 1983 a basic burial allowance and transportation was paid for 119,680 claims, totaling more than $41 million. This was a decrease of approximately $12 million from last year. Cemetery plot allowances amounting to over $41 million were paid to 279,115 claimants; service-connected burial benefits amounting to $8.3 million were paid to 8,397 claimants.

A total of 314,662 burial flags were issued, a slight decrease from FY 1982. The cost of each flag was $24.19, making a total of $7.6 million. Reimbursements in lieu of government headstones or markers were paid to 46,779 claimants for a total of nearly $3 million, a slight increase from last year.

Education Benefits

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Education benefit costs (millions)	$ 1,566	$ 1,675	− 6.5
Post-Korean trainees	644,390	777,686	−17.1
Post-Vietnam trainees	29,508	[1]23,517	+25.5
Sons and daughters	70,923	80,347	−11.7
Spouses	8,779	10,640	−17.5

[1]*Data base methodology changed; data have been adjusted.*

Summary

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

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

Education and Training

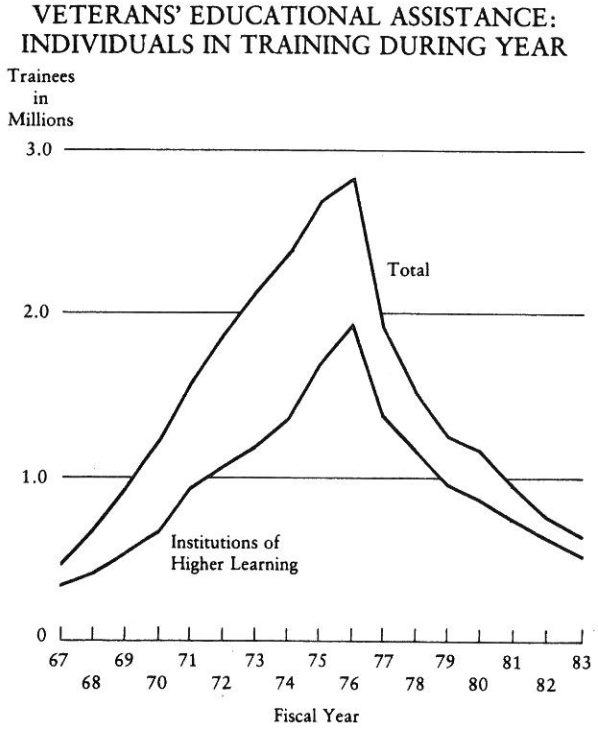
Veterans' Education Assistance (GI Bill)

Over 644,000 veterans and active duty personnel received educational benefits in FY 1983 under the post-Korean GI bill. This figure is down 17.1 percent from FY 1982 and is expected to continue to decline in coming years.

Veterans and service personnel who have neither completed high school nor received an equivalency certificate are considered to be educationally disadvantaged. They may, without charge to their basic entitlement, receive training to overcome their educational handicaps. At the end of September 1983, over 900,000 veterans and servicepersons had participated in these "free entitlement" programs.

Through September 1983, the total number of veterans and servicepersons ever trained under the current GI bill approached 8 million, of whom nearly 75 percent were post-Korean conflict veterans. Over 72 percent of these were Vietnam era veterans and servicepersons, and nearly 65 percent were Vietnam era veterans only. This compares to a participation rate of 51 percent of veterans who trained under the World War II program. More than half have trained at the college level (excluding correspondence). The remainder pursued vocational and technical training, correspondence training, flight training, cooperative training, and on-the-job training.

At the end of FY 1983, cumulative expenditures on veterans' educational assistance for post-Korean conflict trainees approached $37 billion. This compares to expenditures of $4.5 billion for the Korean conflict program and $14.5 billion for the World War II program.



Post-Vietnam Era Veterans' Educational Assistance

At the end of FY 1983, there were nearly 225,000 active participants (in-service contributors) in the post-Vietnam era veterans' educational assistance fund. Of the nearly 630,000 persons who have contributed, approximately 279,000 have disenrolled and about 126,000 are not making contributions but have some eligibility remaining. The number of trainees during FY 1983 exceeded 29,000, up 25.5 percent from last year, with 15,876 enrolled at the end of the fiscal year. The program is under continuing review by both the VA and the Department of Defense.

Item	FY 1983	FY 1982	Percent Change
Accounts established	629,583	499,764	+26.0
Gross contributions	$656,170,476	$497,724,241	+31.8
Active participants	224,804	200,783	+12.0
Trained during year	29,508	23,517	+25.5
Benefits paid during year	$ 39,600,478	$ 19,191,137	+ 6.4

Noncontributory Educational Assistance Programs

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

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

The Noncontributory VEAP—Educational Assistance Pilot Program (section 903)—is a modification of the VEAP (Post-Vietnam Era Veterans' Educational Assistance Pro-

gram). This program differs from basic VEAP in that the Department of Defense will pay the participant's monthly contribution, and it allows certain participants to transfer their entitlement to a spouse or child.

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

The first participant was paid benefits in early 1983. At the end of the fiscal year, there were 30 persons training under section 901, and 23 training under section 903.

Emergency Veterans' Job Training Act of 1983

On August 15, 1983, the Emergency Veterans' Job Training Act of 1983 (Public Law 98-77) was enacted. Provisions of the act will take effect on October 1, 1983. However, funding will not be available until November 29, 1983.

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

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

While funding had not been appropriated by the end of the fiscal year, the VA had developed, published, and distributed the procedures and forms required for the implementation of the Job Training Act less than two months after enactment of the law.

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

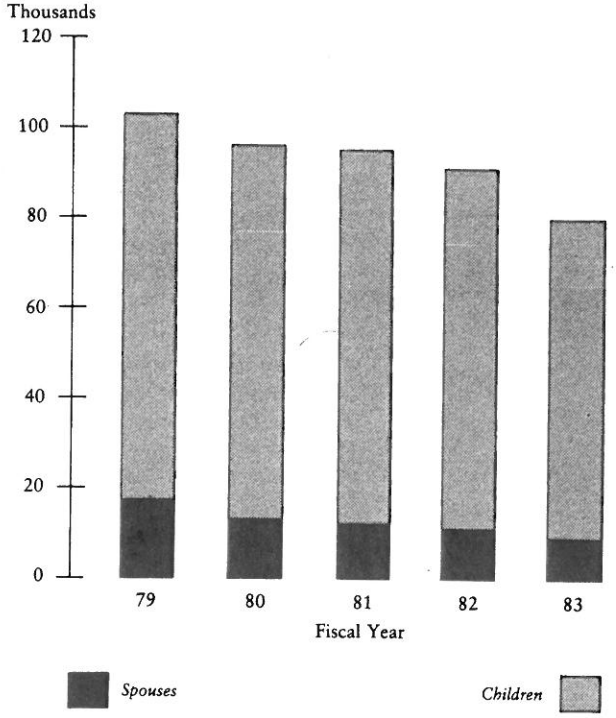
Dependents' Educational Assistance

This program provides educational assistance for eligible surviving spouses and children of veterans who died from service-connected causes or whose service-connected disabilities are rated total and permanent. Spouses and children of service personnel who are listed as prisoners of war, or as missing in action or interned by a foreign government for more than 90 days, are also eligible under the program. Up to 45 months of full-time training are provided in approved schools. Nearly 71,000 children and 9,000 spouses took advantage of the program during FY 1983. Approximately 90 percent used their entitlement to acquire college level training. See chart on page 74.

State Approving Agencies

State approving agencies were created originally to meet the requirements of the World War II programs. Courses offered for training to veterans and other eligible persons must be approved by the approving agency of the state where the training facility is located, or, when no state approving agency has been designated, by the Administrator. A number of states have designated two or more agencies to carry out this function. In FY 1983, the VA negotiated contracts with state approving agencies at a cost of approximately 12.8 million.

DEPENDENTS' EDUCATIONAL ASSISTANCE: BENEFICIARIES IN TRAINING DURING YEAR



Housing Assistance

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Number of loans			
Guaranteed home[1]	231,620	92,930	+ 149.2
Guaranteed manufactured home	13,502	10,509	+ 28.5
Direct	22	31	− 29.0
Average loan amount			
GI primary home[1]	$ 61,069	$ 57,112	+ 6.9
Manufactured home	$ 20,759	$ 20,020	+ 3.7
Direct	$ 29,527	$ 29,738	− 0.7
Maximum interest rate[2]			
GI and direct home	13.5%	17.5%	—
Manufactured home unit	15.5%	19.5%	—
GI home loans outstanding[3]	4,170,475	4,082,200	+ 2.2
GI home loans in default[3]	96,777	84,241	+ 14.9
As a percent of loans outstanding	2.3	2.1	+ 9.5
Substitutions of entitlement	3,785	6,413	− 41.0
Properties on hand[3]	19,962	17,269	+ 15.6

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

Summary

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

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

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

Loans are available to veterans with sufficient qualifying service since September 16, 1940; to unmarried surviving spouses of veterans who died from service-connected causes; to spouses of service personnel officially listed as missing in action, or captured, for more than 90 days; and to service personnel who have served at least 181 days.

Administrator Walters presented a commemorative plaque to Robert C. Phillips, a Vietnam era veteran, who became the 11 millionth person to receive a GI guaranteed home loan.

As a reflection of improved economic conditions, the housing industry rebounded during the year. Mortgage funds became more plentiful and mortgage interest rates dropped significantly. The VA interest rate, which reached the highest level in the history of the program last year at 17.5 percent, fell to a low of 11.5 percent during the middle of the year and ended the year at 13.0 percent. As a result of these favorable conditions, the VA housing program had a 137 percent increase in the volume of loans guaranteed during the year. Last year a record was established when the volume of loans was the lowest in any fiscal year since the inception of the program in 1944. This year another record was established when the percentage gain in the volume of loans guaranteed was the highest in any fiscal year since the inception of the program. Two milestones in the program were reached during the year when the dollar volume of manufactured home loans guaranteed went over the $1 billion mark and the 11 millionth home loan was guaranteed.

Almost 250,000 veterans were assisted with home ownership during FY 1983. The VA guaranteed 245,122 home loans in the amount of over $14.6 billion; disbursed 22 direct loans amounting to over $649 thousand; made 566 grants for specially adapted housing totaling almost $14.1 million; and approved 3,785 substitutions of entitlement.

Manufactured Home Loans[1]

Since the inception of the manufactured home loan program in February 1971, the VA has guaranteed 75,825 manufactured home loans, thereby assisting lenders in providing over $1.2 billion in loans to veterans who probably would have been unable to afford a home in the conventional market.

During FY 1983, 15,999 applications were received and 13,502 manufactured home loans amounting to more than $280 million were guaranteed. The number of loans guaranteed during the fiscal year represents an increase of 28.5 percent from FY 1982. Of these loans, over 68 percent were made by non-supervised lenders that were approved for automatic processing as provided by the Veterans Housing Act of 1974.

Of the loans guaranteed during the fiscal year, 12,667 were for the purchase of new manufactured homes while 835 were for used units. Loans for the purchase of single-wide manufactured homes accounted for nearly 74 percent of the FY 1983 total. The average loan amount for single-wides was $18,993 while for double-wides it was $25,782. These amounts are higher than those of previous years partially because the Veterans' Housing Benefits Act of 1978 removed the statutory loan maximums for manufactured home units and lots.

Plant Inspections

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

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

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

HUD's current biennial report to Congress covers the years 1980 and 1981. The sixth report, which is due next year, will include 1982 and 1983. Since the last report, the NCSBCS has improved its monitoring procedures to include a manufacturing facility rating system. The comprehensive nature of the improved procedures is resulting in

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

closer supervision of the In-plant Primary Inspection Agency. During the past year no approvals have been withdrawn from any In-plant Primary Inspection Agency, Design Approval Primary Inspection Agency, or Primary Inspection Agency.

Manufactured Home Onsite Inspections

During FY 1983, the VA randomly selected for inspection 1,021 manufactured homes secured by GI loans. Each inspection covered the home and its site, and included, where possible, an interview with the veteran owner or spouse, or both.

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

- The average size of the manufactured home units was 1,235 square feet.

- 73 percent of the manufactured homes had skirting and 80 percent had tiedowns installed.

- 68 percent of the homes were connected to community or public water facilities and 65 percent disposed of their sewage through public or community disposal systems.

- 71 percent of the units were located in manufactured home parks and 29 percent occupied individual sites.

- 99 percent of the manufactured homes have remained at their original locations as specified in the loan applications.

- Nearly all sites were judged to be adequate.

Interviews were conducted with occupants of 75 percent of the units inspected. Their units had been occupied an average of about six months at the time of the interviews. Following are their responses.

- 99 percent were satisfied with the treatment received from VA.

- 92 percent were satisfied with their lenders.

- 66 percent were satisfied with their dealers.

- 84 percent of those located in a manufactured home park were satisfied with their park operators.

As for future housing plans, 65 percent plan to remain in their manufactured homes at their current locations, 19 percent wish to move into conventional housing, and 16 percent prefer to move their homes to other sites.

Compliance With Warranty

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

During FY 1983, VA field stations reported 179 complaints from veterans expressing dissatisfaction in some manner with their manufactured home unit. Of these complaints, 174 were considered justified and 5 were determined to be unjustified. By the end of the fiscal year, 128 (73.6 percent) of the justified complaints had been resolved and 46 (26.4 percent) were pending resolution. Of these complaints, 140 (80.5 percent) were under warranty; 3 (1.7 percent) were due to faulty setup; and 31 (17.8 percent) were attributed to both warranty and faulty setup.

The nature of the complaints covered under warranty varied from minor defects to severely defective items to be repaired. A total of 45 (25.9 percent) justified complaints were reported because of flawed construction of the unit; complaints received on both the construction and furnishings of the manufactured home accounted for 117 (67.2 percent) of the complaints; 9 (5.2 percent) expressed dissatisfaction with

only the furniture and appliances in the manufactured home; and 3 (1.7 percent) had other complaints.

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

Profile of Manufactured Home Market vs. GI Home Market

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

Although the number of manufactured home loans guaranteed represents only a small percentage of the total loans guaranteed, it is evident that veterans obtaining manufactured home loans are those for whom the program is intended. The table below compares selected characteristics of manufactured home loans to those of GI loans on conventional homes. Income, housing expense and asset figures shown are based only on loans which were submitted for VA approval prior to loan disbursement. Condominium loans are not included with home loans.

Characteristics	Manufactured Home Loans	Home Loans
Average maturity (months)	180	349
Average loan amount	$20,759	$60,589
Average purchase price	$21,511	$65,555
Average gross monthly income	$ 1,657	$ 2,685
Average net monthly income	$ 1,167	$ 1,788
Average monthly housing expense	$ 453	$ 851
Average assets	$ 1,432	$10,593
Housing expense as a percent of gross monthly income	27.3	31.7
Housing expense as a percent of net monthly income	38.8	47.6

In addition, the manufactured home buyers were somewhat younger. Over 47 percent were 30 years old or less, compared to over 22 percent of conventional home purchasers in this age group. Over 32 percent of them were Vietnam era veterans.

Defaults

When the VA manufactured home loan program was established, it was anticipated that the incidence of defaults and claims would be greater than that experienced for loans on conventional homes. During FY 1983, claims paid, as a percent of the average number of outstanding manufactured home loans, rose to 2.5 percent from 2.0 percent during FY 1982. The rate for guaranteed loans on conventional homes was 0.5 percent during FY 1983.

Direct Loans

During the early stages of the loan guaranty program, there was little private money being made available by lenders to veterans who resided in rural and remote areas of the country. In order to place these veterans on a parity with those living in metropolitan areas, where funds were in ample supply, Congress authorized the direct loan program. It was intended to be a supplement to the guaranteed loan program in those areas where private financing was not generally available. The foundation for the program was Public Law 81-475, enacted April 20, 1950.

A review of the program in 1980 revealed that the percentage of VA loans funded by the private sector in rural and remote areas amounted to 99.7 percent and direct loans amounted to only 0.3 percent. Because of the availability of mortgage funds in these areas, the direct loan program was suspended by Congressional action during FY 1981, with the exception of loans to severely disabled veterans for specially adapted housing.

During FY 1983, the VA made 19 such loans to severely disabled veterans amounting to $576,500.

GI Home Loans

During FY 1983, 231,620 home loans were guaranteed, an increase of 149.2 percent over last year. This total includes refinancing loans, condominium loans, alteration and repair loans, and direct loans sold and guaranteed, in addition to loans for the purchase of the traditional single-family home.

Over 59 percent of the veterans purchasing a home with a guaranteed loan were able to obtain no-downpayment loans. Loans to finance the purchase of previously occupied housing accounted for nearly 73 percent of the primary home loans guaranteed during the fiscal year. These loans averaged $58,215 and financed homes with an average purchase price of $63,079. On newly constructed homes, the average loan was $68,632 and the average purchase price was $73,702.

Of the total home loans guaranteed during FY 1983, slightly over 56 percent went to Vietnam era and post-Vietnam era veterans, 17 percent to servicepersons, over 10 percent to veterans whose entitlement was restored, 9 percent to post-Korean conflict veterans, 4 percent to World War II veterans, 3 percent to Korean conflict veterans, 0.2 percent to post-World War II veterans, and unmarried surviving spouses also accounted for 0.2 percent of the total. Thirteen loans were guaranteed for spouses of servicepersons classified as prisoners of war or missing in action.

Between June 22, 1944, and September 30, 1983, veterans obtained nearly 11.2 million home loans totaling almost $216 billion under the GI home loan program.

Credit Market Conditions

During most of FY 1983, the VA home loan program operated under an improved mortgage market environment. Interest rates fell during the first half of FY 1983, extending the decline that began in late FY 1982. The reduction in interest rates resulted from beliefs that the economic recovery might be relatively weak, thereby limiting private credit needs and, at the same time, enhancing the prospects for a continued moderation of price inflation. The VA interest rate ceiling, reflecting the general improvement in market interest rates, was lowered from 13½ percent at the start of the fiscal year to 11½ percent by May 9, 1983. In the second half of the fiscal year, however, market interest rates turned up once more as economic activity strengthened further and as market participants began to focus more directly on the potential effects of heavy Federal borrowing and the implications of continued rapid money growth. As a result of these general pressures in the money and capital markets, the VA was forced to increase the VA interest rate ceiling three times, from 11½ percent in May to 13½ percent in August. As the fiscal year came to a close, the continued substantial improvement in the overall inflation rate and a slowdown in the growth of the money supply began to have a very favorable impact on market interest rates. Responding to this general interest rate improvement, the VA lowered the home loan interest rate ceiling to 13 percent from 13½ percent on August 23, 1983.

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 the VA and proceeds of VA loan sales.

During FY 1983, the VA collected $161.7 million in principal and interest payments, with the interest portion amounting to $101.1 million. Loan sales from VA's own portfolio of loans netted $755.8 million.

Specially Adapted Housing Assistance

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

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

structural requirements are met is only one aspect of the specially adapted housing program.

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 378 disabled veterans for $8.6 million.

During FY 1983, 428 severely disabled veterans, who may be wheelchair-bound, received grants totaling $13.5 million to buy, build, or modify homes specially adapted for their use.

Public Law 96-385, The Veterans' Disability Compensation and Housing Benefits Amendments of 1980, effective October 1, 1980, authorized a new category of specially adapted housing grants. Under this amendment, a disabled veteran who is either blind in both eyes or who has lost or lost the use of both hands, qualifies for a benefit of up to $5,000 to make minor adaptations to his or her house. During FY 1983, there were 138 grants of this type, totaling $628,324.

Fair Housing Program

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

Minority veterans continued to obtain a significant share of VA guaranteed loans during FY 1983. While comprising approximately 11 percent of the veteran population, minority veterans obtained about 15 percent of the home loans closed. Black veterans obtained 9.7 percent, Hispanic veterans 3 percent, Asian/Pacific Island veterans 1.3 percent, and American Indian/Alaskan Native veterans 0.6 percent of the total loans.

Qualitative indexes show a continued strong reliance on income of the spouse in order to qualify for home loans. A significant 46 percent of the VA guaranteed loans closed in FY 1983 were approved because of the supplemental income of the spouse. Income of the spouse was especially important for minority buyers; 53 percent of the blacks, 52 percent of the Hispanics and Asian/Pacific Islanders, and 50 percent of the American Indian/Alaskan Natives who obtained VA guaranteed home loans relied upon help from the income of the spouse.

From FY 1982 to FY 1983, there was a modest increase in the average annual income of black, Hispanic and American Indian/Alaskan Native home buyers using VA guaranteed loans to finance their home purchases. As shown in the table, average income for whites and Asian/Pacific Islanders was virtually unchanged in FY 1983:

	Average Annual Income		
Group	FY 1983	FY 1982	Percent Change
White (not Hispanic)	$32,800	$32,800	—
Asian/Pacific Islander	$31,800	$31,900	−0.3
American Indian/Alaskan Native	$31,800	$30,900	+2.9
Hispanic	$29,600	$29,100	+1.7
Black (not Hispanic)	$29,600	$28,800	+2.8

VA guaranteed home loans covering the full purchase price of the home (no downpayment) were obtained by 79 percent of the black, 71 percent of the Hispanic, 64 percent of the American Indian/Alaskan Native, 61 percent of the Asian/Pacific Islander, and 60 percent of the white participants in FY 1983.

The VA's fair housing program includes an ongoing effort to increase minority business participation in work related to the loan guaranty program. This includes assigning appraisers and compliance inspectors, and engaging the service of repair

contractors, management brokers, and sales brokers. During FY 1983, these minority businesses received $18.1 million or 14 percent of all commissions and fees paid and assignments made by the VA. The dollar breakdown was as follows: $6.4 million to minority fee appraisers and compliance inspectors, $6.3 million to minority sales brokers, $3.3 million to minority repair and maintenance contractors, and $2.1 million to minority management brokers.

Another important aspect of the VA's fair housing opportunity program is its home counseling service. The VA conducts this home counseling service in 23 cities to provide prospective home-buying veterans advice and assistance in practical aspects of home buying and home ownership. Minority veterans comprised 7,599 of the 13,544 veterans counseled in FY 1983, reflecting the thrust of the program toward aiding minority veterans. Since the inception of the program in 1973, over 57,000 minority veterans and 100,000 veterans, overall, have been assisted by this home counseling service.

Life Insurance

Comparative Highlights

Program (thousands)	Fiscal Year 1983	Fiscal Year 1982	Percent Change
USGLI			
Policies	77	84	− 8.3
Amount	$304,082	$335,926	− 9.5
Death benefits	$29,070	$29,472	− 1.4
NSLI[1]			
Policies	3,286	3,377	− 2.7
Amount	$23,027,156	$23,485,895	− 2.0
Death benefits	$377,860	$364,745	+ 3.6
VSLI[1]			
Policies	477	505	− 5.5
Amount	$4,205,074	$4,458,882	− 5.7
Death benefits	$22,734	$21,490	+ 5.8
SDVI			
Policies	191	192	− 0.5
Amount	$1,727,590	$1,735,919	− 0.5
Death benefits	$19,577	$18,797	+ 4.1
VRI[1]			
Policies	156	160	− 2.5
Amount	$1,075,883	$1,106,892	− 2.8
Death benefits	$17,594	$16,753	+ 5.0
SGLI			
Policies	3,393	3,375	+ 0.5
Amount	$117,982,312	$117,582,520	+ 0.3
Death benefits	$153,826	$118,426	+29.9
VGLI			
Policies	349	392	−11.0
Amount	$8,070,345	$8,106,335	− 0.4
Death benefits	$19,108	$22,914	−16.6
VMLI			
Policies	6	6	—
Amount	$173,415	$170,160	+ 1.9
Death benefits	$5,353	$4,854	+10.3

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

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

Summary

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

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

At the end of FY 1983 these eight programs provided coverage of nearly $157 billion to over 7.5 million insureds.

Government Administered Programs

United States Government Life Insurance

This is the oldest government administered insurance program, established in 1919 to handle the conversion of World War I Risk Term Insurance. At the end of FY 1983, 76,765 of these policies remained in force, a decline of approximately 8 percent from the previous year. The program is self-supporting except for administrative expenses and claims traceable to the extra hazards of military service, which are paid by the government. There has been a steady decline in the number of policyholders which will continue to accelerate as the average age of these insureds is now over 78 years.

Effective January 1, 1983, premium payments were no longer required on USGLI policies. As a result of mortality savings and excess interest earned on policy reserves, the total annual dividend payments were far in excess of the total annual premium payments. It was determined that the USGLI fund reserves were adequate to meet all future liabilities of the program. On policies that are still in a premium paying status, premiums are automatically deducted from the insured's dividend payment. For this reason, the 1983 dividend payments will decline to an average of $257 per insured, compared to $303 in 1982.

National Service Life Insurance

This program was established October 8, 1940, to serve the insurance needs of World War II service personnel. By the end of FY 1983, 3.3 million of these policies remained in force with a face value of $23.0 billion. The program is self-supporting except for administrative expenses and claims traceable to the extra hazards of military service, which are paid by the government. The 1983 dividend payments from the excess earnings of the trust fund averaged nearly $199 per insured compared to $189 last year.

Approximately 31 percent of the NSLI policies are term insurance renewed every five years at the current attained age; premiums increase with each renewal. As the policyholders grow older, the premiums can become prohibitive, causing many to reduce the face amount of their policies. The VA makes continuous efforts to alert term policyholders about the high premium rates that they will face if they retain these policies 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 are lower than for any previous plans in existence. As of September 30, 1983, there were over 433,000 Modified Life policies in force with a face value of over $3.0 billion.

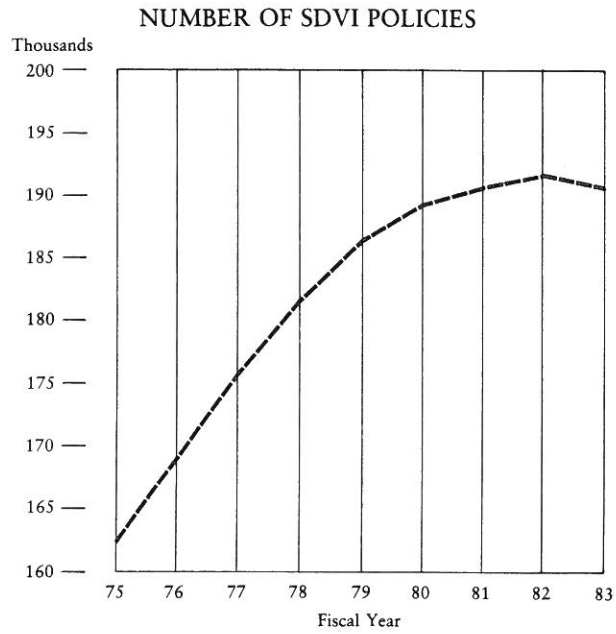
NSLI policyholders may use dividends to buy more insurance as paid-up additions to their policy, permitting policyholders to have more than $10,000 government life insurance in force. A total of 764,000 policies have paid-up additions with a face value over $1.97 billion. This represents an increase of 12.6 percent over the 1982 face amount.

Veterans Special Life Insurance

This insurance program was made available within 120 days following separation to veterans separated from service on or after April 25, 1951, through December 31, 1956. VSLI was a means of providing post-service government life insurance for Korean conflict veterans for whom there was no premium-paying insurance during service. The government provided insurance protection with a $10,000 Servicemen's Indemnity. During the stated period about 800,000 policies were issued of which nearly 477,000 remained in force on September 30, 1983, with a face value of $4.2 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 nonrenewable after age 50, or to permit conversion to a permanent plan of insurance. This program was originally nonparticipating (no dividends payable), but Public Law 93-289, effective May 24, 1974, changed this insurance to participating. The 1983 dividend payments will amount to $35.3 million. The payments will average $74 per insured compared to $71 in 1982. A total of 96,000 policies have paid-up additions with a face value of nearly $83 million.

Service Disabled Veterans Insurance

The only government administered insurance program remaining open to new issues, SDVI was designed to assure that service disabled veterans could obtain life insurance at standard rates. Every veteran separated from service on or after April 25, 1951, who receives a service-connected disability rating for which compensation would be payable if 10 percent or more in degree, and who is otherwise insurable, has one year from the date of notice of the VA rating to apply for this coverage. The VA notifies veterans of their eligibility for this coverage after a VA service-connected rating is granted. In addition, the program is publicized through veterans' organizations and periodic information releases to the press, and 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 1983, there were approximately 191,000 policies in force with a face value of over $1.7 billion.



Veterans Reopened Insurance

This program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean conflict 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. About 210,000 policies were issued, of which approximately 156,000 remained in force at the end of FY 1983 with a face value over $1 billion. The Administrator may adjust premium rates up or down at intervals of not less than two years to keep the program self-supporting.

Public Law 96-128, enacted in 1979, made all Veterans Reopened Insurance policies participating, with dividends payable for the first time in 1980. Dividends are paid to VRI policyholders from excess earnings of the fund. The 1983 dividend payments will average $102 per insured compared to $97 in 1982.

Total Disability Income Provision

This is an optional rider that an insured may add to the basic policy to provide a monthly income in case of disability. This rider may be added to any government administered policy, except SDVI, if a veteran pays an extra premium and meets the age and good health requirements.

TDIP provides a monthly benefit of $5.75 per $1,000 of USGLI insurance for total disability and, as of September 30, 1983, over 1,300 riders were in force with a face value of $8.5 million. TDIP riders have been issued on NSLI policies under three different versions of the law. Under the original provisions, these riders paid $5 per $1,000 of insurance with coverage to age 60. Subsequent changes first increased the payment to $10 per $1,000 of insurance with coverage up to age 60 and later extended the coverage to age 65. The table shows the modifications to the law affecting NSLI policies and the current status of these three different riders.

Effective Date of Modification	Monthly Income Per $1,000 of Insurance	Coverage To Age	In Force as of 9/30/83	
			No. of Policies	Amount of Insurance (in thousands)
Aug. 1, 1946	$ 5.00	60	6,506	$ 47,136
Nov. 1, 1958	10.00	60	80,904	606,527
Jan. 1, 1965	10.00	65	372,840	2,957,051

Government Supervised Programs

Servicemen's Group Life Insurance

This program, which provides insurance coverage for members of the uniformed services, is supervised by the VA, but 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 1983, 357 other commercial companies also participated in the SGLI program on a reinsurer/converter or converter only basis. By the end of FY 1983, 3.4 million active duty service personnel and reservists were insured in the amount of $118 billion, and death benefits paid during the year amounted to $154 million compared to $118 million for FY 1982.

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

Effective December 1, 1981, the maximum coverage is $35,000, and each serviceperson is automatically insured for this amount in the absence of a written request for less ($30,000; $25,000; $20,000; $15,000; $10,000; or $5,000) or no coverage. Coverage was previously limited to $20,000. Effective July 1, 1982, the premium rate for active duty and ready reserve members in this program was reduced from $0.15 to $0.116 per thousand dollars of coverage per month.

Veterans Group Life Insurance

This program, which provides for the conversion of SGLI to a 5-year nonrenewable term policy, was designed to provide low cost government supervised insurance to the veteran immediately following separation or release from service. Prior to establishment of the VGLI program, SGLI could be converted directly to an individual policy with one of the participating commercial companies immediately upon separation from service. Studies had shown that very few veterans were taking advantage of the conversion privilege, possibly due to limited income immediately after service, completion of schooling, or lack of family responsibility. VGLI was therefore designed to provide low cost protection during the period of transition into civilian life.

This group coverage was effective August 1, 1974, and is available in amounts of $35,000; $30,000; $25,000; $20,000; $15,000; $10,000 or $5,000, but for not more than the amount of SGLI which was in force at the time of separation. VGLI has no cash, loan, paid-up, or extended insurance values, but can be converted to a permanent policy with one of the participating companies at the end of the 5-year term period. As of September 30, 1983, 349,000 veterans were insured for over $8.1 billion.

The VA mails an information pamphlet and an application for VGLI to all eligible veterans shortly after their release from duty.

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

Veterans Mortgage Life Insurance

This program is supervised by the VA, administered by the Bankers Life Insurance Company of Lincoln, Nebraska, and provides mortgage protection life insurance to a maximum of $40,000 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. Any unused portion is transferable to a subsequent home mortgage after the preceding one is disposed of, and coverage ceases when the mortgage is paid off, the home is sold, or the veteran reaches age 70.

The monthly 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 and the deficit is made up by transfers from the Compensation and Pension appropriation.

As of September 30, 1983, there were approximately 6,000 VMLI policyholders who were insured for over $173 million; death benefits paid during the fiscal year totaled nearly $5.4 million.

Veterans Assistance

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Outreach			
Public telephone calls—toll-free	5,133,417	4,726,595	+ 8.6
Public telephone calls—other	8,431,590	8,976,479	− 6.1
Interviews away from office	124,320	127,706	− 2.7
Interviews at office	1,703,040	1,654,868	+ 2.9
Patient interviews	537,233	552,362	− 2.7
Correspondence	2,118,520	2,096,411	+ 1.1
Equal Opportunity			
Compliance reviews	357	700	− 49.0
Complaints of discrimination	12	6	+ 100.0
Employment Assistance			
Requests from veterans	45,591	41,246	+ 10.5
Veterans obtaining employment	4,282	4,795	− 10.7
Through OPM	339	242	+ 40.1
Through SESA's	3,246	3,637	− 10.8
Through VA contacts	474	670	− 29.3
Through other contacts	223	246	− 9.4
Fiduciary Activities			
Cases under supervision	128,210	128,693	− 0.4
Field examinations	93,690	93,343	+ 0.4
Fiduciary account audits	39,205	41,666	− 5.9
Legal actions prepared	17,856	19,419	− 8.0
Court appearances	3,645	4,770	− 23.6
Miles traveled (000)	4,895	4,839	+ 1.2
Work-study agreements	50,000	47,184	+ 6.0
Hours worked (000)	8,000	6,954	+ 15.0

Summary

Veterans Assistance personnel in VA field stations conducted a total of 15,929,600 interviews during 1983. Of this number, 85 percent were interviews conducted over the telephone. Correspondence action totaled 2,118,520. Interviews with patients at VA medical facilities totaled 537,233.

Compliance surveys of establishments approved for the education or training of veterans totaled 8,509.

Central Office staff made 41 facility visits, analyzing management practices and determining local compliance with current requirements and directives. Recommendations on ways to improve service to veterans and their dependents were made to the field facilities.

Outreach[1]

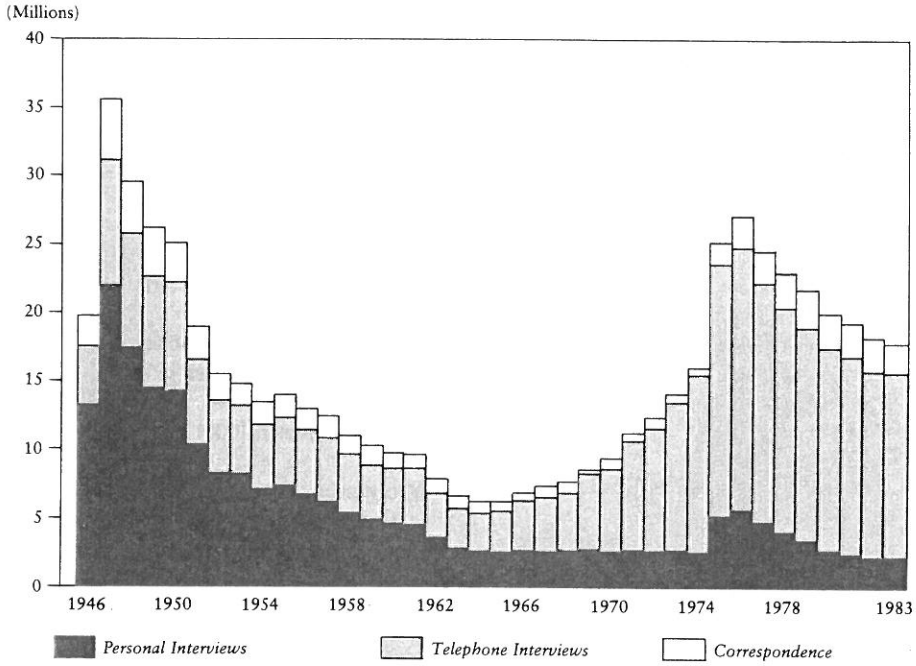
The VA conducts an outreach program to inform veterans of the benefits and services to which they may be entitled. The outreach program, originally designed to reach recently separated veterans, particularly the educationally disadvantaged, now also embraces other categories of veterans. This includes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

Toll-free telephone service makes outreach services available in all 50 states and the Commonwealth of Puerto Rico. The use of toll-free lines increased 8.6 percent in FY 1983. The 916 local, FX (Foreign Exchange), 800 service, and Zenith service lines provide fast, easy, and inexpensive access to the VA for veterans' benefits information and assistance.

Telephone interviews were first reported as a means of public contact in 1946. At that time telephone interviews comprised only 22 percent of the 19,864,551 total contacts, with personal interviews and correspondence making up 66.5 percent and 11.5 percent, respectively. Through the next three decades the telephone and personal interview percentages of the total public contacts completely inversed. By FY 1975, the end of our military involvement in Vietnam, telephone interviews made up 73.4 percent of our 25,275,273 total public contacts. Personal interviews then comprised 20.6 percent and correspondence 6.1 percent. In recent years the increase in the percent of total public contacts made up of telephone interviews has continued to grow, but more gradually.

The chart shows the trend of total public contacts in each category as reported by regional offices from fiscal year 1946 through fiscal year 1983.

TREND OF PUBLIC CONTACTS, FY 1946-1983



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

Elderly Beneficiaries

An awareness of the special needs of elderly veterans and dependents for information and assistance has generated specific VA responses to meet these needs. Participa-

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

tion in the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies has been an important part of this response since 1974. The specially designed pamphlet, "Veterans Benefits for Older Americans," highlights pertinent program areas and has received wide distribution in our liaison with over 600 community-based Area Agencies on Aging. Concerted efforts to develop interdisciplinary approaches with the health care delivery system to address the concerns of elderly veterans and other beneficiaries characterizes VA direction in responding to this rapidly increasing segment of the population.

Prisoner of War Outreach Program

Public Law 97-37 provided expanded service-connected eligibility and medical benefits to former prisoners of war. The law requires the VA to seek out possible beneficiaries and provide them with information about their entitlement to various VA benefits and services. The following key activities on POW outreach have been implemented.

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

- National POW/MIA Recognition Day ceremonies were held on April 9, 1983, at nearly all regional offices and medical centers in recognition of the POW experience. In addition, 31 female former prisoners of war in Corregidor and Bataan were honored at special ceremonies in Washington, D.C.

Administrator of Veterans Affairs Harry N. Walters presents memento to two former prisoners of war. The women were among 31 former Army nurses brought to Washington by the Veterans Administration for National POW/MIA Recognition Day activities. The women were held captive in the Philippines for more than three years.

- The Department of Medicine and Surgery has published Circular 10-83-56, which establishes a medical examination protocol and medical history form for former prisoners of war. The VA is presently using this protocol to examine former prisoners of war in each of its VA health care facilities.

The Advisory Committee on Former Prisoners of War, established pursuant to Public Law 97-37, is composed of members appointed from the general public and includes former prisoners of war, disabled veterans, and members of the medical profession who are recognized authorities in fields pertinent to disabilities prevalent among former POW's. The purpose of the committee, as expressed in its charter, is to advise the Administrator of Veterans Affairs on the administration of benefits under title 38, United States Code, for veterans who are former prisoners of war, and on the needs of such veterans with respect to compensation, health care, and rehabilitation. The first report was submitted by the committee to the Administrator in June 1983.

The committee report included a recommendation for the installation of a national toll-free number so that former POW's can inform the VA if they are not recognized as POW's, or if their treatment is not consistent with the intent of Public Law 97-37. Although each medical facility and regional office has POW coordinators to assist POW claimants at the local level, the recommendation has been approved, and a national POW hotline will be installed at the VA's Central Office in Washington, D.C., as a contact point for POW assistance.

Other Outreach Efforts

- Service to incarcerated veterans began after World War II and has continued throughout the years. Field stations provide informational material such as fact sheets, pamphlets, or available audiovisual aids at the request of correctional facility officials. "On-call" visits to Federal and state institutions are provided upon request of appropriate prison officials and approved self-help groups, depending on travel fund availability at individual field stations.

- Outreach to veterans' organizations with predominantly female membership has been initiated. Field stations have identified such organizations and maintain rosters of their primary contacts. An exhibit highlighting benefits for female veterans has been produced and is available for display at national meetings of service organizations. Women who are former members of the U.S. Armed Forces total 1.2 million with 260,600 serving during the Vietnam era.

- Educationally disadvantaged veterans of the Vietnam era continue to receive special consideration. Specific outreach procedures have been established and continue to operate at all regional offices to communicate directly with newly discharged veterans who are considered educationally disadvantaged. The purpose of this special effort is

to urge and motivate them to take advantage of the liberal education and other benefits provided by Congress for this group.

VA personnel joined with the staff of WTAE-TV, Channel 4, Pittsburgh, Pennsylvania, to conduct the fourth annual "HELP FOR VETS" telethon. This joint effort again provided a special opportunity to disseminate valuable information on programs and services to veterans and their dependents over most of western Pennsylvania.

Equal Opportunity Compliance

VA field station personnel conducted an equal opportunity compliance program to ensure that education and training offered to veterans and other eligible beneficiaries were provided without discrimination as to race, color, national origin, sex, or handicap. The compliance program was conducted to carry out provisions of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, and section 504 of the Rehabilitation Act of 1973. At the end of the fiscal year, there were 209 field station employees assigned to equal opportunity compliance functions along with their VA education compliance activities. They conducted 357 equal opportunity compliance reviews during FY 1983 in proprietary schools below college level, in apprenticeship programs, and in other on-the-job training establishments. This represents a decrease of 49 percent from last year and came about because of the Federal government's effort to reduce data gathering requirements in the private sector.

The VA received 12 complaints of discrimination filed against schools which were approved for training veterans. One complaint, in an institution of higher learning, was referred to the Department of Education. Investigations are in progress at five schools, the decision is pending at one school, and investigations have been completed in five schools. No instance of noncompliance was found during either the on-site reviews or the five investigations of complaints which have been completed by the VA.

Employment Assistance

Although the principal responsibility for employment assistance to veterans belongs to the DOL (Department of Labor), the delivery of services requires close interagency cooperation. The VA has continued to work closely with DOL to improve the coordination of job and on-the-job (OJT apprenticeship) training programs, and other employment services. Veterans with employment problems are given counseling and job assistance at career development centers in VA regional offices, and they are also encouraged to register at the SESA (State Employment Security Agency) job service office in their community. The VA cooperates in the DOL's DVOP (Disabled Veterans Outreach Program) by providing names, addresses, and veterans' benefits training. The VA also provides lists of names and addresses of on-the-job training employers to be used by the SESA's in developing job opportunities. Veterans employment representatives and DVOP representatives are located in some VA regional offices. In FY 1983, 45,591 veterans requested VA employment assistance, and through various referrals, 4,282 obtained employment. Of this total, 339 obtained employment through the Office of Personnel Management; 3,246 through SESA's; 474 through VA contacts; and 223 through other contacts.

Fiduciary and Field Examination Activity

The F&FE (Fiduciary and Field Examination) activity supervised the payment of benefits to fiduciaries on behalf of 128,210 VA beneficiaries: 114,273 adults who were

incompetent or under some other legal restriction, and 13,937 minor beneficiaries. This supervision resulted in 93,690 fiduciary program field examinations, 39,205 fiduciary account audits, 17,856 legal actions prepared, 3,645 court appearances, and 4,894,947 miles traveled. The F&FE activity also conducted 14,989 nonfiduciary program field examinations and 1,760 special investigations in support of other VA activities.

It is projected that the rise in the average age of the veteran population will cause the number of adults under supervision to increase slightly.

Veteran-Student Services Program

Authorized by Congress in 1972, the Veteran-Student Services Program, more commonly known as the VA Work-Study Program, offers a supplemental education allowance to full-time veteran-students in return for services performed in VA-related activities.

Reimbursed at a rate equal to the minimum wage, almost 50,000 veteran-students were issued work-study agreements during FY 1983. These veterans worked over 8 million hours in support of VA activities at regional offices, medical centers, national cemeteries, and community-based outreach organizations. This participation represents an increase of 6.0 percent over the prior fiscal year despite an overall decline in veteran-student enrollments, and it underscores the popularity of the program with both veteran-students and sponsoring offices.

Vocational Rehabilitation and Counseling

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Vocational rehabilitation evaluations	52,995	48,743	+8.7
Vocational rehabilitation participants*	30,574	30,919	−1.1

**Veterans who have participated in the Vocational Rehabilitation Program at some time during the fiscal year.*

Summary

The primary mission of the VR&C (Vocational Rehabilitation and Counseling) Service is to provide all services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. Service-connected disabled veterans who are eligible for these services are identified and encouraged by local VR&C staff members to apply for chapter 31 (rehabilitation) benefits.

Applicants who are found to need assistance because they have a handicap to employment based on service-connected disability are evaluated to determine if they need: services to enable them to be more independent in the activities of daily living; education or training to provide them with job skills; or placement or other direct employment assistance. Disabled veterans for whom a training program or employment is not presently feasible are provided all necessary assistance in acquiring the skills needed for daily living. Disabled veterans who do not have appropriate job skills are assisted in developing a plan of education and training which will provide an opportunity to learn needed skills. Disabled veterans who complete programs of education and training, and others who are determined to be job-ready, are provided employment services to assist them in finding employment which is compatible with their aptitudes, interests, abilities, and disability limitations.

The following items are highlights of FY 1983 accomplishments:

- Extended evaluation and independent living services were fully established as services for seriously disabled veterans.

- Employment services, placement, and follow-up assistance became an integral part of the program of the Vocational Rehabilitation and Counseling Service.

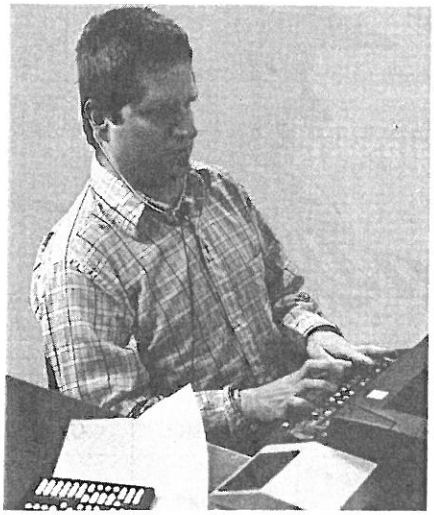
- Coordination between the VA and the Department of Labor resulted in expedited employment services for disabled veterans.

- An automated master record processing system for the chapter 31 program was implemented.

- An automated system of recording individual case status was developed to track and monitor veterans' progress toward bona fide rehabilitation.

Vocational Rehabilitation

All veterans requesting vocational rehabilitation services who incurred a compensable service-connected disability on or after September 16, 1940, are provided an initial evaluation. The purpose of the initial evaluation is to determine whether the veteran is



Under the vocational rehabilitation program, training is provided in the classroom, on the job site, or at home according to the veteran's needs, aptitudes, interests and abilities.

eligible for and entitled to chapter 31 services and what kind of specialized assistance is needed. The VR&C field staff made 42,419 determinations of eligibility during FY 1983 and provided 30,574 eligible and entitled veterans with one or more specialized services, a decrease of 1.1 percent from last year.

Another determination in the initial evaluation process is whether the veteran is job-ready and whether either employment or training leading to employment is feasible for the veteran. If feasibility is not readily apparent, a period of extended evaluation to determine feasibility is authorized. More than 1,400 veterans were placed in extended evaluation during the year.

Every veteran who is determined eligible for and entitled to rehabilitation services develops a formal rehabilitation plan with the assistance of VR&C field staff. In general, these individualized written plans include several intermediate objectives related to the veteran's rehabilitation goals and one or more types of service along a continuum leading to qualification for and placement in suitable long-term employment.

Educational and vocational training programs were planned with 14,712 service-disabled veterans to help them develop job skills to qualify for suitable employment. More than 5,100 veterans, who were determined to be job-ready, planned a rehabilitation program to obtain the employment services and placement assistance they needed to reach their goals of suitable long-term employment.

Pilot Program of Independent Living Services

During FY 1983, severely disabled veterans for whom a vocational goal was determined not to be reasonably feasible, but who needed assistance to achieve maximum independence in daily living, could receive services under the pilot program of independent living services and assistance. During the fiscal year, 92 veterans qualified for the pilot program. The total number of approved candidates during the two years of the program's opertion is 162. The typical services provided during FY 1982, the program's first year, were also those services most frequently provided during FY 1983. Such services included those necessary to meet needs in the areas of transportation, attendant care, basic living skills, adaptive equipment, family and peer counseling, housing, and health maintenance. Data on program participants are being collected following a previously developed program evaluation protocol. These data will be used to evaluate the pilot program for a mandated report on cost-effectiveness and accomplishments due to Congress by October 1984.

Employment Services

Job site modification is one of many employment services which may be provided to assist disabled veterans in obtaining and maintaining suitable employment.

During FY 1983, employment services and assistance were fully integrated into the Vocational Rehabilitation Program and extensive efforts have been made to improve service delivery. More than 5,100 individualized employment assistance plans, an increase of 27.5 percent from FY 1982, were developed by disabled veterans with the aid and assistance of VR&C field staff. These plans identified the specific services needed by particular veterans to assist them in obtaining suitable employment. In some cases, specialized assistance was needed to help seriously disabled veterans plan for self-employment. Generally, the plans provided for services and assistance extending over an 18-month period, but in some cases longer periods of employment assistance services were needed.

Several cooperative efforts between the VA and the Department of Labor have benefited veterans seeking employment assistance. The VR&C staff assisted in the marketing and promotion of the Targeted Jobs Tax Credit program by explaining the advantages of the credit to veterans and employers. This program is designed to encourage employers to hire persons from targeted groups with high unemployment rates, including economically disadvantaged Vietnam veterans and service-disabled veterans who have been vocational rehabilitation participants.

A sharing of resources through the Disabled Veterans Outreach Program, which was initiated in October 1981, was continued and strengthened. Since a substantial number of Disabled Veterans Outreach Program counselors are located at VA regional offices, medical centers, and outpatient clinics, service to disabled veterans has been expedited.

Another milestone was reached when the VA and the Department of Labor completed a new comprehensive interagency agreement which incorporated all organizational, legislative, and programmatic changes since the earlier Memorandum of Understanding of 1979. During the year, the field components of both agencies developed agreements and procedures at the state and local levels to improve the delivery of services.

Finally, veterans eligible for job counseling under the "Emergency Veterans' Job Training Act of 1983," a new program for long-term unemployed Vietnam and Korean veterans, will be provided employment counseling. Service-disabled veterans with 10 percent and 20 percent disability ratings will be evaluated by VR&C field staff to determine if they have a serious employment handicap which would qualify them for 15 months, rather than nine months, of benefits. During FY 1983, the VR&C service staff worked closely with the Department of Labor to develop a comprehensive package of policy and procedural instructions to facilitate program implementation during the next fiscal year.[1]

Program Management

On October 24, 1983, following a year of extensive preparation, the Vocational Rehabilitation and Counseling Service activated an automated master record processing system which combines payment and statistical data, including case status information. The data are available for inquiry, monitoring work in progress, and reports to program management.

The implementation of the case status system, a management initiative, assists VR&C field staff in meeting their case management responsibilities for expeditious service delivery. Program managers are able to track veterans' progress through the various stages of the rehabilitation process to help assure that appropriate actions are taken and to assure that full and timely services are provided. The ten different case statuses identify the several decision points and levels of progress from applicant to rehabilitated status. Every veteran who applies for chapter 31 benefits starts in applicant status, and at any given time a check may be made to determine a veteran's current status and its appropriateness. The case status system provides a new and valuable tool to improve program management and accountability.

Educational and Vocational Counseling

Counseling services are provided, upon request, to assist nondisabled veterans, servicepersons and other eligible persons who plan to use their chapter 32, 34 or 35 benefits. Comprehensive counseling and assessment services focus on planning for the use of VA benefits for education and vocational training. Requests for professional counseling services have increased during the past year. There was more than a 12 percent increase in requests from veterans under chapter 34 and a 42.7 percent increase in requests from post-Vietnam era veterans under chapter 32. Requested counseling under the Survivors' and Dependents' Educational Assistance (chapter 35) program declined significantly (30.3 percent), continuing a trend evident since the lifting of the requirement of mandatory counseling.

Counseling and evaluation services were provided by VA counseling psychologists, supplemented as needed by fee-basis contract counseling psychologists in guidance centers. These comprehensive services were available at 120 locations, including 58 VA regional offices, 43 outbased locations, and 19 guidance centers.

Cases Counseled	FY 1983	FY 1982	Percent Change
Veterans educational assistance (Chapter 34)	12,473	11,084	+12.5
Dependents' educational assistance (Chapter 35)	2,741	3,574	−23.3
Post-Vietnam era veterans (Chapter 32)	167	117	+42.7

[1]*This information is included in compliance with section 220, title 38, U.S.C.*

The VR&C Service also provides comprehensive counseling and assessment services, on request, to veterans, servicepersons and other persons who are eligible for VA educational assistance under chapters 32, 34 and 35 of title 38 U.S.C., section 903 of Public Law 96-342, the "Department of Defense Authorization Act, 1981," or Public Law 98-77, the "Emergency Veterans' Job Training Act of 1983." Career development centers are available at many of the regional offices to provide Vietnam era veterans and other beneficiaries with individualized job and career assistance services.

Veterans' Advisory Committee on Rehabilitation[1]

The Veterans' Advisory Committee on Rehabilitation, which was established by Public Law 96-466, provides advice and consultation to the Administrator of Veterans Affairs regarding the administration of veterans' rehabilitation programs under title 38, U.S.C. The committee of ten members includes disabled veterans and persons distinguished in the fields of rehabilitation medicine, vocational counseling, training, rehabilitation, and employment.

During FY 1983, the Administrator of Veterans Affairs and the Chief Benefits Director addressed the committee and assured the members of their interest and support. There were formal presentations by representatives of the VA, several other government agencies, and officers of veterans' service organizations on a variety of issues affecting disabled veterans, including special rehabilitation efforts, individualized employment assistance, and special employment programs. Several of the speakers emphasized the recurring theme that the goal of medical rehabilitation, as well as vocational rehabilitation, is to enable disabled individuals to become productive citizens.

The committee members reached consensus on several issues related to providing more timely and efficient rehabilitation services to disabled veterans. Recommendations on these issues, and others related to improving employment and placement services for disabled and nondisabled veterans, were developed for presentation to the Administrator.

[1] *This information is included in compliance with section 1521(c), title 38, U.S.C.*

Cemeteries and Memorials

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Interments in national cemeteries	44,684	41,422	+ 7.9
Applications for headstone/marker	289,371	276,985	+ 4.5
Canceled	55,352	49,971	+ 10.8
Headstones/markers ordered	233,372	223,096	+ 4.6
National cemeteries	44,167	43,104	+ 2.5
Private cemeteries	189,205	179,992	+ 5.1
Replacement headstones/markers	5,470	6,160	− 11.2

Summary

The Department of Memorial Affairs administers veterans' interment benefits that include the national cemetery, headstones and markers, memorial plots and markers, and state cemetery grants programs.

In FY 1983, DMA accomplished 44,684 interments and ordered 233,372 headstones and markers for the graves of eligible persons. Applications were submitted by six states for grant assistance and three grants were awarded. Among the other significant events that took place during the year were the following:

- Construction was completed at the Quantico National Cemetery, Virginia, on January 25, 1983, and the cemetery was opened for interments on May 16, 1983.

- A columbarium with 3,000 niches was completed at Williamette National Cemetery in Portland, Oregon, in December 1982. The columbarium was opened in May 1983.

- Construction was completed on the combination administration/service building at Keokuk National Cemetery, Iowa, in June 1983; on the administration building at Calverton National Cemetery, New York, in May 1983, and on phase 2 to develop 32 acres at Massachusetts National Cemetery, Bourne, Massachusetts, in October 1982.

- The Withlacoochee National Forest site for the Florida National Cemetery was selected by the Administrator following completion of the environmental impact study.

- Negtiations continue on public land donation of 6 acres at Bath, New York; 10 acres at Camp Nelson, Kentucky; 6 acres at Florence, South Carolina; 2.7 acres at Grafton, West Virginia; and 2.7 acres at Salisbury, North Carolina, national cemeteries. Land transfers were completed with 1.8 acres added at the Sitka National Cemetery, Alaska, and 1.8 acres added at the Lebanon National Memorial Cemetery, Kentucky.

- During 1983, an automated report was developed to measure end product direct cost of services furnished by each national cemetery. The VA service summary is generated through use of data already being reported in other automated reporting systems and provides management with a measurement of effectiveness and productivity of national cemetery operations.

• At the end of FY 1983, the National Cemetery System consisted of 108 cemeteries (57 opened, 51 closed) and one approved for construction totaling over 9,000 acres, and soldiers' lots and plots totaling 28.6 acres. Over 3,500 acres of land have been developed for burials. There were approximately 320,000 gravesites available for burials in open cemeteries; over 65,000 reserved gravesites; 27,000 in-ground sites for cremains; and 15,400 columbarium niches. Potential gravesites, including undeveloped acreage in cemeteries not yet open for interments, amount to over three million.

• Land acquisition and cemetery planning for Region IV National Cemetery at Fort Mitchell, Alabama, continued. Milestone schedules have been developed.

• Master plans are under development for the Florida site and for Houston National Cemetery, Texas. Plans for renovation of the existing scenic overlook for the National Memorial Cemetery of the Pacific, Hawaii are in the preliminary stage. Other construction projects for the National Cemetery Service are specified in Table 49 (see Statistical Tables section).

• During FY 1983 the Department of Memorial Affairs completed the two-year program which provides barrier-free access at all cemeteries, where feasible.

Headstones and Markers

Ten years ago the Veterans Administration assumed responsibility for administering the headstone and marker program. Since that time, slightly more than 2,321,000 monuments have been ordered for placement in private and national cemeteries in this country and overseas. These monuments were furnished to mark the graves of veterans and eligible spouses. In those cases where veterans' remains were not available for burial, memorial headstones and markers have been provided.

During fiscal year 1983, almost 290,000 applications for headstone/marker were received and 233,372 orders were placed with contractors. This represents an increase of 4.6 percent over last year in the number of orders placed. It is also the third highest production year recorded by the Veterans Administration. About 19 percent of the applications received were returned to applicants because of incomplete or inconsistent data. Most returned applications were resubmitted at a later date and subsequently processed. The number of applications remaining to be processed at the close of the fiscal year was one of the lowest on record.

Type Headstone/Marker	Number Ordered		Percent Change
	FY 1983	FY 1982	
Upright marble	32,518	37,064	− 12.3
Flat marble	8,585	8,779	− 2.2
Flat granite	67,940	60,767	+ 11.8
Flat bronze	122,652	115,242	+ 6.4
Flat slate	0	27	− 100.0
Niche covers	1,429	1,006	+ 42.0
Special purchase orders	248	211	+ 17.5
Total	233,372	223,096	+ 4.6

The average in-house processing time for applications is slightly over 12 calendar days. This is an improvement of almost four days over last fiscal year. Continuing efforts are being made to speed applications processing and also to maintain the quality of service to the veterans' families.

There are over 28 million veterans living in the U.S. and Puerto Rico. Because of the aging factor, especially with the large World War II group, veteran mortality rates are increasing by about 14,000 per year. The estimated deaths of veteran in civil life is 395,000. Demands upon the headstone and marker program will show a steady increase during coming years.

Exclusive of overhead costs, the VA spent over $12.9 million to purchase and ship the 233,372 headstones, markers, and niche covers which were ordered in fiscal year 1983. The average cost per monument was $55.53.

Eighty-one percent of the monuments ordered for placement at cemeteries, with the balance being placed at national cemeteries. This ratio has been fairly constant during past years. Nearly half of the monuments ordered were flat bronze markers. This reflects a trend towards bronze, with a slight percentage increase each year.

During fiscal year 1983, there were 2,772 headstones and markers shipped to cemeteries outside the 48 contiguous states. These monuments were sent by surface transportation. When the destination was to a foreign country, an American Embassy office ensured that the monument was forwarded to the correct designation.

Destination	Flat Bronze	Flat Granite	Flat Marble	Upright Marble	Niche Cover	Total
Alaska	76	11	6	47	—	140
American Samoa	2	4	1	1	—	8
Australia	2	—	—	—	—	2
Canada	19	12	—	1	—	32
Cuba	—	—	—	3	—	3
England	—	—	—	5	—	5
Germany	3	1	1	8	—	13
Guam	2	1	33	1	—	37
Hawaii	56	600	—	—	67	723
Ireland	1	2	—	12	—	15
Korea	1	—	—	—	—	1
Mexico	3	1	—	—	—	4
Norway	1	—	—	—	—	1
Panama	—	—	—	20	—	20
Peru	1	—	—	—	—	1
Philippines	236	10	27	116	—	389
Puerto Rico	426	814	104	15	—	1,359
El Salvador	1	—	—	1	—	2
Scotland	1	—	—	—	—	1
Sweden	1	—	—	—	—	1
Switzerland	4	2	4	4	—	14
Trinidad	—	—	—	1	—	1
Total	836	1,458	176	235	67	2,772

State Cemetery Grants

The VA's relationship to state veterans cemeteries is based on a Federal assistance program to aid any state in establishing, expanding, or improving veterans' cemeteries owned by it. The program became operational on October 1, 1979. As of September 30, 1983, the VA had received 20 requests from 11 states requesting $9.8 million. Over $8.1 million has been obligated in support of the construction projects. The accompanying table provides details on these applications:

Location	Project	Grant (thousands)	
		Request	Funds Obligated
Arizona Phoenix	Establish cemetery/construct administration building.	$ 104	[1]$ 104
	Construct columbarium, road paving and water distribution system.	[3]223	223
California Yountville	Cemetery renovation.	600	—

Connecticut Middletown	Establish cemetery/construct administration building.	600	600
Guam	Establish cemetery/site development, administration building and chapel.	2,000	[2]1,600
Illinois Quincy	Construct roadway and entrance gate.	60	[3]44
	Construct storage and maintenance shed.	70	70
Maine Augusta	Cemetery improvement/expansion.	200	198
	Equipment storage building.	42	—
Maryland Cheltenham	Construct administration/maintenance buildings and chapel.	404	[1]404
Crownsville	Site development and construct administration/maintenance buildings and chapel.	739	642
	Phase development.	274	274
Eastern Shore	Site development, chapel, and storm drainage systems.	163	[1]153
Garrison Forest	Site development and construct administration/maintenance building and chapel.	[3]862	862
Rocky Gap	Site development, administration/service building, chapel, and drainage system.	277	[1]275
New Jersey Arnytown	Establish cemetery/construct administration/maintenance building and lodge.	600	600
Rhode Island Exeter	Cemetery improvement/expansion.	[3]710	710
Utah Bluffdale	Establish cemetery.	410	—
Wyoming Evansville	Establish cemetery/construct administration/maintenance building, and chapel.	[3]672	672
	Construct roadway.	[3]785	[2]718
	Total	$9,795	$8,149

[1]*Project completed (amount reflects final cost).*
[2]*Statutory limit on amount state could receive.*
[3]*Revision of grant request.*

Administration and Management

Comparative Highlights

Item	FY 1983	FY 1982	Percent Change
Debt collection (millions)	$ 12.0	$ 7.9	+ 51.9
Settlement of administrative tort claims under $2,500	$ 250,000	$ 225,000	+ 11.1
New construction appeals filed	150	121	+ 24.0
Bid protest cases	123	89	+ 38.2
Mistake-in-bid cases	143	91	+ 57.1
Cost of administering FOIA (millions)	$ 1.6	$ 1.6	0.0
FOIA fees assessed	$ 37,742	$ 44,541	− 15.3
Audit reports issued	426	361	+ 18.0
Audit reports resolved	348	274	+ 27.0
Investigation cases closed	1,225	382	+ 220.7
Direct Deposit/electronic fund transfer (C&P payments) participants	1,275,537	1,140,422	+ 11.8
Forms and forms letters	12,780	12,587	+ 1.5
Presidential Memorial Certificates issued	303,400	269,200	+ 12.7
Major construction contracts awarded	44	35	+ 25.7
Capital improvements (millions)	$ 456	$ 265	+ 72.1
Number of construction projects	863	765	+ 12.8
Estimated construction cost (millions)	$ 3,369	$ 3,004	+ 12.2
Supply fund sales (millions)	$ 570	$ 480	+ 18.8
Equipment assets (billions)	$ 1.8	$ 1.6	+ 12.5

Office of The General Counsel

The General Counsel serves as the chief officer in the VA on all matters of law, litigation and legislation, interprets all laws pertaining to the VA, and provides all necessary legal services. Among these services are:

- Collections for the government. Debts owed the government are referred to the General Counsel by the other Departments when their collection efforts fail.

- Settlement of claims against the government. Claims against the government based on alleged malpractice or negligence of VA employees are investigated and resolved.

- Legislative program. The General Counsel develops and prepares for submission to the Congress the proposed legislative program of the VA, coordinating testimony and providing reports and drafting services in pending legislative matters.

- Opinions of the General Counsel. General Counsel opinions which are of sufficient importance are printed and digested. Copies of the opinions and digests are maintained in the Central Office Law Library and all District Counsel offices.

- Litigation. Civil or criminal court actions involving the VA are conducted by the General Counsel directly, or in cooperation with the Department of Justice. Litigation

most frequently involves real estate transactions, incompetency, decedent estates, commitment of mentally ill patients, personal injuries, and civil and criminal actions involving VA benefits or facilities.

The Office of General Counsel has continued to assist in the defense of court challenges to VA benefits laws and regulations. In the past year, three civil actions have asserted that the attorney fee limitation in claims for VA benefits (no more than $10 may be awarded in allowed claims for monetary benefits) effectively prevented claimants from engaging legal representation, and therefore is in violation of the constitutional requirement of due process of law. The statute was upheld in two of those cases, with a third still pending. This latter case is a complex class action which includes an assertion that the fee limitation violates the constitutional right of a citizen to freely petition the Government.

A U.S. district court declared invalid certain aspects of the procedure used by VA and the Department of the Treasury to recover benefit payments deposited automatically (by electronic funds transfer) to the account of a deceased beneficiary. Under the direct deposit method, unlike the situation where a beneficiary must sign a check before deposit, a monthly benefit payment may be automatically deposited before the Government learns of the death and is able to stop further payments. Under Treasury regulations and procedures, VA may simply notify Treasury of the improperly paid amount, and Treasury may require the bank holding the account to reimburse the Government.

The problem identified in the lawsuit involved an account holder who, under State law, became sole owner of the account at the death of the VA beneficiary. When the surviving account holder, the beneficiary's widow, challenged the absence of advance notice to her by the VA and the lack of any procedure to dispute the debiting of her account and to request waiver of the debt based on hardship, the court found in her favor. The Government's argument that such rights only apply to payees of Government benefits, and not individuals who incidentally come into possession of benefits, was rejected. Amendments of Treasury and VA regulations and procedures to forestall future actions of this type are underway.

Two class action challenges involving the extent to which beneficiaries whose monthly payments were reduced to collect overpayments by offset were entitled to notice of the right to request waiver, and an opportunity for a hearing prior to the offset, have been brought to a close by settlement. Plaintiffs in both cases were recipients of nonservice connected disability pension who remain entitled to benefits following the establishment of an overpayment, so that amounts owed could be recovered by offset. Settlement of the cases resulted in judicial approval of regulatory amendments, procedures, and the text of notice letters to be used in the future. Only the matter of attorney fees owed by the Government remained for judicial consideration at the close of the fiscal year. Under a relatively new provision affecting the Federal government in litigation, known as the Equal Access to Justice Act, successful litigants against the Government may, in certain circumstances, recover the cost of their legal fees in prosecuting the action. The question of fees may become a side issue in almost every lawsuit, and particularly in those where the end result of the suit is a change in Government practice or procedure. The fee question in the offset cases is the extent to which the litigation, even though terminated by settlement between the parties, resulted in the policy and procedural changes, which VA argues would have occurred anyway, and the extent to which the form of the changes was influenced by the litigation.

New developments have occurred in an important area of education litigation involving suits attacking the statutory authority for, and constitutionality of, Agency regulations treating alcoholism as the result of willful misconduct and, thus, a bar to benefits. The decisions which have been rendered in these cases have uniformly upheld the constitutionality of the challenged Agency policies and regulations on willful misconduct.

In the area of schools' liability for overpayments resulting from failure to timely or properly certify student enrollment status, the Government has been pressing ahead

with its litigation. Three related cases are presently pending against state schools in Georgia; three cases are pending against three state schools in Florida; a case has been filed against a state school in Texas involving a substantial amount of overpayment liability; and another case has been authorized against a private school in Puerto Rico. Other cases in California and Georgia have been accepted for suit by the Department of Justice. While no cases have yet reached the trial stage, extensive pretrial activity has been going forward in these cases, and next fiscal year should bring about judicial rulings on these issues. The VA has also been successful in settling a number of school liability claims for amounts ranging from $12,500 to $250,000.

The VA has had continued success in defending challenges to the Public Law 96-466 provisions restricting the educational benefits of incarcerated convicted felons to only the cost of tuition and fees. Actions brought by incarcerated veterans have involved complex issues of due process, civil rights, bill of attainder, and ex post facto law, among others. Most cases, however, have been disposed of on motion, based upon principles of sovereign immunity and lack of subject matter jurisdiction. At the end of FY 1983, only two cases remained unresolved; all other cases were decided favorably to the Government.

Medical care reimbursements have been collected from third-party tort feasors and in industrial injury and insurance cases. These amounted to $12.5 million in FY 1983.

Progress continues to be made in the area of debt collection. During FY 1983, debts representing $51 million were referred to District Counsels. Cash collections in these cases totaled $12 million, an increase of 51.9 percent over collections for FY 1982.

Medical malpractice claims under the Federal Tort Claims Act continued to be filed at record levels. Funds paid out in settlement of administrative tort claims under $2,500 increased 11 percent to $250,000 in FY 1983.

The number of bankruptcy petitions filed in bankruptcy court remained high during the fiscal year. VA was, however, successful in challenging certain chapter 13 petitions where the amount paid to VA as a creditor was not reasonable, resulting in specific guidelines from the courts identifying criteria which must be considered before a chapter 13 plan may be confirmed.

Negotiations between the VA and the AFGE (American Federation of Government Employees), supported by full-time legal advice from the General Counsel, continue at the Central Office level. This bargaining is over a contract covering professional employees. The decision of the Eighth Circuit United States Court of Appeals that title 38 disciplinary board actions are not grievable influenced the scope of bargaining for title 38 professional employees. The Agency position is that the provisions of title 5 or civil service, including negotiated grievance procedures, are inapplicable to title 38 employees to the extent that title 5 provisions conflict with title 38. In addition, the United States Supreme Court recently ruled on the entitlement of unions to have travel and per diem for contract negotiations paid by agencies. The court unanimously ruled that there was no legal entitlement to have union representatives' travel and per diem expenses paid by the agency, but in dicta presumed that this issue could be negotiable. We expect further litigation on this matter to determine the parameters of the court's decision. District Counsels continued to provide close support to VA managers in administering collective bargaining agreements.

The VA continues to be in full conformance with the standards and requirements of the Ethics in Government Act with respect to the annual filing, review, and maintenance of both public and confidential financial disclosure reports which must be submitted by certain VA employees. The Assistant General Counsel, who serves as the Agency designated ethics official, reviewed and signed over 400 public financial disclosure reports of senior employees during FY 1983.

Final regulations on patient rights, many of which were drafted by the Office of General Counsel, were adopted by the Agency. These regulations set forth specific minimum substantive and procedural rights to be afforded uniformly to both involun-

tary and voluntary patients undergoing VA treatment in a VA medical center. The regulations define and protect the rights of VA patients in such areas as privacy, legal rights, fund handling, medical treatment, religion, social interaction, exercise, and dress.

The Office of General Counsel has continued its emphasis on the practice of preventive law. During this past year, a workshop was held for attorneys from the District Counsels' offices throughout the United States. This workshop was designed to assist these personnel in handling employee ethics problems and personnel disciplinary cases and problems, and will assist in the prevention of personnel disciplinary cases within the Agency.

The number of legal actions related to procurement of construction, supplies, and services continued to increase in FY 1983. For FY 1983, a total of 150 new appeals were filed with the VA Board of Contract Appeals, compared to 121 in FY 1982 and 102 in FY 1981. Approximately 15 cases were appealed directly to the U.S. Claims Court. This court also heard cases where contractors sought to prevent the Agency from awarding a contract. In FY 1983, the number of bid protests filed with the Agency, as well as GAO and mistake-in-bid cases, also increased dramatically. In FY 1982, there were 89 bid protests and 91 mistake-in-bid cases, while in FY 1983, there were 123 bid protests and 143 mistake-in-bid cases. On the basis of a procedure initiated by the General Counsel's Office and the Office of Procurement and Supply, we are now preparing many of the bid protest reports which are filed with GAO and concurring in all Central Office protests, as well as all mistake-in-bid decisions.

In FY 1983, the involvement of the Office of General Counsel in fiscal and appropriations matters increased. This is partially due to the increased emphasis by staff and department offices to have the Office of General Counsel review and interpret congressional statutes and OMB directives in these areas.

In FY 1983, the Office of General Counsel continued its training of VA personnel in information disclosure law, including the VA's recently enacted statute protecting its medical quality assurance records, 38 U.S.C. section 3305, the Privacy Act and the FOIA (Freedom of Information Act). The FOIA requires that a report be submitted to Congress by each Federal agency by March 1 for each preceding calendar year. In FY 1983, of the thousands of initial FOIA requests received by this Agency, 1,382 determinations not to comply with an initial FOIA request were made. Of that number, 27 appeals were filed with dispositions prepared for the Administrator by the Office of General Counsel. Six of the 27 appeals considered were granted in full; 9 were denied in full; and 12 were granted in part. The total reported cost to the VA of administering the Act was $1,613,146. The Agency recovered $37,742 in FOIA fees from requesters.

During FY 1983, the Office of the General Counsel made 314 final decisions regarding complaints of discrimination. Those decisions involved procedural questions of the acceptability of complaints for further investigation, as well as substantive decisions involving the issue of the occurrence of discrimination. In addition, 56 cases referred to the Office of the General Counsel for final decision were remanded for further information or fact finding. During FY 1983, 74 decisions were received from the Office of Review and Appeals of the Equal Employment Opportunity Commission on appeals from decisions made by the Office of General Counsel. Of those, 10 were reversed on either procedural grounds or substantive questions concerning the existence of discrimination.

Public Law 97-272—HUD/Independent Agencies Appropriations Act, FY 1983

This Act provides appropriations totaling $24,081,218,000 for the VA as follows:

Compensation and Pension	$13,430,800,000
Readjustment Benefits	1,665,800,000
Veterans Insurance & Indemnities	6,400,000
Medical Care	7,510,606,000
Medical & Prosthetic Research	152,665,000
Medical Administration & Miscellaneous Operating Expenses	55,807,000
General Operating Expenses	689,000,000
Construction, Major	407,392,000
Construction, Minor	141,748,000
Grants for State Extended Care Facilities	18,000,000
Grants for State Veterans Cemeteries	2,500,000
Grants to the Republic of the Philippines	500,000

Public Law 97-277—National Alzheimer's Disease Week

The week of November 21, 1982, was designated as "National Alzheimer's Disease Week" in order to increase the national awareness of the problems associated with this disease. Non-service connected veterans suffering from this disease are currently admitted to VA hospitals on a facility-by-facility basis, while the VA formulates a uniform policy on Alzheimer's disease and plans research at its geriatric centers.

Public Law 97-301—Student Financial Assistance Technical Amendments Act of 1982

Establishes criteria for student financial aid and restores eligibility to Vietnam era veterans for Pell grants awarded during the 1982-83 academic year. As modified in favor of veterans, this legislation provided for counting only one-third of title 38 monetary benefits as income for the purpose of computing eligibility for these grants.

Public Law 97-306—Veterans' Disability Compensation and Survivors' Benefits Amendments of 1982

Title I increases the compensation rate for veterans by 7.4 percent as well as the additional compensation for veterans 30 percent or more disabled who have dependents. DIC benefits and the clothing allowance were also increased by 7.4 percent. The rate change was effective October 1, 1982. Certain categories of blinded veterans and veterans suffering from blindness in conjunction with certain additional disabilities were granted increases in compensation. Compensation was also extended to senior reserve officers who are injured during summer military training camp.

Title II repeals the VET REP program (replacing it with authority for the Administrator to assign veterans benefits counselors to schools and other locations); repeals the requirement for vocational schools to report on the number of graduates obtaining employment in the field for which they were trained; and repeals the requirement for the Administrator to report to Congress annually on the default rate in the education loan program on a school-by-school basis. The bar against paying subsistence allowances to incarcerated veterans is extended to those in half-way houses or work-release programs, eliminating the requirement that the Administrator determine whether veterans' living expenses are fully defrayed. The period of time during which certain Vietnam era veterans may pursue vocational training is extended to December 31, 1984. To curtail overpayments, the Administrator is allowed to discontinue enrollment in certain courses. Finally, title II authorizes the use of the VEAP (Veterans Education Assistance Program) account for receipt and payment of funds from Departments of Defense for the "901" education program, and increases the maximum VEAP lump-sum contributions from $75 to $100 monthly.

Title III provides line-item funding to the Department of Labor for the Disabled Veterans' Outreach Program, administered by the Assistant Secretary for Veterans'

Employment in cooperation with VA personnel. An advisory committee on veterans' employment is created with representatives from the VA and veterans' service organizations. The Secretary of Labor is to identify, in an annual report, all newly hired personnel by Federal government contractors who are Vietnam era veterans or disabled veterans. Title III also repeals the Exemplary Rehabilitation Certificate Program.

Title IV validates the filing of late SGLI and VGLI claims; authorizes the Administrator to furnish a U.S. flag to the next of kin of any person buried in a national cemetery; reinstates the non-service connected burial allowance for wartime veterans whose remains are unclaimed; and for deaths occurring after September 30, 1982, authorizes the burial allowance for veterans who die in a non-VA contract nursing home. In the area of guaranteed loans, title IV extends the refinancing provisions available for conventional homes to manufactured homes. The time period within which an individual may request a waiver of recovery of an overpayment is reduced from two years to 180 days. The minimum active duty service requirement is extended to include veterans' programs not administered by the VA. Finally, limitations are placed on the contracting out of services performed by VA employees.

Public Law 97-319—National Spinal Cord Injury Month

The month of October 1982 was designated as "National Spinal Cord Injury Month," to increase national awareness of the problems associated with this condition, to stimulate research for its cure, and to ease the burden of its injured victims. Over 500,000 Americans are paralyzed because of such injuries, many of them service-connected and non-service connected veterans.

Public Law 97-365—Debt Collection Act of 1982

Aimed at increasing the efficiency of Government-wide efforts to collect debts owed the U.S., this Act provides the Federal government with the tools and flexibility for collection as practiced by private creditors. It amends the Privacy Act of 1974, authorizing disclosure of an agency's records to a consumer reporting agency, and the Federal Claims Collection Act of 1966, establishing procedures regarding such disclosures. It requires individuals applying for credit, financial assistance, or payment from the U.S. Government, to furnish their taxpayer identifying numbers. Deductions from a Federal employee's salary are authorized to satisfy a Federal debt. To protect Federal debt collectors, the Federal Crimes and Criminal Statutes are amended to make the homicide of such a person a Federal offense. With certain safeguards, disclosures by the IRS to Federal agencies may be made to facilitate debt collection. The Act allows for administrative offsets by Federal agencies, subject to certain limitations and procedures. Penalties and interest are assessed delinquent debtors. Federal agencies may also contract with private collection agencies. Lastly, the Act provides that Federal agencies are to report annually to OMB and the Department of the Treasury on their debt collection activities.

Public Law 97-375—Congressinal Reports Elimination Act of 1982

Eliminates certain agency reporting requirements—among them, the VA's report to Congress that summarizes why certain health-care professional scholarships offered to applicants were not accepted.

Public Law 97-377—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, FY 1983

Among other provisions, this Act removed the ceiling of $35 million for the VA's medical automatic data processing services, and directed the installation of a decentralized computer system. It included, in DOL funding, $2,609,000 for veterans' reemployment rights. DOD is required by this Act to pay benefits to survivors and children of servicemembers killed on active duty during the Vietnam era or who died of srvice-connected disabilities before August 13, 1981. (These benefits replace the Social Security benefits terminated by the Omnibus Budget Reconciliation Act.) The Small Business Administration is provided $3 million for the funding of an outreach

program for disabled and Vietnam era veterans, and $25 million for veterans' business loans. The Department of Education is provided $3 million toward the cost of veterans' higher education.

Public Law 97-410—Telecommunications for the Disabled Act of 1982

Overrules an FCC regulation that would have prevented telephone companies from supplying equipment to deaf and other handicapped individuals, and directs the FCC to establish standards for the manufacture of phones compatible with hearing aids. The FCC must implement regulations requiring coin-operated public telephones to provide internal means of coupling with hearing aids. Enactment of this legislation was strongly supported by the Paralyzed Veterans of America and the Disabled American Veterans.

Public Law 98-8—Emergency Job Appropriation, FY 1983

Accelerates various Federal projects and construction with a view towards decreasing unemployment. The Act adds $75 million to the VA's Medical Care Account for maintenance and repair at various VA facilities, and is expected to produce 3,000 jobs.

Public Law 98-21—Social Security Amendments of 1983

Restores financial soudness to the Social Security System, and provides for a delay and shift to a calendar-year basis of cost-of-living adjustments (COLA's). Since VA pension indexing is linked to Social Security under 38 U.S.C. §3112, a similar COLA deferral would result for VA pension recipients. A provision also allows the VA to transfer 25 full-time equivalent employees from the Office of Data Management and Telecommunications to the Department of Medicine and Surgery during FY 1983.

Public Law 98-35—Temporary Extension of Certain Housing Insurance Programs

Extends the Secretary of HUD's authority to establish maximum interest rates for certain mortgage insurance programs. The rates are determined by the HUD Secretary, in consultation with the VA Administrator, to reflect mortgage market conditions for guaranteed or insured home loans to veterans under 38 U.S.C. chapter 17.

Public Law 98-45—HUD-Independent Agencies Appropriations, FY 1984

This Act provides appropriations totaling $24,784,661,000 for the VA during FY 1984 as follows:

Compensation & Pension	$13,842,000,000
Readjustment Benefits	1,371,000,000
Veterans' Insurance & Indemnities	7,400,000
Medical Care	8,070,726,000
Medical and Prosthetic Research	162,325,000
Medical Administration & Miscellaneous Operating Expenses	66,552,000
General Operating Expenses	712,088,000
Construction, Major Projects	345,692,000
Construction, Minor Projects	185,378,000
Grants for State Extended Care Facilities	18,000,000
Grants for State Veterans Cemeteries	3,000,000
Grants to the Republic of the Philippines	500,000

Public Law 98-54—National Atomic Veterans' Day

Designated July 16, 1983, as "National Atomic Veterans' Day" in recognition of the patriotism and dedication demonstrated by veterans who were exposed to radiation that resulted from nuclear atomic weapon detonations.

Public Law 98-62—National Paralyzed Veterans Recognition Day

Designated August 3, 1983, as "National Paralyzed Veterans Recognition Day" to make the public aware of the sacrifices and accomplishments made by paralyzed veterans and of their continued contributions to society, despite their disabilities.

Public Law 98-63—Supplemental Appropriations Act, FY 1983

Provides supplemental funds for FY 1983 to the VA in the amounts of $2,280,000 for medical care, and $263,400,000 for major projects construction; transfers a tract of land adjacent to the Sitka National Cemetery to the VA's jurisdiction; provides funding of cost-of-living adjustments for VA-Federal employees; and specifically earmarks appropriations through FY 1984 for three integrated hospital system projects in Philadelphia, Pennsylvania, in Saginaw, Michigan, and in Big Spring, Texas.

Public Law 98-77—Emergency Veterans' Job Training Act of 1983

Authorizes the VA Administrator to carry out a two-year program, in conjunction with the Secretary of Labor, promoting job training and employment of unemployed Vietnam era, and Korean conflict veterans. Employers are provided economic incentives to hire veterans. The Act authorizes both on-the-job and vocational training; establishes eligibility criteria for various programs of employment training; requires the provision of outreach and public information programs directed at eligible veterans and employers; and expands the targeted delimiting date extension program under 38 U.S.C. §1662(a)(3) to permit veterans who are unemployed, underemployed, or educationally disadvantaged to receive payments for the pursuit of associate degree programs in vocational fields.

Public Law 98-78—Department of Transportation (DOT) Appropriations, FY 1984

Made appropriations available for DOT and related agencies through FY 1984. It also postponed until October 15, 1983, implementation of OPM regulations which enforce a "pay for performance plan" for Federal workers and dimish the importance of seniority in a reduction in force (RIF). These regulations would not alter standing rules that require OPM to protect veteran employees in competitive areas from "arbitrary targeting in RIF situations," thereby sheltering veterans in a first round of RIF's. Under the new regulations, other Federal employees would be allowed to retreat only one grade level, but disabled veterans—rated at least 30 percent disabled—could retreat down to five grade levels.

Public Law 98-94—Department of Defense Authorization Act, FY 1984

Authorizes appropriations for the Armed Services for FY 1984, and contains a number of provisions dealing with retired pay matters and survivor benefits. The Act requires that retired pay be computed according to pay scales in effect on the date of retirement; that monthly retired pay and survivor annuities be rounded down to the next lower, whole dollar amount; that reserve retirement benefits be extended to certain servicemembers who were in the reserves prior to 1945; and that a military retirement fund be established. The Act also clarifies survivor benefits coverage to allow designations of former spouses.

Public Law 98-105—Contract Care in Puerto Rico and the Virgin Islands

Amends 38 U.S.C. §601(4)(C)(v) to extend the VA's contract authority to provide outpatient care for non-service connected disabilities and medical services in Puerto Rico and the Virgin Islands through September 30, 1984.

Office of Inspector General

The Office of Inspector General, in accordance with the Inspector General Act of 1978 (Public Law 95-452), directs an independent and objective organization whose purpose is to plan, organize, staff, direct, control, and report on audits and investigations of VA programs and operations and other activities carried out or financed by the VA; to recommend policies for the purpose of promoting economy, efficiency and effectiveness, and to prevent and detect fraud, waste, and abuse in VA programs, operations, and other activities; to provide a means for keeping the Administrator and Congress fully informed about problems and deficiencies and the necessity for corrective actions; and to provide leadership and coordination on complex audit and investigative matters.

During FY 1983, OIG (Office of Inspector General) operations were realigned to focus available resources more directly on program and expanded scope facility audits. This enabled increased assistance to Agency managers in identifying more economical accomplishment of operations, and in preventing potential and recurring errors, fraud, and inefficiencies.

Facility audits showed that overall medical center operations were generally satisfactory. However, there were instances where economies can be realized through improved administration, srvice delivery, facility maintenance and planning, and development of facility construction projects.

Program and functional audits considered and included selected areas based on the commitments and concerns of the President, the Administrator, top agency officials, and the Congress. Significant audits covered recipient eligibility for benefits and services, cost recovery in medical programs, operational cost efficiency, procurement of services and supplies, and internal control.

Item	FY 1983	FY 1982	Percent Change
Internal audit reports issued	140	115	+ 21.7
External audit reports issued	286	246	+ 16.3
Value of audit reports issued			
Potential recoveries (millions)	$107.1	$ 2.9	+3,593.1
Potential cost efficiencies (millions)	$397.0	$323.0	+ 22.9
Audit reports resolved (issued this and prior periods)	348	274	+ 27.0
Costs sustained on resolved audits			
Recovery comitment (millions)	$106.6	$ 4.3	+2,379.1
Estimated cost efficiencies (millions)	$283.5	$301.3	− 5.9

Agency policy redirected referral of allegations of fraud, corruption and other criminal activities to the OIG rather than General Counsel. In addition, a Memorandum of Understanding with the Federal Bureau of Investigation increased investigative responsibilities in specific areas. Faced with an increased caseload, investigative activities have focused on cases with a higher probability of criminal prosecutions or significant administrative action. Significant investigatory findings included disclosure of fraudulent receipt of beneficiary travel expenses, medical care, and compensation, pension, and education benefits.

In our prevention efforts, OIG participated with Agency management officials in the implementation of OMB Circular A-123, Internal Control Systems. In addition to reviewing the internal control evaluation process we have increased coverage of internal control issues during audits. The facility audit process now includes a new report section containing an opinion on the condition of internal controls for the subject or operation under audit.

Item	FY 1983	FY 1982	Percent Change
Investigation cases closed	1,225	392	+212.5
Investigation cases pending on September 30, 1983	732	383	+ 91.1
Indictments	170	31	+448.4
Convictions	114	43	+165.1
Fines, penalties, and settlements (millions)	$ 1.6	$4.6	− 65.2
Administrative sanctions	88	169	− 47.9

Proactive investigations and the VA Hotline have continued their part in the identification, prevention and reduction of fraud, waste, and abuse. The Inspector General's Employee Awareness Program continues to promote managers' and employees' sensitivity to their roles in preventing fraud and waste. IG publications issued this year covered Complaint Center (Hotline) activities, time and attendance abuses, and some results of the criminal investigation program. The Inspector General presented cash awards to four VA employees for their special contributions and initiative in disclosing fraudulent use of VA benefits.

Item	FY 1983	FY 1982	Percent Change
Cases Opened	848	1,271	−33.3
Cases Closed	992	1,088	− 8.8

There were 189 legislative and regulatory proposals reviewed for their impact on economy and efficiency in the Agency and the detection of fraud and abuse.

Taking advantage of current ADP technology, a cost effective method of computer matching VA debt records with Federal personnel records was developed. After successfully using the process on a limited scale in the VA, it was proposed to the PCIE (President's Council on Integrity and Efficiency). Government-wide application located 160,000 people who owed a total of $190 million in delinquent debts. They included over 104,000 persons owing the VA $70 million. The Office of Inspector General also developed a model control system for safeguarding individual privacy rights during computer matches. The model is being issued by the Office of Management and Budget to states and other Federal agencies.

The VA Inspector General serves as the Chairman of the PCIE Training Committee, which consists of three subcommittees: auditor training, investigative training, and executive development training. Representatives from various government departments and agencies participate in subcommittee activities. The objectives of the training committee are to identify, develop, and implement training programs that are responsive to the needs of various Office of Inspector General staffs.

Office of Budget and Finance (Controller)

The Office of Budget and Finance (Controller) has Agency-level responsibility for all matters pertaining to budget formulation, presentation, and execution. This includes advising departments and staff offices, preparing consolidated Agency budget estimates, maintaining liaison with the Office of Management and Budget and Congressional appropriation committees, and reviewing proposed legislation.

The financial management activity encompasses maintenance of overall financial accounts, control of Agency funds, and recommendations on the effectiveness and economy of financial operations.

Manpower Service formulates policies, plans, systems, and procedures to insure effective and efficient manpower resource management.

The Direct Deposit/Electronic Funds Transfer program for recurring compensation and pension payments increased to 1,275,537 participants at the end of FY 1983. This represents a participation rate of nearly 30 percent at the end of the sixth full year of the program. Participation is increasing at an average of 8,000 accounts per month. Also included in the program are VA employee salaries which, at the end of the fourth full year, represent more than 84,000 payments, or over 36 percent of all VA employees. The program ensures that a benefit or salary payment is deposited in a checking or savings account at a designated financial organization automatically. This eliminates checks being late, lost or stolen. The government realizes considerable monetary savings, and both the government and the payees benefit from a reduction in the number of replacement checks.

During Fiscal Year 1983, 46 DM&S facilities were converted to full CALM (Centralized Accounting for Local Management) accounting and payment system, for a total of 133 conversions by the end of the fiscal year. During FY 1984, 37 DM&S facilities are scheduled for conversion, and the remaining 47 Department of Veterans Benefits facilities are to be converted by June 1, 1985. The conversions allowed a reduction of staff in the medical centers and centralization of payments provides a number of benefits in the payment of vouchers, such as, use of statistical sampling, vendor magnetic tape billing, extensive use of microforms, and the accompanying elimination of paper storage.

The VA Cash Management policy, implemented in line with the President's Reorganization Project, produced savings in the amount of $3.2 million, an increase of $0.1 million over the previous year. There was also an increase in the number of wire transfers of funds by private purchasers of VA vendee loans in FY 1983, which totaled in excess of $756 million.

The VA has long been committed to effective manpower management and the efficient use of manpower resources. This year, a series of manpower utilization reviews were conducted to identify possible improvements in work distribution, function, organization, and staffing. These efforts were well received by staff office heads, significantly contributed to agency level understanding of these programs, and provided new or improved performance measurement systems in each office.

Analyses of manpower requirements and related staffing issues were conducted in connection with the VA budget development process. A major study initiative was begun on an agency workforce planning system to identify needed occupational skill requirements. Management engineering assistance was provided to department and staff offices in development of work rate standards, methods and procedures, work measurement, and productivity.

The VA continued to participate in the FPMP (Federal Productivity Measurement Project) in 1983. Based upon refinements of workload indicators used in the FPMP, the Agency continues to enhance the quality and quantity of its productivity, which registerd an increase of 1.5 percent over the previous year.

Board of Veterans Appeals

A claimant for VA benefits who is not satisfied with the determination made by a field office may file a written notice of disagreement with the office taking the action. If, after reviewing the case in light of the claimant's disagreement, the field office is not able to grant the benefits sought, it sends the appellant a statement of the case. This statement outlines the issue, evidence of record, pertinent law and regulations, and the reason for the decision. If the appellant, after reading the statement of the case, still disagrees with the field office, he or she may submit an appeal to the BVA (Board of Veterans Appeals). Again the field office reviews the case. If still unable to resolve the appeal to the satisfaction of the claimant, the field office certifies the case to the BVA for review and final decision.

Appeals continued to be very heavy through 1983—surpassing the record level of 1982. According to available records, only 1949 and 1950—peak years following World War II—had greater numbers of new appeals.

With the addition of new appeals to those carried forward, the FY 1983 appellate workload of the VA was more than 129,000 cases. About 28,900 appeals were resolved in field offices; another 38,591 were decided by the Board of Veterans Appeals. Combined, there were 61,518 final dispositions of appeals—nearly 23 percent of which were allowances of benefits sought by claimants. The accompanying chart lists appellate activities for FY 1982 and 1983.

The VA employs two data processing systems to provide positive case management and control of appeals. When a claimant files a notice of disagreement, the Department of Veterans Benefits field station creates an appeal record in VARMS (Veterans Appeals Record Management System). VARMS then tracks the appeal until its final disposition.

The BVA, through VARMS, holds its caseload at a level that permits optimum operations. Each month the Board determines the number of appeals to be called in. DVB, using VARMS, selects the cases, oldest first, and sends them to Central Office. These callup procedures have held average response time in Central Office to about 100 days. Also, by keeping appellant records until the BVA calls for them, field offices are better able to serve veterans and other claimants by responding to inquiries and assisting them in other matters, as well as developing their appeals.

Appellate Processing	FY 1983	FY 1982
Appeals pending, start of period	59,776	55,443
Undocketed, in field stations	47,661	46,406
Docketed, in BVA	12,115	9,037
Notices of disagreement filed during period	69,391	68,558
Settled in field stations	28,921	31,001
Allowed	8,775	8,429
Remanded	5,972	5,420
Closed	13,208	15,552
Withdrawn	6,938	7,020
Submitted to BVA[1]	35,998	33,224
Decided by BVA	38,591	35,771
Allowed	5,271	4,653
Remanded	5,972	5,420
Withdrawn	379	294
Denied	26,969	25,404
Appeals pending, end of period	64,248	59,776
Undocketed, in field stations	49,498	47,661
Docketed, in BVA	14,750	12,115
Summary		
Number of final dispositions	61,540	61,352
Percentage of final dispositions		
Allowed	22.8	21.3
Closed	21.5	25.3
Withdrawn	11.9	11.9
Denied	43.8	41.4

[1]*Flow of cases from field stations to the BVA controlled through VARMS (Veterans Appeals Record Management System) to maintain optimum level of cases at the Board.*

Average overall response time to appeals, measured from the date of notice of disagreement until BVA decision, was 499 days (nearly 16.5 months) at the end of FY 1983. This is up from 483 days at the start of the year. The biggest increase was in the time that appeals were held for call-up by the Board. This delay is estimated to be about six months.

Appellants, their representatives, and other case advocates continued their interest in claims for disabilities involving Agent Orange, exposure to radiation, PTSD (post-

traumatic stress disorder), and incarceration as prisoners of war. The Board of Veterans Appeals handles each of these categories of appeals as a specialty area and assigns them only to sections designated to handle them. In FY 1983 the Board received 367 appeals involving Agent Orange (down from 380 in 1982); 213 involving radiation (up from 168); 56 claiming PTSD; and 785 from former prisoners of war or their beneficiaries (up sharply from 303 in 1982).

The BVA is active in its liaison and coordination with the VA's Agent Orange projects office, the Chloracne Task Force, and the U.S. Army Agent Orange Task Force. In addition, board members and key senior attorneys attended conferences and symposiums on Agent Orange and PTSD. This permits BVA to maintain expertise in these sensitive areas and to ensure consistency in the application of laws and regulations.

The BVA held 1,565 personal hearings for appellants in FY 1983; 1,101 in Central Office and 464 before traveling sections of the Board sitting in 34 field stations. At Central Office, the Board schedules eight personal hearings per workday. In 1983 the no-show rate for hearings was slightly over 45 percent—down from 51 percent in 1982. Several years ago, about 70 percent of appellants who asked for hearings appeared for them.

At the end of FY 1983 the waiting time on the hearing docket was about ten weeks, the same as at the end of FY 1982. Unfortunately, most appellants who fail to show up for their scheduled hearings do not notify the Board in time to schedule a replacement.

Two years ago the BVA started a program to reduce the time required for cases with personal hearings before the Board. When possible, and when requested by the appellant, the Board provides a copy of hearing recordings to appellants, in lieu of transcriptions. This procedure has significantly reduced (to less than 26 percent) the number of transcriptions made of formal hearings held in Washington with a related reduction in the Board's response time of four to six weeks in those cases. This procedure applies only to hearings held before the Board at Central Office; all travel board hearings are transcribed.

The portion of appellants who chose to be represented by one of the veterans service organizations continued to grow. Reports for FY 1983 show that 86.3 percent selected one of the accredited organizations; about 2.1 percent used attorneys or agents; and 11.6 percent chose to pursue their appeals without representation. The portion of appellants handling their appeals without representation has declined steadily from about 21 percent to less than 12 percent over the past decade.

At the end of fiscal year 1983 there were 49,498 appeals in process in VA field stations. About 44 percent of these were in the initial, or notice of disagreement stage, while the remainder were in the final stages of field processing. Including 14,750 cases on the BVA docket, the total number of appeals pending at the end of FY 1983 was 64,248 (up 4,472, or 7.5 percent, from a year earlier).

For fiscal year 1983 the Board was authorized resources for 16 full sections. To help reduce the backlog of appeals, the Chairman formed a seventeenth board section in 1982. With added authorizations of personnel and funds, a skeletal eighteenth board section was activated at mid-FY 1983 and a nineteenth board section near the end of FY 1983. These efforts proved fruitful; the BVA produced 38,591 decisions, an increase of 7.9 percent over last year, by far the largest number since introduction of the Statement of the Case (Public Law 87-666).

Headed by a chairman, a vice-chairman, and two deputy vice-chairmen, the Board of Veterans Appeals had 33 legal and 15 medical members. Supporting staff included a medical adviser (psychiatrist), 117 staff attorneys, and an administrative service. Excluding overtime, the Board had an average employment level of 359 during the year.

Other professional support available within the VA included advisory medical opinions from the Chief Medical Director and legal opinions from the General Counsel. In addition, under the authority of section 4009, title 38, U.S.C., the Board requested 227

opinions from independent medical experts who were not VA employees. The accompanying chart shows a breakout of the medical specialties covered by these opinions.

The Freedom of Information Act requires the BVA to produce an index of its final decisions on appeals and to make the decisions available to the public. Developed in compliance with the Act, AIRS (Appellate Index and Retrieval System) includes quarterly and cumulative annual subject indexes on microfiche and BVA decisions, stripped of personal identifiers, on microfilm. Appellants and others interested in decisions of the Board are able to check these indexes to locate specific types of cases. They can then request copies of the decisions they want. At the end of FY 1983, AIRS indexes covered the period from July 1, 1977, through June 30, 1983, more than 200,000 BVA decisions.

Medicial Specialty	Number of Advisory Opinions Requested	
	Fiscal Year 1983	Fiscal Year 1982
All specialties	227	202
Number requested in connection with:		
Appellate consideration	211	189
Reconsideration	16	13
Internal medicine:		
General	6	12
Cardiovascular	28	15
Gastroenterology	9	6
Pulmonary diseases	7	12
Surgery:		
General	1	0
Orthopedic	6	8
Thoracic	0	1
Otolaryngology & Ophthalmology	11	8
Psychiatry	64	51
Neurology—medical and/or surgical	20	17
Pathology—medical and/or surgical	58	54
Other	17	18

Board of Contract Appeals

The Board of Contract Appeals was established by the Administrator in 1979, pursuant to the Contract Disputes Act of 1978. The Board, which consists of four administrative judges, is a statutory, quasi-judicial tribunal that hears and decides appeals from decisions of contracting officers relating to VA contracts for construction, supplies, and services. It is one of 12 such boards in the Federal government. Decisions of the Board are final within the VA, but may be appealed to the United States Court of Appeals for the Federal Circuit.

During fiscal year 1983 the Board conducted 22 formal hearings and 70 pretrial conferences. Disposition was made of 136 appeals, and there were 164 new appeals received. The volume of new appeals continues to rise. Since fiscal year 1979 the number of appeals filed has increased by approximately 50 percent. At the close of fiscal year 1983 there were 177 appeals pending, approximately 82 percent of which were related to construction contracts.

Program Planning and Evaluation

The Office of Program Planning and Evaluation supports the Agency's mission and goals primarily in the area of management improvement. The VA is one of only a handful of agencies in the Federal government which have integrated their policy and planning process with budget formulation and financial management.

The VA's IMS (Integrated Management System) includes pre-policy analysis, policy guidance, program planning and analysis, budget formulation, program and budget execution, program evaluation, and post-policy analysis. As part of the integrated management system, the following policy and planning milestones were achieved: formulation and analysis of FY 1985-89 program plans and budget estimates; conduct of

internal review hearings; and issuance of a program decision memorandum reflecting the Administrator's decision on program plans and budget resources. Milestones achieved in assessing the accomplishment of the approved program plans and initiatives included the conduct of performance reviews of FY 1983 program and financial operating plans.

The VA's policy review process ensures an efficient and effective response to the changing needs of veterans through the study of policy issues and the development of policy options in areas of key concern to management and veterans.

In support of the Administrator, departments, and staff offices, the office conducted 22 management and organization studies. These studies ranged from general management reviews to organizational analyses and cost-benefit studies of proposed ADP systems. Among the major studies performed was an in-depth analysis of a decentralized hospital computer program for use throughout the VA's medical system. Results of this study helped secure the authority to purchase hardware and software to implement the initial core of the program. A more streamlined organization alignment of top level management within the VA was accomplished as a result of a study of the VA's staff office structure. Another organizational analysis revealed the need to examine the process by which health care facilities are planned and constructed.

During FY 1983, five independent evaluations were conducted of the Veterans Administration's programs which provide services or benefits to veterans. Two of the programs evaluated were Department of Medicine and Surgery programs (audiology and speech pathology and regional medical education centers) and three were VA insurance programs operated by the Department of Veterans Benefits. Program evaluations provided an extensive review of the efficiency, effectiveness, and impact of each program. The evaluation reports identified areas of potential improvement to program administration and operation.

Personnel and Labor Relations

Personnel Management

According to the VA's mission and goals statement, the VA's human goal is to ensure "that the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition." In support of this goal and the goals and objectives developed by the Departments of Medicine and Surgery, Veterans Benefits, and Memorial Affairs, the VA in FY 1983 took many actions in the area of personnel management (including staffing, employment of veterans, labor-management relations, executive development and training, and employee recognition).

Implementation of the VA Health-Care Amendments of 1980 (Public Law 96-330) and the VA Health-Care Programs Improvement and Extension Act of 1982 (Public Law 97-251) continued, and included the following actions:

- The second biennial study on physician and dentist pay comparability was initiated. The study is again being conducted by a firm of consultants and is being expanded to include review of recruitment and retention issues as they relate to pay comparability (section 104, Public Law 96-330).

- Agreement was reached among the Office of Personnel Management, the Office of Management and Budget, and the Veterans Administration concerning delegation of the President's authority to disapprove special pay rates proposed by the VA. This resulted in the issuance of Executive Order 12438, dated August 23, 1983, which delegated the President's authority to the Director, OPM (section 112, Public Law 96-330).

- Proposed and final regulations to implement new authorities relating to pay and work schedules for nurses and certain other health-care personnel were published in the Federal Register (section 2d, Public Law 97-251).

The VA Merit Pay System was evaluated further and additional minor changes were made. Salary increases were scheduled for 4,266 merit pay employees in October 1983, based on current performance appraisals.

The VA completed Federal Wage System surveys in 25 areas and issued pay schedules applying to all Federal employees in those areas. The 25 areas included for the first time Boston, Massachusetts; Chicago, Illinois; and New Orleans, Louisiana. These surveys were formerly conducted by the Department of Defense.

A total of 37 full personnel management evaluation reviews were conducted. Reviews focused on classification and position management, and overall adherence to legal, regulatory, and merit system requirements. The effectiveness in conducting required internal personnel management self-evaluations at local field facilities was also monitored. In addition, four special reviews were conducted as a result of requests by the Department of Medicine and Surgery, Inspector General investigations, employees' grievances, or concerns expressed by OPM regarding a facility's personnel management capability.

The VA continued to review organization structures to ensure that personnel resources are being used in the most efficient and effective manner. The classification of positions was reviewed to ensure consistency with OPM standards.

The annual review of OPM-authorized special salary rates for recruitment and retention was completed. The review covered three local authorizations for police officers, four for clerical employees, two for engineering and architectural employees, and 85 authorizations covering General Schedule health-care employees.

The increased demands for management information require an expansion of the Agency's automated personnel and accounting integrated data system. The preliminary work leading to a complete redesign of the system is continuing.

Staffing

The Office of Personnel and Labor Relations continued the VA's nurse recruitment program during FY 1983. The office advertised in major nursing journals and publications, staff members attended national nursing conventions and job fairs, and operated a toll-free telephone network. These efforts assisted nurses in obtaining information regarding VA employment opportunities and referred their names to VA medical centers which had requested recruitment assistance to fill vacant registered nurse and licensed practical nurse positions. A similar program for occupational therapists, physical therapists, and medical technologists was placed in operation this year.

To further alleviate nurse staffing problems, additional medical centers, bringing the total to 99, were authorized either special salary rates or above-minimum entrance rates for nurses.

The VA has been authorized by OPM to appoint rehabilitation technicians in drug and alcoholism rehabilitation units without civil service competition. Applicants must be former drug or alcoholism patients who have been rehabilitated through a prescribed treatment program. As of September 30, 1983, there were 315 rehabilitation technicians employed under this authority. Of these, 204 had veterans preference, including 97 Vietnam era veterans.

To facilitate the recruitment of candidates for the Vietnam era veterans readjustment counseling program, the VA has OPM approval to appoint up to 400 persons at grades GS-3 through GS-11 under Schedule A authority. This authority has been used to fill more than three-quarters of the positions in the readjustment counseling program. As of September 30, 1983, 83 percent of those appointed under this authority were veterans. Of this group, 98 percent were Vietnam era veterans.

In keeping with the Federal Employees Part-Time Career Employment Act of 1978, employment of part-time workers increased by more than two percent during the past fiscal year.

Employment of Veterans

The VA has consistently been one of the major Federal employers of veterans; new hires in FY 1983 included 12,690 veterans. As of September 30, 1983, five percent of all VA employees were disabled veterans and 19 percent were Vietnam era veterans. Veterans constituted 65 percent of all male employees; of these, 58 percent served

during the Vietnam era and 17 percent were disabled. The VA also employed 6,910 female veterans at the end of the fiscal year, which ranked the Agency among the Federal leaders in employment of women with military experience.

The VA made full use of greater flexibility in hiring VRA (veterans readjustment appointment) eligibles under the expanded provisions of Public Law 95-520. The VRA authority allows eligible Vietnam era veterans to be hired directly, then serve a two-year period during which they also pursue training or education. Following successful completion of these requirements, VRA appointees may be converted to competitive civil service status. The 75,549 Vietnam era veterans hired by the VA under this authority since it was established in April 1970 represent more than a third of the VRA appointments made throughout the Federal government. The VA hired 4,822 veterans under this authority during the past year, and it continues to rank among the Federal leaders in the use of VRA authority. To help meet short-term staffing needs, the VA temporarily employed 1,838 Vietnam era veterans in FY 1983.

Under the Civil Service Reform Act, Federal agencies are authorized to employ, noncompetitively veterans with service-connected disabilities of 30 percent or more in positions for which they qualify. The VA has hired 1,525 veterans under this authority. Training and work experience have also been provided to 647 disabled veterans, and 66 have been converted noncompetitively to career-conditional appointments in the VA under Civil Service regulations.

A sizable number of Vietnam era veterans serve in VA jobs where they meet, work closely with, and provide services to other Vietnam era veterans and their families. Over 60 percent of veterans benefits counselors are Vietnam era veterans, as are 44 percent of veterans claims examiners. Vietnam era veterans also account for over half of all prosthetic representatives, and 42 percent of vocational rehabilitation specialists. Among the first VA representatives a patient encounters are the medical administrative assistants in medical center admission areas, 28 percent of whom are Vietnam era veterans.

Labor Management Relations

Approximately 164,000 VA employees (or nearly 70 percent of the total) are represented by unions. In the past three years, four unions have consolidated their local units of recognition within the VA, resulting in a great deal of bargaining activity at the national level.

In December 1982, contract negotiations began between the VA and the Committee of Interns and Residents covering a unit of house-staff at the VA Medical Center, Brooklyn, New York. This is the only unit of recognition covering interns and residents in the VA. To date no agreement has been reached.

On January 13, 1983, a master agreement with the NFFE (National Federation of Federal Employees) for a consolidated unit covering nearly 14,000 professional and nonprofessional employees at 31 facilities was signed and became effective for a three-year period. Management training geared toward contract implementation was conducted.

On August 10, 1983, the ANA (American Nurses' Association) was granted national consultation rights with the VA. ANA holds exclusive recognition for more than 8,500 registered nurses in the VA.

In late FY 1983, ground rules were established leading to negotiations for a master agreement between the VA and the AFGE (American Federation of Government Employees). The master agreement will cover approximately 15,000 professional employees located at over 100 facilities in the consolidated unit.

Eleven additional labor organizations represent other VA employees at local field facilities, and nearly all unionized VA employees are covered by negotiated agreements.

Executive Development and Training

Leadership VA was conducted for 60 outstanding managers at middle and senior levels. During the course of five 1-week seminars throughout the year, the par-

ticipants undertook a probing examination of the programs and administration of the VA, the various political, social, and economic influences which have impacts on the Agency, and the nature and meaning of creative leadership.

Additional programs for executive and management development continued. Training in various management areas was provided to 1,180 managers and executives. There were special training sessions for key VA field facility personnel concerning new national master agreements between the VA and the AFGE and the NFFE.

The Office of Personnel and Labor Relations provided career development assistance to employees through the publication of two pamphlets: *Individual Development Planning in VA*, a practical guide for planning training and development activities, and *Resource Catalog for Executive and Management Development*, a compilation of books, journal articles, and training courses for use by VA executives and managers. Both publications are distributed to appropriate Central Office executives and managers and all VA field facilities.

Employee Recognition

The Administrator's goal to ensure that the people of the Veterans Administration receive earned recognition is supported by the incentive awards program. VA employees may receive cash or honor awards for their ideas, superior job performance, or special contributions which benefit the government. They are also eligible for special Agency honors which recognize extraordinary service to veterans and their beneficiaries and for awards sponsored by organizations outside of the VA. Highlights of the FY 1983 awards program include:

- A clinical social worker at the VA Medical Center, Portland, Oregon, was named one of ten Outstanding Handicapped Federal Employees for 1983. Based on his own experience in overcoming severe physical barriers, Daniel Brophy helps veterans to face their handicaps, identify their assets, and achieve their potential. Brophy, a retired U.S. Marine Corps officer, is a quadriplegic as a result of injuries received from hostile gunfire in Vietnam.

- A clinical specialist in rehabilitation nursing, Mary Ann Mikulic, VA Medical Center, Seattle, Washington, won the Olin E. Teague award for her work in rehabilitation of war-injured veterans.

- The 1983 Sam Rose Awards went to James E. Mannarino, Supervisory Loan Specialist, VA Regional Office, Pittsburgh, Pennsylvania, for his assistance to veterans who were facing loss of their homes after their unemployment benefits had expired; and to John R. McQueeney, Veterans Outreach Specialist, VA Medical Center, Bay Pines, Florida, for his exceptional effectiveness in the Veterans Outreach program.

- An award of $10,718 was divided between David O. Johnson, Management Analyst, VA Medical Center, Knoxville, Iowa, and Charles E. O'Linn, Assistant Chief, Pharmacy Service, VA Outpatient Clinic, Winston-Salem, North Carolina, for their suggestions which improved the method of fee prescription payment, saving the VA over $1.5 million a year.

- Robert E. Vestal, M.D., Director of Research, VA Medical Center, Boise, Idaho, received the Arthur S. Flemming Award for exceptional achievement as a research scientist.

- Two major awards sponsored by organizations outside the government were received by Frederick Downs, Jr., Director, Prosthetic and Sensory Aids Services, who received the GEICO Public Service Award for Physical Rehabilitation and the Air Force Association's Veterans Administration Employee of the Year plaque.

Sometimes, veteran patients want someone to listen, to care, to be a friend. These needs are often answered by extraordinary employees who willingly serve beyond the call of duty with their hands and heart. Once a year, each medical facility may choose

its nominee for the Administrator's Hands and Heart Award. This fiscal year, 159 employees received this special honor.

Suggestions and other achievements beyond job requirements by VA employees saved the Federal government $97,451,448. High level performance and special contributions were also recognized when 7,210 employees received quality step increases and 28,797 others were awarded special achievement awards, including cash payments.

Equal Employment Opportunity

Discrimination Complaint Processing

A proposal was approved for reorganizing the Office of Equal Opportunity to provide for more effective manpower utilization and to reduce the time required to complete the administrative processing of discrimination complaints. In connection with the reorganization, a separate investigative division with full-time investigators is to be established. This staff, which will operate from Central Office, will be hired during FY 1984.

Coincidentally, a major change in processing discrimination complaints was approved; this change will transfer the authority to determine the acceptability for formal processing of complaints from Central Office to field facilities. Scheduled to become operational early in calendar year 1984, this policy change will allow further reallocation of resources so that the discrimination complaint backlog will be reduced.

Other management actions also contributed to improved discrimination complaints processing. Most notable is the use of an automated data system which, although not 100 percent operational, provided more efficient and accurate monitoring and tracking of cases in process.

The 653 formal EEO (equal employment opportunity) complaints filed by VA employees and applicants for VA employment were five percent more than were filed in FY 1982. Seventy-three percent of the formal complaints filed in FY 1983 were based on race and sex (race, 46 percent; sex 27 percent). Percentages for other categories were: handicap, 10 percent; age, 8 percent; national origin, 5 percent; and religion, 4 percent. There were 380 discrimination complaint cases closed during FY 1983.

During FY 1983, the Office of Equal Opportunity conducted 12 training sessions. Eight were EEO counselor sessions and four were investigator sessions.

Affirmative Action

In conformance with equal employment opportunity responsibilities for FY 1983, the VA developed comprehensive affirmative action program requirements for the hiring, placement, and advancement of handicapped individuals. Five Agency affirmative action plans were developed, and five accomplishment reports were prepared. Guidance was offered VA-wide to assist in correcting identified deficiencies in the EEO program. These steps met the established FY 1983 goals for these areas.

Employment of Minorities and Women

At the end of the fiscal year, the total number of full-time and part-time permanent employees was 209,906, an increase of 1,330 employees from the previous year. Employment of minorities increased from 66,680, or 32.0 percent of the work force in FY 1982, to 67,693, or 32.2 percent in FY 1983, an increase of 1,013 minorities. In contrast to a gain of 289 positions by minority males, minority females gained 724 positions. The employment of all women, minority and non-minority, increased from 114,004, or 54.7 percent, to 115,077 or 54.8 percent, of the work force. White females, numbering 76,978, or 36.9 percent, in FY 1982, gained 352 positions in FY 1983.

Despite numerical gains, the overall percentage of blacks (25.3 percent) and of American Indians/Alaskan Natives (0.4 percent) remained constant. Hispanics, however, moved from 4.0 percent of the work force in FY 1982 to 4.2 percent in FY 1983. Asian American/Pacific Islanders, also, increased their representation in the work force from 2.2 percent to 2.4 percent.

In the GS (General Schedule) and equivalent, the number of minorities increased from 48,246, or 28.6 percent of the work force, to 49,264, or 29.0 percent of the work force. The number of women increased from 101,745, or 60.3 percent, to 103,109, or 60.7 percent. At the GS-13 through 15 pay levels, the number of minorities increased from 2,402, or 14.0 percent, to 2,663, or 15.0 percent, and the number of women in-

creased from 2,264, or 13.3 percent, to 2,594, or 14.6 percent. The percentage of minorities and women in Wage System jobs decreased, despite an overall increase in this category.

The number of minorities (13) and women (5) in the SES (Senior Executive Service) remained constant in the face of a decline (from 134 to 132) in SES employees.

Employment of Disabled Veterans and Handicapped Individuals

In fiscal year 1983 the VA intensified its efforts to increase employment opportunities for disabled veterans and handicapped individuals. In compliance with new requirements from the Office of Personnel Management, a National Disabled Veterans Affirmative Action Program Plan was developed and implemented. The Office of Personnel Management called VA's plan "outstanding" and used it as a model to assist other agencies. As of the end of the fiscal year, the VA employed 12,718 disabled veterans, including 3,356 with a 30 percent or more service-connected disability. Nearly 1,800 disabled veterans, including 808 with 30 percent or more service-connected disability, were hired in FY 1983. In addition, the Agency promoted 1,971 disabled veterans, 635 of whom had a 30 percent or more service-connected disability.

As a part of the FY 1983 Affirmative Action Program for Handicapped Individuals, the VA hired 2,923 handicapped persons, including 675 with targeted (severe) disabilities. As of September 30, 1983, the VA employed 21,709 handicapped persons, including 3,602 with targeted disabilities. A total of 2,603 handicapped employees, 439 having targeted disabilities, were promoted. There were 30,410 certified incidences of training reported for handicapped employees; 2,440 handicapped employees had outstanding performance ratings; 703 received quality step increases, and 235 received special achievement awards during the fiscal year.

In FY 1983, the Administrator's Commendation was given to 29 VA field facilities for their outstanding achievements in the employment of handicapped individuals, and 54 VA field facilities received the Administrator's Certificate of Appreciation.

In FY 1983, the VA approved 72 barrier removal projects with a cost of over $6 million.

A VA employee was named as one of the ten Outstanding Handicapped Federal Employees for FY 1983. Another VA employee was presented with the Outstanding Disabled Veteran of the Year Award by the Disabled American Veterans.

The Administrator has named an Agency liaison with the National Organization on Disability to further the long-term objectives of the National Decade of Disabled Persons (1983-1992).

Historically Black Colleges and Universities

During FY 1983, the VA continued to support the White House Initiative on HBCU's (Historically Black Colleges and Universities).

Of the more than $121 million obligated to higher education institutions during FY 1983, about $1.5 million, or 1.2 percent, was obligated to HBCU's.

A sum of $1.7 million was obligated for the design and site preparation of an addition to the VA Medical Center, Murfreesboro, Tennessee, which will enable it to become a major clinical teaching site for Meharry Medical College. Most major VA medical centers serve as teaching facilities for adjacent medical schools, and funds for renovation or construction of facilities frequently benefit the medical schools' programs. The amount obligated for Murfreesboro was identified as an administrative initiative, and legislation was passed to assist Meharry Medical College.

An affiliation was established in FY 1983 between the Morehouse School of Medicine and the Tuskegee, Alabama, VA medical center. Morehouse will have a full educational and research relationship with the VA medical center for primary and secondary care, which the VA will support within existing resources.

Federal Equal Opportunity Recruitment Program

The objectives of the FEORP (Federal Equal Opportunity Recruitment Program) are to identify under-representation of minorities and women in specific areas and categories of employment and, based upon such identification, to develop targeted recruitment programs designed to eliminate under-representation.

The Office of Equal Opportunity established the following priorities for Agency-wide recruitment efforts, based on determinations of the under-representation of women and minorities in the work force in mainstream occupations and at the various pay levels, for FY 1983:

- The recruitment of Hispanics at all grade levels in the professional, administrative, technical, and "other" occupational categories.

- The recruitment of American Indians/Alaskan Natives at all grade levels in professional occupations.

- The recruitment of Blacks at all grade levels in professional occupations.

- The recruitment of women in all occupational categories GS-12 and above, particularly in the professional and administrative (i.e., managerial) occupational categories.

VA field stations reported that the most effective internal recruitment activities for FY 1983 were upward mobility, merit promotion, and nationwide VA advertising. The most effective external recruitment activities were paid advertising, campus recruiting, and OPM registers.

In FY 1983, 820 employees participated in the upward mobility program. Of these, 631 were minorities and 541 were women. During this same period, funding for the upward mobility program was $7,146,679.

Associate Deputy Administrator for Congressional and Public Affairs

The ADA for Congressional and Public Affairs advises the Administrator and Deputy Administrator and is the functional manager on policies, plans, and operations related to the Agency's public and internal information, consumer affairs, and intergovernmental and congressional relations programs.

Taken together, these functions represent the Administrator's emphasis on the importance of communications to support the Agency's mission.

The ADA oversees the Agency's liaison with Congress, VA advisory committees, national veterans organizations, and state and local officials, as well as communications efforts aimed at veterans, VA employees, and the public.

Office of Congressional Affairs

During fiscal year 1983, the Office of Congressional Affairs continued to support the Agency in its mission of developing and maintaining a favorable working relationship between the VA and Members of Congress and key congressional committees. This ongoing function is performed in accordance with the President's policies and in the best interest of our nation's veterans.

The office serves the Agency and Congress in the three separate locations in order to be more accessible to those who use the services offered by the VA Offices are located in VA Central Office, in the Hart Senate Office Building, and in the Rayburn House Office Building.

The staffs located on Capitol Hill provide a unique constituent service to individual Members of Congress. They are known as the Congressional Liaison Service. During the course of FY 1983, the Congressional Liaison Service handled approximately 12,000 constituent cases; responded to or placed approximately 90,000 telephone calls concerning veteran constituents; and received approximately 6,500 walk-in visits.

Information was provided to congressional members, their staffs, and committees concerning major personnel changes; VA's budget, legislation, and programs; organizational changes within the Agency; and developments in the construction pro-

gram. Additionally, information and assistance concerning veterans' rights and benefits were given which aided congressional offices in providing help to their veteran constituents.

Office of Public and Consumer Affairs

The past year was marked by increased management emphasis on the use of technology to provide greater efficiency and capability in the process of disseminating information to VA's constituents. A primary public and consumer affairs goal has been the enhancement of communications support for Agency programs and services. It has improved the VA's ability to reach and interact with its beneficiaries and other members of the public.

Activities of the Office of Public and Consumer Affairs involve the design and preparation of information products, selection of appropriate dissemination techniques, involvement with mass and specialty media and other avenues of communication, and the monitoring and assessment of the process for program and operational guidance. The office also administers various Agency functions that provide for consumer contact and manages certain statutory responsibilities of VA's 30 Federal advisory committees.

During the past fiscal year, there was increased public interest in Agent Orange and nuclear radiation. In addition to several pamphlets previously developed on the potential health effects of herbicides used in Vietnam, publication of *Agent Orange Review* was initiated to provide veterans and others with status reports on scientific inquiries currently underway. Four issues of the newsletter, with an average pressrun of 420,000, were distributed to VA facilities and mailed to veterans on the Agent Orange Registry and to other subscribers. Production of a new pamphlet on ionizing radiation was also completed.

Communications support was also provided as a component of several national recognition events including Veterans Day, the annual Salute to Hospitalized Veterans, POW-MIA Day, and National Consumers' Week.

Information outreach efforts were improved with a series of meetings involving top staff and Washington representatives of national news media. Management of VA Advisory Committee records and procedures was the subject of the first internal handbook covering administrative aspects of this important component of Agency policymaking. Professional staff participated in a program of executive development seminars concentrating on the application of organizational and management skills in the delivery of public and consumer affairs services.

VAnguard — the monthly employee newsletter — was expanded and remains the primary activity for reaching the entire VA "family" with regular news and features emphasizing individual and organizational contributions to the Agency mission. Television was used as an internal means of emphasizing key subjects and three editions of *VA Video Digest* were produced and distributed for viewing by all VA employees.

An information systems approach has been applied to a variety of news and liaison functions. Here, technological advances are helping provide prompt and accurate access to Agency developments affecting the release of public information. At the same time, records are produced which help catalog and gauge media interest. These concepts are gradually working their way into many other aspects of the public and consumer affairs mission and will continue to have importance as the complexity and diversity of Agency operations increase.

Associate Deputy Administrator for Information Resources Management

The Associate Deputy Administrator for Information Resources Management (ADA/IRM) is the senior Agency official for information resources management and is responsible for ensuring that the requirements of the Paperwork Reduction Act of 1980 are appropriately implemented in the VA. The ADA/IRM is, therefore, responsible for recommending policy and oversight of IRM functional areas including ADP and telecommunications, ADP and telecommunications systems acquisition, office automation, information systems, paperwork, records, and reports management, as well as travel, mail, and Agency directives management.

The ADA/IRM also serves as the Agency focal point and coordinator for all Reform '88 initiatives and other management improvement efforts. He is the VA representative to the President's Council on Management Reform, formerly the Assistant Secretaries for Management Group, and to the Executive Secretariat for the President's CCMA (Cabinet Council on Management and Administration).

During FY 1983, Reform '88 initiatives established concrete management improvement projects with milestones and implementation schedules. By mid-year, VA's Reform '88 activities had expanded to include 22 projects covering a full range of management functional areas. The ACMA (Administrator's Council on Management and Administration), which parallel's the President's CCMA, was established to keep VA's top level managers apprised of improvement efforts undertaken and to foster support for those efforts from all VA components. The ADA/IRM served as the Executive Secretariat to the ACMA and, with the cooperation of all components of the Agency, monitored and prepared quarterly status reports on all VA management improvement projects.

The ADA/IRM was responsible for establishing, monitoring and reporting on the implementation of the Agency's Internal Control Program in response to the Federal Managers' Financial Integrity Act and OMB Circular A-123, Internal Control Systems. As the result of the first year effort, a statement of written assurance on internal controls was prepared and forwarded from the Administrator to the President and Congress.

The Management Control Staff reports to the ADA/IRM and provides staff support for all the above cited functions and programs.

Also reporting to the ADA are the Office of Data Management and Telecommunications, the Office of Reports and Statistics, and the Information Regulations Staff.

Office of Data Management and Telecommunications Applications Accomplishments

In FY 1983, ODM&T (Office of Data Management and Telecommunications) intensified its efforts to provide increasingly reliable levels of ADP support to VA missions serving the veteran. One of the fundamental and most "visible" of ODM&T's activities is the ongoing maintenance, periodic enhancement, and new development of user ADP applications. A large percentage of resources is devoted to assuring that all these systems serve their users in the prescribed manner and in a timely fashion.

The DVB is a principle user of ODM&T services, and in FY 1983 several important objectives were accomplished in its behalf.

ODM&T rapidly developed an automated system to implement the provisions of Public Law 97-377 (Quayle Amendment). This law restores certain Social Security benefits to surviving spouses and school children of veterans who died as a result of service-connected conditions. The Amendment also requires an accounting of the time spent implementing this law. ODM&T redesigned the Work in Progress subsystem to provide regional offices (RO's) with an automated accounting method to meet this requirement. The redesigned system frees RO employees from tabulating data manually, and results in time and cost savings. The Master Record Expansion Project, required to implement the Quayle Amendment, was installed in September 1983. ODM&T designed this project to provide DVB with the vehicle to implement numerous future DVB initiatives on the C&P (Compensation and Pension) System.

Several important modifications by ODM&T to the Chapter 32 (Post-Vietnam Era Veterans' Educational Assistance) Education System improved the value of this system for DVB employees and the veterans they serve. Converting various aspects of this system to an on-line status has increased the accuracy and speed of access to the information in the system.

The CAI (Computer Assisted Instruction) System provides automated training for RO employees on how to use the Target System. The Target System, the largest of the VA's computer systems, permits each RO to process original and supplemental awards, and to immediately access service record information on-site, as it is re-

quested by veterans or their beneficiaries. During FY 1983, ODM&T redesigned the CAI System to allow RO's easier access for additions or modifications to lessons. In this way, DVB can better meet the individualized training needs of its field stations.

New processing through the VR&C (Vocational Rehabilitation and Counseling) System allows complete input and update of all statistical data, the creation of a consolidated data base, and a recurring and ad hoc reporting feature. The recurring reports will provide the VR&C Service with information they need on a monthly basis. The ad hoc reporting feature will allow VR&C to respond quickly and easily to inquiries from congressmen, veterans service organizations, and other interested groups.

ODM&T installed on-line inquiry for the Insurance System at the Philadelphia and St. Paul Insurance Centers. This addition gives insurance analysts instant access to information which heretofore took a day to receive. This capability speeds the VA's response to the veteran's or beneficiary's inquiry. Further enhancements to this system to provide award and actuarial information will be made during FY 1984.

ODM&T completed an accounting transaction reformat project for the Loan Guaranty System. The introduction of the six-digit field for recording loan transactions now makes it possible to enter amounts of $100,000 or more. Rising home values and the time-consuming task for the RO employee to manually enter transactions of $100,000 or more necessitated the complex programming changes and extensive modifications to this system.

During FY 1983, ODM&T modified the Loan Guaranty PMS (Property Management System) to streamline the process of paying property taxes and special assessments on VA acquired properties. PMS is now able to produce tax and special assessment output on both a scheduled and a special request basis for DVB field stations. The PMS enhancements replace time-consuming and costly manual tasks of maintaining tax cards and preparing special assessment lists by field facilities.

ODM&T contributed significantly to the VA's Debt Collection Program, mandated by Congress, to recover CP&E (Compensation, Pension and Education) overpayments. The CARS (Centralized Accounts Receivable System) and CP&E systems were modified to assess interest and administrative charges against education overpayments. CARS generated two mass mailings of letters to one million debtors. The first letter notified the veteran of plans for charging interest and administrative costs for overpayments. The second notified the veteran that actual charging had begun. These actions resulted in the Agency's recovery of $19.8 million in outstanding overpayments between January and June of FY 1983.

During FY 1983, the DM&S took on a greater role in the development and maintenance of its own specialized ADP systems and applications. Nevertheless, DM&S remains an important user of ODM&T services. ODM&T recognizes the critical importance of providing DM&S with accurate and timely information to support their mission of providing quality care for the veteran. Some of the more significant contributions of ODM&T in the realm of medical automation follow.

The PTF (Patient Treatment File) was redesigned to include a patient tracking capability. This change will allow hospitals to better track patients' diagnoses and treatment. ODM&T continues to work closely with DM&S to ensure the timely development of the NPTF (New Patient Treatment File) system. The new system will provide DM&S with patient tracking capabilities and a means of capturing length-of-stay data by bed section. This information will be valuable in determining the allocation and utilization of resources at the VA medical centers.

In FY 1983, ODM&T expanded the availability of the DAS (Dental Activity System) to 99 field facilities, an increase of 94 from last fiscal year. By modifying the DAS, ODM&T eliminated the need for the Dental Service to manually tally monthly activity reports. Aided by improved telecommunications, DAS facilities were able, for the first time, to electronically transmit data to the Austin, Texas Data Processing Center rather than mailing large quantities of punch cards. The modifications resulted in more accurate information and substantial time savings for the Dental Service.

In June, a redesigned Agent Orange Registry System was installed to accommodate new input requirements. With the file redesign, a full record printout of all registry veterans is now available. This assists the Agency in providing Vietnam veterans with accurate information regarding the possible correlation between Agent Orange exposure and long-term health effects.

The PR&SRS (Physician Recruitment and Staffing Reports System) was modified to receive input from the VA medical centers via the ARS (Advanced Records System). The PR&SRS provides information to all VA medical facilities regarding the recruitment and retention of VA physicians.

The Supply Processing and Distribution System allows for the tracking and inventory control of medical supplies within individual medical centers. In all, 54 sites were installed and initial operator training was completed.

An intensive conversion effort was undertaken to terminate commercial timesharing for the Space and Functional Deficiency Identification/Non-recurring Maintenance System and bring the system in-house. This action should result in significant cost-savings. The delivery of computer equipment for the system is scheduled for early in FY 1984.

The Supply Integrated Storage and Distribution System (LOG I) was modified to optionally provide magnetic tape output of the Geographic Distribution Report for vendors desiring these data for their own computer input. Internal system controls were also enhanced to identify proper mandatory sources of supplies brought into the centralized distribution system. LOG I was further modified to include economic order quantity calculations to comply with GAO directives. This modification significantly decreased the dollar value of the supply fund inventory at the supply depots.

While DVB and DM&S applications constitute a large share of ODM&T's workload, a significant and growing segment is comprised of systems to support the Agency's staff elements.

ODM&T completed an extensive conversion of the Agency Regulations Management Information Retrieval System for installation on a computer system at the VA's Satellite Service Center. The Information and Regulations Staff originally obtained the data file from the Government Printing Office. The conversion required a detailed line-by-line code conversion of approximately 80,000 lines of code.

A computer system was installed in June to support the GCATS (General Counsel Administration Tracking System). In addition, ODM&T developed and implemented two application software subsystems. The Litigation Tracking Subsystem stores and tracks all litigation correspondence. The Correspondence Tracking Subsystem provides the General Counsel an automated method of controlling internal task assignments.

In June, the VA was mandated to install an electronic data link to the Executive Office of the President by October 1. ODM&T successfully accomplished this task in September. This electronic communication between the VA and the Executive Office of the President has two features. One is the Executive Data Link for sending Reform '88 Initiatives to the Office of the Prsident, and for receiving White House correspondence. The other is for the receipt of budgetary reports from the Office of the President's Centralized Budget Management System.

Office of Construction applications received attention in several areas. A post installation review of the Office of Construction Distributed Data Processor was completed, and resulted in a number of system enhancements to improve the efficiency of the system. The review recommended the procurement of an additional computer and the creation of a shared disk file approach for the configuration. Procurement was completed and installation is scheduled for the first quarter FY 1984.

A data base management system was installed in the Construction Management Information System as a first step in creating a program-wide data base. The Work

Measurement Subsystem of the Planned Production System was installed, and functional design of the Resource Forecasting Subsystem was initiated. A feasibility demonstration project was initiated for the Resident Engineer Management System to support on-site project monitoring and control aids for resident engineers at two construction sites. When fully developed and implemented, it will enable the resident engineer to have improved on-site project monitoring, administrative, and reporting capabilities.

Additionally, in the area of staff support, ODM&T successfully modified the Automated Budget System to support the VA's FY 1985 budget process. The system underwent a major rewrite to provide for new Office of Management and Budget and user requirements. The resulting improvements allow for more detailed budget reporting and faster data entry. They also allow the user to look at sections of data for the information needed, instead of reviewing entire reports.

The AMIS (Automated Management Information System) workload increased 71 percent from 660 assignments in FY 1982 to 1,129 in FY 1983. ODM&T handled this increase with limited overtime, and within the authorized personnel ceiling. Validation, edit, and test procedures were improved, which made the increased productivity possible. Close coordination with the Office of Reports and Statistics also aided this successful effort. ODM&T enhanced AMIS in FY 1983 to improve user services, production, maintenance, and development. One important modification now allows Central Office users access to limited information, which can be used to validate AMIS reports. Also, the capability for obtaining ad hoc reports from AMIS was implemented on a limited basis.

Telecommunications Accomplishments

Accomplishments in telecommunications during FY 1983 are as follows.

ODM&T installed competitively procured EAPBX (Electronic Automatic Private Branch Exchange) telephone systems in 17 DM&S medical centers to replace antiquated, uneconomical electromechanical systems, for an estimated expenditure of $15.9 million. ODM&T designed and competitively contracted for replacement EAPBX telephone systems for another 15 medical centers. All of the FY 1983 EAPBX specifications contain the requirement for switched data as an integral part of the system.

Important steps were also taken in the transfer of the Advanced Record System from General Service Administration to the VA. The VA will assume management and operational responsibility for the total ARS early in FY 1984. The system will be designated as the Veterans Administration Data Transmission System, and the installation of replacement terminals is scheduled for completion by December 1984. This will begin VA's migration to a true shared, integrated data telecommunications system.

Specifications were prepared for procurement of terminals at Austin and St. Paul for the Centralized Accounts Receivable On-line System. The procurement is for terminals that are compatible with the IBM 3270 computer, thereby greatly increasing the availability of the on-line capacity with a resulting improvement in the Agency's debt collection efforts.

Technical assistance was provided to DM&S, Engineering Service, to design, procure, and install a terminal system of display stations and high speed printers to support the space and functional deficiency program located in Central Office. Also, data communications facilities were installed to link the terminal system with the host computer located in the Chicago Verification and Development Center.

Technical assistance was also provided to DM&S to design, procure, and install a terminal system and telecommunications equipment to replace aging equipment currently supporting 35 Central Office users. The terminal system is presently linked to the National Institutes of Health computers and to the Austin Data Processing Center for timeshare support. The new terminal equipment reduced the cost per terminal from $7,000 to $1,000 each.

In FY 1983 the groundwork was also laid for a number of other innovative projects which will receive increased attention in the next two years. Among these are a Central Office local area network, a VA integrated data transmission network, an inter-DPC network, the replacement of obsolete keypunch data entry equipment, and the establishment of a technical control center to improve line efficiency and data transmission quality. Each of these undertakings is an integral component in achieving the Agency's goal of a totally integrated and flexible data transmission system, and advanced state-of-the-art communications capabilities.

Technical Accomplishments

Preparations for the opening of the ITC (Information Technology Center) in Central Office were completed in FY 1983. The ITC will serve as a pilot for an anticipated expansion of the concept to field facilities. The ITC will provide employees the opportunity to learn about and use the new generation of computing tools. Users will be able to receive training and hands-on experience with personal computing equipment and software, and become acquainted with the newest products coming on the market.

The most significant technical accomplishment was the upgrading of computers at the Austin, Texas DPC with state-of-the-art processors. Beginning in March 1983, the DPC began upgrading its operating system software to a state-of-the-art status. As of the end of the fiscal year, the conversion was approximately 80 percent complete.

In conjunction with this upgrade, which increased production and productivity, and enhanced timesharing capabilities, ODM&T acquired modern operating systems software to replace obsolete, unsupported software in use at the DPC.

As part of the Austin replacement project, a more powerful computer system was installed to support the On-Line Centralized Accounting for Local Managers. This installation provides improved response to on-line inquiries, and support for planned growth in the application workload. The previously used computer systems will be used as a backup to the production system, and as a program development system.

A new computer was procured for the St. Paul, Minnesota DPC to enhance the VA's debt collection program. To comply with a legislative mandate to improve debt collection, the new computer was purchased and made operational, and will serve this mission until such time as a competitive replacement effort at St. Paul can be accomplished. As a first step in this replacement, solicitation has been drafted, and installation is targeted for the second quarter of FY 1984.

Modernization and updating of hardware also took place at Philadelphia, Hines, Los Angeles, and the Satellite Service Center. A new computer was installed in Philadelphia to replace three older machines.

The Target Central System at Hines, Illinois and central processing units in Philadelphia were upgraded, resulting in processing power increases of approximately 70 percent. The Hines central development system and the central processing unit in Los Angeles are scheduled for upgrades in FY 1984. These equipment augmentations will support the expansion of the CP&E system and the addition of other benefits delivery applications. Equipment upgrades at the Satellite Service Center included an upgrade of one system and enhancement of another computer.

An important innovation was the installation of talking terminals at regional offices that employ unsighted veteran benefits counselors. These terminals audibly repeat the data available from the CP&E system, allowing the unsighted counselors access to the system to perform their jobs.

Operations Accomplishments

ODM&T's ADP operational functions are executed through one or more of the five regional data processing centers and/or the Satellite Service Center. The many accomplishments of these centers in the operational area are exemplified by those described below.

In St. Paul, most of the accomplishments in operations management centered around the installation of developed or modified systems, or improved procedures in an

operational processing environment. The results were more efficient utilization of existing staff and perfected services for the users. To comply with the legislatively mandated VA debt collection program, two mass-mail letter projects were completed for the CARS. The DPC staff was able to handle the increased workloads caused by the mailings in an efficient and timely manner.

A network control function was created in St. Paul as a focal point for communicating with the CARS on-line system users. This staff performed basic analysis and problem solving, and served as a source of information about the status and readiness of the system.

The Austin DPC maintained an impressive record for handling its many transactions, especially in the critical area of releasing checks. The center had a perfect record on payroll and personnel processing for the Agency's 238,000 employees, issuing over six million checks. In addition, over 30,000 loan guaranty checks, $2.5 billion Centralized Accounting for Local Management checks and $400 million in Centralized Accounting for Construction Appropriation payments were delivered.

Austin processed 775,000 production jobs and printed 5,553 individual use reports in FY 1983. There were only 197 incidents when a product was released late. In addition, the Beneficiary Identification and Records Locator System availability for the year was 97 percent.

Austin supported as many Central Office and field timesharing users as its limited resources would permit. Central Office requests for timesharing increased significantly, and timesharing capabilities were extended to some VA medical centers for the first time. To support new users, a remote users service guide was drafted, a remote user attributes database was created, a help desk was set up, and some user software packages were acquired. In another move to make the DPC facilities more accessible to timesharers, regular production was scheduled for non-prime shifts whenever feasible, freeing prime shift resources for timesharing users and devleopment support.

Austin's resource management section expanded the computer performance database, and started creating monthly "snapshots" which show the strengths and weaknesses in the use of ADP resources.

The amount of processing time allotted each nonpriority job was reduced on all Hines DPC Honeywell equipment. This reduction in the amount of processor time that each program receives at any one time allows the on-line system greater and faster processor utilization. This provides better response time for the data base user.

AIQ (Annual Income Questionnaire) processing for 1983-84 was started in September 1983. This processing generated 31,036 AIQ cards for all 50 states and foreign countries. An additional 29,010 AIQ cards were generated for the Manila Regional Office. Thirty tapes were generated and mailed to the Philadelphia DPC for punching of approximately 1.8 million AIQ cards for the 1983-84 season.

The Hines facility printed, reviewed, and released an average of 1,798 reports per month for the C&P, Education, Chapter 32, and VR&C systems. For C&P, three cycles per week were processed, averaging over a million transactions per month; for Education, more than a million transactions were processed per month; and for Chapter 32, 216 daily cycles were processed. In FY 1983, the Philadelphia DPC established a CRVP (Contract Renewal Verification Procedure). Each operating element was directed to formally review all contractual obligations under their aegis; to look at cost, usage, performance, etc.; and to make specific recommendations as to what type of contract, if any, should be requested for the next fiscal year. CRVP resulted in several contracts being discontinued, and significant cost savings in FY 1983.

Acquisition of additional software has given the Los Angeles DPC a long needed capability to convert betwen 7- and 9-track tape formats. Major savings in transmission costs and lost time have been achieved through this upgrade.

During FY 1983 the Los Angeles DPC informally took on a new, major role in providing microcomputer consulting services to western area regional offices. DPC technical assistance personnel worked closely with the Los Angeles RO in identifying and acquiring a superior microcomputing capability. The DPC continues to support the RO with guidance in the use of acquired software packages, system design, and implementation assistance.

At the Satellite Service Center many program enhancements were accomplished during FY 1983, which resulted in significantly improved service to users. These enhancements were primarily in the areas of the Construction Management Information System and the Veterans Appeals Control and Locator System. In the operating systems and proprietary software area, the Satellite Service Center has been able to maintain the most current levels and releases of state-of-the-art software, thus taking advantage of full office automation, electronic mail, and on-line, interactive database access. Thus, the SSC can provide its users with more timely and accurate information which is critical for sound decision making.

Information and Regulations Staff

The VA continues to aggressively promote, manage, and control the use and application of information technologies in its records management program such as micrographics and other image technologies, computerization, and office automation. Improved timeliness and availability of information, as well as reduced storage space requirements, are obvious benefits of such technologies. Information and Regulations Staff planned activities to ensure that the records management practices and principles which have been applied to hardcopy records are being applied to records maintained on these modern storage media to make certain that the information is not inadvertently lost, altered, prematurely destroyed, or otherwise inappropriately affected.

Information and Regulation Staff also began to plan for the automation of VA records appraisal activities carried out by the various departments and staff offices in VA Central Office. The planned system will handle all records appraisal documentation, provide for the concurrence and approval process on records appraisals, maintain and allow updating of the VA Records Control Schedules, and, allow for printing of the Records Control Schedules. This system will provide VA managers who are responsible for records development and maintenance the ability to monitor unscheduled records, to generate periodic requests to their records, officers for status of appraisals, and to notify holders of unscheduled records that destruction is unauthorized until proposed disposition is approved. Also, the system will provide linkage/interface with forms management systems to show forms included in the file series, or the file series containing the record copy of the form, and, therefore, the approved disposition of the form.

The system will also provide a means to automatically update VA Privacy Act system notices. The Privacy Act system notices portion of the system will interface with the Records Control Schedules portion of the system so that changes to items in the Records Control Schedules that affect Privacy Act systems can be noted and systems notices appropriately updated, and vice versa.

VA has one of the most comprehensive forms management programs in the Federal government. This program exercises control over every form and form letter used in the agency. Of the 12,780 VA forms and forms letters now active, 4,222 are standardized for use in the VA Central Office or in two or more VA field stations; the remaining 8,558 are local forms and form letters, developed and used by individual field stations. The goals of the forms management program are to reduce costs and improve service by eliminating nonessential forms and form letters and designing those considered essential in accordance with generally accepted quality standards. All proposals for new forms and form letters are reviewed and processed to promote these goals. Further savings and improvements have been achieved through standardization projects and periodic concentrated efforts to reduce the number of forms and form letters.

Modern technology in the forms area has come a long way in the past few years. Within the past year Information and Regulations Staff has identified several different

companies which have demonstrated terminals with software packages that can be connected on-line to assist in the composition and design of a form.

Information and Regulations Staff again prepared the VA information collection budget required by the Paperwork Reduction Act of 1980, Public Law 96-511.

The Veterans Administration has had an ongoing paperwork burden control program for over a decade. VA's paperwork burden control strategy has been to continue the review process that is currently in effect, using a variety of information management techniques. These information management techniques include: standardization, consolidation, use of modern technology, and data exchange efforts with other government agencies.

As one on the government's major procurement agencies, the VA made plans to give special attention to reducing the burden placed on the public by procurement paperwork requirements, as part of a government-wide focus on this problem. VA staff are developing plans to save burden hours and financial expenditures in procurement activities by consolidating requirements and standardizing common items. Though the estimated FY 1984 fiscal budget for these activities is expected to exceed the FY 1983 budget, the number of burden hours placed on the public should be reduced significantly.

In the area of employee travel mamagement, Information anmd Regulations Staff began exploring the potential for using travel agencies to arrange employee travel and also the possibility of using credit cards for official travel expenses. These major changes in travel policy were proposed and are being tested by the General Services Administration.

Information and Regulations Staff also continued an ongoing effort to convert VA from the use of indicia mailing to full use of mail metering. The Department of Veterans Benefits and the Office of Procurement and Supply were fully converted to mail metering by the end of FY 1983.

Office of Reports and Statistics

The Office of Reports and Statistics is the management information and statistical research arm of the Veterans Administration. This office provides management information amd statistical analysis to VA management for budgeting, program management and evaluation, and policy formulation.

During FY 1983, a number of special and recurring studies were conducted to measure the effects of specific benefit programs. In 1983, reports were published on disabled veterans, geographic shifts in the veteran population, speech pathology, use of educational entitlement, and multiple usage of VA programs. Statistical consultation was also provided to VA managers in analyzing their program data and in developing statistical research studies.

In FY 1983, current estimates and projections of the veteran population were prepared for the years 1984 through 2000 and for 5-year intervals thereafter based on data obtained from the 1980 Decennial Census. These estimates and projections are the most comprehensive ever published by the Agency. They focused attention on areas of particular concern to agency planners such as migration patterns, older veterans, female veterans, and local area data.

In 1983, for the first time, the future veteran population of Puerto Rico was projected. Previous attempts at such projections were hampered due to problems of definition in the decennial U.S. Census.

A contract was awarded on October 1, 1982, to Louis Harris and Associates to conduct personal interviews with 3,000 veterans aged 55 years and over for a survey of aging veterans. This survey will provide data not presently available to plan for the future care of our rapidly expanding elderly veteran population. The final report from the Harris group is due in FY 1984.

In FY 1983, a national survey of females veterans was designed. This survey will gather data on demographic characteristics, patterns of usage of VA benefits, and future expectations of female veterans. A contract to conduct the study will be awarded in FY 1984, and a final report is expected in FY 1985.

In carrying out VA's responsibilities under the Paperwork Reduction Act of 1980, Public Law 96-511, increased emphasis was placed on control and management of reports to reduce the burden on the public and on Agency employees. During FY 1983, administrative manuals outlining VA's reports amnagement procedures and policies were revised. A comprehensive review was conducted of the VA's reports management program under the "Triennial Reviews" required by Public Law 96-511.

The Automated Management Information System is the primary source of program information for management officials in Central Office. Reports and Statistics manages this system which provides data on virtually every operating element of the VA. During FY 1983, new or revised specifications were developed for almost 1,100 reports. Major new requirements were developed for medical care cost distribution, loan guaranty, budget, veterans employment, and laboratory applications. Training for field personnel was conducted at VAMC's Brockton, Massachusetts; Canandaigua, New York; Dallas, Texas; and San Juan, Puerto Rico.

Title 38, U.S. Code, authorizes the Administrator to release names and addresses of present or former members of the armed forces and their dependents to nonprofit organizations provided the intended use is directly connected with the conduct of programs and utilization of benefits in title 38. Reports and Statistics is the manager of the RONA (Release of Names and Addresses) program. During FY 1983, 182 requests from Federal and state agencies, members of Congress, veterans service organizations, educational institutions, and private individuals were processed.

The Office of Reports and Statistics provides the Agency's policy and working-level representatives to OMB on the Federal Assistance Awards Data System. This government-wide data system provides Federal expenditures data to members of Congress, to the states, and to the general public. These data show where Federal program dollars are spent at the local level.

Associate Deputy Administrator for Logistics

The Associate Deputy Administrator (ADA) for Logistic is responsible for policy level oversight of the Agency's construction, procurement, supply activities, central office administrative support programs, environment affairs, and small and disadvantaged business utilization. Reporting to the ADA are the Office of Construction, Procurement and Supply, and Administration. The ADA also serves as the Agency's Chief Procurement Executive and Director of the Office of Small and Disadvantaged Business Utilization and Office of Environmental Affairs.

At the direction of the ADA, a number of initiatives were undertaken in 1983 to improve the VA's procurement and administrative and construction program planning in order to enhance program efficiency and cost-effective allocation of budget resources.

Initiatives taken in the area of procurement included the ADA's continued participation in the Executive Committee on Federal Procurement Reforms for the purpose of drafting revised guidance to streamline the Federal procurement process and to make it more cost-effective; development of a VA contracting officer training program; development of a plan to functionally realign the Office of Procurement and Supply for more efficient and effective operations; establishment of a new program for improving access to procurement information for Vietnam era veteran-owned and disabled veteran-owned small businesses; and improvement in identifying procurement actions with small and minority business potential.

Administrative program initiatives undertaken by the ADA included obtaining a commitment form the General Services Administration for additional space to assist in the efficient consolidation of the VA's Central Office activities.

Initiatives undertaken in the area of construction included development of a "Design Fund" line item which was incorporated in the VA's FY 1985 budget which will save an average 15 months in construction project development time and result in substantial cost savings; initiation of a private sector contract study to review, evaluate, and make recommenations on the VA's design and construction requirements; development of a prototype design for VA nursing homes to reduce design costs and the length of construction time; a series of workshops, some of which were conducted by private sector firms, to explore improvements in the VA's facility planning and construction processes; development of the largest construction program and budget in the VA's history for FY 1985; funding of a study to comprehensively survey the physical plant condition and needs of VA medical centers; implementation of a first-time policy to guide the VA's use of economic cost analyses to determine the cost-effectiveness of lease, build, and purchase options; and initiation of a comprehensive study of the VA's organization and procedures for constructing health care facilities to seek improved effectiveness and efficiencies.

Office of Administration

The Director, Office of Administration, has staff and operational responsibility for the Agency's printing, reproduction, and distribution program, and the audiovisual program exclusive of research and education activities in health care facilities. The Office also has responsibility for Central Office administrative support programs such as management of real property, supplies, equipment, furniture, and furnishings; receipt, distribution, and dispatch of mail; communications service; records management; and the Presidential Memorial Certificate Program. The Director, Office of Administration, is the Agency liaison with the Joint Committee on Printing of the U.S. Congress, the National Audiovisuals Center, and the General Services Administration in regard to space acquisition, telephone service, and other general support functions within the Washington metropolitan area.

Presidential Memorial Certificate Program

The Presidential Memorial Certifcate Program honors the memory of honorably discharged deceased veterans. Statutory authority for the program is contained in section 112, title 38 U.S.C. President Reagan approved continuation on February 4, 1981. The VA issues, to the next of kin, certificates which bear the President's signature and express the country's grateful recognition of the veteran's service in the armed forces. Eligiliblity 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 veterans.

Over 4.6 million certificates have been issued since the program was initiated in March 1962. The VA now issues an average of 1,208 certificates daily. A total of 303,400 were issued during FY 1983, an increase of 12.7 percent from last year.

Audiovisuals

The VA produced three film documentaries during the fiscal year. The film, "A National Salute," documents events and ceremonies at Arlington National Cemetery on Veterans Day, November 11, 1982, and the dedication ceremonies at the Vietnam Veterans Memorial on November 13, 1982. This historical presentation features the placing of the Presidential Wreath at the Tomb of the Unknowns, delivery of the Veterans Day Address to the nation from the amphitheater, and other activities and ceremonies in tribute to our nation's war veterans.

The film, "A Flag for P.O.W.," provides education and orientation for VA employees who have the most direct impact on administering the Former Prisoners of War Benefits Act (Public Law 97-37). It includes POW film segments from World War II up to the Vietnam era and statements by former POW's on some of their special medical problems.

The film titled, "A Sense of History," documents VA efforts to "preserve by use" the historic lodges located in Civil War battlefield cemeteries. Five such national cemeteries around the city of Richmond, Virginia, are featured.

The VA produced three video digests designed for employee and veteran orientation and training. The initial digest, "Administrator-Employee Meeting," presents the Administrator of Veterans Affairs expressing his views on teamwork as an essential process in accomplishing VA's mission of service to America's veterans.

The second of the digest series titled, "VA's Mission, Goals and Objectives," features the Administrator and his staff presenting an in-depth view of programs and how they relate to the overall mission and goals of the Veterans Administration.

The third video digest, "Agent Orange-Where Do We Stand?," outlines policies and techniques to enable VA employees, nationwide, to provide a better understanding to this complex and sensitive subject.

Three television public service announcements were produced duning the fiscal year. The production "National Salute to Hospitalized Veterans," featured pugilist Sugar Ray Leonard reminding the public to remember hospitalized veterans by visiting them at VA medical centers and to stimulate volunteer participation and service to our patients. The spot was distributed and offered for use prior to and on Valentine's Day, February 14, 1983.

A second spot announcement was designed and produced to inform the public of Veterans Day 1983, and to encourage participation in ceremonies honoring our nation's veterans.

Another television announcement was produced and distributed to inspire the public to remember and observe POW/MIA Recognition Day, April 9, 1983.

Office of Construction

The OC (Office of Construction) is responsible for the planning, design, and construction of the facilities in which VA benefits are delivered to this nation's 28.2 million veterans. This responsibility includes the largest medical facility construction program in the nation, one which has won international recognition, as well as major expansion of the VA national cemetery system to meet projected demand to the year 2000 and beyond.

For the Department of Medicine and Surgery, the scope of services offered by OC also includes additions, alterations, and major repairs of existing buildings at all of VA's medical centers, outpatient clinics, domiciliaries, and related facilities.

Services provided by OC for the Department of Memorial Affairs include the acquisition and development of new national cemeteries as well as planning, design, and construction support in the expansion of existing national cemeteries.

During FY 1983, the projects administered by OC which are in various planning, design, and construction stages totaled more than $9.2 billion.

Obligation for FY 1983 were the greatest ever in real or adjusted dollars in the history of the Agency. Also, by the end of the FY 1984, five replacement medical centers will be completed. They are located in Richmond, Virginia; Bay Pines, Florida; Martinsburg, West Virginia; Little Rock, Arkansas; and Seattle, Washington. Eight nursing home care projects are under construction that will be completed in FY 1984. These nursing homes are located in Wichita, Kansas; Kerrville, Texas; Seattle, Washington; Tampa, Florida; Ann Arbor, Michigan; Fresno, California; Lake City, Florida; and Coatesville, Pennsylvania.

The Office of Construction is also responsible for real property management for the VA nationwide. This includes the acquisition and disposal of real estate, as well as space management in VA facilities and those General Services Administration facilities leased to the VA in either government-owned or government-leased buildings. OC supports the Department of Veterans Benefits in this latter role.

Architect-Engineer Contracts

In FY 1983 the Office of Construction awarded 52 architect-engineer contracts for as many projects, with fees totaling $20.3 million. The design services covered by these contracts will translate into approximately $450 million worth of new or improved facilities for VA programs.

The five largest contracts, worth about $8.2 million, were for projects at the VA medical center in Syracuse, New York (working drawings for renovations to improve the fire and life safety protections for patients and to provide higher standards of patient privacy); Biloxi, Mississippi (working drawings for modernization of existing patient care buildings at both Biloxi and Gulfport Divisions to bring them up to current codes and medical care standards); Pittsburgh, Pennsylvania (working drawings for a new addition at the University Drive facility to meet current requirements for clinical support and outpatient services, and to upgrade education facilities); and Augusta, Georgia (preliminary design for a major replacement hospital for the Lenwood Division).

The other 47 contracts ranged in price from $30,000 to $925,000. Forty-two of the contracted firms (more than 85 percent) were small businesses, three of which were minority firms, confirming VA's commitment to these categories of contractors.

Energy Engineering

The Office of Construction continues to be a national leader in the development of energy efficient design and construction. The approach used by OC is two pronged: decrease the amount of energy consumption required and increase reliance on renewable energy sources.

The national initiative for energy conservation and reduction was announced by Executive Order 12003, which established a requirement for a 45 percent reduction in design energy usage by 1985. The VA met this goal in FY 1981 and has continued to meet or exceed it through FY 1983.

The average energy usage calculated for construction contracts awarded this year showed a reduction of 46 percent compared to similar buildings in 1975. This reduction was calculated by using computer simulations to determine the energy usage of these facilities had they been designed according to 1975 criteria, standards, and practices. The rate of reduction will vary from year-to-year depending on the type of facilities constructed and their geographical locations. OC expects to continue meeting the Executive Order goals based on its program success to date.

OC's selection of energy conservation reduction projections is based on evaluation according to the methods and procedures mandated by the National Energy Conservation Policy Act and the results of life cycle cost analyses. Only those investments demonstrating a superior life cycle cost are utilized.

In addition, the VA has been an early and consistent leader in the development and use of solar energy systems. During FY 1983, three new solar energy systems were put into operation and ten projects with solar systems were awarded for construction, demonstrating the VA's continued dedication to the cost-effective use of this renewable energy resource. All of these projects have a positive life cycle cost and are associated with a variety of building types.

Construction Contracts

In FY 1983 the Office of Construction awarded 44 major construction contracts totaling about $456 million in capital improvements for the VA.

Fifteen of the contracts, worth about $351 million and awarded to large business firms, were for projects at the VA medical centers in Albuquerque, New Mexico (clinical services and bed building); Bay Pines, Florida (major renovations to existing patient care buildings); Birminghan, Alabama (ambulatory care and clinical addition); Denver, Colorado (clinical support wing); Memphis, Tennessee (120-bed spinal cord injury unit); Miami, Florida (outpatient addition); Muskogee, Oklahoma clinical addition); Palo Alto, California (surgical addition and fire and safety improvements); Portland, Oregon (third phase of the replacment medical center); St. Louis, Missouri (clinical addition and relocation and improvement of patient wards); Temple, Texas (expansion of clinical facilities and relocation of support facilities); Tuscaloosa,

Alabama (outpatient addition); Vancouver, Washington (120-bed nursing home care building); and Wichita, Kansas (renovations for an outpatient clinic).

The other 29 contracts, totaling about $105 million, were awarded to small business firms; eight of those were set-aside for firms in labor surplus areas. Four, with a value of $29 million, were awarded to small firms in direct competition with large firms; 19 were small business set-asides worth $55 million; and six, for $21 million, were negotiated with socially and economically disadvantaged firms under section 8(a) of the Small Business Act.

VA Construction Grants

The Office of Construction provides technical assistance to the Departments of Medicine and Surgery and Memorial Affairs in construction grant programs for state veterans homes and state veterans cemeteries.

Funding assistance is available from the VA through the Assistant Chief Medical Director for Geriatrics and Extended Care for the construction of domiciliary, nursing home and hospital facilities at state veterans homes in 33 states. Plans are reviewed by Office of Construction personnel to ensure that the facilities which will be provided compare favorably to VA-constructed facilities in quality, efficiency, and cost effectiveness.

During FY 1983, nine awards totaling $9.5 million were made for state home projects. New requests from four states, which totaled $22.5 million, were received and reviewed. Thirty-three project requests covering an estimated $72.2 million in grants are pending Federal funding in future years.

The Chief Memorial Affairs Director is responsible for the grants program for the acquisition, expansion, or improvement of state veterans cemeteries. As with the state home grants program, Office of Construction personnel served on the review teams and assisted in the evaluation and processing of grant applications from four states and the Territory of Guam.

The grants program increases the availablility of benefits comparable to those of the VA, but which are developed to meet specific stated priorities rather than the national and regional priorities of the VA. The grants program also lessens the peak level of demand for VA-operated facilities.

Construction Research

The construction research and development program covers architectural and engineering projects in health care building technology. The primary purpose of the research program is to improve the quality, safety, and cost efficiency of facilities provided for the care of veterans. A secondary benefit of the program, to the nation at large, is the incorporation fo the results of VA construction research into national building codes and design manuals used throughout the nation in the public and private sector.

Fifteen projects were on-going during FY 1983. The major project was a study of VA design and construction requirements directed toward methods to reduce the costs of facilities. The firm selected to perform the work has extensive experience in the design of VA and private sector hospitals. The firm will perform a crtiical review and analysis of the VA's current construction standards, specifications, and technical requirements and will provide specific recommendations for changes in these criteria. This analysis and these recommendations should reduce the overall cost of VA facilities, while ensuring that the VA maintains a level of care that is equivalent to that in the private sector.

Also during FY 1983 a joint project by the VA, the National Bureau of Standards, and the American Society of Heating, Refrigeration and Air-Conditioning Engineers culimated in the publication of a manual on the design of engineered smoke control systems for large and complex buildings.

Other projects which are underway to improve performance and reduce the cost of construction include metering of hot water consumption in VA facilities, testing of engineered smoke control systems and of boiler turbulator devices, fire testing of structural components of the VA building system, and a study of VA laboratory animal rooms. These projects are accomplished by contracts with private firms, educational institutions, and other Federal agencies, as well as by VA staff. Findings are incorporated in the VA construction program where appropriate, and reports are published and made available to the public. The results of the completed study on plumbing criteria, for example, have been incorporated into one of the national building codes.

Capital Facilities Study

In FY 1983 the Office of Construction initiated a study of VA capital facilities. This study, using private architect-engineering firms, will provide a comprehensive, objective evaluation of the physical condition of the Agency's facilities as well as an estimate of the cost necessary to bring them up to current codes and standards.

Information collected through this study will provide a more complete data base which will be maintained at each facility for preparing five-year plans and other capital improvement proposals. This data base will also allow the staffs at VA medical centers and the Central Office to improve methods for both short-term and long-term planning, budgeting, and other decision making.

Design Initiative

The Office of Construction initiated a program to develop prototype facilities based upon constants in program requirements. Programs currently being considered for prototype facilities are nursing homes, domiciliaries, and laundries.

Prototyping of program-specific facilities has a significant impact on cost as both designs costs and time are limited to site adaptation. In addition to the savings in escalation of prices during the construction phase, the shorter time frame needed to complete a project places veterans in a more sophisticated medical care environment at an earlier date.

Barrier-Free Design

The accessibility to the handicapped of all VA facilities has been a longstanding priority of the Office of Construction. That capability is routinely designed into all new construction and renovations. All preliminary plans and working drawings are reviewed by the VA's architectural barries compliance office to ensure that this goals met. Not only are Office of Construction projects subjected to this review, but also reviewed are all designs for the construction of state veterans homes which will be funded through VA grants.

A five-year plan for the removal of barriers in all previously constructed VA-owned or VA-leased facilities is in progress. This is necessary because of the large VA inventory of buildings which were constructed before the needs of the handicapped were clearly understood and appreciated, and because buildings leased for government programs were constructed before accessibility by the handicapped was made a requirement.

An organized approach to the full accessibility of all facilities that are used to serve veterans is guaranteed through determination of priorities for projects. These priorities are based on the results of annual accessibility reviews of VA-owned and VA-leased facilities. During FY 1983, priorities were established for 72 nonrecurring maintenance projects at a total cost of $6 million.

Real Estate and Space Management

The real estate activities of the VA are undertaken to support the mission of the Agency and meet current goals to improve service and facilities for veterans.

In FY 1983, the Office of Construction completed acquisition of lands which will permit the expansion of the Sitka National Cemetery, Alaska; and the VA medical centers in Gainesville, Florida; Memphis, Tennessee; and Oklahoma City, Oklahoma.

In support of the administration's real property survey program (Executive Order 12348), the VA was able to identify and report as excess to the Agency's needs a total of 208.53 acres of land from the VA medical centers in Marion, Illinois; Northport, New York; Perry Point, Maryland; and, Vancouver, Washington.

During FY 1983, the Office of Construction issued 115 outgrants in the form of leases, licenses, permits, agreements, and easements authorizing non-VA use of VA property. Outgrants are the frequently used vehicle whereby improvements are made to public utilities which directly benefit the operations of a VA medical center or national cemetery.

The GSA (General Services Administration) and the VA entered into a Memorandum of Understanding during FY 1983 under which GSA delegated long-term leasing authority (up to 20 years) to the VA for outpatient and other medically related lease space. This was accompanied by transfer to the VA of 31 existing GSA leases of VA outpatient clinics and other medical facilities. This agreement is expected to give the VA more effective control over the location, quality, and timing of outpatient clinic operations. One clinic was leased during the year, and acquisition was begun on four new and seven relocation and expansion clinics.

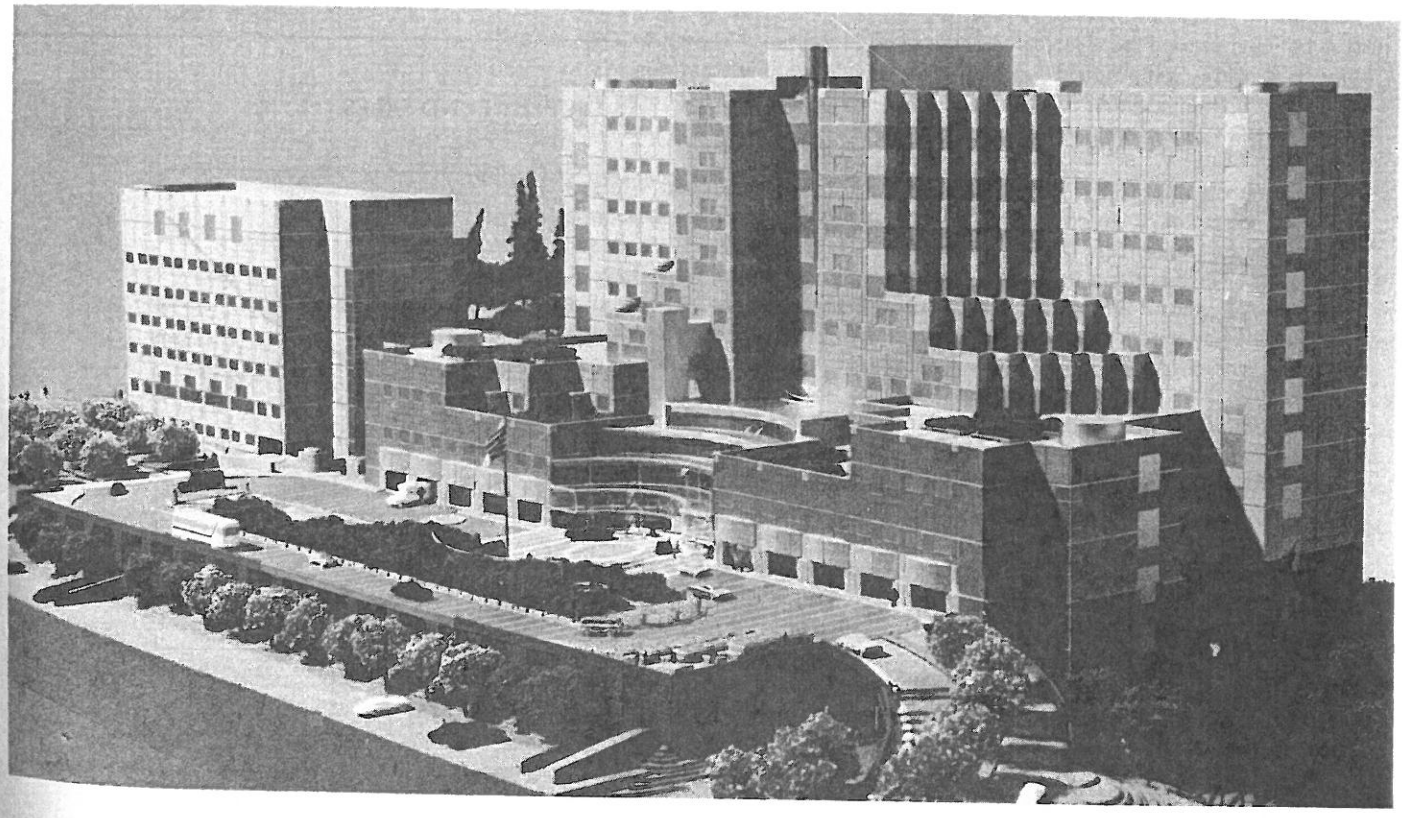
The Office of Construction verified and approved for payment $66.3 million for the rental of 8.9 million square feet of space leased through GSA and $2.1 million for almost 250,000 square feet of space leased directly by the VA.

Field instructions were initiated to implement a major GSA revision in the annual property report of all Agency holdings, whether VA-owned of VA-leased. The report is the first to require a detailed accounting of space on a structure-by-structure basis. This should provide a valuable data base for future OC planning.

The Agency began a space reduction program in compliance with administration goals and Federal property management regulations in an effort to achieve a 10 percent reduction in total workspace and an office space utilization rate of 135 square feet per employee by the end of FY 1984. The long-range goal of the program is to reduce costs government-wide for housing the Federal work force.

The VA is the only Executive Agency to recieve the Exemplary Ridesharing Award from the Administrator of GSA. The award was for outstanding accomplishments in the area of employee ridesharing, an OC administered program. The award recognized an employee ridesharing participation rate of 33 percent.

490-Bed Replacement Hospital Portland, OR



Construction Status 1983

Description	Total		Completed		Under Construction		Authorized but not Under Construction	
	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)
Totals	863	$3,369.23	171	$162.06	373	$1,715.94	319	$1,491.23
Replacement and relocation hospitals	7	951.05	—	—	7	951.05	—	—
Modernizations	9	343.86	—	—	8	258.98	1	84.88
Cemeteries	32	61.20	5	9.02	9	8.92	18	43.26
Nursing home care units	31	228.25	1	4.78	15	85.40	15	138.08
Domiciliaries	4	44.42	—	—	—	—	4	44.42
Research and education	11	54.13	3	14.33	5	11.61	3	28.19
Other improvements	769	1,686.32	162	133.93	329	399.98	278	1,152.40
Air conditioning	3	18.63	2	17.35	1	1.28	—	—
Other	766	1,667.69	160	116.58	328	398.70	278	1,152.40

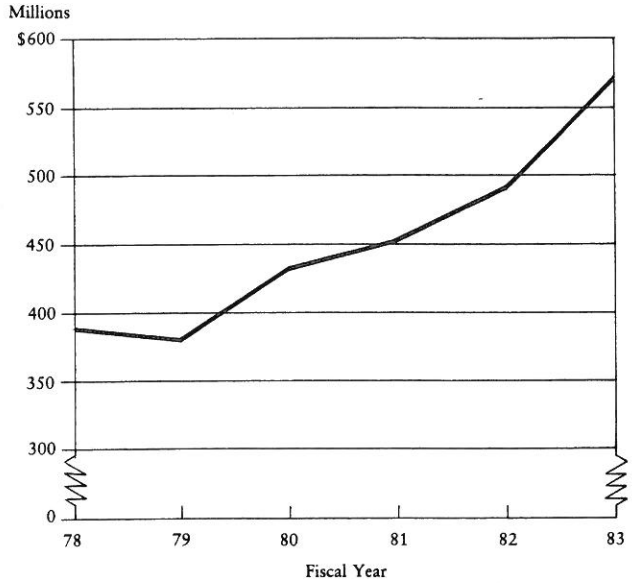
NOTE: Totals may not add due to rounding.

Office of Procurement and Supply

The VA supply program, administered by the Office of Procurement and Supply, renders supply support to the largest health care system in the free world. In FY 1983, expenditures for supplies, equipment, and services were $2.1 billion. Supply support in the amount of $31 million was rendered to other Federal agencies.

The Office of Procurement and Supply manages the operation of a self-sustaining revolving supply fund that finances both depot and medical center inventories. Presently, the supply fund is operating with a net worth of $216 million, supporting an average inventory of $117 million at three depots and 160 medical center warehouses. It also financed direct delivery purchases of $107 million in FY 1983, including $11 million for other Federal agencies. The fund also finances operational costs of the depots and a marketing center. In FY 1983 these costs were less than 4 percent of the fund's total obligation figure. Approximately 55 percent of items stocked by the supply fund were purchased centrally by the VA Marketing Center at volume discounts and achieved savings of $96 million for the various appropriations. In total, the

SUPPLY FUND SALES



VA Marketing Center participated in procurements of $927 million resulting in annual savings of $242 million to users of the various contractual documents. Yearly sales from FY 1978 through FY 1983 are shown on the chart.

VA's equipment assets increased 12.5 percent in FY 1983 to $1.8 billion. This increase in acquisition value of $186 million reflects continued requirements for state-of-the art equipment and activation of new facilities. The relatively low percentage increase can be attributed to a reduction in funds available for equipment acquisition and continued centralized controls.

VA Equipment Assets
September 30, 1983

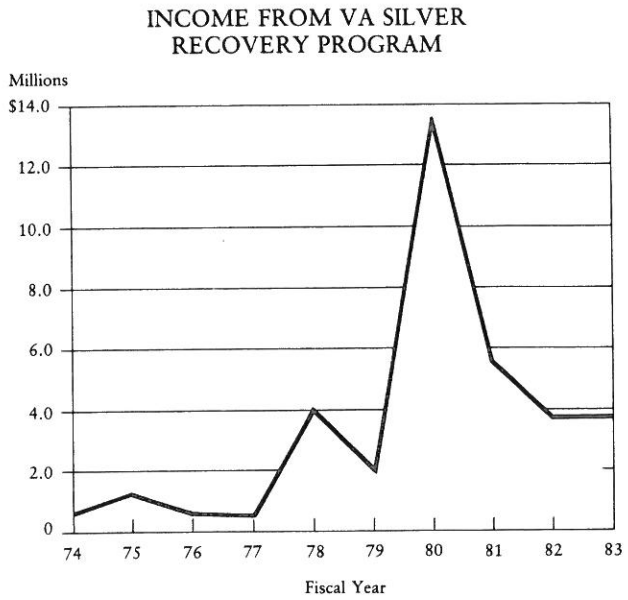
Equipment on Hand	Value (Millions)	Percent of Total
Lab	$ 318	17.8
Dietetic, housekeeping, and laundry	100	5.6
X-ray	387	21.6
Hospital furnishings and equipment	161	9.0
Medical, surgical, dental, and optical	340	19.0
Office machines	93	5.2
Furniture	18	1.0
Motor vehicles, tractors, material handling, and firefighting	54	3.0
Communications	95	5.3
Musical instruments, recreational, and athletic equipment	17	1.0
Maintenance and repair—tools and hardware	6	0.3
Refrigeration	22	1.2
ADP equipment	86	4.8
All other	91	5.1
Total	$1,788	100.0

The VA/DOD Shared Procurement Program for medical products has resulted in joint usage of 274 contracts with a value of $305 million. This program, which is directed toward the reduction of duplication in the acquisition of medical items, has resulted in savings of $55.9 million over the past four years.

The Office of Procurement and Supply received authority from the General Services Administration to procure, competitively, complete computer systems for 164 VA medical centers. These systems will be used for patient registration, admission, discharge, and transfer scheduling as well as for outpatient pharmacy. The procurement action resulted in savings of 30-50 percent from GSA Federal Supply Schedule contracts. The VA competitive contracts contain options for term extension and quantity increase to allow for upgrading and expansion of the systems as required.

During the fiscal year, the VA Marketing Center continued contracting responsibility for 13 Federal Supply Schedules with a total value of $618 million, which was a 24 percent increase over the FY 1982 level. The VA and other agencies achieved cost savings of 16 percent over alternate supply sources.

The VA remains a leader among government agencies in the reclamation of precious metals. Through an effective recovery program, the VA saves money and conserves valuable natural resources. Silver is reclaimed from X-ray processing solutions and scrap medical X-ray film from all VA medical centers. In addition, gold and other precious metals are recovered from VA dental clinics and laboratories. During FY 1983, the VA received almost $3.7 million through the sale of these items. Proceeds from such sales are used to reduce the cost of supplies purchased by the medical centers.



Office of Small and Disadvantaged Business Utilization

The Office of Small and Disadvantaged Business Utilization is the Agency's advocate for participation of small businesses, minority businesses, and female-owned businesses in VA contracts. The Office provides support and assistance in stimulating and coordinating VA programs for small and disadvantaged businesses, as directed by statutes and executive orders establishing preferential procurement programs. The office ascertains the effectiveness of current policy, procedures and plans for application throughout the VA in promoting these programs, and advises and assists procurement activities in identifying suppliers that meet the special requirements of the legislation to ensure meeting goals established for each program.

Special Assistance for Veteran-owned Small Business

The Office of Small and Disadvantaged Business Utilization has been given responsibility for the VA's new programs for increasing awareness among Vietnam era veteran-owned and disabled veteran-owned small business of VA contracting opportunities. Under the program, VA procurement activities around the country will engage in outreach activities for locating these firms and keeping them informed of upcoming business opportunities.

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Estimated Number, State, Period of Service—September 30, 1983

(In Thousands)

State	Total Veterans	Veterans per 1,000 Civilian Population [1]	War Veterans							Peacetime Veterans			
			Total [2]	Vietnam Era		Korean Conflict		World War II [4]	World War I	Total	Post-Vietnam Era [5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [6]
				Total [3]	No Service in Korean Conflict	Total [3 4]	No Service in World War II						
Total	28,202#	(x)	23,109#	8,238	7,584	5,294	4,249	10,978	297	5,092	1,623	3,051	419
State Total	28,074	122.1	23,007	8,201	7,549	5,256	4,216	10,946	296	5,067	1,611	3,039	418
Alabama	436	111.3	352	129	114	90	71	163	4	84	31	46	8
Alaska	50	120.5	39	23	21	9	7	11	(7)	11	4	6	(7)
Arizona	384	135.4	317	120	105	73	53	155	4	68	25	38	5
Arkansas	271	118.8	221	78	69	50	38	110	4	50	17	28	5
California	2,985	122.2	2,453	921	831	607	446	1,146	30	532	166	316	50
Colorado	400	133.3	325	149	133	79	60	129	3	75	26	45	4
Connecticut	411	130.9	340	103	98	78	65	172	4	71	19	47	5
Delaware	71	129.0	63	22	20	14	12	31	1	14	5	8	1
District of Columbia	64	102.6	53	17	15	13	10	27	1	12	5	6	1
Florida	1,398	135.4	1,172	381	318	273	184	646	23	226	77	121	29
Georgia	632	113.5	509	218	193	125	95	217	4	123	45	68	10
Hawaii	98	104.4	79	35	30	21	16	33	1	19	7	10	1
Idaho	122	127.1	99	40	37	21	18	43	1	23	7	14	1
Illinois	1,338	117.3	1,097	357	346	236	206	531	14	241	69	153	19
Indiana	677	123.9	548	193	186	121	105	250	7	129	42	78	9
Iowa	352	121.2	293	102	99	64	57	132	6	60	18	37	4
Kansas	298	125.2	247	88	81	54	44	116	5	51	16	31	3
Kentucky	404	111.2	331	118	110	73	62	155	4	72	23	43	7
Louisiana	451	104.3	364	141	130	80	64	167	4	88	32	48	8
Maine	153	136.1	126	46	42	29	23	59	2	27	9	16	1
Maryland	541	128.1	441	165	149	111	84	204	4	100	31	61	8
Massachusetts	714	123.8	592	172	163	132	109	312	9	122	35	78	9
Michigan	1,112	122.2	906	322	313	191	169	413	10	206	65	126	15
Minnesota	522	126.4	426	158	154	93	81	184	8	96	28	63	5
Mississippi	244	96.5	198	66	58	49	38	100	3	46	17	25	5
Missouri	645	130.9	530	184	172	122	101	249	8	116	38	69	9
Montana	108	135.7	88	35	33	18	15	38	1	20	6	13	1
Nebraska	190	120.8	156	57	53	37	31	69	3	34	11	21	2
Nevada	138	158.6	112	46	40	29	22	50	1	26	7	17	2
New Hampshire	138	145.7	113	44	40	26	21	51	1	25	8	16	1
New Jersey	919	124.0	758	214	202	172	146	400	9	161	41	106	15
New Mexico	162	120.6	132	55	48	31	23	59	1	30	12	16	2
New York	1,932	109.6	1,589	445	432	340	300	834	22	344	101	211	32
North Carolina	658	111.1	538	203	182	127	103	249	5	120	41	68	11
North Dakota	69	104.7	55	22	21	12	11	23	1	13	4	8	1
Ohio	1,377	127.7	1,125	380	365	237	206	541	13	252	81	152	18
Oklahoma	397	126.3	327	127	115	75	57	150	5	70	23	41	6
Oregon	401	151.5	329	135	128	65	52	144	5	72	23	44	5
Pennsylvania	1,586	133.8	1,310	390	374	278	236	684	16	276	77	176	22
Rhode Island	126	132.2	105	33	30	24	19	56	2	20	6	12	2
South Carolina	350	111.6	283	116	100	70	53	128	2	68	25	36	6
South Dakota	80	117.0	65	22	21	16	14	29	2	14	5	9	1
Tennessee	543	117.3	442	168	154	99	81	201	5	101	34	58	9
Texas	1,732	114.4	1,408	580	517	329	250	627	15	324	114	184	27
Utah	155	100.2	128	51	48	28	23	55	2	27	8	17	1
Vermont	64	124.0	52	19	18	12	10	23	1	13	4	8	1
Virginia	661	123.9	544	228	191	146	103	245	5	117	39	67	10
Washington	629	150.1	513	227	203	122	89	215	6	115	36	71	8
West Virginia	242	124.3	199	71	66	42	35	96	3	43	13	26	4
Wisconsin	572	120.1	461	162	157	100	88	208	8	111	31	73	7
Wyoming	67	134.5	55	26	25	11	10	19	1	13	4	8	(7)
Puerto Rico	127	(x)	102	37	35	37	34	32	1	25	12	12	1

NOTE: These estimates have been developed from "benchmark" veteran population statistics for the states as of April 1, 1980, based on 1980 Decennial Census data on veterans' place of residence. They are independent of, and therefore not directly comparable with, estimates previously published. (Refer to the general note below table 3.) Excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only.

See footnotes at end of table 3.

TABLE 2

Estimated Number, Regional Office, Period of Service—September 30, 1983

(In Thousands)

Regional Office		Total Veterans	War Veterans							Peacetime Veterans			
			Total [2]	Vietnam Era		Korean Conflict		World War II [4]	World War I	Total	Post-Vietnam Era [5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [6]
				Total [3]	No Service in Korean Conflict	Total [3 4]	No Service in World War II						
Total		28,202#	23,109#	8,238	7,584	5,294	4,249	10,978	297	5,092	1,623	3,051	419
Alabama	Montgomery	436	352	129	114	90	71	163	4	84	31	46	8
Alaska	Anchorage	50	39	23	21	9	7	11	(7)	11	4	6	(7)
Arizona	Phoenix	384	317	120	105	73	53	155	4	68	25	38	5
Arkansas	Little Rock	275	225	80	70	51	39	112	4	50	17	28	5
California	Los Angeles	1,538	1,266	462	418	309	237	596	15	272	83	163	26
	San Diego	278	226	98	86	63	34	103	3	52	18	29	5
	San Francisco	1,164	957	360	326	234	174	445	12	207	65	123	19
Colorado	Denver	400	325	149	133	79	60	129	3	75	26	45	4
Connecticut	Hartford	411	340	103	98	78	65	172	4	71	19	47	5
Delaware	Wilmington	77	63	22	20	14	12	31	1	14	5	8	1
District of Columbia	Washington	386	314	131	113	85	56	142	3	72	25	41	6
Florida	St. Petersburg	1,398	1,172	381	318	273	184	646	23	226	77	121	29
Georgia	Atlanta	632	509	218	193	125	95	217	4	123	45	68	10
Hawaii	Honolulu	98	79	35	30	21	16	33	1	19	7	10	1
Idaho	Boise	122	99	40	37	21	18	43	1	23	7	14	1
Illinois	Chicago	1,338	1,097	357	346	236	206	531	14	241	69	153	19
Indiana	Indianapolis	677	548	193	186	121	105	250	7	129	42	78	9
Iowa	Des Moines	352	293	102	99	64	57	132	6	60	18	37	4
Kansas	Wichita	298	247	88	81	54	44	116	5	51	16	31	3
Kentucky	Louisville	404	331	118	110	73	62	155	4	72	23	43	7
Louisiana	New Orleans	451	364	141	130	80	64	167	4	88	32	48	8
Maine	Togus	153	126	46	42	29	23	59	2	27	9	16	1
Maryland	Baltimore	361	296	106	96	73	57	140	3	65	20	40	5
Massachusetts	Boston	647	536	156	148	119	99	281	8	111	32	71	8
Michigan	Detroit	1,112	906	322	313	191	169	413	10	206	65	126	15
Minnesota	St. Paul	492	401	150	146	88	76	172	7	91	27	59	5
Mississippi	Jackson	244	198	66	58	49	38	100	3	46	17	25	5
Missouri	St. Louis	645	530	184	172	122	101	249	8	116	38	69	9
Montana	Ft. Harrison	108	88	35	33	18	15	38	1	20	6	13	1
Nebraska	Lincoln	190	156	57	53	37	31	69	3	34	11	21	2
Nevada	Reno	144	117	47	41	30	23	52	1	27	7	18	2
New Hampshire	Manchester	138	113	44	40	26	21	51	1	25	8	16	1
New Jersey	Newark	919	758	214	202	172	146	400	9	161	41	106	15
New Mexico	Albuquerque	162	132	55	48	31	23	59	1	30	12	16	2
New York	Buffalo	507	414	125	122	89	78	209	5	93	28	57	8
	New York	1,425	1,174	320	310	251	222	625	17	251	73	154	24
North Carolina	Winston-Salem	658	538	203	182	127	103	249	5	120	41	68	11
North Dakota	Fargo	99	81	30	29	17	16	34	2	18	5	12	1
Ohio	Cleveland	1,377	1,125	380	365	237	206	541	13	252	81	152	18
Oklahoma	Muskogee	397	327	127	115	75	57	150	5	70	23	41	6
Oregon	Portland	401	329	135	128	65	52	144	5	72	23	44	5
Pennsylvania	Philadelphia	1,008	831	254	244	179	151	426	10	177	50	113	14
	Pittsburgh	603	501	144	137	104	89	269	6	102	28	66	8
Puerto Rico	San Juan[8]	127	102	37	35	37	34	32	1	25	12	12	1
Rhode Island	Providence	195	164	49	45	37	29	87	3	31	9	19	3
South Carolina	Columbia	350	283	116	100	70	53	128	2	68	25	36	6
South Dakota	Sioux Falls	80	65	22	21	16	14	29	2	14	5	9	1
Tennessee	Nashville	543	442	168	154	99	81	201	5	101	34	58	9
Texas	Houston	773	627	258	230	149	113	278	6	146	51	83	12
	Waco	957	778	320	286	179	136	347	9	179	63	101	15
Utah	Salt Lake City	155	128	51	48	28	23	55	2	27	8	17	1
Vermont	White River Junction	64	52	19	18	12	10	23	1	13	4	8	1
Virginia	Roanoke	519	428	173	146	112	84	194	4	91	30	53	8
Washington	Seattle	629	513	227	203	122	89	215	6	115	36	71	8
West Virginia	Huntington	217	178	63	59	37	31	85	3	39	12	23	4
Wisconsin	Milwaukee	572	461	162	157	100	88	208	8	111	31	73	7
Wyoming	Cheyenne	67	55	26	25	11	10	19	1	13	4	8	(7)

NOTE: For all regional offices whose jurisdiction includes only part of a state or extends into another state, the estimates of veterans are computed by applying the most recent veteran population ratio factors for the counties or urban places involved. Refer to the general note below table 1.

See footnotes at end of table 3.

Estimated Age, Period of Service—September 30, 1983

(In Thousands)

Age	Total Veterans	War Veterans							Peacetime Veterans			
		Total [2]	Vietnam Era		Korean Conflict		World War II [4]	World War I	Total	Post-Vietnam Era [5]	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime [6]
			Total [3]	No Service in Korean Conflict	Total [3 4]	No Service in World War II						
All Ages	28,202#	23,109#	8,238	7,584	5,294	4,249	10,978	297	5,092	1,623	3,051	419
Under 20 years	3	.....	.....	.....	.....	.....	.....	.....	3	3	.....	.....
20-24 years	526	12	12	12	.....	.....	.....	.....	515	515	.....	.....
25-29 years	1,483	682	682	682	.....	.....	.....	.....	801	801	.....	.....
30-34 years	2,358	2,143	2,143	2,143	.....	.....	.....	.....	215	212	3	.....
35-39 years	3,411	3,218	3,218	3,218	.....	.....	.....	.....	193	46	147	.....
40-44 years	2,497	1,227	1,213	1,212	15	15	.....	.....	1,270	24	1,246	.....
45-49 years	2,653	1,215	360	245	970	970	.....	.....	1,438	15	1,401	21
50-54 years	3,399	3,075	287	52	2,833	2,744	279	.....	323	6	221	96
55-59 years	3,915	3,838	158	13	862	454	3,370	.....	77	(7)	20	57
60-64 years	3,782	3,739	101	5	343	36	3,699	.....	42	.....	6	36
65-69 years	2,187	2,138	43	1	166	15	2,122	.....	50	.....	3	46
70-74 years	1,030	972	13	(7)	66	9	963	.....	57	.....	2	55
75-79 years	478	424	4	(7)	28	5	419	.....	54	.....	1	53
80-84 years	206	167	1	.....	8	1	96	70	39	.....	1	38
85 years and over	274	258	(7)	.....	3	1	29	228	16	.....	(7)	16
Median age[9]	51.8	55.0	36.7	36.3	52.9	52.0	62.3	87.4	43.7	26.4	45.4	64.9

NOTE: These veteran population estimates reflect all final 1980 Decennial Census data on veterans, and include only those veterans living in the U.S. and Puerto Rico. Estimates of veterans living in other areas outside the U.S. will no longer be made due to insufficient data. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only.

[1] *Based on provisional civilian population estimates for July 1, 1982, provided by the U.S. Department of Commerce, Bureau of the Census.*

[2] *Veterans who served in both World War II and the Korean conflict, or in both the Korean conflict and the Vietnam era, are counted only once.*

[3] *Includes 653 (thousand) who served in both the Korean conflict and the Vietnam era.*

[4] *Includes 1,044 (thousand) who served in both World War II and the Korean conflict.*

[5] *Service only after May 7, 1975.*

[6] *Includes those who served only between World War I and World War II, and those who served only between World War II and the Korean conflict.*

[7] *Less than 0.5 (thousand).*

[8] *Includes veterans living in Puerto Rico only.*

[9] *Computed from data by single year of age.*

 # There are also 42 living Spanish-American War veterans whose median age is 102 years, and 100 living veterans from the Mexican Border Service.

X-Not applicable.

TABLE 4

Hospital and Extended Care: Average Daily Census[1]
Fiscal Years 1974–1983

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers–Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers–Domiciliary Care Component	State	Total	VA Medical Centers–Nursing Home Care Component	Community	State
1983 . . .	103,955	66,634	64,992	1,101	541	11,341	6,852	4,489	25,980	8,849	10,212	6,919
1982 . . .	102,601	66,582	64,894	1,108	580	11,580	7,087	4,493	24,439	8,486	9,525	6,428
1981 . . .	102,751	68,479	66,376	1,222	881	11,925	7,353	4,572	22,347	8,145	8,348	5,855
1980 . . .	105,085	70,251	68,109	1,213	929	12,786	7,894	4,892	22,048	7,933	8,529	5,586
1979 . . .	106,816	71,983	69,821	1,182	980	13,744	8,448	5,296	21,089	7,760	8,126	5,203
1978 . . .	109,769	75,390	73,008	1,378	1,004	13,957	8,721	5,236	20,422	7,480	7,997	4,945
1977 . . .	111,164	77,671	75,285	1,344	1,042	14,214	8,933	5,281	19,279	7,166	7,507	4,606
1976 . . .	113,055	80,519	78,264	1,233	1,022	14,652	9,090	5,562	17,884	6,993	6,646	4,245
1975 . . .	114,384	82,253	79,973	1,267	1,013	15,030	9,181	5,849	17,101	6,739	6,239	4,123
1974 . . .	114,426	83,534	81,453	1,053	1,028	15,584	9,723	5,861	15,308	6,418	4,885	4,005

[1] *Fiscal year averages based on total patient bed days during year divided by the number of days in year.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there was an average daily patient census of 645 with one day duration of stay during FY 1983.*

HEALTH CARE

TABLE 5

Hospital and Extended Care: Admissions[1]
Fiscal Years 1974–1983

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers–Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers–Domiciliary Care Component	State	Total	VA Medical Centers–Nursing Home Care Component	Community	State
1983 . . .	1,297,666	1,249,690	1,216,348	29,079	4,263	10,846	6,378	4,468	37,130	7,520	23,923	5,687
1982 . . .	1,255,753	1,210,828	1,178,421	28,370	4,037	10,876	6,491	4,385	34,049	6,530	22,635	4,884
1981 . . .	1,258,648	1,217,342	1,183,458	29,397	4,487	11,142	6,571	4,571	30,164	5,368	20,265	4,531
1980 . . .	1,256,186	1,216,367	1,182,603	28,760	5,004	10,746	6,115	4,631	29,073	4,666	19,610	4,797
1979 . . .	1,236,987	1,196,169	1,162,566	28,403	5,200	12,278	6,920	5,358	28,540	4,428	19,925	4,187
1978 . . .	1,233,818	1,193,613	1,157,787	30,369	5,457	12,382	7,230	5,152	27,823	4,157	19,314	4,352
1977 . . .	1,211,029	1,170,563	1,133,380	31,449	5,734	12,998	7,755	5,243	27,468	3,966	19,340	4,162
1976 . . .	1,175,148	1,136,285	1,102,271	28,238	5,776	14,134	8,169	5,965	24,729	4,023	16,553	4,153
1975 . . .	1,107,808	1,069,757	1,036,101	27,710	5,946	14,478	7,831	6,647	23,573	3,767	16,056	3,750
1974 . . .	1,028,502	991,473	964,466	21,091	5,916	15,558	8,522	7,036	21,471	3,834	13,598	4,039

[1] *Interhospital transfer data are excluded.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 235,491 admissions for one day duration of stay during FY 1983.*

HEALTH CARE

TABLE 6

Hospital and Extended Care: Average Operating Beds[1]
Fiscal Years 1974–1983

Fiscal Years	Total	Hospitals				Extended Care	
		Total	Bed Section			Domiciliaries	Nursing Homes
			Medical	Surgical	Psychiatric		
1983	97,474	79,859	39,578	16,517	23,764	8,201	9,414
1982	97,556	80,154	39,539	16,866	23,748	8,277	9,125
1981	99,169	82,079	40,501	17,533	24,045	8,390	8,700
1980	101,740	84,129	41,203	18,040	24,886	9,217	8,394
1979	105,469	87,713	42,772	18,542	26,402	9,389	8,357
1978	108,891	91,215	44,372	19,175	27,669	9,792	7,884
1977	109,906	92,401	44,583	19,618	28,200	9,946	7,559
1976	111,574	94,075	44,943	19,854	29,278	10,101	7,398
1975	112,143	94,801	44,893	19,725	30,183	10,310	7,032
1974	113,714	96,106	45,331	19,597	31,178	10,839	6,769

[1] *Fiscal year averages for fiscal years 1974-1976 are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with June of the prior year and ending with June of the indicated fiscal year. Beginning with fiscal year 1977 averages are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with September of the prior year and ending with September of the indicated fiscal year.*

Hospital and Extended Care: Patients Remaining (On Rolls) At End of Period[1]—Fiscal Years 1974—1983

Fiscal Years	Total	Hospitals								Extended Care						
										Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component			Non-VA			State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
			Total	Bed Occupants	ABO[2]	Total	Bed Occupants	ABO[2]								
1983	103,190	64,623	63,345	62,539	806	760	757	3	518	11,352	7,017	4,335	27,215	9,260	10,563	7,392
1982	106,319	67,810	66,345	65,633	712	862	859	3	603	12,258	7,720	4,538	26,251	9,069	10,582	6,600
1981	104,617	67,837	66,118	65,420	698	827	824	3	892	12,573	8,063	4,510	24,207	8,641	9,492	6,074
1980	105,842	70,519	68,626	67,862	764	999	996	3	894	12,997	8,306	4,691	22,326	8,289	8,330	5,707
1979	106,350	69,828	67,897	66,914	983	945	923	22	986	14,245	9,061	5,184	22,277	8,093	8,836	5,348
1978	108,530	72,284	70,134	69,062	1,072	1,165	1,163	2	985	14,858	9,595	5,263	21,388	7,893	8,336	5,159
1977	111,267	75,271	73,116	72,010	1,106	1,138	1,123	15	1,017	15,282	9,902	5,380	20,714	7,603	8,310	4,801
1976	112,114	77,750	75,786	74,413	1,373	957	942	15	1,007	15,317	10,120	5,197	19,047	7,419	7,196	4,432
1975	113,422	79,499	77,432	76,007	1,425	1,031	1,008	23	1,036	15,882	10,226	5,656	18,041	7,075	6,869	4,097
1974	114,174	80,526	78,640	76,847	1,793	852	811	41	1,034	16,415	10,653	5,762	17,233	6,828	6,287	4,118

[1] *Patients remaining (on rolls) on June 30 of each fiscal year 1973 through 1976, and September 30, thereafter.*

[2] *Denotes absent bed occupants, i.e. patients on authorized absence.*

Hospital and Extended Care: Total Discharges[1] Fiscal Years 1974—1983

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2 3]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1983	1,297,828	1,250,621	1,217,123	29,167	4,331	11,629	7,050	4,579	35,578	7,213	23,529	4,836
1982	1,251,228	1,208,573	1,176,199	28,327	4,047	11,060	6,815	4,245	31,595	6,003	21,076	4,516
1981	1,255,639	1,216,359	1,182,384	29,524	4,451	11,606	6,814	4,792	27,674	4,913	18,750	4,011
1980	[4]1,253,427	1,212,447	1,178,890	28,457	5,100	11,969	6,874	5,095	[4]29,011	4,461	20,206	[4]4,344
1979	1,235,811	1,195,884	1,162,355	28,323	5,206	12,832	7,480	5,352	27,095	4,190	18,971	3,934
1978	1,233,634	1,194,367	1,158,621	30,253	5,493	12,914	7,680	5,234	26,353	3,778	18,660	3,915
1977	1,211,506	1,173,740	1,136,647	31,378	5,715	13,173	8,103	5,070	24,593	3,714	17,048	3,831
1976	1,174,973	1,137,231	1,103,108	28,316	5,807	14,635	8,288	6,347	23,107	3,522	15,802	3,783
1975	1,106,685	1,069,945	1,036,441	27,573	5,931	14,668	8,262	6,406	22,072	3,457	14,880	3,735
1974	1,026,576	991,599	964,653	21,047	5,899	15,959	9,269	6,690	19,018	3,496	11,850	3,672

[1] *Includes deaths.*

[2] *Interhospital transfer data are excluded.*

[3] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 235,491 one-day dialysis discharges during fiscal year 1983.*

[4] *Corrected data.*

Hospital and Extended Care: Patients Treated[1]— Fiscal Years 1974—1983

Fiscal Years	Total	Hospitals				Extended Care						
						Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1983	1,401,018	1,315,244	1,280,468	29,927	4,849	22,981	14,067	8,914	62,793	16,473	34,092	12,228
1982	1,357,547	1,276,383	1,242,544	29,189	4,650	23,318	14,535	8,783	57,846	15,072	31,658	11,116
1981	1,360,256	1,284,196	1,248,502	30,351	5,343	24,179	14,877	9,302	51,881	13,554	28,242	10,085
1980	[3]1,359,269	1,282,966	1,247,516	29,456	5,994	24,966	15,180	9,786	[3]51,337	12,750	28,536	[3]10,051
1979	1,342,161	1,265,712	1,230,252	29,268	6,192	27,077	16,541	10,536	49,372	12,283	27,807	9,282
1978	1,342,164	1,266,651	1,228,755	31,418	6,478	27,772	17,275	10,497	47,741	11,671	26,996	9,074
1977	1,322,773	1,249,011	1,209,763	32,516	6,732	28,455	18,005	10,450	45,307	11,317	25,358	8,632
1976	1,287,087	1,214,981	1,178,894	29,273	6,814	29,952	18,408	11,544	42,154	10,941	22,998	8,215
1975	1,220,107	1,149,444	1,113,873	28,604	6,967	30,550	18,488	12,062	40,113	10,532	21,749	7,832
1974	1,140,750	1,072,125	1,043,293	21,899	6,933	32,374	19,922	12,452	36,251	10,324	18,137	7,790

[1] *Fiscal year data based on number of discharges and deaths during year plus number of patients on the rolls at the end of the year.*

[2] *Patients coming to VA hospitals for chronic dialysis are considered inpatients; there were 235,491 patients treated for one day during fiscal year 1983.*

[3] *Corrected data.*

TABLE 10

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1983

Location of VA Facility	Inpatient Care – Patients Treated[1]								Ambulatory Care		
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care[6] Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2 3]	State Home [2 4]	VA Medical Centers—Nursing Home Care Component	Community [2 3]	State Home [2 4]	VA Medical Centers—Domiciliary Care Component	State Home [2 4]	VA Staff	Fee Basis [2 5]	Net Cases Authorized [2 7]
All facilities – Total	1,280,468	29,927	4,849	16,473	34,092	12,228	14,067	8,914	16,617,485	1,892,067	30,495
Alabama:											
Birmingham	12,833	.....	.....	.....	310	.....	.....	.....	120,928	.....	.....
Montgomery	3,283	326	.....	.....	69	.....	.....	.....	29,006	47,082	403
Tuscaloosa	3,351	4	.....	166	96	.....	.....	.....	45,220	.....	.....
Tuskegee	6,924	.....	.....	141	110	.....	.....	.....	38,202	.....	.....
Alaska: Anchorage (RO-OC)	.....	4,272	.....	.....	35	.....	.....	.....	7,100	35,411	167
Arizona:											
Phoenix	11,940	218	.....	211	569	.....	.....	.....	128,340	33,013	745
Prescott	3,711	.....	.....	.....	33	.....	427	.....	44,132	.....	.....
Tucson	10,278	114	.....	52	255	.....	.....	.....	120,165	.....	.....
Arkansas:											
Fayetteville	4,581	.....	.....	.....	58	.....	.....	.....	33,840	.....	.....
Little Rock[8]	20,484	364	.....	248	495	.....	.....	225	170,547	41,568	959
Little Rock Div.	20,484	364	.....	248	495	.....	.....	.....	107,087	41,568	959
No. Little Rock Div.	.....	.....	.....	.....	.....	.....	.....	.....	63,460	.....	.....
California:											
Fresno	5,458	106	.....	.....	206	.....	.....	.....	88,001	.....	.....
Livermore	2,529	.....	.....	187	60	.....	.....	.....	31,604	.....	.....
Loma Linda	11,730	87	.....	183	219	.....	.....	.....	149,285	.....	.....
Long Beach	18,877	35	.....	447	556	.....	.....	.....	331,538	.....	.....
Los Angeles (OC)	.....	456	.....	.....	.....	.....	.....	.....	193,951	54,656	1,850
Martinez	8,212	2	.....	.....	164	.....	.....	.....	193,885	.....	.....
Martinez	8,212	2	.....	.....	164	.....	.....	.....	103,825	.....	.....
Oakland (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	32,030	.....	.....
Sacramento (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	58,030	.....	.....
Palo Alto[8]	13,378	.....	.....	1,309	253	.....	.....	.....	230,241	.....	.....
Palo Alto Div.	13,378	.....	.....	1,309	253	.....	.....	.....	141,644	.....	.....
Menlo Park Div.	.....	.....	.....	.....	.....	.....	.....	.....	88,597	.....	.....
San Diego	13,372	288	.....	153	136	.....	.....	.....	215,712	8,635	523
San Diego (La Jolla Village Dr.)	13,372	288	.....	153	136	.....	.....	.....	162,190	8,635	.....
San Diego (Camino Del Rio North) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	53,522	.....	523
San Francisco	10,729	851	1,027	.....	233	1,465	.....	1,468	185,807	65,160	2,626
Sepulveda	10,622	.....	.....	227	201	.....	.....	.....	220,222	.....	.....
West Los Angeles[8]	21,687	55	.....	.....	691	.....	638	.....	403,094	.....	.....
West L.A.—Wadsworth Div.	21,687	55	.....	.....	691	.....	638	.....	205,170	.....	.....
West L.A.—Brentwood Div.	.....	.....	.....	.....	.....	.....	.....	.....	172,289	.....	.....
Santa Barbara (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	25,635	.....	.....
Colorado:											
Denver	11,190	195	.....	.....	254	303	.....	56	143,472	14,326	192
Denver	11,190	195	.....	.....	254	303	.....	56	139,782	14,326	192
Colorado Springs (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	3,690	.....	.....
Ft. Lyon	1,190	2	.....	52	50	.....	.....	.....	25,930	.....	.....
Grand Junction	2,634	.....	.....	61	94	.....	.....	.....	18,961	.....	.....

Connecticut:											
Newington	3,682	200	777	.....	113	.....	.....	864	59,026	21,165	110
West Haven	10,778	.....	.....	98	99	.....	.....	.....	105,294	.....	.....
Delaware: Wilmington	4,521	15	.....	100	189	288	.....	.....	47,532	2,183	4
District of Columbia:											
Washington	16,162	27	.....	.....	220	.....	.....	365	173,031	899	347
Washington (RO) (Foreign)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	43
Florida:											
Bay Pines	10,520	2,887	.....	473	742	.....	436	.....	175,433	115,427	2,169
Bay Pines	10,520	2,887	.....	473	742	.....	436	.....	106,599	115,427	.....
Ft. Myers (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	29,300	.....	16
St. Petersburg (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	39,534	.....	2,153
Gainesville	12,683	8	.....	219	171	.....	.....	.....	130,373	.....	.....
Gainesville	12,683	8	.....	219	171	.....	.....	.....	91,796	.....	.....
Jacksonville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	38,577	.....	.....
Lake City	7,453	7	.....	54	89	.....	.....	.....	27,067	.....	.....
Miami	18,468	350	.....	274	570	.....	.....	.....	324,466	.....	129
Miami	18,468	350	.....	274	570	.....	.....	.....	203,321	.....	.....
Oakland Park (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	67,853	.....	.....
Riviera Beach (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	53,292	.....	129
Tampa	21,424	27	.....	.....	750	.....	.....	.....	215,389	.....	.....
Tampa	21,424	27	.....	.....	750	.....	.....	.....	146,825	.....	.....
Orlando (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	68,564	.....	.....
Georgia:											
Atlanta	12,950	361	.....	.....	361	.....	.....	.....	145,774	56,743	2,055
Augusta[8]	10,947	27	.....	52	383	340	.....	.....	99,261	.....	.....
Forest Hills Div.	10,947	27	.....	52	383	.....	.....	.....	74,758	.....	.....
Lenwood Div.	.....	.....	.....	.....	.....	.....	.....	.....	24,503	.....	.....
Dublin	5,159	.....	.....	108	144	274	668	334	26,518	.....	.....
Hawaii: Honolulu (RO-OC)	.....	1,510	.....	.....	41	.....	.....	.....	53,500	7,760	79
Idaho: Boise	3,530	183	.....	.....	151	113	.....	311	50,933	16,964	221
Illinois:											
Chicago (Lakeside)	14,201	9	.....	.....	430	.....	.....	.....	142,793	.....	.....
Chicago (West Side)	10,709	550	.....	.....	431	.....	.....	.....	224,198	83,495	541
Danville	6,446	.....	.....	171	163	.....	.....	.....	80,312	.....	.....
Danville	6,446	.....	.....	171	163	.....	.....	.....	48,112	.....	.....
Peoria (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	32,200	.....	.....
Hines	23,190	.....	.....	221	616	.....	.....	.....	253,890	.....	.....
Marion	4,587	20	.....	.....	202	.....	.....	.....	49,063	.....	.....
Marion	4,587	20	.....	.....	202	.....	.....	.....	25,698	.....	.....
Evansville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,365	.....	.....
North Chicago	6,721	.....	.....	237	333	.....	.....	.....	102,372	.....	.....
Indiana:											
Ft. Wayne	3,750	.....	.....	72	142	.....	.....	.....	21,893	.....	.....
Indianapolis[8]	11,812	481	.....	149	268	309	.....	130	107,065	35,929	129
Cold Spring Road Div.	.....	.....	.....	.....	.....	.....	.....	.....	16,766	.....	.....
West Tenth Street Div.	11,812	481	.....	149	268	.....	.....	.....	90,299	35,929	129
Marion	2,849	.....	.....	92	169	.....	.....	.....	31,567	.....	.....
Iowa:											
Des Moines	5,969	87	347	.....	204	761	.....	159	71,828	17,242	513
Iowa City	10,668	106	455	.....	360	920	.....	200	70,548	.....	.....
Knoxville	2,314	.....	.....	253	129	.....	.....	.....	22,662	.....	.....
Kansas:											
Leavenworth	4,632	8	.....	67	194	.....	1,414	.....	27,779	.....	.....
Topeka	6,044	3	.....	102	209	.....	.....	.....	96,903	.....	.....
Wichita	4,454	114	.....	.....	105	76	.....	62	45,185	17,005	209
Kentucky:											
Lexington[8]	13,366	49	.....	171	337	.....	.....	.....	97,777	.....	.....
Leestown Div.	13,366	49	.....	171	337	.....	.....	.....	33,727	.....	.....
Cooper Drive Div.	.....	.....	.....	.....	.....	.....	.....	.....	64,050	.....	.....
Louisville	7,187	104	.....	.....	242	.....	.....	.....	78,736	14,033	255

See footnotes at end of table.

TABLE 10—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1983

Location of VA Facility	Inpatient Care – Patients Treated[1]								Ambulatory Care		
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care[6] Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2 3]	State Home [2 4]	VA Medical Centers—Nursing Home Care Component	Community [2 3]	State Home [2 4]	VA Medical Centers—Domiciliary Care Component	State Home [2 4]	VA Staff	Fee Basis [2 5]	Net Cases Authorized [2 7]
Louisiana:											
Alexandria	6,406	.....	.....	133	148	.....	.....	.....	33,929	.....	.....
New Orleans	11,590	230	.....	.....	171	116	.....	237	230,682	21,385	111
New Orleans	11,590	230	.....	.....	171	116	.....	237	200,773	21,385	79
Baton Rouge (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	29,909	.....	32
Shreveport	10,059	106	.....	.....	276	.....	.....	.....	80,374	14,543	204
Maine: Togus	6,398	166	.....	128	144	115	.....	.....	51,246	22,922	217
Maryland:											
Baltimore	6,743	134	.....	.....	104	.....	.....	.....	153,220	10,595	206
Baltimore (Loch Raven Blvd.)	6,743	134	.....	.....	104	.....	.....	.....	99,395	10,595	.....
Baltimore (Federal Bldg.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	53,825	.....	206
Ft. Howard	2,218	.....	.....	59	53	.....	.....	.....	20,065	.....	.....
Perry Point	3,062	.....	.....	113	77	.....	.....	.....	36,225	.....	.....
Massachusetts:											
Bedford	3,590	12	.....	219	174	.....	.....	.....	104,688	.....	.....
Boston	15,081	.....	.....	.....	277	218	.....	528	171,304	.....	9
Boston (So. Huntington Ave.)	15,081	.....	.....	.....	277	218	.....	528	138,735	.....	9
Lowell (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	32,569	.....	.....
Boston (Court Street) (OC)	.....	269	1,556	.....	.....	.....	.....	.....	188,522	54,061	122
Brockton	4,473	.....	.....	135	170	.....	.....	.....	91,718	.....	.....
Northampton	2,296	15	221	57	153	406	.....	65	85,966	.....	.....
Northampton	2,296	15	221	57	153	406	.....	65	61,982	.....	.....
Springfield (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,984	.....	.....
West Roxbury	4,230	.....	.....	.....	37	.....	.....	.....	63,294	.....	.....
West Roxbury	4,230	.....	.....	.....	37	.....	.....	.....	42,410	.....	.....
Worcester (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	20,884	.....	.....
Michigan:											
Allen Park	14,707	355	.....	111	295	741	.....	232	214,414	40,150	526
Ann Arbor	12,346	30	.....	.....	300	.....	.....	.....	116,446	.....	31
Ann Arbor	12,346	30	.....	.....	300	.....	.....	.....	83,202	.....	.....
Toledo, OH (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	33,244	.....	31
Battle Creek	4,320	.....	.....	256	237	.....	.....	.....	87,916	.....	.....
Battle Creek	4,320	.....	.....	256	237	.....	.....	.....	64,409	.....	.....
Grand Rapids (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,507	.....	.....
Iron Mountain	5,378	36	.....	207	74	45	.....	74	23,043	4,114	103
Saginaw	4,297	.....	.....	136	262	.....	.....	.....	34,077	.....	.....
Minnesota:											
Minneapolis	19,518	424	.....	.....	799	345	.....	655	237,290	57,596	1,038
Minneapolis	19,518	424	.....	.....	799	345	.....	655	203,735	57,596	1,038
St. Paul (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	33,555	.....	.....
St. Cloud	3,467	.....	.....	63	204	.....	.....	.....	57,395	.....	.....
Mississippi:											
Biloxi[8]	7,067	.....	.....	59	316	.....	557	.....	81,426	.....	.....
Biloxi Div.	7,067	.....	.....	59	316	.....	557	.....	43,660	.....	.....
Gulfport Div.	.....	.....	.....	.....	.....	.....	.....	.....	31,757	.....	.....
Mobile, AL (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	6,009	.....	.....
Jackson	16,621	88	.....	149	211	.....	.....	.....	86,246	27,001	186

Jackson	16,621	88	.....	149	211	.....	.....	.....	[illegible]	[illegible]	[illegible]
Missouri:											
Columbia	7,713	203	.....	68	202	.....	.....	.....	67,074	.....	.....
Kansas City	11,735	132	.....	.....	240	.....	.....	.....	105,159	27,404	47
Poplar Bluff	4,075	.....	.....	96	152	.....	.....	.....	32,116	.....	.....
St. Louis[8]	18,595	81	.....	139	369	336	.....	103	226,711	8,132	36
John Cochran Div.	18,595	81	.....	139	369	336	.....	103	165,969	8,132	36
Jefferson Barracks Div.	.....	.....	.....	.....	.....	.....	.....	.....	60,742	.....	.....
Montana:											
Ft. Harrison	3,735	208	.....	.....	139	66	.....	96	18,384	23,612	407
Miles City	2,360	.....	.....	29	88	.....	.....	.....	12,143	.....	.....
Nebraska:											
Grand Island	2,861	.....	.....	73	21	683	.....	174	20,415	.....	.....
Lincoln	4,271	57	.....	.....	69	.....	.....	.....	37,292	10,789	.....
Omaha	9,056	21	.....	.....	234	.....	.....	.....	79,134	.....	116
Nevada:											
Las Vegas (OC)	.....	156	.....	.....	.....	.....	.....	.....	56,477	3,195	105
Reno	4,503	108	.....	37	76	.....	.....	.....	59,857	5,069	.....
New Hampshire: Manchester	3,394	106	.....	306	110	111	.....	.....	62,842	15,888	167
New Jersey:											
East Orange	15,497	121	.....	101	321	400	.....	50	175,329	27,772	231
East Orange	15,497	121	.....	101	321	400	.....	50	115,888	27,772	231
Newark (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	59,441	.....	.....
Lyons	3,889	.....	.....	126	115	.....	.....	.....	39,632	.....	.....
New Mexico: Albuquerque	9,469	137	.....	114	186	.....	.....	.....	122,287	12,582	475
New York:											
Albany	9,710	27	.....	170	47	.....	.....	.....	111,058	20,838	300
Batavia	2,123	.....	.....	.....	29	.....	.....	.....	61,822	.....	1
Batavia	2,123	.....	.....	.....	29	.....	.....	.....	21,578	.....	1
Rochester (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	40,244	.....	.....
Bath	1,834	18	.....	245	62	.....	901	.....	14,184	.....	1
Bronx	15,397	.....	.....	.....	173	.....	.....	.....	144,700	.....	.....
Brooklyn[8]	18,082	44	.....	493	180	.....	.....	.....	297,653	156	.....
Brooklyn Div.	18,082	44	.....	493	180	.....	.....	.....	155,624	156	.....
St. Albans Div.	.....	.....	.....	.....	.....	.....	.....	.....	26,121	.....	.....
Brooklyn (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	115,908	.....	.....
Buffalo	14,243	69	.....	65	97	.....	.....	.....	166,719	9,108	38
Canandaigua	3,016	4	.....	187	82	.....	.....	.....	36,988	.....	.....
Castle Point	3,399	.....	.....	186	48	.....	.....	.....	26,755	.....	.....
Montrose	4,002	.....	.....	147	32	.....	.....	.....	70,971	.....	.....
New York	13,210	317	.....	.....	94	.....	.....	.....	280,022	17,740	414
New York (First Ave.)	13,210	317	.....	.....	94	.....	.....	.....	128,334	17,740	414
New York (Seventh Ave.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	151,688	.....	.....
Northport	12,772	.....	.....	.....	104	.....	.....	.....	205,367	.....	.....
Syracuse	6,543	114	.....	115	92	110	.....	89	93,728	39,130	204
North Carolina:											
Asheville	8,365	12	.....	111	277	.....	.....	.....	75,864	.....	.....
Durham	10,055	.....	.....	.....	289	.....	.....	.....	99,128	.....	.....
Fayetteville	6,269	.....	.....	56	168	.....	.....	.....	57,546	.....	.....
Salisbury	5,696	220	.....	141	139	.....	.....	.....	80,174	57,060	859
Salisbury	5,696	220	.....	141	139	.....	.....	.....	58,001	57,060	.....
Winston-Salem (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	22,173	.....	859
North Dakota: Fargo	4,753	354	.....	106	111	.....	.....	142	33,319	21,267	262
Ohio:											
Chillicothe	6,088	.....	.....	188	476	.....	.....	.....	58,137	.....	.....
Cincinnati	9,666	191	.....	322	277	.....	.....	.....	115,546	9,354	4
Cleveland[8]	16,713	162	.....	154	352	278	.....	584	266,464	19,667	103
Wade Park Div.	16,713	162	.....	154	352	278	.....	.....	161,143	19,667	.....
Brecksville Div.	.....	.....	.....	.....	.....	.....	.....	.....	62,879	.....	103
Canton (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	42,442	.....	.....
Columbus (Kenny Rd.) (OC)	.....	330	.....	.....	.....	.....	.....	.....	79,998	17,787	238
Dayton	7,489	.....	.....	380	213	.....	930	.....	63,584	.....	.....

See footnotes at end of table.

TABLE 10—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1983

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care		
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care[6] Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2 3]	State Home [2 4]	VA Medical Centers—Nursing Home Care Component	Community [2 3]	State Home [2 4]	VA Medical Centers—Domiciliary Care Component	State Home [2 4]	VA Staff	Fee Basis [2 5]	Net Cases Authorized [2 7]
Oklahoma:											
Muskogee	4,019	192	.....	.....	233	.....	.....	.....	96,138	20,523	194
Muskogee	4,019	192	.....	.....	233	.....	.....	.....	51,017	20,523	194
Tulsa (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	45,121	.....	.....
Oklahoma City	12,742	82	466	.....	352	1,070	.....	422	144,503	.....	.....
Oregon:											
Portland[8]	15,612	380	.....	.....	490	.....	.....	.....	131,973	45,590	657
Portland Div.	15,612	380	.....	.....	490	.....	.....	.....	72,165	45,590	657
Vancouver Div.	.....	.....	.....	.....	.....	.....	.....	.....	32,422	.....	.....
Portland (SW Stark St.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	27,386	.....	.....
Roseburg	4,524	2	.....	113	213	.....	.....	.....	37,054	.....	.....
White City (Ind. Dom.)	.....	71	.....	.....	.....	.....	1,574	.....	7,285	.....	.....
Pennsylvania:											
Altoona	2,540	88	.....	43	126	403	.....	230	22,192	14,698	68
Butler	2,893	17	.....	147	74	.....	.....	.....	31,596	3,195	13
Coatesville	3,733	16	.....	76	355	.....	.....	.....	34,831	2,974	2
Erie	3,121	51	.....	57	75	94	.....	77	33,515	3,047	75
Lebanon	3,285	119	.....	154	151	.....	.....	.....	56,623	25,407	250
Lebanon	3,285	119	.....	154	151	.....	.....	.....	44,906	25,407	250
Harrisburg (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	11,717	.....	.....
Philadelphia	10,494	396	.....	.....	417	.....	.....	.....	248,963	30,590	257
Philadelphia (Univ. & Woodland Aves.)	10,494	396	.....	.....	417	.....	.....	.....	172,651	30,590	.....
Philadelphia (Cherry St.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	76,312	.....	257
Pittsburgh (Highland Dr.)	3,411	20	.....	.....	196	.....	.....	.....	52,549	4,221	41
Pittsburgh[8]	11,941	34	.....	325	289	.....	.....	.....	157,512	19,402	75
Pittsburgh (Univ. Dr.) Div.	11,941	34	.....	325	289	.....	.....	.....	142,653	19,402	75
Aspinwall Div.	.....	.....	.....	.....	.....	.....	.....	.....	3,563	.....	.....
Pittsburgh (Liberty Ave.) (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	11,296	.....	.....
Wilkes-Barre	6,107	253	.....	181	121	.....	.....	.....	112,616	28,648	145
Wilkes-Barre	6,107	253	.....	181	121	.....	.....	.....	80,789	28,648	145
Allentown (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	31,827	.....	.....
Philippines: Manila (RO-OC)	.....	1,019	.....	.....	.....	.....	.....	.....	7,239	504	4
Puerto Rico:											
San Juan	17,037	3,449	.....	.....	178	.....	.....	.....	244,157	100,022	1,093
San Juan	17,037	3,449	.....	.....	178	.....	.....	.....	199,856	100,022	1,092
Mayaguez (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	44,301	.....	1
Rhode Island:											
Providence	8,985	127	.....	.....	186	316	.....	105	131,534	18,127	136
Providence	8,985	127	.....	.....	186	316	.....	105	124,034	18,127	136
New Bedford, MA (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	7,500	.....	.....
South Carolina:											
Charleston	6,548	.....	.....	.....	130	.....	.....	.....	66,712	.....	.....
Columbia	9,827	170	.....	295	199	240	.....	.....	103,433	19,398	175
Columbia	9,827	170	.....	295	199	.....	.....	.....	79,581	19,398	175
Greenville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	23,852	.....	.....

South Dakota:											
Ft. Meade	3,209	2	.....	.....	32	.....	.....	.....	37,780	.....	.....
Hot Springs	4,457	.....	.....	.....	30	46	891	137	19,034	.....	.....
Sioux Falls	4,499	32	.....	142	138	.....	.....	.....	36,747	10,061	126
Tennessee:											
Memphis	15,858	.....	.....	474	168	.....	.....	.....	155,567	.....	.....
Mountain Home	7,175	.....	.....	82	320	.....	1,426	.....	51,250	.....	.....
Murfreesboro	2,292	.....	.....	59	86	.....	.....	.....	26,797	.....	.....
Nashville	13,730	284	.....	.....	243	.....	.....	.....	128,493	18,031	728
Nashville	13,730	284	.....	.....	243	.....	.....	.....	93,573	18,031	728
Chattanooga (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	19,650	.....	.....
Knoxville (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	15,270	.....	.....
Texas:											
Amarillo	3,669	285	.....	.....	137	.....	.....	.....	61,268	13,488	350
Amarillo	3,669	285	.....	.....	137	.....	.....	.....	29,781	13,488	.....
Lubbock (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	31,487	.....	350
Big Spring	3,273	.....	.....	103	151	.....	.....	.....	24,420	.....	.....
Bonham	1,971	.....	.....	140	156	.....	383	.....	17,290	.....	.....
Dallas	17,973	227	.....	.....	501	.....	.....	.....	183,177	34,789	554
El Paso (OC)	.....	835	.....	.....	.....	.....	.....	.....	46,095	11,169	311
Houston	17,590	120	.....	124	409	.....	.....	.....	279,827	3,595	98
Houston	17,590	120	.....	124	409	.....	.....	.....	262,265	3,595	96
Beaumont (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	17,562	.....	2
Kerrville	4,971	.....	.....	43	169	.....	.....	.....	28,823	.....	.....
Marlin	2,122	.....	.....	.....	54	.....	.....	.....	11,571	.....	.....
San Antonio	19,762	248	.....	.....	489	.....	.....	.....	193,260	6,152	390
San Antonio (Merton Minter Blvd.)	19,762	248	.....	.....	489	.....	.....	.....	144,862	6,152	390
Corpus Christi	.....	.....	.....	.....	.....	.....	.....	.....	18,333	.....	.....
McAllen	.....	.....	.....	.....	.....	.....	.....	.....	12,958	.....	.....
San Antonio (Dwyer Ave.) (OCS)	.....	.....	.....	.....	.....	.....	.....	.....	17,107	.....	.....
Temple	10,805	.....	.....	212	271	.....	1,066	.....	78,629	.....	.....
Waco	5,409	102	.....	105	183	.....	.....	.....	94,254	14,028	302
Utah: Salt Lake City	11,084	57	.....	.....	381	.....	.....	.....	141,624	8,648	87
Vermont: White River Junction	4,533	102	.....	174	72	273	.....	26	52,299	12,331	104
Virginia:											
Hampton	7,704	6	.....	190	182	.....	884	.....	91,067	.....	.....
Richmond	14,660	3	.....	.....	271	.....	.....	.....	137,328	.....	.....
Salem	7,792	310	.....	230	192	.....	.....	.....	128,405	45,011	574
Washington:											
American Lake (Takoma)	3,377	276	.....	89	99	.....	.....	.....	57,589	.....	.....
Seattle	8,528	582	.....	.....	367	385	.....	410	147,958	35,348	832
Spokane	4,080	.....	.....	.....	192	.....	.....	.....	38,753	.....	.....
Walla Walla	2,452	.....	.....	.....	109	.....	.....	.....	24,284	.....	.....
West Virginia:											
Beckley	5,301	.....	.....	60	92	.....	.....	.....	24,692	.....	.....
Clarksburg	5,735	.....	.....	.....	223	.....	.....	.....	32,293	.....	.....
Huntington	4,654	68	.....	.....	213	.....	.....	213	48,804	16,987	47
Martinsburg	6,595	4	.....	172	236	.....	825	.....	62,034	2,367	3
Wisconsin:											
Madison	9,348	.....	.....	.....	208	582	.....	34	55,290	.....	.....
Tomah	3,196	.....	.....	140	125	.....	.....	.....	33,140	.....	.....
Wood	14,288	278	.....	241	430	.....	1,081	.....	178,037	32,806	1,651
Wyoming:											
Cheyenne	2,789	22	.....	60	76	.....	.....	.....	19,362	3,297	121
Sheridan	2,096	33	.....	.....	61	.....	.....	57	18,403	.....	.....

[1] *Based on the number of discharges and deaths during FY 1983, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1983. Excludes interhospital transfers.*
[2] *As reported by VA authorizing facility.*
[3] *Authorized and paid for by VA.*
[4] *Supported by VA.*
[5] *Medical visits to private physicians authorized by VA on a fee-for-service basis.*
[6] *Problems with the validity of data in the reporting system have resulted in the redesign of the dental reporting system for VA staff examinations and treatment cases completed. Information from the old system was not considered accurate enough to publish during FY 83. Publication of data in these categories will resume with implementation of the new reporting system in the first quarter of FY 84.*
[7] *Net number of dental cases authorized by VA to private dentists on a fee-for-service basis.*
[8] *Includes data for two divisions of the VA medical center.*
NOTE: The following abbreviations are used to denote type of facility: OC (outpatient clinic - independent); OCMC (outpatient clinic under jurisdiction of medical center, but not physically located in a medical center); OCS (outpatient clinic satellite or substation); RO-OC (regional office outpatient clinic); and Ind. Dom. (independent domiciliary).

TABLE 11

Actions on Applications For Medical Care—Fiscal Years 1982—1983

Item	FY 1983	FY 1982
Total applications	3,006,314	2,782,336
Pending determination of need at beginning of period	1,347	1,893
Received during period	3,004,967	2,780,443
Processed – Total	2,932,815	2,720,390
In need of care	2,627,164	2,418,978
Hospital care	937,234	898,427
Ambulatory care	1,677,550	1,510,331
Nursing home care	7,107	5,180
Domiciliary care	5,273	5,040
Not in need of care	305,651	301,412
Cancelled	69,038	61,017
Pending determination of need at end of period	2,196	[1] 1,347
Acceptance rate[2]	89.6%	88.9%

[1] *Corrected data. Applications processed data are unadjusted.*
[2] *Acceptance rate is determined by dividing "In Need of Care" total by "Total Processed" and multiplying by 100.*

TABLE 12

Total Health Care: Obligations by Program and Appropriation—Fiscal Year 1983

	Obligations (in thousands)
Total	$8,053,202
Medical care	7,816,775
Inpatient care	5,670,577
Hospitals	5,017,024
VA hospitals[1]	4,907,871
Contract hospitals	105,937
State home hospitals	3,216
Nursing homes	541,694
VA nursing homes[1]	316,541
Community nursing homes	194,132
State nursing homes	31,021
Domiciliaries	111,859
VA domiciliaries[1]	98,723
State domiciliaries	13,136
Outpatient care (staff and fee)	1,525,986
CHAMPVA	61,843
Education and training[2]	412,967
Miscellaneous benefits and services	145,402
Medical administration and miscellaneous operating expenses	62,283
Medical administration	45,288
Post graduate & inservice training	10,512
Health professional scholarship	6,483
Medical & prosthetic research	161,387
Medical research	147,690
Rehabilitative research	9,690
Health services research	4,007
Other medical programs[3]	12,757

[1] *Excludes Education and Training which is separately identified.*
[2] *Includes inpatient and outpatient.*
[3] *Does not include revolving or trust funds.*

VA and Non-VA Facilities: Average Obligations—Fiscal Years 1982–1983

Type of Facility	Avg. Obligations per Patient Treated		Avg. Obligations per Patient Day	
	FY 1983	FY 1982	FY 1983	FY 1982
VA hospitals				
All bed sections	$3,833	$3,629	$206.89	$190.36
Medical bed sections	2,895	2,743	256.74	236.46
Surgical bed sections	3,886	3,740	287.20	267.21
Psychiatry bed sections	5,928	5,383	142.59	131.03
Intermediate bed sections	16,834	15,409	117.26	106.87
Non-VA (contract) hospitals[1]	3,401	3,014	252.63	217.45
VA nursing home care units	19,210	18,738	98.00	91.17
Community nursing homes[1]	5,556	5,075	50.81	46.21
VA domiciliaries	7,018	6,468	39.47	36.34
State homes[1]				
Hospital care	524	617	13.25	[2]13.25
Nursing home care	2,398	2,572	12.10	[2]12.10
Domiciliary care	1,341	1,189	6.35	[2]6.35

[1] *Data for this table are based on direct obligations and exclude support costs.*
[2] *Per diems reflect statutory limitations.*

NOTE: Basis of calculations changed in FY 1983 from "cost" to "obligations." FY 1982 data have been recalculated.

TABLE 14

VA Medical Centers—Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges and Deaths, and Remaining by Type of Hospital and Bed Section—Fiscal Year 1983

Item	Type of Bed Section			
	Total	Medical	Surgical	Psychiatric
ADMISSIONS[1]				
All hospitals	1,249,690	[2] 772,553	[2] 315,283	[2] 157,591
VA medical centers – Total	1,216,348	753,845	311,607	150,896
Non-VA (contract) hospitals – Total	29,079	18,708	3,676	6,695
Federal government hospitals – Total	2,399	1,540	589	270
Army	1,920	1,066	587	267
Air Force	453	453	.....	.....
Navy	20	18	2	.....
Public Health Service	3	3	.....	.....
Other[3]	3	.....	.....	3
State and local government hospitals	8,400	5,264	858	2,278
Non-Public hospitals	18,280	11,904	2,229	4,147
State home hospitals	4,263	([4])	([4])	([4])
DISCHARGES AND DEATHS				
All hospitals	1,250,621	[2] 757,187	[2] 324,879	[2] 164,224
VA medical centers – Total	1,217,123	738,524	321,147	157,452
Non-VA (contract) hospitals – Total	29,167	18,663	3,732	6,772
Federal government hospitals – Total	2,392	1,526	589	277
Army	1,916	1,055	587	274
Air Force	451	451	.....	.....
Navy	19	17	2	.....
Public Health Service	3	3	.....	.....
Other[3]	3	.....	.....	3
State and local government hospitals	8,419	5,238	887	2,294
Non-Public hospitals	18,356	11,899	2,256	4,201
State home hospitals	4,331	([4])	([4])	([4])
BED OCCUPANTS REMAINING				
Total occupants remaining on September 30, 1983	63,814	[2] 31,083	[2] 11,944	[2] 20,269
VA medical centers – Total	62,539	30,889	11,893	19,757
Non-VA (contract) hospitals – Total	757	194	51	512
Federal government hospitals – Total	90	57	23	10
Army	74	41	23	10
Air Force	15	15	.....	.....
Navy	1	1	.....	.....
Public Health Service	.....	.....	.....	.....
Other[3]	.....	.....	.....	.....
State and local government hospitals	104	57	16	31
Non-Public hospitals	563	80	12	471
State home hospitals	518	([4])	([4])	([4])
ABSENT BED OCCUPANTS REMAINING				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1983	809	208	234	367
VA medical centers – Total	806	206	234	366
All other hospitals	3	2	.....	1

[1] *Excludes interhospital transfers for VA medical centers; includes transfers for all other hospitals.*
[2] *Excludes data by bed section for State Home Hospitals.*
[3] *St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Data not available.*

VA Medical Centers—Hospital Care Component and Non-VA Hospitals: Patient Movement By Type of Bed Section and by Type of Hospital—Fiscal Year 1983

Item	VA Medical Centers				Non-VA (Contract) Hospitals						
	Total	Type of Bed Section[1]			Total	Type of Bed Section			Type of Hospital		
		Medical[2]	Surgical	Psychiatric		Medical	Surgical	Psychiatric	Federal[3]	State & Local	Non-Public[4]
Gains – Total	1,407,429	865,889	364,677	176,863	29,125	18,750	3,680	6,695	2,399	8,429	18,297
Admissions	1,216,348	753,845	311,607	150,896	29,079	18,708	3,676	6,695	2,399	8,400	18,280
Transfers in from other hospitals[5]	31,550	14,893	9,377	7,280	(6)	(6)	(6)	(6)	(6)	(6)	(6)
Change in bed section (+)	159,531	97,151	43,693	18,687	46	42	4	.....	.....	29	17
Losses – Total	1,410,596	855,278	373,555	181,763	29,213	18,705	3,736	6,772	2,392	8,448	18,373
Regular discharges – Total	1,170,838	699,965	313,675	157,198	28,393	17,992	3,648	6,753	2,272	8,188	17,933
To ambulatory care	784,409	497,220	235,179	52,010	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Other	386,429	202,745	78,496	105,188	28,393	17,992	3,648	6,753	2,272	8,188	17,933
Deaths	46,285	38,559	7,472	254	774	671	84	19	120	231	423
Transfers out to other hospitals[5]	33,942	19,603	8,715	5,624	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Changes in bed sections (–)	159,531	97,151	43,693	18,687	46	42	4	.....	.....	29	17
Remaining on September 30, 1983 – Total	63,345	31,095	12,127	20,123	760	196	51	513	90	106	564
Bed occupants	62,539	30,889	11,893	19,757	757	194	51	512	90	104	563
On leave of absence	806	206	234	366	3	2	.....	1	.....	2	1
Patients treated[8] [9]	1,280,468	769,619	333,274	177,575	29,927	18,859	3,783	7,285	2,482	8,525	18,920
Episodes of care[10]	1,439,999	866,770	376,967	196,262	29,973	18,901	3,787	7,285	2,482	8,554	18,937
Average daily census[11]											
Total	64,992	32,412	12,355	20,225	1,101	375	98	627	83	203	815
Excluding days while patients on authorized leave of absence of 96 hours or less	63,660	31,972	12,065	19,624	.....	.....	.....	.....	.....	.....	.....

[1] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.*
[2] *Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine and blind rehabilitation.*
[3] *Includes Department of Defense and Public Health Service hospitals, and St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.*
[5] *Includes only patients transferred as VA beneficiaries.*
[6] *Included with admissions.*
[7] *Included with "other" regular discharges.*
[8] *Based on the number of discharges and deaths during FY 1983, plus the number remaining on the rolls on September 30, 1983.*
[9] *Patients admitted to VA hospitals for chronic dialysis are considered to be inpatients; there were 235,491 such patients with one day duration of stay treated during the fiscal year.*
[10] *Based on the number of discharges and deaths during FY 1983, plus the number remaining on the rolls on September 30, 1983. Interhospital transfers are excluded but intrahospital transfers are included.*
[11] *Based on the number of patient days divided by the number of days in the fiscal year. Totals may not add due to averaging.*

TABLE 16

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1983

Location	Average Operating Beds[1]				Patients Treated Total[2,3]	Episodes of Care[4]			Average Daily Census[5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
All hospitals	79,859	39,578	16,517	23,764	1,280,468	866,770	376,967	196,262	64,992
Alabama:									
Birmingham	409	203	206	.....	12,833	8,685	5,281	.....	292
Montgomery	200	172	28	.....	3,283	3,060	783	.....	155
Tuscaloosa	505	146	.....	358	3,351	1,233	.....	2,678	440
Tuskegee	840	446	79	315	6,924	4,388	1,910	2,143	716
Arizona:									
Phoenix	470	210	124	136	11,940	6,435	4,014	2,416	388
Prescott	217	138	49	30	3,711	2,481	980	438	141
Tucson	320	157	120	43	10,278	6,356	3,655	770	250
Arkansas:									
Fayetteville	180	115	65	.....	4,581	3,114	1,760	.....	150
Little Rock[8]	1,261	415	296	550	20,484	11,155	8,539	3,906	948
California:									
Fresno	220	110	75	35	5,458	2,766	2,347	834	163
Livermore	171	104	67	.....	2,529	1,664	971	.....	129
Loma Linda	423	206	155	62	11,730	8,462	3,521	856	347
Long Beach	1,108	737	228	143	18,877	12,920	5,035	1,770	881
Martinez	391	210	119	62	8,212	4,052	3,616	1,087	314
Palo Alto[8]	1,281	419	125	736	13,378	8,302	3,726	6,169	1,036
San Diego	577	268	204	105	13,372	8,875	4,080	1,475	381
San Francisco	357	134	173	50	10,729	5,898	5,461	724	256
Sepulveda	583	296	94	194	10,622	7,769	2,111	1,741	442
West Los Angeles[8]	1,202	517	223	462	21,687	15,229	5,349	3,697	916
Colorado:									
Denver	323	113	140	70	11,190	6,864	4,017	1,147	276
Ft. Lyon	341	110	.....	232	1,190	663	.....	753	315
Grand Junction	113	61	26	26	2,634	1,831	724	375	85
Connecticut:									
Newington	186	69	82	35	3,682	1,990	1,696	496	144
West Haven	641	358	135	148	10,778	8,026	2,757	1,168	452
Delaware: Wilmington	317	167	150	.....	4,521	2,831	2,781	.....	209
District of Columbia: Washington	708	327	201	180	16,162	13,163	3,185	1,584	603
Florida:									
Bay Pines	654	376	151	128	10,520	5,804	4,279	1,567	458
Gainesville	463	158	215	90	12,683	6,412	5,776	1,108	384
Lake City	327	251	75	.....	7,453	5,816	2,111	.....	278
Miami	704	339	209	157	18,468	12,960	5,147	2,950	593
Tampa	680	293	237	150	21,424	15,232	5,488	1,849	563
Georgia:									
Atlanta	490	201	192	96	12,950	7,962	4,103	1,505	407
Augusta[8]	1,016	435	150	431	10,947	6,513	3,226	3,181	858
Dublin	314	278	36	.....	5,159	5,074	1,090	.....	263
Idaho: Boise	160	88	43	29	3,530	2,347	1,099	403	111
Illinois:									
Chicago (Lakeside)	451	266	146	40	14,201	11,514	2,795	386	350
Chicago (West Side)	484	227	173	84	10,709	6,312	3,473	1,754	431
Danville	867	515	73	279	6,446	4,298	2,182	2,074	726
Hines	1,197	683	273	240	23,190	17,382	5,475	3,188	986
Marion	171	133	38	.....	4,587	3,705	1,069	.....	131
North Chicago	1,091	384	85	622	6,721	4,453	1,180	3,076	915
Indiana:									
Ft. Wayne	176	132	44	.....	3,750	3,622	995	.....	133
Indianapolis[8]	468	220	151	96	11,812	7,650	4,016	1,060	358
Marion	755	535	.....	220	2,849	2,373	.....	1,413	676
Iowa:									
Des Moines	269	140	129	.....	5,969	3,447	2,838	.....	184
Iowa City	315	138	131	46	10,668	6,844	3,843	719	243
Knoxville	424	114	.....	311	2,314	1,910	.....	2,961	381
Kansas:									
Leavenworth	439	230	49	160	4,632	3,354	940	1,406	331
Topeka	834	294	57	483	6,044	3,290	1,622	2,291	703
Wichita	173	100	73	.....	4,454	3,272	1,507	.....	125
Kentucky:									
Lexington[8]	897	478	130	289	13,366	9,192	4,249	1,836	776
Louisville	349	152	148	49	7,187	3,847	2,931	1,093	270
Louisiana:									
Alexandria	348	215	94	39	6,406	4,826	2,676	474	294
New Orleans	461	203	181	77	11,590	7,817	3,984	907	401
Shreveport	367	192	114	60	10,059	5,498	3,804	1,307	302
Maine: Togus	475	166	67	241	6,398	3,104	1,644	2,472	406
Maryland:									
Baltimore	288	142	109	37	6,743	4,381	2,490	370	218
Ft. Howard	215	199	.....	17	2,218	2,128	.....	214	195
Perry Point	815	409	.....	406	3,062	2,524	.....	1,516	732
Massachusetts:									
Bedford	740	351	.....	389	3,590	2,282	.....	2,094	679
Boston	731	367	279	86	15,081	11,435	6,011	1,049	559
Brockton	848	357	.....	491	4,473	2,443	.....	2,642	704

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1983

Location	Average Operating Beds[1]				Patients Treated Total [2 3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Northampton	547	237	.....	310	2,296	1,439	.....	1,364	499
West Roxbury	259	186	73	.....	4,230	2,422	2,312	.....	186
Michigan:									
Allen Park	539	269	150	120	14,707	11,174	3,502	1,835	425
Ann Arbor	287	126	104	57	12,346	8,574	4,341	827	243
Battle Creek	838	370	.....	468	4,320	2,068	.....	3,317	713
Iron Mountain	199	118	81	.....	5,378	4,151	1,393	.....	134
Saginaw	158	115	43	.....	4,297	3,276	1,142	.....	115
Minnesota:									
Minneapolis	738	331	308	99	19,518	12,500	7,621	1,411	580
St. Cloud	833	423	.....	410	3,467	1,807	.....	2,467	684
Mississippi:									
Biloxi[8]	855	306	60	490	7,067	4,113	1,830	2,916	732
Jackson	448	214	164	70	16,621	11,098	4,845	1,262	376
Missouri:									
Columbia	339	147	131	60	7,713	4,121	3,747	639	254
Kansas City	387	161	135	90	11,735	8,219	3,758	1,244	334
Poplar Bluff	176	123	43	10	4,075	2,946	1,133	380	131
St. Louis[8]	844	397	194	253	18,595	12,828	5,403	3,102	699
Montana:									
Ft. Harrison	155	111	44	.....	3,735	2,720	1,289	.....	123
Miles City	88	70	18	.....	2,360	1,874	707	.....	55
Nebraska:									
Grand Island	147	113	34	.....	2,861	2,293	742	.....	110
Lincoln	175	65	52	58	4,271	2,278	1,346	1,120	133
Omaha	366	178	120	67	9,056	6,474	2,920	951	292
Nevada: Reno	177	88	70	20	4,503	2,603	2,377	304	133
New Hampshire: Manchester	164	89	45	30	3,394	2,267	1,001	402	134
New Jersey:									
East Orange	876	541	222	113	15,497	12,473	3,404	1,548	724
Lyons	1,141	478	.....	663	3,889	2,606	.....	2,783	971
New Mexico: Albuquerque	368	164	139	65	9,469	6,355	3,109	888	276
New York:									
Albany	625	356	169	101	9,710	6,252	3,365	1,160	531
Batavia	239	209	30	.....	2,123	2,006	438	.....	202
Bath	208	197	.....	11	1,834	1,855	.....	287	191
Bronx	647	351	233	63	15,397	12,065	3,805	820	525
Brooklyn[8]	898	581	213	104	18,082	14,745	3,370	1,485	730
Buffalo	744	424	196	124	14,243	9,813	3,942	1,874	660
Canandaigua	914	531	.....	383	3,016	2,520	.....	1,837	827
Castle Point	256	186	70	.....	3,399	2,380	1,363	.....	201
Montrose	1,221	461	.....	760	4,002	2,084	.....	3,272	1,042
New York	816	372	297	147	13,210	8,205	4,391	1,516	688
Northport	802	306	160	336	12,772	8,861	4,046	2,245	705
Syracuse	332	139	131	62	6,543	3,799	3,171	559	257
North Carolina:									
Asheville	518	343	145	30	8,365	5,968	2,968	499	428
Durham	433	181	178	74	10,055	5,976	3,941	906	361
Fayetteville	310	205	74	31	6,269	4,513	2,131	548	268
Salisbury	801	354	40	407	5,696	2,737	895	3,020	734
North Dakota: Fargo	208	141	66	.....	4,753	3,723	1,339	.....	160
Ohio:									
Chillicothe	826	374	.....	452	6,088	4,860	.....	3,192	662
Cincinnati	354	132	130	92	9,666	5,978	3,286	1,112	268
Cleveland[8]	1,298	435	252	611	16,713	10,645	3,689	4,134	965
Dayton	519	328	159	33	7,489	5,181	2,377	743	400
Oklahoma:									
Muskogee	200	98	102	.....	4,019	2,632	1,636	.....	139
Oklahoma City	423	169	157	97	12,742	8,703	3,673	1,366	314
Oregon:									
Portland[8]	697	399	224	73	15,612	11,538	4,540	1,086	469
Roseburg	342	161	22	159	4,524	3,451	1,059	1,455	255
Pennsylvania:									
Altoona	137	106	31	.....	2,540	2,301	842	.....	95
Butler	320	320	.....	.....	2,893	3,180	.....	.....	227
Coatesville	1,040	294	.....	746	3,733	845	.....	3,395	895
Erie	135	96	39	.....	3,121	2,119	1,412	.....	120
Lebanon	825	398	29	398	3,285	2,523	624	1,332	792
Philadelphia	414	185	185	43	10,494	6,950	3,594	876	347
Pittsburgh (Highland Drive)	744	308	.....	436	3,411	1,275	.....	2,926	652
Pittsburgh (University Drive)[8]	642	428	183	30	11,941	8,955	4,103	54	468
Wilkes-Barre	462	229	121	112	6,107	3,331	1,789	1,503	375
Puarto Rico: San Juan	692	279	173	240	17,037	10,725	3,897	3,265	617
Rhode Island: Providence	308	178	83	47	8,985	7,561	1,620	539	228
South Carolina:									
Charleston	221	103	81	36	6,548	3,917	2,588	592	185
Columbia	460	232	168	60	9,827	6,213	3,388	928	342
South Dakota:									
Ft. Meade	409	197	25	187	3,209	1,112	836	1,608	328
Hot Springs	232	157	36	39	4,457	3,703	1,204	643	172
Sioux Falls	248	117	93	38	4,499	2,682	1,723	462	176

See footnotes at end of table.

TABLE 16—Continued

VA Medical Centers—Hospital Care Components: Selected Data—Fiscal Year 1983

Location	Average Operating Beds[1]				Patients Treated Total[2,3]	Episodes of Care[4]			Average Daily Census[5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Tennessee:									
Memphis	882	499	203	180	15,858	10,381	5,095	1,897	706
Mountain Home	500	286	141	73	7,175	4,341	2,479	1,407	418
Murfreesboro	551	236	.....	315	2,292	998	.....	1,727	458
Nashville	484	233	205	46	13,730	10,296	4,130	811	374
Texas:									
Amarillo	113	57	56	.....	3,669	2,283	1,789	.....	101
Big Spring	223	118	60	45	3,273	4,142	1,750	1,205	139
Bonham	78	48	15	15	1,971	1,475	581	242	73
Dallas	678	286	239	153	17,973	12,226	6,351	1,846	539
Houston	1,020	463	203	354	17,590	10,901	5,544	2,950	885
Kerrville	253	212	40	.....	4,971	4,349	984	.....	194
Marlin	197	197	.....	.....	2,122	2,273	.....	.....	176
San Antonio	670	286	204	180	19,762	14,332	5,282	1,976	577
Temple	582	297	195	90	10,805	6,187	4,006	1,338	449
Waco	985	400	.....	585	5,409	2,392	.....	4,176	797
Utah: Salt Lake City	402	184	109	109	11,084	7,296	3,110	1,819	317
Vermont: White River Junction	194	89	79	26	4,533	2,543	1,757	448	149
Virginia:									
Hampton	427	223	94	110	7,704	5,284	1,831	1,197	334
Richmond	694	459	175	60	14,660	11,698	3,925	1,108	562
Salem	728	300	76	352	7,792	5,248	2,372	3,035	612
Washington:									
American Lake	423	132	.....	291	3,377	2,000	.....	1,717	376
Seattle	300	137	97	66	8,528	5,722	2,557	839	255
Spokane	210	126	85	.....	4,080	2,838	1,678	.....	153
Walla Walla	148	86	26	37	2,452	1,523	507	566	106
West Virginia:									
Beckley	174	114	60	.....	5,301	4,368	1,332	.....	134
Clarksburg	216	113	66	37	5,735	3,897	1,498	721	180
Huntington	177	111	65	.....	4,654	3,120	1,891	.....	141
Martinsburg	414	332	60	22	6,595	5,069	1,615	469	368
Wisconsin:									
Madison	333	165	147	20	9,348	6,627	3,159	333	225
Tomah	798	333	.....	465	3,196	1,735	.....	2,149	632
Wood	715	383	239	93	14,288	9,558	4,568	1,555	566
Wyoming:									
Cheyenne	129	94	35	.....	2,789	2,301	582	.....	89
Sheridan	339	127	.....	212	2,096	1,384	.....	1,264	292

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1982 – September 1983).*

[2] *Based on the number of discharges and deaths during FY 1983, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1983. Interhospital transfers are excluded from the overall total but are included in the individual hospital totals.*

[3] *Beginning with FY 1973, patients coming to VA hospitals for chronic dialysis are considered to be inpatients; there were 235,491 such patients during FY 1983.*

[4] *Based on the number of discharges and deaths during FY 1983, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1983. Interhospital transfers (31,550) are excluded from the overall totals. Intrahospital transfers (i.e., movement of patients from one type of bed section to another) are included in both the overall bed section totals and in the individual hospital bed section totals.*

[5] *Based on total patient days during FY 1983 divided by the number of days in the fiscal year.*

[6] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on diagnostic basis.*

[7] *Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.*

[8] *Includes data for two divisions of the VA medical center.*

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1983

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1983[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Total	1,101	29,079	29,167	29,927	2,482	8,525	18,920	760
Medical Bed Section Total	375	18,708	18,663	18,859	1,583	5,296	11,980	196
Surgical Bed Section Total	98	3,676	3,732	3,783	612	903	2,268	51
Psychiatric Bed Section Total	627	6,695	6,772	7,285	287	2,326	4,672	513
Alabama:								
Montgomery	3	323	321	326	.....	192	134	5
Tuscaloosa	.....	4	3	4	.....	4	.....	1
Alaska: Anchorage (RO)	103	4,226	4,225	4,272	231	150	3,891	47
Arizona:								
Phoenix	3	216	215	218	.....	36	182	3
Tucson	1	112	112	114	.....	102	12	2
Arkansas: Little Rock	4	364	364	364	.....	124	240	.....
California:								
Fresno	1	106	105	106	.....	106	.....	1
Loma Linda	1	87	85	87	.....	87	.....	2
Long Beach	.....	34	35	35	.....	11	24	.....
Los Angeles (OC)	13	455	456	456	.....	168	288	.....
Martinez	.....	2	2	2	.....	.....	2	.....
Palo Alto	.....	.....	.....	.....	.....	.....	.....	.....
San Diego	3	280	287	288	.....	40	248	1
San Francisco	13	851	851	851	.....	524	327	.....
West Los Angeles (Wadsworth)	.....	55	55	55	.....	37	18	.....
Colorado:								
Denver	3	189	192	195	2	56	137	3
Fort Lyon	.....	2	2	2	.....	2	.....	.....
Connecticut: Newington	4	198	200	200	.....	86	114	.....
Delaware: Wilmington	.....	14	15	15	.....	.....	15	.....
District of Columbia: Washington	.....	26	27	27	15	.....	12	.....
Florida:								
Bay Pines	40	2,860	2,866	2,887	3	1,067	1,817	21
Gainesville	.....	8	8	8	.....	.....	8	.....
Lake City	.....	7	7	7	.....	.....	7	.....
Miami	6	350	349	350	.....	350	.....	1
Tampa	.....	27	26	27	.....	.....	27	1
Georgia:								
Atlanta	5	361	361	361	.....	361	.....	.....
Augusta	.....	27	27	27	.....	27	.....	.....
Hawaii: Honolulu (RO)	58	1,454	1,456	1,510	1,122	263	125	54
Idaho: Boise	2	183	183	183	.....	105	78	.....
Illinois:								
Chicago (Lakeside)	.....	9	9	9	.....	.....	9	.....
Chicago (West Side)	12	550	550	550	.....	173	377	.....
Marion	.....	20	20	20	.....	20	.....	.....
Indiana: Indianapolis	8	474	480	481	.....	190	291	1
Iowa:								
Des Moines	1	87	87	87	.....	10	77	.....
Iowa City	1	103	106	106	.....	106	.....	.....
Kansas:								
Leavenworth	.....	8	8	8	1	.....	7	.....
Topeka	.....	3	3	3	.....	3	.....	.....
Wichita	1	114	114	114	.....	.....	114	.....
Kentucky:								
Lexington	.....	49	49	49	.....	49	.....	.....
Louisville	2	104	104	104	.....	78	26	.....
Louisiana:								
Alexandria	.....	.....	.....	.....	.....	.....	.....	.....
New Orleans	5	230	228	230	.....	21	209	2
Shreveport	2	106	106	106	.....	1	105	.....
Maine: Togus	2	166	166	166	.....	.....	166	.....
Maryland: Baltimore	4	127	133	134	.....	1	133	1
Massachusetts:								
Bedford	.....	12	12	12	.....	1	11	.....
Boston	.....	.....	.....	.....	.....	.....	.....	.....
Boston (OC)	3	269	269	269	.....	17	252	.....
Northampton	.....	14	15	15	.....	15	.....	.....
West Roxbury	.....	.....	.....	.....	.....	.....	.....	.....
Michigan:								
Allen Park	8	355	355	355	.....	132	223	.....
Ann Arbor	.....	28	29	30	.....	30	.....	1
Iron Mountain	.....	35	36	36	.....	36	.....	.....
Minnesota: Minneapolis	10	421	424	424	.....	208	216	.....
Mississippi: Jackson	1	88	88	88	.....	66	22	.....
Missouri:								
Columbia	2	200	200	203	.....	203	.....	3
Kansas City	4	132	132	132	.....	.....	132	.....
St. Louis	3	80	81	81	3	.....	78	.....
Montana: Fort Harrison	2	208	207	208	.....	.....	208	1

See footnotes at end of table.

TABLE 17—Continued

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1983

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1983[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Nebraska:								
Grand Island	.....	.....	.....	.....	.....	.....	.....	.....
Lincoln	1	57	57	57	.....	4	53	.....
Omaha	.....	21	21	21	.....	9	12	.....
Nevada:								
Las Vegas (OC)	4	154	154	156	.....	60	96	2
Reno	1	108	105	108	.....	98	10	3
New Hampshire: Manchester	1	106	105	106	.....	10	96	1
New Jersey: East Orange	2	119	120	121	.....	12	109	1
New Mexico: Albuquerque	1	136	137	137	.....	8	129	.....
New York:								
Albany	2	27	27	27	.....	.....	27	.....
Batavia	.....	.....	.....	.....	.....	.....	.....	.....
Bath	.....	18	18	18	.....	.....	18	.....
Brooklyn	2	44	44	44	.....	36	8	.....
Buffalo	2	69	68	69	.....	10	59	1
Canandaigua	.....	4	4	4	.....	4	.....	.....
New York	16	307	317	317	.....	197	120	.....
Syracuse	2	113	112	114	.....	.....	114	2
North Carolina:								
Asheville	.....	12	12	12	.....	.....	12	.....
Salisbury	6	220	220	220	.....	39	181	.....
North Dakota:								
Fargo	7	345	343	354	266	1	87	11
Ohio:								
Cincinnati	4	191	190	191	.....	128	63	1
Cleveland	2	162	162	162	.....	7	155	.....
Columbus (OC)	5	329	326	330	.....	147	183	4
Oklahoma:								
Muskogee	10	191	190	192	.....	192	.....	2
Oklahoma City	1	79	82	82	.....	82	.....	.....
Oregon:								
Portland	5	380	380	380	.....	50	330	.....
Roseburg	.....	2	2	2	.....	2	.....	.....
White City (Dom)	1	70	71	71	.....	.....	71	.....
Pennsylvania:								
Altoona	1	88	88	88	.....	.....	88	.....
Butler	.....	17	17	17	.....	17	.....	.....
Coatesville	.....	16	16	16	.....	16	.....	.....
Erie	1	51	50	51	.....	51	.....	1
Lebanon	1	118	119	119	.....	9	110	.....
Philadelphia	8	396	396	396	2	60	334	.....
Pittsburgh (Univ. Dr.)	1	34	34	34	.....	.....	34	.....
Pittsburgh (Highland Dr.)	.....	20	20	20	.....	.....	20	.....
Wilkes-Barre	9	249	250	253	.....	40	213	3
Philippines: Manila (RO)	45	964	978	1,019	.....	1,005	14	41
Puerto Rico: San Juan	530	2,921	2,962	3,449	.....	61	3,388	487
Rhode Island: Providence	1	127	126	127	.....	22	105	1
South Carolina: Columbia	8	169	168	170	.....	81	89	2
South Dakota:								
Fort Meade	.....	2	2	2	.....	2	.....	.....
Sioux Falls	1	32	32	32	.....	3	29	.....
Tennessee: Nashville	4	283	284	284	.....	141	143	.....
Texas:								
Amarillo	9	284	281	285	.....	2	283	4
Dallas	4	226	227	227	.....	114	113	.....
El Paso (OC)	20	816	815	835	517	102	216	20
Houston	2	120	120	120	.....	16	104	.....
Marlin	.....	.....	.....	.....	.....	.....	.....	.....
San Antonio	4	243	244	248	48	47	153	4
Waco	3	102	102	102	.....	45	57	.....
Utah: Salt Lake City	.....	57	57	57	.....	.....	57	.....
Vermont: White River Junction	2	101	102	102	.....	5	97	.....
Virginia:								
Hampton	.....	6	6	6	.....	.....	6	.....
Richmond	.....	3	3	3	.....	3	.....	.....
Salem	11	308	309	310	.....	17	293	1
Washington:								
American Lake	6	270	270	276	272	1	3	6
Seattle	7	574	574	582	.....	205	377	8
West Virginia:								
Huntington	1	68	67	68	.....	68	.....	1
Martinsburg	.....	4	3	4	.....	4	.....	1
Wisconsin: Wood	4	278	277	278	.....	12	266	1
Wyoming:								
Cheyenne	.....	22	22	22	.....	22	.....	.....
Sheridan	.....	33	33	33	.....	.....	33	.....

[1] *Excludes State Home hospitals.*
[2] *Based on the number of patient days during the fiscal year divided by the number of days in the year rounded to the nearest whole number.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Total on rolls (bed occupants and patients on authorized leave of absence).*

NOTE: Excludes one-day dialysis visits.

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence[1] —June 15, 1983

Reported State of Residence	All Patients			Type of Patient					
				Medical and Surgical		Psychotic		Other Psychiatric	
	Total[2]	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	65,530	56,798	86.7	38,834	87.2	16,551	86.4	10,145	85.1
United States	64,897	56,177	86.6	38,415	87.1	16,372	86.3	10,109	85.1
Alabama	1,422	1,194	84.0	729	81.2	533	91.0	160	73.1
Alaska	.....	.....	.....	.....	.....	.....	.....	.....	.....
Arizona	772	710	92.0	570	93.2	67	79.1	135	93.3
Arkansas	1,031	934	90.6	726	88.4	125	92.8	180	97.2
California	4,785	4,695	98.1	3,117	97.9	768	99.2	899	98.0
Colorado	571	496	86.9	241	96.3	174	90.8	156	67.9
Connecticut	754	598	79.3	466	94.4	212	47.2	77	75.3
Delaware	201	120	59.7	135	88.9	40	.....	25	.....
District of Columbia	413	323	78.2	263	84.4	101	66.3	49	69.4
Florida	2,381	2,032	85.3	1,612	91.6	419	63.5	350	82.9
Georgia	1,649	1,234	74.8	983	73.2	405	77.3	261	76.6
Hawaii	.....	.....	.....	.....	.....	.....	.....	.....	.....
Idaho	177	84	47.5	156	47.4	9	33.3	12	58.3
Illinois	3,702	3,236	87.4	2,362	86.0	882	88.9	458	91.7
Indiana	1,463	1,110	75.9	688	68.8	563	82.8	212	80.2
Iowa	800	652	81.5	421	77.2	268	92.2	111	72.1
Kansas	974	833	85.5	502	77.1	309	92.9	164	97.0
Kentucky	1,175	963	82.0	742	79.1	265	83.8	168	91.7
Louisiana	1,156	885	76.6	802	90.0	202	31.2	152	65.1
Maine	373	347	93.0	187	88.8	102	100.0	84	94.0
Maryland	1,226	892	72.8	686	65.3	262	87.8	278	77.0
Massachusetts	2,457	2,325	94.6	1,113	91.1	994	98.3	350	95.4
Michigan	1,585	1,502	94.8	765	93.5	560	98.4	260	91.2
Minnesota	1,195	1,044	87.4	557	82.8	355	96.3	283	85.2
Mississippi	952	718	75.4	624	71.8	192	88.5	137	73.7
Missouri	1,529	1,180	77.2	1,076	82.1	260	55.8	193	78.8
Montana	342	155	45.3	193	64.8	46	10.9	103	24.3
Nebraska	645	454	70.4	423	85.1	118	17.8	105	69.5
Nevada	247	130	52.6	208	51.9	29	58.6	10	50.0
New Hampshire	271	111	41.0	184	44.6	43	14.0	44	54.5
New Jersey	1,857	1,609	86.6	879	87.6	729	88.5	248	78.6
New Mexico	311	237	76.2	200	87.5	29	69.0	82	51.2
New York	6,444	6,295	97.7	3,848	98.5	1,776	97.3	820	94.8
North Carolina	1,705	1,559	91.4	1,008	91.2	487	93.0	210	89.0
North Dakota	174	82	47.1	108	67.6	25	.....	41	22.0
Ohio	2,440	2,151	88.2	1,366	86.8	663	90.3	411	89.1
Oklahoma	572	423	74.0	388	88.4	64	12.5	120	60.0
Oregon	723	539	74.6	465	74.4	158	80.4	100	66.0
Pennsylvania	3,820	3,549	92.9	1,781	93.7	1,489	93.2	549	89.8
Rhode Island	243	186	76.5	174	94.3	45	15.6	24	62.5
South Carolina	900	497	55.2	642	61.2	144	38.2	114	43.0
South Dakota	491	402	81.9	268	79.1	116	75.9	106	96.2
Tennessee	1,586	1,489	93.9	966	93.9	407	92.6	213	96.2
Texas	4,091	3,837	93.8	2,565	92.7	804	96.5	722	94.3
Utah	248	195	78.6	116	95.7	68	29.4	64	100.0
Vermont	135	103	76.3	98	83.7	17	29.4	21	76.2
Virginia	1,601	1,270	79.3	1,063	78.9	322	87.9	216	68.5
Washington	900	823	91.4	475	88.0	248	96.0	177	94.4
West Virginia	773	575	74.4	578	84.4	100	26.0	96	63.5
Wisconsin	1,409	1,223	86.8	790	86.1	307	83.4	312	92.0
Wyoming	224	176	78.6	106	66.0	71	88.7	47	89.4
Outside United States	633	621	98.1	419	97.9	178	100.0	36	91.7
Puerto Rico	621	621	100.0	410	100.0	178	100.0	33	100.0
All other	12	.....	.....	9	.....	.....	.....	3	.....

[1] *Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on June 15, 1983.*

[2] *Totals may not add due to rounding.*

TABLE 19

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—June 15, 1983

Diagnostic Composition of Patients[2]	All Patients	Period of Service						Average Age	Age						
		Vietnam Era	Post Korean[3]	Korean Conflict[4]	WW II	WW I	All Others[5]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	65,530	10,891	4,178	8,079	34,992	3,186	4,204	56.8	7,467	6,452	9,669	22,386	13,008	3,676	2,871
I. Infective and parasitic diseases	602	70	39	75	329	25	64	56.7	58	39	107	259	83	36	19
Pulmonary tuberculosis (011)	252	20	29	38	140	10	15	57.8	15	9	70	115	25	9	10
Tuberculosis, other (010, 012-018)	25	5	.....	.....	20	.....	.....	(6)	.....	5	.....	5	10	5	.....
Tuberculosis, late effects (137)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other infectious and parasitic diseases (001-009, 020-136)	324	45	10	36	169	15	49	55.4	44	25	38	140	48	21	9
Late effects of other infectious and parasitic diseases (138-139)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms	6,299	335	378	739	4,384	296	166	62.2	109	170	850	2,796	1,746	349	279
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	564	15	49	97	388	5	10	60.0	5	6	122	265	146	16	5
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	1,017	45	43	119	736	55	20	63.3	5	30	104	446	319	68	45
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	1,575	36	95	203	1,175	45	21	61.8	6	19	203	837	410	59	41
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	294	10	32	46	191	.....	15	60.2	.....	10	62	126	81	15	.....
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	498	65	21	39	331	19	25	59.6	35	21	63	230	119	15	14
Malignant neoplasm of genitourinary organs (179-189, 233)	882	20	38	70	629	95	30	67.2	.....	10	65	309	306	91	102
Malignancies of all other systems (170-175, 190-199, 232, 234)	952	99	71	93	593	68	28	61.5	38	48	143	377	239	45	62
Neoplasms, benign (210-229)	200	21	4	21	149	.....	5	60.4	5	16	21	95	49	15	.....
Neoplasms of unspecified nature (235-239)	316	26	25	51	194	10	11	59.6	16	11	66	111	76	26	10
III. Endocrine, nutritional and metabolic diseases and immunity disorders	1,557	148	73	165	1,089	63	20	60.7	40	96	215	667	409	77	53
Diabetes mellitus (250)	1,171	91	56	132	839	33	20	60.4	30	58	174	529	300	53	28
Diseases of the endocrine glands (240-246, 251-259)	140	30	5	.....	99	6	.....	60.5	5	20	11	40	55	5	6
Gout (274)	33	.....	.....	5	28	.....	.....	(6)	.....	.....	5	18	10	.....	.....
Obesity (278.0-278.1)	32	10	.....	12	10	.....	.....	(6)	5	7	5	16	.....	.....	.....
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	169	11	11	11	112	25	.....	66.1	.....	6	16	64	44	20	19
Disorders involving the immune mechanisms (279)	10	6	.....	4	.....	.....	.....	(6)	.....	6	4	.....	.....	.....	.....
IV. Diseases of the blood and blood-forming organs	288	15	10	21	194	43	5	66.2	5	11	36	104	55	29	48
Anemias (280-282.4, 282.7-285)	197	5	.....	10	140	37	5	69.8	.....	.....	26	55	45	29	42
Sickle-cell trait and sickle cell anemia (282.5-282.6)	5	.....	5	.....	.....	.....	.....	(6)	.....	.....	5	.....	.....	.....	.....
Other diseases of the blood and blood-forming organs (286-289)	86	10	5	11	54	6	.....	(6)	5	11	5	49	10	.....	6

V. Mental Disorders	26,696	7,400	2,179	3,485	10,174	963	2,494	50.9	5,574	4,330	4,545	7,094	3,237	1,044	873
Alcohol psychosis (291)	1,105	51	37	116	836	5	59	61.4	27	20	147	504	310	92	5
Drug psychosis (292)	21	.....	.....	.....	.....	.....	21	(6)	16	5	.....	.....	.....	.....	.....
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	2,178	89	90	205	1,389	349	57	67.7	29	77	210	569	656	334	302
Schizophrenic disorders (295)	10,580	2,975	1,021	1,666	3,612	245	1,061	48.6	2,468	1,775	2,093	2,965	864	203	212
Other psychoses (296-299)	2,667	579	209	340	1,272	71	197	53.3	432	346	408	893	429	93	66
Neurotic disorders (300)	877	313	61	120	299	10	73	48.4	184	165	196	225	83	9	14
Personality disorders (301)	509	284	43	24	55	.....	103	37.0	256	129	55	65	5	.....	.....
Alcohol dependence or abuse (303, 305.0)	5,118	1,917	498	750	1,376	.....	577	45.6	1,317	1,152	1,092	1,180	332	45	.....
Drug dependence or abuse (304, 305.1-305.9)	757	448	57	36	32	.....	184	34.5	463	211	47	36	.....	.....	.....
Other nonpsychotic mental disorders (302, 306-319)	2,884	744	162	229	1,303	283	163	57.6	382	450	296	658	558	267	273
VI. Diseases of the nervous system and sense organs	3,980	411	288	496	2,415	129	241	58.5	267	334	550	1,535	952	231	111
Quadriplegia (344.0)	298	51	19	39	136	.....	53	50.1	65	31	45	117	40	.....	.....
Paraplegia (344.1)	224	41	21	25	100	.....	38	50.4	43	34	23	88	36	.....	.....
Epilepsy (345)	110	31	5	26	26	.....	22	46.0	27	26	21	22	14	.....	.....
Disorders of the peripheral nervous system (350-359)	318	60	26	46	172	.....	15	55.8	15	29	67	131	76	.....	.....
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	2,366	172	187	293	1,536	80	98	60.2	93	177	335	877	646	171	67
Glaucoma (365)	52	.....	6	5	42	.....	.....	(6)	.....	.....	10	33	4	5	.....
Cataract (366)	252	6	15	25	169	33	5	67.3	.....	.....	30	102	61	31	28
Blindness (369)	93	11	.....	5	67	4	6	(6)	6	11	5	26	21	14	10
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	179	20	11	29	104	12	4	60.6	10	15	10	78	49	11	6
Diseases of the ear and mastoid process (380-389)	88	20	.....	5	63	.....	.....	(6)	10	10	5	59	4	.....	.....
VII. Diseases of the circulatory system	8,791	428	286	1,033	6,132	676	236	64.2	129	217	935	3,545	2,608	759	598
Chronic rheumatic heart disease (393-398)	31	9	.....	.....	22	.....	.....	(6)	9	.....	.....	17	5	.....	.....
Hypertensive disease without heart involvement (401, 403, 405)	325	24	17	59	205	15	6	59.7	6	15	60	152	67	16	10
Hypertensive heart disease (402, 404)	43	.....	.....	8	30	5	.....	(6)	.....	.....	9	18	12	.....	5
Acute myocardial infarction (410)	495	13	29	82	334	26	11	62.8	.....	25	52	255	92	40	31
Other ischemic heart disease (411-414)	1,575	88	94	207	1,022	104	61	62.8	16	64	271	578	445	96	105
Other forms of heart disease (391, 392.0, 420-429)	1,477	82	30	101	1,055	179	30	65.9	28	24	106	565	443	141	169
Cerebrovascular diseases (430-438)	3,021	107	70	342	2,148	274	79	65.8	54	15	230	1,165	1,013	334	210
Atherosclerosis (440)	134	5	5	4	98	18	5	67.0	.....	10	4	36	62	10	11
Other diseases of arteries, arterioles and capillaries (441-448)	1,079	40	19	167	792	34	26	63.4	5	20	125	489	309	98	34
Varicose veins of lower extremities (454)	119	10	.....	20	81	9	.....	63.4	.....	10	15	50	21	15	9
Hemorrhoids (455)	70	15	.....	10	40	.....	5	(6)	5	15	10	29	10	.....	.....
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	422	33	22	33	306	13	14	60.9	6	19	54	191	129	11	13
VIII. Diseases of the respiratory system	3,087	154	92	220	2,290	233	99	64.7	90	80	207	1,153	1,057	308	192
Acute respiratory infections (460-466)	34	6	.....	5	18	5	.....	(6)	.....	6	.....	10	13	.....	5
Pneumonia and influenza (480-487)	523	36	.....	33	353	86	15	66.5	21	21	18	172	155	75	61
Chronic bronchitis (491)	62	.....	.....	5	57	.....	.....	(6)	.....	.....	5	26	26	5	.....
Emphysema (492)	76	.....	6	.....	61	10	.....	(6)	.....	.....	.....	37	23	6	10
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	2,392	112	86	177	1,081	132	83	64.2	69	53	183	908	840	222	116

See footnotes at end of table.

TABLE 19—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—June 15, 1983

Diagnostic Composition of Patients[2]	All Patients	Period of Service						Average Age	Age						
		Vietnam Era	Post Korean [3]	Korean Conflict [4]	WW II	WW I	All Others [5]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
IX. Diseases of the digestive system	3,639	485	274	475	2,104	130	170	58.3	211	313	642	1,408	748	199	117
Diseases of oral cavity, salivary glands and jaws (520-529)	76	25	.....	16	29	.....	6	(6)	10	6	31	20	9	.....	.....
Ulcers of the digestive system (530.2, 531-534)	283	5	30	30	205	5	9	60.4	4	14	29	153	67	10	5
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	294	27	14	40	198	10	6	60.7	10	12	48	93	109	15	5
Hernia of the abdominal cavity (550-553)	482	63	26	66	307	9	10	58.3	20	47	77	213	95	15	14
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	1,172	151	73	127	659	83	80	59.9	95	79	150	435	252	79	83
Alcohol related liver disorders (571.0-571.3)	233	35	36	46	102	.....	15	52.3	15	34	72	92	20	.....	.....
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577)	1,097	179	96	150	604	23	45	57.2	57	120	234	402	195	80	10
X. Diseases of the genitourinary system	1,945	112	70	216	1,286	185	75	63.1	92	85	219	682	521	173	172
Nephritis, nephrotic syndrome and nephrosis (580-589)	468	31	36	67	294	20	21	59.8	30	25	82	169	111	36	15
Other diseases of the urinary system (590-599)	805	77	20	75	497	96	40	62.4	62	45	85	266	199	56	92
Diseases of the prostate (600-602)	522	5	5	30	409	69	5	67.8	.....	5	15	204	167	71	60
Other diseases of the male genital organs (603-608)	119	.....	10	39	65	.....	5	58.9	.....	10	32	38	29	10	.....
Disorders of breast and gynecological diseases (610-629)	30	.....	.....	5	21	.....	5	(6)	.....	.....	5	5	16	.....	5
XII. Diseases of the skin and subcutaneous tissue	1,167	192	60	133	623	64	96	57.2	106	130	178	419	220	60	53
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	562	105	24	75	272	35	51	56.3	46	69	104	223	64	27	29
Other diseases of skin and subcutaneous tissue (700-709)	605	87	36	58	351	29	44	58.0	60	61	73	196	156	33	24
XIII. Diseases of the musculoskeletal system and connective tissue	2,178	342	124	368	1,171	63	110	56.4	172	217	411	857	393	80	48
Osteoarthrosis and allied disorders (715)	255	19	10	40	163	14	9	62.7	10	9	39	74	90	23	10
Other arthropathies and related disorders (710-714, 716-719)	475	59	19	77	295	17	8	58.2	14	46	67	236	86	16	11
Dorsopathies (720-724)	669	146	56	102	296	9	60	53.1	93	85	138	236	89	26	3
Rheumatism, excluding the back (725-729)	253	19	14	57	143	10	10	57.6	9	15	63	123	33	.....	10
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739)	525	99	24	92	273	14	22	55.3	47	63	103	189	94	15	14
XIV. Congenital deformities (740-759)	111	9	25	20	50	.....	6	55.4	15	.....	36	27	34	.....	.....
XVI. Symptoms, signs and ill-defined conditions (780-799)	2,190	205	129	255	1,385	149	66	61.2	104	110	310	911	493	118	143

XVII. Injury and poisoning	2,397	502	123	327	1,040	109	296	53.8	443	258	373	716	346	156	104
Fracture of skull (800-804)	90	35	.....	15	15	6	19	(6)	39	15	5	25	.....	6	.....
Fracture of neck and trunk (805-809)	233	41	11	23	109	9	40	53.6	36	41	28	70	29	21	9
Fracture of upper and lower limb (810-829)	778	87	30	130	424	36	70	60.1	58	44	142	229	178	86	42
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	140	26	5	20	81	.....	10	53.5	25	10	20	58	22	5	.....
Intracranial injury, excluding those with skull fracture (850-854)	150	40	15	20	36	10	30	47.6	50	14	19	51	5	.....	10
Internal injury of chest, abdomen and pelvis (860-869)	19	5	.....	.....	4	10	.....	(6)	5	.....	.....	4	.....	.....	10
Open wounds (870-897)	170	39	23	13	62	.....	31	47.9	41	39	13	50	28	.....	.....
Burns (940-949)	44	9	5	.....	10	9	10	(6)	9	5	6	15	.....	.....	9
Poisoning by drugs, medicinal and biological substances (960-979)	46	21	.....	.....	19	.....	5	(6)	21	.....	6	9	5	5	.....
Toxic effects of substances chiefly nonmedical as to source (980-989)	17	6	.....	.....	.....	.....	11	(6)	5	6	6	.....	.....	.....	.....
All other injuries (900-904, 910-939, 950-959, 990-995)	230	65	4	32	80	10	38	48.5	70	28	33	50	29	10	10
Complications of surgical and medical care, NEC (996-999)	274	47	15	43	151	13	5	58.3	15	20	56	126	29	20	9
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	206	79	15	31	49	5	27	45.8	70	36	41	30	21	4	5
XVIII. Factors influencing health status and contact with health services (V01-V82)	605	84	27	49	326	57	61	60.5	51	62	56	214	105	56	60

[1] *Estimates based on tabulations of a 20 percent systematic random sample of records of patients remaining on June 15, 1983.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XI, "Complications of Pregnancy, Childbirth and Puerperium" and Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, are not included in this table.*

[3] *Service between February 1, 1955 and August 4, 1964.*

[4] *Service between June 22, 1950 and January 31, 1955.*

[5] *Consists of 5 Spanish-American War veterans; 1,124 peacetime, 2,774 post-Vietnam, 209 active military and 92 non-veterans.*

[6] *Average age not calculated for totals less than 100 cases.*

NOTE: Totals or sub-totals in Tables 19, 21, 22, 24, and 27 may not agree due to rounding of data.

TABLE 20

VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Group[1]—June 15, 1983

Diagnostic Composition of Patients[2]	Total	Percent in Each Diagnostic Category for Specified Length of Stay						
		90 Days or Less	91 Days or More	More Than (Years)				
				1	2	5	10	20
All patients	65,530	72.6	27.4	15.5	11.0	5.5	2.2	1.0
Psychotic	16,551	42.9	57.1	38.1	28.4	15.9	6.9	3.5
Alcohol psychoses (291)	1,105	30.7	69.3	47.1	33.5	15.1	4.4	.....
Drug psychoses (292)	21	28.6	71.4	23.8	23.8	23.8	.....	.....
Other psychoses (290, 293-299)	15,425	43.8	56.2	37.4	28.1	15.9	7.1	3.7
Other psychiatric	10,145	77.0	23.0	11.2	7.7	3.0	.9	.4
Alcohol dependence and abuse (303, 305.0)	5,118	92.4	7.6	1.9	1.0	.5	.2	.....
Drug dependence and abuse (304, 305.1-305.9)	757	81.0	19.0	3.3	.9	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	4,270	57.9	42.1	23.8	16.9	6.7	1.8	.8
Medical and surgical	38,834	84.1	15.9	7.0	4.5	1.7	.5	.1
All infectious and parasitic diseases (001-139)	602	79.9	20.1	3.5	1.8	1.0	.....	.....
Malignant neoplasms (140-208, 230-234)	5,783	92.7	7.2	1.1	.4	.1	.1	.....
Benign and unspecified neoplasms (210-229, 235-239)	516	88.6	11.4	5.2	1.0	1.0	1.0	.....
Diabetes mellitus (250)	1,171	87.4	12.7	6.6	3.5	1.5	.....	.....
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	375	90.4	9.6	.....	.....	.....	.....	.....
Disorders involving the immune mechanisms (279)	10	40.0	60.0	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	288	88.9	11.1	4.2	1.7	.....	.....	.....
Quadriplegia (344.0)	298	41.3	58.4	29.9	23.2	14.1	4.0	2.0
Paraplegia (344.1)	224	63.8	36.2	10.3	4.5	2.7	2.7	2.7
Other diseases of the nervous system (320-343, 344.2-359)	2,794	45.9	54.1	36.6	26.1	9.7	2.6	.4
Diseases of the sense organs (360-389)	664	92.9	7.1	4.8	4.1	2.6	2.0	.....
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,622	91.4	8.6	2.8	1.6	.5	.1	.....
Cerebrovascular diseases (430-438)	3,021	66.7	33.3	16.4	10.6	3.3	.9	.2
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	2,149	86.5	13.5	2.5	1.0	.....	.....	.....
Acute respiratory diseases (460-466, 480-487)	557	92.8	7.2	2.0	.9	.....	.....	.....
Chronic bronchitis and emphysema (491-492)	138	79.0	21.0	3.6	3.6	.....	.....	.....
Other respiratory diseases (470-478, 490, 493-519)	2,392	84.2	15.8	8.5	3.9	.6	.....	.....
Diseases of the oral cavity, salivary glands, and jaws (520-529)	76	85.5	14.5	.....	.....	.....	.....	.....
Hernia of the abdominal cavity (550-553)	482	98.1	1.9	.....	.....	.....	.....	.....
Alcohol related liver diseases (571.0-571.3)	233	93.6	6.4	4.3	2.1	.....	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,847	95.9	4.1	1.5	.7	.1	.1	.....
Diseases of the male genital organs (600-608)	642	100.0	.....	.....	.....	.....	.....	.....
Other diseases of the genitourinary system (580-599)	1,273	92.9	7.1	2.0	.8	.....	.....	.....
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	30	100.0	.....	.....	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,167	84.8	15.1	1.6	.8	.3	.3	.....
Diseases of the musculoskeletal system and connective tissue (710-739)	2,178	92.7	7.3	2.2	1.7	1.0	.3	.3
Congenital anomalies (740-759)	111	87.4	12.6	8.1	8.1	4.5	.....	.....
Symptoms, signs and ill-defined conditions (780-799)	2,190	90.9	9.1	3.6	2.2	.7	.2	.2
Injuries and poisonings (800-904, 910-999)	2,191	81.0	19.0	6.0	3.7	1.5	1.3	.2
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	206	38.3	61.7	42.7	26.2	22.8	7.3	.....
Factors influencing health status and contact with health service (V01-V82)	605	78.3	21.8	6.9	6.0	1.7	.....	.....

[1] *Figures shown are estimates based on tabulations of a 20 percent random sample of records for patients remaining on June 15, 1983.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

NOTE: Totals may not add due to rounding.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group[1]
June 15, 1983

Diagnostic Composition of Patients[2]	Total		Age							
			Under 55		55-64		65-74		75 and Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients	65,530	100.0	23,589	100.0	22,386	100.0	13,008	100.0	6,547	100.0
Psychotic	16,551	25.3	8,053	34.1	4,930	22.0	2,259	17.4	1,309	20.0
Alcohol psychoses (291)	1,105	1.7	194	.8	504	2.3	310	2.4	97	1.5
Drug psychoses (292)	21	.....	21	.1	.....	.....	.....	.....	.....	.....
Other psychoses (290, 293-299)	15,425	23.5	7,838	33.2	4,426	19.8	1,949	15.0	1,211	18.5
Other psychiatric	10,145	15.5	6,396	27.1	2,164	9.7	978	7.5	608	9.3
Alcohol dependence and abuse (303, 305.0)	5,118	7.8	3,561	15.1	1,180	5.3	332	2.6	45	.7
Drug dependence and abuse (304, 305.1-305.9)	757	1.2	721	3.1	36	.2	.....	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	4,270	6.5	2,114	9.0	948	4.2	646	5.0	563	8.6
Medical and surgical	38,834	59.3	9,140	38.7	15,293	68.3	9,771	75.1	4,630	70.7
All infectious and parasitic diseases (001-139)	602	.9	205	.9	259	1.2	83	.6	55	.8
Malignant neoplasms (140-208, 230-234)	5,783	8.8	994	4.2	2,590	11.6	1,621	12.5	577	8.8
Benign and unspecified neoplasms (210-229, 235-239)	516	.8	135	.6	206	.9	125	1.0	50	.8
Diabetes mellitus (250)	1,171	1.8	262	1.1	529	2.4	300	2.3	81	1.2
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	375	.6	79	.3	138	.6	109	.8	49	.7
Disorders involving the immune mechanisms (279)	10	.....	10	.....	.....	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	288	.4	52	.2	104	.5	55	.4	77	1.2
Quadriplegia (344.0)	298	.5	141	.6	117	.5	40	.3	.....	.....
Paraplegia (344.1)	224	.3	99	.4	88	.4	36	.3	.....	.....
Other diseases of the nervous system (320-343, 344.2-359)	2,794	4.3	789	3.3	1,031	4.6	736	5.7	238	3.6
Diseases of the sense organs (360-389)	664	1.0	122	.5	299	1.3	140	1.1	104	1.6
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,622	5.5	604	2.6	1,433	6.4	997	7.7	587	9.0
Cerebrovascular diseases (430-438)	3,021	4.6	299	1.3	1,165	5.2	1,013	7.8	544	8.3
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	2,149	3.3	377	1.6	947	4.2	598	4.6	226	3.5
Acute respiratory diseases (460-466, 480-487)	557	.8	66	.3	182	.8	168	1.3	141	2.2
Chronic bronchitis and emphysema (491-492)	138	.2	5	.....	63	.3	49	.4	21	.3
Other respiratory diseases (470-478, 490, 493-519)	2,392	3.7	305	1.3	908	4.1	840	6.5	338	5.2
Diseases of the oral cavity, salivary glands and jaws (520-529)	76	.1	47	.2	20	.1	9	.1	.....	.....
Hernia of the abdominal cavity (550-553)	482	.7	144	.6	213	1.0	95	.7	29	.4
Alcohol related liver diseases (571.0-571.3)	233	.4	121	.5	92	.4	20	.2	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,847	4.3	854	3.6	1,083	4.8	623	4.8	287	4.4
Diseases of the male genital organs (600-608)	642	1.0	62	.3	242	1.1	196	1.5	142	2.2
Other diseases of the genitourinary system (580-599)	1,273	1.9	330	1.4	435	1.9	310	2.4	198	3.0
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	30	.....	5	.....	5	.....	16	.1	5	.1
Diseases of the skin and subcutaneous tissue (680-709)	1,167	1.8	414	1.8	419	1.9	220	1.7	114	1.7
Diseases of the musculoskeletal system and connective tissue (710-739)	2,178	3.3	800	3.4	857	3.8	393	3.0	128	2.0
Congenital anomalies (740-759)	111	.2	51	.2	27	.1	34	.3	.....	.....
Symptoms, signs and ill-defined conditions (780-799)	2,190	3.3	524	2.2	911	4.1	493	3.8	262	4.0
Injuries and poisonings (800-904, 910-999)	2,191	3.3	928	3.9	687	3.1	325	2.5	251	3.8
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	206	.3	146	.6	30	.1	21	.2	9	.1
Factors influencing health status and contact with health service (V01-V82)	605	.9	169	.7	214	1.0	105	.8	117	1.8

[1] *Estimates based on tabulations of a 20 percent random sample of records for patients remaining on June 15, 1983.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

NOTE: Totals or sub-totals in Tables 19, 21, 22, 24, and 27 may not agree due to rounding of data.

TABLE 22

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1]
June 15, 1983

Location	Total	Age					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Total	65,530	906	6,565	6,451	9,670	22,388	19,560
Alabama:							
Birmingham	321	6	6	6	73	163	67
Montgomery	172	.....	15	5	15	49	88
Tuscaloosa	435	5	83	90	66	109	82
Tuskegee	717	.....	75	92	102	252	196
Arizona:							
Phoenix	391	.....	41	23	70	140	117
Prescott	128	.....	13	13	16	33	53
Tucson	208	6	17	11	12	81	81
Arkansas:							
Fayetteville	161	.....	5	5	5	70	76
Little Rock (Little Rock)	399	5	23	23	45	172	131
Little Rock (North Little Rock)	602	4	76	84	95	205	138
California:							
Fresno	176	6	11	17	34	46	62
Livermore	128	.....	4	4	16	56	48
Loma Linda	332	5	18	27	39	130	113
Long Beach	890	6	71	122	104	344	243
Martinez	332	5	30	43	44	112	98
Palo Alto (Palo Alto)	562	10	43	108	64	192	145
Palo Alto (Menlo Park)	465	21	150	115	62	59	58
San Diego	394	.....	29	65	51	155	94
San Francisco	259	4	18	30	37	88	82
Sepulveda	454	5	67	57	61	117	147
West Los Angeles (Brentwood)	419	5	207	62	62	57	26
West Los Angeles (Wadsworth)	486	.....	30	30	83	177	166
Colorado:							
Denver	257	9	40	18	36	72	82
Fort Lyon	316	.....	64	47	45	83	77
Grand Junction	93	.....	21	9	16	30	17
Connecticut:							
Newington	162	4	5	5	21	80	47
West Haven	461	8	64	40	77	164	108
Delaware: Wilmington	208	.....	.....	11	22	82	93
District of Columbia: Washington	603	11	65	48	133	233	113
Florida:							
Bay Pines	389	4	30	42	48	97	168
Gainesville	391	.....	36	53	39	182	81
Lake City	298	.....	5	9	46	137	101
Miami	566	6	76	70	75	215	124
Tampa	550	16	41	56	104	194	139
Georgia:							
Atlanta	375	11	50	29	48	149	88
Augusta (Forest Hills)	334	.....	20	17	51	150	96
Augusta (Lenwood)	536	5	111	82	119	161	58
Dublin	267	.....	21	16	48	80	102
Idaho: Boise	98	.....	17	7	7	39	28
Illinois:							
Chicago (Lakeside)	382	9	18	13	48	156	138
Chicago (West Side)	432	17	46	53	56	153	107
Danville	757	6	54	35	85	272	305
Hines	1,048	22	132	95	142	375	282
Marion	132	5	5	5	11	58	48
North Chicago	889	5	73	139	144	297	231
Indiana:							
Fort Wayne	149	.....	.....	11	37	53	48
Indianapolis (W. Tenth St.)	282	.....	.....	25	74	116	67
Indianapolis (Cold Spr. Rd.)	100	.....	31	15	15	31	8
Marion	661	30	60	48	117	225	181
Iowa:							
Des Moines	172	.....	10	10	25	66	61
Iowa City	263	8	17	12	20	93	113
Knoxville	405	6	61	50	55	142	91
Kansas:							
Leavenworth	308	4	8	20	38	127	111
Topeka	719	15	107	151	114	133	199
Wichita	125	.....	10	5	10	50	50
Kentucky:							
Lexington (Leestown)	509	5	42	41	56	138	227
Lexington (Cooper Drive)	271	.....	12	31	45	88	95
Louisville	257	.....	17	30	55	82	73
Louisiana:							
Alexandria	328	9	29	29	55	91	115
New Orleans	394	.....	51	44	75	128	96
Shreveport	336	4	53	30	39	125	85

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1]
June 15, 1983

Location	Total	Age					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Maine: Togus	361	9	56	42	65	101	88
Maryland:							
Baltimore	223	10	15	25	48	76	49
Fort Howard	231	.....	29	14	24	71	93
Perry Point	734	10	53	48	129	206	288
Massachusetts:							
Bedford	660	19	72	67	82	191	229
Boston	632	15	46	82	92	239	158
Brockton	712	.....	60	92	127	241	192
Northampton	493	.....	69	44	70	189	121
West Roxbury	178	10	10	14	29	48	67
Michigan:							
Allen Park	399	9	33	60	69	114	114
Ann Arbor	258	14	45	17	32	113	37
Battle Creek	701	21	151	93	130	198	108
Iron Mountain	142	5	.....	5	18	50	64
Saginaw	105	.....	13	7	13	39	33
Minnesota:							
Minneapolis	570	9	60	52	92	166	191
St. Cloud	664	12	61	72	73	211	235
Mississippi:							
Biloxi (Biloxi)	317	.....	14	9	19	196	79
Biloxi (Gulfport)	428	4	53	93	66	177	35
Jackson	388	.....	28	38	42	140	140
Missouri:							
Columbia	284	6	36	8	24	108	102
Kansas City	346	.....	31	10	56	158	91
Poplar Bluff	133	.....	6	.....	19	51	57
St. Louis (John J. Cochran)	318	4	18	13	35	102	146
St. Louis (Jefferson Barracks)	414	14	83	55	55	131	76
Montana:							
Fort Harrison	105	.....	5	5	25	25	45
Miles City	58	.....	.....	.....	22	11	25
Nebraska:							
Grand Island	105	5	5	5	5	45	40
Lincoln	163	3	10	.....	31	33	86
Omaha	294	.....	7	39	53	113	82
Nevada: Reno	156	.....	5	19	21	41	70
New Hampshire: Manchester	135	.....	11	11	.....	44	69
New Jersey:							
East Orange	743	5	69	56	108	273	232
Lyons	970	19	89	81	162	315	304
New Mexico: Albuquerque	267	.....	28	39	29	101	70
New York:							
Albany	530	.....	31	42	77	174	206
Batavia	203	.....	5	.....	25	74	99
Bath	200	.....	10	.....	9	56	125
Bronx	520	5	24	77	106	135	173
Brooklyn (Brooklyn)	604	9	70	64	79	170	212
Brooklyn (St. Albans)	114	.....	.....	.....	15	15	84
Buffalo	624	19	34	29	69	208	265
Canandaigua	851	5	64	74	117	265	326
Castle Point	214	6	12	12	36	59	89
Montrose	1,003	10	99	144	153	349	248
New York	691	5	86	56	104	230	210
Northport	696	6	39	62	129	277	183
Syracuse	253	6	6	18	35	94	94
North Carolina:							
Asheville	428	4	21	4	44	206	149
Durham	362	5	37	42	60	132	86
Fayetteville	260	.....	16	28	29	80	107
Salisbury	749	.....	20	34	153	287	255
North Dakota: Fargo	168	4	4	13	9	65	73
Ohio:							
Chillicothe	662	5	96	72	133	188	168
Cincinnati	274	9	13	40	47	84	81
Cleveland (Wade Park)	406	5	29	19	57	191	105
Cleveland (Brecksville)	602	14	158	96	109	123	102
Dayton	391	8	.....	9	44	182	148
Oklahoma:							
Muskogee	140	.....	.....	5	19	68	48
Oklahoma City	316	10	38	41	61	94	72
Oregon:							
Portland (Portland)	339	.....	23	11	43	131	131
Roseburg	269	5	28	60	42	65	69

See footnotes at end of table.

TABLE 22—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State[1]
June 15, 1983

Location	Total	Age					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Pennsylvania:							
Altoona	132	.....	5	5	11	37	74
Butler	214	.....	6	23	17	58	110
Coatesville	862	21	141	141	113	276	170
Erie	130	.....	.....	5	.....	72	53
Lebanon	782	6	70	45	118	266	277
Philadelphia	327	.....	27	19	50	126	105
Pittsburgh (Highland Drive)	675	5	103	59	116	207	185
Pittsburgh (University Drive)	349	.....	13	19	25	140	152
Pittsburgh (U. Dr. Aspinwall)	128	.....	.....	.....	5	34	89
Wilkes-Barre	378	5	17	23	44	151	138
Puerto Rico: San Juan	621	18	112	87	98	165	141
Rhode Island: Providence	253	5	14	12	51	94	77
South Carolina:							
Charleston	178	.....	11	9	37	82	39
Columbia	342	10	10	15	51	136	120
South Dakota:							
Fort Meade	312	10	44	43	57	69	89
Hot Springs	173	.....	6	40	31	40	56
Sioux Falls	186	.....	.....	12	31	51	92
Tennessee:							
Memphis	725	21	86	95	75	285	163
Mountain Home	406	10	10	15	62	164	145
Murfreesboro	462	14	48	48	76	148	128
Nashville	388	5	45	39	49	170	80
Texas:							
Amarillo	109	.....	4	.....	15	54	36
Big Spring	155	.....	.....	30	27	53	45
Bonham	74	.....	.....	.....	15	39	20
Dallas	533	15	57	28	90	214	129
Houston	916	23	140	100	190	320	143
Kerrville	216	.....	18	24	30	54	90
Marlin	182	.....	.....	4	9	49	120
San Antonio	563	17	56	50	75	218	147
Temple	467	.....	16	30	77	215	129
Waco	810	.....	128	127	144	272	139
Utah: Salt Lake City	281	.....	30	44	30	116	61
Vermont: White River Junction	166	.....	21	10	29	62	44
Virginia:							
Hampton	327	5	40	25	47	146	64
Richmond	577	6	53	45	65	246	162
Salem	587	5	60	55	77	179	211
Washington:							
American Lake	377	11	66	55	89	89	67
Portland (Vancouver)	183	5	19	14	9	56	80
Seattle	236	11	43	46	46	37	53
Spokane	134	.....	12	.....	12	61	49
Walla Walla	111	.....	16	16	.....	24	55
West Virginia:							
Beckley	137	.....	15	5	30	46	41
Clarksburg	192	.....	.....	14	52	50	76
Huntington	154	.....	5	5	32	48	64
Martinsburg	393	3	16	32	54	121	167
Wisconsin:							
Madison	241	5	.....	.....	22	88	126
Tomah	630	5	71	81	80	179	214
Wood	571	10	79	44	84	203	151
Wyoming:							
Cheyenne	84	.....	12	.....	.....	42	30
Sheridan	301	.....	52	63	47	63	76

[1] *Estimates based on a tabulation of a 20 percent systematic random sample of records for patients remaining on June 15, 1983.*
NOTE: Totals or sub-totals in Tables 19, 21, 22, 24, and 27 may not agree due to rounding of data.

VA Medical Centers—Hospital Care Component: Patients Discharged, Disposition, Diagnostic Group[1]—Fiscal Year 1983

Diagnostic Composition of Patients[2]	Total Discharges	Disposition				Unavailable[3]
		Regular	Irregular	Deaths	Transfers to VA or Non-VA Hospitals	
All discharges	997,610	876,218	43,098	45,107	32,670	517
Psychotic	79,163	60,742	12,280	1,072	5,011	58
Alcohol psychoses (291)	7,288	6,160	748	109	269	2
Drug psychoses (292)	778	636	120	1	21	.....
Other psychoses (290, 293-299)	71,097	53,946	11,412	962	4,721	56
Other Psychiatric	123,609	99,765	19,867	645	3,280	52
Alcohol dependence and abuse (303, 305.0)	80,107	65,186	13,194	248	1,455	24
Drug dependence and abuse (304, 305.1-305.9)	10,943	7,643	3,097	8	190	5
Other nonpsychotic mental disorders (300-302, 306-319)	32,559	26,936	3,576	389	1,635	23
Medical and surgical	790,397	711,796	10,791	43,151	24,270	389
All infectious and parasitic diseases (001-139)	10,246	8,732	220	1,104	182	8
Malignant neoplasms (140-208, 230-234)	95,806	76,727	728	14,544	3,751	56
Benign and unspecified neoplasms (210-229, 235-239)	12,884	12,172	101	153	450	8
Diabetes mellitus (250)	22,253	21,109	342	435	359	8
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	9,824	8,989	147	519	165	4
Disorders involving the immune mechanisms (279)	250	193	15	35	7	.....
Diseases of the blood and blood-forming organs (280-289)	7,650	7,172	122	181	170	5
Quadriplegia (344.0)[4]	.....	.....	.....	.....	.....	.....
Paraplegia (344.1)[4]	.....	.....	.....	.....	.....	.....
Other diseases of the nervous system (320-343, 344.2-359)	21,526	19,379	239	904	984	20
Diseases of the sense organs (360-389)	28,221	27,411	116	35	644	15
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	96,540	82,697	1,241	7,689	4,862	51
Cerebrovascular diseases (430-438)	23,158	19,806	220	2,117	988	27
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	42,970	39,524	516	1,638	1,277	15
Acute respiratory diseases (460-466, 480-487)	16,685	13,768	176	2,529	205	7
Chronic bronchitis and emphysema (491-492)	4,793	4,425	59	279	28	2
Other respiratory diseases (470-478, 490, 493-519)	45,746	41,678	634	2,567	847	20
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,810	4,680	37	15	78	.....
Hernia of the abdominal cavity (550-553)	19,218	18,764	136	57	255	6
Alcohol related liver diseases (571.0-571.3)	6,679	5,231	259	1,014	167	8
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	61,847	56,955	1,067	2,386	1,417	22
Diseases of the male genital organs (600-608)	22,040	21,579	74	64	315	8
Other diseases of the genitourinary system (580-599)	27,538	25,399	265	1,077	786	11
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,847	1,779	13	3	50	2
Diseases of the skin and subcutaneous tissue (680-709)	24,239	23,157	396	224	450	12
Diseases of the musculoskeletal system and connective tissue (710-739)	45,782	43,854	547	234	1,130	17
Congenital anomalies (740-759)	2,478	2,332	23	38	84	1
Symptoms, signs and ill-defined conditions (780-799)	53,061	47,527	1,689	2,184	1,640	21
Injuries and poisonings (800-904, 910-999)	43,455	39,391	853	865	2,321	25
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	2,390	2,169	41	35	144	1
Factors influencing health status and contact with health service (V01-V82)	36,461	35,197	515	226	514	9
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....
Unavailable[3]	4,441	3,915	160	239	109	18

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 235,491 one-day dialysis discharges.*
[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*
[3] *Includes all records for which required data are unavailable.*
[4] *Changes in medical coding allow these diagnoses only as secondary discharge diagnoses; see Table 24 for associated diagnoses.*

TABLE 24

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Diagnostic Group[1]—Fiscal Year 1983

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age	Age: Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Unavailable[5]
All diseases and conditions	2,776,933	997,610	1,779,323	56.7	112,323	100,631	146,259	349,963	200,944	48,513	38,713	264
I. Infectious and parasitic diseases	51,235	10,246	40,989	54.2	1,766	1,185	1,545	3,121	1,635	490	500	4
Pulmonary tuberculosis (011)	3,432	1,887	1,545	57.8	84	149	407	814	297	73	63	.....
Tuberculosis, other (010, 012-018)	557	285	272	55.9	33	36	46	88	55	19	8	.....
Tuberculosis, late effects (137)	552	63	489	(6)	1	.....	15	33	10	2	2	.....
All other infectious and parasitic diseases (001-009, 020-136)	46,570	7,994	38,576	53.3	1,647	1,000	1,068	2,184	1,271	395	425	4
Late effects of other infectious and parasitic diseases (138-139)	124	17	107	(6)	1	.....	9	2	2	1	2	.....
II. Neoplasms	194,909	108,690	86,219	62.6	2,507	3,366	12,217	46,952	31,794	7,063	4,775	16
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	9,103	6,676	2,427	61.1	25	133	1,089	3,494	1,579	219	136	1
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	18,100	14,074	4,026	64.1	91	243	1,497	6,142	4,324	1,034	741	2
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	32,099	25,730	6,369	62.4	53	428	3,113	12,904	7,480	1,304	444	4
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	4,701	3,545	1,156	61.2	40	78	534	1,744	961	127	61	.....
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	13,800	9,703	4,097	59.6	699	555	1,153	3,868	2,559	525	343	1
Malignant neoplasm of genitourinary organs (179-189, 233)	25,320	18,085	7,235	67.1	266	242	942	6,206	6,701	2,009	1,717	2
Malignancies of all other systems (170-175, 190-199, 232, 234)	68,126	17,993	50,133	62.1	559	823	2,178	7,474	4,856	1,155	946	2
Neoplasms, benign (210-229)	18,174	10,140	8,034	59.0	615	720	1,381	4,135	2,587	461	237	4
Neoplasms of unspecified nature (235-239)	5,486	2,744	2,742	61.6	159	144	330	985	747	229	150	.....
III. Endocrine, nutritional and metabolic diseases and immunity disorders	163,710	32,327	131,383	59.2	1,452	2,406	5,583	13,197	6,919	1,570	1,191	9
Diabetes mellitus (250)	92,237	22,253	69,984	58.6	888	1,630	4,086	9,544	4,742	919	440	4
Diseases of the endocrine glands (240-246, 251-259)	11,855	2,960	8,895	57.7	226	281	482	1,116	587	159	107	2
Gout (274)	7,885	1,154	6,731	60.6	42	59	192	457	296	68	40	.....
Obesity (278.0-278.1)	18,209	886	17,323	54.3	49	121	220	349	128	17	1	1
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	33,016	4,824	28,192	64.1	163	241	575	1,688	1,151	401	603	2
Disorders involving the immune mechanisms (279)	508	250	258	43.5	84	74	28	43	15	6	.....	.....
IV. Diseases of the blood and blood-forming organs	54,005	7,650	46,355	63.2	369	401	789	2,540	2,166	630	751	4
Anemias (280-282.4, 282.7-285)	38,918	4,758	34,160	65.7	91	184	456	1,560	1,412	461	593	1
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	659	257	402	38.3	114	67	40	32	4	.....	.....	.....
Other diseases of the blood and blood-forming organs (286-289)	14,428	2,635	11,793	61.2	164	150	293	948	750	169	158	3

V. Mental disorders	384,985	202,772	182,213	45.5	59,474	45,493	36,084	42,471	13,633	2,889	2,662	66
Alcohol psychosis (291)	14,488	7,288	7,200	53.0	701	1,077	1,746	2,608	1,005	124	26	1
Drug psychosis (292)	1,431	778	653	39.4	431	121	61	96	45	9	14	1
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	10,712	5,322	5,390	68.9	189	169	315	1,254	1,525	883	985	2
Schizophrenic disorders (295)	57,621	46,360	11,261	40.2	19,946	11,312	6,765	6,365	1,618	167	167	20
Other psychoses (296-299)	28,521	19,415	9,106	49.0	4,363	3,745	3,348	5,110	2,037	444	365	3
Neurotic disorders (300)	26,921	9,879	17,042	47.8	2,241	2,128	1,736	2,685	850	146	90	3
Personality disorders (301)	31,591	4,506	27,085	36.9	2,423	1,174	414	362	103	15	13	2
Alcohol dependence or abuse (303, 305.0)	133,168	80,107	53,061	46.5	17,300	18,491	18,938	20,277	4,628	341	106	26
Drug dependence or abuse (304, 305.1-305.9)	35,920	10,943	24,977	33.9	7,005	2,908	656	309	42	7	12	4
Other nonpsychotic mental disorders (302, 306-319)	44,612	18,174	26,438	48.5	4,875	4,368	2,105	3,405	1,780	753	884	4
VI. Diseases of the nervous system and sense organs	154,627	49,747	104,880	60.0	3,051	3,630	6,349	18,882	12,235	3,295	2,296	9
Quadriplegia (344.0)	3,990	(7)	3,990	(6)	.....	.....	.....	.....	.....	.....	.....	.....
Paraplegia (344.1)	5,489	(7)	5,489	(6)	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy (345)	7,707	2,752	4,955	49.8	554	454	490	826	336	60	32	.....
Disorders of the peripheral nervous system (350-359)	19,454	6,834	12,620	56.2	558	750	1,144	2,720	1,304	223	132	3
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349)	48,350	11,940	36,410	58.2	874	1,259	1,735	4,145	2,768	773	385	1
Glaucoma (365)	7,261	1,692	5,569	65.1	13	35	135	702	554	148	105	.....
Cataract (366)	17,706	12,684	5,022	66.3	63	173	973	5,053	3,972	1,330	1,117	3
Blindness (369)	3,854	861	2,993	60.0	55	64	125	311	198	56	51	1
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	25,937	8,878	17,059	61.0	467	471	1,061	3,550	2,345	595	388	1
Diseases of the ear and mastoid process (380-389)	14,879	4,106	10,773	55.2	467	424	686	1,575	758	110	86	.....
VII. Diseases of the circulatory system	546,062	162,668	383,394	62.2	2,666	6,664	23,285	69,790	41,491	10,224	8,513	35
Chronic rheumatic heart disease (393-398)	3,782	1,316	2,466	57.9	46	112	232	627	226	48	25	.....
Hypertensive disease without heart involvement (401, 403, 405)	105,515	11,720	93,795	58.7	397	912	2,171	5,075	2,452	468	243	2
Hypertensive heart disease (402, 404)	10,519	4,185	6,334	63.4	22	105	531	1,883	1,147	283	213	1
Acute myocardial infarction (410)	16,032	9,989	6,043	61.9	78	397	1,604	4,403	2,462	597	446	2
Other ischemic heart disease (411-414)	141,064	45,183	95,881	61.3	196	1,732	7,899	21,388	10,036	2,125	1,799	8
Other forms of heart disease (391, 392.0, 420-429)	129,717	35,867	93,850	64.5	578	1,108	3,933	13,844	10,160	3,100	3,133	11
Cerebrovascular diseases (430-438)	52,188	23,158	29,030	64.6	158	486	2,370	9,649	7,096	1,925	1,471	3
Atherosclerosis (440)	11,510	2,773	8,737	65.1	3	29	300	1,194	819	215	213	.....
Other diseases of arteries, arterioles and capillaries (441-448)	33,400	13,393	20,007	62.9	133	319	1,572	6,036	4,036	826	467	4
Varicose veins of lower extremities (454)	4,634	1,743	2,891	59.6	82	158	255	691	359	108	88	2
Hemorrhoids (455)	10,263	4,115	6,148	52.9	455	632	929	1,365	617	76	40	1
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	27,438	9,226	18,212	59.2	518	674	1,489	3,635	2,081	453	375	1
VIII. Diseases of the respiratory system	187,921	67,224	120,697	62.3	2,920	2,844	7,196	26,451	18,697	5,056	4,046	14
Acute respiratory infections (460-466)	9,334	3,338	5,996	58.7	363	218	399	1,237	749	192	180	.....
Pneumonia and influenza (480-487)	28,797	13,347	15,450	65.4	546	619	1,289	4,193	3,307	1,450	1,938	5
Chronic bronchitis (491)	8,259	3,036	5,223	63.6	25	62	305	1,333	989	196	124	2
Emphysema (492)	6,931	1,757	5,174	63.4	13	55	195	735	552	144	63	.....

See footnotes at end of table.

TABLE 24—Continued

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Diagnostic Group[1]—Fiscal Year 1983

Diagnostic Group[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age	Age: Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Unavailable[5]
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	134,600	45,746	88,854	61.6	1,973	1,890	5,008	18,953	13,100	3,074	1,741	7
IX. Diseases of the digestive system	256,616	92,554	164,062	57.5	7,553	8,581	15,221	34,785	18,793	4,253	3,342	26
Diseases of oral cavity, salivary glands and jaws (520-529)	56,603	4,810	51,793	52.3	917	530	728	1,648	778	127	80	2
Ulcers of the digestive system (530.2, 531-534)	20,443	9,312	11,131	58.7	563	747	1,460	3,756	2,010	452	323	1
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	31,060	10,746	20,314	58.2	722	919	1,755	4,135	2,375	477	361	2
Hernia of the abdominal cavity (550-553)	32,717	19,218	13,499	59.4	1,135	1,285	2,740	7,774	4,615	1,042	623	4
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	62,362	27,113	35,249	58.1	2,594	2,506	4,013	9,230	5,628	1,579	1,555	8
Alcohol related liver disorders (571.0-571.3)	19,942	6,679	13,263	55.1	291	721	1,745	2,960	858	83	18	3
Other diseases of liver, gallbladder and pancreas (570, 571.4-577)	33,489	14,676	18,813	55.5	1,331	1,873	2,780	5,282	2,529	493	382	6
X. Diseases of the genitourinary system	139,576	51,395	88,181	61.5	2,987	3,086	5,489	18,777	14,145	3,777	3,124	10
Nephritis, nephrotic syndrome and nephrosis (580-589)	20,666	5,715	14,951	59.1	329	458	958	2,111	1,259	344	253	3
Other diseases of the urinary system (590-599)	70,612	21,823	48,789	61.6	1,434	1,596	2,477	7,141	5,532	1,817	1,822	4
Diseases of the prostate (600-602)	32,047	15,615	16,432	65.8	106	165	818	6,452	5,842	1,352	878	2
Other diseases of the male genital organs (603-608)	13,004	6,425	6,579	56.0	670	620	998	2,522	1,256	215	144	.....
Disorders of breast and gynecological diseases (610-629)	3,247	1,817	1,430	50.0	448	247	238	551	256	49	27	1
XI. Complications of pregnancy, childbirth and puerperium (630-676)	42	30	12	(6)	25	4	1	.....	.....	.....	.....	.....
XII. Diseases of skin and subcutaneous tissue	63,963	24,239	39,724	54.9	3,243	2,961	3,830	8,032	4,394	994	770	15
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	30,744	12,097	18,647	54.3	1,683	1,509	2,034	4,013	2,007	462	383	6
Other diseases of skin and subcutaneous tissue (700-709)	33,219	12,142	21,077	55.4	1,560	1,452	1,796	4,019	2,387	532	387	9
XIII. Diseases of the musculoskeletal system and connective tissue	122,083	45,782	76,301	54.1	6,270	5,637	7,624	16,129	7,656	1,497	956	13
Osteoarthrosis and allied disorders (715)	24,170	5,881	18,289	61.9	211	278	695	2,436	1,574	402	282	3
Other arthropathies and related disorders (710-714, 716-719)	26,558	10,738	15,820	51.3	2,359	1,268	1,487	3,534	1,659	278	149	4
Dorsopathies (720-724)	33,744	13,524	20,220	53.1	1,526	2,162	2,779	4,681	1,835	326	213	2
Rheumatism, excluding the back (725-729)	17,093	7,853	9,240	54.8	889	890	1,343	2,995	1,371	244	119	2
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	20,518	7,786	12,732	52.8	1,285	1,039	1,320	2,483	1,217	247	193	2
XIV. Congenital deformities (740-759)	7,474	2,478	4,996	54.3	346	284	420	847	426	92	63	.....

XVI. Symptoms, signs and ill-defined conditions (780-799)	160,174	53,061	107,113	58.1	4,209	4,757	8,536	19,485	10,751	2,784	2,521	18
XVII. Injury and poisoning	100,069	45,845	54,224	52.1	9,783	6,068	6,788	12,904	6,586	1,835	1,871	10
Fracture of skull (800-804)	3,023	1,913	1,110	42.2	756	402	284	334	92	21	22	2
Fracture of neck and trunk (805-809)	5,289	2,623	2,666	53.9	489	304	357	775	431	117	149	1
Fracture of upper and lower limb (810-829)	15,667	10,441	5,226	56.9	1,563	1,040	1,450	3,014	1,818	697	858	1
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	6,065	3,724	2,341	46.1	1,196	625	559	883	343	65	52	1
Intracranial injury, excluding those with skull fracture (850-854)	2,794	1,875	919	50.0	501	238	271	468	247	77	73	.....
Internal injury of chest, abdomen and pelvis (860-869)	1,286	538	748	48.0	164	86	67	136	52	12	21	.....
Open wounds (870-897)	9,689	5,190	4,499	45.1	1,825	914	747	1,111	427	83	83	.....
Burns (940-949)	2,363	1,113	1,250	51.3	223	148	212	335	137	34	24	.....
Poisoning by drugs, medicinal and biological substances (960-979)	6,463	2,183	4,280	50.8	509	350	328	538	280	103	74	1
Toxic effects of substances chiefly nonmedical as to source (980-989)	923	367	556	47.4	98	62	66	99	33	3	6	.....
All other injuries (900-904, 910-939, 950-959, 990-995)	13,128	4,585	8,543	52.0	980	610	671	1,301	660	180	182	1
Complications of surgical and medical care (996-999)	20,423	8,903	11,520	57.2	834	824	1,371	3,317	1,868	403	284	2
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	12,956	2,390	10,566	46.9	645	465	405	593	198	40	43	1
XVIII. Factors influencing health status and contact with health services (V01-V82)	185,041	36,461	148,580	58.3	3,159	2,769	4,715	14,035	8,769	1,852	1,154	8
Unavailable[5]	4,441	4,441	.....	56.3	543	495	587	1,565	854	212	178	7

[1] *Patient treatment file. This table as well as all others in this discharge series, excludes 235,491 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, is not included in this table.*

[3] *Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.*

[4] *Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.*

[5] *Includes all records for which required data are unavailable.*

[6] *Average age not calculated for totals of less than 100.*

[7] *Changes in medical coding allow these diagnoses only as secondary discharge diagnoses.*

NOTE: Totals or sub-totals in Tables 19, 21, 22, 24, and 27 may not agree due to rounding of data.

TABLE 25

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay[1]—Fiscal Year 1983

Type of Patient and Age	Total			Short Term[3]		Length of Stay (Days)														Total Days[5]
	Patients	Average Days	Median Days[2]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	Unavailable[4]	
All patients	997,610	25.8	10.0	14.7	97.1	111,026	142,620	185,825	210,308	106,437	82,719	98,702	26,913	20,452	4,921	2,115	2,942	2,572	58	25,696,180
Under 20	431	15.9	6.0	11.0	96.8	81	83	102	67	27	19	25	10	13	3	1	.....	.....	...	6,833
20-24	13,581	20.5	7.6	14.4	96.5	2,013	2,371	2,647	2,135	909	1,041	1,469	434	391	108	27	31	4	1	278,414
25-29	37,642	22.3	8.4	15.1	96.6	5,315	6,089	7,060	5,962	2,883	3,260	4,337	1,240	1,009	252	105	93	34	3	839,151
30-34	60,669	22.8	9.5	15.8	96.6	8,099	9,111	10,987	9,851	5,107	5,655	7,424	1,994	1,641	409	160	169	55	7	1,380,086
35-39	61,904	23.4	9.8	15.8	96.7	7,824	9,413	11,022	10,585	5,403	5,661	7,543	2,050	1,625	375	139	177	81	6	1,447,168
40-44	38,727	24.3	9.7	15.1	97.0	4,493	5,955	7,180	7,197	3,550	3,447	4,428	1,144	852	207	83	113	78	...	939,440
45-49	52,260	23.7	9.5	14.6	97.3	5,755	8,051	10,073	10,556	4,943	4,425	5,499	1,299	1,048	248	100	152	110	1	1,236,723
50-54	93,999	24.4	9.8	14.5	97.4	9,864	14,143	17,958	19,910	9,913	7,506	9,376	2,463	1,800	402	205	260	194	5	2,294,191
55-59	152,550	24.9	9.8	14.3	97.5	16,152	22,376	28,945	33,416	17,024	12,214	14,204	3,744	2,806	638	261	410	355	5	3,797,768
60-64	197,413	24.0	9.8	14.0	97.6	21,664	27,869	37,740	44,699	22,339	15,441	17,429	4,739	3,442	779	331	485	443	13	4,727,892
65-69	129,625	25.6	10.0	14.2	97.3	14,361	17,806	24,030	29,382	15,036	10,350	11,497	3,184	2,364	573	251	402	385	4	3,322,417
70-74	71,319	28.2	10.5	14.8	96.9	7,501	9,350	12,881	16,203	8,328	5,938	6,635	1,980	1,470	368	161	238	261	5	2,012,628
75-79	33,307	31.2	11.3	15.5	96.4	3,365	3,897	5,779	7,633	4,055	2,930	3,313	976	758	205	92	132	169	3	1,037,794
80-84	15,206	39.7	11.6	15.7	96.0	1,304	1,818	2,656	3,577	1,836	1,359	1,504	460	351	107	54	80	99	1	604,317
85 and over	38,713	45.2	12.0	16.1	95.9	3,195	4,259	6,720	9,076	5,047	3,452	3,996	1,191	879	247	145	200	302	4	1,750,383
Unavailable[4]	264	NOT COMPUTED		14.4	98.9	40	29	45	59	37	21	23	5	3	.....	.....	.....	2	...	20,975
Psychotic	79,163	86.1	22.4	25.0	88.6	4,956	5,694	8,240	11,673	8,646	8,989	15,016	5,789	5,463	1,573	755	1,062	1,292	15	6,816,381
Under 20	49	24.7	19.1	24.7	100.0	3	2	5	11	6	8	9	5	.....	.....	.....	.....	.....	...	1,212
20-24	2,947	36.1	20.0	24.2	92.5	251	211	354	427	318	322	602	202	188	43	13	14	1	1	106,287
25-29	9,353	37.7	18.1	22.5	92.1	813	799	1,165	1,466	966	1,050	1,626	630	553	144	59	58	22	2	352,408
30-34	13,281	39.2	18.6	23.1	92.6	1,203	1,066	1,629	2,012	1,400	1,520	2,367	903	767	200	82	91	37	4	520,931
35-39	10,946	43.8	20.1	24.0	92.2	781	902	1,250	1,648	1,219	1,278	2,098	756	666	147	63	83	52	3	479,697
40-44	5,478	57.0	21.0	24.1	90.4	340	412	636	821	621	667	1,017	381	331	103	39	63	47	...	312,485
45-49	5,218	76.4	22.1	24.4	88.1	301	386	575	756	582	614	983	327	382	115	53	70	74	...	398,635
50-54	7,017	88.5	25.5	26.8	87.3	308	486	646	961	796	787	1,492	559	522	134	90	118	116	2	621,141
55-59	8,056	127.4	27.0	27.6	85.1	317	562	673	1,129	861	868	1,624	682	688	186	102	153	211	...	1,025,995
60-64	7,377	140.7	27.8	27.8	84.0	281	416	599	1,027	840	816	1,482	624	589	221	101	155	225	1	1,037,748
65-69	4,060	157.8	28.8	27.9	82.1	174	210	312	548	428	468	803	329	337	114	55	110	172	...	640,806
70-74	2,170	171.9	30.3	27.9	79.3	86	107	144	313	223	228	408	177	206	74	45	52	106	1	372,920
75-79	1,081	191.3	27.8	27.6	79.7	28	42	67	198	129	119	173	85	96	32	17	28	66	1	206,641
80-84	546	359.6	26.7	23.9	77.1	16	29	55	75	62	68	82	28	33	20	10	22	46	...	196,347
85 and over	1,557	348.3	25.7	25.3	80.0	54	63	128	274	188	173	247	100	102	40	26	45	117	...	542,301
Unavailable[4]	27	NOT COMPUTED		26.5	96.3	.....	1	2	7	7	3	3	1	3	.....	.....	.....	.....	...	827
Other psychiatric	123,609	31.2	15.8	20.6	96.3	10,456	14,095	17,829	18,218	10,738	17,383	24,408	5,025	3,663	830	327	344	287	6	3,859,929
Under 20	54	19.3	8.8	12.1	94.4	9	11	6	9	5	5	6	.....	3	.....	.....	.....	.....	...	1,040
20-24	3,006	27.1	17.9	21.5	96.1	316	287	384	425	215	481	625	133	104	26	6	4	.....	...	81,522
25-29	10,522	25.8	16.5	20.6	96.7	1,158	1,115	1,444	1,357	883	1,605	2,102	433	315	64	28	15	2	1	271,887
30-34	20,262	26.6	15.8	20.3	96.2	2,262	2,256	2,716	2,690	1,780	2,928	3,911	809	649	156	57	41	4	3	538,172
35-39	19,195	28.8	17.0	21.1	96.0	1,959	2,090	2,509	2,551	1,630	2,816	3,830	883	654	166	54	41	12	...	553,327
40-44	9,874	26.7	16.3	20.8	97.1	830	1,242	1,426	1,288	784	1,453	2,091	407	262	41	23	21	6	...	263,215
45-49	10,475	25.8	14.7	20.2	97.2	868	1,333	1,605	1,500	782	1,446	2,216	374	251	51	15	24	10	...	269,940
50-54	13,374	28.0	15.1	20.6	97.2	918	1,682	2,050	2,023	1,082	1,844	2,794	522	330	65	23	23	18	...	374,305
55-59	14,968	29.3	14.8	20.3	97.1	947	1,786	2,447	2,373	1,314	2,018	2,965	580	371	60	29	48	29	1	438,781
60-64	12,070	31.3	14.8	20.1	96.4	721	1,344	1,873	2,151	1,174	1,604	2,229	459	338	74	30	38	35	...	377,857
65-69	5,208	43.0	15.1	20.0	95.0	250	557	795	993	557	654	905	202	158	50	20	28	39	...	224,193
70-74	2,195	68.9	15.8	20.4	91.8	119	225	316	406	243	250	335	100	104	26	10	22	38	1	151,194
75-79	881	110.8	19.7	22.1	88.4	36	79	94	155	113	112	140	41	47	12	11	14	27	...	97,611
80-84	381	146.6	22.3	23.2	85.3	17	24	35	70	43	50	58	25	20	11	6	5	17	...	55,872
85 and over	1,105	129.6	20.7	23.0	85.7	42	60	122	221	130	111	196	55	57	28	15	20	48	...	143,222
Unavailable[4]	39	NOT COMPUTED		19.5	94.9	4	4	7	6	3	6	5	2	.....	.....	.....	.....	2	...	17,791

Medical and Surgical	790,397	18.9	8.7	12.8	98.1	95,169	122,366	158,966	179,414	86,530	55,911	58,830	15,942	11,214	2,485	1,021	1,527	986	36	14,910,549
Under 20	323	12.6	5.0	8.7	97.5	69	69	90	47	16	6	10	5	8	2	1	.....	.....	...	4,061
20-24	7,547	11.7	5.0	8.1	98.2	1,434	1,867	1,893	1,267	367	233	239	92	95	36	8	13	3	...	88,166
25-29	17,592	12.0	5.2	8.1	98.9	3,315	4,145	4,420	3,112	1,020	593	592	172	134	42	18	19	10	...	210,825
30-34	26,844	11.8	5.8	9.1	98.9	4,588	5,755	6,582	5,104	1,896	1,182	1,123	276	217	50	21	36	14	...	315,537
35-39	31,451	13.0	6.4	10.0	98.8	5,051	6,384	7,210	6,317	2,527	1,537	1,580	400	291	59	22	53	17	3	407,308
40-44	23,192	15.5	7.1	10.8	98.5	3,298	4,284	5,085	5,054	2,127	1,302	1,303	353	252	60	20	29	25	...	359,458
45-49	36,368	15.5	7.7	11.7	98.6	4,574	6,304	7,852	8,251	3,564	2,342	2,284	591	410	80	31	58	26	1	563,956
50-54	73,220	17.6	8.4	12.4	98.4	8,602	11,940	15,195	16,839	7,977	4,832	5,062	1,368	936	199	91	116	60	3	1,288,767
55-59	128,880	18.0	8.9	12.9	98.3	14,821	19,956	25,705	29,766	14,780	9,266	9,549	2,460	1,733	388	129	209	114	4	2,316,628
60-64	177,047	18.6	9.1	13.1	98.3	20,583	26,021	35,107	41,283	20,205	12,942	13,618	3,626	2,503	482	196	290	180	11	3,287,281
65-69	119,814	20.4	9.5	13.5	97.9	13,888	16,992	22,821	27,714	13,990	9,172	9,725	2,633	1,859	405	174	263	174	4	2,445,684
70-74	66,643	22.2	10.1	14.3	97.7	7,267	8,987	12,375	15,413	7,811	5,434	5,858	1,691	1,153	266	105	163	117	3	1,481,553
75-79	31,190	23.3	10.8	15.0	97.2	3,292	3,754	5,592	7,252	3,796	2,681	2,980	842	611	161	63	90	74	2	727,894
80-84	14,222	24.7	11.1	15.3	97.0	1,267	1,763	2,556	3,417	1,723	1,234	1,358	404	296	76	38	53	36	1	350,854
85 and over	35,873	29.6	11.5	15.6	96.9	3,084	4,121	6,448	8,533	4,706	3,143	3,537	1,027	716	179	104	135	136	4	1,060,415
Unavailable[4]	191	NOT COMPUTED		11.3	100.0	36	24	35	45	25	12	12	2	.....	.....	.....	.....	.....	...	2,162
Unavailable[4]	4,441	24.6	11.6	16.2	96.7	445	465	790	1,003	523	436	448	157	112	33	12	9	7	1	109,321
Under 20	5	104.0	113.5	5.0	40.0	.....	1	1	.....	.....	.....	.....	.....	2	1	.....	.....	.....	...	520
20-24	81	30.1	10.8	16.8	91.4	12	6	16	16	9	5	3	7	4	3	.....	.....	.....	...	2,439
25-29	175	23.0	7.6	13.8	94.9	29	30	31	27	14	12	17	5	7	2	.....	1	.....	...	4,031
30-34	282	19.3	8.1	13.9	96.8	46	34	60	45	31	25	23	6	8	3	.....	1	.....	...	5,446
35-39	312	21.9	11.3	17.1	96.5	33	37	53	69	27	30	35	11	14	3	.....	.....	.....	...	6,836
40-44	183	23.4	11.4	15.3	95.1	25	17	33	34	18	25	17	3	7	3	1	.....	.....	...	4,282
45-49	199	21.1	10.6	15.9	97.0	12	28	41	49	15	23	16	7	5	2	1	.....	.....	...	4,192
50-54	388	25.7	12.5	16.2	95.4	36	35	67	87	58	43	28	14	12	4	1	3	.....	...	9,978
55-59	646	25.3	11.0	15.9	97.7	67	72	120	148	69	62	66	22	14	4	1	.....	1	...	16,364
60-64	919	27.2	11.9	15.9	97.6	79	88	161	238	120	79	100	30	12	2	4	2	3	1	25,006
65-69	543	21.6	12.0	16.7	97.1	49	47	102	127	61	56	64	20	10	4	2	1	.....	...	11,734
70-74	311	22.4	12.8	16.6	96.8	29	31	46	71	51	26	34	12	7	2	1	1	.....	...	6,961
75-79	155	36.4	13.1	18.6	96.1	9	22	26	28	17	18	20	8	4	.....	1	.....	2	...	5,648
80-84	57	21.8	13.8	20.1	98.2	4	2	10	15	8	7	6	3	2	.....	.....	.....	.....	...	1,244
85 and over	178	25.0	13.4	17.4	97.2	15	15	22	48	23	25	16	9	4	.....	.....	.....	1	...	4,445
Unavailable[4]	7	NOT COMPUTED		27.9	100.0	.....	.....	1	1	2	.....	3	.....	.....	.....	.....	.....	.....	...	195

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 235,491 one-day dialysis discharges.*

[2] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[3] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[4] *Includes all records for which required data are unavailable.*

[5] *Excludes those cases for which the number of days are unavailable.*

TABLE 26

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group[1]—Fiscal Year 1983

Diagnostic Composition of Patients[2]	Total Dis-charged	Age						Marital Status					
		Under 45	45-54	55-64	65-74	75 and Over	Unavail-able[3]	Never Married	Married	Separated	Widowed	Divorced	Unknown[3]
All discharges	997,610	212,954	146,259	349,963	200,944	87,226	264	130,345	531,404	49,567	68,880	184,124	33,290
Psychotic	79,163	42,054	12,235	15,433	6,230	3,184	27	28,500	23,031	5,470	2,876	16,869	2,417
Alcohol pyschoses (291)	7,288	1,778	1,746	2,608	1,005	150	1	1,156	2,364	609	539	2,413	207
Drug psychoses (292)	778	552	61	96	45	23	1	278	262	56	21	139	22
Other psychoses (290, 293-299)	71,097	39,724	10,428	12,729	5,180	3,011	25	27,066	20,405	4,805	2,316	14,317	2,188
Other psychiatric	123,609	62,913	23,849	27,038	7,403	2,367	39	22,511	41,972	11,034	5,406	39,464	3,222
Alcohol dependence and abuse (303, 305.0)	80,107	35,791	18,938	20,277	4,628	447	26	13,577	24,088	7,290	3,851	29,392	1,909
Drug dependence and abuse (304, 305.1-305.9)	10,943	9,913	656	309	42	19	4	3,395	3,066	1,378	112	2,574	418
Other nonpsychotic mental disorders (300-302, 306-319)	32,559	17,209	4,255	6,452	2,733	1,901	9	5,539	14,818	2,366	1,443	7,498	895
Medical and surgical	790,397	106,949	109,588	305,927	186,457	81,285	191	78,763	464,036	32,793	60,274	127,032	27,499
All infectious and parasitic diseases (001-139)	10,246	2,951	1,545	3,121	1,635	990	4	1,552	5,018	595	714	1,945	422
Malignant neoplasms (140-208, 230-234)	95,806	4,235	10,506	41,832	28,460	10,761	12	8,053	57,950	3,802	7,949	14,392	3,660
Benign and unspecified neoplasms (210-229, 235-239)	12,884	1,638	1,711	5,120	3,334	1,077	4	1,129	8,205	466	832	1,895	357
Diabetes mellitus (250)	22,253	2,518	4,086	9,544	4,742	1,359	4	2,200	13,132	1,045	1,555	3,588	733
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	9,824	1,182	1,469	3,610	2,162	1,396	5	1,029	5,430	433	973	1,577	382
Disorders involving the immune mechanisms (279)	250	158	28	43	15	6	.....	98	84	19	1	28	20
Diseases of the blood and blood-forming organs (280-289)	7,650	770	789	2,540	2,166	1,381	4	803	4,595	271	759	956	266
Quadriplegia (344.0)[4]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paraplegia (344.1)[4]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other diseases of the nervous system (320-343, 344.2-359)	21,526	4,449	3,369	7,691	4,408	1,605	4	2,280	13,312	769	1,109	3,382	674
Diseases of the sense organs (360-389)	28,221	2,232	2,980	11,191	7,827	3,986	5	2,481	16,797	1,014	2,599	4,258	1,072
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	96,540	4,374	14,199	42,145	24,031	11,769	22	6,419	63,121	3,084	7,811	13,049	3,056
Cerebrovascular diseases (430-438)	23,158	644	2,370	9,649	7,096	3,396	3	1,744	14,459	852	2,143	3,189	771
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	42,970	4,312	6,716	17,996	10,364	3,572	10	3,843	25,530	1,937	3,172	7,121	1,367
Acute respiratory diseases (460-466, 480-487)	16,685	1,746	1,688	5,430	4,056	3,760	5	1,845	8,879	724	2,034	2,627	576
Chronic bronchitis and emphysema (491-492)	4,793	155	500	2,068	1,541	527	2	369	2,803	185	443	870	123
Other respiratory diseases (470-478, 490, 493-519)	45,746	3,863	5,008	18,953	13,100	4,815	7	4,068	26,392	1,867	4,163	7,825	1,431
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,810	1,447	728	1,648	778	207	2	721	2,544	236	275	831	203
Hernia of the abdominal cavity (550-553)	19,218	2,420	2,740	7,774	4,615	1,665	4	2,235	11,066	795	1,317	3,283	522
Alcohol related liver diseases (571.0-571.3)	6,679	1,012	1,745	2,960	858	101	3	681	2,835	451	476	1,946	290
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	61,847	11,255	10,008	22,403	12,542	5,622	17	6,855	34,782	2,864	4,265	10,995	2,086
Diseases of the male genital organs (600-608)	22,040	1,561	1,816	8,974	7,098	2,589	2	1,921	14,274	692	1,686	2,802	665
Other diseases of the genitourinary system (580-599)	27,538	3,817	3,435	9,252	6,791	4,236	7	2,684	16,646	1,053	2,362	3,503	1,290
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,847	724	239	551	256	76	1	314	878	100	130	346	79
Diseases of the skin and subcutaneous tissue (680-709)	24,239	6,204	3,830	8,032	4,394	1,764	15	3,492	12,478	1,245	1,527	4,474	1,023
Diseases of the musculoskeletal system and connective tissue (710-739)	45,782	11,907	7,624	16,129	7,656	2,453	13	4,594	28,027	1,829	2,431	7,503	1,398
Congenital anomalies (740-759)	2,478	630	420	847	426	155	.....	304	1,450	113	135	394	82
Symptoms, signs and ill-defined conditions (780-799)	53,061	8,966	8,536	19,485	10,751	5,305	18	5,297	30,555	2,474	4,032	8,858	1,845
Injuries and poisonings (800-904, 910-999)	43,455	14,741	6,383	12,311	6,388	3,623	9	7,102	19,759	2,509	2,856	9,120	2,109
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	2,390	1,110	405	593	198	83	1	489	1,057	116	98	495	135
Factors influencing health status and contact with health service (V01-V82)	36,461	5,928	4,715	14,035	8,769	3,006	8	4,161	21,978	1,253	2,427	5,780	862
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unavailable[3]	4,441	1,038	587	1,565	854	390	7	571	2,365	270	324	759	152

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 235,491 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Includes all records for which required data are unavailable or are unknown.*

[4] *Changes in medical coding allow these diagnoses only as secondary discharge diagnoses; see Table 24 for associated diagnoses.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Compensation and Pension Status, Type of Patient, Age[1]
June 15, 1983

Type of Patient and Age	Total	Service Connected				Non-Service Connected			Non-Veterans[3]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	No Claim Pending	
All patients	65,530	19,614	9,828	709	9,077	45,648	15,591	30,056	269
Under 25	907	212	181	10	21	586	20	566	109
25-34	6,560	2,414	1,838	84	493	4,067	462	3,605	79
35-44	6,452	2,289	1,569	44	676	4,132	535	3,598	31
45-54	9,669	2,672	1,511	97	1,064	6,993	2,014	4,979	4
55-64	22,386	6,748	2,979	256	3,513	15,613	6,122	9,492	25
65 and over	19,555	5,279	1,751	218	3,310	14,256	6,439	7,817	20
Psychotic	16,551	7,253	5,848	293	1,112	9,280	3,824	5,456	18
Under 25	330	129	111	10	7	192	10	182	9
25-34	2,642	1,412	1,291	37	84	1,221	219	1,002	9
35-44	2,222	1,146	1,026	20	99	1,076	231	846	.....
45-54	2,859	1,127	918	47	162	1,732	781	951	.....
55-64	4,930	2,151	1,680	97	374	2,779	1,470	1,309	.....
65 and over	3,568	1,288	822	80	385	2,280	1,113	1,167	.....
Other psychiatric	10,145	2,446	1,104	89	1,252	7,661	1,585	6,077	38
Under 25	251	23	18	.....	5	212	5	207	16
25-34	2,351	590	312	26	253	1,748	123	1,624	14
35-44	2,107	495	200	18	277	1,613	124	1,489	.....
45-54	1,687	368	160	15	193	1,315	233	1,082	4
55-64	2,164	599	264	14	321	1,561	511	1,049	4
65 and over	1,586	372	152	16	204	1,214	588	626	.....
Medical and surgical	38,834	9,915	2,875	327	6,713	28,706	10,183	18,523	212
Under 25	326	61	51	.....	10	182	4	177	84
25-34	1,567	412	236	21	156	1,099	120	978	56
35-44	2,122	648	343	6	299	1,443	180	1,263	31
45-54	5,124	1,177	433	35	710	3,947	1,000	2,947	.....
55-64	15,293	3,998	1,035	144	2,818	11,274	4,140	7,134	21
65 and over	14,401	3,619	778	122	2,720	10,762	4,738	6,024	20

[1] *Estimates based on tabulations of a 20 percent systematic random sample of records of patients remaining on June 15, 1983.*
[2] *Veterans with compensable SC disabilities but treated for non-service-connected disabilities only.*
[3] *Patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If veteran is admitted as an Office of Worker's Compensation case, he/she is considered a non-veteran.*
NOTE: Totals or sub-totals in Tables 19, 21, 22, 24, and 27 may not agree due to rounding of data.

*The diagnostic categories and selected diagnoses included in this table are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)." DHHS Pub. No. 80-1260. The numbers associated diagnoses.

TABLE 28

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age[1]—Fiscal Year 1983

Type of Patient and Age	Total	Service-Connected				Non-Service Connected			Non-Veterans[3]	Un-available[4]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	No Claim Pending		
All patients	997,610	298,493	100,202	4,023	194,268	690,288	194,845	495,443	4,978	3,851
Under 25	14,012	3,503	2,399	36	1,068	9,061	587	8,474	1,373	75
25-34	98,311	33,630	19,839	359	13,432	63,122	5,986	57,136	1,171	388
35-44	100,631	34,315	17,336	355	16,624	65,114	7,095	58,019	790	412
45-54	146,259	38,975	15,060	437	23,478	106,175	22,707	83,468	605	504
55-64	349,963	102,791	27,167	1,347	74,277	245,224	76,059	169,165	561	1,387
65 and over	288,170	85,212	18,376	1,489	65,347	201,423	82,371	119,052	455	1,080
Unavailable[4]	264	67	25	.....	42	169	40	129	23	5
Psychotic	79,163	37,286	29,441	329	7,516	41,521	11,257	30,264	332	24
Under 25	2,996	1,356	1,179	8	169	1,477	110	1,367	162	1
25-34	22,634	12,715	11,021	99	1,595	9,801	1,500	8,301	109	9
35-44	16,424	8,540	7,073	47	1,420	7,852	1,368	6,484	28	4
45-54	12,235	5,062	3,899	58	1,105	7,155	2,159	4,996	15	3
55-64	15,433	6,360	4,429	68	1,863	9,058	3,599	5,459	11	4
65 and over	9,414	3,240	1,832	49	1,359	6,167	2,517	3,650	4	3
Unavailable[4]	27	13	8	.....	5	11	4	7	3	.....
Other psychiatric	123,609	29,194	10,507	324	18,363	93,959	15,427	78,532	422	34
Under 25	3,060	406	208	4	194	2,492	112	2,380	162	.....
25-34	30,784	7,018	2,920	68	4,030	23,643	1,524	22,119	116	7
35-44	29,069	7,147	2,786	77	4,284	21,851	1,618	20,233	61	10
45-54	23,849	4,755	1,442	60	3,253	19,044	3,105	15,939	47	3
55-64	27,038	7,065	2,279	82	4,704	19,935	6,023	13,912	26	12
65 and over	9,770	2,799	871	33	1,895	6,962	3,039	3,923	7	2
Unavailable[4]	39	4	1	.....	3	32	6	26	3	.....
Medical and surgical	790,397	231,751	60,138	3,367	168,246	554,087	167,981	386,106	4,221	338
Under 25	7,870	1,735	1,008	24	703	5,082	365	4,717	1,047	6
25-34	44,436	13,872	5,884	191	7,797	29,595	2,948	26,647	945	24
35-44	54,643	18,594	7,459	231	10,904	35,329	4,098	31,231	701	19
45-54	109,588	29,127	9,704	319	19,104	79,871	17,426	62,445	543	47
55-64	305,927	89,277	20,426	1,195	67,656	215,993	66,366	149,627	524	133
65 and over	267,742	79,098	15,642	1,407	62,049	188,094	76,749	111,345	444	106
Unavailable[4]	191	48	15	.....	33	123	29	94	17	3
Unavailable[4]	4,441	262	116	3	143	721	180	541	3	3,455
Under 25	86	6	4	.....	2	10	.....	10	2	68
25-34	457	25	14	1	10	83	14	69	1	348
35-44	495	34	18	.....	16	82	11	71	.....	379
45-54	587	31	15	.....	16	105	17	88	.....	451
55-64	1,565	89	33	2	54	238	71	167	.....	1,238
65 and over	1,244	75	31	.....	44	200	66	134	.....	969
Unavailable[4]	7	2	1	.....	1	3	1	2	.....	2

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series excludes 235,491 one-day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for non-service connected disability only.*

[3] *Includes patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Worker's Compensation program case, he/she is considered as a non-veteran.*

[4] *Includes all records for which required data are unavailable.*

VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex[1]—Fiscal Year 1983

Compensation and Pension Status	All Patients					Female[2]					Male[2]				
	Total	Psychotic	Other Psychiatric	Medical and Surgical	Unavailable[3]	Total	Psychotic	Other Psychiatric	Medical and Surgical	Unavailable[3]	Total	Psychotic	Other Psychiatric	Medical and Surgical	Unavailable[3]
VA Hospitals—Totals	997,610	79,163	123,609	790,397	4,441	18,135	2,283	1,660	14,117	75	979,413	76,874	121,944	776,232	4,363
Service connected	104,225	29,770	10,831	63,505	119	2,379	831	240	1,305	3	101,828	28,935	10,591	62,187	115
10% or more	100,202	29,441	10,507	60,138	116	2,305	816	239	1,248	2	97,879	28,621	10,268	58,877	113
Less than 10%	4,023	329	324	3,367	3	74	15	1	57	1	3,949	314	323	3,310	2
Non-service connected with SC[4]	194,268	7,516	18,363	168,246	143	3,001	150	212	2,638	1	191,257	7,365	18,151	165,599	142
NSC with pension	194,845	11,257	15,427	167,981	180	3,166	387	212	2,567	.....	191,666	10,870	15,213	165,404	179
NSC no claim pending	495,443	30,264	78,532	386,106	541	8,433	875	969	6,578	11	486,990	29,388	77,560	379,513	529
Non-veterans[5]	4,978	332	422	4,221	3	1,087	40	27	1,020	.....	3,891	292	395	3,201	3
Unavailable[3]	3,851	24	34	338	3,455	69	.....	.....	9	60	3,781	24	34	328	3,395

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 235,491 one-day dialysis discharges.*

[2] *Female and male discharges will not equal the total discharges since 62 records did not show sex data.*

[3] *Includes all records for which required data are unavailable.*

[4] *Veterans with compensable service-connected disabilities but treated for non-service connected disability only.*

[5] *Includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Worker's Compensation program case, he/she is coded as a non-veteran.*

TABLE 30

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—Fiscal Year 1983

Reported State of Residence	All Discharges			Type of Patient							
	Total[2]	Hospitalized in Same State		Psychotic		Other Psychiatric		Medical and Surgical		Unavailable[3]	
		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	997,408	882,943	88.5	79,150	89.6	123,585	87.5	790,239	88.6	4,434	79.1
United States	985,672	871,531	88.4	76,570	89.2	123,151	87.5	781,522	88.5	4,429	79.0
Alabama	20,308	18,140	89.3	1,948	88.9	2,751	82.8	15,572	90.6	37	67.6
Alaska	104	.....	.....	4	.....	10	.....	90	.....	.....	.....
Arizona	21,502	20,945	97.4	1,321	96.0	2,573	96.7	17,565	97.6	43	97.7
Arkansas	22,407	18,843	84.1	982	89.6	2,593	87.4	18,561	84.5	271	7.4
California	80,780	78,755	97.5	6,841	97.4	8,311	96.7	65,479	97.6	149	98.0
Colorado	10,383	9,222	88.8	745	87.7	1,842	79.7	7,784	91.1	12	75.0
Connecticut	10,426	9,925	95.2	762	83.6	1,111	91.6	8,535	96.7	18	83.3
Delaware	2,113	1,749	82.8	105	29.5	208	30.8	1,698	91.5	102	99.0
District of Columbia	3,920	3,743	95.5	310	88.4	459	87.4	3,130	97.4	21	90.5
Florida	56,213	53,786	95.7	3,430	89.6	5,072	92.1	47,520	96.5	191	97.4
Georgia	25,517	20,230	79.3	1,991	80.2	3,150	81.6	20,322	78.9	54	70.4
Hawaii	24	.....	.....	4	.....	5	.....	15	.....	.....	.....
Idaho	5,093	3,095	60.8	238	70.2	510	59.6	4,338	60.4	7	71.4
Illinois	50,977	42,734	83.8	4,092	86.9	6,897	90.9	39,879	82.3	109	95.4
Indiana	17,808	13,025	73.1	1,614	72.3	2,503	76.1	13,661	72.7	30	83.3
Iowa	14,682	11,838	80.6	1,077	89.3	1,421	79.8	12,181	80.0	3	66.7
Kansas	13,023	10,681	82.0	886	85.8	1,827	89.1	10,307	80.5	3	.....
Kentucky	19,525	14,349	73.5	1,387	77.1	1,681	76.9	16,427	72.8	30	70.0
Louisiana	21,090	19,429	92.1	1,364	73.6	1,963	79.4	17,749	95.0	14	50.0
Maine	5,192	4,800	92.4	805	98.0	1,329	97.7	3,053	88.8	5	40.0
Maryland	13,575	9,074	66.8	897	68.2	2,455	73.3	10,113	65.2	110	60.0
Massachusetts	22,692	20,311	89.5	2,865	95.9	3,019	93.2	16,766	87.7	42	97.6
Michigan	27,351	26,147	95.6	2,854	96.7	3,874	95.2	20,451	95.2	172	97.7
Minnesota	18,947	15,853	83.7	1,485	91.0	2,235	88.8	15,208	82.2	19	100.0
Mississippi	18,019	14,796	82.1	1,128	87.0	1,604	82.7	14,903	83.8	384	0.3
Missouri	29,518	25,525	86.5	1,968	87.2	3,112	79.1	24,374	87.4	64	50.0
Montana	7,075	5,296	74.9	258	36.8	1,159	67.9	5,654	78.0	4	100.0
Nebraska	12,307	10,572	85.9	667	81.4	2,048	81.4	9,590	87.2	2	.....
Nevada	4,893	3,209	65.6	230	65.2	308	53.2	4,352	66.5	3	.....
New Hampshire	5,460	2,918	53.4	254	47.2	609	69.5	4,595	51.7	2	50.0
New Jersey	14,921	11,928	79.9	2,218	87.6	2,543	82.3	9,970	77.7	190	77.4
New Mexico	6,429	5,879	91.4	532	90.2	714	83.3	5,172	92.7	11	90.9
New York	67,951	66,910	98.5	4,800	96.4	9,333	98.2	53,594	98.7	224	99.6
North Carolina	24,938	23,265	93.3	1,761	93.2	3,301	91.1	19,847	93.7	29	79.3
North Dakota	2,917	2,185	74.9	202	44.1	515	55.5	2,197	82.2	3	100.0
Ohio	29,643	25,063	84.5	3,417	92.9	4,468	89.7	21,667	82.1	91	95.6
Oklahoma	13,936	11,787	84.6	593	66.3	1,796	67.6	11,509	88.2	38	76.3
Oregon	14,870	13,575	91.3	979	92.1	1,554	91.0	12,243	91.2	94	98.9
Pennsylvania	33,369	31,101	93.2	3,983	95.8	4,349	92.3	24,964	93.1	73	57.5
Rhode Island	4,405	3,993	90.6	288	72.6	352	77.0	3,761	93.3	4	75.0
South Carolina	17,519	12,747	72.8	942	60.6	1,554	61.1	14,960	74.6	63	95.2
South Dakota	8,476	7,729	91.2	475	93.9	1,766	95.0	6,227	89.9	8	87.5
Tennessee	23,516	22,854	97.2	1,601	95.6	2,928	95.6	17,714	97.4	1,273	99.9
Texas	74,464	69,697	93.6	5,700	95.2	8,447	92.8	60,015	93.5	302	98.0
Utah	6,133	5,950	97.0	553	95.8	1,179	97.3	4,380	97.1	21	95.2
Vermont	2,677	2,455	91.7	94	83.0	276	84.4	2,307	92.9	.....	.....
Virginia	23,494	19,458	82.8	2,205	91.0	3,387	76.0	17,852	83.1	50	90.0
Washington	15,697	13,288	84.7	1,288	87.0	2,276	81.2	12,123	85.1	10	60.0
West Virginia	15,586	13,156	84.4	822	67.2	2,371	80.6	12,365	86.3	28	82.1
Wisconsin	19,987	16,759	83.8	1,397	90.6	2,541	87.7	16,034	82.7	15	80.0
Wyoming	3,820	2,762	72.3	208	85.1	862	81.4	2,749	68.5	1	100.0
Outside United States	11,736	11,412	97.2	2,580	99.3	434	95.4	8,717	96.7	5	100.0
Puerto Rico	11,452	11,412	99.7	2,571	99.6	419	98.8	8,457	99.7	5	100.0
All other	284	.....	.....	9	.....	15	.....	260	.....	.....	.....

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 235,491 one-day dialysis discharges.*

[2] *Excludes 202 cases for which residence data are unavailable.*

[3] *Includes all records for which required data are unavailable.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1983

Principal Diagnoses[2]	Total			Short Term[4]		Length of Stay (Days)														Total Days[6]
	Patients	Average Days	Median Days[3]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	Un-known[5]	
All diseases and conditions	997,610	25.8	10.0	14.7	97.1	111,026	142,620	185,825	210,308	106,437	82,719	98,702	26,913	20,452	4,921	2,115	2,942	2,572	58	25,696,180
I. Infectious and parasitic diseases	10,246	27.3	9.8	14.3	95.9	1,172	1,488	1,913	2,128	1,131	762	896	290	290	90	42	22	22	.....	279,220
Pulmonary tuberculosis (011)	1,887	42.3	20.2	24.3	89.6	43	86	171	405	323	240	273	128	132	51	23	10	2	.....	79,810
Tuberculosis, other (010, 012-018)	285	30.8	15.4	20.0	93.3	14	38	32	57	32	34	45	11	13	7	1	1	.....	.....	8,782
Tuberculosis, late effects (137)	63	21.4	10.6	18.7	98.4	3	12	11	15	5	2	8	6	.....	1	.....	.....	.....	.....	1,351
All other infectious and parasitic diseases (001-009, 020-136)	7,994	23.6	7.6	12.0	97.4	1,112	1,350	1,695	1,646	771	483	567	145	145	31	18	11	20	.....	189,011
Late effects of other infectious and parasitic diseases (138-139)	17	15.6	11.5	15.6	100.0	.....	2	4	5	.....	3	3	.....	.....	.....	.....	.....	.....	.....	266
II. Neoplasms	108,690	21.6	11.2	16.8	97.8	16,892	14,217	15,037	18,356	12,322	10,505	13,992	4,365	2,352	315	116	158	60	3	2,353,006
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	6,676	35.9	18.2	24.5	92.7	496	604	809	1,106	722	633	1,082	622	497	64	22	16	3	.....	240,000
Malignant neoplasm of digestive organs and peritoneum (150-159,230.1-230.9)	14,074	26.5	17.1	21.4	97.3	1,294	1,236	1,854	2,090	1,893	1,865	2,621	759	362	54	17	21	8	.....	373,630
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	25,730	22.7	14.4	19.0	98.2	2,911	2,521	3,276	4,607	3,469	3,210	4,115	1,041	459	48	22	36	13	2	583,355
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	3,545	31.2	17.6	23.9	94.7	311	411	453	456	387	361	597	328	196	25	11	8	1	.....	110,741
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	9,703	15.2	7.2	13.1	98.6	2,548	1,302	1,267	1,547	950	728	944	260	119	21	6	10	.....	1	147,056
Malignant neoplasm of genitourinary organs (179-189, 233)	18,085	19.4	11.6	16.4	98.5	2,076	2,118	2,859	3,885	2,308	1,685	2,213	591	272	31	16	24	7	.....	350,857
Malignancies of all other systems (170-175, 190-199, 232, 234)	17,993	20.5	8.4	14.8	97.8	3,914	2,543	2,410	2,806	1,768	1,493	1,920	646	379	49	19	29	17	.....	368,693
Neoplasms, Benign (210-229)	10,140	12.6	3.1	6.9	99.3	2,745	3,002	1,693	1,353	553	353	289	72	45	17	3	7	8	.....	127,853
Neoplasms of unspecified nature (235-239)	2,744	18.5	6.8	11.6	98.7	597	480	416	506	272	177	211	46	23	6	.....	7	3	.....	50,821
III. Endocrine, nutritional and metabolic diseases and immunity disorders	32,327	18.8	10.7	14.1	97.7	2,665	4,011	6,242	8,724	4,070	2,544	2,530	689	565	136	60	70	19	2	607,385
Diabetes mellitus (250)	22,253	20.2	11.4	14.8	97.4	1,641	2,365	4,144	6,250	3,026	1,826	1,814	516	447	109	49	51	14	1	449,411
Diseases of the endocrine glands (240-246, 251-259)	2,960	15.0	9.0	12.3	98.8	276	487	613	777	318	201	202	40	27	9	2	7	1	.....	44,414
Gout (274)	1,154	10.2	7.1	9.6	99.7	85	244	320	290	100	56	51	3	3	1	1	.....	.....	.....	11,779
Obesity (278.0-278.1)	886	23.8	11.6	15.9	96.0	62	125	149	212	101	78	96	19	29	8	2	4	1	.....	21,057
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	4,824	15.7	8.8	12.8	98.7	534	775	981	1,155	501	364	336	104	48	9	5	8	3	1	75,597
Disorders involving the immune mechanisms (279)	250	20.5	9.4	15.0	95.6	67	15	35	40	24	19	31	7	11	.....	1	.....	.....	.....	5,127

See footnotes at end of table.

TABLE 31—Continued

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1983

Principal Diagnoses[2]	Total			Short Term[4]		Length of Stay (Days)														Total Days[6]
	Patients	Average Days	Median Days[3]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	Un-known[5]	
IV. Diseases of the blood and blood-forming organs	7,650	11.2	6.6	10.1	99.3	1,640	1,385	1,227	1,562	803	498	413	71	36	9	4	1	1	.....	85,801
Anemias (280-282.4, 282.7-285)	4,758	11.6	7.3	10.6	99.3	957	855	686	998	572	344	272	41	25	6	2	.....	.....	.....	54,966
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	257	9.2	4.8	6.4	99.2	47	68	71	46	12	6	5	.....	.....	.....	1	1	.....	.....	2,363
Other diseases of the blood and blood-forming organs (286-289)	2,635	10.8	5.9	9.6	99.3	636	462	470	518	219	148	136	30	11	3	1	.....	1	.....	28,472
V. Mental disorders	202,772	52.7	18.7	22.2	93.2	15,412	19,789	26,069	29,891	19,384	26,372	39,424	10,814	9,126	2,403	1,082	1,406	1,579	21	10,676,310
Alcohol psychosis (291)	7,288	65.1	11.9	16.9	92.2	338	1,105	1,436	1,399	699	561	875	252	270	82	58	97	114	2	473,955
Drug psychosis (292)	778	24.5	9.3	14.6	96.1	57	95	208	155	77	57	77	17	19	9	3	3	1	.....	19,023
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	5,322	156.3	27.4	26.7	79.9	162	221	429	869	643	566	886	402	442	163	88	153	296	2	831,481
Schizophrenic disorders (295)	46,360	97.8	23.4	25.4	87.9	3,097	3,268	4,547	6,536	4,942	5,348	8,811	3,544	3,369	972	470	659	788	9	4,531,356
Other psychoses (296-299)	19,415	49.5	24.9	27.2	90.8	1,302	1,005	1,620	2,714	2,285	2,457	4,367	1,574	1,363	347	136	150	93	2	960,566
Neurotic disorders (300)	9,879	34.1	16.9	21.5	94.0	874	866	1,222	1,672	1,131	1,206	1,657	565	472	100	45	45	23	1	336,545
Personality disorders (301)	4,506	32.0	13.5	19.1	94.7	529	531	601	768	469	451	655	226	180	53	19	17	7	.....	144,234
Alcohol dependence or abuse (303, 305.0)	80,107	24.7	16.1	20.7	97.9	6,054	9,730	12,247	11,136	5,850	12,338	17,895	2,804	1,559	251	89	115	36	3	1,982,351
Drug dependence or abuse (304, 305.1-305.9)	10,943	27.2	13.9	18.8	95.1	1,406	1,181	1,476	1,691	1,228	1,408	1,472	447	421	143	45	19	6	.....	298,022
Other nonpsychotic mental disorders (302, 306-319)	18,174	60.5	16.6	20.9	91.2	1,593	1,787	2,283	2,951	2,060	1,980	2,729	983	1,031	283	129	148	215	2	1,098,777
VI. Diseases of the nervous system and sense organs	49,747	25.3	6.8	10.9	97.2	5,231	10,172	13,653	9,303	3,745	2,320	2,821	927	855	208	116	186	205	5	1,256,088
Quadriplegia (344.0)[7]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paraplegia (344.1)[7]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy (345)	2,752	15.7	8.1	11.3	99.1	257	450	658	690	306	188	147	27	20	2	2	1	4	.....	43,295
Disorders of the peripheral nervous system (350-359)	6,834	14.4	7.0	11.2	98.2	701	1,537	1,603	1,277	632	395	440	116	93	18	10	11	1	.....	98,511
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	11,940	68.9	14.9	19.4	91.3	901	1,169	1,488	2,460	1,494	1,162	1,585	533	550	167	91	146	190	4	822,408
Glaucoma (365)	1,692	7.5	3.8	6.3	99.4	471	398	367	265	110	42	19	6	11	.....	.....	3	.....	.....	12,679
Cataract (366)	12,684	8.3	5.8	6.5	99.6	640	2,989	5,987	2,283	411	153	139	32	19	10	6	10	4	1	104,812
Blindness (369)	861	44.7	35.2	33.8	89.0	70	108	75	64	54	36	174	150	123	4	1	2	.....	.....	38,483
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	8,878	11.9	5.0	7.3	99.4	1,653	2,215	2,279	1,637	533	237	218	48	31	6	5	10	6	.....	105,725
Diseases of the ear and mastoid process (380-389)	4,106	7.3	4.7	6.8	99.7	538	1,306	1,196	627	205	107	99	15	8	1	1	3	.....	.....	30,175
VII. Diseases of the circulatory system	162,668	20.7	10.6	13.8	97.9	11,276	21,823	32,243	43,214	21,824	13,029	12,348	3,114	2,401	628	249	352	257	10	3,375,092

Chronic rheumatic heart disease (393-398)	1,316	16.8	10.3	13.5	98.4	87	210	253	334	170	110	107	23	17	1	2	1	1	.....	22,135
Hypertensive disease without heart involvement (401, 403, 405)	11,720	13.5	7.5	10.6	98.9	1,396	2,184	2,637	2,891	1,110	674	553	133	88	24	9	14	7	.....	158,716
Hypertensive heart disease (402, 404)	4,185	15.8	10.7	13.0	98.4	167	423	1,026	1,277	581	338	252	50	49	9	6	6	1	.....	66,323
Acute myocardial infarction (410)	9,989	17.8	12.6	13.9	99.3	673	649	1,208	3,779	2,094	888	533	88	34	11	9	5	18	.....	177,466
Other ischemic heart disease (411-414)	45,183	14.6	8.3	10.8	99.1	2,910	7,975	11,296	12,148	5,295	2,803	1,991	339	219	68	30	65	42	2	658,785
Other forms of heart disease (391, 392.0, 420-429)	35,867	19.1	9.4	12.2	98.7	2,637	5,009	8,369	9,740	4,486	2,483	2,235	407	292	60	27	57	62	3	684,674
Cerebrovascular diseases (430-438)	23,158	39.2	16.5	21.3	93.6	919	1,609	2,953	5,398	3,340	2,584	3,374	1,271	1,069	305	111	134	87	4	907,419
Atherosclerosis (440)	2,773	37.1	16.8	20.6	93.8	104	261	325	592	427	344	404	121	117	39	8	16	15	.....	102,854
Other diseases of arteries, arterioles and capillaries (441-448)	13,393	27.5	15.4	19.2	96.4	809	1,381	1,570	2,808	2,200	1,675	1,907	489	393	79	32	32	17	1	368,835
Varicose veins of lower extremities (454)	1,743	22.6	14.0	18.4	97.1	109	172	251	396	258	208	226	63	45	12	2	1	.....	.....	39,410
Hemorrhoids (455)	4,115	8.4	5.7	7.3	99.7	879	781	950	982	322	111	70	10	2	2	1	4	1	.....	34,680
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	9,226	16.7	11.6	13.7	98.8	586	1,169	1,405	2,869	1,541	811	596	120	76	18	12	17	6	.....	153,795
VIII. Diseases of the respiratory system	67,224	20.3	9.5	12.6	98.2	3,378	9,480	16,805	18,691	7,682	4,546	4,258	1,042	748	196	86	156	153	3	1,361,520
Acute respiratory infections (460-466)	3,338	18.2	7.3	9.0	99.4	186	639	1,034	943	283	139	80	13	9	3	.....	5	4	.....	60,773
Pneumonia and influenza (480-487)	13,347	28.3	11.6	14.5	97.5	529	1,095	2,929	4,239	1,832	1,083	1,032	250	178	58	21	37	63	1	377,273
Chronic bronchitis (491)	3,036	17.1	9.8	12.6	98.5	135	371	779	931	345	207	177	44	29	3	2	10	3	.....	51,798
Emphysema (492)	1,757	23.2	11.4	15.1	96.9	79	167	387	510	228	128	151	45	31	15	4	9	3	.....	40,776
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	45,746	18.2	8.9	12.3	98.4	2,449	7,208	11,676	12,068	4,994	2,989	2,818	690	501	117	59	95	80	2	830,900
IX. Diseases of the digestive system	92,554	14.8	8.6	11.7	99.1	8.684	13,807	21,821	24,321	10,318	6,091	5,419	1,140	653	92	45	115	44	4	1,372,441
Diseases of oral cavity, salivary glands and jaws (520-529)	4,810	7.2	3.8	6.2	99.5	1,228	1,236	1,184	679	248	92	91	23	21	3	.....	5	.....	.....	34,574
Ulcers of the digestive system (530.2, 531-534)	9,312	13.7	8.4	11.1	99.3	1,143	1,366	2,042	2,420	1,098	593	498	83	55	3	3	5	3	.....	127,271
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	10,746	11.8	6.2	9.1	99.3	1,924	2,205	2,294	2,311	894	519	450	69	51	4	7	13	5	.....	126,454
Hernia of the abdominal cavity (550-553)	19,218	11.7	8.1	9.8	99.7	775	2,347	6,417	6,354	1,849	823	512	73	33	5	4	17	8	1	225,172
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	27,113	15.2	8.0	11.3	99.0	2,740	4,593	6,247	6,764	2,923	1,739	1,447	337	203	36	17	46	19	2	412,183
Alcohol related liver disorders (571.0-571.3)	6,679	21.1	14.3	18.4	98.1	286	647	971	1,598	1,068	830	918	213	118	19	2	7	2	.....	141,015
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577)	14,676	20.8	12.5	16.0	98.6	588	1,413	2,666	4,195	2,238	1,495	1,503	342	172	22	12	22	7	1	305,772
X. Diseases of the genitourinary system	51,395	14.7	7.8	10.8	99.0	6,518	8,804	11,038	13,009	5,247	2,974	2,656	582	335	91	27	72	38	4	756,215
Nephritis, nephrotic syndrome and nephrosis (580-589)	5,715	20.3	10.1	14.8	97.4	619	887	1,004	1,160	650	474	605	144	114	24	14	13	7	.....	115,782
Other diseases of the urinary system (590-599)	21,823	16.2	7.9	11.2	98.8	2,738	3,550	4,732	5,425	2,328	1,299	1,178	290	159	48	11	43	21	1	353,030
Diseases of the prostate (600-602)	15,615	14.0	8.6	10.6	99.5	2,192	2,179	3,033	4,610	1,768	959	684	112	44	12	1	11	9	1	218,009
Other diseases of the male genital organs (603-608)	6,425	8.6	6.0	7.9	99.6	649	1,661	1,840	1,465	399	201	152	32	16	6	.....	2	1	1	55,300
Disorders of breast and gynecological diseases (610-629)	1,817	7.8	4.6	6.8	99.7	320	527	429	349	102	41	37	4	2	1	1	3	.....	1	14,094

See footnotes at end of table.

TABLE 31—Continued

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1983

Principal Diagnoses[2]	Total			Short Term[4]		Length of Stay (Days)														Total Days[6]
	Patients	Average Days	Median Days[3]	Average Days	Percent of Total Discharges	1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	Unknown[5]	
XI. Complications of pregnancy, childbirth and puerperium (630-676)	30	5.7	5.1	5.7	100.0	8	4	11	5	1	1	.....	.....	.....	.....	.....	.....	.....	.....	170
XII. Diseases of skin and subcutaneous tissue	24,239	19.8	6.8	12.0	96.9	5,979	3,288	4,142	4,175	1,993	1,427	1,775	617	551	135	71	64	22	.....	478,851
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	12,097	17.8	9.1	12.8	98.7	1,097	1,638	2,878	3,021	1,307	885	901	201	119	25	10	14	6	.....	214,779
Other diseases of skin and subcutaneous tissue (700-709)	12,142	21.7	2.9	11.3	95.2	4,882	1,655	1,264	1,154	686	542	874	416	432	110	61	50	16	.....	264,072
XIII. Diseases of the musculoskeletal system and connective tissue	45,782	16.7	10.0	13.8	98.5	4,193	6,924	8,805	10,301	5,895	3,995	3,986	871	575	110	39	75	11	2	766,595
Osteoarthrosis and allied disorders (715)	5,881	18.5	13.0	15.8	98.8	404	722	892	1,295	1,002	745	627	104	65	12	4	7	1	1	108,555
Other arthropathies and related disorders (710-714, 716-719)	10,738	15.7	8.7	12.4	98.3	1,132	1,622	2,391	2,446	1,219	813	742	178	127	32	10	25	1	.....	168,869
Dorsopathies (720-724)	13,524	16.8	11.9	14.9	99.0	1,083	1,794	2,072	3,297	2,144	1,410	1,301	252	129	18	10	9	4	1	227,723
Rheumatism, excluding the back (725-729)	7,853	10.5	6.3	9.1	99.4	1,010	1,783	2,017	1,625	626	365	317	60	25	7	2	16	.....	.....	82,378
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	7,786	23.0	11.9	17.1	96.8	564	1,003	1,433	1,638	904	662	999	277	229	41	13	18	5	.....	179,070
XIV. Congenital deformities (740-759)	2,478	13.7	7.9	12.1	98.9	283	457	515	515	288	172	172	46	24	5	.....	1	.....	.....	33,857
XVI. Symptoms, signs and ill-defined conditions (780-799)	53,061	14.8	7.4	10.4	98.7	6,203	10,276	12,012	12,711	5,188	2,838	2,550	557	434	111	33	91	55	2	783,025
XVII. Injury and poisoning	45,845	23.3	8.3	13.5	96.7	6,794	7,229	8,609	8,772	4,442	3,179	3,832	1,269	1,113	302	102	117	84	1	1,068,833
Fracture of skull (800-804)	1,913	15.2	7.1	10.2	98.5	191	347	537	487	132	76	82	27	23	6	3	1	1	.....	28,994
Fracture of neck and trunk (805-809)	2,623	42.2	13.0	17.7	89.9	191	291	428	558	264	208	282	111	169	74	24	18	5	.....	110,797
Fracture of upper and lower limb (810-829)	10,441	28.2	13.3	18.4	95.9	1,081	1,117	1,508	2,006	1,362	1,084	1,308	450	394	55	28	26	21	1	294,350
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	3,724	13.3	6.7	9.8	99.1	490	732	947	860	277	169	166	47	21	5	3	5	2	.....	49,416
Intracranial injury, excluding those with skull fracture (850-854)	1,875	36.4	8.3	14.3	94.7	357	319	249	322	163	115	166	76	57	25	6	8	12	.....	68,288
Internal injury of chest, abdomen and pelvis (860-869)	538	20.3	8.1	11.4	97.5	53	73	140	152	39	24	35	9	11	.....	1	.....	1	.....	10,916
Open wounds (870-897)	5,190	10.3	2.4	6.8	98.6	2,024	968	922	597	246	134	171	52	37	17	11	8	3	.....	53,601
Burns (940-949)	1,113	22.2	13.7	18.1	96.9	89	125	164	219	160	123	158	35	32	6	1	1	.....	.....	24,699
Poisoning by drugs, medicinal and biological substances (960-979)	2,183	10.7	6.3	10.0	99.5	397	429	470	454	184	89	114	33	9	3	.....	1	.....	.....	23,370
Toxic effects of substances chiefly nonmedical as to source (980-989)	367	11.6	3.4	7.4	97.8	91	110	63	41	18	16	19	1	4	3	.....	1	.....	.....	4,259
All other injuries (900-904, 910-939, 950-959, 990-995)	4,585	15.5	5.5	9.8	98.1	881	1,067	924	785	300	213	248	71	57	19	5	9	6	.....	70,932

Complications of surgical and medical care, (996-999)	8,903	17.9	9.8	14.4	98.0	767	1,352	1,861	1,885	1,037	740	828	230	153	29	9	9	3	.....	159,632
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	2,390	71.0	13.5	18.5	89.4	182	299	396	406	260	188	255	127	146	60	11	30	30	.....	169,579
XVIII. Factors influencing health status and contact with health services (V01-V82)	36,461	9.1	1.8	6.6	98.9	14,253	9,001	4,893	3,627	1,581	1,030	1,282	362	282	57	31	47	15	.....	332,450
Unavailable[5]	4,441	24.6	11.6	16.2	96.7	445	465	790	1,003	523	436	448	157	112	33	12	9	7	1	109,321

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series, excludes 235,491 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, are not included in this table. Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major problem of the patient's length of stay.*

[3] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[4] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[5] *Includes records for which required data are unavailable.*

[6] *Excludes those cases for which the number of days is unavailable.*

[7] *Changes in medical coding allow these diagnoses only as secondary discharge diagnoses; see table 26 for associated diagnoses.*

TABLE 32

Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation[1] Fiscal Year 1983

Surgical Procedures[2 3]	Total	Affiliated	Non-Affiliated
Total[4]	363,933	338,429	25,504
Operations on the nervous system (01-05)	8,372	8,106	266
Incision and excision of skull, brain and cerebral meninges (01)	1,657	1,643	14
Other operations on skull, brain, and cerebral meninges (02)	707	702	5
Operations on spinal cord and spinal canal structures (03)	1,579	1,542	37
Operations on cranial and peripheral nerves (04)	4,047	3,891	156
Operations on sympathetic nerves or ganglia (05)	382	328	54
Operations on the endocrine system (06-07)	1,104	1,063	41
Operations on thyroid and parathyroid glands (06)	934	897	37
Operations on other endocrine glands (07)	170	166	4
Operations on the eye (08-16)	29,378	28,804	574
Operations on eyelids (08)	3,445	3,303	142
Operations on lacrimal system (09)	230	230	.....
Operations on conjunctiva (10)	223	219	4
Operations on cornea (11)	830	789	41
Operations on iris, ciliary body, sclera and anterior chamber (12)	1,153	1,134	19
Operations on lens (13)	19,962	19,612	350
Operations on retina, choroid, vitreous and posterior chamber (14)	2,453	2,446	7
Operations on extraocular muscles (15)	328	322	6
Operations on orbit and eyeball (16)	754	749	5
Operations on the ear (18-20)	4,656	4,476	180
Operations on external ear (18)	1,770	1,613	157
Reconstructive operations on middle ear (19)	1,558	1,547	11
Other operations on middle and inner ear (20)	1,328	1,316	12
Operations on the nose, mouth and pharynx (21-29)	17,363	16,635	728
Operations on nose (21)	5,689	5,457	232
Operations on nasal sinuses (22)	1,511	1,481	30
Removal and restoration of teeth (23)	1,884	1,756	128
Other operations on teeth, gums and alveoli (24)	1,318	1,258	60
Operations on tongue (25)	1,271	1,245	26
Operations on salivary glands and ducts (26)	847	820	27
Other operations on mouth and face (27)	2,909	2,720	189
Operations on tonsils and adenoids (28)	743	721	22
Operations on pharynx (29)	1,191	1,177	14
Operations on the respiratory system (30-34)	27,502	25,976	1,526
Excision of larynx (30)	1,745	1,720	25
Other operations on larynx and trachea (31)	10,143	9,935	208
Excision of lung and bronchus (32)	2,627	2,487	140
Other operations on lung and bronchus (33)	9,022	8,154	868
Operations on chest wall, pleura, mediastinum and diaphragm (34)	3,965	3,680	285
Operations on the cardiovascular system (35-39)	38,372	37,364	1,008
Operations on valves and septa of heart (35)	851	851	.....
Operations on vessels of heart (36)	4,752	4,751	1
Other operations on heart and pericardium (37)	4,075	4,012	63
Incision, excision and occlusion of vessels (38)	9,476	8,985	491
Other operations on vessels (39)	19,218	18,765	453
Operations on the hemic and lymphatic system (40-41)	6,492	6,215	277
Operations on lymphatic system (40)	5,737	5,496	241
Operations on bone marrow and spleen (41)	755	719	36
Operations on the digestive system (42-54)	76,938	68,828	8,110
Operations on esophagus (42)	5,588	5,214	374
Incision and excision of stomach (43)	2,832	2,597	235
Other operations on stomach (44)	6,009	5,329	680
Incision, excision, and anastomosis of intestine (45)	14,953	13,372	1,581

See footnotes at end of table.

Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation[1]
Fiscal Year 1983

Surgical Procedures[2] [3]	Total	Affiliated	Non-Affiliated
Other operations on intestine (46)	3,906	3,625	281
Operations on appendix (47)	2,084	1,858	226
Operations on rectum and perirectal tissue (48)	4,377	3,652	725
Operations on anus (49)	4,872	4,143	729
Operations on liver (50)	1,589	1,472	117
Operations on gallbladder and biliary tract (51)	6,596	5,949	647
Operations on pancreas (52)	887	841	46
Repair of hernia (53)	17,870	15,819	2,051
Other operations on abdominal region (54)	5,375	4,957	418
Operations on the urinary system (55-59)	42,837	38,851	3,986
Operations on kidney (55)	1,968	1,897	71
Operations on ureter (56)	2,077	1,964	113
Operations on urinary bladder (57)	33,485	30,241	3,244
Operations on urethra (58)	4,912	4,372	540
Other operations on urinary tract (59)	395	377	18
Operations on the male genital organs (60-64)	26,819	24,438	2,381
Operations on prostate and seminal vesicles (60)	17,409	15,890	1,519
Operations on scrotum and tunica vaginalis (61)	871	769	102
Operations on testes (62)	2,024	1,856	168
Operations on spermatic cord, epididymis and vas deferens (63)	2,849	2,498	351
Operations on penis (64)	3,666	3,425	241
Operations on the female genital organs (65-71)	702	637	65
Operations on ovary (65)	175	156	19
Operations on fallopian tubes (66)	26	23	3
Operation on cervix (67)	49	46	3
Other incision and excision of uterus (68)	160	146	14
Other operations on uterus and supporting structures (69)	197	178	19
Operations on vagina and cul-de-sac (70)	66	62	4
Operations on vulva and perineum (71)	29	26	3
Obstetrical procedures (72-75)	.....	.....	.....
Operations on the musculoskeletal system (76-84)	51,219	48,469	2,750
Operations on facial bones and joints (76)	2,490	2,448	42
Incision, excision and division of other bones (77)	6,370	6,033	337
Other operations on bones, except facial bones (78)	3,344	3,197	147
Reduction of fracture and dislocation (79)	6,248	5,869	379
Incision and excision of joint structures (80)	8,609	8,178	431
Repair and plastic operations on joint structures (81)	8,830	8,504	326
Operations on muscle, tendon and fascia of hand (82)	3,324	3,077	247
Operations on muscle, tendon, fascia and bursa, except hand (83)	3,764	3,501	263
Other procedures on musculoskeletal system (84)	8,240	7,662	578
Operations on the integumentary system (85-86)	32,179	28,567	3,612
Operations on the breast (85)	1,437	1,329	108
Operations on skin and subcutaneous tissue (86)	30,742	27,238	3,504

[1] *Patient treatment file.*

[2] *The procedures included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the operations are the identifying code numbers of this operation classification.*

[3] *For the purposes of this table, miscellaneous diagnostic and therapeutic procedures (87-99) and selected diagnostic procedures (16.21, 18.11, 20.31, 21.21, 29.11 and 31.41) are excluded.*

[4] *410 surgical procedures codes were not usable in this report due to unavailable data.*

INPATIENT CARE

TABLE 33

Operating Costs of VA Inpatient Facilities—Fiscal Year 1983

Activity	Total	Hospital Care				Nursing Care	VA Domiciliaries
		Total	Medical Bed Section[1]	Surgical Bed Section	Psychiatric Bed Section		
Total Cost (in thousands)[2]	$5,627,916	$5,208,600	$2,719,735	$1,399,757	$1,089,108	$319,956	$99,360
Professional and ancillary:							
Medical services[3]	1,470,791	1,416,168	735,978	428,547	251,643	39,481	15,142
Nursing services	1,358,958	1,257,117	652,181	330,266	274,670	98,605	3,236
Chaplain services	24,479	20,938	10,681	4,312	5,945	2,226	1,315
Dietetics services	372,254	309,663	156,154	62,668	90,841	38,849	23,742
Dental services	47,838	43,250	21,107	9,411	12,732	2,514	2,074
Audiology & speech pathology	7,351	6,238	4,166	1,468	604	920	193
Direct care, Total	3,281,671	3,053,374	1,580,267	836,672	636,435	182,595	45,702
Administrative support	669,319	615,706	322,835	157,464	135,407	38,634	14,979
Engineering support	638,374	554,519	278,833	124,122	151,564	54,258	29,597
Building management[4]	286,253	258,237	127,051	66,130	65,056	24,235	3,781
Research support	103,871	102,623	67,055	24,456	11,112	1,014	234
Education & training support	355,019	347,671	184,881	117,305	45,485	6,033	1,315
Asset acquisitions	293,409	276,470	158,813	73,608	44,049	13,187	3,752
Support, Total	2,346,245	2,155,226	1,139,468	563,085	452,673	137,361	53,658

[1] *Includes intermediate care beds.*
[2] *Includes inpatient education and training support.*
[3] *Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, rehabilitation medicine, social service, clinical psychology, radiology, medical media, and library.*
[4] *Includes operation of laundry.*

EXTENDED CARE

TABLE 34

VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement — Fiscal Year 1983

Item	Nursing Homes	Community Nursing Homes	Domiciliaries
Gains, Total	12,882	29,290	10,752
Direct gains — Total	7,520	23,923	6,378
Admissions after rehospitalization	[1]303	[2]2,213	[1]428
Other admissions	7,217	21,710	5,950
Transfers in from similar facilities[3]	48	622	21
Returns from absent sick in hospital status	5,314	4,745	4,353
Losses, Total	12,701	29,236	11,463
Discharges and deaths while in bed occupant or authorized leave of absence status — Total	5,255	17,357	5,299
Discharges	4,257	13,956	5,234
Deaths	998	3,401	65
(Discharges and deaths while in absent sick in hospital status-Total)	1,958	6,172	1,751
Discharges	1,110	4,689	1,632
Deaths	848	1,483	119
Transfers out to similar facilities[3]	88	609	34
Losses to absent sick in hospital status	7,358	11,270	6,130
Remaining on September 30, 1983 — Total	9,260	10,563	7,017
Bed occupants	8,934	10-252	6,461
On authorized leave of absence	61	0	319
Absent sick in hospital	265	311	237
Patients treated[4]	16,473	34,092	14,067
Average daily census[5]	8,849	10,212	6,852

[1] *Admissions after rehospitalization of more than 30 days.*
[2] *Admissions after rehospitalization of more than 15 days.*
[3] *Includes only patients transferred as VA beneficiaries.*
[4] *Discharges and deaths during Fiscal Year 1983 plus the number remaining on the rolls on September 30, 1983.*
[5] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

TABLE 35 EXTENDED CARE

State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement[1] —Fiscal Year 1983

Item	State Home Hospitals	State Nursing Homes	State Domiciliary Homes
Gains, Total	4,491	10,814	11,155
Direct gains — Total	4,263	5,687	4,468
Admissions from state facilities	2,278	2,374	1,655
Other admissions	1,985	3,313	2,813
Returns from leave of absence status	228	5,127	6,687
Losses, Total	4,556	10,115	11,300
Discharges and deaths — Total	4,331	4,836	4,579
Discharges to state facilities	2,351	2,064	1,994
Other discharges	1,665	1,465	2,466
Deaths	315	1,307	119
Losses to leave of absence status	225	5,279	6,721
Bed occupants remaining on September 30, 1983	518	7,392	4,335
Patients treated[2]	4,849	12,228	8,914
Average daily census[3]	541	6,919	4,489

[1] *Data include only patients supported by VA.*
[2] *Discharges and deaths during the fiscal year plus the number on the rolls at the end of the fiscal year.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

TABLE 36 EXTENDED CARE

VA Medical Centers—Domiciliary Care Component: Selected Data Fiscal Year 1983

Facility	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges [4 5]	Patients Treated [4 6]	Remaining on Sept. 30, 1983
Total	8,201	83.6	6,852	6,378	7,050	14,067	7,017
Arizona: Prescott	214	83.2	178	222	217	427	210
California: West Los Angeles	400	72.3	289	324	335	638	303
Florida: Bay Pines	200	89.0	178	237	243	436	193
Georgia: Dublin	344	89.2	307	343	330	668	338
Kansas: Leavenworth	700	88.6	620	710	803	1,414	611
Mississippi: Biloxi	429	64.3	276	197	373	557	184
New York: Bath	525	85.1	447	415	390	901	511
Ohio: Dayton	780	78.7	614	261	317	930	613
Oregon: White City	1,034	79.3	820	634	818	1,574	756
South Dakota: Hot Springs	422	87.9	371	485	495	891	396
Tennessee: Mountain Home	646	95.7	618	682	714	1,426	712
Texas:							
Bonham	225	90.2	203	155	157	383	226
Temple	528	88.6	468	593	579	1,066	487
Virginia: Hampton	475	78.5	373	435	496	884	388
West Virginia: Martinsburg	540	89.6	484	296	309	825	516
Wisconsin: Wood	739	82.0	606	410	508	1,081	573

[1] *Based on the number of operating beds at the end of each month of 13 consecutive months (September 1982 – September 1983).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals, but excluded from overall total.*
[5] *Includes deaths.*
[6] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 37

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1983

Location	Average Operating Beds[1]	Bed Occupancy Rate (%)[2]	Average Daily Census[3]	Admissions[4]	Discharges[4 5]	Patients Treated[4 6]	Remaining on Sept. 30, 1983
Total	9,414	94.0	8,849	7,520	7,213	16,473	9,260
Alabama:							
Tuscaloosa	120	95.8	115	41	44	166	122
Tuskegee	112	94.6	106	32	29	141	112
Arizona:							
Phoenix	120	95.0	114	96	94	211	117
Tucson	41	95.1	39	11	12	52	40
Arkansas: Little Rock	200	94.5	189	51	49	248	199
California:							
Livermore	120	88.3	106	75	70	187	117
Loma Linda	60	95.0	57	127	123	183	60
Long Beach	180	96.1	173	270	266	447	181
Palo Alto	150	96.0	144	1,151	1,163	1,309	146
San Diego	60	91.7	55	93	95	153	58
Sepulveda	157	93.0	146	78	82	227	145
Colorado:							
Ft. Lyon	37	97.3	36	15	14	52	38
Grand Junction	42	95.2	40	19	19	61	42
Connecticut: West Haven	90	97.8	88	9	11	98	87
Delaware: Wilmington	60	93.3	56	48	43	100	57
Florida:							
Bay Pines	240	94.6	227	243	243	473	230
Gainesville	120	94.2	113	114	105	219	114
Lake City	40	92.5	37	14	19	54	35
Miami	120	88.3	106	160	169	274	105
Georgia:							
Augusta	40	85.0	34	14	17	52	35
Dublin	86	94.2	81	23	23	108	85
Illinois:							
Danville	120	96.7	116	52	51	171	120
Hines	111	53.2	59	221	120	221	101
North Chicago	190	96.3	183	53	47	237	190
Indiana:							
Ft. Wayne	54	94.4	51	19	18	72	54
Indianapolis	60	93.3	56	93	92	149	57
Marion	69	95.7	66	26	22	92	70
Iowa: Knoxville	200	95.5	191	54	53	253	200
Kansas:							
Leavenworth	45	93.3	42	24	22	67	45
Topeka	79	93.7	74	34	26	102	76
Kentucky: Lexington	100	97.0	97	70	71	171	100
Louisiana: Alexandria	93	93.5	87	41	39	133	94
Maine: Togus	60	95.0	57	70	70	128	58
Maryland:							
Ft. Howard	47	95.7	45	12	12	59	47
Perry Point	80	95.0	76	32	33	113	80
Massachusetts:							
Bedford	162	96.3	156	58	58	219	161
Brockton	97	92.8	90	55	36	135	99
Northampton	50	96.0	48	11	7	57	50
Michigan:							
Allen Park	72	97.2	70	39	39	111	72
Battle Creek	205	97.1	199	50	52	256	204
Iron Mountain	40	92.5	37	166	168	207	39
Saginaw	30	93.3	28	105	106	136	30
Minnesota: St. Cloud	44	93.2	41	21	24	63	39
Mississippi:							
Biloxi	35	94.3	33	25	24	59	35
Jackson	120	95.0	114	31	30	149	119
Missouri:							
Columbia	54	96.3	52	13	16	68	52
Poplar Bluff	49	91.8	45	52	48	96	48
St. Louis	93	97.8	91	46	45	139	94
Montana: Miles City	26	96.2	25	4	3	29	26
Nebraska: Grand Island	42	85.7	36	36	32	73	41
Nevada: Reno	22	95.5	21	16	15	37	22
New Hampshire: Manchester	120	92.5	111	185	188	306	118
New Jersey:							
East Orange	60	93.3	56	47	42	101	59
Lyons	90	96.7	87	37	34	126	92

See footnotes at end of table.

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1983

Location	Average Operating Beds[1]	Bed Occupancy Rate (%)[2]	Average Daily Census[3]	Admissions[4]	Discharges[4 5]	Patients Treated[4 6]	Remaining on Sept. 30, 1983
New Mexico: Albuquerque	46	93.5	43	78	69	114	45
New York:							
Albany	100	95.0	95	72	70	170	100
Bath	167	94.6	158	78	68	245	177
Brooklyn	300	95.7	287	189	185	493	308
Buffalo	36	97.2	35	29	29	65	36
Canandaigua	100	95.0	95	87	85	187	102
Castle Point	148	95.3	141	46	39	186	147
Montrose	122	93.4	114	29	25	147	122
Syracuse	50	94.0	47	81	68	115	47
North Carolina:							
Asheville	82	97.6	80	32	29	111	82
Fayetteville	38	94.7	36	19	20	56	36
Salisbury	93	96.8	90	53	48	141	93
North Dakota: Fargo	48	89.6	43	68	62	106	44
Ohio:							
Chillicothe	99	99.0	98	89	89	188	99
Cincinnati	206	91.3	188	122	131	322	191
Cleveland	100	94.0	94	57	55	154	99
Dayton	284	95.1	270	99	105	380	275
Oregon: Roseburg	75	97.3	73	38	38	113	75
Pennsylvania:							
Altoona	33	97.0	32	11	11	43	32
Butler	104	91.3	95	48	43	147	104
Coatesville	50	96.0	48	26	26	76	50
Erie	40	92.5	37	17	17	57	40
Lebanon	120	97.5	117	36	42	154	112
Pittsburgh (U.D.)	228	93.4	213	96	98	325	227
Wilkes-Barre	120	85.8	103	111	64	181	117
South Carolina: Columbia	120	92.5	111	168	177	295	118
South Dakota: Sioux Falls	75	96.0	72	71	67	142	75
Tennessee:							
Memphis	120	95.0	114	351	349	474	125
Mountain Home	58	94.8	55	27	24	82	58
Murfreesboro	48	97.9	47	11	11	59	48
Texas:							
Big Spring	40	92.5	37	71	63	103	40
Bonham	100	95.0	95	40	43	140	97
Houston	78	94.9	74	48	46	124	78
Kerrville	35	97.1	34	8	8	43	35
Temple	118	94.9	112	115	90	212	122
Waco	84	97.6	82	22	21	105	84
Vermont: White River Junction	30	93.3	28	149	151	174	23
Virginia:							
Hampton	120	87.5	105	79	82	190	108
Salem	100	92.0	92	134	133	230	97
Washington: American Lake	76	92.1	70	14	19	89	70
West Virginia:							
Beckley	42	95.2	40	18	18	60	42
Martinsburg	120	98.3	118	50	53	172	119
Wisconsin:							
Tomah	100	96.0	96	40	40	140	100
Wood	200	96.0	192	43	44	241	197
Wyoming: Cheyenne	47	93.6	44	16	13	60	47

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1982 - September 1983).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals excluded from overall total.*
[5] *Includes deaths.*
[6] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 36

State Nursing Care Homes: Selected Data—Fiscal Year 1983

Location	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges [2]	Patients Treated [3]	Remaining on Sept. 30, 1983 [4]
Total		6,919	5,687	4,836	12,228	7,392
California: Yountville	San Francisco, CA	637	813	804	1,465	661
Colorado:						
Florence	Denver, CO	99	63	167	262	95
Homelake	Denver, CO	23	29	18	41	23
Georgia:						
Augusta	Augusta, GA	179	162	164	340	176
Milledgeville	Dublin, GA	196	103	69	274	205
Idaho: Boise	Boise, ID	78	39	39	113	74
Illinois: Quincy	Iowa City, IA	352	610	533	920	387
Indiana: Lafayette	Indianapolis, IN	217	98	86	309	223
Iowa: Marshalltown	Des Moines, IA	379	454	311	761	450
Kansas: Fort Dodge	Wichita, KS	56	24	17	76	59
Louisiana: Jackson	New Orleans, LA	55	164	36	116	80
Maine: Augusta	Togus, ME	28	119	37	115	78
Massachusetts:						
Chelsea	Boston, MA (OPC)	55	164	164	218	54
Holyoke	Northampton, MA	236	170	162	406	244
Michigan:						
Grand Rapids	Allen Park, MI	522	221	218	741	523
Marquette	Iron Mountain, MI	16	44	10	45	35
Minnesota: Minneapolis	Minneapolis, MN	212	160	125	345	220
Missouri: St. James	St. Louis, MO	147	206	145	336	191
Montana: Columbia Falls	Ft. Harrison, MT	39	25	26	66	40
Nebraska: Grand Island	Grand Island, NE	480	205	196	683	487
New Hampshire: Tilton	Manchester, NH	83	29	26	111	85
New Jersey:						
Menlo Park	East Orange, NJ	301	113	84	400	316
Vineland	Wilmington, DE	258	65	28	288	260
New York: Oxford	Syracuse, NY	68	39	47	110	63
Ohio: Sandusky	Cleveland, OH	193	106	45	278	233
Oklahoma:						
Ardmore	Oklahoma City, OK	84	90	74	164	90
Clinton	Oklahoma City, OK	120	102	86	215	129
Norman	Oklahoma City, OK	182	35	37	223	186
Sulphur	Oklahoma City, OK	103	87	92	195	103
Talihina	Oklahoma City, OK	153	119	119	273	154
Pennsylvania:						
Hollidaysburg	Altoona, PA	134	305	204	403	199
Erie	Erie, PA	68	26	27	94	67
Rhode Island: Bristol	Providence, RI	249	88	59	316	257
South Carolina: Columbia	Columbia, SC	119	127	109	240	131
South Dakota: Hot Springs	Hot Springs, SD	35	15	9	46	37
Vermont: Bennington	White River Jct., VT	127	149	154	273	119
Washington:						
Orting	Seattle, WA	82	42	45	127	82
Retsil	Seattle, WA	113	147	137	258	121
Wisconsin: King	Madison, WI	443	130	127	582	455

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Includes deaths.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Bed occupants only.*

Community Nursing Homes: Selected Data—Fiscal Year 1983

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges[2 3]	Patients Treated[2 4]	Remaining on Sept. 30, 1983
Total	10,212	23,923	23,529	34,092	10,563
Alabama:					
Birmingham	72	221	239	310	71
Montgomery	18	46	53	69	16
Tuscaloosa	41	48	64	96	32
Tuskegee	32	75	70	110	40
Alaska: Anchorage	9	29	25	35	10
Arizona:					
Phoenix	200	373	360	569	209
Prescott	9	21	22	33	11
Tucson	70	180	186	255	69
Arkansas:					
Fayetteville	14	46	46	58	12
Little Rock	134	344	360	495	135
California:					
Fresno	42	166	166	206	40
Livermore	19	35	43	60	17
Loma Linda	69	219	142	219	77
Long Beach	141	410	392	556	164
Martinez	46	120	116	164	48
Palo Alto	82	212	166	253	87
San Diego	49	91	88	136	48
San Francisco	55	189	182	233	51
Sepulveda	88	108	112	201	89
West Los Angeles	199	445	495	691	196
Colorado:					
Denver	71	191	160	254	94
Ft. Lyon	35	11	18	50	32
Grand Junction	26	72	67	94	27
Connecticut:					
Newington	39	98	79	113	34
West Haven	38	58	60	99	39
Delaware: Wilmington	55	153	113	189	76
District of Columbia: Washington	76	145	130	220	90
Florida:					
Bay Pines	169	599	555	742	187
Gainesville	52	118	116	171	55
Lake City	22	74	62	89	27
Miami	126	306	432	570	138
Tampa	162	594	582	750	168
Georgia:					
Atlanta	98	272	263	361	98
Augusta	122	255	255	383	128
Dublin	42	98	97	144	47
Hawaii: Honolulu	10	31	32	41	9
Idaho: Boise	40	109	120	151	31
Illinois:					
Chicago (Lakeside)	97	322	321	430	109
Chicago (West Side)	128	323	311	431	120
Danville	48	119	113	163	50
Hines	153	459	451	616	165
Marion	57	179	141	202	61
North Chicago	180	142	135	333	198
Indiana:					
Ft. Wayne	33	98	109	142	33
Indianapolis	61	201	203	268	65
Marion	85	78	83	169	86
Iowa:					
Des Moines	49	158	157	204	47
Iowa City	70	288	282	360	78
Knoxville	44	84	84	129	45
Kansas:					
Leavenworth	48	151	136	194	58
Topeka	73	115	137	209	72
Wichita	28	93	73	105	32
Kentucky:					
Lexington	80	253	258	337	79
Louisville	60	181	184	242	58

See footnotes at end of table.

TABLE 39—Continued

Community Nursing Homes: Selected Data—Fiscal Year 1983

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges[2 3]	Patients Treated[2 4]	Remaining on Sept. 30, 1983
Louisiana:					
Alexandria	31	116	115	148	33
New Orleans	59	148	125	171	46
Shreveport	81	207	188	276	88
Maine: Togus	53	89	104	144	40
Maryland:					
Baltimore	34	88	67	104	37
Ft. Howard	18	33	38	53	15
Perry Point	35	42	39	77	38
Massachusetts:					
Bedford	81	91	97	174	77
Boston	92	197	206	277	71
Brockton	90	82	87	170	83
Northampton	69	81	84	153	69
West Roxbury	13	27	24	37	13
Michigan:					
Allen Park	82	208	215	295	80
Ann Arbor	62	221	236	300	64
Battle Creek	99	135	133	237	104
Iron Mountain	17	62	54	74	20
Saginaw	67	183	201	262	61
Minnesota:					
Minneapolis	215	544	588	799	211
St. Cloud	93	117	122	204	82
Mississippi:					
Biloxi	119	193	185	316	131
Jackson	54	158	154	211	57
Missouri:					
Columbia	42	153	161	202	41
Kansas City	78	219	158	240	82
Poplar Bluff	40	115	110	152	42
St. Louis	96	250	276	369	93
Montana:					
Ft. Harrison	41	96	99	139	40
Miles City	20	66	65	88	23
Nebraska:					
Grand Island	7	17	13	21	8
Lincoln	18	61	51	69	18
Omaha	36	199	192	234	42
Nevada: Reno	24	51	49	76	27
New Hampshire: Manchester	33	77	79	110	31
New Jersey:					
East Orange	110	173	206	321	115
Lyons	45	79	58	115	57
New Mexico: Albuquerque	57	153	123	186	63
New York:					
Albany	20	24	31	47	16
Batavia	11	19	20	29	9
Bath	18	40	45	62	17
Bronx	45	113	130	173	43
Brooklyn	42	115	136	180	44
Buffalo	29	74	61	97	36
Canandaigua	35	58	38	82	44
Castle Point	11	41	36	48	12
Montrose	12	15	21	32	11
New York	29	72	66	94	28
Northport	51	61	45	104	59
Syracuse	35	60	68	92	24
North Carolina:					
Asheville	82	223	201	277	76
Durham	69	219	223	289	66
Fayetteville	44	119	122	168	46
Salisbury	45	92	88	139	51
North Dakota: Fargo	29	78	78	111	33
Ohio:					
Chillicothe	190	290	286	476	190
Cincinnati	59	214	221	277	56
Cleveland	141	233	218	352	134
Dayton	72	163	125	213	88

See footnotes at end of table.

Community Nursing Homes: Selected Data—Fiscal Year 1983

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges[2 3]	Patients Treated[2 4]	Remaining on Sept. 30, 1983
Oklahoma:					
Muskogee	45	158	180	233	53
Oklahoma City	56	283	299	352	53
Oregon:					
Portland	131	330	375	490	115
Roseburg	69	146	141	213	72
Pennsylvania:					
Altoona	29	87	92	126	34
Butler	25	50	49	74	25
Coatesville	193	167	171	355	184
Erie	20	54	58	75	17
Lebanon	64	104	65	151	86
Philadelphia	114	292	280	417	137
Pittsburgh (University Dr)	73	218	216	289	73
Pittsburgh (Highland Dr)	90	95	108	196	88
Wilkes-Barre	45	77	74	121	47
Puerto Rico: San Juan	49	138	126	178	52
Rhode Island: Providence	54	130	130	186	56
South Carolina:					
Charleston	32	95	101	130	29
Columbia	60	147	135	199	64
South Dakota:					
Ft. Meade	7	23	25	32	7
Hot Springs	7	21	24	30	6
Sioux Falls	30	103	108	138	30
Tennessee:					
Memphis	52	129	108	168	60
Mountain Home	109	194	208	320	112
Murfreesboro	30	43	57	86	29
Nashville	80	161	158	243	85
Texas:					
Amarillo	31	101	102	137	35
Big Spring	45	68	116	151	35
Bonham	36	120	107	156	49
Dallas	131	370	368	501	133
Houston	103	302	305	409	104
Kerrville	44	139	115	169	54
Marlin	16	40	29	54	25
San Antonio	118	366	359	489	130
Temple	73	195	197	271	74
Waco	88	89	98	183	85
Utah: Salt Lake City	92	285	286	381	95
Vermont: White River Junction	18	50	54	72	18
Virginia:					
Hampton	52	126	120	182	62
Richmond	76	207	179	271	92
Salem	83	133	111	192	81
Washington:					
American Lake	37	67	50	99	49
Seattle	115	315	238	367	129
Spokane	49	135	139	192	53
Walla Walla	28	100	77	109	32
West Virginia:					
Beckley	21	73	67	92	25
Clarksburg	62	169	159	223	64
Huntington	53	170	144	213	69
Martinsburg	87	155	162	236	74
Wisconsin:					
Madison	45	171	172	208	36
Tomah	52	76	74	125	51
Wood	111	321	320	430	110
Wyoming:					
Cheyenne	17	61	53	76	23
Sheridan	22	36	42	61	19

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Transfers included in individual facility totals; excluded from overall total.*
[3] *Includes deaths.*
[4] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 40

State Domiciliary Homes: Selected Data—Fiscal Year 1983

Location of State Home Domiciliary	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges [2]	Patients Treated [3]	Remaining on September 30, 1983
Total		4,489	4,468	4,579	8,914	4,335
Arkansas: Little Rock	Little Rock, AR	75	180	148	225	77
California: Yountville	San Francisco, CA	641	814	817	1,468	651
Colorado: Homelake	Denver, CO	55	63	47	56	9
Connecticut: Rocky Hill	Newington, CT	390	485	480	864	384
Georgia: Milledgeville	Dublin, GA	194	116	146	334	188
Idaho: Boise	Boise, ID	122	199	194	311	117
Illinois: Quincy	Iowa City, IA	93	126	104	200	96
Indiana: Lafayette	Indianapolis, IN	93	46	43	130	87
Iowa: Marshalltown	Des Moines, IA	95	64	61	159	98
Kansas: Fort Dodge	Wichita, KS	53	12	11	62	51
Louisiana: Jackson	New Orleans, LA	91	157	162	237	75
Massachusetts:						
Chelsea	Boston, MA (OC)	269	261	264	528	264
Holyoke	Northampton, MA	35	32	29	65	36
Michigan:						
Grand Rapids	Allen Park, MI	154	76	73	232	159
Marquette	Allen Park, MI	48	30	28	74	46
Minnesota:						
Hastings	Minneapolis, MN	157	113	121	273	152
Minneapolis	Minneapolis, MN	218	157	148	382	234
Missouri: St. James	St. Louis, MO	55	53	43	103	60
Montana: Columbia Falls	Ft. Harrison, MT	64	31	33	96	63
Nebraska: Grand Island	Grand Island, NE	110	66	58	174	116
New Jersey: Menlo Park	East Orange, NJ	44	2	10	50	40
New York: Oxford	Syracuse, NY	53	38	37	89	52
North Dakota: Lisbon	Fargo, ND	107	42	42	142	100
Ohio: Sandusky	Cleveland, OH	384	125	285	584	299
Oklahoma:						
Ardmore	Oklahoma City, OK	89	174	176	265	89
Clinton	Oklahoma City, OK	33	66	58	95	37
Sulphur	Oklahoma City, OK	20	42	41	62	21
Pennsylvania:						
Hollidaysburg	Altoona, PA	96	167	102	230	128
Erie	Erie, PA	52	32	18	77	59
Rhode Island: Bristol	Providence, RI	77	19	38	105	67
South Dakota: Hot Springs	Hot Springs, SD	92	43	46	137	91
Vermont: Bennington	White River Jct., VT	10	17	16	26	10
Virginia: Occoquan[4]	Washington, DC	64	265	365	365	0
Washington:						
Orting	Seattle, WA	63	52	52	123	71
Retsil	Seattle, WA	139	144	153	287	134
West Virginia: Barboursville	Huntington, WV	81	141	110	213	103
Wisconsin: King	Madison, WI	28	5	10	34	24
Wyoming: Buffalo	Sheridan, WY	46	13	10	57	47

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Includes deaths.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Facility closed in July 1983.*

TABLE 41

State Home Hospitals: Selected Data—Fiscal Year 1983

Location of State Home Hospitals	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges [2]	Patients Treated [3]	September 30, 1983
Total		541	4,263	4,331	4,849	518
California: Yountville	San Francisco, CA	28	1,019	[4] 1,007	1,027	20
Connecticut: Rocky Hill	Newington, CT	306	466	480	777	297
Illinois: Quincy	Iowa City, IA	11	441	444	455	11
Iowa: Marshalltown	Des Moines, IA	57	235	307	347	40
Massachusetts:						
Chelsea	Boston, MA (OC)	114	1,446	1,431	1,556	125
Holyoke	Northampton, MA	9	211	213	221	8
Oklahoma: Sulphur	Oklahoma City, OK	16	445	449	466	17

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Includes deaths.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Excludes transfers to Yountville State Nursing Care Home.*

Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis Fiscal Years 1974–1983

Fiscal Year	Total			Category of Visit					
				Examinations					
				Compensation and Pension			Determine Need for Medical Care		
	Total	Staff	Fee	Total	Staff	Fee	Total	Staff	Fee
1983	18,509,552	16,617,485	1,892,067	370,552	271,189	99,363	2,581,957	2,566,518	15,439
1982	17,808,977	15,861,687	1,947,290	365,218	271,508	93,710	2,402,135	2,368,513	33,622
1981	17,929,550	15,825,064	2,104,486	377,559	283,539	94,020	2,463,349	2,435,466	27,883
1980	17,971,407	15,751,690	2,219,717	373,300	287,724	85,576	2,435,856	2,403,684	32,172
1979	17,262,408	15,053,332	2,209,076	372,077	290,695	81,382	2,239,313	2,213,770	25,543
1978	17,416,275	15,069,573	2,346,702	405,301	321,372	83,929	2,244,929	2,227,915	17,014
1977	17,045,079	14,675,284	2,369,795	421,425	337,252	84,173	2,205,165	2,193,258	11,907
1976	[2] 16,506,270	14,319,224	2,187,046	388,674	345,152	43,522	2,126,614	2,124,362	2,252
1975	14,629,517	12,595,514	2,034,003	353,590	323,085	30,505	1,951,618	1,948,907	2,711
1974	12,266,476	10,457,830	1,808,646	316,359	290,728	25,631	1,692,876	1,691,695	1,181

Fiscal Year	Category of Visit									
	Treatment[1]						Aid and Attendance[1]	All Other		
	Service Connected			Non-Service Connected						
	Total	Staff	Fee	Total	Staff	Fee	Fee	Total	Staff	Fee
1983	7,725,734	6,436,834	1,288,900	6,672,960	6,519,512	153,448	246,947	911,402	823,432	87,970
1982	7,498,046	6,125,998	1,372,048	6,567,042	6,430,467	136,575	239,671	736,865	665,201	71,664
1981	7,310,554	5,814,448	1,496,106	6,583,861	6,433,346	150,515	286,817	907,410	858,265	49,145
1980	7,284,333	5,666,049	1,618,284	6,619,288	6,474,561	144,727	321,030	937,600	919,672	17,928
1979	.....	.....	.....	.....	.....	.....	.....	14,651,018	12,548,867	2,102,151
1978	.....	.....	.....	.....	.....	.....	.....	14,766,045	12,520,286	2,245,759
1977	.....	.....	.....	.....	.....	.....	.....	14,418,489	12,144,774	2,273,715
1976	.....	.....	.....	.....	.....	.....	.....	[2] 13,990,982	[2] 11,849,710	2,141,272
1975	.....	.....	.....	.....	.....	.....	.....	12,324,309	10,323,522	2,000,787
1974	.....	.....	.....	.....	.....	.....	.....	10,257,241	8,475,407	1,781,834

[1] *Breakouts prior to FY 1980 are no longer available.*
[2] *Corrected data.*

TABLE 43

Pharmacy Activity—Fiscal Years 1982–1983

Activity	FY 1983	FY 1982
VA Pharmacies		
Prescriptions dispensed – Total	42,647,780	40,650,610
Inpatient	1,384,718	1,472,914
Ambulatory – Total	41,263,062	39,177,696
Methadone	1,068,603	1,170,819
All other	40,194,459	38,006,877
Unit doses dispensed	114,558,960	82,387,900
Primary intravenous admixtures	1,894,864	1,674,538
Secondary intravenous admixtures ("piggy backs")	6,977,508	5,624,211
Hyperalimentation	394,674	341,977
Fluids and sets	10,408,495	9,131,306
Fee-Basis		
Prescriptions filled by participating pharmacies	701,267	884,592

TABLE 44

CONSTRUCTION

Replacement and Relocation Hospital Construction Projects, Fiscal Year 1983 Completions And Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost[1]	Value of Work in Place	Percent Complete[2]	Date Construction Completed (C) or Contract Awarded (A)
Total	7	4,771	$951,045,900	$477,852,427	50	
A. Projects completed, Total	0	.....	.....	.....	...	
B. Projects under construction, Total	7	4,771	951,045,900	477,852,427	50	
Arkansas : Little Rock	...	505	133,805,900	128,841,884	96	July 1980 (A)
Florida : Bay Pines	...	830	107,169,000	87,913,455	82	August 1978 (A)
Oregon : Portland/Vancouver	...	610	162,100,000	14,632,879	9	August 1982 (A)
Minnesota : Minneapolis	...	845	253,096,000	3,343,959	1	August 1982 (A)
Virginia : Richmond	...	814	114,172,000	107,307,382	94	November 1976 (A)
Washington : Seattle	...	490	111,119,000	69,961,691	63	May 1980 (A)
West Virginia : Martinsburg	...	677	69,584,000	65,851,177	95	July 1977 (A)
C. Projects authorized – not under construction	0	.....	.....	.....	...	

[1] *Construction anticipated, issued, awarded, including contingencies.*

[2] *Based on general construction only.*

TABLE 45

CONSTRUCTION

Modernization Construction Projects,[1]—Fiscal Year 1983 Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost[2]	Value of Work in Place	Percent Complete[3]	Date Construction Completed (C) or Contract Awarded (A)
Total	9		$343,855,521	$44,295,920	13	
A. Projects completed, Total	0		.....	.....	....	
B. Projects under construction, Total	8		258,980,521	44,295,920	17	
Projects $1,000,000 and over, Total	8		258,980,521	44,295,920	17	
Alabama : Birmingham	....	Clinical expansion	41,450,000	.....	0	September 1983 (A)
California : San Francisco	....	Remodel Bldgs. 2, 4, 200	15,190,000	149,000	1	June 1983 (A)
Colorado : Denver	....	Clinical support wing	37,280,700	8,878,616	24	December 1982 (A)
Kansas : Wichita	....	Modernization & alterations	5,189,870	5,023,475	97	September 1981 (A)
Louisiana : New Orleans	....	Clinical expansion	64,500,000	14,988,608	23	September 1981 (A)
Massachusetts : West Roxbury	....	SCI Center & modernization	16,417,131	11,351,789	69	September 1981 (A)
New Mexico : Albuquerque	....	Clinical improvements	67,344,000	1,601,676	2	July 1983 (A)
Ohio : Chillicothe	....	Modernization Phase 2	11,608,820	2,302,756	20	January 1983 (A)
C. Projects not under construction, Total	1		84,875,000	.....	....	
Projects $1,000,000 and over, Total	1		84,875,000	.....	....	
Mississippi : Biloxi	....	Modernize various bldgs.	84,875,000	.....	....	

[1] *Projects included 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] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 46

Nursing Home Care Units Construction Projects,[1]—Fiscal Year 1983 Completions and Year End Status

Location	Number of 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)
TOTAL	31	3,240	$228,252,850	$40,233,575	18	
A. Projects completed, Total	1	60	4,777,521	4,777,521	100	
Nevada : Reno		60	4,777,521	4,777,521	100	June 1983 (C)
B. Projects under construction, Total	15	1,400	85,396,329	35,456,054	42	
Projects $1,000,000 and over, Total	15	1,440	85,396,329	35,456,054	42	
California : Fresno		60	3,953,127	.....	0	September 1983 (A)
: West Los Angeles (Wadsworth)		120	3,285,355	336,433	10	April 1983 (A)
Colorado : Denver		60	3,554,850	.....	0	August 1983 (A)
Dist. of Columbia : Washington		120	19,175,118	12,132,033	63	April 1982 (A)
Florida : Lake City		120	3,927,607	894,671	23	February 1983 (A)
: Tampa		120	5,140,022	2,191,484	43	December 1982 (A)
Idaho : Boise		60	2,345,400	.....	0	August 1983 (A)
Illinois : Marion		60	3,259,037	.....	0	May 1983 (A)
Kansas : Wichita		60	3,340,488	1,565,226	47	August 1982 (A)
Michigan : Ann Arbor		120	5,182,203	3,101,515	60	November 1982 (A)
New York : Bronx		120	8,788,147	3,898,361	44	December 1982 (A)
Pennsylvania : Coatesville		120	6,614,929	6,471,922	98	September 1981 (A)
Texas : Dallas		120	6,432,449	2,756,634	43	May 1982 (A)
: Kerrville		120	6,274,225	2,107,775	34	August 1982 (A)
Washington : Spokane		60	4,123,372	.....	0	September 1983 (A)
C. Projects not under construction, Total	15	1,740	138,079,000			
Projects $1,000,000 and over, Total	15	1,740	138,079,000			
Arizona : Prescott		120	9,900,000			
California : Martinez		120	14,400,000			
: West Los Angeles (Wadsworth)		120	7,100,000			
Florida : Miami		120	7,100,000			
Illinois : Hines		120	9,779,000			
Louisiana : Alexandria		120	5,215,000			
Missouri : St. Louis (Jefferson Barracks)		60	5,468,000			
New Jersey : Lyons		240	21,500,000			
New York : Northport		120	7,300,000			
North Carolina : Durham		120	12,000,000			
Puerto Rico : San Juan		120	8,558,000			
Rhode Island : Providence		60	4,425,000			
South Dakota : Hot Springs		60	7,000,000			
Tennessee : Murfreesboro		120	10,100,000			
Texas : San Antonio		120	8,234,000			

[1] *Projects included 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.*

TABLE 47

Research and Education Construction Projects,[1]—Fiscal Year 1983 Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
TOTAL	11		$54,127,974	$16,105,073	30	
A. Projects completed, Total	3		14,328,813	14,328,813	100	
California : Martinez		Education building	2,067,719	2,067,719	100	December 1982 (C)
Florida : Miami		Research & education bldg.	10,580,105	10,580,105	100	November 1982 (C)
Wisconsin : Wood		Renovate bldg. 70	1,680,989	1,680,989	100	June 1983 (C)
B. Projects under construction, Total	5		11,608,361	1,776,260	15	
Projects $1,000,000 and over, Total	3		10,314,763	1,519,041	15	
California : Long Beach		Research addition	7,038,000	.....	....	June 1983 (A)
: San Francisco		Animal research	1,764,629	1,220,935	69	May 1982 (A)
Tennessee : Mountain Home		Medical library	1,512,134	298,106	20	March 1983 (A)
Projects under $1,000,000	2		1,293,598	257,219	20	
C. Projects not under construction, Total	3		28,190,800			
Projects $1,000,000 and over, Total	2		27,300,000			
Nebraska : Omaha		Education addition	4,000,000			
New York : Buffalo		Research building & clinic	23,300,000			
Projects under $1,000,000, Total	1		890,800			

[1] *Projects included 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.*

Other Improvement Construction Projects,[1] Fiscal Year 1983
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
1. AIR CONDITIONING CONSTRUCTION PROJECTS					
TOTAL	3 Projects	$18,631,372	$17,703,078	95	
A. Projects completed, Total	2 Projects	17,346,652	17,346,652	100	
Pennsylvania : Coatesville		13,202,598	(2)	100	February 1983 (C)
Texas : Amarillo		4,144,054	(2)	100	July 1983 (C)
B. Projects under construction, Total	1 Project	1,284,720	356,426	28	
Projects $1,000,000 and over, Total	1 Project	1,284,720	356,426	28	
Pennsylvania : Coatesville		1,284,720	356,426	28	April 1983 (A)
C. Projects not under construction, Total	0 Projects	.....	.....	....	
2. OTHER IMPROVEMENT – CONSTRUCTION PROJECTS					
TOTAL	766 Projects	$1,667,688,727	$263,827,411	16	
A. Projects completed, Total	160 Projects	116,584,858	116,584,858	100	
Alabama : Tuskegee	Primary & 2nd Distr. Sys.	1,945,999	(2)	100	May 1983 (C)
: Tuskegee	Sewage Treatment Plant	1,999,000	(2)	100	June 1983 (C)
Arizona : Tucson	Repl./Upgrade Fire Alarm	386,069	(2)	100	February 1983 (C)
: Tucson	Upgrade Bldg. 5	250,499	(2)	100	June 1983 (C)
Arkansas : Fayetteville	Renovate Building 3 Educ.	232,022	(2)	100	August 1983 (C)
: Little Rock	Alterations Bldg. 35-37 Adm.	228,604	(2)	100	August 1983 (C)
: Little Rock	New Warehouse	1,519,151	(2)	100	November 1982 (C)
California : Fresno	Expand Library, AHEC	120,591	(2)	100	April 1983 (C)
: Fresno	Teaching Lab., AHEC	212,128	(2)	100	June 1983 (C)
: Loma Linda	Remodel Nursing Wd. 4SW	99,107	(2)	100	February 1983 (C)
: Loma Linda	Renovate OPC, PH II	226,922	(2)	100	March 1983 (C)
: Long Beach	Smoke Door Holders (PH 1)	699,258	(2)	100	March 1983 (C)
: Martinez	Update ICU	391,399	(2)	100	August 1983 (C)
: Martinez	Ambulatory Care, PH 2	273,824	(2)	100	November 1982 (C)
: Palo Alto	Two Additional Elevators	1,416,359	(2)	100	November 1982 (C)
: San Diego	Opthomology Lab. 6 South	98,770	(2)	100	May 1983 (C)
: San Diego	Cage Washer & Lab.	193,794	(2)	100	September 1983 (C)
: West Los Angeles	Remodel Bldg. 209 - Psy.	1,904,763	(2)	100	October 1982 (C)
: West Los Angeles	Remodel B. 256 for Medical Ward	371,039	(2)	100	August 1983 (C)
Colorado : Denver	Relocate SICU	389,582	(2)	100	August 1983 (C)
: Ft. Lyon	Sprinklers, Bldgs. 3, 4 & 6	196,511	(2)	100	June 1983 (C)
Connecticut : Newington	Emergency Generator & Elec. Defic.	697,752	(2)	100	October 1982 (C)
: Newington	Learn Resource Facility 2nd & 3rd Flr.	411,628	(2)	100	December 1982 (C)
Dist. of Columbia : Washington	Outpatient Clinic Renov./Admission Con.	4,234,102	(2)	100	November 1982 (C)
Florida : Lake City	Renovate SPD	764,404	(2)	100	February 1983 (C)
: Lake City	Install Sprinklers Bldg. 64	280,062	(2)	100	March 1983 (C)
: Lake City	Replace Dietetic Freezers	168,074	(2)	100	September 1983 (C)
: Tampa	Construct Slab, Ground Floor	260,655	(2)	100	April 1983 (C)
: Tampa	Renovate/Relocate Cardiac Cath.	228,297	(2)	100	March 1983 (C)
Georgia : Atlanta	Ambuatory Care Addition	7,680,591	(2)	100	April 1983 (C)
: Atlanta	Warehouse & Engineering Office	1,672,063	(2)	100	July 1983 (C)
: Atlanta	Flood Wall/Gate	228,095	(2)	100	September 1983 (C)
: Augusta (Lenwood)	Safety & Fire Improvements	645,360	(2)	100	August 1983 (C)
: Augusta (Lenwood)	Med. Gas Sys. & Nurse Call	314,720	(2)	100	August 1983 (C)
: Augusta (Lenwood)	Laundry Add. Consol. Bldg. 95	1,565,773	(2)	100	April 1983 (C)
: Augusta (Lenwood)	Accommodate Handicap Bldgs. 2, 4, 6 & 9	300,808	(2)	100	February 1983 (C)
Indiana : Ft. Wayne	2nd Generation/Primary Distr.	511,074	(2)	100	January 1983 (C)
: Ft. Wayne	RCU - Expand Lab. X-Ray	419,715	(2)	100	December 1982 (C)
: Indianapolis	Anesthesia Work Room & X-Ray	371,802	(2)	100	November 1982 (C)
: Indianapolis	Reloc. CCU, MICU & Estab. Cent. RCC-6W	617,906	(2)	100	February 1983 (C)
: Indianapolis	Modernize Wards - Privacy	451,035	(2)	100	August 1983 (C)
: Indianapolis	Renov. Bldg. 19 to Animal Res. Fac.	316,050	(2)	100	January 1983 (C)
: Marion	Install Elevator Bldgs. 10 & 11	317,133	(2)	100	October 1982 (C)
Iowa : Des Moines	Ambulatory Care Add. & Renov.	2,789,619	(2)	100	August 1983 (C)
: Des Moines	Replace Telephone System	228,547	(2)	100	November 1982 (C)
: Knoxville	Safety & Fire Improvements	806,521	(2)	100	November 1982 (C)
Kansas : Leavenworth	Smoke Detector System	241,284	(2)	100	December 1982 (C)
: Topeka	Remodel B-3 Patient Privacy	164,222	(2)	100	June 1983 (C)
Kentucky : Lexington	Correct Smoke/Fire Barriers	371,359	(2)	100	December 1982 (C)
: Lexington	Renovate 2nd Floor Bldg. 2	269,617	(2)	100	December 1982 (C)
Louisiana : Alexandria	Exit Deficiencies, Bldg. 6	237,692	(2)	100	November 1982 (C)
: Alexandria	Sprinklers, 6 & 12	160,988	(2)	100	April 1983 (C)
: New Orleans	Fire & Safety Defic. - Exits	389,968	(2)	100	October 1982 (C)
: Shreveport	Safety & Fire Improvements	798,719	(2)	100	August 1983 (C)
Maryland : Perry Point	Deadend Corridor Stairs	385,536	(2)	100	August 1983 (C)
: Perry Point	Renovate 24H to Intermediate Care	300,406	(2)	100	August 1983 (C)
: Perry Point	Additional Fire Sprinklers	229,914	(2)	100	May 1983 (C)

See footnotes at end of table.

TABLE 48—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1983 Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Massachusetts	Bedford	Expand Clinical Lab. Bldg. 2	326,454	(2)	100	July 1983 (C)
	Bedford	Patient Privacy/Safety, Ward 2A	370,946	(2)	100	August 1983 (C)
	Bedford	Patient Privacy, Ward 2B	351,188	(2)	100	August 1983 (C)
	Boston	Stroke Unit	394,998	(2)	100	September 1983 (C)
	West Roxbury	Expand Radiology Svc.	336,949	(2)	100	December 1982 (C)
Michigan	Allen Park	Expand/Renovate Lab.	1,304,245	(2)	100	May 1983 (C)
	Allen Park	Convert Laundry to Admin. Space	1,017,117	(2)	100	February 1983 (C)
	Allen Park	Install Sprinklers - Various Areas	585,551	(2)	100	November 1982 (C)
	Allen Park	Renovate Chemistry & Histo. Lab.	361,036	(2)	100	May 1983 (C)
	Allen Park	Renov. Office Space & Educ. Space	255,265	(2)	100	January 1983 (C)
	Ann Arbor	Deadend Corr. Stairs (Sprinkler Sys.)	715,268	(2)	100	January 1983 (C)
	Ann Arbor	Patient Privacy Renovate 5W, 6N	261,281	(2)	100	March 1983 (C)
	Ann Arbor	Convert Vacated Laundry to Research	400,909	(2)	100	November 1982 (C)
	Battle Creek	Fire & Safety Improvements	1,119,944	(2)	100	December 1982 (C)
	Saginaw	Construct Exterior Storage Bldg.	232,837	(2)	100	July 1983 (C)
Minnesota	Minneapolis	Install Elevator, Bldg. 10	162,767	(2)	100	June 1983 (C)
Mississippi	Jackson	Renovate 10 Nurses Stations	352,397	(2)	100	April 1983 (C)
Missouri	Kansas City	Reloc./Expand Diagnostic/X-Ray	427,528	(2)	100	October 1982 (C)
	St. Louis	Automatic Sprinklers, Bldg. 1	870,630	(2)	100	October 1982 (C)
	St. Louis	Safety & Fire Improvements	1,328,157	(2)	100	June 1983 (C)
	St. Louis	Relocate Admin. to Bldg. 18	1,137,417	(2)	100	January 1983 (C)
Montana	Ft. Harrison	Remodel Pathology Lab.	400,607	(2)	100	August 1983 (C)
Nebraska	Grand Island	Dietetics Renovation	390,078	(2)	100	February 1983 (C)
	Grand Island	RMS Expansion & Renov.	138,411	(2)	100	May 1983 (C)
New Jersey	East Orange	Building 7 Basement Research	411,471	(2)	100	May 1983 (C)
	East Orange	Secondary Electrical Distribution	198,000	(2)	100	July 1983 (C)
	East Orange	Secondary Elect. Dist. (Phase 2)	117,427	(2)	100	June 1983 (C)
	Lyons	Renovate Laundry	229,950	(2)	100	February 1983 (C)
New Mexico	Albuquerque	Dietetic, Renovation/Relocation Freezer	85,507	(2)	100	August 1983 (C)
New York	Albany	Update Primary Distribution (Phase 3)	1,210,340	(2)	100	May 1983 (C)
	Albany	Radiation Therapy	1,449,694	(2)	100	May 1983 (C)
	Albany	Pre-Engineered Metal Building	271,790	(2)	100	December 1982 (C)
	Bath	Ambulatory Care Addition B-76	2,718,940	(2)	100	June 1983 (C)
	Bronx	Shed Building-Utility Equip.	180,300	(2)	100	November 1982 (C)
	Brooklyn	Electromagnetic Door Holders	399,743	(2)	100	October 1982 (C)
	Buffalo	16 Bed Ward Room - Phase 2	413,718	(2)	100	March 1983 (C)
	Canandaigua	Safety & Fire Improvements	7,338,029	(2)	100	November 1982 (C)
	Canandaigua	Automatic Fire Sprinkler	247,440	(2)	100	November 1982 (C)
	Castle Point	Relocate & Replace Boiler Plant	2,005,515	(2)	100	March 1983 (C)
	Montrose	Four Elevators	864,315	(2)	100	May 1983 (C)
	New York	Safety & Fire Improvements	4,374,282	(2)	100	April 1983 (C)
	New York	Expand OPC	774,312	(2)	100	June 1983 (C)
	Northport	Safety & Fire Improvements	1,477,852	(2)	100	August 1983 (C)
North Carolina	Durham	Energy Retrofit HVAC/Energy Mgmt. Sys.	845,008	(2)	100	May 1983 (C)
	Durham	Recovery Room Expansion/Renovation	410,490	(2)	100	June 1983 (C)
	Durham	Renovate & Increase Beds, WD 50 & B1	246,933	(2)	100	June 1983 (C)
	Durham	Renovate Bldg. 3 Research Lab.	100,340	(2)	100	January 1983 (C)
	Salisbury	Deadend Corr. Stairs, Bldg. 2, 4, 10, 11 & 21	364,170	(2)	100	April 1983 (C)
North Dakota	Fargo	Relocate Linen Room Bldg. 13	465,455	(2)	100	February 1983 (C)
Ohio	Cincinnati	Remodel/Expand Canteen	940,884	(2)	100	September 1983 (C)
Oklahoma	Muskogee	NFPA Defic. Bldgs. 1, 3, 18, 22, 24	107,334	(2)	100	March 1983 (C)
Oregon	Portland	Research Remodel Bldg. 2	133,504	(2)	100	March 1983 (C)
	White City	Renovate/Consolidate RMS	1,082,192	(2)	100	July 1983 (C)
Pennsylvania	Erie	Surgical Suite Renovation	336,637	(2)	100	December 1982 (C)
	Erie	Mental Hygiene Clinic	180,987	(2)	100	December 1982 (C)
	Lebanon	Handwashing Facilities	139,892	(2)	100	March 1983 (C)
	Philadelphia	Consolidate Hemodialysis	183,249	(2)	100	March 1983 (C)
	Pittsburgh	Enclose Area Between MAS, Phar. & Corr.	360,374	(2)	100	August 1983 (C)
	Wilkes Barre	Three Additional Elevators	1,769,580	(2)	100	August 1983 (C)
	Wilkes Barre	Relocate Prosthetics	220,244	(2)	100	May 1983 (C)
	Wilkes Barre	Relocate Library	325,174	(2)	100	March 1983 (C)
Rhode Island	Providence	Class I Standpipe Sys.	25,000	(2)	100	February 1983 (C)
	Providence	Expand Radiology	409,824	(2)	100	February 1983 (C)
	Providence	Renovate Kitchen	348,880	(2)	100	June 1983 (C)
South Carolina	Charleston	Correct Seismic Deficiencies	8,915,264	(2)	100	July 1983 (C)
	Charleston	Patient Privacy, Wards 3A & 4A	367,534	(2)	100	December 1982 (C)
	Columbia	Renovate Building 22	1,395,130	(2)	100	March 1983 (C)
South Dakota	Sioux Falls	Reg. Office Act. Building	1,415,253	(2)	100	June 1983 (C)
	Sioux Falls	Expand Autopsy Suite	199,876	(2)	100	May 1983 (C)
Tennessee	Memphis	Excavate Under 1C & 1D	343,810	(2)	100	May 1983 (C)
	Memphis	Dialysis Center	205,577	(2)	100	April 1983 (C)
	Murfreesboro	Safety & Fire Improvements	1,271,294	(2)	100	February 1983 (C)
	Murfreesboro	Renovate Wards 6A & 6B	1,289,981	(2)	100	October 1982 (C)
	Murfreesboro	Remove Arch. Barriers, Bldg. 11	174,020	(2)	100	August 1983 (C)
	Murfreesboro	Elim. Arch. Barriers, Bldg. 20	224,478	(2)	100	August 1983 (C)
	Murfreesboro	Clinical Addition/Alterations (PH I)	458,577	(2)	100	September 1983 (C)
	Nashville	Expand Cardiology Section	202,144	(2)	100	July 1983 (C)
	Nashville	Install Smoke Dampers	102,531	(2)	100	May 1983 (C)

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1983
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Texas	Amarillo	Correct Handicap Deficiencies	123,168	(2)	100	July 1983 (C)
	Dallas	Fire Sprinklers - Bldg. 1	679,000	(2)	100	September 1983 (C)
	Dallas	Relocate Medical Wards	460,000	(2)	100	June 1983 (C)
	Kerrville	Modernize Patient Rooms	429,750	(2)	100	January 1983 (C)
	Kerrville	Renovate Bldgs. 1 & 2 Phase 1	413,004	(2)	100	March 1983 (C)
	San Antonio	Install X-Ray in OR's 3 & 4	108,163	(2)	100	June 1983 (C)
	Temple	Handicapped Facility Improvements	331,845	(2)	100	June 1983 (C)
	Temple	Renovate Bldg. 17 - 1st Floor Priv.	380,880	(2)	100	December 1982 (C)
	Temple	Relocate Mental Hygiene Clinic	232,600	(2)	100	December 1982 (C)
	Waco	Automatic Energy Mgt. Control	223,066	(2)	100	April 1983 (C)
Utah	Salt Lake	Remodel Admin. for Hemodialysis	418,304	(2)	100	March 1983 (C)
	Salt Lake	Remodel Nuclear Medicine	428,854	(2)	100	November 1982 (C)
	Salt Lake	Remodel SICU	414,262	(2)	100	June 1983 (C)
Vermont	White River	Expand Pathology	260,478	(2)	100	July 1983 (C)
	White River	Expand Radiology	100,032	(2)	100	July 1983 (C)
	White River	Relocate Canteen, B 8	376,444	(2)	100	August 1983 (C)
Virginia	Hampton	Spinal Cord Injury Unit	1,911,209	(2)	100	May 1983 (C)
	Hampton	Renovate B 70 (Upgrade Fire Rating)	166,940	(2)	100	August 1983 (C)
	Salem	Provide Elevator (Handicapped Access)	287,562	(2)	100	August 1983 (C)
West Virginia	Huntington	Expand Canteen, Dining & Retail	405,327	(2)	100	January 1983 (C)
Wisconsin	Madison	Smoke Partitions Correction	393,897	(2)	100	April 1983 (C)
	Madison	Upgrade MICU	280,376	(2)	100	December 1982 (C)
	Wood	Relocate Nuclear Medicine	1,005,033	(2)	100	March 1983 (C)
Wyoming	Cheyenne	Install 60,000 Gal. Water Tank	116,471	(2)	100	June 1983 (C)
	Cheyenne	Remodel Lobby	79,086	(2)	100	February 1983 (C)
B. Projects under construction, Total		328 Projects	398,702,655	147,242,553	37	
Projects 1,000,000 and over, Total		61 Projects	319,470,316	118,923,191	37	
Alabama	Tuscaloosa	Outpatient Clinic Addition	7,968,700	.....	....	August 1983 (A)
Arizona	Tucson	Clinical Addn. for Lab., Surg., PAD	11,295,655	5,211,197	46	September 1982 (A)
Arkansas	Fayetteville	Clinical Addition	3,334,488	3,287,295	99	February 1982 (A)
California	Fresno	Correct Seismic Deficiencies	4,286,065	3,678,447	86	November 1981 (A)
	Long Beach	Addition & Renovation SPD	2,098,501	896,926	43	July 1982 (A)
	Palo Alto	Surg. Add. & Fire Safety Improv.	14,463,783	2,467,492	17	January 1983 (A)
	Palo Alto	Correct Seismic Deficiencies	16,291,108	9,286,039	57	July 1982 (A)
Florida	Gainesville	Clinical Improvement & Res. Educ.	12,993,729	12,669,073	98	September 1981 (A)
	Lake City	Primary & Secondary Dist. & Gen.	1,290,362	93,488	7	May 1983 (A)
	Miami	Outpatient Addn./Renov. & SCI Reloc.	16,583,478	1,038,401	6	April 1983 (A)
Georgia	Atlanta	Two Additional Elevators	1,922,862	194,825	10	June 1983 (A)
	Dublin	Renovate Bldg. 19 for Pat. Priv.	1,233,005	866,274	70	September 1982 (A)
Illinois	Chicago (West Side)	Renovate Psychiatric Wd. Area	1,399,533	.....	....	September 1983 (A)
	Danville	Expand & Relocate PAD	2,843,165	821,740	29	February 1983 (A)
	Hines (Supply)	Supply Depot Expan. Bldg. #37	5,381,087	2,994,224	56	March 1983 (A)
	North Chicago	Fire & Safety Improvements	3,437,465	3,109,410	90	September 1982 (A)
Indiana	Indianapolis	Expand Outpatient Clinic	1,391,000	.....	....	September 1983 (A)
Iowa	Iowa City	Safety & Fire Improvements	1,066,686	1,041,532	98	March 1982 (A)
Kansas	Wichita	Renovate for Outpatient Clinic	4,715,102	630,240	13	March 1983 (A)
Kentucky	Lexington	Relocate CCU	1,007,690	122,155	12	June 1983 (A)
	Louisville	Med. Gas & Nur. Call & Pat. Priv.	1,949,000	604,402	31	February 1983 (A)
Maine	Togus	DVB Building	2,696,415	638,821	24	January 1983 (A)
	Togus	Renovate Bldg. 207 1st & 3rd Flr.	2,183,664	1,152,327	53	July 1982 (A)
Maryland	Perry Point	Upgrade Town Sewage Treatment Plant	1,105,000	.....	....	July 1982 (A)
Massachusetts	Boston	Secondary Gen. & Update Wiring	2,170,171	2,124,479	98	June 1981 (A)
Mississippi	Biloxi	Clinical Addition & Outpatient	15,534,256	15,350,542	99	September 1981 (A)
	Jackson	Construct Admin. Offices & Expand Lab.	1,358,982	1,049,894	77	August 1982 (A)
Missouri	Poplar Bluff	Correct Seismic Deficiencies	6,856,841	4,000,867	58	June 1982 (A)
	St. Louis	C1 Add./Wd. Renov./New Ambul. Care Bldg.	23,254,200	.....	....	July 1983 (A)
	St. Louis	Safety & Fire Improvements	1,403,955	1,387,978	99	September 1981 (A)
Nebraska	Lincoln	Outpatient Clinic Addition	3,554,910	.....	....	July 1983 (A)
New Jersey	East Orange	Improve. & Corr. Envir. Defic.	28,171,000	.....	....	August 1983 (A)
	Lyons	Replace Sewage Plant	1,819,000	146,309	8	June 1983 (A)
New York	Brooklyn	Air, Oxygen & Vacuum System	3,011,274	219,709	7	May 1983 (A)
	Buffalo	Renovate SPD	1,471,529	1,440,742	98	July 1982 (A)
	St. Albans	Laundry Consolidation	4,539,500	171,647	4	July 1983 (A)
	St. Albans	Primary Distr. & 2nd Gener. Sys.	1,863,009	1,846,884	99	June 1981 (A)
	Syracuse	Improvements to OPC	1,187,700	1,070,668	90	August 1982 (A)
North Carolina	Salisbury	Renov. Ward Areas - Pat. Priv.	1,484,028	225,892	15	May 1983 (A)
Ohio	Cincinnati	Correction of Fire & Safety Def.	9,743,554	3,338,478	34	July 1981 (A)
	Cincinnati	Clinical Exp. Reloc. 2 Addn. Elev.	9,763,067	8,708,542	89	July 1981 (A)
	Cleveland	Replace Fire Alarm System	1,053,500	.....	....	September 1983 (A)
Oklahoma	Muskogee	Outpatient Addition	6,953,071	1,127,336	16	March 1983 (A)
Oregon	Portland	Boiler Plant Replacement	1,444,431	487,054	34	January 1983 (A)
	Roseburg	Elevators	1,431,522	1,373,006	96	August 1982 (A)
Pennsylvania	Philadelphia	Clinical Improvements	1,342,000	232,700	17	August 1981 (A)
	Pittsburgh	Fire & Safety Improvements	4,361,075	4,125,682	95	September 1981 (A)
	Pittsburgh	Canteen Renovation	2,008,255	1,318,825	66	December 1982 (A)
	Pittsburgh	Centralized Warehouse Facility	1,464,646	.....	....	August 1983 (A)
	Wilkes Barre	Kitchen Remodel Section A	1,840,170	656,841	36	April 1983 (A)
	Wilkes Barre	Correct Electrical Defic.	1,097,053	37,357	3	March 1983 (A)

See footnotes at end of table.

TABLE 48—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1983
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Tennessee	Memphis	Ambulatory Care Addition	4,706,571	3,970,215	84	March 1982 (A)
	Memphis	120 Bed SCI Unit	18,295,000	630,939	3	June 1983 (A)
	Mountain Home	Clinical Addition	10,507,588	9,470,356	90	March 1981 (A)
	Nashville	Renov. Laboratory Svc.	1,116,594	77,202	7	June 1983 (A)
Texas	Dallas	Renov. Bldgs. 1 & 2 - Pat. Priv.	1,580,600	353,476	22	February 1983 (A)
	Houston	Correct Electrical Defic.	1,296,650	87,100	7	June 1983 (A)
	Houston	Interim Improv. SCI Unit	1,317,877	57,768	4	July 1983 (A)
	San Antonio	Sprinkler System	3,583,000	1,339,935	37	February 1983 (A)
	Temple	Clinic Expand & Reloc. Supp. Fac.	11,888,957	386,870	3	June 1983 (A)
Virginia	Salem	Fire & Safety Improvements	2,057,237	1,303,590	63	July 1982 (A)
Projects under $1,000,000, Total		267 Projects	79,232,339	28,319,362	36	
C. Projects not under construction, Total		278 Projects	1,152,401,214			
Projects $1,000,000 and over, Total		109 Projects	1,093,350,458			
Alabama	Tuskegee	Replace Bldg. 62	9,548,000			
	Tuskegee	Correct Fire Deficiencies	1,545,000			
California	Fresno	Clinical Addition	7,000,000			
	Long Beach	Supply Warehouse	8,400,000			
	Long Beach	Correct Fire Protection Defic.	1,536,000			
	Long Beach	Upgrade Secondary Electr. Distr.	8,000,000			
	Long Beach	160 Bed SCI Nursing Unit/SCI/OPC	27,500,000			
	Palo Alto	SCI Addition	20,000,000			
	Palo Alto	Correct Electrical Defic.	1,626,000			
	San Diego	Spinal Cord Injury Unit/OPC	7,772,000			
	San Diego	Emerg. Gen. & Conserv. of Energy	3,742,000			
	San Diego	Correct Nonstructural Def.	7,500,000			
	San Francisco	Modernize Intensive Care Unit	1,110,000			
Colorado	Ft. Lyon	Patient Privacy Bldg. 7, Ward B	1,080,000			
	Grand Junction	Outpatient & Clinical Addition	13,400,000			
Connecticut	Newington	Fire Protection Bldg. 1 or 2	1,004,000			
	West Haven	Fire & Safety Improvement	5,813,000			
Delaware	Wilmington	Clinical Addition	31,000,000			
Florida	Lake City	Replace HVAC System Bldg. 38	1,007,000			
	Miami	Renovate MICU/CCU	1,172,000			
	Tampa	Clinical Addition/SCI Addn.	43,000,000			
Georgia	Dublin	Renovate Wards - Bldg. 17	1,420,000			
Idaho	Boise	Geothermal Conversion	8,000,000			
Illinois	Chicago (Lakeside)	Patient Transport Corridor	1,693,000			
	Chicago (West Side)	OP Addn. & Renov. of Bldg. 11A & B	35,643,000			
	Chicago (West Side)	Remodel Surgical Suite OR	1,354,800			
	Chicago (West Side)	F & S Improv. (Exit) Pat. Priv.	5,500,000			
	Danville	Renovate Bldg. 14 for Admin. Use	2,432,000			
	Hines	New Warehouse/Service Bldg.	11,000,000			
	Hines	180 Bed Psychiatry Replace/Reloc.	44,000,000			
	Hines	Primary Distr., 2nd Distr. & 2nd Gen.	3,860,000			
	Hines	40 Bed Long Term SCI Unit	5,016,000			
	Hines	New Linear Acceleration Fac.	1,227,000			
	Marion	Correct Seismic Deficiencies	5,098,000			
	North Chicago	Environ. Improv., Pat. & NHCU Bldgs.	48,000,000			
Indiana	Indianapolis	F & S Improv. (WT & CS)	7,500,000			
Iowa	Iowa City	Ambulatory Care/Clin. Addn.	21,000,000			
	Iowa City	Admin. Office Modular Bldg.	1,281,000			
	Knoxville	Replace Laundry	2,873,000			
	Knoxville	Fire/Safety Improv. (Sprinklers)	7,500,000			
Kansas	Leavenworth	F & S Improv. (Exit & Sprinkers)	8,214,000			
	Topeka	Correct Elec. Defic. Primary & Sec.	7,560,000			
Kentucky	Lexington	Clinical & Administration Addn.	38,000,000			
	Louisville	Clinical & Education Addition	15,000,000			
	Louisville	Correct Exit Defic. Bldg. 1	1,181,000			
Louisiana	Alexandria	Clinical Improvement	26,000,000			
	Alexandria	Fire & Safety Improv. Bldgs. 2 & 7	1,093,125			
	New Orleans	Install Fire Sprinklers, Bldg. 1	1,261,000			
	Shreveport	Upgrade Prim. Distr. Sys. & Elev. Addn.	5,800,000			
	Shreveport	Ambulatory Care Bldg./Linear Accel.	8,700,000			
Maryland	Perry Point	Elev. B-11, 13, 14, 15, 22, 80 & 82	1,368,000			
Massachusetts	Boston	Fire & Safety Improvements: Sprinklers	5,800,000			
	Brockton	Fire & Safety Improvements	2,358,000			
	Northampton	Enclosed Walkways	1,588,000			
	West Roxbury	OPC Addn. Res. & Educ. Admin. Svc.	50,500,000			
Michigan	Ann Arbor	Addn. Renov. for Clinic OP, Res. & Park.	46,000,000			
	Battle Creek	Renov. B-82	3,269,000			
Minnesota	St. Cloud	Canteen Addition, Bldg. 5	1,062,133			
	St. Cloud	Standby Generator, Phase I	1,268,000			
	St. Cloud	Renovate for Privacy, Bldg. 49	1,471,000			
Mississippi	Jackson	Construct Warehouse	1,730,000			
Missouri	Poplar Bluff	Correct Elec. Distr. Defic.	7,700,000			
	St. Louis	Laundry Replacement	3,900,000			

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1983
Completions and Year End Status

Location		Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Nebraska	Grand Island	F & S Improve, HVAC, Priv. Supp.	5,342,000			
	Omaha	Outpatient Addition	22,935,000			
	Omaha	Correct Elec. Fire/Safety Defic.	6,400,000			
New Hampshire	Manchester	Relocate Radiology & Chapel	1,189,000			
New Jersey	Lyons	F & S Improv. (Exits & Sprinklers)	12,800,000			
New Mexico	Albuquerque	Construct Warehouse	1,361,000			
New York	Albany	Modify Wards	33,000,000			
	Bronx	Therapeutic Pool Addition	1,072,000			
	Buffalo	F & Safety Improvements	4,516,000			
	Buffalo	Storm Water Relief System	1,635,000			
	Castle Point	Water Supply System	1,716,000			
	New York	Renov. 14S: Proth., Ortho., Restora.	1,462,000			
	Northport	10 Bed SICU	1,290,000			
	Northport	Enclose Stairwells, Etc.	1,392,000			
North Carolina	Asheville	Energy Mgmt. & Heat Runaround	1,374,000			
	Durham	Clinical Addition	27,000,000			
North Dakota	Fargo	Addition for Clinical Improvements	17,458,000			
	Fargo	New Regional Office Bldg.	3,406,000			
Ohio	Chillicothe	Renovate Bldg. 1 (PH 3)	3,792,000			
	Cleveland	F & S Improv. (Life Safety) Bldg. 1-7	10,000,000			
	Cleveland	Clinical Improv. Surg. Svc. Reloc.	8,040,000			
	Cleveland	F & S Improv. (Life Safety & Stairs)	7,000,000			
Pennsylvania	Altoona	Ambulatory Care Addn.	8,942,000			
	Coatesville	Fire & Safety Improvement	20,000,000			
	Pittsburgh	F & S Def. Modern HVAC/Sec. Elec. Sys.	36,000,000			
	Pittsburgh	Outpatient Clinic Addition	20,591,000			
Rhode Island	Providence	Emergency Generator	1,510,000			
South Dakota	Sioux Falls	Clinical & Supp. Svcs. Addn.	11,354,000			
	Sioux Falls	Construct Whse. & Offices	1,260,000			
Tennessee	Murfreesboro	Clinical Addn./Alter. (Phase II)	14,351,000			
Texas	Amarillo	Addition/Renovation Clinical Supp.	38,400,000			
	Big Spring	Electrical Distribution Sys.	3,300,000			
	Kerrville	Update 2nd Distr. & Essential Elec.	1,408,000			
	Waco	Fire & Safety Corr.	8,835,000			
Utah	Salt Lake	Remodel for Pharmacy	1,259,400			
	Salt Lake	Expand Radiology	1,642,000			
Vermont	White River	Install Sprinkler Sys., Bldg. 31	1,028,000			
Virginia	Hampton	F & S Improvements	10,000,000			
Washington	American Lake	Remodel Ward Bldg. 5 Incl. Seismic	1,253,000			
	American Lake	Laundry Replacement	5,000,000			
West Virginia	Clarksburg	Clinical Addn. & Alterations	23,500,000			
Wisconsin	Tomah	Modernize Bldg. 406 & 408	8,510,000			
	Tomah	Modernize Bldg. 403 & 404	8,700,000			
	Tomah	Remodel Dietetics, Bldg. 424	1,251,000			
Wyoming	Cheyenne	Expand & Renov. Bldg. 1 for Clinic Func.	21,200,000			
	Sheridan	Outpatient Clinic Addition	11,900,000			
Projects under $1,000,000, Total		169 Projects	59,050,756			

[1] *Projects included 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 physically and/or financially complete.*

TABLE 49

National Cemetery Projects,[1] Fiscal Year 1983—Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Total	32		$61,199,570	$15,482,857	25	
A. Projects completed, Total	5		9,020,992	9,020,992	100	
Iowa : Keokuk		Service Bldg & Addt'n Fac	436,503	436,503	100	June 1983 (C)
Massachusetts : Bourne		Develop 32 Acres Phase 2	1,927,853	1,927,853	100	October 1982 (C)
New York : Calverton		Admin Bldg & Committal Svc Compl	2,411,989	2,411,989	100	May 1983 (C)
Oregon : Willamette		Columbaria	652,557	652,557	100	December 1982 (C)
Virginia : Quantico		Dev 5,000 Graves/Adm & Svc Bldg	3,592,090	3,592,090	100	January 1983 (C)
B. Projects under construction, Total	9		8,915,478	6,461,865	72	
Projects $1,000,000 and over, Total	4		6,938,935	5,184,822	75	
Michigan : Ft. Custer		Develop Gravesite/Adm & Svc Bldg	2,077,859	1,023,073	49	March 1983 (A)
Minnesota : Ft. Snelling		Dev 14,800 Graves & Add Fac	1,550,000	1,070,379	69	May 1983 (A)
New York : Calverton		Develop 25 Acres & Svc Bldgs	1,906,789	1,744,088	91	January 1982 (A)
Virginia : Quantico		Develop 26,400 Gravesites	1,404,287	1,347,282	96	August 1982 (A)
Projects under $1,000,000, Total	5		1,976,543	1,277,043	65	
C. Projects not under construction, Total	18		43,263,100			
Projects $1,000,000 and over, Total	12		41,224,000			
Alabama : Ft. Mitchell		Dev 50 Acres/Adm & Svc Bldg	3,385,000			
California : Riverside		Dev 40,000 Gravesites & Add Fac	4,561,000			
Colorado : Ft. Logan		Adm Bldg, Entrance Gate & Add Fac	1,230,000			
Hawaii : Nat'l Memorial		Adm Bldg, Mem Structure & Park	2,387,000			
Kansas : Leavenworth		Admin Bldg Add Facilities	1,066,000			
Minnesota : Ft. Snelling		Adm Bldg & Svc Bldg	3,763,000			
New Mexico : Santa Fe		Develop 13 Acres	1,216,000			
New York : Calverton		Dev 78,000 Graves & Add Fac	3,834,000			
Oregon : Willamette		Dev 12,000 Gravesites	1,403,000			
Tennessee : Chattanooga		Relocate Drives	1,062,000			
Texas : Ft. Sam Houston		Dev 20,000 Gravesites	1,832,000			
Virginia : Quantico		Dev 50 Acres Phase 3	15,485,000			
Projects under $1,000,000, Total	6		2,039,100			

[1] *Projects included 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.*

TABLE 50

Domiciliary Construction Projects,[1] Fiscal Year 1983—Completions and Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
TOTAL	4	916	$44,423,000	.....	....	
A. Projects completed, Total	0	....	.....	.....	....	
B. Projects under construction, Total	0	....	.....	.....	....	
C. Projects not under construction, Total	4	916	44,423,000			
California : West Los Angeles		300	13,100,000			
Kansas : Leavenworth		208	14,900,000			
New York : Bath		208	8,090,000			
Virginia : Hampton		200	8,333,000			

[1] *Projects included 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.*

Incompetent and Minor Beneficiaries Served

Fiscal Year	Total Beneficiaries	Incompetent Adults				Minors		
		Total	Type of Fiduciary			Total	Type of Fiduciary	
			State Court Appointed	Federal	Supervised Direct Payment		State Court Appointed	Federal
1983	128,210	114,273	35,875	71,874	6,524	13,937	2,277	11,660
1982	128,693	112,267	37,066	68,939	6,262	16,426	2,964	13,462
1981	132,446	112,757	38,708	67,826	6,223	19,689	4,002	15,687
1980	138,797	114,905	40,917	67,930	6,058	23,892	5,490	18,402
1979	143,286	115,933	42,890	67,283	5,760	27,353	7,022	20,331
1978	145,891	115,187	44,759	65,029	5,399	30,704	9,184	21,520
1977	149,843	114,262	46,960	62,258	5,044	35,581	11,685	23,896
T.Q. 9/30/76	144,997	105,191	48,850	51,803	4,538	39,806	15,044	24,762
1976	141,218	100,044	49,208	46,505	4,331	41,174	16,154	25,020
1975	146,471	97,272	52,662	40,995	3,615	49,199	21,971	27,228
1974	[1] 177,950	107,636	58,328	46,618	2,690	[1] 70,314	33,856	[1] 36,458

[1] *Decrease represents cases where approved, close relative/custodians receive payments for the benefit of minors.*

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1983

National Cemetery	FY 1983 Interments	Cumulative Gravesites Used	Gravesites Reserved	Gravesites Available[1]	Close-out Date[2] (Fiscal Year)
Alexandria, LA	120	6,428	150	257	1989
Alexandria, VA	3	4,062	25	1	Closed
Alton, IL	.....	491	35	6	Closed
Annapolis, MD	5	2,922	31	2	Closed
Balls Bluff, VA	.....	25	.....	.....	Closed
Baltimore, MD	372	34,160	3,231	847	Closed
Barrancas, FL	595	14,061	574	4,565	1988
Bath, NY	126	9,060	.....	449	1987
Baton Rouge, LA	10	5,024	52	6	Closed
Bayamon, PR	868	14,252	1,313	30,441	2030+
Bay Pines, FL	4	4,226	.....	.....	Closed
Beaufort, SC	206	11,862	168	5,474	2020
Beverly, NJ	362	36,781	3,854	66	Closed
Biloxi, MS	247	3,166	497	1,037	1997
Black Hills, SD	357	6,951	434	14,581	2030+
Bourne, MA	737	1,826	.....	26,910	2030+
Calverton, NY	6,306	30,748	.....	37,465	2030+
Camp Butler, IL	318	9,071	302	3,793	2006
Camp Nelson, KY	190	6,366	63	4,002	2016
Cave Hill, KY	.....	5,634	3	25	Closed
Chattanooga, TN	549	25,118	541	11,129	2018
City Point, VA	6	5,485	76	36	Closed
Cold Harbor, VA	1	969	.....	1	Closed
Corinth, MS	26	6,302	22	9,623	2030+
Crown Hill, IN	.....	795	.....	.....	Closed
Culpeper, VA	203	5,378	6	2,955	2000
Cypress Hills, NY	32	18,565	57	81	Closed
Danville, IL	82	6,453	.....	6,190	2030+
Danville, KY	.....	393	1	5	Closed
Danville, VA	3	2,153	27	27	Closed
Dayton, OH	483	26,277	2	1,122	2001
Fayetteville, AR	91	3,576	102	158	1988
Finn's Point, NJ	.....	2,703	2	.....	Closed
Florence, SC	36	4,656	69	49	Closed
Fort Bayard, NM	29	1,939	.....	709	2030+
Fort Bliss, TX	831	16,862	1,188	39,137	2030+
Fort Custer, MI	272	564	19	1,604	2030+
Fort Gibson, OK	200	8,079	134	3,419	2006
Fort Harrison, VA	1	1,113	2	2	Closed
Fort Leavenworth, KS	187	18,573	578	237	Closed
Fort Logan, CO	1,633	28,290	737	23,305	2030+
Fort Lyon, CO	31	978	.....	3,802	2030+
Fort McPherson, NE	119	3,839	87	2,632	2030+
Fort Meade, SD	.....	188	.....	.....	Closed
Fort Mitchell, AL	.....	.....	.....	.....	Not Yet Constructed
Fort Rosecrans, CA	882	44,881	2,207	4,646	Closed
Fort Sam Houston, TX	12,045	42,559	3,048	3,281	2001
Fort Scott, KS	86	3,146	96	3,926	2020
Fort Smith, AR	161	5,847	221	3,537	2025
Fort Snelling, MN	3,144	76,950	13,289	7,809	2030+
Glendale, VA	.....	1,315	.....	.....	Closed
Golden Gate, CA	1,215	98,341	8,070	278	Closed
Grafton, WV	1	2,082	47	2	Closed
Hampton, VA	61	20,977	464	268	Closed
Hampton (VAMC), VA	.....	22	.....	.....	Closed
Hot Springs, SD	.....	1,481	.....	.....	Closed
Houston, TX	1,260	15,307	33	1,998	2030+
Indiantown Gap, PA	481	500	.....	16,246	2030+
Jefferson Barracks, MO	2,537	68,607	2,220	14,720	2030+
Jefferson City, MO	14	1,572	62	26	Closed
Keokuk, IA	44	2,644	60	4,146	2030+
Kerrville, TX	.....	460	.....	.....	Closed
Knoxville, TN	39	7,352	234	184	Closed
Leavenworth, KS	531	14,663	2	3,212	2030+
Lebanon, KY	39	2,047	.....	74	2004
Lexington, KY	.....	1,388	.....	9	Closed
Little Rock, AR	388	16,648	313	1,592	1988
Long Island, NY	2,880	234,414	12,643	6,481	Closed
Los Angeles, CA	548	70,355	1	2,878	Closed
Loudon Park, MD	8	6,493	5	141	Closed
Marietta, GA	64	16,379	402	69	Closed
Marion, IN	99	4,845	.....	268	2030+
Memphis, TN	717	30,685	576	2,806	1988
Mill Springs, KY	26	1,802	33	559	2000
Mobile, AL	11	3,604	244	16	Closed
Mound City, IL	36	6,860	70	1,380	2004
Mountain Home, TN	163	6,485	.....	3,464	2030+
Nashville, TN	467	26,308	390	4,772	1990
Natchez, MS	52	5,027	51	148	1999
Nat. Memorial Cemetery of the Pacific, HI	738	28,366	660	6,582	1985

See footnotes at end of table.

National Cemeteries—Location, Interments, and Status of Gravesites September 30, 1983

National Cemetery	FY 1983 Interments	Cumulative Gravesites Used	Gravesites Reserved	Gravesites Available[1]	Close-out Date[2] (Fiscal Year)
New Albany, IN	4	4,945	154	212	Closed
New Bern, NC	99	5,562	100	358	2000
Philadelphia, PA	19	10,369	37	15	Closed
Port Hudson, LA	171	6,616	31	546	1987
Prescott, AZ	7	2,966	.....	.....	Closed
Quantico, VA[3]	235	234	.....	8,589	2030+
Quincy, IL	5	473	1	106	2004
Raleigh, NC	145	4,133	85	1,274	1991
Richmond, VA	9	7,249	237	.....	Closed
Riverside, CA	4,301	19,661	.....	15,742	2030+
Rock Island, IL	352	11,512	259	6,432	2002
Roseburg, OR	7	2,380	.....	.....	Closed
St. Augustine, FL	2	1,160	21	.....	Closed
Salisbury, NC	136	14,604	67	937	1992
San Antonio, TX	1	3,007	28	197	Closed
San Francisco, CA	304	23,215	658	517	Closed
Santa Fe, NM	702	13,720	417	450	1996
Seven Pines, VA	4	1,134	1	.....	Closed
Sitka, AK	23	655	1	12	Closed
Springfield, MO	247	7,908	212	737	2004
Staunton, VA	2	840	5	14	Closed
Togus, ME	.....	5,371	.....	.....	Closed
White City, OR	184	1,932	.....	4,613	2030+
Willamette, OR	2,359	56,632	2,138	19,147	2002
Wilmington, NC	150	4,665	62	152	1985
Winchester, VA	11	5,058	37	98	Closed
Wood, WI	761	22,003	1	760	1985
Woodlawn, NY	13	6,272	225	19	Closed
Zachary Taylor, KY	53	8,487	1,048	148	Closed
Totals	44,684	1,519,539	65,648	392,743	

NOTE: Some of the above information includes adjustments made to the data after publication of the FY 1982 Annual Report.

[1] *Includes in-ground sites suitable for cremated remains and columbaria niches but excludes adjacent gravesite set-asides.*

[2] *Cemeteries indicated as "closed" may continue to inter eligible family members in occupied gravesites and previously reserved gravesites.*

[3] *Cemetery opend on May 16, 1983.*

TABLE 53

Disability, Death: Number of Cases, Expenditures by Period of Service

Period of Service	Number of Cases as of Sept. 30, 1983	Total Expenditures (in Thousands)[1]	Estimated Average Annual Expenditure Per Case[2]	
		Fiscal Year 1983	Fiscal Year 1983	Fiscal Year 1982
Grand total	4,285,775	$13,699,777	$3,196.57	$2,980.54
Living veterans	3,043,968	10,500,506	3,449.61	3,243.88
Service connected	2,263,335	8,006,995	3,537.70	3,338.40
Retired Emergency Officers	111	971	8,746.77	8,216.87
Non-service connected	780,515	2,492,538	3,193.45	2,982.28
Special acts	7	2	321.29	271.50
Deceased veterans	1,241,807	3,199,271	2,576.30	2,356.46
Service connected	346,291	1,826,863	5,275.51	4,859.37
Non-service connected	895,504	1,372,407	1,532.55	1,440.50
Special acts	12	1	87.00	86.40
Prior periods[3]	9,444	15,910	1,684.62	1,623.90
Living veterans	140	482	3,440.33	3,182.73
Service connected	4	50	12,481.25	8,500.14
Non-service connected	136	432	3,174.42	2,979.33
Deceased veterans	9,304	15,428	1,658.20	1,596.06
Service connected	95	567	5,963.60	5,621.94
Non-service connected	9,203	14,861	1,614.84	1,554.77
Special acts	6	([4])	([4])	([4])
World War I	514,610	1,068,937	2,077.18	1,981.13
Living veterans	114,103	407,093	3,567.77	3,335.88
Service connected	18,078	82,418	4,559.04	4,318.66
Retired emergency officers	111	971	8,746.77	8,216.87
Non-service connected	95,914	323,704	3,374.94	3,148.94
Deceased veterans	400,507	661,844	1,652.51	1,546.57
Service connected	25,696	150,725	5,865.72	5,457.13
Non-service connected	374,811	511,118	1,363.67	1,283.20
World War II	2,273,033	6,957,152	3,060.74	2,866.48
Living veterans	1,690,869	5,488,404	3,245.91	3,056.62
Service connected	1,110,971	3,761,227	3,385.53	3,191.70
Non-service connected	579,898	1,727,177	2,978.42	2,801.94
Deceased veterans	582,164	1,468,749	2,522.91	2,321.19
Service connected	162,432	769,886	4,739.74	4,334.81
Non-service connected	419,732	698,863	1,665.02	1,566.41
Korean conflict	418,599	1,566,249	3,741.64	3,465.58
Living veterans	313,252	1,257,226	4,013.47	3,764.05
Service connected	228,651	913,501	3,995.17	3,775.50
Non-service connected	84,601	343,726	4,062.90	3,732.47
Deceased veterans	105,347	309,022	2,933.38	2,630.20
Service connected	38,609	197,217	5,108.06	4,696.79
Non-service connected	66,738	111,805	1,675.29	1,544.39
Peacetime	369,730	1,442,156	3,900.57	3,728.80
Living veterans	318,606	1,129,391	3,544.79	3,398.28
Service connected	318,599	1,129,389	3,544.86	3,398.40
Special acts	7	2	321.29	296.18
Deceased veterans	51,124	312,765	6,117.77	5,697.27
Service connected	51,118	312,764	6,118.47	5,698.03
Special acts	6	1	174.00	185.14
Vietnam era	700,359	2,649,373	3,782.88	3,532.24
Living veterans	606,998	2,217,910	3,653.90	3,416.61
Service connected	587,032	2,120,410	3,612.09	3,384.65
Non-service connected	19,966	97,500	4,883.29	4,405.51
Deceased veterans	93,361	431,463	4,621.45	4,272.57
Service connected	68,341	395,704	5,790.14	5,368.81
Non-service connected	25,020	35,759	1,429.21	1,402.86

[1] *Totals may not add due to rounding.*
[2] *Averages based on unrounded expenditures.*
[3] *Includes Civil War, Indian Wars, Spanish-American War, and Mexican Border Service.*
[4] *Data not available.*

Disability Cases: By Age Group, by Period of Service—September 1983

Age Group	Grand Total			World War I and Earlier[1]			World War II		
	Total	Service Connected[2]	Non-Service Connected	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected
Median age	60	58	65	88	87	88	64	63	65
Total veterans	3,043,968	2,263,453	780,515	114,243	18,193	96,050	1,690,869	1,110,971	579,898
Under 20	157	157	.....	.....	.....	.....	.....	.....	.....
20 to 24	14,891	14,890	1	.....	.....	.....	.....	.....	.....
25 to 29	65,090	63,910	1,180	.....	.....	.....	.....	.....	.....
30 to 34	150,487	145,322	5,165	.....	.....	.....	.....	.....	.....
35 to 39	233,055	224,223	8,832	.....	.....	.....	.....	.....	.....
40 to 44	119,297	115,310	3,987	.....	.....	.....	.....	.....	.....
45 to 49	145,376	132,334	13,042	.....	.....	.....	.....	.....	.....
50 to 54	279,015	223,148	55,867	.....	.....	.....	5,565	2,170	3,395
55 to 59	450,417	330,297	120,120	.....	.....	.....	330,319	227,373	102,946
60 to 64	659,063	494,659	164,404	.....	.....	.....	600,068	437,164	162,904
Under 65	2,116,848	1,744,250	372,598	.....	.....	.....	935,952	666,707	269,245
65 to 69	439,845	305,113	134,732	.....	.....	.....	404,540	270,577	133,963
70 to 74	232,707	132,777	99,930	.....	.....	.....	219,736	120,120	99,616
75 to 79	107,108	50,357	56,751	54	5	49	101,185	44,576	56,609
80 to 84	36,134	11,867	24,267	9,406	2,235	7,171	23,895	6,821	17,074
85 to 89	78,886	14,554	64,332	73,119	12,000	61,119	5,020	1,821	3,208
90 to 94	29,019	3,990	25,029	28,514	3,574	24,940	321	235	86
95 and over	3,421	545	2,876	3,150	379	2,771	220	123	97
65 and over	927,120	519,203	407,917	114,243	18,193	96,050	754,917	444,264	310,653

Age Group	Korean Conflict			Vietnam Era			Peacetime Service Connected[2]
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	
Median age	53	53	52	38	38	37	46
Total veterans	313,252	228,651	84,601	606,998	587,032	19,966	318,606
Under 20	.....	.....	.....	.....	.....	.....	157
20 to 24	0	.....	.....	14	13	1	14,877
25 to 29	0	.....	.....	20,720	19,540	1,180	44,370
30 to 34	0	.....	.....	132,003	126,838	5,165	18,484
35 to 39	0	.....	.....	221,381	212,549	8,832	11,674
40 to 44	43	16	27	66,960	63,000	3,960	52,294
45 to 49	28,198	15,793	12,405	47,238	46,601	637	69,940
50 to 54	180,829	128,480	52,349	53,892	53,769	123	38,729
55 to 59	65,795	48,663	17,132	31,169	31,127	42	23,134
60 to 64	19,346	17,857	1,489	21,276	21,265	11	18,373
Under 65	294,211	210,809	83,402	594,653	574,702	19,951	292,032
65 to 69	11,070	10,309	761	10,120	10,112	8	14,115
70 to 74	4,831	4,522	309	1,731	1,726	5	6,409
75 to 79	2,091	1,999	92	419	418	1	3,359
80 to 84	707	686	21	73	72	1	2,053
85 to 89	258	253	5	2	2	.....	487
90 to 94	67	64	3	0	.....	.....	117
95 and over	17	9	8	0	.....	.....	34
65 and over	19,041	17,842	1,199	12,345	12,330	15	26,574

[1] *Includes Spanish-American War, Mexican Border Service, and Retired Emergency Officers.*
[2] *Includes Special Acts.*

TABLE 55

Reasons for Terminations of Disability and Death Awards, By Period of Service—Fiscal Year 1983

Reasons for Terminations	Total	World War I		World War II		Korean Conflict		Vietnam Era		Peace-time Service Connected	Old Wars[1]
		Service Connected	Non-Service Connected	Service Connected	Non-Service Connected	Service Connected	Non-Service Connected	Service Connected	Non-Service Connected		
Disability, total	176,927	3,175	27,325	30,154	73,185	3,729	8,064	12,799	1,703	16,730	63
Death of veteran	107,735	3,133	23,199	29,175	39,163	3,322	2,331	3,358	175	3,817	62
Disability less than 10 percent	2,933	.....	.....	126	.....	84	.....	1,655	.....	1,068	.....
Disability less than permanent and total	841	.....	.....	.....	203	.....	460	.....	178	.....	.....
Estate in excess of $1,500	146	5	10	25	42	7	10	20	.....	27	.....
Excessive corpus of estate	502	.....	172	.....	285	.....	42	.....	3	.....	.....
Failure to cooperate	2,560	2	280	9	1,073	3	247	411	103	432	.....
Income provisions	31,390	.....	2,428	.....	24,884	.....	3,340	.....	737	.....	1
Person entitled is incarcerated	138	.....	.....	.....	70	.....	37	3	25	3	.....
Veteran on active duty or in receipt of retirement pay	2,944	.....	.....	70	6	60	2	1,014	.....	1,792	.....
Failure to return questionnaire	7,170	.....	121	.....	5,526	.....	1,172	.....	351	.....	.....
Miscellaneous[2]	20,568	35	1,115	749	1,933	253	423	6,338	131	9,591	.....
Death, total	166,514	1,885	37,097	10,447	70,594	2,687	24,599	9,482	4,155	4,111	1,457
Dependency not established or discontinued	59,419	6	267	792	31,344	557	18,789	4,417	2,078	1,167	2
Payee incarcerated	35	.....	.....	.....	24	1	6	.....	4	.....	.....
Death of payee	50,288	1,710	27,850	7,618	8,090	1,361	288	837	38	1,235	1,261
Income provisions	31,532	2	4,657	109	21,617	40	3,208	435	1,256	193	15
Excessive corpus of estate	268	.....	122	13	117	4	9	1	2	.....	.....
Person entitled (widow, child, parent) married	5,523	14	387	357	2,423	142	784	672	340	394	10
Failure to return questionnaire	6,751	2	812	180	4,263	93	647	360	220	170	4
Miscellaneous[2]	12,698	151	3,002	1,378	2,716	489	868	2,760	217	952	165

[1] *All periods prior to World War I.*
[2] *Includes temporary terminations.*

TABLE 56

COMPENSATION AND PENSION

Veterans Receiving Disability Compensation or Pension Compared With Estimated Veteran Population by Period of Service

Period of Service	Estimated Veteran Population[1]	Total		Compensation		Pension	
		Number	Percent	Number	Percent	Number	Percent
Total	28,202,000	[2] 3,043,968	10.8	2,263,335	8.0	780,515	2.8
World War I	297,000	[2] 114,103	38.4	18,078	6.1	95,914	32.3
World War II	10,978,000	1,690,869	15.4	1,110,971	10.1	579,898	5.3
Korean Conflict	4,249,000	313,252	7.4	228,651	5.4	84,601	2.0
Vietnam Era	7,584,000	606,998	8.0	587,032	7.7	19,966	0.3
Peacetime[3]	5,092,000	[2] 318,606	6.3	318,599	6.3	.....	.....
Old Wars[4]	([5])	140	.....	4	.....	136	.....

[1] *Includes only those veterans living in the U.S. and Puerto Rico.*
[2] *Includes Special Acts and Retired Emergency Officers.*
[3] *Service-connected only.*
[4] *Includes Spanish-American and Mexican Border Service.*
[5] *Less than 500.*

TABLE 57

COMPENSATION AND PENSION

Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence

U.S. Geographic Location	Estimated Veteran Population	Veterans Receiving Compensation, Pension and/or Retirement[1]	
		Number	Percent
Total	28,202,000	3,020,891	10.7
East	6,725,000	736,159	10.9
South	6,417,000	847,401	13.2
Midwest	7,232,000	640,956	8.9
Southwest	2,830,000	343,675	12.1
West	4,998,000	452,700	9.1

[1] *Includes 111 Retired Emergency Officers.*
Composition of geographic locations:
East–CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT.
South–AL, AR, FL, GA, KY, LA, MS, NC, PR, SC, TN, VA, WV.
Midwest–IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI.
Southwest–AZ, NM, OK, TX, UT.
West–AK, CA, CO, HI, ID, MT, NV, OR, WA, WY.

TABLE 58

COMPENSATION AND PENSION

Death Benefit Cases (Compensation, Dependency & Indemnity Compensation or Pension) Compared to the Number of Deceased Veterans Who Participated In Each Period of Service

Period of Service	Deceased War Participants	Total		Compensation and/or DIC		Pension	
		Cases	Percent	Cases	Percent	Cases	Percent
Total	14,155,000	[1] 1,190,683	8.4	295,173	2.1	895,504	6.0
World War I	4,447,000	400,507	9.0	25,696	0.6	374,811	8.4
World War II	5,557,000	582,164	10.5	162,432	2.9	419,732	7.6
Korean Conflict	1,082,000	105,347	9.7	38,609	3.6	66,738	6.2
Vietnam Era	358,000	93,361	26.1	68,341	19.1	25,020	7.0
Spanish-American War	392,000	[1] 8,754	2.2	91	([2])	8,659	2.2
Mexican Border Service	([3])	402	.....	1	.....	401	.....
Indian Wars	106,000	27	([2])	.....	.....	27	([2])
Civil War	2,213,000	[1] 121	([2])	3	([2])	116	([2])

[1] *Includes Special Acts Cases.*
[2] *Less than 0.05 percent.*
[3] *Data not available.*

Disability: Class of Dependent, Period of Service—September 1983

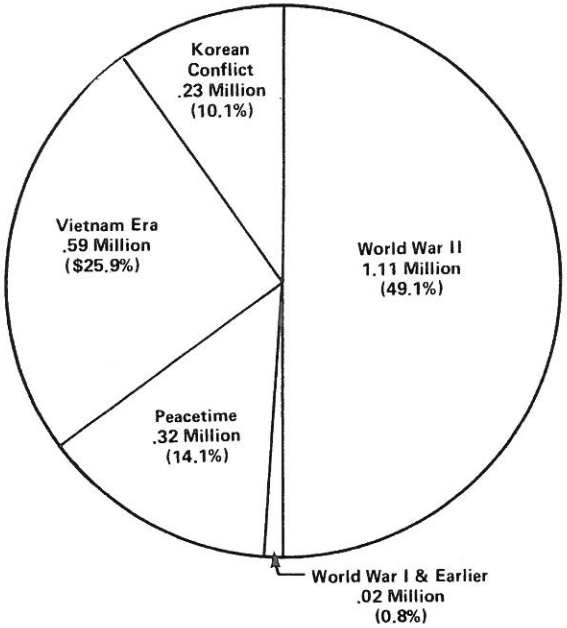
Class of Dependent	Total			World War I and Earlier[1]		World War II		Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value (Sept. 1983 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	2,263,335	$662,628,282	$292.77	18,082	$366.17	1,110,971	$280.01	228,651	$329.55	587,032	$298.79	318,599	$295.58
Veterans less than 30 percent disabled (no dependency benefit)	1,269,694	98,049,133	77.22	8,480	107.13	613,144	76.25	122,253	77.72	334,078	78.24	191,739	76.92
Veterans 30 percent or more disabled	993,641	564,579,149	568.19	9,602	594.95	497,827	530.97	106,398	618.90	252,954	590.09	126,860	626.07
Without dependents	298,398	146,123,396	489.69	4,836	594.95	155,121	447.25	31,280	522.72	64,515	512.99	42,646	576.93
With dependents	695,243	418,455,753	601.88	4,766	632.90	342,706	568.86	75,118	658.95	188,439	616.48	84,214	650.95
Spouse only	443,866	259,823,431	585.36	4,671	630.43	298,318	562.74	46,872	660.32	56,460	587.94	37,545	662.10
Spouse, child or children	221,909	129,548,870	611.34	62	780.34	37,145	584.31	23,697	629.07	112,104	613.11	38,901	621.01
Spouse, child or children, and parent or parents	2,329	2,473,405	1,062.00	.....	.....	448	851.72	257	1,093.43	1,245	1,125.86	379	1,079.50
Spouse, parent or parents	1,798	1,730,203	962.29	.....	.....	918	888.40	389	1,097.48	277	915.28	214	1,094.40
Child or children only	30,194	18,961,568	627.99	32	715.00	4,387	586.78	2,998	612.30	16,692	640.06	6,085	631.88
Child or children and parent or parents	532	573,464	1,077.94	.....	.....	55	820.18	52	1,071.73	322	1,120.51	103	1,085.63
Parent or parents only	4,615	5,344,812	1,158.14	1	382.00	1,435	1,084.48	853	1,221.64	1,339	1,152.65	987	1,218.58
Total dependents on whose account additional compensation was being paid	1,131,372	.....	.....	4,839	.....	399,165	.....	116,198	.....	446,164	.....	165,006	.....
Spouses	659,902	.....	.....	4,733	.....	336,829	.....	71,215	.....	170,086	.....	77,039	.....
Children	460,989	.....	.....	105	.....	59,349	.....	43,273	.....	272,213	.....	86,049	.....
Parents	10,481	.....	.....	1	.....	2,987	.....	1,710	.....	3,865	.....	1,918	.....

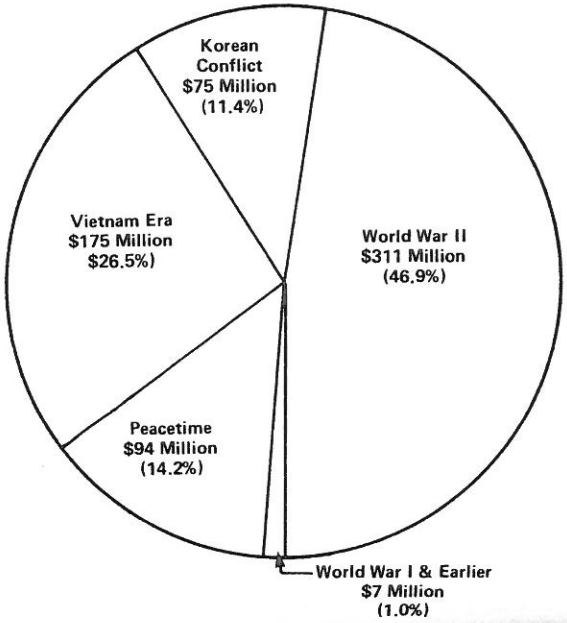
[1] *Includes Spanish-American War and Mexican Border Service.*
NOTE: Includes special monthly compensation, where applicable.

VETERANS RECEIVING COMPENSATION

By Period of Service

September 1983





MONTHLY VALUE OF COMPENSATION PAYMENTS

By Period of Service

September 1983

Death: Class of Beneficiary, Period of Service—As of September 30, 1983

Class of Beneficiary	Total			World War I and Earlier[1]		World War II	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	346,291	$153,339,122	$442.80	25,791	$482.00	162,432	$409.39
Compensation	42,204	3,317,270	78.60	14	95.71	31,624	78.90
Dependency and indemnity compensation	301,698	148,660,217	492.75	25,777	482.21	129,109	488.30
Dependency and indemnity compensation and compensation	2,389	1,361,635	569.96	.....	.....	1,699	564.07
Surviving spouse alone	220,089	117,194,395	532.49	24,904	482.53	109,041	510.91
Surviving spouse and children	25,034	15,704,775	627.34	282	710.35	3,537	627.69
Surviving spouse, children and mother	1,440	1,060,074	736.16	.....	.....	50	814.48
Surviving spouse, children and father	159	114,271	718.69	.....	.....	9	787.67
Surviving spouse, children, mother and father	371	276,256	744.63	.....	.....	5	928.80
Surviving spouse and mother	6,230	4,062,782	652.13	.....	.....	2,809	644.26
Surviving spouse and father	668	431,914	646.58	.....	.....	325	654.41
Surviving spouse, mother and father	577	378,101	655.29	.....	.....	145	687.41
Children alone	15,158	4,195,421	276.78	545	363.03	1,625	327.24
Children and mother	1,088	425,928	391.48	.....	.....	46	484.57
Children and father	115	41,730	362.87	.....	.....	.....	.....
Children, mother and father	271	105,661	389.89	.....	.....	2	860.00
Mother alone	61,737	7,523,469	121.86	59	271.51	38,320	125.89
Father alone	6,462	862,085	133.41	1	150.00	4,071	152.18
Mother and father	6,880	962,260	139.86	.....	.....	2,441	161.96
Total survivors	410,719	.....	.....	26,119	.....	173,297	.....
Surviving spouses	254,568	.....	.....	25,186	.....	115,921	.....
Children	62,054	.....	.....	873	.....	6,560	.....
Mothers	78,594	.....	.....	59	.....	43,818	.....
Fathers	15,503	.....	.....	1	.....	6,998	.....

Class of Beneficiary	Korean Conflict		Vietnam Era		Peacetime	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	38,609	$421.17	68,341	$473.22	51,118	$504.89
Compensation	8,819	77.73	7	70.00	1,740	77.56
Dependency and indemnity compensation	29,242	521.72	68,326	473.25	49,244	519.76
Dependency and indemnity compensation and compensation	548	582.48	8	624.13	134	590.16
Surviving spouse alone	22,822	575.04	28,957	580.70	34,365	568.47
Surviving spouse and children	1,668	615.90	13,949	623.40	5,598	636.15
Surviving spouse, children and mother	34	731.62	1,048	727.50	308	753.42
Surviving spouse, children and father	4	700.50	116	712.04	30	726.10
Surviving spouse, children, mother and father	3	734.00	293	733.22	70	779.69
Surviving spouse and mother	819	641.66	1,558	664.54	1,044	663.00
Surviving spouse and father	83	612.27	167	638.15	93	664.96
Surviving spouse, mother and father	54	624.91	261	650.46	117	640.27
Children alone	679	291.51	9,917	259.30	2,392	291.15
Children and mother	29	404.41	877	383.30	136	409.96
Children and father	4	419.75	101	357.25	10	396.90
Children, mother and father	3	373.33	229	384.69	37	398.00
Mother alone	10,051	101.25	7,852	130.71	5,455	117.17
Father alone	1,051	96.43	782	106.15	557	104.22
Mother and father	1,303	107.00	2,233	143.15	903	119.43
Total survivors	43,514	.....	102,654	.....	65,135	.....
Surviving spouses	25,487	.....	46,349	.....	41,625	.....
Children	3,226	.....	37,772	.....	13,623	.....
Mothers	12,296	.....	14,351	.....	8,070	.....
Fathers	2,505	.....	4,182	.....	1,817	.....

[1] *Includes Spanish-American War, Mexican Border Service and Civil War.*

Disability, Degree of Impairment, Type of Major Disability, Period of Service—Sept. 1983

Degree of Impairment	Total				Psychiatric and Neurological Diseases				General Medical and Surgical Conditions[1]			
	Number	Percent of Total[2]	Monthly Value	Average Monthly Value	Number	Percent of Total Psychiatric and Neurological Diseases[2]	Percent of degree of impairment	Average Monthly Value	Number	Percent of Total General Medical and Surgical Conditions[2]	Percent of degree of impairment	Average Monthly Value
TOTAL ALL PERIODS												
Total	2,263,335	100.0	$662,628,282	$292.77	459,812	100.0	20.3	$519.91	1,803,523	100.0	79.7	$234.86
Less than 10 percent	25,649	1.1	1,711,082	66.71	.....	.....	.....	.....	25,649	1.4	100.0	66.71
10 percent	887,107	39.2	55,384,496	62.43	129,814	28.2	14.6	62.21	757,293	42.0	85.4	62.47
20 percent	356,938	15.8	40,953,555	114.74	24,544	5.3	6.9	115.09	332,394	18.4	93.1	114.71
30 percent	315,519	13.9	61,249,319	194.12	76,348	16.6	24.2	191.09	239,171	13.3	75.8	195.09
40 percent	186,072	8.2	52,407,024	281.65	26,328	5.7	14.1	278.77	159,744	8.9	85.9	282.12
50 percent	113,606	5.0	45,324,779	398.96	42,838	9.3	37.7	392.81	70,768	3.9	62.3	402.69
60 percent	119,871	5.3	89,477,879	746.45	19,356	4.2	16.1	641.08	100,515	5.6	83.9	766.74
70 percent	67,647	3.0	59,624,917	881.41	26,247	5.7	38.8	840.98	41,400	2.3	61.2	907.04
80 percent	37,728	1.7	38,069,880	1,009.06	10,170	2.2	27.0	1,031.17	27,558	1.5	73.0	1,000.90
90 percent	14,081	0.6	15,734,158	1,117.40	3,867	0.8	27.5	1,140.65	10,214	0.6	72.5	1,108.60
100 percent	139,117	6.1	202,691,193	1,456.98	100,300	21.8	72.1	1,396.05	38,817	2.2	27.9	1,614.44
WORLD WAR I AND EARLIER PERIODS[3]												
Total	18,082	100.0	6,621,153	366.17	3,412	100.0	18.9	579.02	14,670	100.0	81.1	316.67
Less than 10 percent	258	1.4	16,736	64.87	.....	.....	.....	.....	258	1.8	100.0	64.87
10 percent	3,649	20.2	267,925	73.42	261	7.6	7.2	75.86	3,388	23.1	92.8	73.24
20 percent	4,573	25.3	623,806	136.41	571	16.7	12.5	145.22	4,002	27.3	87.5	135.15
30 percent	2,574	14.2	507,190	197.04	449	13.2	17.4	202.02	2,125	14.5	82.6	195.99
40 percent	1,566	8.7	440,236	281.12	267	7.8	17.0	289.44	1,299	8.9	83.0	279.41
50 percent	1,261	7.0	497,655	394.65	469	13.7	37.2	397.50	792	5.4	62.8	392.96
60 percent	1,377	7.6	1,029,809	747.86	207	6.1	15.0	577.94	1,170	8.0	85.0	777.93
70 percent	620	3.4	526,924	849.88	200	5.9	32.3	781.96	420	2.9	67.7	882.22
80 percent	435	2.4	400,302	920.23	96	2.8	22.1	850.91	339	2.3	77.9	939.87
90 percent	108	0.6	113,702	1,052.80	10	0.3	9.3	1,127.80	98	0.7	90.7	1,045.14
100 percent	1,661	9.2	2,196,868	1,322.62	882	25.8	53.1	1,303.28	779	5.3	46.9	1,344.51
WORLD WAR II												
Total	1,110,971	100.0	311,083,375	280.01	251,791	100.0	22.7	445.62	859,180	100.0	77.3	231.48
Less than 10 percent	14,468	1.3	966,156	66.78	.....	.....	.....	.....	14,468	1.7	100.0	66.78
10 percent	434,974	39.2	27,072,844	62.24	82,678	32.8	19.0	62.09	352,296	41.0	81.0	62.28
20 percent	163,702	14.7	18,715,441	114.33	13,026	5.2	8.0	114.16	150,676	17.5	92.0	114.34
30 percent	164,443	14.8	31,108,959	189.18	45,838	18.2	27.9	187.42	118,605	13.8	72.1	189.86
40 percent	93,959	8.5	25,754,078	274.10	14,778	5.9	15.7	271.40	79,181	9.2	84.3	274.60
50 percent	59,549	5.4	23,319,402	391.60	22,277	8.8	37.4	386.82	37,272	4.3	62.6	394.46
60 percent	63,133	5.7	47,588,538	753.78	10,233	4.1	16.2	624.62	52,900	6.2	83.8	778.77
70 percent	32,777	3.0	29,047,874	886.23	12,320	4.9	37.6	880.91	20,457	2.4	62.4	889.43
80 percent	19,672	1.8	19,324,152	982.32	5,102	2.0	25.9	1,017.36	14,570	1.7	74.1	970.05
90 percent	6,616	0.6	7,227,861	1,092.48	1,572	0.6	23.8	1,100.64	5,044	0.6	76.2	1,089.94
100 percent	57,678	5.2	80,958,070	1,403.62	43,967	17.5	76.2	1,369.18	13,711	1.6	23.8	1,514.05

KOREAN CONFLICT												
Total	228,651	100.0	75,351,270	329.55	41,559	100.0	18.2	685.38	187,092	100.0	81.8	250.50
Less than 10 percent	6,934	3.0	463,538	66.85	.....	.....	.....	.....	6,934	3.7	100.0	66.85
10 percent	80,072	35.0	5,002,676	62.48	8,708	21.0	10.9	62.10	71,364	38.1	89.1	62.52
20 percent	35,247	15.4	4,035,272	114.49	1,828	4.4	5.2	114.34	33,419	17.9	94.8	114.49
30 percent	30,982	13.5	5,992,776	193.43	5,718	13.8	18.5	192.01	25,264	13.5	81.5	193.75
40 percent	19,347	8.5	5,452,702	281.84	2,208	5.3	11.4	281.76	17,139	9.2	88.6	281.85
50 percent	11,131	4.9	4,477,284	402.24	3,455	8.3	31.0	397.98	7,676	4.1	69.0	404.15
60 percent	13,703	6.0	10,510,380	767.01	2,153	5.2	15.7	663.15	11,550	6.2	84.3	786.37
70 percent	7,944	3.5	7,333,641	923.17	2,722	6.5	34.3	887.86	5,222	2.8	65.7	941.57
80 percent	4,380	1.9	4,535,514	1,035.51	1,174	2.8	26.8	1,056.88	3,206	1.7	73.2	1,027.68
90 percent	1,605	0.7	1,777,439	1,107.44	456	1.1	28.4	1,129.68	1,149	0.6	71.6	1,098.61
100 percent	17,306	7.6	25,770,048	1,489.08	13,137	31.6	75.9	1,449.24	4,169	2.2	24.1	1,614.64
VIETNAM ERA												
Total	587,032	100.0	175,402,108	298.79	103,162	100.0	17.6	581.42	483,870	100.0	82.4	238.54
Less than 10 percent	881	0.2	57,493	65.26	.....	.....	.....	.....	881	0.2	100.0	65.26
10 percent	231,965	39.5	14,487,662	62.46	23,990	23.3	10.3	62.34	207,975	43.0	89.7	62.47
20 percent	101,232	17.2	11,591,955	114.51	6,016	5.8	5.9	114.60	95,216	19.7	94.1	114.50
30 percent	75,991	12.9	15,397,483	202.62	14,953	14.5	19.7	201.07	61,038	12.6	80.3	203.00
40 percent	49,686	8.5	14,530,815	292.45	6,221	6.0	12.5	292.20	43,465	9.0	87.5	292.49
50 percent	29,086	5.0	11,989,335	412.20	10,538	10.2	36.2	405.26	18,548	3.8	63.8	416.15
60 percent	27,446	4.7	19,098,791	695.87	4,780	4.6	17.4	645.09	22,666	4.7	82.6	706.58
70 percent	18,949	3.2	16,332,676	861.93	7,477	7.2	39.5	789.26	11,472	2.4	60.5	909.29
80 percent	9,781	1.7	10,157,361	1,038.48	2,751	2.7	28.1	1,042.16	7,030	1.5	71.9	1,037.04
90 percent	4,516	0.8	5,189,715	1,149.18	1,424	1.4	31.5	1,183.53	3,092	0.6	68.5	1,133.37
100 percent	37,499	6.4	56,568,822	1,508.54	25,012	24.2	66.7	1,405.86	12,487	2.6	33.3	1,714.22
PEACETIME[4]												
Total	318,599	100.0	94,170,376	295.58	59,888	100.0	18.8	608.07	258,711	100.0	81.2	223.24
Less than 10 percent	3,108	1.0	207,159	66.65	.....	.....	.....	.....	3,108	1.2	100.0	66.65
10 percent	136,447	42.8	8,553,389	62.69	14,177	23.7	10.4	62.52	122,270	47.3	89.6	62.71
20 percent	52,184	16.4	5,987,081	114.73	3,103	5.2	5.9	114.87	49,081	19.0	94.1	114.72
30 percent	41,529	13.0	8,242,911	198.49	9,390	15.7	22.6	192.02	32,139	12.4	77.4	200.37
40 percent	21,514	6.8	6,229,193	289.54	2,854	4.8	13.3	284.40	18,660	7.2	86.7	290.33
50 percent	12,579	3.9	5,041,103	400.76	6,099	10.2	48.5	389.87	6,480	2.5	51.5	411.00
60 percent	14,212	4.5	11,250,361	791.61	1,983	3.3	14.0	698.98	12,229	4.7	86.0	806.63
70 percent	7,357	2.3	6,383,802	867.72	3,528	5.9	48.0	778.35	3,829	1.5	52.0	950.06
80 percent	3,460	1.1	3,652,551	1,055.65	1,047	1.7	30.3	1,057.34	2,413	0.9	69.7	1,054.92
90 percent	1,236	0.4	1,425,441	1,153.27	405	0.7	32.8	1,157.84	831	0.3	67.2	1,151.04
100 percent	24,973	7.8	37,197,385	1,489.50	17,302	28.9	69.3	1,414.46	7,671	3.0	30.7	1,658.77

[1] *Includes tuberculosis (lung and pleura).*
[2] *Totals may not add to 100.0 percent due to rounding.*
[3] *Includes Spanish-American War and Mexican Border Service. Excludes Retired Emergency Officers.*
[4] *Excludes Special Acts.*
NOTE: Includes special monthly compensation, allowance to dependents, and other special awards, where applicable.

TABLE 62

Disability: Type of Major Disability and Pension by Period of Service—September 1983

Type of Disability and Pension	Total				World War I and Earlier[1]		
	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	780,515	100.0	$200,229,249	$256.53	96,050	100.0	$265.04
Type of disability							
Psychiatric and neurological diseases	180,739	23.2	56,686,074	313.63	10,874	11.3	422.29
Psychoses	49,073	6.3	14,637,426	298.28	956	1.0	445.49
Other psychiatric and neurological diseases	131,666	16.9	42,048,648	319.36	9,918	10.3	420.05
General medical and surgical conditions[2]	486,220	62.3	124,005,351	255.04	75,228	78.3	239.91
Considered permanently and totally disabled at age 65	113,556	14.5	19,537,824	172.05	9,948	10.4	283.23
Type of pension							
Old Law	19,055	2.4	1,572,214	82.51	15,559	16.2	81.60
Sec 306	374,741	48.0	52,444,712	139.95	46,960	48.9	161.53
PL 95-588	386,719	49.5	146,212,323	378.08	33,531	34.9	495.14

Type of Disability and Pension	World War II			Korean Conflict			Vietnam Era		
	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	579,898	100.0	$239.88	84,601	100.0	$328.82	19,966	100.0	$392.92
Type of disability									
Psychiatric and neurological diseases	125,725	21.7	296.31	31,967	37.8	321.15	12,173	61.0	375.76
Psychoses	28,623	4.9	283.39	12,362	14.6	288.19	7,132	35.7	355.78
Other psychiatric and neurological diseases	97,102	16.7	300.12	19,605	23.2	341.93	5,041	25.2	404.04
General medical and surgical conditions[2]	351,023	60.5	242.79	52,188	61.7	334.65	7,781	39.0	419.91
Considered permanently and totally disabled at age 65	103,150	17.8	161.21	446	0.5	196.35	12	0.1	302.50
Type of pension									
Old Law	3,096	0.5	86.88	400	0.5	84.07	.....	.....	.....
Sec 306	290,901	50.2	135.33	31,740	37.5	146.33	5,140	25.7	164.72
PL 95-588	285,901	49.3	347.92	52,461	62.0	441.10	14,826	74.3	472.04

[1] *Includes Spanish-American War and Mexican Border Service.*
[2] *Includes tuberculosis (lungs and pleura).*

NOTE: Totals may not add due to rounding.

TABLE 63

Death: Class of Beneficiary, Period of Service—September 1983

Class of Beneficiary	Total			World War I and Earlier[1]	
	Number	Monthly Value	Average Monthly	Number	Average Monthly Value
Total cases	895,504	$111,809,192	$124.86	384,014	$111.50
Surviving spouse alone	726,749	94,663,902	130.26	368,121	111.80
Surviving spouse and children	54,076	9,105,490	168.38	5,705	175.58
Children alone	114,679	8,039,800	70.11	10,188	64.59
Total survivors	1,012,388	.....	.....	390,816	.....
Surviving spouses	780,825	.....	.....	373,826	.....
Children	231,563	.....	.....	16,990	.....

Class of Beneficiary	World War II		Korean Conflict		Vietnam Era	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	419,732	$136.00	66,738	$134.38	25,020	$117.56
Surviving spouse alone	332,219	144.79	23,632	202.80	2,777	220.51
Surviving spouse and children	31,122	166.51	10,657	172.59	6,592	164.19
Children alone	56,391	67.37	32,449	71,99	15,651	79.66
Total survivors	474,795	.....	97,504	.....	49,273	.....
Surviving spouses	363,341	.....	34,289	.....	9,369	.....
Children	111,454	.....	63,215	.....	39,904	.....

[1] *Includes Spanish-American War, Mexican Border Service, Indian Wars, and Civil War.*

Persons in Training by Program and Period of Service During Last Five Fiscal Years

Program	Fiscal Year				
	1983	1982	1981	1980	1979
POST-KOREAN CONFLICT EDUCATIONAL ASSISTANCE, (Title 38, USC, Ch. 34)					
In training during year – Total	644,390	777,686	948,526	1,106,889	1,278,538
Institutions of higher learning	517,485	620,341	736,018	842,088	967,790
Resident schools other than college	88,068	97,739	122,448	148,551	175,098
Correspondence schools	13,393	21,115	34,849	42,102	51,383
On-job training	25,444	38,491	55,211	74,148	84,267
EDUCATIONAL ASSISTANCE FOR CHILDREN OF TOTALLY DISABLED OR DECEASED VETERANS (Title 38, USC, Ch. 35)					
In training during year – Total	70,923	80,347	82,646	82,632	85,696
Institutions of higher learning	63,650	72,134	74,619	75,530	77,915
Schools other than college	6,979	7,814	7,541	6,538	7,180
Special restorative training	49	46	70	61	73
On-job training	245	353	416	503	528
Period of service of beneficiary's spouse					
World War I	626	819	959	1,129	1,108
World War II	16,929	20,378	22,462	25,246	28,899
Korean conflict	11,070	12,500	12,332	12,759	13,519
Vietnam era	33,509	37,159	37,552	33,451	31,225
Other	8,789	9,491	9,341	10,047	10,945
EDUCATIONAL ASSISTANCE FOR SPOUSES OF TOTALLY DISABLED OR DECEASED VETERANS, (Title 38, USC, Ch. 35)					
In training during year – Total	8,779	10,641	11,940	12,952	17,260
Institutions of higher learning	7,468	9,021	10,078	10,752	13,977
Schools other than college	1,297	1,608	1,837	2,162	3,239
Special restorative training	.....	.....	.....	.....	2
On-job training	14	12	25	38	42
Period of service of beneficiary's spouse					
World War I	29	54	90	111	183
World War II	1,131	1,507	1,690	2,088	3,553
Korean conflict	755	937	1,029	1,232	1,854
Vietnam era	5,512	6,796	7,943	8,303	9,758
Other	1,352	1,347	1,188	1,218	1,912
VOCATIONAL REHABILITATION PROGRAM FOR DISABLED VETERANS, (Title 38, USC, Ch. 31)					
In training during year – Total	30,574	30,919	29,818	25,543	29,470
Institutions of higher learning	21,872	22,095	21,730	18,854	21,672
Schools other than college	7,549	7,489	6,717	5,371	6,195
On-job training	798	913	998	943	1,116
Institutional on-farm	60	93	106	119	149
Unknown	295	329	267	256	338
Period of service of veterans					
World War II	137	239	295	350	395
Korean conflict	240	295	356	376	440
Vietnam era	28,736	28,787	27,357	23,073	26,870
Post-Korean and between wars	1,461	1,598	1,810	1,744	1,765

HOUSING ASSISTANCE

TABLE 65

Guaranteed or Insured Loans, Direct Loans, and Property Management

Item	Cumulative Through Sept. 30, 1983	Fiscal Year 1983	Fiscal Year 1982
Guaranteed or Insured Loans			
Number of loans, total	11,197,980	245,122	103,439
Home	11,122,155	231,620	92,930
Manufactured home	75,825	13,502	10,509
Amount of loans ($000), total	$215,926,405	$14,670,261	$5,541,915
Home	$214,682,161	$14,389,968	$5,331,522
Manufactured home	$1,244,244	$280,293	$210,393
Amount of guaranty and insurance ($000), total	$102,366,146	$5,736,091	$2,292,144
Home	$101,782,535	$5,596,459	$2,187,195
Manufactured home	$583,611	$139,632	$104,919
Defaults and claims total:			
Defaults reported	3,451,421	162,765	158,808
Loans in default, end of period	.....	96,796	84,257
Defaults disposed of, total	3,354,625	150,226	141,640
Cured or withdrawn	2,893,019	127,917	125,650
Percent	86.2	85.1	88.7
Claims vouchered for payment	461,606	22,309	15,990
Rate per 1,000 loans outstanding	.....	5.4	3.9
Average number of loans outstanding	.....	4,110,737	4,086,626
Direct Loans			
Number of loans fully disbursed	333,186	22	31
Amount of loans fully disbursed ($000)	$3,437,346	$650	$922
Property Management			
Number acquired	497,539	21,494	16,746
Number sold	471,671	18,647	10,829
Number redeemed	5,906	154	171
Number on hand, end of period	.....	19,962	17,269

NOTE: Cumulative data includes prior years' adjustments.

INSURANCE

TABLE 66

VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1983

(In thousands)

Item	United States Government Life Insurance Fund	National Service Life Insurance Fund	Veterans Special Life Insurance Fund	Veterans Reopened Insurance Fund	Service-Disabled Veterans Insurance Fund
ASSETS					
U.S. Treasury securities	$322,500	$8,764,858	$816,800	$510,300	.....
Policy loans	35,041	1,152,027	81,674	43,924	$35,695
Liens and receivables	29	667	56	44	618
Cash	52	1,819	237	117	5,887
Accrued interest	6,670	225,540	19,042	13,128	1,078
Due from U.S. Government	.....	10	.....	.....	.....
Total	$364,292	$10,144,921	$917,809	$567,513	$43,278
LIABILITIES					
Policy reserves	$247,047	$7,369,724	$656,436	$458,101	$215,029
Reserve for payments under optional income settlements	63,214	688,288	6,918	2,456	5,569
Disability premium waiver reserves	257	571,116	86,278	22,269	.....
Disability income reserves	2,600	295,512	46,502	16,780	.....
Reserve for pending and unreported claims	5,541	70,621	4,543	3,141	4,430
Reserve for dividends	16,900	601,000	53,400	27,313	.....
Reserve for undelivered checks and payments due	379	6,501	127	32	15
Reserve for dividends left on credit or deposit	20,533	405,284	31,541	7,686	.....
Reserve for unearned premiums	.....	84,907	16,640	2,855	1,267
Unassigned funds (surplus)	7,821	51,968	15,424	26,880	[1] (–)183,032
Total	$364,292	$10,144,921	$917,809	$567,513	$43,278

[1] *Total loss to date is $274,497 of which $91,465 has been met by Government appropriation.*

TABLE 67

Summary of Operations (Accrual Basis)

(In thousands)

Item	U.S. Government Life Insurance		National Service Life Insurance		Veterans Special Life Insurance		Veterans Reopened Insurance		Service-Disabled Veterans Insurance	
	Fiscal Year 1983	Cumulative to Sept. 30, 1983	Fiscal Year 1983	Cumulative to Sept. 30, 1983	Fiscal Year 1983	Cumulative to Sept. 30, 1983	Fiscal Year 1983	Cumulative to Sept. 30, 1983	Fiscal Year 1983	Cumulative to Sept. 30, 1983
INCOME										
Premiums	$(–)779	$2,085,031	$673,523	$22,384,321	$67,006	$1,109,402	$23,109	$546,995	$29,651	$384,060
Policy proceeds left to be paid in installments	602	782,921	12,055	5,432,420	886	41,239	327	14,494	505	26,339
Dividends left on credit or deposit	3,115	85,675	74,225	1,593,267	8,241	49,153	2,599	10,698	.....	.....
Investment income	26,387	2,222,197	823,175	11,721,243	66,902	524,558	48,307	390,331	2,032	15,371
Extra hazard contributions from the U.S. Government	23	142,416	1,983	4,817,642	.....	.....	.....	.....	.....	.....
Total	$29,348	$5,318,240	$1,584,961	$45,948,893	$143,035	$1,724,352	$74,342	$962,518	$32,188	$425,770
DISPOSITION OF INCOME										
Death benefits	$29,201	$1,558,889	$381,013	$11,024,279	$23,234	$329,923	$17,852	$199,470	$20,237	$311,126
Matured endowments	792	499,349	50,324	831,126	6,915	30,455	9,603	45,625	389	3,594
Surrender benefits	1,449	324,960	55,215	1,019,713	8,323	67,090	2,974	26,143	4,869	32,917
Disability benefits	526	388,009	68,027	998,447	3,586	30,655	3,336	29,750	8,907	107,576
Payments from policy proceeds left to be paid in installments	10,236	1,066,411	84,924	7,881,150	1,367	38,999	604	13,840	791	24,331
Dividends withdrawn	4,726	87,147	70,104	1,511,247	6,719	25,434	1,525	4,319	.....	.....
Net deposits for policy reserves	(–)32,641	313,584	247,265	8,935,747	36,865	796,337	17,411	499,652	12,353	220,723
Reserve for dividends left on credit or deposit	–238	20,533	34,187	405,285	3,617	31,541	1,642	7,686	.....	.....
Administrative costs	.....	.....	.....	.....	.....	.....	1,027	21,543	.....	.....
Total	$14,051	$4,258,882	$991,059	$32,606,994	$90,626	$1,350,434	$55,974	$848,028	$47,546	$700,267
Net gain or loss (–) from operations before dividends and transfers	15,297	1,059,358	593,902	13,341,899	52,409	373,918	18,368	114,490	–15,358	–274,497
Dividends to policyholders	14,647	1,051,537	601,278	13,289,931	52,949	302,881	27,366	87,610	.....	.....
Transfers to U.S. Government	.....	.....	.....	.....	.....	55,613	.....	.....	.....	.....
Gain or loss (–) after dividends and transfers	650	7,821	–7,376	51,968	–540	15,424	–8,998	26,880	–15,358	–274,497

TABLE 68

Insurance in Force —Fiscal Year 1983

Item	Participating								Nonparticipating	
	U.S. Government Life Insurance		National Service Life Insurance[1]		Veterans Special Life Insurance[1]		Veterans Reopened Insurance[1]		Service-Disabled Veterans Insurance	
	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)
In force at beginning of year	83,978	$335,926	3,373,481	$21,714,824	505,410	$4,389,275	160,149	$1,093,282	191,517	$1,735,919
Insurance issued during year	.....	.....	.....	.....	.....	.....	.....	.....	5,801	53,667
Insurance reinstated during year	3	21	11,102	47,228	484	4,358	1,353	5,024	66	640
Insurance terminated during year by:										
Death	6,534	29,070	58,258	350,669	2,611	22,381	2,703	17,322	2,204	19,577
Maturity as endowment	528	2,743	7,979	44,973	1,130	6,886	1,440	9,433	76	407
Permanent total disability	4	17	.....	.....	.....	.....	.....	.....	.....	.....
Lapse, expiry, and net changes	–279	–1,617	22,677	252,307	23,288	226,156	384	9,596	2,783	27,320
Cash surrender	429	1,652	12,867	74,512	1,892	15,839	579	4,139	1,759	15,332
Total terminated	7,216	31,865	101,781	722,461	28,921	271,262	5,106	40,490	6,822	62,636
In force at end of year	76,765	304,082	3,282,802	21,039,591	476,973	4,122,371	156,396	1,057,816	190,562	1,727,590
Selected year end items:										
In force on 5-year term plan	401	2,525	1,020,427	8,007,188	217,028	2,000,015	.....	.....	87,220	839,439
In force on all other plans	76,364	301,557	2,262,375	13,032,403	259,945	2,122,356	156,396	1,057,816	103,342	888,151
In force with disability income rider	1,307	8,544	371,384	2,825,068	78,758	710,142	9,774	73,145	.....	.....
In force under disability premium waiver	359	2,326	154,864	1,056,793	8,681	74,738	15,729	103,546	42,247	397,861

[1] *Excludes paid-up additional insurance purchased by dividends.*

INSURANCE

TABLE 69

Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)

Item	Policy Year Ending June 30, 1983	Cumulative From Sept. 29, 1965
INCOME		
Premiums	$176,245,877	$2,042,319,090
Extra hazard payments	0	513,046,301
Interest earned	33,890,995	167,087,317
Total	210,136,872	2,722,452,708
DISPOSITION OF INCOME		
Death claims	166,959,668	2,231,928,175
Net cost of extra mortality on conversions	1,186,167	54,954,188
Expense of administration	8,051,702	60,352,411
Taxes and fees	3,169,693	43,186,271
Term to age 60 reserve (Retired Reserves)	75,335	25,846,574
5-Year Term and conversion cost reserve (VGLI)	2,274,311	32,986,331
Contingency reserve	28,419,996	273,198,758
Total	210,136,872	2,722,452,708

EMPLOYMENT

TABLE 70

Employment: Full, Part-Time and Intermittent by Facility Type

Facility Type	Sept. 30, 1983	Sept. 30, 1982	Percent Change
Total	238,739	235,982	+1.2
Central Office	4,728	4,557	+3.8
Field	234,011	231,425	+1.1
Medical centers (separate)	188,828	186,233	+1.4
Domiciliaries and medical centers	18,405	17,965	+2.4
Regional offices (separate)	12,446	[1] 12,869	–3.3
Regional office and medical centers	7,888	7,766	+1.6
Regional office and insurance centers	1,845	1,907	–3.3
Independent outpatient clinics	1,260	1,239	+1.7
Data processing centers	1,693	1,771	–4.4
National cemeteries	939	953	–1.5
Supply depots and marketing center	422	426	–0.9
Miscellaneous activities (VCS field offices, national cemetery area offices, records processing center, prosthetic center, prosthetic distribution center, and VCS finance center)	285	[1] 296	–3.7

[1] *Corrected data.*

EMPLOYMENT

TABLE 71

Employment: Full, Part-Time and Intermittent by Pay System

Pay System	Sept. 30, 1983	Sept. 30, 1982	Percent Change
Total	238,739	235,982	+1.2
GS/GM	134,710	134,972	–0.2
Title 38 (excludes canteen)	59,486	56,612	+5.1
Wage system	38,700	39,021	–0.8
Canteen	3,618	3,622	–0.1
Non-U.S. citizens—Manila	195	205	–4.9
Senior executive service	132	134	–1.5
Others[1]	1,898	1,416	+34.0

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administrative residents and experts/consultants.*

TABLE 72

EMPLOYMENT

Employment: Sex and Veteran Preference - September 30, 1983

	Total		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
Total	238,739	100.0	112,244	100.0	126,495	100.0
With preference	81,727	34.2	72,748	64.8	8,979	7.1
Without preference	157,012	65.8	39,496	35.2	117,516	92.9

TABLE 73

EMPLOYMENT

Employment: Minority Groups By Grade—Full-Time and Part-Time With Permanent Appointments September 30, 1983

Grade or Supervisory Level	Total Employment[1]	Percent Minority Employment	Black	Hispanic	Asian or Pacific Islander	American Indian or Alaska Native
Total All Pay Plans	209,906	32.2	53,128	8,715	4,967	883
GS/GM and Equivalent	169,839	29.0	37,321	6,619	4,620	704
GS-1 thru GS-4	37,516	39.9	12,704	1,715	327	236
GS-5 thru GS-8	58,043	34.9	16,876	2,287	794	272
GS-9 thru GS-12	56,377	20.2	7,066	1,930	2,212	169
GS/GM-13 thru GS/GM-15	17,730	15.0	665	684	1,286	27
GS/GM-16 thru GS/GM-18	173	8.1	10	3	1	0
Other Pay Systems[2]	147	12.9	11	3	4	1
Wage System	39,920	46.1	15,796	2,093	343	178
Non-supervisory	35,698	46.3	14,128	1,909	325	165
Leader	730	49.5	317	39	5	0
Supervisory	3,492	43.6	1,351	145	13	13

[1] *Excludes Philippine nationals at Manila and non-Hispanic employees in Puerto Rico.*
[2] *Includes Senior Executive Service and Statutory Pay Plans.*

TABLE 74

EMPLOYMENT

Employment of Women by Pay Category—Full Time, Part-time and Intermittent—September 30, 1983

Pay Category	Total Employment	Women	
		Number	Percent
Total	238,739	126,495	53.0
GS/GM Total	134,710	77,503	57.5
GS-1 thru GS-6	86,103	58,432	67.9
GS-7 thru GS-12	42,115	18,154	43.1
GS/GM-13 and above	6,492	917	14.1
Title 38 (excludes Canteen)	59,486	35,834	60.2
Wage System	38,700	9,594	24.8
Canteen	3,618	2,684	74.2
Non-U.S. Citizens – Manila	195	98	50.3
SES	132	5	3.8
Other	1,898	777	40.9

TABLE 75

Appropriations, Expenditures and Balances—Cash Basis

Account Categories	Appropriations	Expenditures		Nonexpenditure Transfers	(–) Covered into U.S. Treasury (+) or restored	Investments	Cash Balance
		Fiscal Year 1983	Cumulative through September 30, 1983				
General and Special Funds:							
Compensation and pension	$203,458,041,000	$13,860,002,931	$202,344,392,151	$16,969	.....	.....	$1,113,665,820
Readjustment benefits	65,581,730,904	1,713,702,276	65,447,191,965	(–)63,709,000	.....	.....	70,829,940
Veterans insurance and indemnities	383,061,036	6,628,785	432,493,461	49,746,500	.....	.....	314,076
Medical care, current year	7,773,254,000	6,897,189,954	6,897,189,954	.....	(–)$5,170,590	.....	870,893,456
Medical care, 1954-82	69,891,635,226	704,896,909	69,028,957,819	(–)12,698,000	(–)771,009,516	.....	78,969,890
Medical and prosthetic research	1,741,972,131	151,583,493	1,712,827,434	.....	(–)2,490,536	.....	26,654,161
Assistance for health manpower training institutions, 1973-85	296,693,000	17,466,940	287,253,701	.....	(–)39,146	.....	9,400,153
Medical administration and miscellaneous operating expenses, current year	56,420,000	48,850,868	48,850,868	.....	(–)114,697	.....	7,454,435
Medical administration and miscellaneous operating expenses, 1954-82	832,423,481	9,513,991	786,805,362	.....	(–)37,195,628	.....	8,422,490
General operating expenses, current year	690,152,000	640,229,298	640,229,298	.....	(–)1,241,077	.....	48,681,625
General operating expenses, 1954-82	8,905,423,650	33,481,041	8,751,322,888	.....	(–)147,462,699	.....	6,638,063
Construction of hospital and domiciliary facilities	1,042,596,863	.....	1,032,915,863	(–)9,681,000	.....	.....	.....
Construction, major projects	3,549,685,000	337,782,330	1,954,382,547	7,734,760	.....	.....	1,603,037,213
Construction, minor projects	970,097,000	90,871,740	736,267,848	2,019,442	.....	.....	235,848,595
Construction, minor projects (Corps of Engineers)	.....	.....	2,126,796	2,126,796	.....	.....	.....
Grants for construction of state extended care facilities, 1966-85	151,040,000	13,611,922	114,120,645	.....	(–)1,737,618	.....	35,181,737
Grants to the Republic of the Philippines, no year	863,000	8,516	798,918	.....	.....	.....	64,083
Grants to the Republic of the Philippines, current year	1,000,000	344,943	344,943	.....	(–)384	.....	654,672
Grants to the Republic of the Philippines, 1950-82	51,970,537	.....	38,657,205	.....	(–)13,313,332	.....	.....
Grants for the construction of state veterans cemeteries, 1980-85	12,500,000	1,592,992	3,362,458	.....	(–)1,850,439	.....	7,287,102
Loan guaranty revolving fund	32,420,742	239,268,352	1,540,068,631	1,646,547,764	.....	.....	138,899,874
Direct loan revolving fund	1,733,055,599	(–)139,763,850	(–)1,052,386,770	(–)2,571,202,440	.....	.....	214,239,929
Canteen service revolving fund	4,965,000	(–)5,333,212	(–)32,834,670	.....	(–)12,068,086	.....	25,731,584
Rental, maintenance and repair of quarters	.....	.....	(–)97,127	.....	(–)97,127	.....	.....
Service-disabled veterans insurance fund	4,500,000	432,307	(–)1,513,524	.....	.....	.....	6,013,525
Soldiers' and sailors' civil relief	3,528,000	.....	2,011,031	(–)16,969	(–)1,500,000	.....	.....
Veterans reopened insruance fund	.....	(–)22,474,865	(–)510,566,374	.....	.....	$510,300,000	266,374
Special therapeutic and rehabilitation activities fund	.....	(–)10,450	(–)824,645	.....	.....	.....	824,644
Vocational rehabilitation revolving fund	3,447,000	(–)20,613	484,608	.....	(–)1,600,000	.....	1,362,391
Education loan fund	.....	(–)6,577,267	53,893,149	.....	55,209,000	.....	1,315,852
Servicemen's group life insurance fund	.....	(–)39,750,910	(–)79,776,514	.....	.....	79,752,999	23,515
Supply fund	130,000,000	(–)22,375,737	(–)26,788,726	(–)71,400	(–)15,677,579	.....	141,039,748
Construction and operation of garage and parking facilities	.....	176,416	.....	.....	.....	.....	.....
Total: Appropriations and funds	$367,302,475,169	$24,531,329,100	$360,152,161,193	(–)$949,186,578	(–)$957,359,454	$590,052,999	$4,653,714,947
Deduct proprietary receipts from the public	.....	88,706,403	.....	.....	.....	.....	.....
Total: Federal funds	$367,302,475,169	$24,442,622,697	$360,152,161,193	(–)$949,186,578	(–)$957,359,454	$590,052,999	$4,653,714,947
Trust Funds:							
Post Vietnam era veterans education	742,925,868	140,328,618	357,199,745	.....	.....	.....	385,726,124
General post fund, national homes	118,209,325	9,448,845	102,850,333	.....	(–)386	3,482,000	11,876,606
National service life insurance fund	35,350,079,989	890,927,778	26,578,535,649	.....	(–)89	8,764,858,000	6,686,250
U.S. government life insurance fund	4,023,041,431	59,850,924	3,698,203,459	.....	(–)1,811,199	322,500,000	526,772
Veterans special life insurance fund	250,000	(–)56,485,614	(–)872,786,716	(–)51,150,000	(–)4,250,000	816,800,000	836,715
Sub-Total: Trust funds	$40,234,506,613	$1,044,070,551	$29,864,002,470	(–)$51,150,000	(–)$6,061,674	$9,907,640,000	$405,652,467
Deduct: Proprietary receipts from the public	.....	605,104,223	.....	.....	.....	.....	.....
Total: Trust funds	$40,234,506,613	$438,966,328	$29,864,002,470	(–)$51,150,000	(–)$6,061,674	$9,907,640,000	$405,652,467
Deduct: Intragovernmental transactions	.....	9,564,427	.....	.....	.....	.....	.....
Total: Veterans Administration	$407,536,981,782	$24,872,024,598	$390,016,163,663	(–)$1,000,336,578	(–)$963,421,128	$10,497,692,999	$5,059,367,414
Appropriations and funds not included above:							
Personal funds of patients	.....	1,573,234	(–)56,870,283	.....	.....	.....	56,870,283
Funds due incompetent beneficiaries	.....	1,770	(–)27,325	.....	.....	.....	27,325
Miscellaneous administrative and construction expenses	10,855,083,789	.....	10,476,102,823	.....	(–)378,980,966	.....	.....
Miscellaneous benefit and insurance expenses	25,110,301,012	.....	24,621,740,653	.....	(–)488,560,359	.....	.....
Miscellaneous trust funds	4,700,842,392	.....	4,658,621,658	.....	(–)42,220,735	.....	.....
Miscellaneous transfer appropriations and working funds	38,634,996	.....	31,269,691	.....	(–)7,365,305	.....	.....
Total: Other appropriations and funds	$40,704,862,189	$1,575,004	$39,730,837,217	.....	(–)$917,127,365	.....	$56,897,608

NOTE: Totals may not add due to rounding.

Comparative Consolidated Balance Sheet[1]

Account Categories	September 30, 1983	September 30, 1982	Increase (Decrease)
ASSETS			
Current assets:			
Cash and disbursing authority[2]	$5,139,381,654.62	$5,111,465,279.96	.....
Accounts receivable	890,794,693.92	891,068,852.96	.....
Interest receivable	277,626,113.46	260,543,764.94	.....
Advance for bidding at public sales	942,638.41	428,214.40	.....
Inventories	162,263,772.94	158,919,515.66	.....
Acquired security or collateral property	724,216,743.71	588,981,254.77	.....
Accrued reimbursements due from insurance appropriations	10,000.00	.....	.....
Total current assets	7,195,235,617.06	7,011,406,882.69	$183,828,734.37
Other assets:			
Loans receivable	1,584,806,221.55	1,288,444,999.37	.....
Vendee accounts receivable	1,350,507,132.99	1,837,641,747.95	.....
Investments	10,497,692,999.30	10,091,835,999.30	.....
Policy liens	970,678.87	851,036.81	.....
Deposits with trustee	63,597,903.57	401,691,283.00	.....
Total other assets	13,497,574,936.28	13,620,465,066.43	(122,890,130.15)
Fixed assets:			
Land, buildings and plants	3,980,928,259.86	3,706,764,023.23	.....
Construction and betterments in process	1,361,756,536.45	1,108,841,501.50	.....
Leasehold improvements	4,709,285.56	4,392,708.04	.....
Equipment	1,795,789,044.11	1,543,774,144.99	.....
Total fixed assets	7,143,183,125.98	6,363,772,377.76	779,410,748.22
Deferred charges:			
Construction advance	23,229,187.33	41,814,810.04	.....
Advance payments on undelivered supplies and services	50,399,439.53	35,716,415.49	.....
Advance to employee for travel expenses	2,932,960.45	2,693,963.56	.....
Value of ADP equipment purchases options	3,278,599.96	3,290,272.93	.....
Advance for educational benefits	8,498,250.56	12,473,779.88	.....
Total deferred charges	88,338,437.83	95,989,241.90	(7,650,804.07)
Total assets	$27,924,332,117.15	$27,091,633,568.78	$832,698,548.37
LIABILITIES AND CAPITAL			
Current liabilities:			
Accounts payable	$1,483,045,727.64	$1,755,958,982.57	.....
Accrued salaries and wages	224,270,612.47	181,674,020.81	.....
Accrued services and benefits	279,241,241.14	381,024,080.08	.....
Undelivered orders - personal funds of patients	124,166.89	137,169.09	.....
Employees payroll allotments for U.S. Savings Bonds	1,050,258.03	1,058,289.62	.....
Federal, state, city, territorial income, and FICA taxes withheld	9,345,072.48	6,199,317.23	.....
Canteen Service unredeemed coupons	.....	256,814.76	.....
Other miscellaneous liabilities - Canteen Service	.....	.....	.....
Accrued interest - U.S. Treasury	618,412.91	618,412.91	.....
Accrued interest on policy liens due general fund	41,212.63	56,403.80	.....
Accrued interest on dividend deposits	17,698,880.85	15,722,695.34	.....
Premium paid in advance	105,703,400.00	102,730,500.00	.....
Matured contracts payable	38,909,955.30	37,820,279.17	.....
Undeposited general fund receipts	1,159,971.37	972,835.44	.....
Accrued reimbursement due insurance fund	10,000.00	.....	.....
Total current liabilities	2,161,218,911.71	2,484,229,800.82	(323,010,889.11)
Other liabilities:			
Participation certificates outstanding, net	199,778,193.58	225,847,093.97	.....
Insurance program operating reserves	11,499,677,092.00	11,188,712,360.00	.....
Total other liabilities	11,699,455,285.58	11,414,559,453.97	284,895,831.61
Unfunded liabilities:			
Accrued annual leave	790,003,364.80	734,794,956.81	.....
Unredeemed coupons	267,476.41	267,476.41	.....
Total unfunded liabilities	790,270,841.21	735,062,433.22	55,208,407.99
Total liabilities	$14,650,945,038.50	$14,633,851,688.01	$17,093,350.49
Accountabilities:			
Funds of patients and incompetent beneficiaries	55,041,671.24	56,687,343.54	.....
Policyholders insurance dividend deposit	447,344,657.97	404,301,836.51	.....
Borrowers deposits for taxes and insurance	51,196,693.61	87,771,420.74	.....
Unapplied insurance collections	2,321,273.73	2,392,772.39	.....
Bid deposits and other suspense items	5,853,282.55	5,944,594.80	.....
Total accountabilities	$561,757,579.10	$557,097,967.98	$4,659,611.12
Capital: Reserves:			
Insurance fund retained earnings (reserve for contingencies)	(–)2,274,292.77	(–)50,421,831.21	.....
Direct loan and loan guaranty programs - reserve for losses	652,531,587.11	810,912,500.29	.....
Total reserves	$650,257,294.34	$760,490,669.08	$(110,233,374.74)
Capital: Direct Loan Prog. - Loans from U.S. Treasury - Interest bearing	$1,730,077,996.00	$1,730,077,996.00	.....
Capital: Residual	$10,331,294,209.21	$9,410,115,247.71	$921,178,961.50
Total liabilities and capital	$27,924,332,117.15	$27,091,633,568.78	$832,698,548.37

[1] *Contingent liabilities with respect to the guaranty or insurance of loans not shown.*

[2] *Cash and disbursing authority for annual appropriations reduced by the unobligated balance returned to the Treasury in accordance with Section 18, Title 7, GAO Policy and Procedures Manual.*

FISCAL

TABLE 77

Supply Fund Comparative Balance Sheet

Account Categories	September 30, 1983	September 30, 1982	Increase (Decrease)
ASSETS			
Cash	$141,039,748	$118,664,011	.....
Advance payments on undelivered orders	5,575,602	194,553	.....
Advances to employees	41,003	28,110	.....
Accounts receivable	25,568,704	23,551,267	.....
Inventories	107,675,512	108,299,220	.....
Work in process — service & reclamation division	129,481	123,037	.....
Work in process — printing & reproduction	32,038	22,101	.....
Supply Depot operating equipment less reserve for depreciation	1,241,162	1,075,286	.....
Printing & reproduction equipment less reserve for depreciation	944,102	797,804	.....
Marketing center equipment less reserve for depreciation	70,020	68,815	.....
Total assets	282,317,372	252,824,205	$29,493,167
LIABILITIES AND CAPITAL			
Accrued salaries and wages	698,301	556,607	.....
Accrued transportation and service costs	328,822	495,898	.....
Accounts payable	65,487,059	38,054,166	.....
Advances from other government agencies	62,670	508,476	.....
Advance from VA appropriations	28,760	.....	.....
Total liabilities	66,605,612	39,615,146	26,990,466
Capital at beginning of period	172,998,878	172,998,878	.....
Operating profit (or loss) — current fiscal year	2,502,702	12,036,555	.....
Operating profit (or loss) — cumulative prior fiscal years	40,210,180	28,173,626	.....
Capital at end of period	215,711,760	213,209,059	2,502,701
Total liabilities and capital	282,317,372	252,824,205	29,493,167

NOTE: Totals may not add due to rounding.

FISCAL

TABLE 78

VA Supply Fund—Statement of Income and Expense—Fiscal Year 1983

Account Categories	FY 1983	FY 1982
INCOME		
Sales of supplies and equipment	$568,976,823	$489,622,537
Less: Cost of Goods sold	556,592,149	475,934,556
Income on Sales	12,384,674	13,687,981
Other Income:		
Income-station transfers	7,189,739	11,423,871
Discounts on purchases	3,989,559	3,397,637
Reimbursable earnings	3,676,741	3,660,177
Donated income	2,392,436	4,415,887
Credit allowances	1,473,459	1,393,560
Variances and adjustments	(—)177,003	(—)46,439
Increased valuation	131,968	154,686
Miscellaneous income	3,371	3,390
Total other income	18,680,270	24,402,769
Total income	31,064,944	38,090,750
EXPENSES		
Maintenance and operation of supply depots	10,662,923	10,068,400
Other operating expenses	11,366,574	10,475,594
Net transportation costs	3,192,548	3,064,071
Completed service and reclamation projects	1,750,040	1,681,832
Depot storage, handling, etc.	80,426	106,829
Donations, reappraisals and write-offs	1,443,201	634,829
Disposal of operating equipment	66,530	22,641
Total expense	28,562,242	26,054,195
Operating profit	2,502,702	12,036,555

TABLE 79

FISCAL

Gross Expenditures[1]—Fiscal Years 1974—1983

Fiscal Year	Grand Total	Medical and Administrative Expenses					Hospital and Domiciliary Construction Costs	Construction Grants for State Homes	Grants Asst. for Health Manpower Training Instructions[2]
		Total	Medical Care	General Operating Expenses	Medical and Prosthetic Research	Medical Admin. and Miscellaneous Operating Expenses[2]			
1983	$28,196,071,610	$8,722,448,665	$7,813,302,362	$691,689,597	$161,150,989	$56,305,717	$432,233,075	$9,546,723	$16,605,976
1982	[3] 26,951,107,208	8,008,923,888	7,155,116,985	660,648,680	138,059,378	55,098,845	439,300,114	11,426,475	30,124,345
1981	25,203,273,183	7,199,253,633	6,378,209,474	627,611,969	142,385,166	51,047,024	399,733,392	9,022,259	46,958,172
1980	23,186,845,618	6,646,752,559	5,857,450,290	605,216,938	137,038,522	47,046,809	286,094,889	14,223,186	41,416,112
1979	22,178,870,841	6,205,941,745	5,408,251,895	625,740,917	125,577,137	46,371,796	240,304,876	14,190,947	38,321,902
1978	20,937,098,838	5,683,811,346	4,948,297,375	575,213,971	117,563,185	42,736,815	245,081,811	5,031,278	38,143,438
1977	20,284,739,028	5,072,993,821	4,402,752,024	522,061,364	108,745,374	39,435,059	224,546,309	3,670,801	33,875,869
T.Q. 9-30-76	4,524,304,469	1,195,770,956	1,033,503,297	123,644,945	27,373,991	11,248,723	49,196,439	2,064,709	3,749,462
1976	20,616,851,563	4,446,765,605	3,831,942,636	479,213,633	101,130,244	34,479,087	185,569,710	11,616,975	26,950,826
1975	18,291,408,719	3,919,256,983	3,348,139,083	438,660,271	95,794,770	36,662,859	119,579,730	3,153,684	12,926,229
1974	15,288,936,333	3,290,154,883	2,833,622,391	343,916,399	81,581,682	31,034,411	106,364,406	2,484,814	.....

Fiscal Year	Compensation and Pension									
	Total	Compensation and Pension	Burial Allowance and Transportation[2]	Clothing Allowances[4]	Mortgage and Group Insurance	Plot/Interment Allowance[2 5]	Invalid Lifts, Devices, and Rehab. Equip. Rentals[2 4 6]	Headstones, Markers and Burial Flags[4]	Tort Claim Settlements	Other[7]
1983	$13,880,930,660	$13,699,776,833	$49,787,642	$21,719,734	$4,000,000	$41,249,946	$1,063,866	$24,299,190	.....	$39,033,449
1982	[3] 13,361,476,987	[3] 13,134,688,679	[3] 62,224,473	20,292,102	3,229,980	42,111,664	[3] 10,115,996	[3] 20,335,577	.....	68,478,516
1981	12,492,329,634	12,225,973,619	113,579,173	18,417,970	3,815,667	60,408,283	10,427,759	18,850,432	.....	40,856,731
1980	11,256,935,680	11,046,637,368	101,078,125	15,070,089	3,200,000	53,954,538	7,886,835	16,830,344	.....	12,278,381
1979	10,540,134,325	10,324,258,064	94,218,175	13,763,407	4,260,424	50,436,396	12,306,114	15,243,853	.....	25,647,892
1978	9,630,679,653	9,455,752,982	85,881,083	12,709,134	2,600,000	51,369,656	7,497,994	13,469,609	.....	1,399,195
1977	9,038,803,014	8,874,719,650	80,034,069	11,471,325	2,844,000	47,647,466	6,630,520	14,050,489	.....	1,405 495
T.Q. 9-30-76	2,087,912,845	2,040,460,373	19,849,033	9,524,355	1,283,940	11,888,226	1,557,711	3,348,447	.....	4,760
1976	[3] 8,241,267,119	8,074,488,426	130,505,883	[3] 9,802,119	3,740,397	.....	6,361,164	13,079,492	.....	3,289,638
1975	[3] 7,550,357,246	7,385,070,190	130,590,145	[3] 7,974,763	1,600,000	.....	5,304,048	13,007,763	.....	6,810,337
1974	[3] 6,741,660,677	6,615,598,931	101,607,099	[3] 7,610,866	2,200,000	.....	3,929,569	2,644,410	$1,228	8,068,574

Fiscal Year	Educational Assistance and Readjustment Benefits							
	Total	Post-Korean Veterans (Ch. 34) Educational Assistance	Dependents (Chapter 35) Educational Assistance	Vocational Rehabilitation (Ch. 31, Books, Supplies, etc.)	Subsistence Allowance (Voc. Rehab. Chapter 31)	Auto's and Adaptive Equip. for Disabled Veterans[2]	Grants Special Adaptive Housing[2]	Changes in Receivables
1983	$1,677,708,778	$1,394,066,592	$171,574,141	$43,367,514	$74,230,705	$12,871,828	$14,181,652	(–)$32,583,654
1982	2,001,298,853	1,474,285,394	196,625,805	41,590,584	74,693,870	12,465,088	17,459,086	180,491,709
1981	2,332,820,985	1,968,295,623	204,779,070	37,213,213	76,662,855	11,909,278	15,849,848	13,960,530
1980	2,383,912,487	2,066,583,779	194,146,792	31,924,840	56,055,388	12,470,395	19,467,885	2,341,866
1979	2,800,897,985	2,449,924,173	204,061,042	32,333,777	64,071,095	12,457,080	22,607,775	15,212,423
1978	3,336,611,015	3,026,928,408	216,981,694	32,767,736	67,285,440	13,757,956	14,299,168	(–)35,409,387
1977	3,891,448,932	3,567,244,475	202,161,088	32,679,339	68,016,591	13,306,986	14,254,830	(–)6,214,377
T.Q. 9-30-76	738,178,540	667,905,838	28,229,888	6,800,966	13,454,828	3,446,095	3,351,014	14,989,911
1976	5,543,354,200	5,028,843,708	185,582,673	27,502,222	58,077,759	19,073,015	14,553,425	209,721,398
1975	4,529,227,472	4,164,774,846	163,277,716	22,500,293	50,565,594	17,251,021	14,322,011	96,535,991
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

TABLE 79—Continued

Gross Expenditures[1]—Fiscal Years 1974—1983

Fiscal Year	Insurance and Indemnities								
	U.S. Government Life Insurance	National Service Life Insurance	Veterans Special Life Insurance	Service-disabled Veterans Insurance	Veterans Reopened Insurance	Servicemen's Group Life Insurance Fund	Servicemen's Idemnities	Military and Naval Insurance	Soldiers' and Sailors' Civil Relief
1983	$65,151,766	$1,326,803,316	$89,819,329	$32,571,987	$56,115,898	$123,769,967	.....	$227,000	.....
1982	73,156,297	1,327,449,895	86,142,623	31,293,597	55,558,355	127,622,434	.....	[3] 279,000	.....
1981	81,051,871	1,336,751,521	83,498,342	31,733,638	56,116,017	103,009,270	.....	342,096	$7,922
1980	87,086,482	1,290,320,168	79,460,717	29,483,042	50,544,569	99,727,203	.....	402,000	.....
1979	84,395,143	1,109,596,880	77,173,601	26,108,698	29,240,377	105,653,392	$3,000	488,000	830
1978	70,401,933	745,611,702	29,913,010	21,547,719	21,977,962	118,539,000	1,000	567,000	3,178
1977	75,022,139	763,278,062	28,307,779	21,393,447	21,367,900	118,089,380	5,574	666,788	6,698
T.Q. 9-30-76	15,284,568	168,012,046	7,869,537	6,077,136	5,366,324	25,927,221	2,786	181,462	.....
1976	88,805,893	949,901,346	38,287,346	23,150,102	22,218,746	126,001,104	191	752,714	9,417
1975	104,128,105	1,028,933,065	34,256,480	22,388,592	21,672,793	132,272,330	9,476	887,627	2,078
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

Fiscal Year	Miscellaneous Funds and Expenditures							
	Vocational Rehabilitation Revolving Fund	Grants to The Republic of The Philippines	Rental and Maintenance and Repair of Quarters	Supply Fund	General Post Fund	Consolidated Working Fund	Direct Loans to Veterans	Loan Guaranty Revolving Fund
1983	$1,173,484	$456,895	.....	$555,919,460	$9,521,811	.....	$8,381,764	$1,186,685,056
1982	1,058,992	24,685	.....	553,327,788	7,646,874	.....	[3] 10,319,620	824,676,386
1981	932,622	1,165,011	.....	449,933,820	7,031,302	.....	18,698,447	552,883,229
1980	985,779	1,390,088	.....	418,130,463	6,186,030	.....	49,160,273	444,633,891
1979	986,491	268,790	.....	389,165,552	5,600,648	.....	57,375,851	453,021,818
1978	1,007,173	1,672,105	.....	392,897,095	5,030,407	$1,177,107	73,296,267	514,097,639
1977	992,362	2,013,640	$387	364,926,821	4,374,619	1,558,753	96,587,591	520,808,342
T.Q. 9-30-76	242,704	543,402	61,709	80,745,157	1,053,625	599,754	19,168,327	116,295,760
1976	833,532	1,869,576	217,101	330,636,825	4,661,975	1,531,704	88,649,371	483,799,919
1975	922,277	2,019,325	205,320	297,924,000	3,912,665	1,059,537	83,694,151	422,549,554
1974	884,041	1,952,900	200,342	213,261,928	3,674,147	795,145	81,861,265	449,102,008

[1] *Data are on an accrued expenditures basis.*
[2] *Headings of these columns have been changed to reflect correct titles for each program.*
[3] *Corrected data.*
[4] *Clothing allowance, polio rentals, headstones/markers included in their respective columns beginning with FY 1975; previously included under "Other". Data for FY 1974 has been reconstructed.*
[5] *Reported separately for the first time Transition Quarter ending 9/30/76.*
[6] *As of October 1, 1982 funding for this program was transferred to Medical Administrative Expenses and is now reported under Medical Care. Data reported reflect money obligated before transfer.*
[7] *Changes in receivables and WWI adjusted service certificates. TQ 9/30/76 WWI adjusted service certificates only.*

NOTE: As of January 1, 1982 the Department of Defense began funding the matching contributions for Post-Vietnam Era Veterans (Chapter 32) Educational Assistance; these data are no longer included on this table.

Estimated Selected Expenditures by State—Fiscal Year 1983

State	Total	Readjustment Benefits						
		Total		Educational Assistance				
				Post-Korean Conflict Veterans (Title 38, U.S.C., Ch. 34)		Dependents Educational Assistance (Title 38, U.S.C., Ch. 35)		
						Number Trained During Year		Expenditures
		Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Sons and Daughters of Deceased and/or Totally Disabled Veterans	Wives/Widowers and Spouses and Totally Disabled Veterans	
World Totals	[1] $25,964,130,023	[2] 754,666	$1,710,518,554	644,390	$1,394,394,135	70,923	8,779	$171,574,212
Philippines	125,049,821	3,333	7,992,076	1,426	5,406,101	1,851	41	2,516,554
Other foreign areas	79,026,619	663	7,078,803	489	6,686,606	139	10	392,197
Puerto Rico	337,892,004	5,812	20,761,700	2,940	11,416,756	2,107	302	7,034,595
Other U.S. areas	5,680,237	487	967,225	459	898,098	21	3	54,160
Total U.S.	25,416,481,342	744,232	1,673,718,750	639,076	1,369,986,574	66,805	8,423	161,576,706
Alabama	510,533,081	20,992	50,506,782	17,501	39,939,416	2,076	255	5,044,359
Alaska	43,752,736	2,136	3,587,824	2,022	3,300,865	67	6	112,063
Arizona	324,457,070	17,850	26,477,264	15,271	21,661,307	1,641	283	2,703,376
Arkansas	450,564,476	8,491	22,443,539	6,812	17,789,138	1,170	167	2,878,413
California	2,335,016,791	99,779	208,739,092	90,294	184,355,732	6,895	1,099	16,708,729
Colorado	322,868,262	16,134	32,447,984	13,629	25,968,308	1,219	184	2,513,990
Connecticut	245,123,172	6,121	13,030,899	5,351	10,684,156	398	50	1,100,799
Delaware	66,233,277	2,217	4,097,558	1,901	3,153,309	180	15	385,334
District of Columbia	654,459,366	4,487	2,982,625	3,918	2,003,418	275	25	370,644
Florida	1,473,565,299	40,245	87,064,996	33,568	69,443,780	5,069	900	12,085,562
Georgia	676,261,877	20,973	50,786,699	17,297	39,496,142	2,377	312	6,129,359
Hawaii	77,968,164	5,977	12,311,802	5,415	10,619,076	324	46	868,593
Idaho	92,082,697	3,976	8,861,981	3,396	7,179,082	315	39	654,747
Illinois	948,923,634	24,373	60,485,187	22,427	54,237,559	1,199	114	3,344,130
Indiana	420,313,192	14,804	35,056,016	12,746	27,998,502	976	80	2,077,049
Iowa	274,285,511	5,961	13,636,397	5,135	11,105,253	439	37	1,022,558
Kansas	265,226,765	8,264	17,768,748	7,242	15,096,668	668	65	1,473,583
Kentucky	412,185,364	11,171	28,210,978	9,340	23,050,466	1,283	129	3,152,057
Louisiana	444,340,660	11,045	25,948,603	9,556	21,708,492	1,105	104	2,775,056
Maine	157,826,402	4,174	10,999,168	3,320	8,072,229	396	54	1,046,961
Maryland	386,723,466	14,568	29,444,431	12,719	23,542,800	1,023	118	2,811,945
Massachusetts	802,668,222	13,892	32,129,467	11,398	24,486,755	1,941	113	5,016,255
Michigan	714,929,595	21,867	50,422,797	19,222	42,359,953	1,596	126	3,616,394
Minnesota	445,656,071	12,578	31,975,246	11,405	28,194,612	780	46	1,897,118
Mississippi	378,888,282	6,444	18,013,911	5,106	13,481,242	918	92	2,547,025
Missouri	592,905,137	16,315	38,723,271	14,592	33,374,288	1,125	142	2,953,985
Montana	88,676,430	2,968	7,268,686	2,569	5,727,625	207	21	525,722
Nebraska	172,760,731	6,388	12,523,368	5,529	10,111,758	536	67	1,112,897
Nevada	93,434,710	4,227	7,719,024	3,669	6,368,789	219	42	410,203
New Hampshire	112,843,358	3,776	8,861,766	3,046	6,680,010	352	41	797,558
New Jersey	572,659,779	10,003	25,632,405	8,195	18,480,774	971	120	3,131,632
New Mexico	168,977,128	7,201	14,021,357	5,857	10,786,373	763	110	1,542,601
New York	1,840,417,590	26,595	63,499,448	21,973	48,961,547	3,120	285	8,554,200
North Carolina	696,364,638	23,488	63,711,697	19,630	52,062,406	2,689	391	7,225,775
North Dakota	65,202,150	2,282	5,214,633	2,041	4,424,645	150	8	328,214
Ohio	972,865,718	25,819	58,388,688	22,659	48,621,202	1,746	130	4,096,880
Oklahoma	451,454,664	13,711	26,811,357	11,201	20,453,412	1,655	230	3,566,077
Oregon	349,414,258	11,036	28,909,540	9,447	23,412,014	678	79	1,532,729
Pennsylvania	1,236,983,422	22,203	53,152,525	18,947	41,257,373	1,982	133	5,494,397
Rhode Island	129,720,075	3,288	7,580,983	2,594	5,583,573	427	36	1,018,680
South Carolina	338,094,578	14,818	38,454,246	12,926	33,195,436	1,276	166	3,278,774
South Dakota	122,417,452	2,632	7,070,927	2,163	5,136,007	178	17	472,069
Tennessee	639,071,235	16,490	44,586,946	14,119	36,931,686	1,493	172	3,842,286
Texas	1,620,967,777	60,952	116,655,228	51,041	92,529,033	6,275	1,037	13,748,435
Utah	136,934,405	6,061	14,350,561	5,099	11,657,873	559	40	1,066,684
Vermont	73,180,266	1,013	2,724,350	713	1,708,078	143	5	330,282
Virginia	692,409,404	24,383	54,410,110	20,683	44,026,644	2,489	320	6,303,915
Washington	496,228,978	21,751	50,189,843	19,067	43,091,502	1,806	226	3,943,863
West Virginia	299,111,616	4,846	12,940,052	3,902	10,114,569	562	51	1,348,499
Wisconsin	465,630,168	11,656	29,078,071	9,834	23,126,924	930	63	2,312,782
Wyoming	62,901,743	1,811	3,809,674	1,588	3,234,773	144	12	301,468

[1] *Excludes the following which are not distributable by State: adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C., invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I, tort claim settlements; mortgage life insurance; funds transferred to Veterans' Administration by National Cancer Institute; vocational rehabilitation revolving fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.*

Estimated Selected Expenditures by State—Fiscal Year 1983

State	Readjustment Benefits—Continued				Direct Loans for Disabled Veterans	Insurance and Indemnities	Hospital and Domiciliary Construction[4]	Medical Services and Administrative Costs
	Vocational Rehabilitation		Automobiles and Other Conveyances for Disabled Veterans	Specially Adapted Housing for Disabled Veterans[3]				
	Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)							
	Total Number Who Trained During Year	Amount						
World Totals	[2] 30,574	$117,600,223	$12,879,399	$14,070,585	$605,509	$1,390,759,282	$442,009,645	$8,722,448,659
Philippines	15	69,421	.....	.....	.....	1,610,556	.....	2,680,190
Other foreign areas	25	.....	.....	.....	.....	3,192,226	.....	.....
Puerto Rico	463	2,130,298	86,734	93,317	.....	2,162,376	195,457	96,263,938
Other U.S. areas	4	14,967	.....	.....	.....	364,400	.....	.....
Total U.S.	29,928	115,385,537	12,792,665	13,977,268	605,509	1,383,429,724	441,814,188	8,623,504,531
Alabama	1,160	4,970,800	169,431	382,776	.....	15,392,936	3,441,435	156,509,028
Alaska	41	129,504	12,892	32,500	.....	635,668	.....	26,054,191
Arizona	655	1,454,895	303,304	354,382	.....	17,126,207	6,041,791	121,825,543
Arkansas	342	1,283,005	198,974	294,009	33,000	18,371,733	34,158,235	135,031,204
California	1,491	5,816,504	1,028,721	829,406	.....	160,468,807	29,839,703	852,975,283
Colorado	1,102	3,643,615	19,784	302,287	.....	22,405,356	11,073,256	102,924,608
Connecticut	322	907,592	262,018	76,334	.....	18,939,604	862,658	91,320,624
Delaware	120	486,782	44,230	27,903	.....	3,470,388	530,319	30,031,519
District of Columbia	269	536,851	6,712	65,000	.....	2,815,865	43,369,705	568,192,203
Florida	708	2,977,876	986,942	1,570,836	.....	100,021,334	19,565,345	371,370,005
Georgia	987	4,397,109	316,460	447,629	.....	30,237,360	6,865,914	180,950,134
Hawaii	192	705,829	20,804	97,500	.....	7,753,905	42,081	17,596,657
Idaho	226	857,497	106,647	64,008	.....	4,809,520	623,323	24,560,500
Illinois	633	2,271,157	369,823	262,518	.....	63,231,029	10,044,217	437,821,683
Indiana	1,002	4,455,457	357,302	167,706	.....	24,770,758	1,169,218	126,195,724
Iowa	350	1,200,168	172,930	135,488	32,500	16,770,997	3,733,708	111,466,638
Kansas	289	1,037,559	128,438	32,500	.....	14,523,505	6,529,314	108,903,876
Kentucky	419	1,650,683	195,272	162,500	.....	15,909,285	1,197,968	113,044,972
Louisiana	280	1,126,475	176,080	162,500	.....	20,690,176	13,422,500	135,157,959
Maine	404	1,717,397	63,831	98,750	.....	6,186,363	1,819,637	42,196,771
Maryland	708	2,479,738	280,424	329,524	.....	32,316,111	4,418,881	102,305,408
Massachusetts	420	1,752,134	378,480	495,843	.....	42,256,762	11,328,048	267,213,424
Michigan	923	3,678,523	250,827	517,100	.....	42,958,840	5,895,076	206,187,524
Minnesota	347	1,392,788	198,228	292,500	97,500	26,517,817	9,285,322	159,913,607
Mississippi	328	1,593,386	127,258	265,000	.....	11,960,258	11,612,739	106,679,561
Missouri	456	1,939,454	297,475	158,069	.....	26,150,874	11,617,382	218,203,714
Montana	171	653,518	324,321	37,500	.....	4,872,538	458,654	26,962,594
Nebraska	256	1,077,505	91,208	130,000	.....	9,182,557	633,102	70,157,310
Nevada	297	831,714	43,318	65,000	.....	5,170,728	1,551,164	34,892,068
New Hampshire	337	1,230,763	88,435	65,000	32,500	6,220,440	43,312	25,610,233
New Jersey	717	3,197,327	469,050	353,622	.....	49,139,993	1,705,847	145,853,457
New Mexico	471	1,546,384	80,999	65,000	.....	7,228,738	2,906,364	50,546,258
New York	1,217	4,733,342	770,988	479,371	32,500	107,944,791	24,617,805	706,892,277
North Carolina	778	3,514,288	320,763	588,465	97,500	26,940,870	2,194,146	172,603,349
North Dakota	83	403,863	57,911	.....	.....	3,819,910	1,018,832	24,403,031
Ohio	1,284	4,619,033	467,966	583,607	.....	55,290,821	10,051,166	309,964,058
Oklahoma	625	2,307,636	245,989	238,243	61,650	19,647,275	8,612,586	99,269,633
Oregon	832	3,564,700	135,097	265,000	.....	14,377,540	18,217,846	119,428,103
Pennsylvania	1,141	5,035,935	658,540	706,280	.....	85,581,995	16,392,667	393,607,163
Rhode Island	231	877,009	67,217	34,504	.....	5,957,928	486,943	41,500,636
South Carolina	450	1,670,135	175,104	134,797	.....	12,948,005	3,338,692	90,143,559
South Dakota	274	1,323,311	42,040	97,500	32,500	2,772,229	2,183,853	61,867,914
Tennessee	706	3,038,088	579,886	195,000	.....	23,012,539	16,806,945	220,282,946
Texas	2,599	8,824,126	684,532	869,102	95,000	81,914,407	13,866,762	490,277,238
Utah	363	1,419,126	99,378	107,500	.....	5,369,267	2,323,749	59,054,254
Vermont	152	596,896	51,344	37,750	.....	2,865,094	702,715	28,064,684
Virginia	891	3,531,525	375,608	172,418	25,859	37,016,565	14,959,977	195,126,570
Washington	652	2,297,568	217,661	639,249	.....	29,094,279	37,319,614	133,522,985
West Virginia	331	1,307,343	72,141	97,500	.....	8,904,557	9,982,219	109,531,593
Wisconsin	829	3,064,360	183,713	390,292	65,000	27,190,979	2,508,556	169,695,087
Wyoming	67	257,264	16,169	.....	.....	4,274,221	442,897	29,615,171

[2] *Includes 139 not identified by location.*
[3] *Previously titled homes for paraplegics.*
[4] *Includes $9,546,723 in grants for construction of state extended care facilities.*
NOTE: Total dollars may not add due to rounding.

TABLE 80—Continued

Estimated Selected Expenditures by State—Fiscal Year 1983

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 Totals	4,285,645	$13,697,788,374	2,609,626	$9,834,846,676	1,676,019	$3,862,941,698	3,043,850	$10,498,478,008
Philippines	33,791	112,766,999	25,723	77,052,640	8,068	35,714,359	12,827	44,801,847
Other foreign areas	20,756	68,755,590	8,941	41,317,039	11,815	27,438,551	8,257	30,594,236
Puerto Rico	46,798	218,508,533	21,967	138,112,932	24,831	80,395,601	34,564	186,441,421
Other U.S. areas	2,508	4,348,612	2,146	3,261,499	362	1,087,113	1,986	2,977,052
Total U.S.	4,181,792	13,293,408,640	2,550,849	9,575,102,566	1,630,943	3,718,306,074	2,986,216	10,233,663,452
Alabama	90,365	284,682,900	48,372	182,578,079	41,993	102,104,821	59,335	202,774,016
Alaska	4,902	13,475,053	4,273	11,981,637	629	1,493,416	4,320	11,638,653
Arizona	57,867	152,986,265	41,625	124,600,354	16,242	28,385,911	44,873	122,388,334
Arkansas	63,989	240,526,765	31,769	160,154,318	32,220	80,372,447	43,853	188,900,787
California	358,109	1,082,993,906	238,753	849,407,516	119,356	233,586,390	262,997	806,831,744
Colorado	49,923	154,017,058	37,175	125,604,511	12,748	28,412,547	38,120	118,728,685
Connecticut	45,440	120,969,387	31,923	97,380,806	13,517	23,588,581	34,495	96,739,390
Delaware	10,148	28,103,493	6,529	20,816,744	3,619	7,286,749	7,299	21,170,704
District of Columbia	13,857	37,098,968	8,242	25,935,972	5,615	11,162,996	9,637	26,394,270
Florida	249,147	895,543,619	168,496	715,840,882	80,651	179,702,737	188,148	710,015,860
Georgia	116,256	407,421,770	66,131	284,977,031	50,125	122,444,739	79,217	301,181,553
Hawaii	11,995	40,264,219	9,712	34,918,524	2,283	5,345,695	9,517	31,283,233
Idaho	15,869	53,227,373	10,344	40,693,033	5,525	12,534,340	12,008	42,883,415
Illinois	138,201	377,341,518	75,940	239,302,169	62,261	138,039,349	93,769	284,356,389
Indiana	79,698	233,121,476	45,491	161,294,723	34,207	71,826,753	54,629	178,976,858
Iowa	43,512	128,645,271	24,343	86,055,904	19,169	42,589,367	29,972	99,995,407
Kansas	39,806	117,501,322	23,681	81,290,182	16,125	36,211,140	27,591	87,823,246
Kentucky	78,943	253,822,161	39,646	157,751,955	39,297	96,070,206	53,200	192,951,197
Louisiana	81,370	249,121,422	39,802	146,731,236	41,568	102,390,186	52,335	175,603,887
Maine	27,809	96,624,463	15,847	68,672,062	11,962	27,952,401	19,838	77,332,733
Maryland	69,014	218,238,635	44,579	163,470,186	24,435	54,768,449	48,675	159,291,611
Massachusetts	139,315	449,740,521	99,075	357,690,957	40,240	92,049,564	106,709	364,171,423
Michigan	136,861	409,465,358	86,528	305,749,823	50,333	103,715,535	98,475	329,599,068
Minnesota	70,955	217,866,579	43,742	146,711,187	27,213	71,155,392	51,729	169,037,517
Mississippi	63,333	230,621,813	28,810	135,045,487	34,523	95,576,326	41,702	170,500,013
Missouri	93,189	298,209,896	48,729	191,135,968	44,460	107,073,928	62,596	223,639,280
Montana	14,953	49,113,958	9,493	36,310,693	5,460	12,803,265	11,401	40,546,876
Nebraska	25,602	80,264,394	15,340	55,124,271	10,262	25,140,123	18,303	62,179,204
Nevada	16,603	44,101,726	12,065	35,201,139	4,538	8,900,587	18,305	35,501,879
New Hampshire	20,312	72,075,107	13,959	57,639,352	6,353	14,435,755	15,599	59,386,882
New Jersey	122,671	350,328,077	82,989	278,501,548	39,682	71,826,529	90,643	278,950,466
New Mexico	30,871	94,274,411	20,357	70,431,405	10,514	23,843,006	23,468	76,581,811
New York	302,211	937,430,769	186,487	667,402,803	115,724	270,027,966	221,072	747,334,000
North Carolina	122,812	430,817,076	64,948	288,865,718	57,864	141,951,358	82,156	319,344,221
North Dakota	9,764	30,745,744	6,065	20,819,507	3,699	9,926,237	7,384	25,204,299
Ohio	182,966	539,170,985	111,488	385,032,617	71,478	154,138,368	131,406	424,528,439
Oklahoma	78,423	297,052,163	45,126	199,949,730	33,297	97,102,433	56,097	234,040,935
Oregon	49,770	168,481,229	29,587	119,234,618	20,183	49,246,611	37,018	135,467,499
Pennsylvania	228,097	688,249,072	135,911	495,360,651	92,186	192,888,421	158,496	531,928,877
Rhode Island	22,510	74,193,585	14,970	59,402,494	7,540	14,791,091	16,564	59,700,170
South Carolina	62,043	193,210,076	31,668	124,692,897	30,375	68,517,179	39,238	129,606,271
South Dakota	13,931	48,490,029	7,177	29,061,519	6,754	19,428,510	9,890	38,288,524
Tennessee	98,985	334,381,859	47,735	203,908,611	51,250	130,473,248	65,186	245,627,449
Texas	288,111	918,159,142	181,391	684,849,394	160,720	233,309,748	205,781	700,495,180
Utah	17,620	55,836,574	12,679	43,968,279	4,941	11,868,295	13,456	44,452,558
Vermont	9,701	38,823,423	5,814	29,608,648	3,887	9,214,775	7,022	31,477,442
Virginia	108,885	390,870,323	68,205	295,603,928	40,680	95,266,395	76,874	289,698,751
Washington	77,082	246,102,257	54,486	194,636,091	22,596	51,466,166	58,574	192,662,021
West Virginia	45,915	157,753,195	23,356	98,306,367	22,559	59,446,828	31,592	123,287,477
Wisconsin	75,126	237,092,475	45,253	166,318,774	29,873	70,773,701	55,212	192,590,479
Wyoming	6,955	24,759,780	4,743	19,080,266	2,212	5,679,514	5,440	20,572,469

TABLE 80—Continued

Estimated Selected Expenditures by State—Fiscal Year 1983

State	Compensation and Pension—Continued									
	All Periods of Service									
	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 Totals	2,263,335	$8,007,964,374	780,515	$2,490,513,634	1,241,795	$3,199,310,366	346,291	$1,826,882,302	895,504	$1,372,428,064
Philippines	9,840	25,241,381	2,987	19,560,466	20,964	67,965,152	15,883	51,811,259	5,081	16,153,893
Other foreign areas	5,479	21,357,517	2,778	9,236,719	12,499	38,161,354	3,462	19,959,522	9,037	18,201,832
Puerto Rico	19,286	126,723,250	15,278	59,718,171	12,234	32,067,112	2,681	11,389,682	9,553	20,677,430
Other U.S. areas	1,857	2,329,839	129	647,213	522	1,371,560	289	931,660	233	439,900
Total U.S.	2,226,873	7,832,312,387	759,343	2,401,351,065	1,195,576	3,059,745,188	323,976	1,742,790,179	871,600	1,316,955,009
Alabama	40,588	142,008,279	18,747	60,765,737	31,030	81,908,884	7,784	40,569,800	23,246	41,339,084
Alaska	4,032	10,602,793	288	1,035,860	582	1,836,400	241	1,378,844	341	457,556
Arizona	36,296	101,982,224	8,577	20,406,110	12,994	30,597,931	5,329	22,618,130	7,665	7,979,801
Arkansas	26,519	134,102,243	17,334	54,798,544	20,136	51,625,978	5,250	26,052,075	14,886	25,573,903
California	204,409	649,004,376	58,588	157,827,368	95,112	276,162,162	34,344	200,403,140	60,768	75,759,022
Colorado	32,416	100,677,476	5,704	18,051,209	11,803	35,288,373	4,759	24,927,035	7,044	10,361,338
Connecticut	29,122	82,570,240	5,373	14,169,150	10,945	24,229,997	2,801	14,810,566	8,144	9,419,431
Delaware	5,775	16,649,861	1,524	4,520,843	2,849	6,932,789	754	4,166,883	2,896	2,765,906
District of Columbia	6,918	19,002,249	2,719	7,392,021	4,220	10,704,698	1,324	6,933,723	2,896	3,770,975
Florida	145,914	583,963,989	42,234	126,051,871	60,999	185,527,759	22,582	131,876,893	38,417	53,650,866
Georgia	54,713	221,201,126	24,504	79,980,427	37,039	106,240,217	11,418	63,775,905	25,621	42,464,312
Hawaii	8,436	27,613,563	1,081	3,669,670	2,478	8,980,986	1,276	7,304,961	1,202	1,676,025
Idaho	9,181	34,220,608	2,827	8,662,807	3,861	10,343,958	1,163	6,472,425	2,698	3,871,533
Illinois	67,495	197,189,228	26,274	87,167,161	44,432	92,985,129	8,445	42,112,941	35,987	50,872,188
Indiana	40,164	135,031,249	14,465	43,945,609	25,069	54,144,618	5,327	26,263,474	19,742	27,881,144
Iowa	21,304	72,351,495	8,668	27,643,912	13,540	28,649,864	3,039	13,704,409	10,501	14,945,455
Kansas	20,296	64,858,171	7,295	22,965,075	12,215	29,678,076	3,385	16,432,011	8,830	13,246,065
Kentucky	33,364	127,700,977	19,836	65,250,220	25,743	60,870,964	6,282	30,050,978	19,461	30,819,986
Louisiana	33,424	114,328,720	18,911	61,275,167	29,035	73,517,535	6,378	32,402,516	22,657	41,115,019
Maine	13,764	57,738,012	6,074	19,594,721	7,971	19,291,730	2,083	10,934,050	5,888	8,357,680
Maryland	38,416	124,995,675	10,259	34,295,936	20,339	58,947,024	6,163	38,474,511	14,176	20,472,513
Massachusetts	90,224	307,996,038	16,485	56,175,385	32,606	85,569,098	8,851	49,694,919	23,755	35,874,179
Michigan	78,638	266,535,901	19,837	63,063,167	38,386	79,866,290	7,890	39,213,922	30,496	40,652,368
Minnesota	39,330	123,981,003	12,399	45,056,514	19,226	48,829,062	4,412	22,730,184	14,814	26,098,878
Mississippi	23,563	106,580,908	18,139	63,919,105	21,631	60,121,800	5,247	28,464,579	16,384	31,657,221
Missouri	41,752	155,164,894	20,844	68,474,386	30,593	74,570,616	6,977	35,971,074	23,616	38,599,542
Montana	8,618	31,769,799	2,783	8,777,077	3,552	8,567,082	875	4,540,894	2,677	4,026,188
Nebraska	13,342	45,446,417	4,961	16,732,787	7,299	18,085,190	1,998	9,677,854	5,301	8,407,336
Nevada	10,837	29,182,795	2,468	6,319,084	3,298	8,599,847	1,228	6,018,344	2,070	2,581,503
New Hampshire	12,581	49,523,661	3,018	9,863,221	4,713	12,688,225	1,378	8,115,691	3,335	4,572,534
New Jersey	75,866	238,029,596	14,777	40,920,870	32,028	71,377,611	7,123	40,471,952	24,905	30,905,659
New Mexico	17,711	59,121,615	5,757	17,460,196	7,403	17,692,600	2,646	11,471,952	4,757	6,382,810
New York	169,826	578,847,270	51,246	168,486,730	81,139	190,096,769	16,661	88,555,533	64,478	101,541,236
North Carolina	54,454	230,189,408	27,702	89,154,813	40,656	111,472,855	10,494	58,676,310	30,162	52,796,545
North Dakota	5,530	18,278,456	1,854	6,925,843	2,380	5,541,445	535	2,541,051	1,845	3,000,394
Ohio	100,383	328,190,966	31,023	96,337,473	51,560	114,642,546	11,105	56,841,651	40,455	57,800,895
Oklahoma	38,426	165,417,136	17,671	68,623,799	22,326	63,011,228	6,700	34,532,594	15,626	28,478,634
Oregon	26,202	100,348,542	10,816	35,118,957	12,752	33,013,730	3,385	18,886,076	9,367	14,127,654
Pennsylvania	121,228	418,416,182	37,268	113,512,695	69,601	156,320,195	14,683	76,944,469	54,918	79,375,726
Rhode Island	13,472	50,508,657	3,092	9,191,513	5,946	14,493,415	1,498	8,893,837	4,448	5,599,578
South Carolina	25,763	90,429,600	13,475	39,176,671	22,805	63,603,805	5,905	34,263,297	16,900	29,340,508
South Dakota	6,315	24,686,996	3,575	13,601,528	4,041	10,201,505	862	4,374,523	3,179	5,826,982
Tennessee	39,774	162,064,102	25,412	83,563,347	33,799	88,754,410	7,961	41,844,509	25,838	46,909,901
Texas	154,181	545,558,972	51,600	154,936,208	82,330	217,663,962	27,210	139,290,422	55,120	78,373,540
Utah	11,322	36,696,141	2,134	7,756,417	4,164	11,384,016	1,357	7,272,138	2,807	4,111,878
Vermont	5,066	25,125,069	1,956	6,352,373	2,679	7,345,981	748	4,483,579	1,931	2,862,402
Virginia	57,275	227,054,929	19,599	62,643,822	32,011	101,171,572	10,930	68,548,999	21,081	32,622,573
Washington	47,681	157,456,953	10,893	35,205,068	18,508	53,440,236	6,805	37,179,138	11,703	16,261,098
West Virginia	19,884	81,640,508	11,708	41,646,969	14,323	34,465,718	3,472	16,665,859	10,851	17,799,859
Wisconsin	40,775	143,718,994	14,437	48,871,485	19,914	44,501,996	4,478	22,599,780	15,436	21,902,216
Wyoming	4,308	16,558,325	1,132	4,014,144	1,515	4,187,311	435	2,521,941	1,080	1,665,370

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