Veterans Administration

# Annual Report 1985

*America is No. 1 - Thanks to our Veterans*

Administrator of
Veterans Affairs

# Letter of Transmittal

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

In accordance with the provisions of section 214, title 38, U.S.C., I have the honor of submitting a report on the activities of the Veterans Administration for the fiscal year ending September 30, 1985.

The service and sacrifices of America's veterans will never be forgotten. The mission of the Veterans Administration, "to care for him who shall have borne the battle and for his widow, and his orphan," was accomplished through the dedication of Veterans Administration employees throughout the Nation during this past year.

As a record of the commitment of the Veterans Administration, this *Annual Report* describes the many ways in which the Nation's veterans were provided the service and care they so richly deserve.

THOMAS K. TURNAGE
Administrator of Veterans Affairs

# Table of Contents


**Letter of Transmittal** ..... iii

**A Brief History of the VA** ..... xi

**Organization of the Veterans Administration** ..... xiv

**The VA: An Overview** ..... xv

**The Veteran**

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

**Health Care**

Comparative Highlights ..... 9
Summary ..... 9
Types of Care ..... 11
- Hospital Care ..... 11
- Ambulatory Care ..... 11
- Geriatrics and Extended Care ..... 12
- VA Nursing Home Care ..... 13
- Community Nursing Home Care ..... 14
- VA Domiciliary Care ..... 14
- State Veterans Homes ..... 15
- Geriatric Evaluation Units ..... 15
- Hospital Based Home Care ..... 16
- Adult Day Health Care ..... 16
- Palliative Care ..... 16
- Community Residential Care Program ..... 16
- Geriatric Research, Education, and ..... 16
- Clinical Centers (GRECC's) ..... 16
- Medical Care for Dependents ..... 17

## Table of Contents — *Continued*


Services ..... 18
Medical Service ..... 18
Surgical Service ..... 19
Mental Health and Behavioral Sciences Service ..... 20
Vocational Evaluation and Vocational Counseling ..... 21
Post-traumatic Stress Disorder ..... 21
Alcohol and Drug Dependence Treatment Programs ..... 21
Readjustment Counseling Service ..... 22
Rehabilitation Medicine Service ..... 22
Spinal Cord Injury Service ..... 23
Blind Rehabilitation Service ..... 23
Audiology and Speech Pathology Service ..... 24
Prosthetic and Sensory Aids Service ..... 24
Agent Orange ..... 25
Health Care for Female Veterans ..... 27
Health Care for Former Prisoners of War ..... 27
Preventive Health Services ..... 29
Neurology Service ..... 29
Nuclear Medicine Service ..... 29
Radiology Service ..... 31
Dentistry ..... 32
Optometry Service ..... 33
Podiatric Service ..... 34
Pathology Service ..... 34
Nursing Service ..... 37
Pharmacy Service ..... 38
Dietetic Service ..... 40
Social Work Service ..... 41
Recreation Service ..... 42
Chaplain Service ..... 42
Veterans Canteen Service ..... 42
Voluntary Service ..... 44
Academic Affairs ..... 45
VA Health Professional Scholarship Program ..... 45
Assistance for Health Manpower Training Institutions ..... 45
Graduate and Undergraduate Education ..... 45
Fellowships ..... 46
Interdisciplinary Team Training in Geriatrics ..... 47
Summer Traineeships ..... 47
Clinical Nurse Specialist ..... 47
Nursing Administration Practicum ..... 47
Geriatric Associated Health Training ..... 48
Continuing Education ..... 48
Continuing Education Center ..... 48
Regional Medical Education Centers ..... 49
Dental Education Centers ..... 49
Engineering Training Center ..... 49
Cooperative Health Manpower Education Program ..... 49
Patient Health Education/Health Promotion ..... 49
Library Services ..... 49
Medical Media Production Services ..... 50
Learning Resources Production Centers ..... 50
Education Space and Facilities ..... 50
Research and Development ..... 50
Medical Research ..... 51
Rehabilitation Research and Development ..... 52
Health Services Research and Development ..... 53
Prosthetics Services, Research and Development ..... 54
Medical Administration ..... 55

DM&S Reorganization ..... 55
DM&S Executive and Management Development Program ..... 56
Resource Allocation Development ..... 56
Resources Funds ..... 57
Employment ..... 59
Management Systems Service ..... 59
Space Management Program ..... 60
Construction ..... 60
Biomedical Engineering ..... 60
Energy Management Program ..... 61
Engineering Service ..... 62
VA Occupational Safety, Health, and Fire Protection ..... 62
Security Service ..... 63
Building Management Service ..... 63
Emergency Management and Resource Sharing Service ..... 64
Medical District Initiated Program Planning ..... 65
Medical Information Resources Management ..... 66
Quality Assurance ..... 67
Medical District Initiated Peer Review Organization ..... 68
Decentralized Systematic External Review Program ..... 68
Characteristics of VA Patients ..... 68
Age ..... 68
Female Veterans ..... 69
Service-connected Patients and VA Pensioners ..... 70
Diagnoses ..... 70
Duration of Stay ..... 71
Disposition Status ..... 72

**Compensation and Pension**

Comparative Highlights ..... 73
Summary ..... 73
Compensation ..... 75
Pension ..... 76
Period of Service ..... 77
Vietnam Era ..... 77
Korean Conflict ..... 78
World War II ..... 78
World War I ..... 78
Other Periods ..... 78
Burial Allowance ..... 79

**Educational Benefits**

Comparative Highlights ..... 81
Summary ..... 81
Education and Training ..... 81
Veterans' Educational Assistance (GI Bill) ..... 81
Post-Vietnam Era Veterans' Educational Assistance ..... 82
All-Volunteer Force and Selected Reserve Educational Assistance Program (''New GI Bill'') ..... 82
Noncontributory Educational Assistance Programs ..... 83
Emergency Veterans' Job Training Act of 1983 ..... 83
Dependents' Educational Assistance ..... 84
State Approving Agencies ..... 84

**Housing Assistance**

Comparative Highlights ..... 85
Summary ..... 85
Manufactured Home Loans ..... 86
Plant Inspections ..... 86

## Table of Contents — *Continued*


Manufactured Home Onsite Inspections ..... 87
Compliance with Warranty ..... 87
Profile of Manufactured Home Market vs. GI Home Market ..... 88
Defaults ..... 88
Direct Loans ..... 88
GI Home Loans ..... 88
Credit Market Conditions ..... 89
Funding Operations ..... 89
Specially Adapted Housing Assistance ..... 89
Fair Housing Program ..... 90

**Life Insurance**

Comparative Highlights ..... 91
Summary ..... 92
Government Administered Programs ..... 92
United States Government Life Insurance ..... 92
National Service Life Insurance ..... 93
Veterans Special Life Insurance ..... 93
Service Disabled Veterans Insurance ..... 94
Veterans Reopened Insurance ..... 94
Total Disability Income Provision ..... 94
Government Supervised Programs ..... 95
Servicemen's Group Life Insurance ..... 95
Veterans Group Life Insurance ..... 95
Veterans Mortgage Life Insurance ..... 96
Disbursements ..... 96

**Veterans Assistance**

Comparative Highlights ..... 97
Summary ..... 97
Outreach ..... 98
Elderly Beneficiaries ..... 99
Prisoner of War Outreach Program ..... 99
Other Outreach Efforts ..... 100
Equal Opportunity Compliance ..... 100
Employment Assistance ..... 101
Fiduciary and Field Examination Activity ..... 102
Veteran-Student Services Program ..... 102

**Vocational Rehabilitation and Counseling**

Comparative Highlights ..... 103
Summary ..... 103
Vocational Rehabilitation ..... 104
Employment Services ..... 105
Pilot Programs for Severely Disabled Veterans ..... 105
Pilot Program of Independent Living Services ..... 106
Educational and Vocational Counseling ..... 106
Veterans' Advisory Committee on Rehabilitation ..... 107

**Cemeteries and Memorials**

Comparative Highlights ..... 109
Summary ..... 109
Headstones and Markers ..... 110
State Cemetery Grants ..... 112

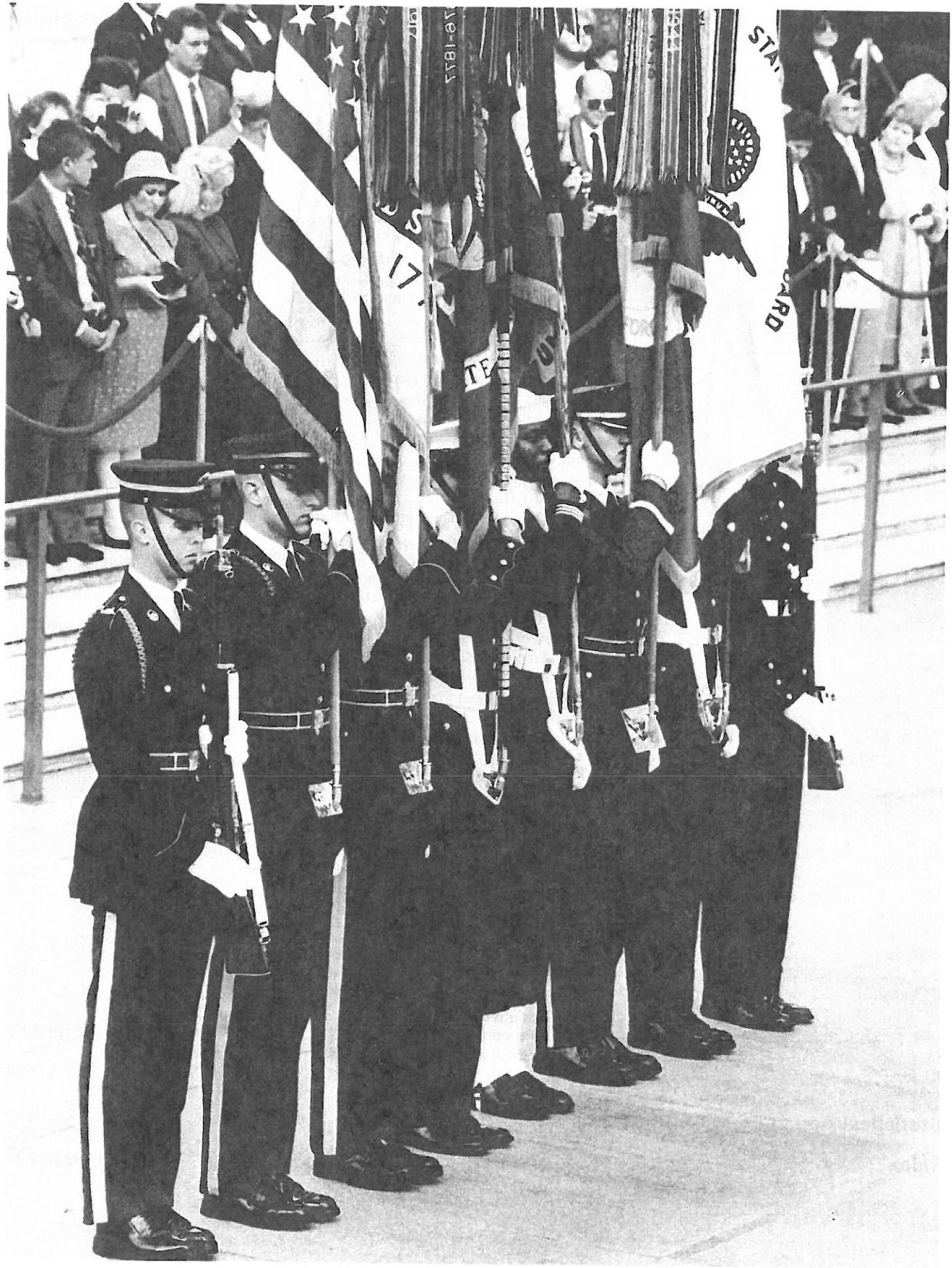
**Administration and Management**

Comparative Highlights ..... 113
Office of the General Counsel ..... 113
New Legislation ..... 117
Office of Inspector General ..... 119
Office of Budget and Finance (Controller) ..... 121
Financial Management ..... 121
Manpower Management ..... 121

Board of Veterans Appeals ..... 122
Board of Contract Appeals ..... 125
Office of Program Planning and Evaluation ..... 125
Office of Personnel and Labor Relations ..... 126
Personnel Management ..... 126
Staffing ..... 128
Employment of Veterans ..... 128
Labor-Management Relations ..... 129
Executive Development and Training ..... 129
Employee Recognition ..... 129
Office of Equal Employment Opportunity ..... 131
Affirmative Action ..... 131
Employment of Minorities and Women ..... 131
Employment of Handicapped Persons ..... 131
White House Initiative for Historically Black ..... 132
Colleges and Universities ..... 132
Discrimination Complaints ..... 132
Associate Deputy Administrator for Congressional and Intergovernmental Affairs ..... 132
Associate Deputy Administrator for Public and Consumer Affairs ..... 133
Associate Deputy Administrator for Information Resources Management ..... 134
Office of Data Management and Telecommunications ..... 134
Office of Information Management and Statistics ..... 138
Statistical Policy and Research ..... 138
Reporting Policy and Review ..... 139
Paperwork Management and Regulations ..... 141
Associate Deputy Administrator for Logistics ..... 144
Office of Administration ..... 145
Presidential Memorial Certificate Program ..... 145
Audiovisuals ..... 145
Office of Construction ..... 146
Architect-Engineer Contracts ..... 147
Construction Contracts ..... 148
Real Estate and Space Management ..... 148
Barrier-Free Design ..... 148
Capital Facilities Study ..... 149
State Veterans' Homes ..... 149
Construction Cost Estimating ..... 149
Construction Research and Development ..... 149
Value Engineering ..... 150
Asbestos Abatement ..... 150
Set-Aside Program for Socially and Economically Disadvantaged Architect-Engineer Firms ..... 151
Historic Preservation ..... 151
ADP Initiatives ..... 152
Office of Procurement and Supply ..... 152
Office of Small and Disadvantaged Business Utilization ..... 155

**Statistical Appendix** ..... 157

**Index** ..... 259



# Introduction

## A Brief History of the Veterans Administration

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

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

Early veteran legislation placed emphasis on pensions for veterans. Whatever direct medical and hospital care was given to veterans in the early days of the Republic was provided by the individual states and communities. However, in 1811 the first domiciliary and medical facility for veterans was provided by the Federal Government. In that year Congress authorized the U.S. Naval Home in Philadelphia as a "permanent asylum for disabled and decrepit Navy officers, seamen, and Marines." Medical care was incidental. The home was first occupied in 1833. Some 30 years later a separate hospital building was authorized. It was designated as the Philadelphia Naval Hospital and had a capacity of 130 beds.

When the Civil War began in 1861, Congress authorized pension benefits for Federal volunteers on the same basis as those already provided for members of the regular Army, and in 1862 passed the "general law" pension system for those disabled in the line of duty, and for widows and other dependent relatives of those who died on active duty.

It was in his second inaugural address in March 1865 that President Abraham Lincoln called upon Congress and the American people "to care for him who shall have borne the battle, and for his widow, and his orphan." This has become the motto of the VA.

At the end of the Civil War, the number of disabled veterans, as well as those unable to cope with the economic struggle of civilian life, became so great that

Congress established the National Asylum for Disabled Volunteer Soldiers. In 1893, the word "home" was substituted for "asylum," and the organization, with its individual homes known as branches, provided domiciliary, hospital, and medical care.

In addition to these various "homes" built by the Federal Government, many state homes were established after the Civil War. 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 indigent and disabled veterans of the Civil War, Indian War, Spanish American War, 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.

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

However, by the 1920's the various benefits were administered in a somewhat inefficient manner by three different Federal agencies—the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers. The establishment of the VA (Veterans Administration) came in 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war veterans." The three component agencies became bureaus within the VA, and Brig. Gen. Frank T. Hines, who had directed the Veterans Bureau for seven years, was named as the first Administrator of Veterans Affairs, a job he held until 1945.

The present veteran population of nearly 28 million is almost six times the 4.7 million veterans living in America in the VA's founding year. War veterans living today account for 59 percent of all Americans who ever served in war during our two-century history. Eighty-one of every 100 living veterans served during defined periods of armed hostilities. Altogether, 81.5 million persons - veterans, dependents, and survivors of deceased veterans - are potentially eligible for VA benefits and services. This is more than one-third of the Nation's population.

As a result, the responsibilities and the benefits programs of the Agency have grown enormously since the VA was established over 55 years ago. World War II resulted not only in a vast increase in the veteran population, but also in a large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law June 22, 1944, is said to have had more impact on the American way of life than any law since the passage of the Homestead Act more than a century ago. In the following three decades further educational assistance acts were passed for the benefit of veterans of the Korean conflict and the Vietnam era.

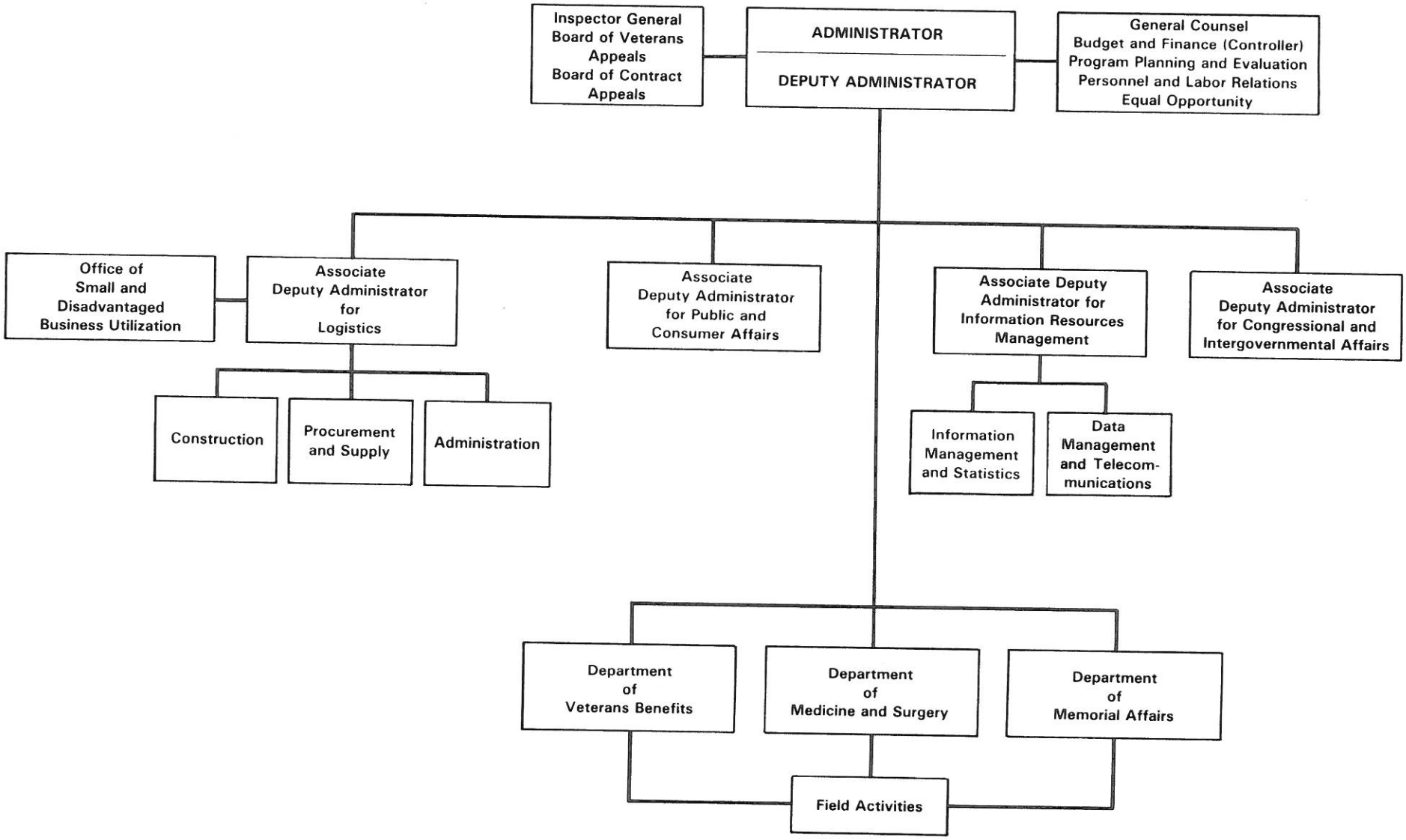
From 54 hospitals in 1930, the VA hospital system has grown to include 172 medical centers, 227 outpatient clinics, and 115 nursing home care units. This forms the Nation's largest medical care system.

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

In fiscal year 1985 the VA continued to carry out its mandate, authorized by Congress, to administer the programs and provide the services that are needed by our Nation's veterans and their dependents. Today the VA - comprised of the Department of Medicine and Surgery, the Department of Veterans Benefits, the Department of Memorial Affairs, and staff offices supporting these departments - is

among the largest of all the independent Federal agencies, with employment of more than 240 thousand persons and an annual budget of over $26 billion. With these financial and human resources, the VA is currently providing the most comprehensive and diverse benefits programs in its history to those special Americans who have already earned them: our Nation's veterans.

## Organization of the Veterans Administration



# The VA: An Overview

## Organization of the Veterans Administration

The organization of the VA is designed so that veterans, beneficiaries, and their surviving dependents will be provided the best possible service, with the greatest possible effectiveness and economy.

VA programs and operations are directed by the Admininistrator of Veterans Affairs, who is responsible to the President for the administration of veterans' services and benefits and the laws which govern them. Essentially, Agency operations are subdivided by major purpose into three major "departments," the heads of which report to the Administrator through the Deputy Administrator. Agency-level "staff offices" provide staff advice and assistance to the Administrator and department heads.

## VA Mission and Goals

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

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

- providing quality medical care on a timely basis to all authorized veterans;
- providing an appropriate level of benefits to eligible veterans and beneficiaries;
- ensuring that memorial affairs are handled with honor and dignity;
- exercising leadership within the Federal Government to represent the concerns and needs of veterans and their families;
- ensuring excellence in the quality of service provided to America's veterans; and
- providing better services to veterans and their families through the use of modern ADP and telecommunications technology.

## Magnitude of the VA Programs

The programs administered by the Veterans Administration have an enormous impact on the lives of millions of Americans. Congress appropriated $26.4 billion in FY (fiscal year) 1985 to ensure that the Agency would provide benefits and services to the Nation's almost 28 million veterans and their dependents. The magnitude of VA programs is evident in the following services rendered by the VA in fiscal year 1985:

- Provided $14.2 billion in compensation and pension payments to 4.0 million veterans and their survivors; $1.1 billion for educational assistance payments to 512,000 trainees; special assistance to disabled veterans; and $126.0 million in burial benefits.
- Guaranteed or insured almost 179,000 loans to veterans. Operated the fifth

VETERANS ADMINISTRATION

# MISSION

*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.*

# GOALS

## 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.*

## Modernization

*TO PROVIDE better service to veterans and their families through the use of modern ADP and telecommunications technology.*

***America is #1 Thanks to our Veterans***

largest individual life insurance program in the United States: nearly $155 billion was administered or supervised to over 7.2 million insureds.

- Operated 109 national cemeteries in 40 states and Puerto Rico. Ordered over 224,000 headstones, markers, and niche covers for the graves of eligible decedents at a cost of $12.7 million. Interred over 50,000 eligible veterans and their dependents in national cemeteries.

- Treated 1.4 million inpatients in 172 medical centers and treated an additional 96,000 veterans in non-VA hospitals and extended care homes. Provided over 19.6 million visits for outpatient medical care.

- Provided clinical training to over 100,000 students from affiliated schools in all health care disciplines. Provided nearly 70,339 continuing education episodes to the Department of Medicine and Surgery employees.

- Spent $227 million for medical research, rehabilitation research and development, and other health services research and development. Over 5,800 principal investigators participated in research projects and cooperative studies.

## Employment

The energies and talents of over 247,000 full-time, part-time, and intermittent employees were used to carry out the mission of the Veterans Administration. The Agency develops, adapts, and administers progressive personnel policies to ensure that the talents of these employees are used, to accommodate handicapped employees, to make certain that women and minorities are treated fairly, and to award employees who merit special recognition. The VA is recognized as a leader in Government management innovations: it combines the experience of 55 years of managing the Nation's largest medical system and veterans' benefits system with management training programs incorporating the latest methods from government, business, and educational institutions.

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

Approximately 168,000 VA employees are represented by unions. Since FY 1980, four unions have consolidated their local units of recognition within the Veterans Administration. Nearly all unionized VA employees are covered by negotiated agreements.

## Budget

Congress appropriated $26.4 billion in FY 1985 to fund benefits and services administered by the VA. This represents an increase of $702 million over FY 1984.

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Total appropriations(millions) | $26,387 | $25,685 | + 2.7 |
| Benefit programs | 15,623 | 15,889 | − 1.7 |
| Medical programs | 9,237 | 8,547 | + 8.1 |
| Construction programs | 768 | 531 | + 44.6 |
| General operating expenses and miscellaneous | 759 | 719 | + 5.6 |

Monthly compensation and pension benefits paid to some 4.0 million veterans and survivors in FY 1985 totaled $14.2 billion. This is an increase of $196 million over the adjusted appropriation level for FY 1984. The additional resources were required primarily to fund a 3.2 percent rate increase provided to compensation recipients, and a 3.5 percent rate increase for certain pension recipients in December 1984.

The increases in the compensation and pension program were offset by the continued decline of the readjustment benefit education training program and the one-time appropriation of funds ($150 million) for the Emergency Veteran's Job Training Program in 1984.

More than $8.9 billion was appropriated for medical care and treatment of veterans in FY 1985, an increase of $697 million over FY 1984. Medical and prosthetic research efforts to improve the delivery of health care to veterans and to improve the treatment of disabilities and diseases most common to veterans were funded by a $192 million appropriation in FY 1985, a decrease of $26 million from FY 1984. However, by adjusting the 1985 reduced requirement of $49 million for the epidemiology study conducted by the Centers for Disease Control, there is in fact an actual increase of $23 million. In FY 1985, the VA cared for over 1.4 million inpatients and provided 19.6 million outpatient visits.

Over $927 million ($768 million of new budget authority) was included in the two construction programs in FY 1985, including funding for the design and/or construction of five replacement medical centers and six new nursing home care units. Also included in these two appropriations was over $645 million for other construction and improvement projects. The Design Fund was implemented in FY 1985 as a pilot test to shorten the development process of major construction projects by fifteen months, saving construction dollars and providing facilities for veterans' use at an earlier date.

## Facilities

The Veterans Administration operates 172 medical centers; 227 outpatient clinics; 115 nursing home care units; 16 domiciliaries; a prosthetic center; a prosthetic distribution center; 58 regional offices, including two insurance centers; 17 VA regional office activities; 109 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 3 supply depots. These facilities are located in every State, the District of Columbia, Puerto Rico, and the Philippines.

During FY 1985, two major outpatient additions were completed at Memphis, Tennessee and at Muskogee, Oklahoma. Clinical projects were completed at Danville, Illinois; Oklahoma City, Oklahoma; Long Beach, California; and Philadelphia, Pennsylvania. Nursing Home Care projects were completed at Boise, Idaho; Dallas, Texas; Denver, Colorado; Fresno, California; Kerrville, Texas; Lake City, Florida; Marion, Illinois; Spokane, Washington; Tampa, Florida; Washington, D.C.; and West Los Angeles, California. An elevator project at Atlanta, Georgia; an electrical deficiencies project at Lake City, Florida; a supply depot project at Chicago (Hines), Illinois; a research project at Mountain Home, Tennessee; eight national cemetery projects and a Department of Veterans Benefits building were also completed. Two hundred and ten other construction projects were also completed, as well as nine hundred and twenty-eight nonrecurring maintenance and repair projects.

# The Veteran

## Comparative Highlights

| Period of Service | Veteran Population 9/30/84 (revised) | Net Separations from the Armed Forces | Deaths in Civil Life | Veteran Population 9/30/85 | Percent Change in Veteran Population | Females | |
|---|---|---|---|---|---|---|---|
| | | | | | | Number | Percent of Total Veteran Population |
| Total Veterans[1] | 28,016,000 | 236,000 | 413,000 | 27,839,000 | -0.6 | 1,168,000 | 4.2 |
| Wartime Veterans[1, 2] | 22,751,000 | 45,000 | 380,000 | 22,416,000 | -1.5 | 722,000 | 3.2 |
| Vietnam era-Total | 8,253,000 | 45,000 | 26,000 | 8,271,000 | +0.2 | 263,000 | 3.2 |
| With no Korean conflict service | 7,608,000 | 43,000 | 17,000 | 7,634,000 | +0.3 | 251,000 | 3.3 |
| With Korean conflict service | 644,000 | 2,000 | 9,000 | 637,000 | -1.1 | 11,000 | 1.7 |
| Korean conflict-Total | 5,232,000 | 2,000 | 62,000 | 5,172,000 | -1.2 | 116,000 | 2.2 |
| With no World War II or Vietnam era service | 3,864,000 | 0 | 36,000 | 3,828,000 | -0.9 | 89,000 | 2.3 |
| With World War II service only | 1,020,000 | 0 | 23,000 | 997,000 | -2.3 | 21,000 | 2.1 |
| With Vietnam era service only | 348,000 | 2,000 | 3,000 | 347,000 | -0.3 | 5,000 | 1.4 |
| World War II-Total | 10,683,000 | 0 | 284,000 | 10,399,000 | -2.7 | 368,000 | 3.5 |
| With no Korean conflict service | 9,663,000 | 0 | 261,000 | 9,402,000 | -2.7 | 347,000 | 3.7 |
| With Korean conflict service | 1,020,000 | 0 | 23,000 | 997,000 | -2.3 | 21,000 | 2.1 |
| World War I | 248,000 | 0 | 40,000 | 208,000 | -16.1 | 8,000 | 3.9 |
| Peacetime -Total | 5,265,000 | 191,000 | 33,000 | 5,423,000 | +3.0 | 446,000 | 8.2 |
| Service between Korean conflict and Vietnam era only | 3,037,000 | 0 | 15,000 | 3,022,000 | -0.5 | 85,000 | 2.8 |
| Post-Vietnam era | 1,819,000 | 191,000 | 3,000 | 2,007,000 | +10.3 | 234,000 | 11.7 |
| Other Peacetime[3] | 409,000 | 0 | 15,000 | 394,000 | -3.7 | 127,000 | 32.2 |

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

[1] *Not included are 12 Spanish-American War veterans and 75 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

Since our Nation's involvement in the first of ten major armed conflicts over the past two centuries, more than 38 million men and women have served their country during wartime periods. Of these ex-service personnel, 90 percent have served in one or more of the four major conflicts during the 20th century. There were 27.8 million veterans living in the U.S. and Puerto Rico at the end of FY 1985; 22.4 million of these were veterans who served only during wartime.

The number of veterans in civil life at the end of September 1985 excludes 319,000 former military personnel whose only active service took place after September 8, 1980, if such persons failed to satisfy the minimum service requirement (usually two years). After the Congress enacted Public Law 97-66, section 3103A of title 38 was added to the United States Code. While this section of the law does not deprive individuals of their veteran status if they do not meet the minimum service requirement, it does severely restrict the veterans

benefits to which they are entitled.[1] Since veteran population statistics may be used primarily for planning purposes that relate to specific programs, this special subgroup of the veteran total has not been included because these veterans are generally not eligible for medical care education benefits, home loans, or most of the other major programs administered by the VA.

## Number of Veterans and Period of Service

The veteran population of the United States and Puerto Rico numbered 27,839,000 as of September 30, 1985. This figure was 177,000 below the FY 1984 total as the number of deaths (413,000) in civilian life continued to outnumber veteran separations (236,000) from the Armed Forces.

World War II veterans, numbering 10,399,000 at the end of FY 1985, remained the largest subgroup of former military personnel as they accounted for 37 percent of the total veteran population. Deaths among this group of veterans amounted to 284,000 during the fiscal year and accounted for more than three of every five veteran deaths during the period. The second largest component consisted of veterans from the Vietnam era, 8,271,000; they comprised 30 percent of the overall veteran count. Veteran survivors of the Korean conflict totaled 5,172,000 (19 percent) at the end of FY 1985, and World War I veterans 208,000 (1 percent). Nearly 5.5 million veterans served only during peacetime periods. Collectively, this subgroup of veterans accounted for 19 percent of the overall veteran count. Peacetime veterans consisted of 3,022,000 veterans who served only between the Korean conflict and Vietnam era, 2,007,000 who served only during the post Vietnam era (after May 7, 1975), and another 394,000 who served either only between World War I and World War II or only between World War II and the Korean conflict.

## Age of Veterans

The median age of the 27.8 million living veterans at the end of FY 1985 was 52.9 years. Veterans under 45 years old constituted 35 percent of the total, while those 45-64 years of age made up 47 percent. Veterans 65 years old and over accounted for 18 percent of the overall veteran count, representing a two-percent increase over the figure recorded one year earlier and reflecting the advancement of World War II veterans into this oldest age range.

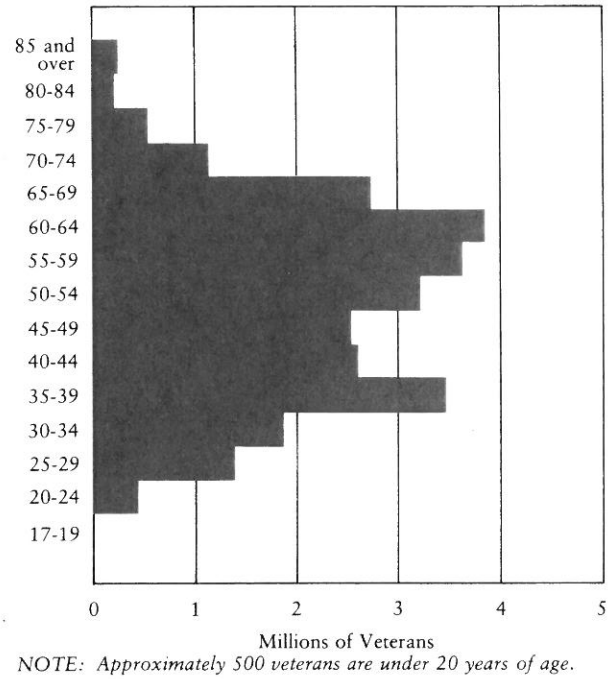
As a group, post-Vietnam era veterans constituted the youngest segment of the veteran population with a median age of 27.8 years on September 30, 1985. This group was followed by veterans who served only during the Vietnam era, averaging 38.3 years old. The oldest sector of the veteran population was the Spanish-American War veterans. The median age of the living veterans of this war period was 103 years. World War I veterans had a median age of 89.0 years, while the average age for veterans who served during World War II was 64.2 years.

Male veterans constituted 32 percent of all civilian males 17 years old and over at the end of FY 1985. Our country's involvement in the four major armed conflicts during the century clearly reflects the manner by which this proportion varies by age. Among those veterans 60-64 years old, nearly three of every four males in the general civilian population were veterans, evidence of the extent of our participation in World War II. Within the oldest segment of the population (85 years old and over), about three of every ten civilian males were veterans, representative of our participation in World War I.

---

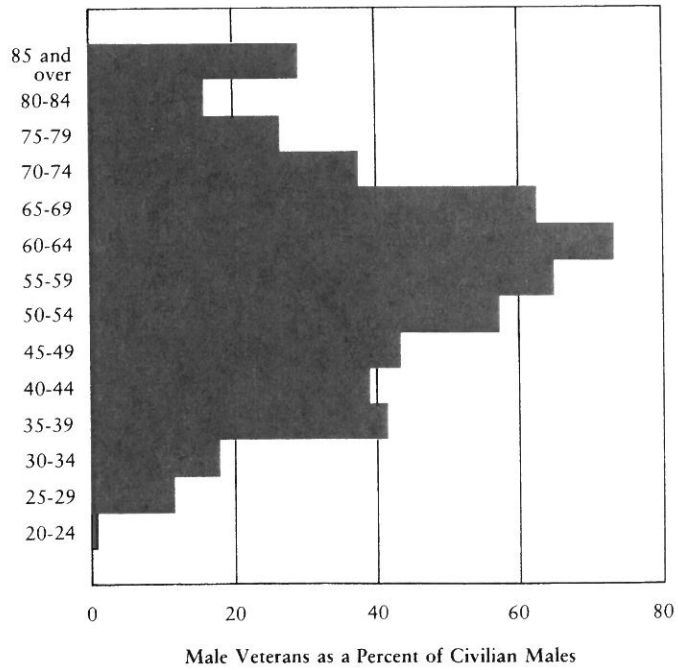
[1] *This legislation does not apply to veterans who served the full period for which they were called or ordered, who were discharged or released for a line-of-duty disability, who have a compensable service-connected disability, or who were discharged or released under sections 1171 or 1173 of title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

## ESTIMATED VETERAN POPULATION BY AGE SEPTEMBER 30, 1985




*NOTE: Approximately 500 veterans are under 20 years of age.*

## VETERANS AS A PERCENT OF ALL CIVILIAN MALES, BY AGE SEPTEMBER 30, 1985




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

## Geographic Distribution of Veterans

At the end of September 1985, eight States accounted for nearly one-half (48 percent) of all veterans in civilian life. California, with a veteran count of 2,918,000, was the only State to record a veteran total close to 3 million. New York (1,912,000) and Texas (1,772,000) were ranked second and third, respectively, in veteran population size. Following in order were five other States that recorded veteran population totals in excess of one million—Pennsylvania (1,555,000), Florida (1,449,000), Ohio (1,330,000), Illinois (1,292,000), and Michigan (1,049,000).

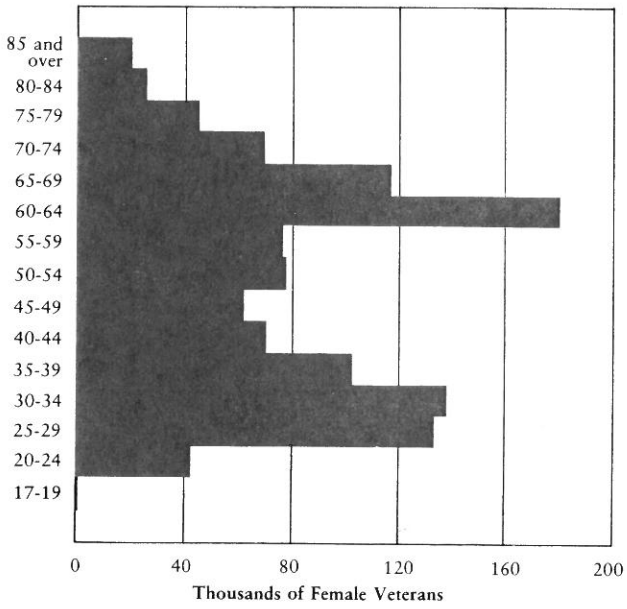
Since veteran deaths outweigh separations from the Armed Forces in every State, the veteran population is increasing in only those jurisdictions with sizable in-migration. The Sunbelt States continue to maintain their attractiveness in this regard, with Florida, Texas, and Arizona showing the most significant gains during the last year.

## Female Veterans

On September 30, 1985, the number of female veterans living in the U.S. and Puerto Rico was estimated at 1,168,000, or 4.2 percent of the overall veteran population count. This sector of the veteran population continues to grow at a slow pace.

The age structure of the female veteran population was significantly different from that of male veterans, in spite of the fact that their median ages were just one year apart (52.0 years and 52.9 years, respectively). The distribution of female veterans was more clustered towards the lower and upper age ranges with women under 45 years old representing 42 percent, and those at least 65 years old, 24 percent. Females 45 to 64 years old represented 34 percent of all veterans in civilian life.

ESTIMATED FEMALE VETERAN POPULATION BY AGE SEPTEMBER 30, 1985




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

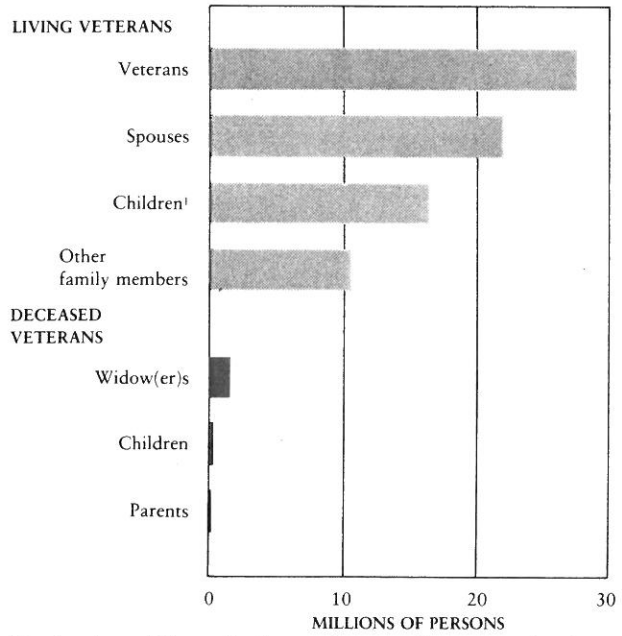
The distribution of the female veteran population by period of service was also very different from that of male veterans. Since females' involvement in the military has increased greatly in recent years, a larger portion of female veterans (20 percent) than of male veterans (7 percent) served only during the peacetime

period following the Vietnam era, i.e., only after May 7, 1975. As a whole, peacetime veterans comprised nearly twice as large a share of female (38 percent) as male veterans (18 percent). World War II veterans remained the largest single group of the female veteran population with 368,000 veterans (32 percent) in civilian life at the close of FY 1985. Female veterans from the Vietnam era made up the second largest sector (263,000), representing 22 percent of the total female veteran count.

## Veterans and Their Families

Living veterans account for just a portion of those persons potentially eligible for VA benefits and services. The 27.8 million veterans living on September 30, 1985, had an estimated 22 million spouses, 16.9 million dependent children 18 years old or younger, and 10.5 million parents and children over 18 years old who were unable to support themselves. Although only a small portion of these dependents are likely to receive benefits directly from the VA at any time in the near future, benefits paid to veterans indirectly affect the socioeconomic well-being of a large number of these dependents. In addition to dependents of living veterans, the survivors of deceased veterans numbered 2.1 million at the end of FY 1985. Included in this number were 1.8 million widows and widowers, 188,000 surviving children, and 75,000 dependent parents. The total of all potential beneficiaries is roughly 79.3 million, or one-third of the entire resident population of the United States.

VETERANS AND THEIR FAMILIES
SEPTEMBER 30, 1985




[1]*Number of own children under 18 years of age or unable to support themselves.*

## Characteristics Of Veterans

Data on various socioeconomic characteristics of male[1] 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.

[1]*During FY 1984 only male members of households included in the Current Population Survey were asked if they had ever served in the Armed Forces. The Bureau of the Census is in the process of phasing women veterans into the survey, but socioeconomic data for veterans of both sexes will not be available until calendar year 1986.*

# Educational Attainment and Income

## All Veterans

There were 76.9 million males aged 20 years and over in the civilian noninstitutional population of the United States in March 1985. Twenty-seven million, two hundred thousand of these were veterans, and their median education level was 12.7 years; their 49.7 million nonveteran counterparts also had a median educational level of 12.7 years.

| Population Group | Noninstitutional Population (Millions) | Percent of Total |
|---|---|---|
| War veterans | 21.9 | 28.5 |
| Peacetime veterans (Post-Vietnam era and service between Korean conflict and Vietnam era only) | 5.3 | 6.9 |
| Nonveterans | 49.7 | 64.6 |
| Total | 76.9 | 100.0 |

Seventy-seven percent of the war veterans, all of whom were 25 or more years old, had completed the requirements for a high school diploma or its equivalent. Eighty-five percent of the peacetime veterans and 73 percent of the nonveteran males aged 20 and older also had high school diplomas or the equivalent. About 21 percent of the male war veterans and nonveterans had completed college, while 20 percent of the peacetime veterans had done so.

Higher education is associated with increased earnings, as can be seen in the median incomes of both veterans and nonveterans in calendar year 1984. Differences in median incomes and progressively higher education levels are substantial, as demonstrated in the following table:

| Attained Level of Education | Median Income in (1984) | |
|---|---|---|
| | Veterans | Nonveterans |
| No high school | $ 9,830 | $ 7,750 |
| Some high school | 13,890 | 10,120 |
| High school graduate | 19,540 | 15,230 |
| Some college | 23,290 | 14,120 |
| College graduate | 34,540 | 26,410 |

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 with 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 $1,110 lower than that of nonveteran high school graduates who had 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 25 to 44 years old had a median educational level of 13.1 years and a median income of $23,980 in calendar year 1984. Nonveteran males of similar age had a median educational level of 13.0 years, but a median income of only $19,470. Comparison of the distribution of educational attainment for Vietnam era veterans and nonveterans 25 to 44 years old shows that 93 percent of the Vietnam era veterans had completed high school while 83 percent of similar-aged nonveterans had done so. Despite the greater proportion of high school graduates among veterans, the percentage who had completed college was higher for nonveterans (24 percent for Vietnam era veterans; 30 percent for nonveterans 25 to 44 years old).

## Work Experience

### All Veterans

About four out of five male veterans and nonveterans aged 20 years and older worked during calendar year 1984. Seventy-nine percent of the 21.1 million working veterans and 72 percent of the 40.2 million working nonveterans worked throughout the year, either full-time or part-time. Ninety-two percent of the veteran workers and 89 percent of the nonveteran workers held full-time jobs for all or part of the year.

### Vietnam Era Veterans

Ninety-six percent of all noninstitutionalized male Vietnam era veterans 25 to 44 years of age worked during calendar year 1984. Eighty-two percent of the 6.5 million male Vietnam era veterans had year-round employment. In the group of similar-aged male nonveterans, 94 percent worked during the year, and nearly four-fifths of these working nonveterans worked year-round.

## Employment Status

### War Veterans

In FY 1985, the unemployment rate for male war veterans averaged 4.7 percent, or 0.7 of a percentage point lower than the FY 1984 rate. Nonveteran males had an average unemployment rate of 7.9 percent during the fiscal year; this was 0.9 of a percentage point lower than their FY 1984 unemployment rate.

### Vietnam Era Veterans

An average of 7.4 million Vietnam era veterans were in the labor force in FY 1985. The average number of Vietnam era veterans unemployed during the fiscal year was 405,000, resulting in an average unemployment rate of 5.4 percent for the fiscal year, 0.9 of a percentage point lower than in FY 1984.

## Family Income

### War Veterans

The number of families headed by male war veterans was estimated to be 17.1 million in 1985, and their median family income for 1984 was $32,100. Families headed by nonveterans of comparable age, 25 years and older, had a median family income of $28,330 that year. In 55 percent of the families, whether headed by war veterans or nonveterans aged 25 and older, the wives also worked. Among those families headed by war veterans, the wife's earning increased the median family income to $38,100, compared with a median family income of $25,280 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 $27,010 and rose to $29,340 in families headed by veterans aged 30 to 34. The median family income for families headed by veterans aged 35 to 59 was above $37,000. The median family income was $28,580 for families whose veteran head was aged 60 to 64; $22,800 for those headed by veterans aged 65 to 69; and $18,860 for those whose family head was 70 years and over. Approximately 8 percent of the 17.1 million families headed by male war veterans had a family income below $10,200, the 1984 poverty level for a nonfarm family of four. This compares with approximately 11 percent for families headed by nonveterans aged 25 years and older.

### Vietnam Era Veterans

There were 5.1 million families in the United States headed by male Vietnam era veterans under 45 years of age in March 1985. Their median family income in 1984 was $34,120, compared with $31,510 for families headed by male nonveterans of similar age. Wives worked in nearly seven out of ten families headed by Vietnam era veterans; these families had a median income of $37,000 compared with $28,260 for veteran-headed families in which the wife did not work outside the home. A smaller proportion (5 percent) of the families headed by male Vietnam era veterans had incomes below the $10,200 poverty level than did families headed by all male war veterans (8 percent).

# Health Care

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Facilities at end of year | | | |
| Medical centers | 172 | 172 | - |
| Hospital care | (172) | (172) | - |
| Outpatient care | (172) | (172) | - |
| Nursing home care | 115 | 106 | +8.5 |
| Domiciliary care | 15 | 15 | - |
| Independent or satellite clinics | 53 | 53 | - |
| Independent domiciliary | 1 | 1 | - |
| Employment (net full-time equivalent) | 202,630 | 199,242 | +1.7 |
| Obligations (millions) | $9,259 | $8,582 | +7.9 |
| Medical care | 8,936 | 8,301 | +7.6 |
| Research in health care | 227 | 190 | +19.5 |
| Medical administration and miscellaneous operating expenses | 66 | 66 | - |
| Other medical programs | 30 | 25 | +20.0 |
| Inpatients treated | 1,435,455 | 1,411,834 | +1.7 |
| VA facilities | 1,339,270 | 1,320,269 | +1.4 |
| Hospitals | 1,305,702 | 1,290,029 | +1.2 |
| Nursing homes | 20,442 | 17,187 | +18.9 |
| Domiciliaries | 13,126 | 13,053 | +0.6 |
| Other facilities | 96,185 | 91,565 | +5.0 |
| Average daily inpatient census | 99,915 | 102,367 | −2.4 |
| VA facilities | 74,845 | 78,390 | −4.5 |
| Hospitals | 59,310 | 63,094 | −6.0 |
| Nursing homes | 9,556 | 9,060 | +5.6 |
| Domiciliaries | 5,979 | 6,236 | +4.1 |
| Other facilities | 25,070 | 23,977 | +4.6 |
| Outpatient medical visits | 19,600,849 | 18,616,073 | +5.3 |
| VA staff | 17,789,582 | 16,935,050 | +5.0 |
| Fee basis | 1,811,267 | 1,681,023 | +7.7 |

## Summary

The Department of Medicine and Surgery continues to provide quality care to an ever increasing number of patients. During FY 1985, 1,435,455 inpatients were treated in VA medical care facilities and other non-VA facilities under VA auspices. This was an increase of 1.7 percent from FY 1984. There were 19,600,849 outpatient visits, an increase of 5.3 percent over FY 1984. The

increase in outpatient visits reflects a trend toward providing care in the most efficient manner. Patient care demands were met through a full-time equivalent employment level of 202,630, and budget obligations of $9.3 billion. Over 83,000 volunteers provided 12.2 million hours of service to augment the VA's resources. A 428-bed replacement hospital and 60-bed nursing home care unit were opened in Seattle, Washington, and twelve other nursing home care units were activated.

In addition to providing basic health care services in the areas of medicine, surgery, and psychiatry, the VA is consistently adding new programs and technologies to meet the needs of its veteran patients. For example, preventive health programs were implemented in FY 1985 based on areas of high mortality and morbidity, such as influenza immunization, smoking cessation, hypertension, and physical fitness. A National Center for Stress Recovery opened at the VAMC (VA Medical Center) Cleveland, Ohio, to provide clinical care for veterans in its medical district and enhance the VA's education and research activities on post-traumatic stress disorder. Three nationwide reference laboratories for AIDS (Acquired Immune Deficiency Syndrome) were also established.

The VA continues to place emphasis on the care of the aging veteran, the female veteran, and ex-POW's (Prisoners of War). Many services have established special training programs to focus on the care of geriatric patients: Nursing Service initiated a Gerontologic Nurse Fellowship Program for doctoral candidates in nursing; Optometry Service established training programs for field staff in geriatric care; and Dental Service was the winner of the 1985 Geriatric Dental Health Care Award for its two-year dental geriatric program. A Coordinator of Women Veterans has been appointed at each VA medical center to serve as an advocate for women veterans and to facilitate their entry into the VA system. The National Ex-POW Educational Conference was held this year to update field personnel regarding this group's special needs.

DM&S also strives to provide the best care possible in the most efficient and cost-effective manner. The Office of Quality Assurance was established this year to provide an expanded emphasis on quality of patient care throughout the VA. In keeping with private sector trends, resources are now allocated according to workload using DRG's (diagnosis related groups) for inpatients and RUG's (resource utilization groups) for extended care patients. The VA developed its target allowances for FY 1986 based on three new resource allocation models — acute inpatient, long-term, and ambulatory.

VA researchers continue to receive numerous national and international awards and honors for their research endeavors, including one of the first Presidential Awards for Design Excellence for support of the Seattle Foot project. With high priority given to studies of the aging process and of diseases that affect the elderly, more than 300 VA investigators are conducting 400 aging-related research projects such as those concerning Alzheimer's and other neurological disorders, immune system function in aging, osteoporosis, and blood pressure regulation. Other areas of research include schizophrenia, alcoholism, and spinal cord injury.

The Department of Medicine and Surgery conducts the largest coordinated health professional education and training effort in the Nation. Each year over 100,000 students receive some or all of their clinical training in VA facilities through affiliation with over 1,000 educational institutions. In FY 1985 the VA supported approximately 8,000 full-time medical residency positions and 328 dental residency positions. Extensive training is also provided to DM&S employees. The VA has established numerous training programs of its own, such as Interdisciplinary Team Training in Geriatrics and the Nursing Administration Practicum. The Regional Medical Education Centers, Dental Education Centers, and Engineering Training Center all provide courses for DM&S employees. In addition, the 174 VA health care facility libraries and Central Office Library support the information and education needs of patients and VA staff.

With the completion of the installation of DHCP (Decentralized Hospital Computer Program) equipment to run initial (admission/discharge/transfer, scheduling and outpatient pharmacy) and full (outpatient pharmacy and laboratory) core, almost all of the VA medical centers are running the initial core software and have begun to use the full core programs. Modules have been developed for dietetics, radiology, and mental health.

Twenty-two active SIUG's (Special Interest User Groups), consisting of VA medical center specialists, Information System Center Programmers, and Central Office program coordinators, are developing modules for such areas as nursing, surgery, and social work. Pilot Decentralized Medical Management Systems, which provide clinical and administrative information for hospital management, are being tested in several medical care facilities. DHCP is proving to be an effective tool for both the clinical and administrative management of the VA medical care facilities.

## Types of Care

### Hospital Care

A total of 1,305,702 patients were treated in the 172 VA medical centers during FY 1985. This averaged to a daily census of 59,310, including 673 one-day dialysis patients. This is an increase of 1.2 percent in the number of patients treated, while daily census decreased by 6.0 percent. The decrease in census with the treatment of more patients is a continuing trend in the VA. The average length of stay has also been decreasing. In FY 1985 the average length of stay was 23.4 days for all patients, down 1.6 days from FY 1984. The length of stay for short-term patients, those with stays less than 100 days, was 13.8 days, one-half of a day less than in FY 1984.

Of the patients treated, 552,399 were cared for in medical bed sections with an average length of stay of 23.2 days; 324,162 patients were cared for in surgical bed section with an average length of stay of 13.0 days; and 183,667 patients were cared for in psychiatric bed sections with an average length of stay of 43.2 days. The number of beds in these sections is 39,339 medical beds, 15,952 surgical beds, and 23,066 psychiatric beds. Additionally, there were 245,474 one-day dialysis patients during FY 1985, who are not included in these figures.

### Ambulatory Care

Ambulatory care continued to play a vital role within the Veterans Administration's commitment to optimize the health care available to eligible veterans. In keeping with this goal, the VA considers it important that the most appropriate level of care be used consistent with the medical needs of veterans; for many, this is ambulatory care. In FY 1985, there were nearly 18 million outpatient medical visits provided by the VA staff at 226 facilities, and nearly 2

*Ambulatory Surgery - Los Angeles Outpatient Clinic, Los Angeles, California*

million visits made to private physicians which were authorized on a fee-for-service basis.

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

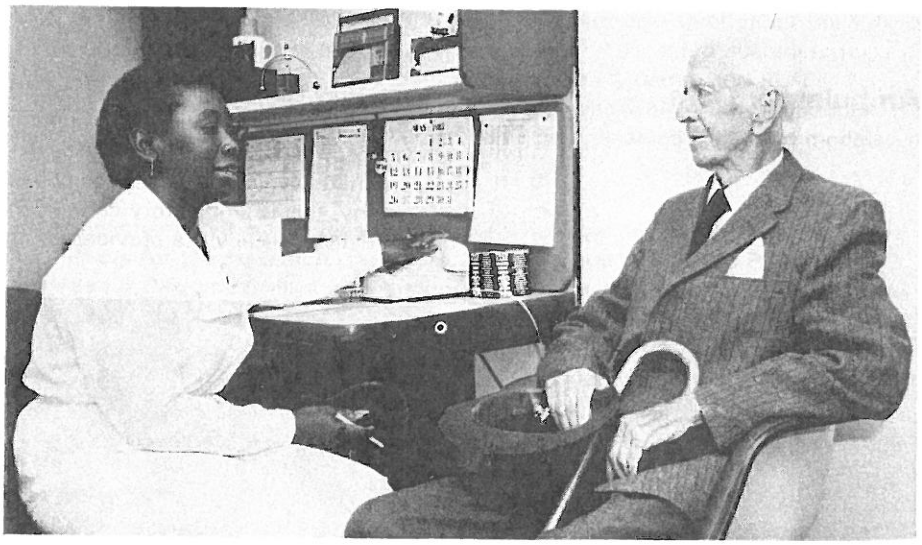
## Geriatrics and Extended Care

The phenomenon known as the graying of America has been well documented. The impact of that phenomenon upon our Nation's resources and our society is beginning to be recognized.

For the Veterans Administration, the challenge of providing services to large numbers of aged is at hand, and the proportion of the population which is elderly is increasing much more rapidly in the veteran population than in the general population. Within five years the proportion of veterans 65 years old and older will be double that of the general population; by the year 2000 this proportion will be triple.

The VA is aware of the special opportunity it has as a result of the aging of its client population. VA researchers and clinicians continue to be leaders in the fields of gerontology and geriatrics—the study of aging and the care of the aging members of a population, respectively.

The VA's gerontology research and training programs are primary national resources preparing physicians and other health workers to address the health-related problems of the aging. Special projects and individual VA medical center initiatives have developed, tested, and implemented a variety of innovative health care programs for meeting the needs of older persons in both institutional and community settings, often in cooperation with non-VA caregivers, educators, and researchers.



*The Veterans Administration always shows concern for our Nation's aging veterans.*

In its continuing effort to enhance health care delivery and to make its own efforts and programs more effective, the VA interacts with a wide range of other public and private sector agents. Advice regarding aging veterans' issues is solicited from the VA's Geriatrics and Gerontology Advisory Committee, a Congressionally mandated committee charged with addressing aging veterans' health care matters. The committee is composed of national and international experts in geriatrics and gerontology with considerable knowledge and experience in geriatric research, education, and clinical care.

The VA participated in a major planning effort for long-term care during FY 1985. The VA and the American Health Planning Association cosponsored a major national working conference entitled "The Complex Cube of Long-Term Care." The conference was attended by more than 1,200 health planners, providers, administrators, and consumers. VA and non-VA professionals were able to exchange ideas and concerns regarding long-term care and to consider the potential of collaborative planning activities from a variety of perspectives.

Experience has shown that older veterans using the VA health care system tend to have more hospital admissions than do younger VA users. This pattern of higher admission rates among the aged is also found in the general population. Also, older people experience a different mix of diseases and conditions than do younger people. Such conditions as coronary and circulatory systems diseases, respiratory diseases, neoplasms, and organic brain syndromes are more prevalent in people over 65.

These kinds of diseases, which initially require acute care, tend to be chronic, progressive, and degenerative in nature; the damage caused is often permanent, requiring rehabilitation and/or long-term care. Older individuals often have more than one chronic condition, further complicating their clinical management and increasing the demands made on their source of care.

In addition to affecting inpatient hospital care, the aging veteran population also has an effect on outpatient care.

Other important programs offering a range of services to aging veterans are in the area of extended care. The VA's extended care programs encompass a broad spectrum of care for veterans of all ages who need such care. This range of programs, in addition to extended hospital care (intermediate care) and outpatient care, included the following: nursing home care, which has three components — the VA's own nursing home care program, the community (contract) nursing home care program, and the State home nursing home care program; the domiciliary programs of both the VA and the States; geriatric evaluation units; the hospital based home care program; adult day health care program; palliative care; and the community residential care program.

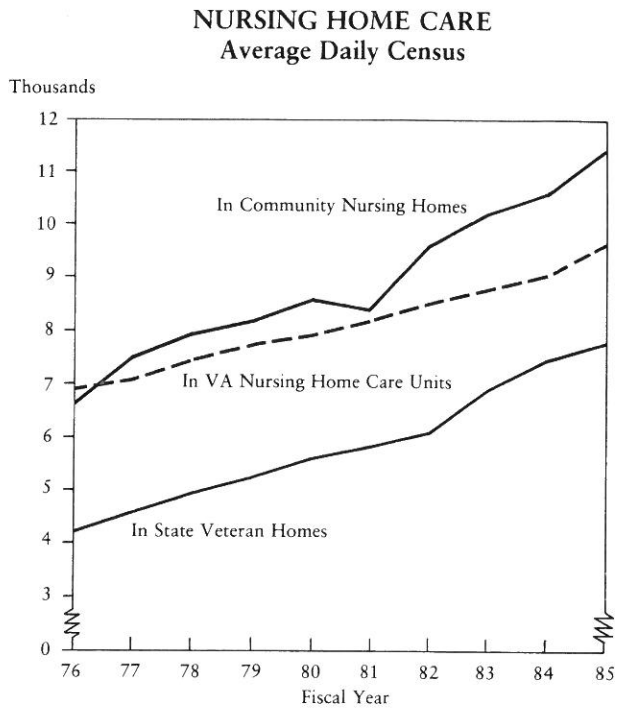
As is the case with other health care programs in the Nation, the VA is increasing the number and diversity of non-institutional extended care programs. The purpose of these programs is to facilitate independent living by making available to veterans the appropriate sustaining medical and social services.

## 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, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and rehabilitation services.

In FY 1985, 20,442 veterans were treated in VA nursing homes, which had an average daily census of 9,556. The average age of the veterans in VA nursing homes on census day (September 30, 1985) was 70.4 years; 67.5 percent were 65 and over, and their average length of stay was 2.5 years. Approximately 35.9 percent were receiving compensation for service-connected conditions and 26.4 percent were receiving VA pensions. The trend toward the increased provision of nursing home care by the VA is shown in the accompanying chart.

Nursing home care units which were activated in FY 1985 are located at VA Medical Centers Boise, Idaho; Dallas, Texas; Denver, Colorado; Fresno, California; Kerrville, Texas; Lake City, Florida; Marion, Illinois; Portland (Vancouver) Oregon; Spokane, Washington; Tampa, Florida; Washington, D.C.; and West Los Angeles, California.




## Community Nursing Home Care

Community nursing home care is a contract program for veterans who require 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 for a service-connected condition may be placed in community nursing homes 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 unless an exception is granted because a longer period of care is necessary. The program requires assessment of participating facilities and follow-up visits to veterans by teams from the VA medical centers.

In FY 1985, there were 38,907 patients treated in community nursing homes, for a 9.4 percent increase over last year. There were 3,270 nursing homes under contract. The average daily census in these homes for FY 1985 was 11,444, an increase of 7.9 percent.

Since April 1981, the VA has attempted, through arrangements with the states (coordinated with the Department of Health & Human Services), to make maximum use of inspections conducted for Medicare or Medicaid. 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 on greater reliance of state inspections continues, this policy can only be carried out where there is a strong state inspection program.

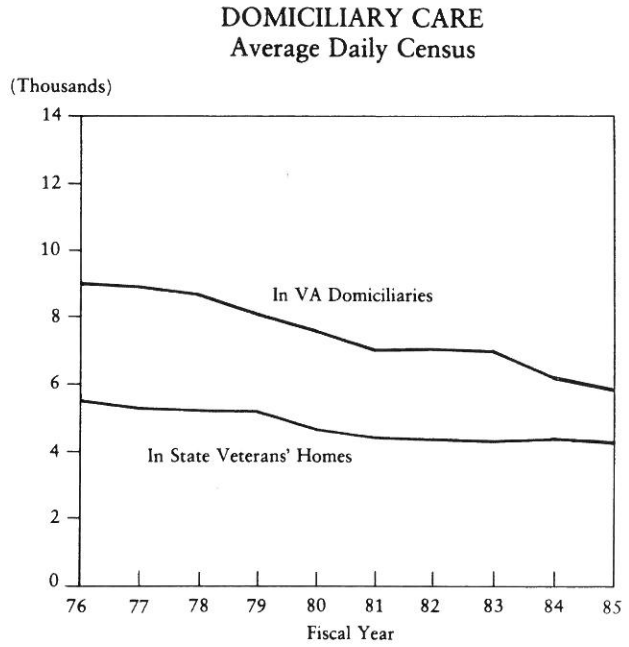
## VA Domiciliary Care

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 programs continue to facilitate the return of many veterans to the community, as well as to improve the quality of life for others who require extended periods of care. Special

emphasis has been placed upon the fulfillment of needs unique to elderly veterans.

In FY 1985, there were 13,126 veterans treated in VA domiciliaries. The average daily census was 5,979, a decrease of 4.1 percent from the previous year. A significant portion of the decrease in average daily census is attributable to the initiation of a number of major facility renovation projects. The average age of veterans in VA domiciliaries on census day (September 30, 1985) was 57.9 years; 26.7 percent were 65 years of age or older, and their average attained length of stay was 3.8 years. Approximately 18.3 percent were receiving compensation for service-connected conditions, and 28.3 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; these veterans are furnished domiciliary, nursing home, or hospital care in state home facilities. The other grant program provides up to 65 percent Federal funding in the acquisition and construction of domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

During FY 1985 the State homes maintained an average daily census of 7,846 nursing home, 4,334 domiciliary, and 498 hospital patients. During FY 1985, construction was begun on Phase I of a new State home in Paramus, New Jersey to provide 114 nursing home beds, funded in part by a VA grant. The VA obligated funds totaling $27.6 million for construction and renovation projects, including a 50-bed hospital addition at Yountville, California, replacement of a 225-bed nursing care unit at Grand Rapids, Michigan, and a 167-bed facility at Marquette, Michigan.

## Geriatric Evaluation Units

GEU's (Geriatric Evaluation Units) are being developed in medical centers to improve diagnostic assessment, treatment, and placement of older patients who have remediable impairments, multiple chronic diseases, or psycho-social problems which need to be fully assessed. In addition, GEU's provide training and research opportunities for physicians and other health care professionals.

During FY 1985, 20 additional VA medical centers established GEU's. There are now more than 45 GEU's operating in the VA hospital system. In addition, 15 VA medical centers and outpatient clinics have expressed interest in establishing a GEU. Personnel from these facilities received training at a national training conference on GEU's held in Kansas City, Missouri.

## Hospital Based Home Care

The HBHC (Hospital Based Home Care) program makes arrangements for selected patients, who would otherwise remain in the hospital, to return to their own homes for further care. Primarily medical care is provided under the coordinated supervision of the hospital based treatment team. The team provides medical, nursing, social, rehabilitation, and dietetic regimens as followup to hospital care. During FY 1985, six new HBHC programs were initiated, increasing the total number of programs to 49. More acute-care beds in hospitals are made available as a result of providing increased days of care in the home. During the year 219,000 home visits were made by health professionals and 11,353 patients were treated.

## Adult Day Health Care

ADHC (Adult Day Health Care) is a therapeutic day program for ambulatory veterans which provides health, maintenance, and rehabilitation services in a group setting. ADHC is a medically-oriented program designed as a substitute for nursing home care. The VA began operating five ADHC centers in FY 1985 at VA medical centers in Brooklyn, New York; Little Rock, Arkansas; Miami, Florida; Minneapolis, Minnesota; and Portland, Oregon. Programs currently exist at Butler, Pennsylvania; North Chicago, Illinois; and Palo Alto, California, VA Medical Centers, making a total of eight such centers.

## Palliative Care

The VA submitted a report to the House and Senate Veterans' Affairs Committees, as required by Public Law 98-528, on the programs of the VA which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, and supportive counseling to their families. Data from a one-day census survey showed that there were over 5,000 terminally ill veterans in various patient care settings. The survey also showed that the medical centers were focusing attention on the needs of the terminally ill patient/family in various service settings. The hospice concept of care is generally incorporated in VA medical centers' approaches to the care of the terminally ill.

## Community Residential Care Program

The largest of the extended care programs, the community residential care program, 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 needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly followup visits from VA social workers and other health care professionals and are outpatients of the local VA facilities. In FY 1985, an average daily census of 11,600 veterans was maintained in this program utilizing approximately 3,120 homes.

## Geriatric Research, Education, and Clinical Centers (GRECC's)

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

The first GRECC's were established in FY 1975. In 1980, Congress passed Public Law 96-330, "Veterans Administration Health Care Amendments." Title III of that law authorized the expansion of GRECC's up to 15. At present there are ten GRECC's: Boston, Massachusetts (Bedford, and Brockton/West Roxbury

Divisions); Durham, North Carolina; Gainesville, Florida; Little Rock, Arkansas; Minneapolis, Minnesota; Palo Alto, California; St. Louis, Missouri; Seattle, Washington (Seattle and American Lake Divisions); Sepulveda, California; and West Los Angeles, (Wadsworth), California.

*The special care needs of the aging veteran are being addressed through geriatric programs.*

During FY 1985 each GRECC continued to focus on selected areas of geriatrics. Some of these areas include cardiology, endocrinology, geriatric evaluation units, geropharmacology, the hematopoietic system, immunology, metabolism, neuroscience and dementia, and oncology.

All GRECC's were also actively involved in providing continuing clinical education to physicians, nurses, and other health care professionals, both staff and students.

The GRECC clinical component supplemented the ongoing activities of the host facility. The goal of this component is the application of new knowledge and ideas and the evaluation of their usefulness in a patient care setting.

The unique aspect of the GRECC's is the integration of research, education and clinical care. Through this integrated approach the GRECC's are developing practitioners, educators, and researchers in the field of geriatrics.

## Medical Care for Dependents

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

Under CHAMPVA, medical care is provided to the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability; the surviving spouse or child of a veteran who dies as a result of a service-connected disability, or who at the time of death had a total disability, permanent in nature, resulting from a service-connected disability; and, the surviving spouse or child of a person who died while on active duty. CHAMPVA care may be furnished to these eligible dependents provided these dependents are not eligible for medical care under CHAMPUS or Medicare.

Eligibility for CHAMPVA may be reinstated for a beneficiary who loses eligibility by virtue of the beneficiary becoming entitled to Medicare hospital insurance benefits (Part A) and subsequently exhausting a Part A benefit. At the end of FY 1985, there were approximately 210,000 individuals (130,000 adults and 80,000 children) in 138,600 families who had established entitlement for medical care under CHAMPVA. Since the program began in September 1973, $486,136,000 has been expended for hospital care, physician visits, and prescriptions; in FY 1985, the cost of the program was just over $83 million.

# Services

## Medical Services

During FY 1985, the VA's first "in-house" bone marrow transplant unit at the VAMC Seattle, Washington, performed transplants for 16 patients. An enlarged bone marrow transplant unit has been included in the Seattle replacement hospital. 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 1985. At midyear over 26,000 patients and employees had been vaccinated against this serious infection. Seventy-two hundred vials of vaccine were distributed to continue immunization.

The home oxygen program also continued throughout FY 1985. Medical Service, aided by Respiratory Therapy, provided clinical supervision to 13,956 patients on compressed oxygen concentrators at a cost of $22,141,622. Thirty-three VA medical centers are now participating in the special HSTP (Hypertension Screening and Treatment Program). Since its inception, the HSTP has screened over 500,000 veterans, of whom 42% were found to be hypertensive. The HSTP is currently following more than 45,000 veterans; approximately 85% of these veterans are controlled with diastolic pressures less than 95 mm Hg. Eighty-seven percent received their primary care from allied health professionals (registered nurses or physician assistants) under the supervision of a physician coordinator of the clinic. The continued decrease in strokes, heart disease, and renal disease seen in patients treated under this program is at least partially attributable to the control of hypertension. Patients in this program are counseled regarding smoking, obesity, diet, exercise, and alcohol consumption, all factors contributing to hypertension and cardiovascular disease. The HSTP is in the process of automating the entire system, to ensure accuracy, uniformity, and easy access in the areas of patient care, administration, and research.

The number of patients in the VA dialysis program, including patients dialyzed in non-VA units at VA expense, was approximately 4,100. The large-scale rheumatology-immunology center continued to function at the VA Medical Center, Philadelphia, Pennsylvania, along with a smaller program previously begun at the VA Medical Center, Milwaukee, (Wood), Wisconsin. These centers provide comprehensive care to patients suffering from arthritis, rheumatism, connective tissue diseases, and related disorders.

Cardiac catheterizations were performed on approximately 26,000 patients in 70 CCL's (cardiac catheterization laboratories). Two additional CCL's have been authorized. Worn or outdated equipment was replaced in cardiac catheterization laboratories at seven VA medical centers. Clinical diagnostic services, echocardiography, nuclear cardiology, stress testing, arrhythmia monitoring, and electrophysiology services were expanded in 18 medical centers. Computer-based pacemaker surveillance centers are providing telephonic electronic followup to about 7,000 veterans with cardiac pacemakers. A pilot clinical phase pacemaker registry has been implemented, and all explanted pacemakers are analyzed by VA staff.

There were 42,501 patients identified and screened for hemoglobin disorders and 41,575 patients for glucose-6-phosphate dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency in the 37 medical centers participating in the VA sickle cell screening and education program.

Education sessions on sickle cell anemia were attended by 80,383 persons; 3,185 were also counseled. At each medical center, the professional staff for this program consists of a physician, a counselor, and a technician. The VA film on sickle cell disease, "A Matter of Chance," and mobile exhibits have also been displayed, not only in VA medical centers, but also at meetings of various community organizations.[1]

Further progress has been made with the establishment of national networks of automated electrocardiographic interpretive systems. Equipment has been purchased for ten new systems and is on order for four more districts. 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.

More than 80,000 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 provisions for less expensive stepcare units which can provide physiologic monitoring of selected patients who require less intensive support from equipment, nurses, and physicians. Many older intensive care units have been renovated. A study is being conducted to explore the feasibility of bulk purchasing equipment for these units.

## Surgical Service

During FY 1985, 473,584 inpatient surgical procedures were performed in 135 medical centers, staffed by 788 full-time and 1,698 part-time surgeons. Assisting in patient care were 3,023 residents assigned through medical school/affiliated programs in 102 VA medical centers.

The cardiac surgery program was active; more than 6,400 operations were performed during FY 1985. With the assistance of the VA Central Office Cardiac Surgery Consultants' Committee, an ongoing reviewing of the program proved helpful in monitoring the quality of patient care. Through MEDIPP (Medical District Initiated Program Planning), criteria and standards for cardiac surgery have been developed and are being reviewed. A special Advisory Committee on Cardiac Surgery was set up by the Chief Medical Director to advise him on various policy issues concerning the conduct of cardiac surgery in the Veterans Administration. The Chairman of this Committee recently presented his report to the Chief Medical Director, and an implementation plan is being developed. The VA cardiac transplant program, located at the VA Medical Center, Richmond, Virginia, performed 25 heart transplants during FY 1985.

An additional seven heart transplants were performed in VA medical centers located in Pittsburgh (University Drive), Pennsylvania; Salt Lake City, Utah; and Buffalo, New York. The success of this transplant program, together with an increasing number of veterans requiring this procedure, has initiated proposals from five other VA medical centers to establish cardiac transplant programs.

The VA Central Office Surgical Service, in conjunction with the annual meeting of the Association of VA Surgeons, sponsored a workshop on "Applications of ADP (Automated Data Processing) for VA Surgical Services." A workshop on "Recent Advances in ENT Care of VA Patients" was presented in conjunction with the XIII World Congress of Otorhinolaryngology. Criteria for construction of surgical spaces are now under review prior to initiation of a study of present criteria.

The VA Surgical SIUG (Special Interest Users Group) has developed a software package for use by surgical services. Plans are now being prepared for site testing.

---

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

The increasing sophistication of equipment has mandated that Surgical Service maintain ongoing reviews of its high technology devices. Many of these devices have become state-of-the-art requirements for quality medical care and are being supplied to appropriate VA medical centers. Criteria for selecting sites for location of ESWL (Extracorporeal Shock Wave Lithotripter) have been submitted. As funding becomes available, these devices will be installed for the non-invasive treatment of renal stones, a frequent complication of the spinal cord injury patient.

## Mental Health and Behavioral Sciences Service

The VA's Mental Health and Behavioral Sciences Service provides a broad spectrum of services to eligible veterans. With declining support for mental health programs funded by states and limited coverage for mental illness provided by most health insurance, increasing numbers of veterans seek VA care for psychiatric illness. The VA maintains organized psychiatry services in 130 of 172 medical centers, 155 psychology services in medical centers and outpatient clinics, 102 alcohol dependence treatment programs, and 51 drug dependence treatment programs. Outpatient services include 40 day hospital programs, 63 day treatment centers, 156 mental hygiene clinics, and outpatient components of the alcohol and drug dependence treatment program.

During FY 1985, there were 23,066 average operating psychiatric beds. The bed occupancy rate was 78.4 percent and the average monthly turnover rate was 76.5 percent. The VA treated 183,667 psychiatric patients in FY 1985, with an average daily census of 18,092. Committed psychiatric patients treated by the VA during the fiscal year totaled 13,241. On any given day, an average of 2,083 patients were on involuntary commitment.

| VA Psychiatric Bed Sections | FY 1985 | FY 1980 | Percent Change |
|---|---|---|---|
| Average operating beds | 23,066 | 24,886 | −5.2 |
| Average daily census | 18,092 | 21,018 | −13.9 |
| Admissions | 158,106 | 160,417 | −1.4 |
| Average monthly turnover rate | 76.5 | 66.0 | +15.9 |
| Patients Treated | 183,667 | 187,805 | −2.2 |

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

In the past seven years the number of average operating psychiatric beds has been reduced by 14.5% with increased emphasis provided for ambulatory care programs. There have been shorter hospital stays, and more veterans are being treated in mental hygiene clinics, day treatment centers, and day hospitals.

Continued emphasis on outpatient care and rapid intensive treatment, coupled with shorter periods of hospital stay, have resulted in an increase in the number of veterans treated by the VA's mental hygiene clinics, day treatment centers, and day hospitals. Mental hygiene clinics serve as the basic units in the delivery of ambulatory pyschiatric care. During FY 1985, there were 1,376,786 visits made to mental hygiene clinics.

Day hospital programs deliver intensive individual and group therapy to patients able to visit a VA medical center on a daily basis. These veterans' problems are of an acute, intensive, or situational nature and can be resolved within a short period of time. During FY 1985, 149,490 visits were made to day hospital programs.

## Vocational Evaluation and Vocational Counseling

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

During FY 1985, the VA provided psychological evaluation and assessment as a part of treatment and medical rehabilitation to 112,275 patients.

## Post-traumatic Stress Disorder

Veterans of World War II, Korea, and particularly Vietnam, with psychological, emotional, or vocational problems related to their experiences in a war zone receive treatment at VA medical centers and outpatient clinics. Thirteen specialized inpatient treatment programs for post-traumatic stress disorder have been activated, and the National Center for Stress Recovery was opened at the Cleveland-Brecksville VA Medical Center during 1985. Its task is to provide clinical care for veterans in its medical district and to enhance the VA's education and research activities on post-traumatic stress disorder.

## Alcohol and Drug Dependence Treatment Programs

The Veterans Administration operates 102 specialized ADTP's (alcohol dependence treatment programs). These programs are specialized units which provide for the diagnosis and treatment of eligible alcohol-dependent veterans.

During FY 1985, inpatients treated for alcoholism numbered 91,417; 48,266 of these were treated in the specialized alcoholism treatment units. The average monthly turnover rate of ADTP's was 137.0 percent, and the bed occupancy rate was 86.7 percent. The number of outpatient visits for alcohol dependence treatment was 475,994.

The VA operates 51 DDTP's (drug dependence treatment programs). These specialized programs provide for the care and treatment of eligible drug dependent veterans with special emphasis on veterans dependent on narcotics. Major treatment components include methadone detoxification, methadone maintenance, naltrexone maintenance, and treatment and therapeutic communities. The average length of inpatient stay is 23 days. Outpatient/ambulatory treatment is longer. The total number of inpatients treated for drug dependence during FY 1985 was 20,622. Of this number, 13,924 were treated in DDTP beds.

The average monthly turnover rate in DDTP beds was 125.2 percent in FY 1985. The bed occupancy rate was 91.4 percent. The number of outpatient visits for drug dependence treatment was 987,832, and of this number, 980,659 were visits to DDTP's.

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 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. Three hundred and forty-three contracts sponsored by 89 VA medical centers were in operation at the close of FY 1985.

The VA conducts an extensive program of intramural alcoholism research through individual and cooperative (multi-hospital) studies. A clinical alcoholism research center at the VA hospital campus in San Diego, California, was opened in FY 1985.

Physician training in substance abuse is being implemented through a two-year university-affiliated fellowship training program, offered at five VA medical centers. Plans are underway to expand this program during the coming years.

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

## Readjustment Counseling Service

The Readjustment Counseling Service was authorized by Public Law 96-22 on June 13, 1979. The program was extended by Public Law 97-72 on November 3, 1981, and further extended by Public Law 98-160 on November 21, 1983. Counseling centers (Vet Centers) are authorized through FY 1988. Presently there are 189 Vet Centers throughout the country.

There are also 550 vendors who have contracted with the VA to provide readjustment counseling services to eligible Vietnam era veterans. These services are generally provided to veterans who are geographically distant from a VA medical center.

In FY 1985, the Vet Centers conducted 441,099 visits. During the year, a total of 63,687 new veteran clients were seen. A significant number of veterans seen are suffering from moderate or severe post-traumatic stress disorder. Additionally, there are a significant number of clients present with employment problems related to post-war readjustment.

## Rehabilitation Medicine Service

The Rehabilitation Medicine Service is represented at all 172 VA medical centers and most of the larger satellite outpatient clinics. In addition, there are 1,383 beds designated for rehabilitation medicine at 56 medical centers, with an increase of approximately 40 percent projected for the year 1995. Centers of excellence, called comprehensive rehabilitation centers, are in operation at five medical centers located at Boston, Massachusetts; Northport, New York; Tampa, Florida; Hines, Illinois; and Palo Alto, California.

Efforts are underway to further define the philosophy and direction of this service into the 1990's. In addition to the continuing focus on geriatric rehabilitation, close scrutiny has been initiated in the area of closed head trauma care—a problem demanding more attention in the Department of Medicine and Surgery. Efforts are being made to identify the scope of this problem, the type of rehabilitation care needed to bring about maximum improvement in the patient's physical and/or emotional function, and the necessary resources to effectively care for this population.

The Veterans Administration continues to provide extensive opportunities for veteran inpatients and outpatients to participate in two work-for-pay programs.[1] The compensated work therapy program involved 6,469 patients at 43 medical centers and resulted in earnings of nearly $4 million. This self-sustaining program is designed to contract with private industry and encompass real work situations which can lead to competitive employment. Incentive therapy programs at 89 medical centers involved 24,923 veterans and realized earnings of $5.2 million.

---

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

In addition, 32 medical centers indicated active involvement in the therapeutic printing program with nearly 2,000 veterans taking part in this learning experience.

The driver training program for the handicapped veteran added 3,048 referrals during FY 1985, bringing the total number of veterans who have been evaluated or who have completed this training over the past nine years to 24,500. Nearly 277,000 driver training hours have been recorded over that same period of time, with 11,578 veterans being licensed to drive as a result of the training. Three of the 39 driver training centers have access to the most complex driving system available—computerized steering and braking for the very high-level spinal cord injured patient. The proportion of the disabled patients who attended this program include 30 percent spinal cord injured, 22 percent stroke, 20 percent amputee, and 28 percent with psychiatric and other neurological disabilities. This program maintains its primary effectiveness in helping the severely disabled veteran to regain some independence and mobility in his or her daily life.

## Spinal Cord Injury Service

The SCI (Spinal Cord Injury) Service treated 7,646 inpatients and 12,044 outpatients with a total of 36,337 patient visits during FY 1985. There were 654 patients who made their first visit to a SCI center; 581 of these had sustained their injury less than six months before admission. Of the total new patients, 363 were paraplegics and 291 were quadriplegics.

The SCI Independent Living Program has focused on two major problem areas: recreation needs and computer programming. The recreational programs are geared toward teaching patients and their families how to participate in such sports as camping, horseback riding, water sports, and competitive games. The emphasis is on activities for veterans who have been discharged but have had difficulties in adjusting to a new and different lifestyle. The computer program emphasizes vocational and avocational skills as well as use in activities of daily living for very high-level quadriplegics.

Six Independent Living Centers, designated in FY 1982, have expanded their emphasis from providing generalized services to offering specialized programs focused on research, community advocacy for housing and transportation for the handicapped, development of community housing for severely handicapped veterans, day treatment programs for the aging, and follow-up programs for patients in the community with major medical and psychological problems in adjustment.

The SCI Home Care Program has been implemented at all SCI Centers. In FY 1985, a total of 25,764 visits were made in the community for follow-up care of discharged SCI patients. The primary focus of the Home Care Program is to plan and assist the patient and his family to adjust psychologically, physically, and socially at home. This reduces the need for hospitalization, as well as reducing the length of stay. Approximately 16,000 of the home care visits were made to homes of quadriplegics. Problems which occurred included: prosthetic and home adaptations, attendant care, pressure sores, urinary tract infections, marital problems, and depression. This type of medical and psychological support in follow-up care is the only way in which many of these veterans can be maintained in the home.

## Blind Rehabilitation Service

During FY 1985, there were 746 blind veterans given training at the four Blind Rehabilitation Centers and three Blind Rehabilitation Clinics. In addition, over 8,000 blind veterans received services from the 84 VIST's (Visual Impairment Services Teams).

During FY 1985, a total of 28 KRM's (Kurzweil Reading Machines) were issued to eligible veterans using criteria and training programs developed by the Blind Rehabilitation Service. The KRM converts print to speech and enables blind persons to access most printed material without sighted assistance.

The Blind Rehabilitation Service monitors a field service contract with BVA (Blinded Veterans Association) which provides assistance to blinded veterans who may not be integrated into the VA service system. The BVA accomplishes this with five blind veterans traveling around the country motivating, counseling, and attempting to get the blind veterans to the VA for continuing services. Over 1,000 veterans were visited during FY 1985.

Blind Rehabilitation Service collaborated with REP (Rehabilitation Education Program), CEC (Continuing Education Center), and RMEC's (Regional Medical Education Centers), to provide one Visual Impairment Services Team and one Computer Technology for the Blind training program during FY 1985. More than 60 coordinators and blind rehabilitation specialists were given training to assist them in developing optimum service delivery to blind veterans.

A 10-bed Blind Rehabilitation Center in San Juan, Puerto Rico, is scheduled for completion in 1988. An interim day program was established during FY 1985; it will accept veterans for training in early FY 1986.

## Audiology and Speech

During FY 1985, there were more than 634,000 patient visits reported by 139 VA audiology and speech pathology programs through the Nation. This represents a 3.4 percent increase in these services over the previous year. The number of hearing aids that were issued to eligible veterans during FY 1985 also increased. The more than 40,000 hearing aids issued is more than 2.5 times the number the VA issued just seven years ago. In contrast, the average VA cost of hearing aids over this same seven-year period has only increased $39 per aid. The average cost of a VA-issued hearing aid during FY 1985 was $161.50. This low cost is directly attributable to the fact that the VA, through the Prosthetics Distribution Center at Denver, Colorado, purchases hearing aids directly from the manufacturers on a bulk basis. In addition, the hearing aid selection procedures used to obtain hearing aids from the manufacturers have been developed to assure that the veterans will be offered only the best hearing aids commercially available.

Speech pathologists throughout the Nation have become involved in the treatment of dysphagia, a swallowing disorder. Dysphagia treatment is provided to veterans through a team approach, and it has been shown that more than 23 percent of the current hospitalized veteran population is in need of this type of treatment. In an effort to enhance this type of service, the Continuing Education Center at VAMC, Washington, D.C., along with the Regional Learning Resources Service at St. Louis, Missouri, have utilized professional expertise in developing a videotape on the team approach needed in dysphagia treatment. This videotape will be distributed to all VA medical centers with accompanying material that describes the procedures to be followed in developing or enhancing such a program.

The demands for audiology and/or speech pathology services are rapidly increasing each year. It is conservatively estimated that the current rate of speech, language, and/or hearing problems requiring professional assistance is 65 percent for veterans in medical centers, nursing homes, and domiciliaries. This rate is expected to increase drastically in the next few years as the average age of the veteran population increases.

## Prosthetic and Sensory Aids Service

Prosthetic and Sensory Aids Service provided services costing approximately $95.8 million in FY 1985. Appliances and services were furnished to 1.1 million disabled veterans, most of whom are permanently disabled.

A sample of the items distributed in FY 1985 is provided in the following chart.

*Prosthetic Service issued 39,437 braces in FY 1985.*

| Item | Number | Total Cost |
|---|---|---|
| Aids for blind | 16,503 | $ 636,272 |
| Artifical limbs | 10,000 | 14,500,000 |
| Braces | 39,437 | 3,139,836 |
| Corset belts | 19,972 | 241,959 |
| Eyeglasses | 105,667 | 3,085,476 |
| Hearing aids | 43,235 | 6,982,397 |
| Shoes | 115,254 | 1,108,659 |
| Wheelchairs | 37,241 | 13,433,273 |

The budget for the Prosthetic and Sensory Aids Service has increased dramatically. The major reasons for the increased costs have been the ever-increasing sophistication of technology available for use by the handicapped, the increasing number of veterans who are becoming disabled because of age, liberalization of eligibility requirements passed by Congress, and changes in legislation which have increased the numbers and kinds of prosthetic devices available.

The first Amputee Clinic Team Training was conducted in three parts: STAMP (Special Teams for Amputation, Mobility, and Prosthetics/Orthotics) Training, training for the Amputee Clinic Chief (Physician) with their respective Chief, Prosthetic Service, and training for the Chiefs of Prosthetic Service Management Training.

In coordination with the Office of Program Planning and Evaluation, a study of Orthotic and Restoration Laboratories has been conducted. Outdated manuals have been rewritten. A new staffing study has been developed, standard position descriptions have been developed, and work on performance and classification standards is underway. The Prosthetic/Orthotic Advisory Council has developed sample standardized position descriptions for the Orthotic/Prosthetic Series. Prosthetic and Sensory Aids Service has also developed a quality assurance questionnaire to analyze wheelchair repairs.

## Agent Orange

The VA continued its activities, begun in 1978, to resolve the complex health care issues raised by the use of the defoliant Agent Orange. During FY 1985, 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, serves as the Agency's primary office responsible for the conduct of significant Agent Orange research and other related activities. This office also assumes responsibility for monitoring Agency and interagency activities undertaken to resolve the health care issues raised by phenoxy herbicides and other defoliants used during the Vietnam conflict.

During FY 1985 the VA continued to fund and monitor the conduct of a major epidemiology study of the health status of Vietnam veterans, a study conducted under the terms of an interagency agreement between the VA and the CDC (Centers for Disease Control), Atlanta, Georgia. Under the terms of the interagency agreement, the VA is providing CDC with resources and authority for the implementation, analysis, and scientific interpretation of a valid epidemiological study.

The study consists of three major research efforts including a Vietnam Experience component, an Agent Orange component, and a Selected Cancers Study component.

During FY 1985, the VA continued to pursue the initiation and conduct of several significant Agent Orange-related research efforts including the VVMS (Vietnam Veterans Mortality Study), a review of Soft Tissue Sarcoma cases in the PTF

(Patient Treatment File) for Vietnam era veterans, a Retrospective Study of dioxins and furans in adipose tissue, a STS (Soft Tissue Sarcoma) study conducted in cooperation with the Armed Forces Institute of Pathology, and ten specially solicited animal research projects.

Public Law 96-151, enacted December 20, 1979, mandated preparation by the VA of a review and critical analysis of the worldwide scientific literature on Agent Orange and other phenoxy herbicides. Subsequently, a two-volume report, prepared under contract, was submitted to the VA on October 1, 1981. Public Law 97-72, the "Veterans Health Care, Training, and Small Business Loan Act of 1981" enacted November 3, 1981, provided the Administrator of Veterans Affairs with authority to expand the literature review to include other studies to determine whether there may be long-term adverse health effects in humans from exposure to phenoxy herbicides. In April 1983, a contract for an updated review and analysis was awarded. Since that date an additional four volumes have been published with Volumes V and VI and a lay language Synopsis of Volumes II-V published during 1985. These publications provide an update of the literature since the publication of the original two-volume report. These volumes received wide distribution both inside and outside the VA. A current contract calls for preparation for Volumes VII and VIII, and a synopsis of literature identified during FY 1985 which will be submitted to the VA in May 1986.

Public Law 97-72 also gave the VA legislative authority to provide medical care to Vietnam veterans, subject to guidelines established by the Chief Medical Director, for health conditions possibly related to their exposure to Agent Orange without proof that it was the cause. During FY 1985 VA health care facilities had approximately 3,600 inpatient admissions and an estimated 396,000 outpatient visits under the authority of this legislation.

In addition, during FY 1985, other program activities including conduct of the VA's Agent Orange registry, Chloracne-Task-Force reviews, and preparation of a monograph series were continued as part of the total Agency efforts related to Agent Orange.

As of September 30, 1985, a total of 204,228 Vietnam veterans had reported to VA health care facilities to participate in the VA's Agent Orange registry program of physical examinations. This program, coordinated by the environmental physicians located at each VA health care facility, is being conducted to identify those veterans concerned about the possible adverse health effects of exposure to Agent Orange. Approximately 46,000 of these veterans participated in the examination program during FY 1985. Personal, service, and medical information from the examinations is placed in 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 provide them with information on Agent Orange. Specially prepared Agent Orange-related pamphlets and newsletters developed by the VA's Office of Public and Consumer Affairs, in cooperation with the Agent Orange Projects Office, have highlighted this effort.

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

The VA continued to cooperate with other Government agencies and public institutions involved in Agent Orange research. A dialogue was maintained with foreign governments, including Australia and Italy, concerned with the possible adverse health effects in civilian and military populations exposed to dioxin.

The VA continued its participation as an active member of the White House-established AOWG (Agent Orange Working Group) and its Science Panel.

Membership in this committee enables the VA to share information and interact with other Federal agencies concerned with resolving the issue of Agent Orange. The VA Advisory Committee on Health-Related Effects of Herbicides was rechartered by the Administrator on August 1, 1985. This committee, which has two subcommittees (the Subcommittee on Veterans Education/Information and the Subcommittee on Epidemiology/Biostatistics) advises the Administrator on scientific and policy matters of concern to Vietnam veterans exposed to herbicides. During FY 1985, this committee continued to make progress toward its goal of providing a better forum for discussions of epidemiology and biostatistics and enhancing further dialogue with veterans who can advise the VA on matters related to Agent Orange.

Representatives of the various State Agent Orange commissions and programs continued to interact as members or as general participants in this committee in order to improve communication and coordination between the VA and concerned State organizations. The committee, which meets in open sessions at VA's Central Office on a quarterly basis, provides the public with the opportunity to comment on VA Agent Orange-related policies and activities.

## Health Care for Female Veterans

During FY 1985, the Department of Medicine and Surgery continued to emphasize the goal of providing equitable health care for female veterans. All VA medical centers and outpatient clinics reviewed their plans for the care of female veterans with special attention to the provision of adequate gynecological services. Projects to correct physical limitations in health care facilities which might interfere with equal access to care are in progress. During FY 1985, every medical center and many regional offices appointed a Coordinator of Women Veterans to serve as an advocate for them and to facilitate their entry into the system. A National Conference was held for the coordinators in Washington in August 1985.

The VA Preventive Health Program implemented in FY 1985 includes osteoporosis counseling specifically targeted at women veterans. A mammography screening pilot program was also initiated at VAMC, Minneapolis, Minnesota, in FY 1985.

The VA Advisory Committee on Women Veterans, consisting of 16 women and 2 men and representing veterans from World War II, the Korean conflict, and the Vietnam era, as well as those with service-connected disabilities, and authorities in fields pertinent to women veterans, met three times in FY 1985. The committee continued to provide advice to the Administrator and the Department of Medicine and Surgery on the needs of women veterans. The Conference for Women Veterans Coordinators, which was held in August 1985, was an outgrowth of the committee's recommendation. The coordinators serve as advocates and contact points for women veterans in the VA medical centers.

The report of a Survey of Women Veterans, commissioned in 1984, was completed by a private contractor during 1985. The survey showed that women veterans are relatively young; over half have entered the service since the beginning of the Vietnam era. The vast majority of women veterans report that they are in good or excellent health. One out of every ten women veterans has been a patient overnight or longer in a Veterans Administration hospital since leaving the service, and 2 percent of women veterans reported inpatient care in a VA hospital in the year prior to the survey.[1]

## Health Care for Former Prisoners of War[2]

In 1981, Congress passed Public Law 97-37 entitled, "Former Prisoners of War Benefit Act." The law established an Advisory Committee to the Administrator on Former Prisoners of War. Eight diagnoses were identified to be considered presumptive for service-connection for former prisoners of war. The

---

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

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

diagnoses were avitaminosis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra, other nutritional deficiencies, and any of the anxiety states which became manifest to a degree of 10 percent or more after active military service. Effective October 1, 1983, Public Law 98-223 added dysthymic disorder to the list of diagnoses. The Chief Medical Director is an ex-officio member of the Advisory Committee.

There are an estimated 83,430 former prisoners of war alive: 336 from World War I, 78,914 from World War II, 3,562 from the Korean conflict, and 618 from the Vietnam era. One of the early recommendations of the Former Prisoners of War Advisory Committee was that the Department of Medicine and Surgery develop a standard protocol for obtaining the history and the medical evaluation of ex-prisoners of war. Consequently a special history-taking and medical evaluation protocol was developed and has been in use since July 1983.

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

DM&S has conducted an extensive sensitization program beginning with an educational conference in April 1983 in VA Central Office for the 28 senior medical clinical coordinators. A National ex-POW Educational Conference was conducted in Dallas, Texas on March 5-6, 1985. More than 200 DM&S employees attended the conference, including physicians, social workers, and administrative staff. The objectives of the conference were to update field personnel regarding the special needs of ex-POW's, to provide staff with data from the statistical tracking system, to discuss the continuing treatment needs of ex-POW's, and to review the pertinent research studies related to ex-POW's. An attitude survey showed that the majority of the conference participants thought the program achieved its stated objectives. In addition, there have been well over 100 educational programs conducted in field facilities. The DM&S ex-POW cordinator has been conducting quarterly conference calls for the field facilities since June 1983.

Systematic external (quality assurance) reviews of the ex-POW programs in the field facilities have been conducted since May 1984.

In early 1984, DM&S developed a former POW statistical tracking system. Each medical facility was requested to provide information on ex-POW's who had entered the program as of July 1, 1983. The September 1985 report showed that approximately 19,100 ex-POW's had been examined.

During 1985 the VA provided funding ($131,670) to the National Academy of Sciences for an ongoing study on morbidity and mortality in former prisoners of war.

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

DM&S regularly responds to inquiries from the Former Prisoner of War Hot Line.

## Preventive Health Services[1]

The VA Preventive Health Program was implemented in FY 1985. Each VA medical center has appointed a Coordinator of Preventive Health Care who will

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

report on the medical center's individual programs in FY 1986. Broad guidelines for these programs were provided by the DM&S preventive health care task force with input from an ad hoc field advisory group reflecting field expertise in prevention research and practice.

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

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

Two strategies received a special emphasis in FY 1985 which are scheduled to continue in FY 1986. The first was influenza immunization. A goal of immunization of 85 percent of high-risk patients was set and will be monitored on a quarterly basis. The other area which received special emphasis is physical fitness and exercise. Plans were developed to establish two centers: one at VAMC Hampton, Virginia, with overall responsibility for the national physical fitness effort, and one at VAMC Durham, North Carolina, to be involved in research regarding physical fitness and exercise in the elderly. Nine physical fitness specialists will also be based at VAMCs which have programs already underway.

Based on preliminary data available as of the end of FY 1985, over two million veterans received preventive health care services in FY 1985.

## Neurology Service

During FY 1985 there were neurological services provided at 85 VA medical centers, staffed by 320 physicians. The 2,400 operating beds and 39,000 inpatients treated remained at the same level as during FY 1984. Efficiency continued to increase, however, as the average length of stay (15.4 days) decreased by 10 percent compared to FY 1984. The four most common problems treated were cerebrovascular disease (30 percent), epilepsy (17 percent), dementia (15 percent), and neuromuscular disease (13 percent). Together these problems account for three-fourths of the clinical workload. The 310 house staff positions allocated to Neurology also reflect no change from FY 1984. These positions account for 25 percent of all neurology training positions in the United States.

## Nuclear Medicine Service

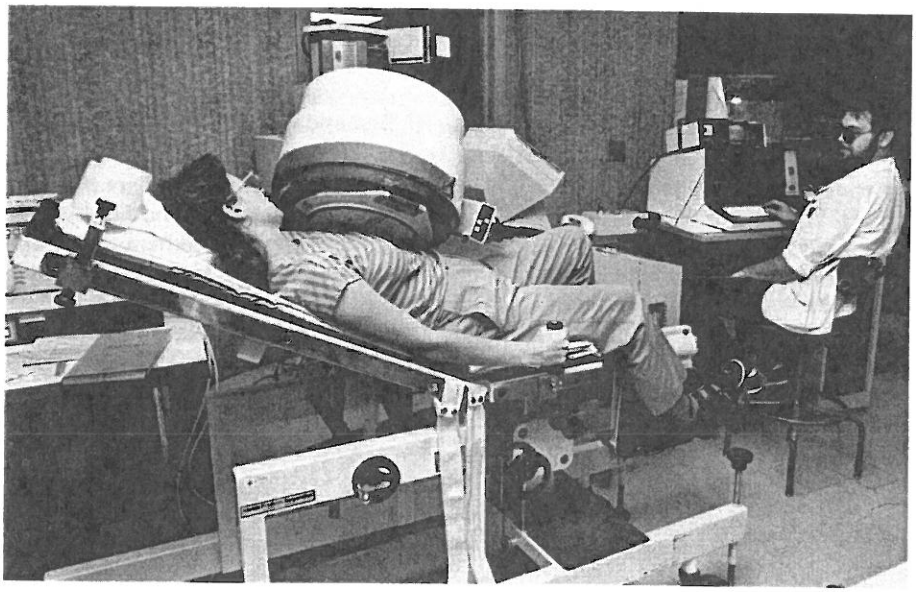
In FY 1985 the VA Nuclear Medicine Service employed 116 physicians, 62 residents, 48 physicists, 29 chemists, and 506 technical personnel. The 129 Nuclear Medicine programs provide diagnostic and therapeutic services. Ultrasound examinations are performed in 22 Nuclear Medicine Services. Approximately 3 million nuclear medicine procedures are done annually.

The nuclear medicine professional staff at the VA Medical Center, St. Louis (Cochran), Missouri, continues to provide excellent diagnostic care to veteran patients at seven satellite facilities by a computerized nuclear medicine telecommunications network. Expansion of this network and establishment of three additional networks have been approved.

The first NMR (Nuclear Magnetic Resonance) unit, installed at the VA Medical Center, St. Louis (Cochran), Missouri, in the fall of 1983, provided 1,981 nuclear magnetic resonance procedures to veteran patients during FY 1985. A PET (Positron Electron Transformation) scanner at the VA Medical Center, West Los Angeles (Wadsworth), California, has been in operation since July 1985.

Nuclear Medicine Service also is involved in many research activities, such as the following:

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



*A nuclear medicine study of the heart is being conducted to determine damaged heart muscle.*

The scope of technological developments is shown by these activities:

- Siting of the first Veterans Administration cyclotron at the VA Medical Center, West Los Angeles (Wadsworth), California; the second at the new hospital at VA Medical Center, Minneapolis, Minnesota;

- Establishment of PET scanners at the following VAMCs: Madison, Wisconsin; Minneapolis, Minnesota; Washington, DC (in cooperation with NIH); West Los Angeles (Wadsworth), California;

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

The Veterans Administration Central Office Nuclear Medicine Service, in fulfilling its responsibility for matters pertaining to veterans who were at STAIR (Sites of Temporarily Augmented Ionizing Radiation), addressed these matters:

- Continued development of a framework for an epidemiological study;
- Dissemination of literature on low-level radiation health effects, together with an examination protocol to all VA medical centers and claim adjudication centers;
- Interagency liaison with agencies whose work is germane to STAIR veterans.

Educational activities include the planning of, and participation in, RMEC's (regional medical education centers) such as the one at the Veterans Administration Medical Center, Northport, New York, on NMR (nuclear magnetic resonance) and nuclear medicine technologist programs. A nuclear medicine study of the heart is being conducted to determine damage to heart muscles.

## Radiology Service

Radiology Services in the Veterans Administration performed over 5,000,000 x-ray examinations in FY 1985. The total number of studies has remained relatively constant over the past three years, but complicated procedures such as interventional radiography have more than doubled, and computerized tomographic studies have increased by over 40 percent.

There were over 18,352 patients treated in the 26 radiation therapy facilities.

An additional 16 CT (computerized tomography) machines were purchased in September 1985. Eighty-six medical centers now have CT equipment installed.

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

*A radiological procedure, called a tomograph, is being done to detect the presence of infection or other abnormalities within the skull.*

## Dentistry

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

Through the continued use of field advisory groups, the Office of Dentistry received input on policy issues from task forces made up of personnel actively involved in the administration of clinics and/or treatment of patients. The topics included dental treatment of extended care patients, educational programs, use of weighted work units, and the identification, assessment, and training of candidates for Dental Service Chief positions.

Dental assistants from twelve VA medical centers received training in expanded functions at the Western Dental Education Center in West Los Angeles, California. As a result of this training, a more efficient array of services has been expanded at these locations and dental auxiliaries are offered career advancement opportunities.

In FY 1985, a collaborative project among the VA, the NIA (National Institute on Aging), and the NIDR (National Institute for Dental Research) neared completion. An agenda being prepared for publication contains the research recommendations of national experts on the oral health and related problems of the elderly. A catalog of relevant resources and activities among the three agencies has also been completed. Staff of the NIA, NIDR, and VA are preparing an implementation plan recommending cooperative efforts among the participating agencies to achieve the research objectives.

The second group of five VA-trained dentist geriatric fellows completed a two-year program. Through an innovative process involving submission of proposals by VA health care facilities, four sites were added to the original five chosen in which to place these uniquely trained individuals. This highly successful recruiting procedure has allowed the Department to capitalize on the training investment and has provided a mechanism for evaluating the contributions of dental geriatricians. Presently, nine of the ten fellows who have completed the program are continuing their career in the VA, where their knowledge and clinical expertise is available to the ever burgeoning population of elderly veterans. The Council on Dental Health and Health Planning of the American Dental Association and the Warner Lambert Company's Oral Hygiene Groups selected the VA Geriatric Fellows Program as a meritorious winner in the 1985 Geriatric Dental Health Care Award competition. The award cited the extensive background that VA residents receive in the oral health needs of aged individuals, both infirm and healthy.

During FY 1985, preparations were completed for a new dental data system which will be introduced in FY 1986. The new data system will provide the capability to assess the performance of dental services and will provide a valid data base for the staffing performance criteria which are currently being evaluated in the Department of Medicine and Surgery.

Development of eleven interdisciplinary health care protocols was completed; these protocols have received broad acceptance. The American Dental Association's Council on Hospital and Institutional Dental Services is considering the use of these protocols as a model for hospital dentistry nationwide. Related courses presented in the Dental Education Centers and the Regional Medical Education Centers have enhanced the ability of VA dentists to treat patients.

A Quality Assurance Administration Plan was developed by Dentistry to be used as a prototype for the Department. The concepts in this plan include intervention as well as evaluation and are directed at improving the levels of care provided to veterans.

As shown in the accompanying table, 116,867 outpatient beneficiaries were treated by VA dental staff, representing a 5 percent increase over FY 1984. A 6 percent decrease in the number of patients seen by private sector dentists over

the previous year also took place, resulting in a savings of approximately $730,000 in fee-basis funds.

In comparison to the dramatic fee-basis reductions experienced in previous fiscal years, the decrease in FY 1985 over FY 1984 was a moderate one. It appears that this program has reached a plateau and that expenditures will remain relatively constant in the near future.

Dental Service-Connected Outpatient Program

| Item | FY 1985 | FY 1984 | FY 1983 | FY 1982 | FY 1981 |
|---|---|---|---|---|---|
| Staff and fee cases—Total completed | 139,455 | 135,556 | 138,534 | 149,700 | 160,564 |
| Staff cases completed | 116,867 | 111,643 | 107,653 | 97,768 | 86,036 |
| Yearly change | + 5,224 | + 3,990 | + 9,885 | + 11,732 | + 11,705 |
| Percent change | + 5 | + 4 | + 10 | + 14 | + 16 |
| Fee cases completed | 22,588 | 23,913 | 30,881 | 51,899 | [1]74,528 |
| Yearly change | – 1,325 | – 6,968 | – 21,018 | – 22,629 | + 2,978 |
| Percent change | – 6 | – 23 | – 40 | – 30 | + 4 |
| Funds obligated (thousands) | $ 12,600 | $ 13,330 | $ 16,954 | $ 30,548 | $ 50,305 |
| Yearly change (thousands) | –$ 730 | –$ 3,624 | –$13,594 | –$19,757 | –$ 3,890 |
| Percent change | – 5 | – 21 | – 45 | – 39 | – 7 |

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

## Optometry Service

The Optometry Service continued to solidify the gains made in past years in roviding improved and expanded optometric patient care. Primary among these gains were those in the number of teaching affiliations between the VA medical centers and outpatient clinics and the Nation's schools and colleges of optometry. Beginning with one teaching affiliation for two optometry interns in 1972 at the Birmingham, Alabama, VA Medical Center, the affiliations now total 32 VA medical centers that are training optometry interns and 29 VA medical centers that are training optometry residents. The VA has also been a pioneer in providing residency training for graduates of the schools and colleges of optometry. These residency programs are of one year's duration and provide the recently graduated and licensed Doctor of Optometry the opportunity to see a wide variety of patients in a medical center environment. These residencies prepare Doctors of Optometry to subsequently serve as clinical faculty at the schools and colleges of optometry, to join the staffs at VA medical centers, or to accept positions at hospitals and health maintenance organizations as well as interdisciplinary group practices.

The number of patient visits to optometry clinics continues to grow. Due to the rapidly aging veteran population, the number of visits will increase at an ever increasing pace. Because of this, the Optometry Service has initiated training programs for field staff in the care of geriatric patients, particularly in the area of the partially sighted older veteran. Several facilities have initiated or are preparing to initiate VICTORS (Vision Impairment Centers To Optimize Remaining Sight) in order to address this need.

Due to the high caliber of optometry staff recruited into the VA as a result of Public Law 94-581, there has also been a substantial increase in the number of

research papers presented and published by VA optometric staff. VA Doctors of Optometry now hold key positions in the American Academy of Optometry and serve on various editorial boards, as well as contribute numerous articles to the profession.

The Council on Optometric Education of the American Optometric Association has made site visits to every VA residency training program. These visits have resulted in all programs being accredited by the Council. Efforts were undertaken during the year to establish oversight mechanisms with the Council on Clinical Optometric Care of the American Optometric Association.

## Podiatric Service

During FY 1985 the Podiatric Service continued to work with VA medical centers and clinics in the expansion of patient care programs, with particular emphasis on the aging veteran.

The Podiatric Service, in conjunction with the Rehabilitation Research and Development Service, sponsored a program on the Insensitive Foot in September 1985 in San Diego. The program was attended by podiatric, orthopedic, medical, and rehabilitation specialists from around the country and represented VA and non-VA clinical and research programs.

Podiatric residency and student training programs in the VA continue to attract large numbers of candidates from the colleges of podiatric medicine. During FY 1985, 34 VA medical centers sponsored Podiatric Residency Programs. In addition, the Department of Defense maintained sharing agreements with several VA medical centers for training military podiatrists in post-doctoral education.

Major podiatric research projects are also underway on diabetic foot disease. Each project is sponsored by the Podiatric Section of the medical center and works cooperatively with the Medical and Surgical Services at the VA and the respective affiliated medical college.

## Pathology Service

Significant progress in management information systems design and its application to VA medical center laboratory operations highlighted the past year's activities. The monograph "Managing Clinical Costs," published by the Veterans Administration, was distributed to all VA medical center directors and chiefs of Laboratory Service in March 1985.

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

Responding to the need for complex immunologic testing for potential AIDS (Acquired Immune Deficiency Syndrome) patients, Pathology Service chose three highly advanced VA medical center laboratory sites as nationwide reference laboratories for AIDS diagnosis and monitoring during FY 1985. Strategically located at the New York, New, New York; San Francisco, California; and Milwaukee, Wisconsin, VA Medical Centers, these laboratories now provide a complex battery of tests that will assist clinicians in establishing the diagnosis of AIDS, differentiating it from other viral and neoplastic diseases.

The specialized tests, using monoclonal antibodies and computerized laser cytometry, can also advise clinicians if the disease is in the early, middle, or late phases, therby assisting in discharge planning for ambulatory care. More laboratories are planned in the near future, as training progresses, and equipment becomes available.

A version of the laboratory software for the DHCP (Decentralized Hospital Computer Program) Computer System was verified and accepted by the

Laboratory SIUG (Special Interest Users Group) in April 1985 with subsequent delivery to all six ISC's (Information Systems Centers) in May 1985. Each ISC has replicated and distributed the laboratory software to each VA medical center in its jurisdiction.

The entire DHCP system for all VA medical center laboratories is expected to be operational by September 1986, although the majority of laboratories in the larger medical centers were already partially or fully operational in the latter half of FY 1985. Subcommittees of the laboratory SIUG have been formed to deal with aspects of future lab software development.

In May 1985, a conference/workshop entitled "Laboratory Diagnostic Related Groups: A New Method of Reducing Laboratory Costs" was held in Washington for selected VAMC clinicians and pathologists. At that time, over 100 DRG (diagnosis related group) principal diagnoses had been matched with clinical histories for the Medical Knowledge Self-Assessment Program. A cost reduction survey using LDRG's was mailed to selected VA medical centers in December 1985, the results of which will be used as both a cost containment tool and an education module for reducing the number of laboratory tests used for each DRG category seen in VA medical centers.

As an integral part of the LDRG methodology, the ICAT (Instrument Cost Analysis Technique), a cost accounting technique for determining the cost per test for automated laboratory instrumentation, was developed during FY 1985. Cost data were received from selected VA medical centers for several different automated analyzers, and were assembled and tabulated. The ICAT includes all direct and indirect costs for the following categories: pre-analytical, analytical, and post-analytical labor costs as well as costs for reagents and disposables.

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

The LFAC (Laboratory Functional Activity Checklist) is an extension of the predesign checklist (used for capturing data relative to planned laboratory construction/renovation) and is included as part of the "Managing Clinical Costs" publication. The data obtained from the submission of these forms have enabled Pathology Service to make further distinctions among peer group laboratories, based on a scoring system for the number of actual functions performed by each laboratory. In addition, comparative staffing data, including GS levels, is obtained using this format, which permits development of staffing guidelines representative of each laboratory section's level of activity.

During FY 1985 a computer program was written to determine laboratory space requirements for construction/renovation projects. Laboratory space requirements generated are tailored to the activity levels of specific VA medical center laboratories. This new approach to assigning space using combined hospital clinical activity and laboratory demographics is expected to significantly reduce future space requirements for construction of laboratories.

In March 1985, an updated version of the LCAP (Laboratory Clinical Activity Profile) was produced. The LCAP is Pathology Service's comparison of peer group laboratories of similar clinical activity. Using the computer resources of the National Institutes of Health, a cluster analysis was performed on selected laboratory data extracted from VA's data systems. The percentage of laboratory effort expended on behalf of medical, surgical, and staff outpatient visits was compared to the levels of laboratory activity observed in the chemistry, hematology, and microbiology sections. Collectively, these figures represent a nationwide average of 90 percent of all test request input and 85 percent of all laboratory output. In FY 1985, the methodology was refined by adding VA medical center turnover rates and total annual staff outpatient visits to the analysis.

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

During FY 1985, Pathology Service extensively revised quality control measures for diagnostic surgical pathology and autopsies (systematic external review of surgicals and systematic external review of autopsies). This was accomplished through a sharing agreement with the Armed Forces Institute of Pathology. The revision became effective in the first quarter of FY 1985 and is expected to enhance the accuracy of diagnostic surgical pathology and cytology throughout the VA laboratory services.

As of September 30, 1985, there were 513 FTE pathologists, 191 FTE senior scientists, and 5,669 FTE technical staff in VA medical center laboratories. Laboratory testing was provided in 160 medical centers, 5 independent outpatient clinics, 38 satellite clinics, 3 regional office clinics, and 1 domiciliary. Forty-seven medical centers operated diagnostic electron microscopy units.

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

| Total Procedure (in millions) | Fiscal Year | | | |
|---|---|---|---|---|
| Clinical Pathology | 1985 | 1984 | 1982 | 1981 |
| Procedures (unit count) | 173.2* | 166.6* | 232.0 | 216.0 |
| Workload (unit value) | 564.3 + | 553.6 + | 721.8 | 674.7 |
| Blood Transfusions (unit count) | 741,162** | 727,539 | 623,510 | 587,613 |

**Total workload for FY 1985 (and 1984) decreased in comparison to FY 1982 due to the following factors:*

- *The method used for counting laboratory workload for most automated instruments was radically changed in 1983, by the CAP (College of American Pathologists), which sets the standard values for unit count and unit value. This event invalidates our 1983 workload totals.*
- *The unit of count is now the panel, or batch, rather than the individual test performed in such a panel or batch setup. Panel and batch testing form a large component (about 40 percent) of all VA laboratory testing.*

\+ *The unit value associated with many procedures was also reduced by the CAP.*

***Units of blood and components transfused in FY 1985 showed a 1.9 percent increase over FY 1984. Veterans Administration laboratories again maintained their usual high percentage of blood procured from voluntary donors. For the past several years this has been 98 percent, repeated once again for FY 1985. Similarly, the VA's record for outdated blood has remained at two percent, which is below that of the national average for private sector hospitals.*

| Procedure in Anatomic Pathology | Fiscal Year | | |
|---|---|---|---|
| | 1985 | 1984 | 1982 |
| Surgical accessions | 421,786 | 419,152 | 380,960 |
| Cytology accessions | 198,172 | 194,567 | 202,904 |
| Autopsies | 15,215 | 15,251 | 14,772 |
| Autopsies as percent of death | 30.5 | 32.0 | 33.2 |
| Deaths | 49,929 | 48,318 | 44,546 |

Surgical accessions in FY 1985 showed a gain of 0.63 percent over FY 1984 while autopsies as a percent of deaths showed a decline of 1.5 percent. Cytologies increased 1.9 percent from FY 1984.

## Nursing Service

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

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

By participating in establishing criteria and reviewing designs for renovations and new construction projects, Nursing Service is provided an opportunity for input into the design process for areas affecting nursing. This also assures that adequate space and privacy are provided for women veterans.

Nursing Services across the country have updated and developed policies and procedures related to infectious diseases, particularly AIDS (Acquired Immune

*Concern is one of the key ingredients in serving the needs of the veteran patient.*

Deficiency Syndrome). Additional program initiatives have emphasized female veterans and the aging veteran. Leadership and direction in the nursing care of the aged veteran have been particular concerns of Nursing Service.

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

The Nursing Administration Practicum Pilot Project which is designed to provide a structured learning experience in executive level nursing and health care administration for graduate nursing students, completed its first year. Fifteen nurses in eight VAMC's participated in 1985. Due to numerous requests, the number of positions available for this practicum has been increased.

A VA Gerontologic Nurse Fellowship Program was initiated this year. This program is a two-year fellowship for nursing doctoral candidates who have a clinical focus in geriatrics and gerontology. The program is in response to a critical shortage, both within the VA and nationwide, of geriatric nurse clinicians, educators, administrators, and researchers who are adequately prepared to provide leadership in long-term care to our aging population.

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

Research remains a significant focus of Nursing Service. The number of funded nursing research projects continues to rise. VA nurses are receiving funds from all VA intramural sources, and from other Government and private sources.
In FY 1985 VA Nursing Service sponsored at least 16 nursing research conferences. Nursing Service's commitment to nursing research ensures that nursing care for veterans is based on sound scientific principles.

In FY 1985, the Administrator of Veterans Affairs established the Administrator's Awards for Excellence in Nursing, for registered nurses, licensed practical nurses, and nursing assistants. The three annual awards were presented by the Administrator during National Nurses' Week.

VA nurses continued to receive significant national recognition for outstanding professional contributions. The National League for Nursing conferred the Jean MacVicar Outstanding Nurse Executive Award upon Vernice Ferguson, Deputy Assistant Chief Medical Director for Nursing Programs, in recognition of her leadership in the field of nursing administration. Also, a VA nurse, Dr. Barbara Davis, F.A.A.N., received the Gerontological Nurse of the Year Award from the American Nurses' Association.

## Pharmacy Service

During FY 1985, approximately 47.1 million prescriptions for ambulatory patients were dispensed from 225 pharmacies. In addition, over 293 million inpatient medication doses and approximately 11.3 million intravenous and total parenteral nutrition solutions were prepared and distributed. The acquisition cost for drugs and pharmaceuticals was approximately $503 million.

In FY 1985, the major issues confronting Pharmacy Service were efficient resource management; computerization of outpatient and inpatient pharmacy services; continuing implementation of the unit-dose medication system; recruitment and retention of personnel; improved drug procurement activities; and promotion of quality and more patient-oriented services.

Drug expenditures in FY 1981, FY 1982, and FY 1983 increased 15.9 percent, 16.4 percent, and 28.8 percent respectively. In FY 1984, major efforts had been undertaken in promoting cost avoidance and efficient operational management. The increase was kept below 10 percent. Through continuing emphasis in improving pharmacy service management and control, FY 1985 showed the lowest rates of increases in the acquisition costs of drugs in the past five years, i.e., 7.2 percent, inclusive of inflation and greater utilization.

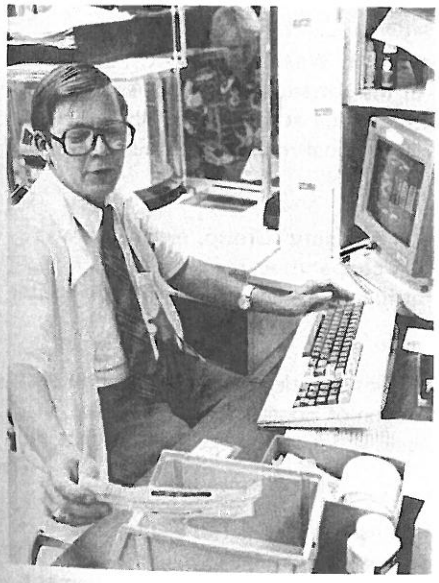
At the end of the fiscal year, total unit-dose medication systems were funded for 123 VA medical centers and over 63,000 beds. The program has resulted in a reduction in potential losses, lower probability of medication errors, less potential for diversion of drugs to street traffic, savings in nursing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

Pharmacy Service and Supply Service have jointly developed and successfully negotiated a special consolidated procurement plan for the medical districts with the three major manufacturers of large-volume parenterals and irrigation solutions. The efficient consolidated procurements of approximately 17 Federal supply system non-depot stocked line items will show a savings of approximately $4 million. Increased opportunities for consolidated procurements for other items not stocked in VA depots are anticipated.

The VA/DOD (Department of Defense) Shared Procurement Program continues to expand, resolving contract differences when they appear between the agencies. Joint usage of 363 contracts in FY 1985 totaled approximately $401.2 million. Over the past six years, VA and DOD realized a combined cost containment of approximately $84.8 million. In FY 1985, cost containment was approximately $17.5 million for the agencies.

Competition for pharmacists has intensified, especially in the greater New York area, the Great Lakes region, some southeastern cities, central Texas, and southern California. Pharmacy Service continues its recruiting efforts by working closely with Personnel Service and the VA Special Examination Unit for Allied Health Professionals based at the VA Medical Center, Richmond, Virginia.

The VA has provided funding for a total of 89 pharmacy residents in FY 1985. All VA-funded residency programs are accredited by the ASHP (American Society of Hospital Pharmacists). Thirty-seven of the residents were enrolled in the clinical pharmacy program. Nine residents received training through the ITTG (Interdisciplinary Team Training in Geriatrics) program, which stresses the interdisciplinary team delivery of care to aged veterans. Two residents received training through a geriatric expansion program which offers extensive clinical experience in providing clinical pharmacy services to geriatric patients. In addition, eight pharmacy trainees received on-the-job managerial experiences from selected preceptors.



*Improved service in the outpatient pharmacy has been possible through computerization.*

A SIUG (Special Interest User Group) comprised of Pharmacy Service personnel from the field and Central Office has been instrumental in assisting in the planning, development, and implementation of computerized pharmacy programs. During FY 1985, all VA medical centers received outpatient software. The inpatient software modules have been designed; testing and release of these modules is expected soon. The Pharmacy SIUG has completed a VA-developed Therapeutic Classification System and Reference Drug File to be implemented during FY 1986. To improve overall management effectiveness, Pharmacy Service has developed a strategic plan for Pharmacy Service computer programs, intended to integrate the operational modules in outpatient and inpatient programs with enhanced designs from related research development, a management information system, clinical information interface, and quality assurance activities.

Clinical pharmacy services are becoming an important part of Pharmacy Service operations, not only improving the quality of health care related to drug therapy, but also supporting cost-efficient management techniques. A circular defining the role, functions, and clinical privileges of clinical pharmacy specialists has been

developed and disseminated to the field. This circular has attracted national attention and the VA was recognized for its leadership in developing clinical pharmacy practice standards.

## Dietetic Service

As the Nation's largest hospital-based food and nutrition organization, VA Dietetic Service served more than 81 million meals in FY 1985 at an average cost of $1.17 per meal. Comprehensive nutritional care is provided to veterans by approximately 12,000 personnel, including dietitians, dietetic technicians, and food service workers in 160 Dietetic Services serving all 172 medical centers. Clinical nutrition services are provided not only to hospitalized veterans, but also to those in ambulatory care and other community-based programs.

Efforts are being concentrated on early identification of patients at potential nutritional risk, which potentially affects length of stay. The establishment of standards and levels of nutritional care and clinical privileges assist in effectively meeting this goal. Dietitians with specialized knowledge are being recruited to meet the increasingly complex needs of these patient populations. Since there is little documentation or research on the impact of nutrition on average length of stay, research on nutritional status, total parenteral/enteral nutrition, micronutrients, and interrelationships between nutrition and specific diseases is being pursued.

In addition to prescribed patient education, clinical nutrition programs for food/drug interaction counseling and preventive health, including physical fitness, were major areas of focus. Dietetic Service also participated in quarterly patient health education conference calls.

Seven regional coordinators and staff from Central Office met to put issues in priority order and to establish direction to VA Dietetic Services.

A SIUG, composed of dietitians from the seven regions, a systems dietitian, a computer programmer, and a Central Office coordinator, plans and develops software for implementation in all VAMC's. Nutritional assessment, energy/nutrient analysis, patient movement, and supplemental feedings software programs were released to all VAMC's.

A conference on food service facility planning was held for recently appointed chiefs, Dietetic Service, involved in renovation or construction projects. The faculty (Central Office personnel, chiefs with experience in construction projects, and private industry representatives) focused on various aspects of the planning, design, and construction process.

A one-day conference for VA dietitians was held in Washington, D.C., in conjunction with the 67th Annual Meeting of the American Dietetic Association. Approximately 200 dietitians met with Central Office staff. Topics discussed were preventive health, ADP, legal aspects of medical record documentation, and administrative management, specifically productivity.

At the annual meeting of the Clinical Nutrition Advisory Group, emphasis was placed on the elderly and malnutrition, the VA cooperative study on total parenteral nutrition, quality assurance for nutrition support, ethics, and computer support.

Monthly conference calls were held to provide information and guidance on such topics as JCAH (Joint Commission on Accreditation of Hospitals) requirements/changes, cost-effectiveness of clinical services, productivity, ethics, conflict of interest, and educational opportunities.

The Interagency Committee met on a regular basis to standardize subsistence items used in the federal hospital food service programs. This included deletion or inclusion of subsistence items and/or other aspects of subsistence procurement.

A nationwide job study to determine the role of dietetic technicians in the clinical nutrition program was completed and a qualification standard is being developed.

Clinical dietetic technicians provide cost-effective nutrition service to patients as well as support to clinical dietitians.

Because of the diversity of services available, VA dietitians provide clinical experiences for students in accredited college and university undergraduate, post-baccalaureate, master's degree, and non-VA internship programs. The VA also sponsors 11 dietetic internships. Recruitment brochures describing the variety of career opportunities and qualifications necessary for employment as a dietitian in the VA were recently revised.

Dietitians in the VA were recognized for their contributions to the profession by being selected for Leadership VA training; Speaker, House of Delegates of the ADA (American Dietetic Association); National ADA Ambassador; recognized young dietitians award; and state dietetic association presidents.

## Social Work Service

Through increased emphasis on the provision of discharge planning, case management, and community resource development services, Social Work Service has expanded the continuum of care required to support the health care needs of a rapidly expanding population of chronically ill, frail, elderly veterans. Nearly 270,000 veterans were placed in the community during this period with over 189,000 returning to their own homes through the availability and integration of appropriate support services. Over 400,000 veterans were provided health care through staff field travel. A primary focus of Social Work Service during the past year has been continued development of and effective linkage with the full range of community agencies and services specifically focused on the elderly. Through joint planning, training, and service delivery initiatives with agencies on aging, State offices on aging, and the broad aging network, social workers have contributed to the development of such services as adult day care, home health services, transportation, residential care, nutrition programs, family support services, peer support groups, and use of volunteer support networks. VA consultation and assistance to communities in the planning and development of community based services has expanded their availability to veterans as well as to citizens of the larger community.

Publication of a directive to VA medical centers on "Coordination of VA Health Care Services and Local Programs" provided policy guidance in expanding the range of community support services and resources needed to care for veterans who otherwise would be at risk for unnecessary or premature institutional care.

Community services coordinators have been appointed at all VAMC's to serve as a focal point of contact between the facility and the community health and social services network. These senior-level social workers serve as the focal point of contact between the VA medical center and the health and social services network including area agencies on aging; provide an indepth identification and assessment of existing community health, social support, and volunteer services required for the long-term care needs of veterans and others needing assistance; and promote the development of joint planning and service delivery initiatives consistent with VA health care objectives. National training focused on system-wide development and expansion of health care planning and service delivery models to meet the special needs of chronically ill, frail, elderly veterans. It was attended by all community services coordinators.

Results of a nationwide survey of Social Work Service's continuing education requirements will be used by the RMEC's (Regional Medical Education Centers) to provide future training. During FY 1985 the VA provided field training experience for 815 graduate social work students in health care. Affiliated with all graduate schools of social work, the VA is the largest trainer of social work interns in the Nation.

The revision of a circular entitled "Social Work Responsibilities in Discharge Planning" has placed increased emphasis on returning hospitalized veterans to the community at the most appropriate level of care and served as a model for policy development by the Society for Social Work Directors of the American Hospital

Association. Program planning and development activities have been initiated in areas of case management/care coordination; health care planning; preventive health care; rural health care/outreach services; and long-term care. National priorities related to the homeless have been addressed through participation on the Federal Task Force on the Homeless and through the development of actions or community initiatives by 52 VA medical centers.

Social Work Service has implemented systemwide high-risk screening programs to assure the early identification of patients who may encounter problems in returning to the community; to facilitate access to non-VA care and resources; and to improve patient management practices. In addition, the special interest users group has completed development of software modules on case registration and tracking; community resource directory; and contract nursing home program management.

## Recreation Service

Patient care services provided by recreation therapists affect veterans and their families throughout the VA health care system—in inpatient programs, ambulatory care, and in community based programs.

These broad-based therapeutic recreation programs were developed on assessed patient needs to assist inpatient care, improve the quality of life, and facilitate re-entry into the community.

In order to supplement appropriated funds for these programs, a network of organizations was invited to participate by providing funds, goods, and services. In FY 1985 26 national organizations contributed $12 million to patient care through therapeutic recreation programs. For the contributions made to patient care in this manner, the National Resource Organizations and Recreation Service were awarded the Private Sector Initiative Commendation by President Reagan in April 1985.

Several program initiatives were taken to establish linkage with State and area agencies on aging in support of joint planning in the development and delivery of services to the veteran population. Other successful national activities conducted by Recreation Service included wheelchair games, bowling tournaments, national music festivals, winter sports clinics, art shows, and the golden age games.

## Chaplain Service

To fulfill its primary mission of providing spiritual care for the veteran, Chaplain Service employs clergymen of the major faith groups to make available to the veteran patient pastoral counseling, the sacraments, regular corporate worship service, spiritual aid and support in times of crisis, and proper care for the veterans and their families at the time of serious illness and death.

*Chaplain Service provides spiritual comfort during the holiday season.*

Operating under the administrative aegis of the Assistant Chief Medical Director for Clinical Affairs, there are a Director and two Deputy Directors in Central Office.

Each of the VA medical centers operates under a Chief of Chaplain Service who supervises the work of the chaplains and the pastoral programs in the individual medical centers.

In addition to the hands-on ministry to the veteran and his or her family, each medical center Chaplain Service has promoted workshops, educational programs, and innovative pastoral programs for the benefit of the local clergy and volunteers, and the chaplains have also promoted good community relations in their frequent contact with the local clergy and the local community activities.

To further foster the work in the field, Central Office has arranged for the establishment of a national Chaplain Training Program for VA chaplains; it will be located at a major medical center.

## Veterans Canteen Service

The VCS (Veterans Canteen Service) operates retail stores, cafeterias, vending machines, and service activities located in each of the VA's 172 medical centers.

Offering articles of merchandise and services essential to patient comfort at reasonable prices, the VCS also makes food services available at reasonable prices to VA medical center employees, volunteers, and visitors, as well as patients.

Sales results for FY 1985 were as follows:

| | |
|---|---|
| Retail sales | $101,894,060.20 |
| Service sales | 4,538,761.29 |
| Cafeteria sales | 57,357,790.13 |
| Vending sales | 19,244,829.87 |
| Total | $183,035,441.49 |

Total sales increased slightly over those for FY 1984, when sales totaled $182,564,789.00.

The VCS is a non-appropriated operating component. As a result, the VCS, through its revolving fund, pays all its operating expenses, including salaries, and makes annual payment to the VA for rent, utilities, and other services provided. By consolidating its operating income, the VCS is able to provide the same level of service throughout all 172 VA medical centers, and the same services and level of service are provided in small, non-profit canteens as in larger operations.

During FY 1985, the VCS installed and implemented an automated budget system. This on-line link between the VCS Finance Center in St. Louis, Missouri, VCS Central Office, and VCS field offices has made financial and accounting data available to these offices more rapidly and more accurately, facilitating decision-making.

During FY 1985 the VCS Finance Center fully implemented a financial management information system. With the use of this system, 270,000 invoices and a matching number of receiving reports totaling $108,000,000 in payments were processed. In addition, the Finance Center audited and processed more than 10,000 weekly and monthly sales reports and produced monthly financial statements for up to 14 different merchandise departments for all 172 reporting canteens.

A strategic and tactical planning exercise was initiated during the fiscal year to determine refinements necessary to VCS merchandising and marketing procedures in light of changes in demographics and geographic distribution of the veteran population, changes in the retailing and food industries, changes in lifestyles and purchasing patterns of American consumers, and other pertinent factors. As a result of this exercise a number of changes have been implemented. These include formulation of a uniform signage program, upgrading of cafeteria luncheon specials, exploration of the testing of a fast-food franchise approach for selected medical centers, and seeking the consultant services of a resident independent New York City buying office to improve the capability to provide merchandise listings and information to individual canteen chiefs.

The VCS Merchandise Division is responsible for contacting manufacturers, "shopping the market," identifying items of merchandise which individual canteen chiefs can purchase for resale, and establishing price agreements for products that will meet the needs of hospitalized veterans. During FY 1985, 25 visits were made to the New York market for this purpose. In addition, more than 400 vendor contacts were made. Also during the year, the buying office was strengthened with the establishment of a buyer position for ladies' ready-to-wear and accessories.

The VCS Design and Layout staff developed new layouts during the fiscal year for 10 retail store remodelings and 10 cafeteria remodelings. These ongoing

modernization programs are generally initiated by the acquisition of new space or refurbishing of existing space at VA medical centers. In addition, this staff, working together with staff of the Retail Store Division and the Food Management Division, identified new retail and food equipment manufacturers, new retail fixtures, and new food equipment for testing and inclusion in remodeled and newly constructed VCS facilities.

Video and print media training modules continued to be developed and produced, in conjunction with the VA's Learning Resources Center in St. Louis, Missouri, in an effort to enhance the existing VCS training program and to improve the productivity and service at our canteens.

## Voluntary Service

In FY 1985, volunteers increased their participation in programs designed to assist veteran patients in VA medical facilities and the community.

Over 83,000 volunteers provided more than 12.2 million hours of service and millions of dollars in supplies, equipment, and monetary donations. Volunteers continued to serve in virtually every aspect of medical center operations and participated in such innovative programs as adopt-a-grandparent, palliative care, pet therapy, and physical fitness. There are also VA Voluntary Service-sponsored programs which benefit patients by involving them in community activities. Domiciliary members became little league umpires, nursing home care residents gave parties for deaf children, and long-term care patients helped sponsor holiday events for handicapped youths. These off-station activities allowed patients to feel needed and appreciated as well as giving them a refreshing change of scenery.

As a result of increased volunteer participation, three additional national organizations qualified for and accepted associate membership on the VA Voluntary Service National Advisory Committee, thereby raising the number of member organizations to 54. The new organizations are the Fleet Reserve Association, the Italian-American War Veterans Auxiliary, and the Paralyzed Veterans of America.

Each year at its annual meeting, the VA Voluntary Service National Advisory Committee presents an award, named in honor of the first Director of Voluntary Service, to the person judged to be the most outstanding youth volunteer. The 1985 winner of the James H. Parke Memorial Youth Scholarship Award was Julee Miller, a volunteer at the Bay Pines, Florida, VA Medical Center, who contributed more than 1,400 hours assisting veteran patients in corrective therapy. With the award, Miss Miller received the interest ($2,000) from an open and permanent account established by contributions of member organizations, volunteers, and VA staff members.

Volunteers and their service, civic, and fraternal organizations contribute greatly every year to the Annual National Salute to Hospitalized Veterans. The purpose of this major public relations effort is to pay tribute and express appreciation to the thousands of veterans hospitalized every year; establish and promote a continuing awareness of these deserving Americans; enhance and broaden community involvement beyond those who work regularly at medical centers throughout the year; and encourage Americans of all ages to participate and to interest them in serving as medical center volunteers year-round. Traditionally, the VA has a celebrity honorary chairperson and 1985 was no exception. Mr. Ted Knight, an actor in the "Mary Tyler Moore Show" and the "Too Close for Comfort" television series, and a decorated World War II veteran, visited several VA medical centers and gave generously of his time.

VA Voluntary Service has its own extensive award system, but numerous volunteers received recognition for their service to veterans from other sources. Several were given awards by their organizations and by local media; two were highlighted on "The American Character" national radio program, hosted by Dr. Norman Vincent Peale, and one was honored by President Reagan during National Volunteer Week.

## Academic Affairs

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

- To assist in recruiting and retaining sufficient numbers of all categories of professional health service and administrative personnel to meet the needs of a high-quality VA health care system, and to contribute to the Nation's health manpower pool. Each year, over 100,000 students receive some or all of their clinical training in VA facilities through affiliation with over 1,000 educational institutions.
- To provide continuing education for DM&S employees to maintain and learn new skills and knowledge at their VA health care facility or at DM&S continuing education field units. Nineteen such field units are geographically dispersed across the VA system. Over 70,000 training episodes for VA employees were supported in FY 1985, including 12,915 through a teleconferencing program which avoids travel costs and travel time associated with traditional workshops.

The DM&S education and training effort is accomplished through coordinated programs and activities administered by the Assistant Chief Medical Director for Academic Affairs. At 83 VA medical centers, educational programs are headed by an ACOS/E (Associate Chief of Staff for Education) to provide a single focus for health education activities. The ACOS/E's also serve the facility by involvement in quality assurance programs, strategic management, education, research, and patient care, in addition to their responsibilities for management of education programs.

## VA Health Professional Scholarship Program

The Health Professional Scholarship Program, established under Public Law 96-330, assists in providing health care personnel for the VA. Since 1982, 1,081 scholarship awards have been made in the field of nursing to full-time baccalaureate and master's degree nursing students. One hundred ninety-one of the awards were made in FY 1985.

A 1982 amendment to the Scholarship Program legislation permitted awards to full-time VA health care employees enrolled part-time in baccalaureate nursing degree programs. The first awards were made in FY 1984 to 91 part-time students; another 69 awards were made in FY 1985.

Overall, 600 scholarship participants have completed degree requirements and are in service obligation at 120 VA medical centers. Scholarship participants bring current knowledge and clinical skills to the care of veteran patients.

## Assistance for Health Manpower Training Institutions

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

- provided essential resources for the creation of five new state medical schools to be operated in affiliation with VA facilities and community hospitals.
- supported 18 medical schools with established VA affiliations to improve and expand existing programs.
- supported 138 grants to other health manpower training institutions for a variety of program enhancements in cooperation with one or more VA health care facilities.

The program of grants concluded in FY 1985, and the final annual report was sent to Congress.

## Graduate and Undergraduate Education

In FY 1985, the VA supported approximately 8,000 full-time medical residency positions under affiliations with 101 medical schools. Special emphasis was given to supporting programs in psychiatry, primary care, anesthesiology, geriatrics, radiology, orthopedics, and physical medicine and rehabilitaion. Through similar arrangements, VA facilities also provided clinical education experiences for

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

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

| Discipline | Number of Trainees | |
|---|---|---|
| | FY 1985 | FY 1984 |
| Total | 105,282 | 100,860 |
| Medical house staff | 29,033 | 27,380 |
| Medical students | 22,789 | 22,334 |
| Dental house staff | 941 | 911 |
| Dental students | 954 | 811 |
| Nursing | 28,598 | 27,393 |
| Social work | 950 | 999 |
| Psychology | 1,285 | 1,166 |
| Other health professions and occupations | 20,016 | 19,243 |
| Administrative | 716 | 623 |

All VA medical centers participated 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 patient care given by students in the fields of medicine, dentistry, nursing, psychology, social work, and other associated health professions.

At mid-FY 1985, 10,764 VA physicians, dentists, and other staff held faculty appointments at affiliated health science schools and colleges. A decade earlier, the number was 4,825.

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

May 1985

| Academic Title | Total | Physicians | Dentists | Other Staff |
|---|---|---|---|---|
| Total Faculty Appointments | 10,764 | 8,169 | 594 | 2,001 |
| Professor | 1,460 | 1,326 | 34 | 100 |
| Clinical professor | 262 | 204 | 24 | 34 |
| Associate professor | 1,669 | 1,403 | 66 | 200 |
| Associate clinical professor | 577 | 428 | 61 | 88 |
| Assistant professor | 2,988 | 2,531 | 134 | 323 |
| Assistant clinical professor | 1,421 | 1,068 | 131 | 222 |
| Instructor | 756 | 502 | 30 | 224 |
| Clinical instructor | 797 | 378 | 93 | 326 |
| Lecturer | 85 | 41 | 6 | 38 |
| Other titles | 749 | 288 | 15 | 446 |

## Fellowships

To meet the special needs of veterans and to provide national leadership, specialized physician fellowship programs were established in 1978. The initial

program was instituted for physician fellowships in geriatrics. Since then, fellowship programs for physicians in spinal cord injury and substance abuse, and for dentists in geriatric dentistry have been implemented. In 1984, a competitive review resulted in an increase of geriatric training sites from 12 to 18. These physicians and dentists receive two years of advanced training which enables them to provide leadership to the VA and to community programs dealing with these special health problems.

| FY 1985 | | | | |
|---|---|---|---|---|
| Program Category | Year Program Initiated | Number of VAMC Training Sites | Number of Fellowships Funded | Fellowships Completed Through June |
| Geriatrics/Gerontology | | | | |
| Physician | 1978 | 18 | 51 | 101 |
| Dentist | 1982 | 5 | 10 | 10 |
| Spinal cord injury | 1980 | 5 | 10 | 35 |
| Substance abuse | 1980 | 5 | 12 | 22 |
| Total | | | 83 | 168 |

## Interdisciplinary Team Training in Geriatrics

Based on the premise that health care delivery by a team of health professionals is a more efficient utilization of personnel and results in better patient management, especially for the elderly, 12 model ITTG (Interdisciplinary Team Training in Geriatrics) sites have been established. Physicians, nurses, social workers, psychologists, physical and occupational therapists, and other health-related disciplines participate in interdisciplinary team training in conjunction with ongoing geriatrics programs located at these 12 VA medical centers. During FY 1985, 183 students were provided funding support at the ITTG sites in the following disciplines—clinical nurse specialist, clinical pharmacy, audiology/speech pathology, social work, optometry, podiatry, psychology, and occupational therapy.

## Summer Traineeships

VA medical centers experiencing difficulty recruiting associated health students because of their geographic location or the schools' class schedules were assisted by a special summer traineeship program. In FY 1985, 423 traineeships were funded at 137 VA facilities. Disciplines supported in this program include audiology/speech pathology, blind rehabilitation, psychology, and social work.

## Clinical Nurse Specialist

In FY 1985, 124 master's level clinical nurse specialist student positions were supported at 27 VA facilities in the priority areas of geriatrics, rehabilitation, and psychiatric/mental health.

## Nursing Administration Practicum

The Nursing Administration Practicum provides a structured learning experience in executive level nursing and health care administration for graduate nursing students enrolled in master's degree programs in nursing administration. Students selected for this practicum will have as preceptors both the Chief of Nursing Service and the Medical Center Director. Students concentrate on developing their skills in organizational problem solving, business management, and community awareness relating to nursing and health care management. During FY 1985, nine VA facilities were provided funding support for 21 students.

## Geriatric Associated Health Training

A special priority program for geriatric education and training was instituted within VA medical centers, including those hosting GRECCs (Geriatric Research, Education and Clinical Centers). In 1985, 103 associated health trainee positions were approved at 54 VA facilities. Disciplines supported in this program include clinical nurse specialist, social work, psychology, occupational therapy, clinical pharmacy, audiology/speech pathology, and optometry.

## Continuing Education

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

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

Continuing Education and Learning Resources Field Organization

National/Regional Units[1]

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

Facility-Centered Units

| Component | Number of VA Facilities |
|---|---|
| Cooperative health manpower education programs (Boise, Dublin, Erie, Fort Meade, Lincoln, Saginaw, Togus, Tuskegee) | 8 |
| Medical media production services | 100 |
| Patient health education programs | 166 |
| Library services | 174 |

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

## Continuing Education Center

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

## Regional Medical Education Centers

Consultation, coordination, support, and educational programming are provided by the seven RMEC's (Regional Medical Education Centers). The RMEC program, under Public Law 92-541, plays a pivotal role in the DM&S continuing education effort. Each RMEC supports between 20 and 30 DM&S facilities by providing extensive and intensive analyses of educational needs within its region as well as expert consultation and assistance to facilities on continuing education administration and operations. In addition to meeting regional needs, the RMEC's are the major vehicle for conducting national training programs. RMEC's sponsored 1,901 educational courses or activities in FY 1985 for 60,903 DM&S staff members.

In 1985, teleconference training was expanded from a pilot effort to a full-scale program. Teleconferencing equipment was installed in all VA health care facilities in 1984 and 1985. While teleconferencing has many limitations, its cost avoidance features, including travel cost and travel time, and its utility for providing organized training to staff previously not reached has made it a very useful tool in the DM&S continuing education effort.

## Dental Education Centers

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

## Engineering Training Center

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

## Cooperative Health Manpower Education Program

At eight remote 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/ Health Promotion

Patient health education consists of activities designed to contribute to the improved health status of veteran beneficiaries. These activities include facility management of patient health education services, development of patient health education programs for identified target populations, staff training, and direct interaction with individual patients and families. Patient health education/health promotion is an important component of health care services. Full-time patient health education coordinators are assigned to 22 VAMC's and to each RMEC. In addition, 90 percent of VA medical centers have established facility patient health education committees responsible to the Office of the Chief of Staff.

## Library Services

The 174 VA health care facility libraries and Central Office Library Division comprise the VALNET (VA Library Network). They support the information and education needs of patients and of VA staff engaged in medical care, research, and administrative activities. The library provides reference, bibliographic, inter-library loans and circulation services to the entire health care team. Additionally, use of sharing arrangements expedites delivery of needed information and documents.

In FY 1985 the focus was on Agency priorities such as the DHCP (Decentralized Hospital Computer Program), VA research, geriatrics, and DRG's (Diagnosis Related Groups) in selecting 92 audiovisuals and 25 books for network-wide

distribution. "Vietnam: A Bibliography" was also prepared and distributed. To reduce the need for individual VA libraries to purchase, rent, or incur loan charges to obtain needed materials, the Central Office Library issued updates to national lists of books and journals available for free loan within VALNET. In response to the VA's emphasis on the use of automation to increase access to information, Central Office Library:

- Maintained a computerized data base of more than 13,000 audiovisuals and tested the feasibility of maintaining online files of all library materials held in VA Library Services.
- Began work on development of the library portion of the DHCP.
- Sponsored a course on library automation attended by 30 VALNET librarians, and a course on end-user searching attended by 11 VALNET librarians.

## Medical Media Production Services

In FY 1985, Medical Media Production Services at 100 VA medical centers provided audiovisual materials and services in support of local patient care, research, and educational program efforts. More than 5.75 million work units were completed.

Medical Media Central Office staff provide field program oversight and support of VACO publications for professional recruitment and continuing education efforts, and the DM&S scientific exhibit program. Nearly 30 scientific exhibits were displayed at some 40 professional society meetings throughout the country.

## Learning Resources Production Centers

During the year the four Learning Resources Production Centers completed and distributed 33 major teleproductions, and had an additional 80 titles in production. Highly regarded throughout the medical education community, these productions have won numerous international awards for their professional, technical, and artistic quality.

Late in 1985, a pilot project was instituted to validate the program and evaluate the cost-effectiveness of satellite distribution and delivery of audiovisual educational material. The network will link 22 VA medical centers in three medical districts in an interactive audio and video system. The link-up will be at VA Medical Center, Salt Lake City, Utah and responsibility for program development and oversight will rest with the RLRS (Regional Learning Resources Service) at the medical center.

## Education Space and Facilities

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

In FY 1985, support was provided to VA medical centers for 20 approved projects, including renovations to existing structures to improve or provide new conference/class rooms, libraries, and medical media production facilities, and to equip and furnish these facilities.

## Research and Development

Research and Development continues to demonstrate valuable contributions to the VA's effort in meeting the challenging and changing health care needs of the Nation's veterans. For almost 40 years, VA clinical and research investigators have addressed the health care problems affecting veterans. The investigators' solutions have contributed to the advancement of health care, not only within the VA hospital system, but throughout the United States and in other countries as well.

As it has in the past, the medical and scientific community paid tribute to the work of many VA investigators with a variety of honors and awards:

- The William S. Middleton Award, the highest award given by the VA for achievement in biomedical research, was awarded to Kosaku Uyeda, Ph.D., of the VA Medical Center, Dallas, Texas, in recognition of his discoveries related to the enzymes that control glucose metabolism in mammals. Dr. Uyeda's work has important implications for future diabetes research.

- Ernest Burgess, M.D. of the VA Medical Center, Seattle, Washington, received the VA's Olin Teague Award—given for service to veterans with service-connected injuries—for his key role in the development of the revolutionary Seattle foot.

- Howard H. Chauncey, Ph.D., D.M.D., of the VA Outpatient Clinic, Boston, Massachusetts, received the Carl A. Schlack Award for outstanding contributions to dental education and research. The award is given by the Association of Military Surgeons. Dr. Chauncey is conducting a long-term study of oral health among veterans.

- Margaret Giannini, M.D., Director, Rehabilitation Research and Development, and the Administrator of Veterans Affairs, Harry Walters, were among 13 recipients of the first Presidential Award for Design Excellence for their support of the Seattle foot project.

- Ludwik Gross, M.D., Chief, Cancer Research Unit, VA Medical Center, Bronx, New York, received the Memorial Sloan-Kettering Cancer Center's Katharine Berkan Judd Award for his work toward the discovery of the cure for cancer. Recently, the discoverer of the AIDS virus said his work was built on the original discoveries of Dr. Gross.

- Leo E. Hollister, M.D., of the VA Medical Center, Palo Alto, California, was honored by the American College of Physicians with the William C. Menniger Award, in recognition of his pioneering achievements in the use of therapeutic drugs in mental illness.

- Abba J. Kastin, M.D., Chief of Endocrinology at the VA Medical Center, New Orleans, Louisiana, received an honorary doctorate in science from the University of New Orleans. Only the fifth honorary degree bestowed by the University, the award honored Dr. Kastin's pioneering work in the field of brain peptides.

- Richard N. Lolley, Ph.D., of the VA Medical Center, Sepulveda, California, was awarded the Jules Stein Living Tribute Award by Retinitis Pigmentosa International for his achievements in the field of vision research.

## Medical Research

Medical research remains an essential element in the VA's effort to maintain the quality of the care it provides to the Nation's veterans. The value of the research program lies not only in the development of new knowledge that improves the diagnosis and treatment of disease, but also in the way it helps to meet the changing medical needs of the veteran patient. The latter benefit is particularly important at this time because of the increasing number of older veterans. Between now and the end of the century, the number of veterans over age 65 will more than double—to nine million.

For this reason, studies of the aging process and of diseases that affect the elderly are a high priority in the VA research program. More than 300 VA investigators are conducting some 400 aging-related research projects in such areas as Alzheimer's and other neurological disorders, immune system function in aging, osteoporosis, and blood pressure regulation. Progress in these areas would have a double benefit: improving the quality of life of elderly veterans, and reducing their need for costly, long-term medical and nursing care.

Other high priority research areas stressed by the Medical Research Service are schizophrenia, alcoholism, spinal cord injury and tissue regeneration, delayed strees disorders, health problems of female veterans, and Agent Orange.

The basic goal of all medical research within the VA system is to improve patient care. This is exemplified by the cooperative studies program, in which investigators at a number of different VA medical centers test a common protocol on large numbers of patients under strictly controlled conditions. Twenty-four such studies are now in progress. An additional eleven are in the planning phase, and six are in the final phase of analysis. The following examples illustrate the benefits of the cooperative study approach:

- In an effort to find the most effective and least toxic initial treatment for certain types of epileptic patients, investigators at 12 VA medical centers will compare carbamazapine—the best of four drugs studied in a previous cooperative study—with a newer compound, valproic acid.

- A randomized clinic trial to determine whether chemotherapy followed by radiation therapy provides a viable alternative to surgery and radiotherapy in patients with advanced, operable laryngeal cancer is being conducted in 14 VA medical centers. A major advantage of the nonsurgical approach—if successful—is that the patient would retain his or her natural speech.

- A study is being conducted in 10 VA medical centers to determine the efficacy of specific anticoagulant drugs in keeping grafted arteries open after coronary bypass heart surgery. This is an extremely important study in that the success of this operation is dependent on the long-term openness of these grafts. The VA medical center population is ideally suited for this study, since coronary artery disease affects mainly middle-aged men.

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

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

- Ten VA medical centers are involved in a study to determine if steroid administration will help patients with severe systemic infections and sepsis. The high mortality rate from sepsis/septic shock is a serious problem among older veterans.

## Rehabilitation Research and Development

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

In the areas of prosthetics, amputation, and orthotics, researchers are using new materials and computer technology to develop a new generation of artificial limbs-lighter, better-fitting,and more comfortable limbs that permit more natural movement and more vigorous activities, including running, skiing, and swimming. For spinal cord injuries, the use of robotics is being studied, as is the possibility that computer-controlled electrical stimulation can be used to restore function to paralyzed limbs. Research projects in the area of sensory aids include the development of advanced mobility aids for the visually impaired, computer-based hearing aids, and a multi-hospital study in which remote, machine-assisted therapy is provided to stroke patients who are aphasic.

During FY 1985, 150 Rehabilitation R&D projects were being conducted at 50 VA medical centers including the two Rehabilitation Research and Development Centers, the Rehabilitation R&D Evaluation Unit, and the Office of Technology Transfer. Ten interagency agreements were in effect for Rehabilitation R&D projects.

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

The Rehabilitation R&D Unit is responsible for the coordination of new prototypes and techniques developed under the VA program so that promising devices can be expeditiously transferred into commerical production and clinical use. It is also charged with developing training materials for new devices and improved techniques. During FY 1985, 11 projects were in various phases of evaluation, with the VA Seattle foot, and the Superfold cane in the final process of completion. The other projects were the robotic arm, exercise table, bathroom fixtures, simian aides, velocity wheelchair, ultrasound wheelchair control, software for the treatment of aphasic adults on the Apple II microcomputer, special friend portable speech prosthesis, and plastic temporary adjustable below-the-knee prosthesis. Commerical production of the Seattle foot, which won the first Presidential Award for Design Excellence, began in the fall of 1985, and final clinical testing and evaluation of 500 Seattle feet by veterans nationwide is almost complete.

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

As part of its effort to promote technology transfer, OTT publishes the "Journal of Rehabilitation Research and Development," a "Clinical Supplement" series that presents newly reported scientific findings and procedures to practicing clinicians, and the annual "Rehabilitation R&D Progress Reports," a comprehensive world-wide summary of ongoing scientific research. In addition, publication of an annual issue, the "Rehabilitaiton R&D Bibliography" has been initiated. OTT'S exhibit program presented scientific findings to eight major professional organizations during FY 1985.

## Health Services Research and Development

HSR&D (Health Services Research and Development) Service continues to contribute to more cost-effective health care delivery for the Nation's veterans by suporting a variety of projects to evaluate new and/or alternative medical interventions and administrative techniques. The information gained from these activities is transmitted to clinicians and administrators for their use in health-care-related decisionmaking. During FY 1985, for example, HSR&D supported a national conference on decision support technology, which concerns the use of devices and systems to help decisionmakers improve the quality and cost-effectiveness of health services. HSR&D also conducted the second annual Survey of Demand for VA Medical Care, made plans for a new national survey on the same topic in FY 1986, and drafted a proposed agenda to help the VA address the growing challenge of health and social service needs of aging veterans.

Under the VA's pilot program of preventive health care, established in response to Public Law 96-222, HSR&D Service continued to support projects dealing with schizophrenia, dentistry, and the evaluation of a selected set of preventive health care services.

At the heart of HSR&D's research activities is the Investigator-Initiated Research Program. Thirty-nine new projects, covering a wide range of VA concerns, were supported during the year. These studies continue to yield significant information, such as the following:

- Aerobic exercise constitutes an effective and cost-beneficial method of controlling blood pressure and reducing cardiovascular risk levels in mildly hypertensive veterans. In addition to the health benefits, this nonpharmacologic approach also represents a potential savings of millions of dollars in antihypertensive drug costs.

- An evaluation of studies on the use of nurse practitioners shows these practitioners to be effective and efficient in the provision of services that might be described as expanded nursing or physician substitute services: performing physicial exams, taking histories, ordering diagnostic tests, and prescribing treatment, counseling and follow-up care. HSR&D recommended that the use of nurse practitioners should be encouraged and expanded, particularly in areas such as chronic care.

The field programs continue to implement the service's mission nationwide. By linking research with local patient care and administrative needs, the field programs foster the integration of research and practice and the use of research products by VA managers and clinicians. The objectives of the field programs are to conduct relevant, high-quality health services research; provide support and consultation to area managers and providers; and inform and educate VA managers and providers about the methods and uses of HSR&D. Currently, nine field programs are operational and one more is in the developmental stage. The goal is to have at least two programs in each of the VA's seven regions.

One significant field program activity during FY 1985 was to assist the SCI (Spinal Cord Injury) Service in developing a registry of all SCI patients who use the VA. Eventually, data gathered through the SCI Registry will facilitate demographic studies, vital statistics analysis, identification of trends, and studies of the natural history of disease processes peculiar to spinal cord injuries.

The special projects program focuses on projects designed to meet the information needs of managers in the VA Central Office, with special emphasis on technology transfer. One recent technology assessment activity was the evaluation of ESWL (Extracorporeal Shock Wave Lithotripter), a non-invasive procedure for disintegrating kidney stones in the upper urinary tract. It was found to be as effective as surgery and other techniques for small stones, but without the associated risk, complications, discomfort, and extended hospitalization. One disadvantage is that ESWL requires a major capital investment and has a high annual operating cost.

Also in FY 1985, HSR&D's special projects program established service-directed research projects, which are intended to produce critical information needed for decisionmaking by Congress, the Administrator, the Chief Medical Director, or other DM&S officials.

## Prosthetics Services, Research and Development

At the end of FY 1985, it had been one year since the initiation and funding of the eight VA medical center STAMP's (Special Teams for Amputation, Mobility, and Prosthetics/Orthotics). These programs are designed to improve the interdisciplinary care of the handicapped, especially amputees. Following successful meetings of selected members of each STAMP program in New York City, and Chicago, Illinois, the personnel of the various programs have continued to exchange information.

A statistical network to assess the cost-effectiveness of the program is now in the formative stage and should be firmly in place at all centers within the next year.

The STAMP program has generated interest in many other VA medical centers which treat patients covered by the STAMP umbrella but which are not designated as specific STAMP centers, and it is expected that the program will have a system-wide influence on the care of handicapped patients.

## Medical Administration

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

During FY 1985, MAS (Medical Administration Service) began developing an automated exchange of data between DM&S and DVB. This exchange will take place between the DHCP System in DM&S and the Target System in DVB and will greatly reduce the paperwork between the two departments, speed the flow of data, and will thus provide better service to the veteran.

A revised format was developed for the MAS national training program. New modules were developed for fee basis and veteran eligibility.

## DM&S Reorganization

During FY 1985, a major reorganization of the Department of Medicine and Surgery was designed, approved, and implemented. The need for changes grew out of a commitment by the new Chief Medical Director to improve the Department's organizational and managerial structure as a means to more efficiently and effectively accomplish mission goals and objectives.

As the first step in these planned improvements, the Department's quality assurance activities were restructured. An Office of Quality Assurance was established in 1984 reporting directly to the CMD. In addition, an Office of the Medical Inspector was established, reporting to the DCMD (Deputy Chief Medical Director), to manage retrospective investigative activities. On March 29, 1985, the Administrator approved the following major organizational improvements:

- Clarification of the role of the DCMD as the Chief Operating Officer for the Department, i.e., the final filter for actions requiring the CMD's decisions.
- Creation of two ADCMD (Associate Deputy Chief Medical Director) positions:
  - The ADCMD for Operations to manage current operating year responsibilitites; and
  - the ADCMD for Programs, Planning and Policy Development to manage future responsibilities.
- Pending changes to title 38 the ADCMD for Operations will be designated as the Director for Operations.
- Realignment of the Resource Management Office and the Management Support Office to report directly to the CMD.
- Creation of a seventh DM&S Region - the Southwestern Region.

## DM&S Executive and Management Development Program

Another result of the DM&S reorganization was the merger of Management Development Programs, aimed at medical center service chiefs, assistant chiefs, and supervisors, with the Executive Development Program. Major FY 1985 initiatives were the selection and funding for eight medical centers to develop management training programs, and the purchase of learning packages for interpersonal skills training. The integration of the Executive and Management Development Programs has assured continuity in the Department's approach to the development of its managers and executives at all levels.

In FY 1985, executives at DM&S medical centers and Central Office participated in a total of 790 individual executive development experiences. A second national forum was held for Associate/Assistant Medical Center Directors. To assure adequate numbers of well prepared executives for the future, the Department supported 28 participants in the Senior Executive Service and the Health Systems Executive Service Candidate Development Programs and 14 physicians in the Executive Medicine Program.

## Resource Allocation Development

The Allocation Development Service performs functions required to establish an integrated and systematic method to manage, distribute, maintain, and justify the resources of the VA's Department of Medicine and Surgery. The Service tests, reports, and evaluates potential resource allocation systems for care delivered by the VA's health care facilities.

A major accomplishment during FY 1985 was the development of target allowances to the VA health care facilities for FY 1986 based on three models of the new resource allocation methodology (acute inpatient, long-term, ambulatory). This represents a considerable expansion in the use of the resource allocation methodology from the previous year when only the acute inpatient model was used. About 55 percent of the VA's medical care budget is now allocated on a casemix basis.

A number of budget items are still excluded from the resource allocation methodology. Such exclusions, or pass-throughs, include the following:

- research appropriations
- medical care support for research
- support for graduate medical education
- renal dialysis
- fee basis care and CHAMPVA
- spinal cord injury units
- blind rehabilitation units
- indirect costs

Several major efforts were undertaken by the Allocation Development Service during FY 1985:

- Improving the acute inpatient care model by reweighting the DRG's (diagnosis related groups) with VA costs, and evaluating whether it would be preferable to use them in lieu of the New Jersey weights now in use.
- Improving the RUG's (resource utilization groups) model used for allocating resources for long-term care (nursing home care and intermediate care) by evaluating the adoption for VA use of the State of New York model used for

Medicaid reimbursement. The New York model was based on a much larger sample and some of its features differ significantly from those of the VA model.

- Refining the ambulatory care model.
- Testing a new method for establishing weighted work units.
- Analyzing costs associated with inter-service patient transfers.
- Developing initial plans to create resource allocation models for indirect costs, renal dialysis, and spinal cord injury units. Inclusion of resource allocation models for indirect costs, renal dialysis, and spinal cord injury units would bring about 80 percent of VA's medical care budget under the casemix methodology.

## Resources Funds

Obligations by the VA's Department of Medicine and Surgery during FY 1985 were over $9.2 billion, an increase of 7.9 percent over FY 1984. The accompanying table summarizes the distribution of these funds by major program.

| Activity | Obligations (in thousands) | |
|---|---|---|
| | FY 1985 | FY 1984 |
| Total DM&S | $9,258,347 | $8,581,997 |
| Medical care | 8,936,274 | 8,300,867 |
| Medical administration and miscellaneous operating expenses | 65,798 | 65,576 |
| Medical and prosthetic research | 226,634 | 190,299 |
| Other medical programs[1] | 29,641 | 25,255 |

[1] *Excludes revolving and trust funds.*

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

The VA strives to deliver the highest quality medical care possible and at the same time contain costs by assuring delivery of services through the most appropriate type of care and the most cost efficient mode. The two accompanying charts illustrate the success of these efforts. Over the past 10 years, both the number of hospital patients treated and number of outpatient visits to VA staff have increased (1,178,894 hospital patients treated in 1976 to 1,305,702 in 1985, or an increase of 10.8%; 14,223,000 staff visits in 1976 to 17,790,000 in 1985, or an increase of 25.1%), while the average daily census decreased from 78,264 in 1976 to 59,310 in 1985, a reduction of 24.2%. The change in these workload factors has resulted in a decrease in inpatient length of stay.

Workload

| Fiscal Year | Hospital Inpatient Program: Avg. Daily Pat. Census | | Hospital Inpatient Program: Patients Treated | | Outpatient Program: Staff Visits | |
|---|---|---|---|---|---|---|
| | Number | Index (1976 = 100) | Number | Index (1976 = 100) | Number (in 000's) | Index (1976 = 100) |
| 1976 | 78,264 | 100 | 1,178,894 | 100 | 14,223 | 100 |
| 1977 | 75,285 | 96 | 1,209,763 | 103 | 14,675 | 103 |
| 1978 | 73,008 | 93 | 1,228,755 | 104 | 15,070 | 106 |
| 1979 | 69,821 | 89 | 1,230,252 | 104 | 15,053 | 106 |
| 1980 | 68,109 | 87 | 1,247,516 | 106 | 15,752 | 111 |
| 1981 | 66,376 | 85 | 1,248,502 | 106 | 15,828 | 111 |
| 1982 | 64,894 | 83 | 1,242,544 | 105 | 16,024 | 113 |
| 1983 | 64,992 | 83 | 1,280,468 | 109 | 16,627 | 117 |
| 1984 | 63,094 | 91 | 1,290,046 | 109 | 16,935 | 119 |
| 1985 | 59,310 | 76 | 1,305,702 | 111 | 17,790 | 125 |

Cost Per Average Day of Care and Inpatient Treated

| Fiscal Year | Per Diems[1] | | Cost Per Hospital Inpatient Treated | |
|---|---|---|---|---|
| | Amount | Index (1976 = 100) | Amount | Index (1976 = 100) |
| 1976 | $ 87.86 | 100 | $2,135 | 100 |
| 1977 | 103.27 | 118 | 2,346 | 110 |
| 1978 | 119.10 | 136 | 2,583 | 121 |
| 1979 | 133.82 | 152 | 2,772 | 130 |
| 1980 | 154.00 | 175 | 3,077 | 144 |
| 1981[2] | 166.05 | 189 | 3,222 | 151 |
| 1982 | 190.36 | 217 | 3,629 | 170 |
| 1983 | 206.89 | 235 | 3,833 | 180 |
| 1984 | 220.49 | 251 | 3,947 | 185 |
| 1985 | 249.02 | 283 | 4,129 | 193 |

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

## Employment

The net FTEE (full-time equivalent employment) in the Department of Medicine and Surgery increased from 199,242 in FY 1984 to 202,631 in FY 1985.

Total Health Care: Net Full-Time Equivalent Employment

| Appropriation/Fund | FY 1985 | FY 1984 |
|---|---|---|
| Total | 202,630 | 199,242 |
| Medical care | 193,828 | 190,463 |
| Inpatient care | 155,293 | 155,345 |
| Hospitals | 140,742 | 141,744 |
| Nursing homes | 12,137 | 11,241 |
| Domiciliaries | 2,414 | 2,360 |
| Outpatient care | 32,551 | 30,476 |
| All other | 5,984 | 4,642 |
| Medical administration and miscellaneous operating expenses | 809 | 875 |
| Research | 4,551 | 4,394 |
| Medical research | 4,126 | 4,052 |
| Rehabilitation research | 247 | 203 |
| Health services research | 178 | 139 |
| Canteen service | 3,443 | 3,510 |

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

| Fiscal Year | Hospital Care (FTEE/Census) | Outpatient[1] Care (FTEE/1000 Visits) | Nursing Home Care (FTEE/Census) | Domiciliary Care (FTEE/Census) |
|---|---|---|---|---|
| 1976 | 1.75 | 1.48 | 1.00 | 0.32 |
| 1977 | 1.85 | 1.48 | 1.02 | 0.33 |
| 1978 | 1.99 | 1.53 | 1.08 | 0.35 |
| 1979 | 2.04 | 1.52 | 1.05 | 0.35 |
| 1980 | 2.11 | 1.54 | 1.09 | 0.36 |
| 1981 | 2.13 | 1.78 | 1.11 | 0.37 |
| 1982 | 2.18 | 1.87 | 1.13 | 0.37 |
| 1983 | 2.19 | 1.85 | 1.15 | 0.38 |
| 1984 | 2.25 | 1.72 | 1.24 | 0.38 |
| 1985 | 2.37 | 1.75 | 1.27 | 0.40 |

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

## Management Systems Service

During the past year, MSS (Management Systems Service) has been involved in the continuing refinement of staffing guidelines as well as the development of new staffing guidelines. At this time, MSS has 41 medical center functions under guideline. Each VA medical center reports quarterly workload statistics to MSS for computation in order to determine the difference between actual FTEE vs. earned FTEE at the individual facilities. Facility data are submitted via the VADATS (Veterans Administration Data Transmission System) or AMIS (Automated Management Information System). Because of the large volume of data submitted each quarter, MSS, in conjunction with the Office of Data Management and Telecommunications, is developing a methodology for a direct transmission by the facilities to the Austin DPC. This will greatly reduce the reporting requirements for the field facilities as well as reduce the present turnaround time required to produce the quarterly staffing report for the Chief Medical Director and other top management in VA Central Office and the field.

MSS has also been working with Allocation Development Service to develop a model using DRG cost data with staffing criteria for Spinal Cord Injury Service.

## Space Management Program

As part of the Chief Medical Director's reorganization of the Department, and due to a reduction in available funds, a major space reduction program was developed and implemented in FY 1985. The program included the relocation of a large number of employees from six locations in Washington, D.C., and Virginia to two locations in D.C. This plan, now fully implemented, will save the Department over $500,000 annually in reduced rental fees. In addition to these savings, there will be significant reductions in local travel costs and in employee lost time associated with this space consolidation.

## Construction

During FY 1985, the Veterans Administration continued to seek improvements in the planning, design, and construction of medical facilities. A study of the VA construction process was completed by independent contractors. The major recommendations of the study were endorsed by the Administrator, and approval has been sought from Congress to effect the organizational changes necessary to implement the recommendations. Implementation of the study's recommendations is expected to lead to accelerated construction schedules, more efficient use of assigned personnel, and an increased involvement by medical center directors and their planning staffs in construction issues.

The Agency's Department of Medicine and Surgery also developed and sent to Congress a methodology for ranking all proposed major construction projects (those costing more than $2 million) in terms of national priority. This methodology was used to rank the projects in the FY 1986 budget proposal; it will be used for future budget submissions, as well as in the development of the Five Year Medical Facility Construction Needs Assessment.

Major activations during the year included the 428-bed replacement hospital and 60-bed nursing home care unit in Seattle, Washington.

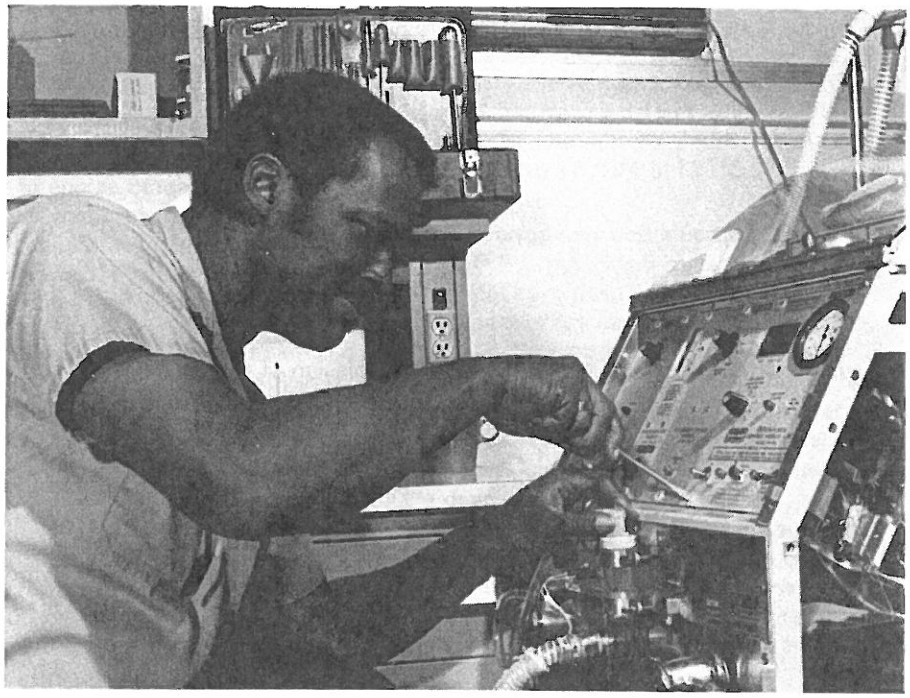
In addition, new nursing home care projects were also completed and activated in Boise, Idaho; Dallas, Texas; Denver, Colorado; Fresno, California; Kerrville, Texas; Lake City, Florida; Marion, Illinois; Portland (Vancouver), Oregon; Spokane, Washington; Tampa, Florida; Washington, D.C.; and West Los Angeles, California.

In an effort to enhance facility construction planning and effect further improvement in individual medical center five-year facility plans, a Facility Stategic Planning process has been implemented. This process provides for early conceptualization of medical center construction needs. The changes dictated by MEDIPP (Medical District Initiated Program Planning) must be translated into a specific plan of action, which is often in the form of proposed construction projects. These projects must be realistic when weighed against district, region, and nationwide priorities and the availability of resources. A team composed of medical center, district, and VACO representatives works together to ensure that proposed projects incorporated into the medical center five-year plan are realistic and will support MEDIPP changes and medical center mission requirements. Facility Strategic Planning was accomplished during the year for medical centers located in Butler, Pennsylvania; Hot Springs, South Dakota; Marion, Indiana; Miami, Florida; and Miles City, Montana.

## 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 blend differs among medical centers, depending on varying local conditions. Systemwide, 81 percent of medical equipment is maintained in-house with back-up assistance from manufacturers; the remaining 19 percent is supported by service contract. Analysis completed in FY 1985 shows that the resultant overall cost was 5.7

percent of the over $1 billion medical equipment inventory. This compares to a systemwide average service contract cost of 8.9 percent of the total. The 3.2 percent cost differential translates to an annual cost avoidance of approximately $36.9 million.



*Biomedical engineering preventive maintenance programs are an essential ingredient in the effort to provide quality care.*

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

## Energy Management Program

The VA has been actively involved in energy management since 1975. The current program is guided by national laws and requirements mandated by regulatory agencies. The VA accomplished its first long-range goal in FY 1985 by exceeding its planned goal of 20 percent reduction in energy consumption per square foot by the end of FY 1985, compared to FY 1975, with a cost-effective energy conservation program, and without reduction in the VA's high standards of health care and services.

The success, to date, of the energy management program can also be measured by the accomplishments of its foundation program planned to save money. Over $300 million in reduced utility costs have been achieved with expenditures to date of $130 million. Due to the long-range nature of our retrofit projects, those items accomplished to date will provide another $300 million in benefits during the next six years. The current long-range plan is to accomplish an additional 10 percent reduction in energy consumption per square foot by the end of FY 1995, compared to FY 1985. This will result in utility cost avoidance of an additional $200 million.

The program's achievements can also be seen at the individual medical centers which have successfully implemented energy management programs. Sixty-two medical centers have achieved over 100 percent of their FY 1985 established target goals and an additional 75 have achieved between 85 percent and 100 percent of their goals. The basic plan provides for research in new products in order to remain current with modern technology, a detailed study of each medical center to determine its specific requirements, training of medical center personnel, an updated five-year energy management plan for each medical center, review and priority assignment of projects for funding, and a central review of the overall program to ensure that each action or retrofit will save more than it will cost.

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

## Engineering Service

The mission of the Engineering Service is to provide necessary support in the areas of minor construction, maintenance, repair, and plant operations. This effort is accomplished at 172 medical centers comprising over 5,000 buildings and totaling more than 120 million square feet of building space valued at approximately $20 billion. To accomplish this mission, over $406 million was spent on recurring maintenance and repair, $420 million on plant operations, and over $11 million on capital improvements. In addition, the Chiefs of Engineering Service at VA medical centers functioned as the resident engineers for design and construction of 244 delegated FY 1985 construction projects totaling some $149 million.

The accompanying table provides a summary of FY 1985 obligated nonrecurring maintenance and repair and capital improvement projects. Top priority for funding was given to projects for correction of deficiencies identified by the JCAH (Joint Commission on Accreditation of Hospitals) and fire safety surveys.

FY 1985 Nonrecurring Maintenance & Repair Projects

| Category | Number of Projects | Cost of Projects (Millions) |
|---|---|---|
| Electrical | 92 | $18.5 |
| Fire protection | 65 | 7.4 |
| Safety and health | 78 | 9.5 |
| Air conditioning and refrigeration | 86 | 14.3 |
| Boiler plant | 18 | 7.1 |
| Automatic transport | 24 | 6.5 |
| Exterior maintenance (buildings) | 118 | 24.3 |
| Exterior maintenance (utilities) | 34 | 7.8 |
| Interior maintenance (buildings) | 99 | 15.2 |
| Interior maintenance (utilities) | 31 | 4.9 |
| Exterior minor improvement (buildings) | 39 | 3.1 |
| Exterior minor improvement (utilities) | 4 | 1.2 |
| Exterior minor improvement (renovation) | 87 | 38.9 |
| Energy conservation | 124 | 15.4 |
| Other | 29 | 4.8 |
| Total | 928 | $178.9 |

## VA Occupational Safety and Health Program

The Administrator's commitment to the Occupational Safety and Health Program was emphasized in a memo to all employees which stressed the need to eliminate hazards and to think about safety on the job. This emphasis on occupational

safety and health was continued with the publication and distribution of a safety poster which is to be permanently displayed at each work site. The safety poster clearly delineates the VA's responsibilities in providing a safe work site, as well as the employees' responsibility to work safely and to report hazards.

Working safely has paid off in lower accident case rates. The Presidential goal of reducing occupational injuries by 3% per year for a five-year period has been met by the VA in FY 1984 and FY 1985. FY 1982 is used as the point of comparison. Since FY 1982 the total of injury/illness claims filed with the OWCP (Office of Worker's Compensation Program) has declined 15.2%, from 7.32 claims per 100 employees in FY 1982 to 6.21 claims in FY 1985. Total claims have decreased 11.8% from 17,220 in 1982 to 15,194 in FY 1985.

Total costs of injuries and illnesses have unfortunately continued to rise. COP (Continuation of Pay) costs have declined 8.2% from $8.5 million in FY 1984 to $7.8 million in FY 1985, but costs of OWCP have risen by 13% to $73.5 million in FY 1985. The number of injuries and illnesses has decreased; however, the costs to the VA have risen to a total of $81.3 million for FY 1985. Although inflation may help to explain this discrepancy between rise in costs and decrease in incidents which have occurred Governmentwide, there is no clear answer as to the reason for this phenomenon. The principal mission of the Occupational Safety and Health Program is the reduction of injuries and illnesses. The steps used to accomplish this mission include: 1) the development of a management information system to provide managers and safety personnel the information necessary to better manage their programs; 2) the development of an overall training focus to be based on the type and source of injuries and on the areas of potential hazards; and 3) the revision of policy manuals to reflect up-to-date safety information and to incorporate OSHA (Occupational Safety and Health Administration) guidelines.

## Security Service

Provisions of the Veteran's Health Care Act of 1984 (Public Law 98-528) enabled the establishment of sharp increases in penalties for violations of VA rules governing standards of conduct on VA property. Modified rules and penalties were promulgated in mid-1985, and actions were initiated to have all continental U.S. District Courts incorporate the revised rules and penalties into their court rules. In addition to the significantly higher deterrence to criminal acts which the revised penalties provide, Public Law 98-528 also authorized threefold increases in police officer uniform allowances and the Administrator's approval of special salary rates for VA police officers where required. These measures, intended to improve police recruitment and retention, were also implemented in mid-1985. The act also mandated that VA police officers receive training to include preparation for situations involving patients. Accordingly, the basic VA police training course was revised to meet this mandate and to assure that the guidelines of the Attorney General are met with respect to preparing police officers to conduct the critical law enforcement functions of arrest and search within constitutional parameters. By regulation, VA police officers' successful completion of this training was made a condition for their retention of the law enforcement authority provided under the act.

The slight decline in criminal activities in FY 1985 may be due to increased active law enforcement typified by a 24-percent increase in ''stops'' of suspicious actions for a total of 40,104 such stops for questioning. Reports of assaultive behavior and disturbances increased, however, by 20 percent and 9 percent respectively. These increased incident reports are viewed as a result of a growing tendency of the medical center police to respond in teams to altercations involving patients and patient care staffs.

## Building Management

A major effort of Building Management Service - the introduction of laundering at low, controlled temperatures to achieve energy and dollar savings, yet produce hygienically clean linen - has been accomplished. This implementation was achieved without significant problems to the system.

Construction began on two new VA laundry operations and continued on two others. Construction was completed and operation begun on one large automated laundry. Under the Laundry Modernization Program, seven laundries were modernized in FY 1985.

Research and development resulted in the completion of a design for new pajamas and robes for VA patients. These new pajamas and robes, made from inherently flame retardant material, should result in significant dollar savings for the system, while continuing to offer patient safety features. Newly designed uniforms were made available to VA medical center employees during the past fiscal year. The new color-coded uniforms replace the existing uniforms, which were designed in the 1950's.

Building Management Service continues to provide a clean, aesthetically pleasing environment for VA patients. Beneficiaries of VA health care have indicated their satisfaction with the quality of the service by rating this service at above 90% on patient satisfaction surveys.

In conjunction with Federal Prison Industries, Building Management Service developed a bedside wardrobe/storage unit for use in VA medical centers. This unit is being field-tested at three VA medical centers. Results of these tests will be evaluated to ascertain whether these units, as designed or with necessary modifications, are acceptable for use in the VA patient environment.

## Emergency Management and Resource Sharing Service

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

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

In January 1985, the VA established a high frequency emergency radio network to permit communications in the event that national switched telephone resources are disrupted. This network links the VA's three supply depots and three emergency operations facilities with VA Central Office. In support of this network, the VA has executed a Memorandum of Understanding with FEMA (Federal Emergency Management Agency) and NASA (National Aeronautics and Space Administration) which permits the VA to access the FEMA national radio system and 55 NASA high frequency channels. Additionally, the VA maintains a major data transmission system which could support the Agency's NSEP requirements during a national emergency.

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

During the past year, the VA participated in numerous Federal readiness exercises, generally involving the DOD and state Emergency Preparedness Offices. These exercises permit participants to test plans and procedures to be used in the event of a national emergency.

In accordance with Presidential directives, the VA has established the first of three emergency operations facilities which will provide VA executive officials a base of operation, away from the Washington metropolitan area, from which command and control could be exercised during a national emergency.

The Veterans Administration and Department of Defense Health Resource Sharing and Emergency Operations Act, Public Law 97-174, provides military and VA health care facilities with incentives for sharing medical resources that were not present in prior legislation. These include modified reimbursement procedures, expansion of shared resources, expediting of sharing agreements, and the use of joint agency workloads as justification for the purchase of new equipment. During FY 1985, the second year of implementation of the law, 79 VA medical facilities negotiated 92 agreements with 201 military facilities.

The act also mandated an additional mission to the VA, to serve as the principal health care backup to DOD in the event of war or national emergency. In this capacity, bed capability assessments were conducted at the VA medical centers, and contingency capabilities were reported to DOD and to Congress. In an emergency the VA would use its authority under Public Law 97-174 to transfer some patients to hospitals designated as secondary support centers, to transfer others to civilian community hospitals, to curtail all but emergency admissions in 72 primary receiving centers, and to give priority to active duty military personnel over all patients except service-connected beneficiaries.

## Medical District Initiated Program Planning

A major initiative was undertaken by the VA in FY 1981 with the implementation of the MEDIPP (Medical District Initiated Program Planning) process, which is designed to involve administrative and clinical personnel at all levels of DM&S. The process has so far resulted in the formulation and submission of district plans in 1982, 1983, 1984, and regional plans to be formulated in December 1985. 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 and regional plans which have the following characteristics:

- Responsive to the health care needs of veterans.
- Reflective of resource needs, as determined at the medical district level.
- Based on local and national demographic analyses.
- Supportive of the approved mission of each VA health care facility in a district.
- 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. The preparation of plans has involved a large number of administrative and clinical personnel who serve on planning boards, advisory committees, and task forces at both the district and region levels. The completed plans have provided extensive information on the impact of changes in the veteran population and on other important factors in the medical facility operating environment.

The district and region plans have proposed almost 3,000 specific actions to meet anticipated future health care needs of veterans. Implementation of approved MEDIPP actions occurs through existing planning, budgeting, and operational activities. Through the MEDIPP planning process, DM&S has

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

Beginning with the FY 1985 MEDIPP cycle DM&S initiated enhancements to the MEDIPP process, the most significant of which are submission of an annual implementation plan; and a stronger regional role in planning. The annual implementation plan is designed to ensure that high priority strategic needs are addressed operationally and accounted for in the Agency's budget formulation and implementation processes. To ensure adequate linkage between the strategic and operational planning efforts, primary responsibility for MEDIPP planning activities has been assigned to the Regional Directors.

## Medical Information Resources Management

The function of the Medical Information Resources Management Office is to provide DM&S with an efficient and effective means for obtaining and using data. This includes both the establishment of the DHCP (Decentralized Hospital Computer Program) system to provide data processing support for key functions in the VA medical centers, and the development of management information systems to integrate medical, financial, and administrative data to aid management in decisionmaking.

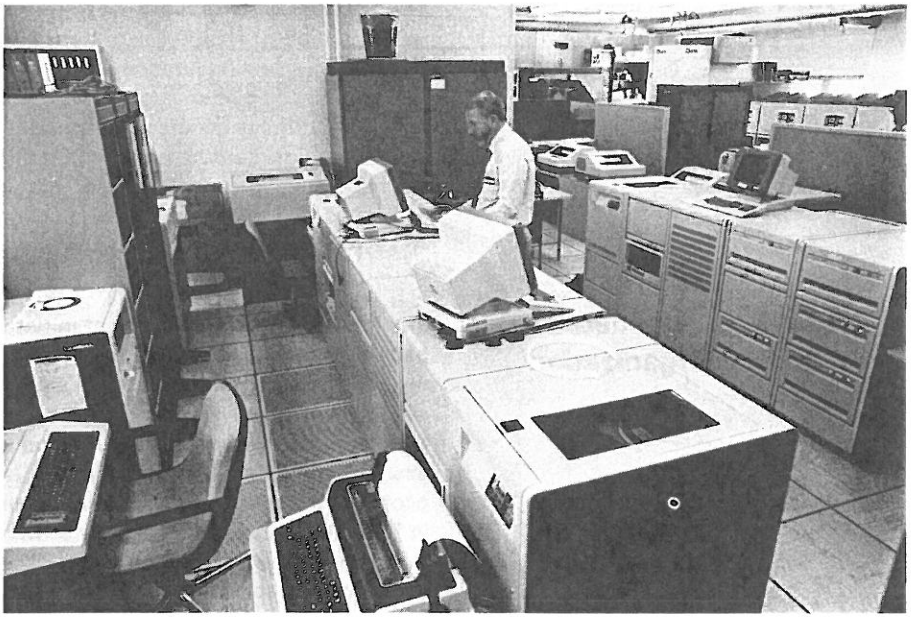
DHCP was based on the rapid deployment of computers to the VA medical centers and the development of software packages to meet critical clinical and administrative hospital needs. The initial core software consists of the registration, admission/discharge/ transfer, scheduling, and outpatient pharmacy software. Full core includes clinical laboratory and inpatient pharmacy. Enhanced and comprehensive DHCP applications provide software for the logical extension of core and include such packages as radiology, engineering, nursing, dietetics, and mental health.

The installation of the equipment to run initial and full core was completed in May 1985. Installation of additional equipment to augment the original configurations was completed in August 1985. By the end of the fiscal year, the initial core software was running in 99% of the hospitals, installation of full core had begun, and modules for dietetics, radiology, and mental health had been developed. There were 22 active SIUG's (Special Interest User Groups), made up of VA medical center specialists, programmers, and Central Office program coordinators, developing additional modules.

The Integrated Fund Control and Procurement System was developed for Supply and Fiscal Services to automate the procurement process—from a request through posting to the centralized accounting system. The module is being tested at VA Medical Centers Marion, Indiana; Bedford, Massachusetts; and San Francisco, California. It will be integrated into a comprehensive hospital administrative package which will be linked to the clinical applications. The "DM&S Information System Data Dictionary, Part I—Initial Core" was published in September 1985. This dictionary provides narrative definitions for all of the files and data elements in the initial core. It augments the file manager dictionary which is distributed with DHCP software and defines the technical and structural characteristics of the data elements in the DHCP modules.

A post-implementation evaluation of the initial core components is being conducted by a consultant. The study will determine the actual costs incurred in the development and installation of the system, as well as the benefits realized from it. It is scheduled to be completed in April 1986.

A test of DHCP software by DOD at March Air Force Base began in December 1984. The test includes not only the initial core packages, but also all other available software. A second test is scheduled to begin at Fitzsimmons Army Base in March 1986. The integrated hospital system, a test of commercial



*Computer support to hospital functions has greatly enhanced the ability to provide prompt and efficient service to the veteran population.*

hospital information systems at VA Medical Centers Philadelphia; Saginaw, Michigan; and Big Spring, Texas, is continuing with most of the core packages up at the three hospitals.

Automated procedures for the FY 1987-92 facility ADP planning process have been installed and are now operational at each ICS (Information System Center). These procedures provide for uniform reporting and contain automated data edit procedures to check for missing data, cross checks of equipment requirements with corresponding cost data, and various other features.

A prototype of the DMMS (Decentralized Medical Management System), which integrates medical, financial, and administrative data within the hospital, has been implemented at VA Medical Centers at Hines, Illinois, and Boston, Massachusetts. Another prototype is underway at the VA Medical Center, Long Beach, California, and a study to test a management control system developed by the private sector has been approved for the VA Medical Center Brockton/West Roxbury, Massachusetts.

In order to make data in central systems more readily available to VA medical centers, districts, and regional directors for purposes of management reporting and analysis, an interim management information system called the QUICKSYSTEM was begun. The system will allow for access to a substantial amount of data from central systems. The interim system will be tested in seven medical centers, three medical districts, and two regions during FY 1986, before being made more widely available.

Computer support to hospital functions has greatly enhanced the ability to provide prompt and efficient service to the veteran population.

## Quality Assurance

A major advance in QA (Quality Assurance) in DM&S in FY 1985 was the Central Office reorganization of QA functions and responsibilities. The QA responsibilities, and related information, criteria development, and other quality-related processes were placed in a newly established Office of Quality Assurance. This realignment was necessary to provide an expanded emphasis on quality of patient care throughout the VA. The Office of Quality Assurance has embarked on a program that will lead, in future years, to a comprehensive quality control system that will help ensure QA is implemented at every VA site of health care.

The VA continues to work closely with the JCAH (Joint Commission on Accreditation of Hospitals) to assure that VA medical centers are accredited. The Office of Quality Assurance is reexamining the DM&S policy regarding QA and related responsibilities such as risk analysis. Plans are being developed to design, develop, and test concurrent monitors and various screening mechanisms to enable medical centers and Central Office to track, analyze, and focus on areas of potential risk concerning patient injury and other quality indicators. Emphasis continues on internal controls as DM&S fulfills the requirements of OMB Circular A-123 as part of its ongoing QA program.

## Medical District Initiated Peer Review Organization

The MEDIPRO (Medical District Initiated Peer Review Organization) pilot test was begun in three medical districts during FY 1985. MEDIPRO is a district-based review process that will work closely with individual facilities to assure that quality care is provided to patients. Task forces comprised of field and Central Office personnel are working in various advisory and developmental efforts, to assure optimal input throughout this peer review project. First indications of the pilot test suggest that orderly implementation across the system can be achieved in FY 1986. Numerous aspects of MEDIPRO will contribute to the validity and utilization of data regarding the quality of care, including the quality of medical record documentation. MEDIPRO will improve district and facility executive capability to direct or change the emphasis of programs, staff, or resources to address quality of care needs.

## Decentralized Systematic External Review Program

To strengthen the Office of Quality Assurance in its efforts to concentrate on policy and information system developmental efforts, the SERP (Systematic External Review Program) was decentralized to the regional directors' offices. This permits the Office of Quality Assurance to focus on key QA policy and procedural matters and evaluation methodologies essential to the future effectiveness and efficiency of VA quality of care. The SERP program will continue to identify critical evaluation needs or potential problems in a timely, responsive fashion.

To improve resource utilization of SERP teams, a developmental project was undertaken in FY 1985 entitled SERP Focused Reviews. The Focused Review uses a smaller team, primarily clinical, and focuses on quality of care in the major bed services. The SERP Focused Review is undergoing a six-month pilot test that will end in early 1986. The test results will be evaluated by officials from both field facilities and Central Office.

## Characteristics of VA Patients

The demographic and medical characteristics of VA patients are derived from the Patient Treatment File (discharges during FY 1985) and the Annual Patient Census (taken on September 30, 1985). The data on discharges during FY 1985 exclude 245,474 one-day hemodialysis discharges. Census figures for hospital, domiciliary, and nursing home patients in VA facilities are based on a 100-percent survey.

## Age

As the average age of our Nation's veterans increases, so does their utilization of VA medical centers. This phenomenon is demonstrated in the following table, which shows the number of hospital, domiciliary, and nursing home patients discharged during FY 1985 from VA facilities and from community nursing homes in which patients were placed at VA expense. Particularly notable is the heavy use of hospitals and nursing homes by the oldest veterans—those who are aged 85 and older. These veterans experience twice as many hospital discharges and nearly three times as many nursing home discharges, as those aged 65-74.

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

| Age | Veteran Population on 3/31/85[1] (Thousands) | Hospital Patients Discharged From VA Facilities[2] | | Domiciliary Patients Discharged From VA Facilities | | Nursing Home Patients Discharged From VA and Community Facilities | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Number | Discharges per 1,000 Veterans | Number | Discharges per 1,000 Veterans | VA Nursing Home Care Units | Community Nursing Homes | Total | Discharges per 1,000 Veterans |
| Total | 27,947 | 1,031,299 | 36.9 | 6,590 | 0.2 | 9,404 | 22,121 | 31,525 | 1.1 |
| Under 25 | 471 | 11,091 | 26.6 | 50 | 0.1 | 7 | 24 | 31 | 0.1 |
| 25-44 | 9,451 | 211,319 | 22.3 | 1,852 | 0.2 | 331 | 675 | 1,006 | 0.1 |
| 45-54 | 5,720 | 135,664 | 23.7 | 1,380 | 0.2 | 610 | 1,287 | 1,897 | 0.3 |
| 55-64 | 7,542 | 349,859 | 46.4 | 2,275 | 0.3 | 2,607 | 5,964 | 8,571 | 1.1 |
| 65-74 | 3,785 | 236,184 | 62.4 | 796 | 0.2 | 2,979 | 7,286 | 10,265 | 2.7 |
| 75-84 | 774 | 54,365 | 70.2 | 181 | 0.2 | 1,316 | 3,435 | 4,751 | 6.1 |
| 85 & over | 258 | 32,817 | 127.2 | 56 | 0.2 | 1,554 | 3,450 | 5,004 | 19.4 |
| Under 65 | 23,130 | 707,933 | 30.6 | 5,557 | 0.2 | 3,555 | 7,950 | 11,505 | 0.5 |
| 65 & over | 4,817 | 323,366 | 67.1 | 1,033 | 0.2 | 5,849 | 14,171 | 20,020 | 4.2 |

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

As the table below shows, the age of VA patients is also increasing. On census day in 1976, 24.7 percent of patients were 65 or older; by 1985, 33.4 percent were 65 or older. In FY 1985 age calculation in the Patient Treatment File was changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.

| Census Date | Percent Age Distribution of Hospital Patients in VA Medical Centers on Census Day[2] | | | | | |
|---|---|---|---|---|---|---|
| | Under 35 | 35-44 | 45-54 | 55-64 | 65 And Over | Total[1] (percent) |
| September 30, 1985 | 9.0 | 13.1 | 12.5 | 31.5 | 33.4 | 100 |
| September 30, 1984 | 10.3 | 11.8 | 13.4 | 32.5 | 32.0 | 100 |
| June 15, 1983 | 11.4 | 9.8 | 14.7 | 34.2 | 29.8 | 100 |
| July 28, 1982 | 12.4 | 8.5 | 16.3 | 34.9 | 27.8 | 100 |
| June 24, 1981 | 12.9 | 8.5 | 17.9 | 33.8 | 26.9 | 100 |
| September 24, 1980 | 12.7 | 7.7 | 19.6 | 33.6 | 26.2 | 100 |
| September 26, 1979 | 12.7 | 7.8 | 20.6 | 32.5 | 26.4 | 100 |
| October 4, 1978 | 12.1 | 8.2 | 22.8 | 31.0 | 26.0 | 100 |
| September 28, 1977 | 11.7 | 8.7 | 23.9 | 30.3 | 25.3 | 100 |
| September 29, 1976 | 12.2 | 9.5 | 25.2 | 28.3 | 24.7 | 100 |

[1]*Detail may not add to total shown due to rounding.*
[2]*Age is age at last birthday in FY 1985 rather than age rounded to nearest six months as in previous years. This change may mean that totals for some age groups will not be fully comparable with previous years.*

## Female Veterans

Discharge data for FY 1985 were analyzed to show particular characteristics of the female veteran population receiving care in VA facilities. During this period 20,251 women veterans were discharged from VA medical centers - approximately 2% of all discharges. Women also comprise approximately 2% of all outpatients. These numbers can be compared to the total veteran population, of which 4% are women.

The diagnostic profile of women veterans is generally similar to that of males with one exception - approximately 6% of all females discharged have been treated for gynecological conditions. Women also differ from men in that they are generally younger - 35% of women discharged from VA medical centers are under 45, compared to 21% of men. This reflects changes in the recruitment practices of the Armed Forces.

## Service-Connected Patients and VA Pensioners

Of FY 1985 hospital discharges from VA medical centers, 46.7 percent were veterans who had a service-connected disability, virtually unchanged from 47.7 percent in FY 1984.

Among hospital patients in VA medical centers on census day (September 30, 1985), 48.3 percent had a service-connected disability. The table below shows the percentage distribution of hospital patients in VA medical centers on the annual census days in 1981 through 1985, according to the patients' compensation and pension status.

| Compensation and Pension Status | Percent Distribution of Hospital Patients In VA Medical Centers On Census Day | | | | |
|---|---|---|---|---|---|
| | 1985 | 1984 | 1983 | 1982 | 1981 |
| Receiving care for a service-connected disability | 15.1 | 16.0 | 16.1 | 16.4 | 15.9 |
| Receiving care for a nonservice-connected disability and has a service-connected disability which does not require medical care | 15.5 | 14.6 | 13.9 | 14.7 | 13.5 |
| Total Service-Connected[1] | 30.6 | 30.6 | 29.9 | 31.1 | 29.4 |
| Receiving care for a nonservice-connected disability and on VA pension rolls | 17.8 | 18.6 | 23.8 | 24.1 | 25.9 |
| Receiving care for a nonservice-connected disability and not on VA compensation or pension rolls | 51.4 | 50.6 | 45.9 | 44.5 | 44.2 |
| Nonveterans | 0.3 | 0.3 | 0.4 | 0.4 | 0.4 |

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

## Diagnoses

Diagnoses are classified by the VA as either principal or associated. The principal diagnosis is the one that the discharging physician considers to be responsible for the major part of the patient's length of stay, whereas the associated diagnoses are all other diagnoses for which the patient has been treated up to the time of discharge. The VA data system permits the reporting of a maximum of ten diagnoses per patient discharge. Thus, a count of total diagnoses includes the primary diagnosis and up to nine associated diagnoses. As shown in the table, five major categories have accounted for the majority of principal diagnoses among patients discharged from VA medical centers during the past five years. When both principal and associated diagnoses are considered, and attention is focused on more specific diagnostic categories, the two most common are heart disease and alcoholism, accounting for 38 and 20 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 1985 | FY 1984 | FY 1983 | FY 1982 | FY 1981 |
| Mental Disorder | 18.8 | 19.7 | 20.3 | 21.5 | 22.0 |
| Circulatory | 16.3 | 16.2 | 16.3 | 16.1 | 15.7 |
| Neoplasms | 10.5 | 10.8 | 10.9 | 10.7 | 10.3 |
| Digestive | 9.6 | 9.7 | 9.3 | 9.2 | 9.3 |
| Respiratory | 7.3 | 7.0 | 6.7 | 6.5 | 6.6 |

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

The number of hospital patients remaining in VA medical centers on census day by age and major diagnostic category is shown in the following table. As in previous years, general medical and surgical patients tend to be older (40.7 percent are 65 years of age and over) than psychotic patients (26.8 percent are 65 and over) or patients with other psychiatric diagnoses (14.4 percent).

| Type of Patients | Percent of Hospital Patients in VA Medical Centers - Census Day September 30, 1985 | | | | |
|---|---|---|---|---|---|
| | Under 45 | 45-54 | 55-64 | 65 and Over | Total (percent) |
| All patients | 22.1 | 12.5 | 31.5 | 33.9 | 100 |
| General medicine and surgery | 12.8 | 11.2 | 35.3 | 40.7 | 100 |
| Psychotic | 30.9 | 14.2 | 28.1 | 26.8 | 100 |
| Other psychiatric | 51.2 | 15.1 | 19.3 | 14.4 | 100 |

## 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 1985 continued that trend with an overall average length of stay of 23.4 days, down from 25.0 days in FY 1984. For general medical and surgical patients, who represent 81.2 percent of all FY 1985 discharges, the average length of stay was 16.8 days compared to 17.4 days in FY 1984. Among psychotic patients, the average length of stay decreased from 91.7 days to 86.7 days, whereas among psychiatric patients it decreased from 31.5 days to 27.3 days.

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

During FY 1985, 85.9 percent of the 1,031,299 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, it accounted for only 33.5 percent of the 24,438,975 days of care received since admission of all the discharges. These patients had an average length of hospital stay of less than 9.3 days. At the other extreme, 0.5 percent of discharges had stays of more than one year and had received 25.9 percent of all the days of care. This group's average length of stay was 1,216 days.

| Type of Patient | Percent of Hospital Patients In VA Medical Centers With 90 Days Or Less Of Attained Stay on Census Day | | | |
|---|---|---|---|---|
| | FY 1985 | FY 1984 | FY 1983 | FY 1982 |
| All patients | 76.9 | 73.1 | 72.6 | 72.1 |
| Psychotic | 49.2 | 45.1 | 42.9 | 43.3 |
| Other psychiatric | 82.8 | 78.9 | 77.0 | 75.6 |
| General medicine and surgery[1] | 87.2 | 84.1 | 84.1 | 83.6 |

[1] *Includes tuberculosis and neurological patients.*

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

## Disposition Status

Of the FY 1985 hospital discharges from VA medical centers for whom disposition data are available, 87.8 percent returned to the community. Although this overall percentage has changed little over the past five years, two of its components have changed. The percentage of VA outpatients discharged for further care has increased progressively from 66.7 percent in FY 1978 to 72.0 percent in FY 1985. Correspondingly, the percent discharged for no further care has decreased from 16.4 to 11.5 percent in the same period.

As shown in the table, 7.6 percent of hospital patients were discharged from VA medical centers for further care (hospital, domiciliary, or nursing home care) in another VA facility or a community nursing home. Deaths accounted for 4.6 percent of discharges.

| Manner of Disposition | Hospital Discharges From VA Medical Centers During FY 1985 | |
|---|---|---|
| | Number | Percent of Total |
| Total | 1,031,299 | 100.0 |
| To community | 905,093 | 87.8 |
| Further care as VA outpatients | 742,084 | 72.0 |
| No further care | 118,278 | 11.5 |
| Release of committed or institutional award patients for trial in community | 44,731 | 4.3 |
| To further VA inpatient care | 78,306 | 7.6 |
| Another Va medical center for hospital care | 34,265 | 3.3 |
| Another VA medical center or community nursing home for nursing home care | 36,839 | 3.6 |
| VA facility for domiciliary care | 7,202 | 0.7 |
| Deaths | 47,900 | 4.6 |

# Compensation and Pension

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Cost (billions) | $ 14.2 | $ 13.9 | +2.2 |
| Disability cases on rolls | 2,930,756 | 2,980,406 | -1.7 |
| Service-connected | 2,240,277 | 2,250,782 | -0.5 |
| Nonservice-connected | 690,391 | 729,520 | -5.4 |
| Special acts and retired officers | 88 | 104 | -15.4 |
| Death cases on rolls | 1,074,778 | 1,143,007 | -6.0 |
| Service-connected | 335,612 | 341,702 | -1.8 |
| Nonservice-connected | 739,160 | 801,294 | -7.8 |
| Special acts | 6 | 11 | -45.5 |

## Summary

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

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

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

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

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

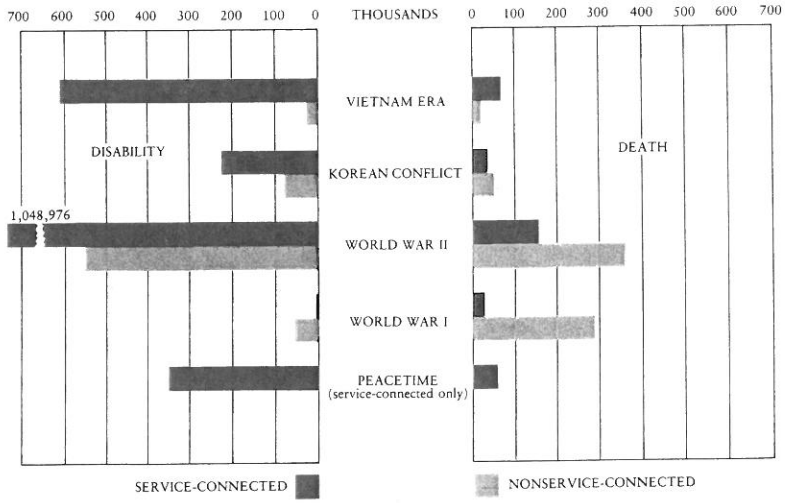
5. Burial Allowances - These benefits include a burial allowance, a burial plot allowance, and a flag to drape the casket of a deceased veteran. All benefits require separation from the Armed Forces under other than dishonorable conditions. The burial allowance of up to $300 is limited to veterans who at the time of death were in receipt of pension or compensation, or who, except for the receipt of retired military 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 1985 the cost of compensation and pension benefits continued to rise, reaching $14.2 billion, an increase of $300 million from last fiscal year. This increased cost is attributable to new legislation which granted cost-of-living increases.

Public Law 98-543 (October 24, 1984) increased the rates of disability and dependency and indemnity compensation, as well as the clothing allowance, by approximately 3.2 percent. This law also:

- Increased the annual clothing allowance from $338 to $349, effective December 1, 1984.
- Increased the specially adapted housing assistance grant maximum for veterans with mobility impairments from $32,500 to $35,500 and the maximum amount of special housing assistance for veterans who are blind or have lost (or lost the use of) both upper extremities from $5,000 to $6,000, effective January 1, 1985.
- Amended 38 U.S.C. 3203(b)(1) to remove the reference to mental illness as the cause of the veteran's incompetence and to permit the VA to exclude the value of a single, institutionalized, incompetent veteran's home from the value of the veteran's estate unless there is no reasonable likelihood that the veteran will again reside in the home and, when necessary to avoid hardship for the veteran, to waive the suspension of payments under 38 CFR 3.557(b) for up to 60 days during any calendar year.
- Increased the automobile allowance from $4,400 to $5,000. Also changed 38 U.S.C. 1903 to allow adaptive equipment to be provided for up to two automobiles during any four-year period, and for an additional automobile if one of the two earlier vehicles is no longer available to the veteran, effective January 1, 1985.
- Instructed the VA to conduct medical examinations, prepare disability ratings, and submit to Congress a report on the disability levels found in a sampling of veterans who are awarded pensions because they are aged 65 years or older.
- Instituted several new provisions pertaining to veterans receiving compensation based on individual unemployability during the period February 1, 1985, through January 31, 1989.
- Initiated a temporary program of vocational training for certain new pension recipients during the period February 1, 1985, through January 31, 1989.

COMPENSATION AND PENSION CASES
AS OF SEPTEMBER 1985



## Compensation

As shown in the accompanying chart, the number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1985, because of the declines among World War I, World War II, and Korean conflict cases. There was a net decrease of 10,505 from FY 1984.

| Period of Service | Disability Compensation Cases | | | | |
|---|---|---|---|---|---|
| | FY 1985 | | FY 1984 | | Percent Change |
| | Cases | Percent of Total[1] | Cases | Percent of Total | |
| World War I | 12,293 | 0.5 | 15,078 | 0.7 | – 18.5 |
| World War II | 1,048,976 | 46.8 | 1,080,364 | 48.0 | – 2.9 |
| Korean conflict | 222,630 | 9.9 | 225,542 | 10.0 | – 1.3 |
| Vietnam era | 603,889 | 27.0 | 594,938 | 26.4 | + 1.5 |
| Peacetime | 352,484 | 15.7 | 334,859 | 14.9 | + 5.3 |
| Spanish-American | 3 | * | 1 | * | +200.0 |
| Mexican Border | 2 | * | 0 | * | +200.0 |
| Total | 2,240,277 | 100.0 | 2,250,782 | 100.0 | – 0.5 |

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

For the ninth 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 1.8 percent. Only Vietnam era and peacetime cases showed an increase from FY 1984.

| Period of Service | Service-Connected Death Cases | | | | |
|---|---|---|---|---|---|
| | FY 1985 | | FY 1984 | | Percent Change |
| | Cases | Percent of Total[1] | Cases | Percent of Total | |
| World War I | 22,298 | 6.6 | 24,027 | 7.0 | – 7.2 |
| World War II | 153,814 | 45.8 | 158,607 | 46.4 | – 3.0 |
| Korean conflict | 37,812 | 11.3 | 38,302 | 11.2 | – 1.3 |
| Vietnam era | 69,669 | 20.8 | 68,905 | 20.2 | + 1.1 |
| Peacetime | 51,939 | 15.5 | 51,774 | 15.2 | + 0.3 |
| Spanish-American | 77 | * | 83 | * | – 7.2 |
| Mexican Border | 1 | * | 1 | * | – |
| Civil War | 2 | * | 3 | * | – 33.0 |
| Total | 335,612 | 100.0 | 341,702 | 100.0 | – 1.8 |

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

## Pension

The improved pension rates were adjusted on December 1, 1984. The maximum annual rate of pension payable is shown in the accompanying table.

| Class of Beneficiary | Rate of Pension |
|---|---|
| Veteran | |
| Alone | $ 5,709 |
| One dependent | 7,478 |
| Alone, A&A allowance | 9,132 |
| One dependent, A&A allowance | 10,902 |
| Alone, housebound | 6,977 |
| One dependent, housebound | 8,747 |
| Surviving Spouse | |
| Alone | 3,825 |
| One child | 5,011 |
| Alone, A&A allowance | 6,119 |
| One child, A&A allowance | 7,303 |
| Alone, housebound | 4,677 |
| One child, housebound | 5,860 |

The decrease of 5.4 percent in the disability pension rolls during FY 1985 is slightly less than that experienced last year. Two periods of service showed increases during the year—the Korean conflict and the Vietnam era.

| | Disability Pension Cases | | | | |
|---|---|---|---|---|---|
| | FY 1985 | | FY 1984 | | |
| Period of Service | Cases | Percent of Total[1] | Cases | Percent of Total | Percent Change |
| World War I | 56,027 | 8.1 | 71,939 | 9.9 | – 22.1 |
| World War II | 525,715 | 76.1 | 550,828 | 75.5 | – 4.6 |
| Korean conflict | 86,230 | 12.5 | 85,391 | 11.7 | + 1.0 |
| Vietnam era | 22,336 | 3.2 | 21,262 | 2.9 | + 5.1 |
| Spanish-American | 10 | * | 20 | * | – 50.0 |
| Mexican Border | 73 | * | 80 | * | – 8.8 |
| Total | 690,391 | 100.0 | 729,520 | 100.0 | – 5.4 |

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

As shown in the table, the number of death pension cases decreased in all eight periods of service. The overall decrease of 7.8 percent is a smaller decline than that recorded during the previous fiscal year (10.5 percent).

| Period of Service | Death Pension Cases | | | | |
|---|---|---|---|---|---|
| | FY 1985 | | FY 1984 | | |
| | Cases | Percent of Total[1] | Cases | Percent of Total | Percent Change |
| World War I | 290,545 | 39.3 | 323,742 | 40.4 | – 10.3 |
| World War II | 368,598 | 49.9 | 389,900 | 48.7 | – 5.5 |
| Korean conflict | 52,553 | 7.1 | 57,518 | 7.2 | – 8.6 |
| Vietnam era | 20,567 | 2.8 | 22,161 | 2.8 | – 7.2 |
| Spanish-American | 6,468 | 0.9 | 7,526 | 0.9 | – 14.1 |
| Mexican Border | 321 | * | 325 | * | – 1.2 |
| Indian War | 20 | * | 23 | * | – 13.0 |
| Civil War | 88[2] | * | 99 | * | – 11.1 |
| Total | 739,160 | 100.0 | 801,294 | 100.0 | – 7.8 |

**Less than 0.05 percent.*
*[1]May not add to 100.0 percent due to rounding.*
*[2]One case includes both a widow and helpless child.*

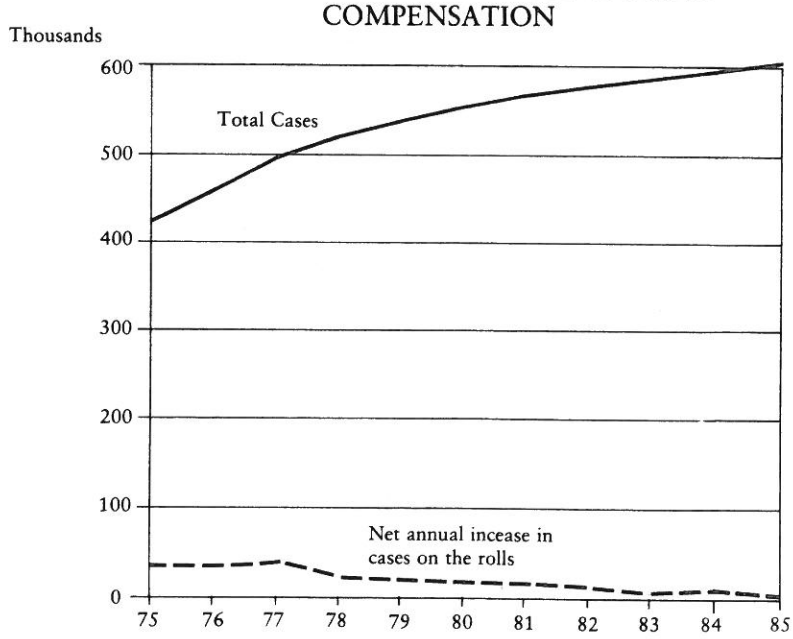
## Period Of Service

### Vietnam Era

There were 8,951 more Vietnam era veterans receiving compensation at the end of FY 1985 than at the end of the previous year. The chart shows the trend in new Vietnam era compensation cases since 1975. The total number of Vietnam era veterans receiving compensation continues to increase and, with new cases exceeding losses, this trend is expected to continue.

A total of 22,336 Vietnam era veterans were receiving disability pension at the end of the fiscal year, an increase of 5.1 percent from the number a year ago. Since the median age of these veterans was 38 years, a gradual increase in the number of those applying for disability pension is expected. The number of service-connected death cases increased by 1.1 percent to 69,669. The nonservice-connected death pension cases numbered 20,567 at the end of the fiscal year, a decrease of 7.2 percent from last year.

VIETNAM ERA VETERANS RECEIVING COMPENSATION



## Korean Conflict

The number of Korean conflict veterans receiving compensation decreased to 222,630 during FY 1985, the twelfth consecutive annual decline. The high mark on the rolls (240,765) was reached in June 1973, 18 years after that conflict ended. For comparison, the highest number of World War II veterans receiving compensation was reached in FY 1953, only eight years after the end of the war.

In contrast to the number receiving compensation, the number of Korean conflict veterans receiving pension continued to rise. At the end of the fiscal year there were 86,230 Korean conflict veterans on pension rolls, a 1.0 percent increase over FY 1984. As this group grows older, the number on the pension rolls can be expected to increase.

The number of service-connected death cases at the end of the fiscal year was 37,812, a decrease of 1.3 percent, and the number of death pension cases decreased 8.6 percent to 52,553.

## World War II

Veterans of World War II still constitute the largest single group receiving compensation for service-connected disability, although their numbers continued to decline in FY 1985. Nonservice-connected pension decreased 4.6 percent, down to 525,715. Service-connected death cases declined by 3.0 percent in FY 1985. The nonservice-connected death pension caseload decreased to 368,598, a decrease of 5.5 percent in FY 1985.

## World War I

The number of World War I veterans receiving disability compensation decreased during the past fiscal year to 12,293. World War I disability pension recipients also decreased (to 56,027) in the past fiscal year. The advancing age of this group of veterans will continue to accelerate these trends in the next few years. Decreases were also recorded for service-connected death cases (22,298) and death pension cases (290,545).

## Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were three veterans of the Spanish-American War receiving disability compensation as of September 30, 1985. Ten Spanish-American War veterans were receiving disability pensions in FY 1985, a decline of 50.0 percent. The service-connected death and death pension caseloads for Spanish-American War veterans were 77 and 6,468 respectively.

There were 73 veterans of the Mexican Border Service receiving disability pension, down 7 from last fiscal year. There was one service-connected death case, while the death pension cases decreased by 1.2 percent to 321. There were two veterans of this period receiving disability compensation.

Although there are no living veterans of the Indian Wars, 14 widows and 6 helpless children are receiving death pension benefits. There are 2 helpless children receiving service-connected death benefits with Civil War entitlement and 19 widows and 70 helpless children receiving death pension. There were 352,484 peacetime veterans receiving compensation as of September 30, 1985, an increase of 5.3 percent from the previous year. Beneficiaries of deceased peacetime veterans increased by 165 to 51,939 in FY 1985.

## Burial Allowance

Statutory burial allowances are designed to assist in providing a respectable burial for certain deceased veterans who were separated from the Armed Services 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 entitled to disability compensation or pension. Eligibility may also be established in cases of certain indigent veterans whose remains are unclaimed. Transportation charges are payable when the veteran dies while a patient in a VA medical center. An additional allowance of $150 is payable for a burial plot when a veteran is not buried in a national cemetery or a State veterans cemetery. An award of $1,100 in lieu of these basic allowances is authorized for an eligible veteran who dies of a service-connected disability.

In FY 1985, basic burial allowance was paid for 123,523 claims in an amount of nearly $44.4 million. This was a decrease of approximately $400,000 from last year. Cemetery plot allowances amounting to nearly $45.2 million were paid to 303,186 claimants; service-connected burial benefits amounting to $8.8 million were paid to 8,748 claimants.

A total of 340,592 burial flags was issued, a slight decrease from FY 1984. The cost of each flag was $27.01, making a total of $9.2 million. Over 224,000 headstones or gravemarkers were provided. Reimbursements in lieu of Government headstones or markers were paid to 52,196 claimants for a total of nearly $3.5 million, a slight increase from last year. Burial benefits totaled $126.0 million in FY 1985.

# Educational Benefits

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Education benefit costs (millions) | $ 1,057 | $ 1,302 | −18.8 |
| Post-Korean trainees | 402,281 | 528,468 | −23.9 |
| Post-Vietnam trainees | 48,110 | 38,310 | +25.6 |
| Sons and daughters | 55,328 | 63,553 | −12.9 |
| Spouses | 6,630 | 7,641 | −13.2 |

## Summary

Several education benefits programs are administered by the Department of Veterans Benefits Education Service. These include educational assistance for veterans and service personnel, commonly termed the "GI Bill;" the All-Volunteer Force and Selected Reserve Educational Assistance Program, commonly termed the "New GI Bill;" dependents' educational assistance for eligible spouses and children of veterans who died of service-connected causes, whose service-connected disability is rated permanent and total, or who are missing in action or prisoners of war for more than 90 days; the VEAP (post-Vietnam era veterans' educational assistance program) for veterans and servicepersons entering active duty between December 31, 1976, and July 1, 1985, or after June, 1988; and the provisions of the Emergency Veterans' Job Training Act.

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

## Education and Training

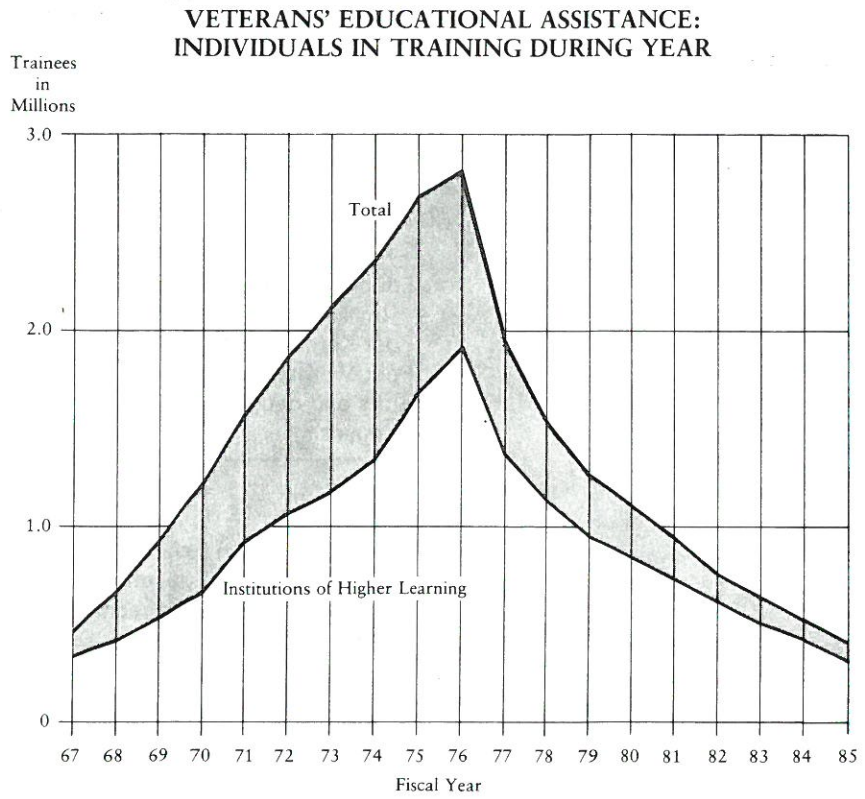
### Veterans' Educational Assistance (GI Bill)

Over 400,000 veterans and active duty personnel received education benefits in FY 1985 under the post-Korean GI Bill. This figure is down 24 percent from FY 1984 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 1985, nearly 918,000 veterans and servicepersons had participated in these 'free entitlement' programs.

Through September 1985, the total number of veterans and servicepersons ever trained under the current GI Bill exceeded 8 million. Approximately 83 percent of these were Vietnam era veterans and servicepersons, and nearly 75 percent were Vietnam era veterans only. More than 61 percent have trained at the college level (excluding correspondence). The remainder pursued vocational and technical training, correspondence training, flight training, cooperative training, and on-the-job-training. The participation rate for Vietnam era veterans exceeds 68 percent, well over the 51 percent participation rate for World War II veterans and the 43 percent participation rate for Korean conflict veterans.

At the end of FY 1985, cumulative expenditures for veterans' educational assistance for post-Korean conflict trainees exceeded $38.9 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 1985, there were nearly 439,000 active participants (in-service contributors) in the post-Vietnam era veterans' educational assistance fund. Of the more than 1 million persons who have contributed, approximately 388,000 have disenrolled and more than 179,000 who have remaining eligibility have ceased their contributions. The number of trainees during FY 1985 exceeded 48,000, up 25.6 percent from last year. There were 23,130 veterans and servicepersons enrolled at the end of the fiscal year. With the implementation of the New GI Bill, new participants in VEAP are prohibited from July 1, 1985, to June 30, 1988.

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Accounts established | 1,065,971 | 754,064 | +41.4 |
| Gross contributions | $1,035,503,291 | $831,640,814 | +24.5 |
| Active participants | 438,562 | 237,858 | +84.4 |
| Trained during year | 48,110 | 38,310 | +25.6 |
| Benefits paid during year | $86,916,921 | $55,375,016 | +57.0 |

## All-Volunteer Force and Selected Reserve Educational Assistance Program ("New GI Bill")

The New GI Bill, providing assistance to individuals entering the military from July 1, 1985, through June 30, 1988, and to individuals who, during that time, enlist, reenlist, or extend an enlistment in the Selective Reserve for a minimum of six years, was included in the Department of Defense Authorization Act of 1985. Unless electing not to participate, a serviceperson's basic pay will be reduced by

$100 a month for 12 months, in order to qualify for full education benefits. The reservist section of the act is a noncontributory program. At the end of the fiscal year, approximately 2,000 reservists were in training. A significant number of serviceperson/veteran-trainees is not anticipated until later in the following fiscal year.

## 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 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 post-VEAP (Post-Vietnam Era Veterans Educational Assistance Program). This program differs from the 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 re-enlisted in the Army, Navy, Air Force, or Marine Corps after November 30, 1980, and before October 1, 1981.

The first participant was paid benefits in early 1983. Through the end of the fiscal year, there were 301 persons who had trained under section 901, and 230 persons who had trained under section 903.

## Emergency Veterans' Job Training Act of 1983

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

The Job Training Act is administered by the VA, but the law also assigns responsibility for promoting the development of employment and job training opportunities to the DOL (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 affords payments to employers on behalf of certain veterans of the Korean conflict or the Vietnam era who have been unemployed for long periods of time. It is intended to help defray the costs of hiring and training these veterans for stable and permanent positions that involve significant training.

During FY 1985, over 139,000 applications for Certificates of Eligibility were received from veterans. Of these, nearly 119,000 veterans were found eligible and received certificates. Approximately 24,000 employers applied to participate in the program during the year, offering nearly 58,000 job openings. By the end of September 1985, almost 37,000 job matches had been made, with about $124 million obligated.

An additional provision of this law provides for an extension in certain instances of a veteran's delimiting date under the GI Bill educational assistance program to allow those veterans in need of training to obtain job skills to pursue a vocational course. This provision also enables veterans to pursue associate degree programs which are predominantly vocational in content. This extension authority expired on December 31, 1985.

## Dependents' Educational Assistance

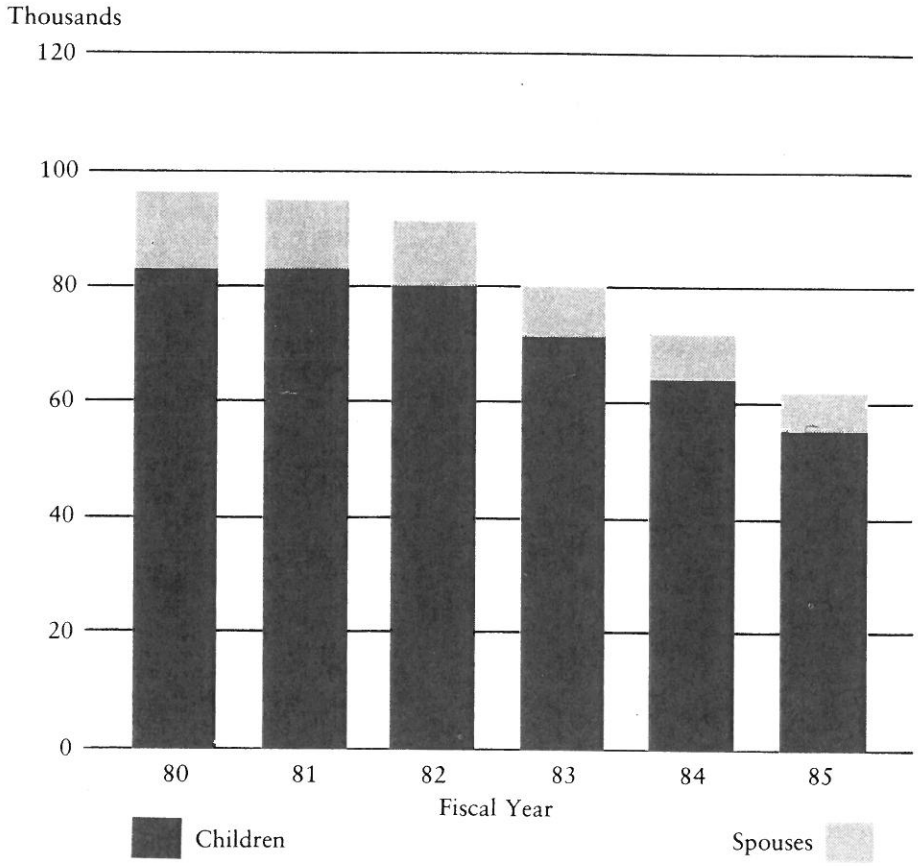
This program provides educational assistance for eligible spouses and children of veterans who died from service-connected causes or whose service-connected disabilities are rated total and permanent. Spouses and children of service personnel who are listed as prisoners of war, or as missing in action 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.

Over 55,000 children and nearly 7,000 spouses took advantage of the program during FY 1985. Approximately 90 percent used their entitlement to acquire college-level training.

## 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 1985, the VA negotiated contracts with State approving agencies at a cost of approximately $12.5 million.

### DEPENDENTS' EDUCATIONAL ASSISTANCE: BENEFICIARIES IN TRAINING DURING YEAR



# Housing Assistance

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Number of loans | | | |
| Guaranteed home | 170,015 | 238,478 | −28.7 |
| Guaranteed manufactured home | 8,916 | 13,110 | −32.0 |
| Direct | 5 | 8 | −37.5 |
| Average loan amount | | | |
| GI primary home[1] | $67,017 | $64,014 | +4.7 |
| Manufactured home | $21,197 | $21,273 | −0.4 |
| Direct | $30,290 | $30,562 | −0.9 |
| Maximum interest rate[2] | | | |
| GI and direct home | 13.5% | 14.0% | --- |
| Manufactured home unit | 16.0% | 16.0% | --- |
| GI home loans outstanding[3] | 4,132,492 | 4,227,982 | −2.3 |
| GI home loans in default[3] | 115,272 | 102,009 | +13.0 |
| As a percent of loans outstanding | 2.8% | 2.4% | +16.7 |
| Substitutions of entitlement | 4,236 | 3,729 | +13.9 |
| Properties on hand[3] | 18,692 | 21,895 | −14.6 |

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

Assistance is primarily through substituting the Government's guaranty on loans in lieu of the substantial down payments 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 who have sufficient qualifying service since the date of September 16, 1940; to unremarried surviving spouses of veterans who died from service-connected causes; to spouses of service personnel officially listed as missing in action or captured for more than 90 days; and to service personnel who have served at least 181 days.

The volume of loans guaranteed during FY 1985 was considerably lower than that of FY 1984. Most of the decrease occurred in the first half of the year when rates were higher. Lower interest rates during the second half of the year contributed to a significant increase in activity.

Over 183,700 veterans were assisted with home ownership during FY 1985. The VA guaranteed 178,931 home loans in the amount of over $11.4 billion; disbursed 5 direct loans amounting to over $151 thousand; made 540 grants for specially adapted housing totaling over $15 million; and approved 4,236 substitutions of entitlement.

## Manufactured Home Loans[1]

Since the inception of the manufactured home loan program in February 1971, the VA has guaranteed 97,938 loans for manufactured homes, thereby assisting lenders in providing over $1.7 billion in loans to veterans who probably would have been unable to afford a home in the conventional market.

During FY 1985, 9,362 applications were received and 8,916 manufactured home loans amounting to almost $189 million were guaranteed. The number of loans guaranteed during the fiscal year represents a decrease of almost 32 percent from FY 1984. Of these loans, over 61 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, 8,398 were for the purchase of new manufactured homes while 518 were for used units. Loans for the purchase of single-wide manufactured homes accounted for nearly 74 percent of the FY 1985 total. The average loan amount for single-wides was $19,566, while for double-wides it was $25,780.

## Plant Inspections

In October 1981, HUD (Department of Housing and Urban Development) advised the VA that it could provide the inspections and related reports concerning the monitoring of the fabrication process of manufactured homes. Consequently, the VA discontinued its formal program of manufactured home plant inspections and elected to accept the results of HUD inspections, which involve all manufactured home factories, i.e., those making 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 concerning manufactured homes did not warrant that the VA, in addition to HUD, should inspect manufacturing facilities, for it appears that veterans are being adequately protected by the HUD inspection program and follow-up procedures. These complaints are discussed in greater detail in the section entitled "Compliance with Warranty."

HUD has informed the VA of its efforts to improve quality control in the manufacturing process. Meetings have been held and will continue to be held with senior plant managers and inspection agencies.

---

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

The post-production activities of HUD emphasize consumer complaints and corrections of serious standards problems found to exist in various classes of manufactured homes. While most corrections are handled locally by inspectors, HUD is involved in two significant corrective actions at this time. One corrective action involves the installation of furnace flues on 118 units. The other action is related to problems in structural design non-conformances by a major manfacturer involving at least 4,000 units.

## Manufactured Home Onsite Inspections

During FY 1985, the VA randomly selected 574 manufactured homes secured by GI loans for inspection. Each inspection covered both the home and its site.

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

- The average size of the manufactured home units was 1,120 square feet.
- 66 percent of the manufactured homes had skirting and 84 percent had tiedowns installed.
- 90 percent of the homes were connected to community or public water facilities and 10 percent had private systems.
- 74 percent disposed of their sewage through public or community disposal systems and 26 percent were connected to private systems.
- 86 percent of the units were located in manufactured home parks and 14 percent occupied individual sites.
- 99 percent of the manufactured homes have remained at their original locations as specified in the loan applications.
- 58 percent of the manufactured home sites were rated as satisfactory, 42 percent were rated as excellent, and none were rated as poor.

## Compliance with Warranty

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

During FY 1985, VA field stations reported 161 complaints from veterans expressing dissatisfaction in some manner with their manufactured home unit. Of these complaints, 155 were considered justified and 6 were determined to be unjustified. By the end of the fiscal year, 128 (82.6 percent) of the justified complaints had been resolved, and 27 (17.4 percent) were pending resolution. Of these complaints, 144 (92.9 percent) were under warranty; 4 (2.6 percent) were due to faulty setup; and 7 (4.5 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 144 justified (92.9 percent) complaints were reported because of flawed construction of the unit; complaints received on both the construction and furnishings of the manufactured home accounted for 10 (6.5 percent) of the complaints; and 1 (0.6 percent) expressed dissatisfaction with only the furniture and appliances in the manufactured home.

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

## 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, as evidenced by the following data:

During FY 1985, the median loan amount for conventional homes was 3.3 times greater than for manufactured homes, and the purchase price was 3.4 times greater. The net monthly income of veterans purchasing conventional homes was 1.3 times greater than that of veterans purchasing manufactured homes. Monthly housing expenses of veterans obtaining conventional homes was 1.6 times greater than that of veterans who obtained manufactured homes, and the assets of those purchasing conventional homes amounted to 2.8 times the amount of assets of those purchasing manufactured homes. In addition, the median age of manufactured home buyers was 28 years, while the median age of conventional home buyers was 36 years.

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

## Defaults

When the VA manufactured home loan program was established, it was anticipated that the incidence of defaults and claims would be greater than that experienced for loans on conventional homes. During FY 1985, claims paid, as a percent of the average number of outstanding manufactured home loans, rose to 4.9 percent, as compared to 0.6 percent for conventional homes.

# Direct Loans

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

During FY 1985, the VA made five direct loans to severely disabled veterans amounting to $151,450.

# GI Home Loans

During FY 1985, 170,015 home loans were guaranteed. This total includes refinancing loans, condominium loans, alteration and repair loans, and direct loans sold and guaranteed, in addition to loans for the purchase of the traditional single-family home.

Over 70 percent of the veterans purchasing a home with a guaranteed loan were able to obtain loans requiring no down payments. Loans to finance the purchase of previously occupied housing accounted for over 71 percent of the primary home loans guaranteed during the fiscal year. These loans averaged $62,381 and financed homes with an average purchase price of $64,970. On newly constructed homes, the average loan was $74,838 and the average purchase price was $78,942.

Of the total home loans guaranteed during FY 1985, almost 57 percent went to Vietnam and post-Vietnam era veterans, slightly over 18 percent to servicepersons, over 11 percent to veterans whose entitlement was restored, almost 8 percent to post-Korean conflict veterans, 3 percent to World War II veterans, 2.5 percent to Korean conflict veterans, 0.1 percent to post-World War

II veterans, and 0.2 percent to unremarried surviving spouses. Four loans were guaranteed for spouses of servicepersons classified as prisoners of war or missing in action.

Between June 22, 1944, and September 30, 1985, veterans have obtained over 11.5 million home loans totaling over $241 billion under the GI home loan program.

## Credit Market Conditions

During most of FY 1985, the VA home loan program operated under an improved mortgage market environment. Both short-term and long-term market interest rates moved lower during most of the fiscal year. The reduction in interest rates resulted from beliefs that the economic recovery would remain 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 13.5 percent at the start of the fiscal year to 11.5 percent at the end of the fiscal year.

## Funding Operations

For the second time since the inception of the Loan Guaranty Revolving Fund, appropriations of additional funds were necessary to meet program expenditures. The high level of unemployment, coupled with the rapid deceleration of house price appreciation, helped to bring about an increase in the home loan foreclosure rate, not only for the VA home loan program but for conventional home loans as well. During the last three years house prices appreciated only 3.3 percent per year, compared to a 10.9 percent appreciation rate during the 1970's. Concurrently, many home borrowers became unemployed for long periods during this time, causing the VA to suffer more losses in FY 1985 than in the past. To meet these losses, a total of $306.6 million was appropriated to the fund.

During FY 1985, the VA collected $168.7 million in principal and interest payments, with the interest portion amounting to $115.5 million. Loan sales from the VA's own portfolio of loans netted $688 million.

## Specially Adapted Housing Assistance

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

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

During FY 1985, 443 severely disabled veterans, some wheelchair bound, received grants totaling $15 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, qualified for a benefit of up to $6,000 to make minor adaptations to his or her house. During FY 1985, there were 97 grants of this type, totaling $540,929.

## Fair Housing Program

A key aspect of 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 analyses.

Minority veterans continued to obtain a significant share of VA guaranteed loans during FY 1985. While comprising 12 percent of the veteran population, minority veterans obtained nearly 19 percent of the home loans closed. Black veterans obtained 12.3 percent, Hispanic veterans 3.7 percent, Asian/Pacific Island veterans 1.8 percent, and American Indian/Alaskan Native veterans 0.8 percent of the total loans.

Qualitative indexes show a continued strong reliance on spouse's income in order to qualify for home loans. A significant 49 percent of the VA guaranteed loans closed in FY 1985 were approved because of the supplemental income of the spouse. Spouse's income was especially important for minority buyers; 60 percent of the American Indian/Alaskan Natives, 56 percent of the Asian/Pacific Islanders, 54 percent of the Hispanics, and 53 percent of the blacks who obtained VA guaranteed home loans relied upon help from spouse's income.

From FY 1984 to FY 1985, there were increases in the average annual incomes of all minority groups of home buyers using VA guaranteed loans to finance their home purchases.

| Group | Average Annual Income | | Percent Change |
|---|---|---|---|
| | FY 1985 | FY 1984 | |
| Asian/Pacific Islander | $34,200 | $32,100 | +6.5 |
| White (not Hispanic) | 33,500 | 32,400 | +3.4 |
| American Indian/Alaskan Native | 33,500 | 32,600 | +2.8 |
| Black (not Hispanic) | 31,200 | 29,800 | +4.7 |
| Hispanic | 30,900 | 30,200 | +2.3 |

VA guaranteed home loans covering the full purchase price of the home (no down payment) were obtained by 84 percent of the black, 80 percent of the American Indian/Alaskan Native, 77 percent of the Hispanic, 72 percent of the Asian/Pacific Islander, and 70 percent of the white participants in FY 1985.

An objective of the VA's Fair Housing Program is to increase minority business participation in work related to the loan guaranty program. This includes assigning appraisers and compliance inspectors, and engaging the service or repair contractors, management brokers, and sales brokers. During FY 1985, these minority businesses received $20.1 million, or 14 percent, of all commissions and fees paid and assignments made by the VA. The dollar breakdown is as follows: $5.8 million to minority fee appraisers and compliance inspectors, $5.4 million to minority repair and maintenance contractors, $6.2 million to minority sales brokers, and $2.7 million to minority management brokers.

Another important aspect of the VA's fair housing program is its home counseling service. The VA conducts a home counseling service in 23 cities, providing prospective home-buying veterans advice and assistance in the practical aspects of home buying and home ownership. Minority veterans comprised 6,870 of the 14,305 veterans counseled in FY 1985, reflecting the thrust of the program toward aiding minority veterans. Since the inception of the program in 1973, over 70,000 minority veterans and 125,000 veterans overall have been assisted by this home counseling service.

# Life Insurance

## Comparative Highlights

| Program (thousands) | Fiscal Year 1985 | Fiscal Year 1984 | Percent Change |
|---|---|---|---|
| USGLI | | | |
| Policies | 64 | 70 | −8.6 |
| Amount | $247,999 | $275,231 | −9.9 |
| Death benefits | $24,400 | $26,173 | −6.8 |
| NSLI[1] | | | |
| Policies | 3,109 | 3,198 | −2.8 |
| Amount | $22,164,810 | $22,589,213 | −1.9 |
| Death benefits | $415,385 | $396,134 | +4.9 |
| VSLI[1] | | | |
| Policies | 367 | 383 | −4.2 |
| Amount | $3,218,759 | $3,345,554 | −3.8 |
| Death benefits | $21,774 | $22,374 | −2.7 |
| SDVI | | | |
| Policies | 187 | 189 | −1.1 |
| Amount | $1,691,985 | $1,713,293 | −1.2 |
| Death benefits | $21,710 | $20,047 | +8.3 |
| VRI[1] | | | |
| Policies | 144 | 152 | −5.3 |
| Amount | $986,661 | $1,047,263 | −5.8 |
| Death benefits | $18,733 | $18,742 | 0.0 |
| SGLI | | | |
| Policies | 3,427 | 3,397 | +0.9 |
| Amount | $119,104,410 | $118,114,032 | +0.8 |
| Death benefits | $137,132 | $157,124 | −12.7 |
| VGLI | | | |
| Policies | 251 | 293 | −14.3 |
| Amount | $7,228,105 | $7,552,240 | −4.3 |
| Death benefits | $22,704 | $22,102 | +2.7 |
| VMLI | | | |
| Policies | 6 | 6 | 0.0 |
| Amount | $179,765 | $178,809 | +0.5 |
| Death benefits | $5,857 | $4,857 | +20.6 |

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

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

## Summary

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

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

At the end of FY 1985, these eight programs provided coverage of nearly $155 billion to over 7.2 million insureds.

## Government Administered Programs

### United States Government Life Insurance

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

War Risk Term Insurance was the Government's first attempt to offer life insurance to servicemen and it proved to be surprisingly successful. USGLI was established, in part, to provide a means of converting from the War Risk program, which was not intended to be a long-range insurance program. At the end of FY 1985, 63,860 USGLI policies remained in force. The program is self-supporting except for administrative expenses and the rare claims that are traceable to the extra hazards of military service, which are paid by the Government. There has been a steady decline in the number of policyholders, and this decline will continue to accelerate, as the average age of these insureds is now nearly 79 years.

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

The 1985 dividend for USGLI policies will average $248 per insured.

## National Service Life Insurance

NSLI was established on October 8, 1940, to serve the insurance needs of World War II service personnel. At its height, this program insured more than 22 million individuals. By the end of FY 1985, 3.1 million policies remained in force with a face value of $22.2 billion. The program is self-supporting except for administrative expenses and claims traceable to the extra hazards of military service, which are paid by the Government. Dividend payments from the surplus earnings of the trust fund averaged nearly $241 per insured in 1985, compared to $211 last year.

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

Since the inception of the term capping program, nearly 66,500 term policies have been capped at the age 70 rate. Of the policies affected thus far, premium rates were actually rolled back on over 50,000 of them. Approximately 164,000 policies will be eligible for term capping within the next five years.

NSLI policyholders may use dividends to buy more insurance as paid-up additions to their policies; this allows them to have more than $10,000 of Government life insurance in force. These paid-up additions have cash and loan values and earn dividends. A total of 725,000 policies have paid-up additions with a face value of over $2.43 billion. This represents an increase of 11 percent over the 1984 face amount.

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

## Veterans Special Life Insurance

VSLI was first made available to veterans separated from service on or after April 25, 1951.

Application had to be made within 120 days of separation. VSLI was a means of providing post-service Government life insurance for Korean conflict veterans. There was no premium-paying insurance during service at this time, although the Government did provide insurance protection with a $10,000 Servicemen's Indemnity. Policies in the VSLI program were issued through December 31, 1956. During the period that VSLI was available, about 800,000 policies were issued, of which 367,000 remained in force on September 30, 1985, with a face value of $3.2 billion.

Initially, only renewable but non-convertible term insurance was available. Effective January 1, 1959, legislation modified the program to permit exchange either to a permanent plan or to a lower cost term policy which was nonrenewable after age 50, but which could later be converted to a permanent plan of insurance.

Dividends were not paid on policies in this program until after the passage of Public Law 93-289 on May 24, 1974. The 1985 dividend payments amounted to $65.8 million. The average dividend payment was $187 per insured compared to $124 in 1984.

A total of 85,000 policies have paid-up additions with a face value of nearly $125 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 who was separated from service on or after April 25, 1951, who receives a service-connected disability rating for which compensation would be payable if 10 percent or more in degree, and who is otherwise in good health has one year from the date of notice of the VA rating to apply for this coverage. The VA notifies veterans of their eligibility for this coverage after a VA service-connected rating is granted.

Since all SDVI policyholders have some service-connected disability, the program is, in effect, insuring substandard risks at standard premium rates. As a result, the program is not self-supporting and requires periodic appropriations to meet its costs. At the end of FY 1985, there were approximately 187,000 policies in force with a face value of nearly $1.7 billion. Approximately 5,000 new SDVI policies were issued in FY 1985, but the total number in force still declined by 1.1 percent.

## Veterans Reopened Insurance

The VRI program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean conflict veterans who, because of their disabilities, would be unable to obtain commercial life insurance or could not obtain it at a reasonable cost. Applications for this insurance were accepted from May 1, 1965, through May 2, 1966. Approximately 210,000 policies were issued, of which some 144,000 remained in force at the end of FY 1985 with a face value of $987 million. Premiums on individual VRI policies are determined by the health of the individual veteran.

Public Law 96-128, enacted in 1979, provided that dividends would be payable on VRI policies for the first time in 1980. The 1985 dividend payments averaged $203 per insured, compared to $192 in 1984.

In addition to regular annual dividends, commencing January 1, 1985, termination dividends will be paid to VRI JR and JS policyholders upon maturity or cash surrender of their policies, or to the policyholder's beneficiary upon death. Approximately $800,000 in termination dividends will be paid in 1986.

## Total Disability Income Provision

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

TDIP provides a monthly benefit of $5.75 per $1,000 under USGLI if the policyholder has been rated totally disabled. As of September 30, 1985, 769 of these TDIP riders were in force with a face value of $4.6 million.

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

| Effective Date of Modification | Monthly Income Per $1,000 of Insurance | Coverage To Age | In Force as of September 30, 1985 | |
|---|---|---|---|---|
| | | | No. of Policies | Amount of Insurance (in thousands) |
| Aug. 1. 1946 | $ 5 | 60 | 4,572 | $ 33,159 |
| Nov. 1, 1958 | 10 | 60 | 59,913 | 456,762 |
| Jan. 1, 1965 | 10 | 65 | 304,969 | 2,412,821 |

## Government Supervised Programs

### Servicemen's Group Life Insurance

The SGLI program was developed in 1965 to provide insurance coverage for members of the armed services. The program is supervised by the VA, but administered by the Prudential Insurance Company of America as the primary insurer. Prudential administers the program through the Office of Servicemen's Group Life Insurance in Newark, New Jersey. During FY 1985, 320 other commercial companies also participated in the SGLI program on a reinsurer/converter, or converter only basis. By the end of FY 1985, 3.4 million active duty service personnel and reservists were insured in the amount of $119 billion, and death benefits paid during the year amounted to $137 million, compared to $157 million for FY 1984.

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

Effective December 1, 1981, the maximum coverage amount was raised to $35,000. The serviceperson is automatically insured for this amount unless he or she submits a written request for less ($30,000, $25,000, $20,000, $15,000, $10,000, or $5,000) or declines coverage. Coverage was previously limited to $20,000.

### Veterans Group Life Insurance

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

VGLI became effective August 1, 1974, and is available in amounts of $35,000, $30,000, $25,000, $20,000, $15,000, $10,000, or $5,000, but for not more than the amount of SGLI which was in force at the time of separation. VGLI has no cash, loan, paid-up, or extended insurance values, but can be converted to a permanent policy with one of the participating companies at the end of the five-year term period. As of September 30, 1985, 251,000 veterans were insured for over $7.2 billion.

The VA mails an information pamphlet and an application for VGLI to all eligible veterans shortly after their release from duty. Veterans will be accepted for VGLI, regardless of their health, if they apply within 120 days of separation. If they do

not apply within this time, they have an additional year to do so, but they must meet the health requirements upon application.

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 injuries or disabilities which render them uninsurable at standard premium rates.

## Veterans Mortgage Life Insurance

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

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

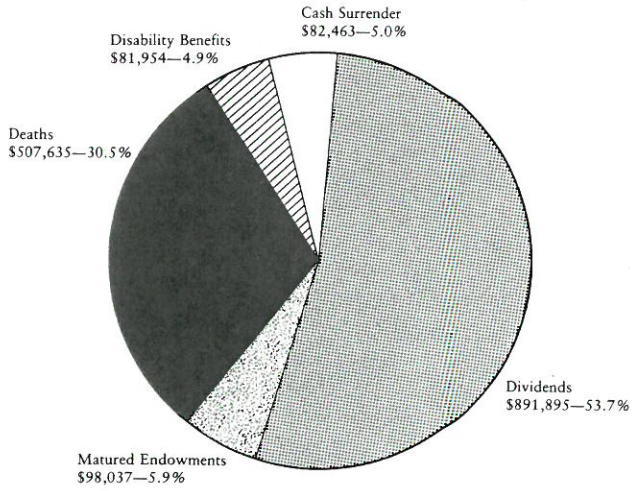
As of September 30, 1985, there were approximately 6,000 VMLI policyholders, with coverage totaling over $179 million. Death benefits paid during the fiscal year totaled nearly $5.9 million.

## Disbursements

The Government-administered insurance programs disbursed over $1.6 billion to policyholders and beneficiaries in FY 1985. These disbursements were in the form of dividends, death benefits, disability benefits, proceeds paid to insureds who surrendered their policies for cash, and proceeds paid to insureds whose endowment policies matured.

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

VA—ADMINISTERED INSURANCE DISBURSEMENTS
FISCAL YEAR 1985 (IN THOUSANDS)



# Veterans Assistance

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Outreach | | | |
| Public telephone calls - toll-free | 5,191,845 | 5,199,835* | – 0.2 |
| Public telephone calls - other | 8,226,377 | 8,071,298 | + 1.9 |
| Interviews away from office | 128,053 | 129,947 | – 1.5 |
| Interviews at office | 1,511,201 | 1,629,930 | – 7.3 |
| Patient interviews | 476,743 | 506,951 | – 6.0 |
| Correspondence | 1,931,746 | 2,011,010 | – 3.9 |
| Equal opportunity | | | |
| Compliance reviews | 706 | 684 | + 3.2 |
| Complaints of discrimination | 26 | 35 | – 25.7 |
| Employment assistance | | | |
| Requests from veterans | 32,969 | 36,518 | – 9.7 |
| Veterans obtaining employment | 3,668 | 4,561 | – 19.6 |
| Through OPM | 10 | 29 | – 65.5 |
| Through SESA's | 3,060 | 4,160 | – 26.4 |
| Through VA contacts | 333 | 117 | + 184.6 |
| Through other contacts | 265 | 255 | + 3.9 |
| Fiduciary activities | | | |
| Cases under supervision | 125,053 | 125,083 | 0 |
| Field examinations (program) | 87,912 | 88,914 | – 1.1 |
| Field examinations (nonprogram) | 15,454 | 14,989 | + 3.1 |
| Special investigations | 1,126 | 1,310 | – 14.0 |
| Fiduciary account audits | 36,858 | 37,785 | – 2.5 |
| Legal actions prepared | 14,746 | 15,603 | – 5.5 |
| Court appearances | 5,666 | 5,106 | + 11.0 |
| Miles traveled (in thousands) | 4,702 | 4,925 | – 4.5 |
| Work-study agreements | 28,425 | 43,411 | – 34.5 |
| Hours worked (in thousands) | 4,657 | 6,634 | – 29.8 |

**Updated figure*

## Summary

Veterans Assistance personnel in VA field stations conducted a total of 15,534,219 interviews during FY 1985. Of this number, 86 percent were interviews conducted over the telephone. Correspondence action totaled 1,931,746. Interviews with patients at VA medical facilities totaled 476,743.

Compliance surveys of establishments approved for the education or training of veterans totaled 6,902.

Central Office staff made 37 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. These categories include 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.

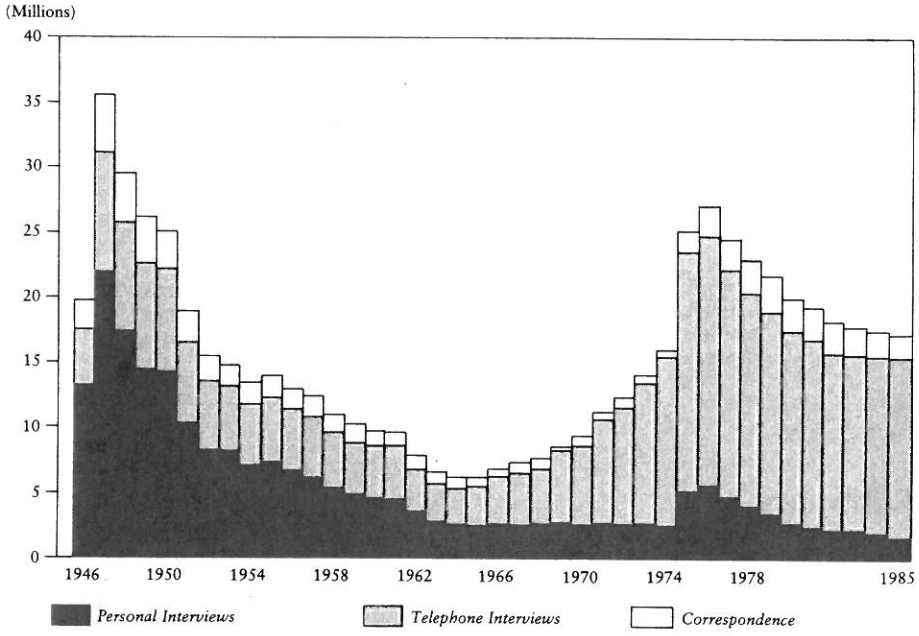
Telephone service makes outreach services available in all 50 states and the Commonwealth of Puerto Rico. The 822 local, Foreign Exchange (FX), 800 service, and Zenith service lines provide fast, easy, and inexpensive access to the VA for veterans' benefits information and assistance.

Telephone interviews were first reported as a means of widespread, official 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, telephone and personal interview statistics reversed. By FY 1975, the end of our military involvement in Vietnam, telephone interviews made up 73.4 percent of our 25 million total public contacts. Personal interviews then comprised 20.6 percent and correspondence 6.1 percent.

In recent years the increase in the percent of telephone interviews of all total public contacts has continued to gradually grow. In FY 1985, there were 13.4 million telephone interviews conducted; this number represents 77.4% of all personal contacts reported by regional offices. Personal interviews at the office and correspondence represented 11.5% and 11.1%, respectively, of all such personal contacts.

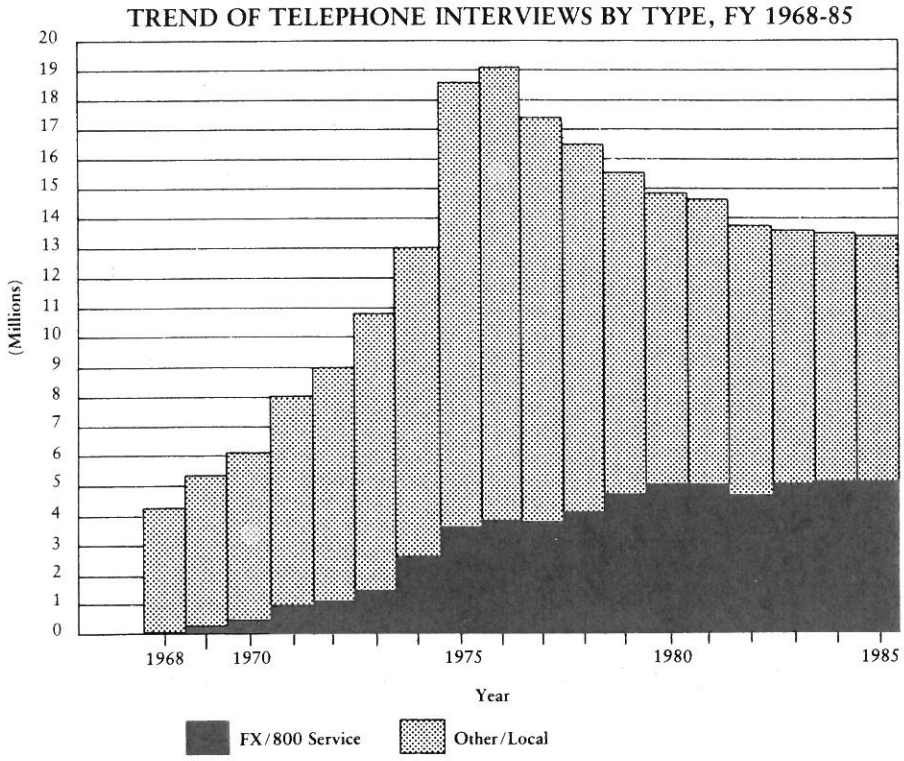
The following graph shows the trend of total public contacts in each category as reported by regional offices from FY 1946 - FY 1985.

TREND OF PUBLIC CONTACTS, FY 1946-85




The following graph shows the trend of toll-free originating telephone interviews. Fiscal year 1968 was the year that the VA installed the first FX lines.

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




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

## Elderly Beneficiaries

Because elderly veterans and dependents have special needs for information and assistance, the VA has produced particular responses to meet these needs. Since 1974, an important aspect of this response has been participation in the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies. 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 characterize the VA's 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. Public Law 98-223, effective October 1, 1983, amended POW legislation to include presumptive service connection for dysthymic disorder (or depressive neurosis). The law requires the VA to seek out possible beneficiaries and provide them with information about their entitlement to various VA benefits and services. As a part of this outreach program, POW coordinators have been designated at all VA regional offices and medical centers. Also, National POW/MIA Recognition Day ceremonies were held on July 19, 1985, at nearly all regional offices, medical centers, and national cemeteries in recognition of POW's.

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 second was forwarded to the Administrator on April 22, 1985. The next committee report is due no later than July 1, 1987.

The first report included a recommendation for the installation of a national toll-free number for POW's to inform the VA if they are not recognized as POW's, or if their treatment is not consistent with the intent of Public Law 97-37. A 24-hour number was installed in December of 1983 with live coverage during office hours, and recorded coverage, to take messages after hours, on weekends and on holidays. Initially, there was an average of 60 calls received daily, with the current daily average of calls leveling at 35. Most of the callers want information and are given this information immediately. However, approximately 20 percent of the inquiries require referral to field stations for resolution.

A consumer sampling system instituted to gauge the effectiveness of the toll-free number and increase its responsiveness indicates that all callers have received courteous and beneficial services.

## Other Outreach Efforts

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

- Outreach to veterans' organizations with predominately 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 having served 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.

- The Veterans Assistance Service in the Department of Veterans Benefits has staffed booths with appropriate exhibits and distribution of pamphlets at the annual meetings of the President's Committee on Employment of the Handicapped and the National Council on the Aging. Regional office personnel have also staffed booths at national and State meetings of national veterans organizations.

## Equal Opportunity Compliance

VA field station personnel conduct an equal opportunity compliance program to ensure that education and job training offered to veterans and other eligible beneficiaries are provided without discrimination as to race, color, national origin, sex, or handicap. The compliance program is conducted to carry out provisions of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, and section 504 of the Rehabilitation Act of 1973. During FY 1985 there was an average of 181 field station employees assigned to perform equal opportunity compliance functions along with their VA education compliance activities. They conducted 165 onsite equal opportunity compliance reviews

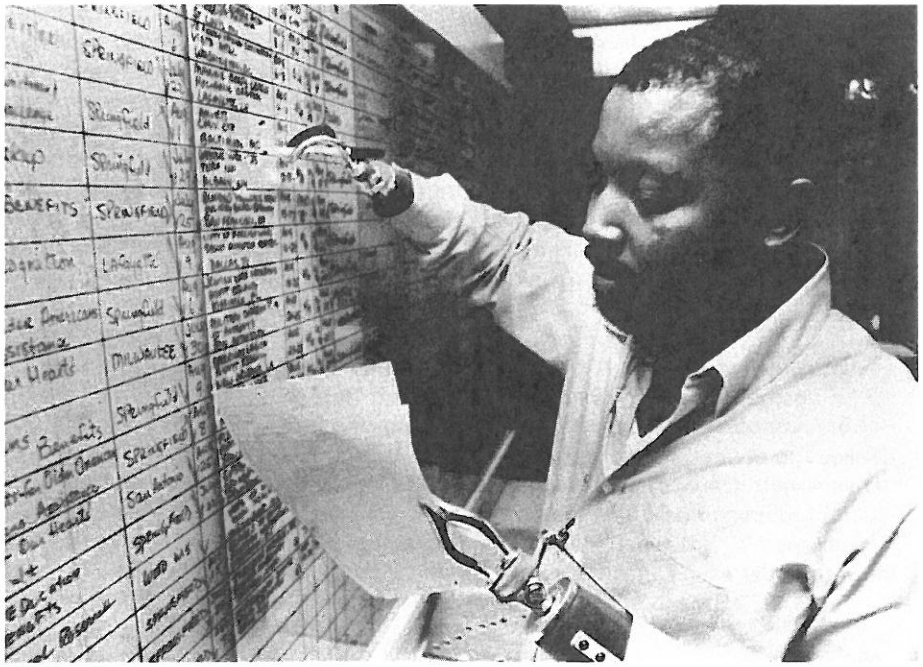
during FY 1985 in proprietary schools below college level, which represented a 20-percent decrease from the 205 onsite reviews conducted in proprietary schools during FY 1984. Compliance personnel also conducted onsite equal opportunity compliance reviews at 541 job training programs which trained veterans under the Emergency Veterans' Job Training Act of 1983 (Jobs Bill).

The VA received 26 complaints of discrimination during FY 1985, 14 of which were filed against proprietary educational institutions and 5 against job training programs conducted under the Jobs Bill. Three complaints were referred to the Department of Education under our delegation agreement with the Agency, and four were referred to other agencies as not otherwise under our jurisdiction. The VA completed investigations in 8 of the 19 complaints for which it has jurisdiction and found each complaint invalid. Two complaints were withdrawn by the complainants; investigations had not been completed on the remaining nine complaints by the end of the fiscal year.

## 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 training programs, and other employment services. Veterans with employment problems are given counseling and job assistance at career development centers in VA regional offices.

They are also encouraged to register at the SESA (State Employment Security Agency) job service office in their community. The VA cooperates in 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 1985, 32,969 veterans requested VA employment assistance, and through various referrals, 3,668 obtained employment. Of this total, 10 obtained employment through the OPM (Office of Personnel Management); 3,060 through SESA'S; 333 through VA contacts; and 265 through other contacts.



*Ability Counts*

## Fiduciary and Field Examination Activity

The F&FE (Fiduciary and Field Examination) activity supervised the payment of benefits to fiduciaries on behalf of over 125,000 VA beneficiaries: 114,818 adults who were incompetent or under some other legal restriction, and 10,235 minor beneficiaries. This supervision resulted in 87,912 fiduciary program field examinations, 36,858 fiduciary account audits, 14,746 legal actions prepared, 5,666 court appearances, and over 4.7 million miles traveled. The F&FE activity also conducted 15,454 nonfiduciary program field examinations and 1,126 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

During FY 1985, veteran-students pursuing full-time programs of education or training continued to receive a supplemental educational allowance from the Veterans Administration by participating in the Veteran-Student Services (VA Work Study) Program.

Working in a variety of VA activities throughout the VA regional offices, medical centers, and national cemeteries, these work-study students were also placed with various community organizations in support of VA outreach initiatives. For the year, over 28,000 veteran-students performed VA-related services totaling 4.7 million hours for which they were reimbursed at a rate equal to the minimum wage. The efforts of these work-study students significantly contributed to the VA's ability to accomplish its overall mission of servicing veterans, their dependents, and their survivors.

# Vocational Rehabilitation and Counseling

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Vocational rehabilitation evaluations | 40,306 | 42,078 | - 4.2 |
| Initial evaluations | 37,421 | 36,422 | + 2.7 |
| Vocational rehabilitation participants[1] | 26,901 | 29,024 | - 7.3 |
| Vocational and educational counseling under other chapters[2] | 18,257 | 28,924 | -36.9 |

*[1] Veterans who have participated in the vocational rehabilitation program at some time during the year.*
*[2] Chapters 32, 34, and 35 of title 38, U.S.C.; Chapter 106 of title 10, U.S.C.; and Public Law 98-77.*

## 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 extent feasible, to become employable and to obtain and maintain suitable employment. Service-connected disabled veterans who are eligible for these services are identified and encouraged by local VR&C staff members to apply for benefits.

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

In order to ensure that veterans are informed about VA benefits to which they may be entitled, the VR&C staff maintains an on-going outreach program. Additionally, outreach projects to targeted groups of veterans are conducted. During FY 1985, veterans who had sustained injuries in the Grenada or Lebanon conflicts and who had not fully pursued veterans benefits to which they may be entitled were contacted. A special outreach program was also conducted for all service-disabled veterans who, although found eligible under the "Emergency Veterans' Job Training Act of 1983," were not in training. These veterans were informed of their potential eligibility for services under the chapter 31 rehabilitation program.

During FY 1985 two pilot programs were initiated to enable certain disabled veterans to obtain training and employment services which may enable them to return to gainful employment. 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.

The following items are highlights of FY 1985 accomplishments:

- Over 80,000 disabled veterans, veterans' dependents, and unemployed veterans received rehabilitation, training, counseling, and employment services from VR&C staff.

- 6,860 unemployed veterans received job counseling assistance under Public Law 98-77, the "Emergency Veterans' Job Training Act of 1983."

- Outreach projects to inform veterans of their potential eligibility for the vocational rehabilitation program were initiated for veterans eligible for, but not placed in, a training program under the "Emergency Veterans' Job Training Act of 1983," and for veterans disabled in the Grenada and Lebanon conflicts.

- Special provisions were implemented which allow payments to employers to encourage the job placement of disabled veterans who have completed the VA vocational rehabilitation program. These veterans may be difficult to place due to their disabilities or lack of experience.

- A report on the outcome of a pilot program of independent living services implemented from FY 1982 through FY 1985 was submitted to Congress.

- Public Law 98-543 established a four-year pilot program to provide vocational training and other services to certain nonservice-connected disabled veterans in receipt of VA pensions.

- Public Law 98-543 also established a four-year pilot program to evaluate a program of training and other services for veterans receiving VA individual unemployability benefits.

## Vocational Rehabilitation

All veterans requesting vocational rehabilitation services who incurred a compensable service-connected disability on or after September 16, 1940, are provided an initial evaluation. The purpose of the initial evaluation is to determine whether the veteran is eligible for and entitled to chapter 31 services and what kind of specialized assistance is needed. The VR&C field staff completed 37,421 initial evaluations during FY 1985 and provided 26,901 eligible and entitled veterans with one or more specialized services.

Another determination in the initial evaluation process is whether the veteran is ready for a job 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 feasibilitiy is authorized. More than 1,225 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 11,900 service-disabled veterans to help them develop job skills to qualify for suitable employment. More than 4,650 veterans who were determined to be ready for jobs planned a rehabilitation program to obtain the employment services and placement assistance they needed to reach their goals of suitable long-term employment.

During FY 1985, 40,306 service-connected disabled veterans were provided counseling and evaluation services under the VA vocational rehabilitation program. The number of veterans participating in these services reflects a slight decrease of 4.2 percent from the number provided those services during FY 1984.

## Employment Services

During FY 1985, the importance of employment services and assistance continued to be emphasized. A total of 4,650 individualized employment assistance plans 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.

During this fiscal year special provisions were implemented which permit the VA to make payments to employers to encourage the job placement of disabled veterans who completed the chapter 31 vocational rehabilitation program but who may be difficult to place due to their disabilities or lack of experience. Under a written agreement with the employer, the VA will pay for direct expenses that result from hiring the veteran and which do not exceed one-half of the wage paid to other employees in the same or similar jobs. Payments can cover up to nine months of work experience or on-the-job training and may be made only to private sector employers.

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

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

Finally, 6,861 veterans were provided employment counseling under the Emergency Veterans' Job Training Act of 1983. This act provides job counseling to eligible, long-term unemployed Vietnam era and Korean conflict veterans. In addition, approximately 224 veterans with 10 percent and 20 percent disability ratings were evaluated by VR&C field staff to determine if they have a serious employment handicap and thus are entitled to 15 months, rather than 9 months, of benefits.[1]

## Pilot Programs for Severely Disabled Veterans

Public Law 98-543 established two four-year pilot programs to provide assistance for severely disabled veterans for whom training and employment services are feasible. The purpose of the vocational training program for certain

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

VA pensioners is to determine whether they can become gainfully employed if they are provided a full range of assistance and services. If a veteran's pension is terminated due to receipt of income from work or training as a result of participation in the pilot program, eligibility for VA medical benefits will be protected for a three-year period from the date of termination. The trial program was initiated February 1, 1985; a report on the program is required by Congress no later than April 15, 1988.

The second pilot program provides services and assistance to service-disabled veterans who have been awarded total disability ratings by the VA due to individual unemployability. The purpose of the program is to determine if the provision of training and employment services, coupled with the opportunity to have a trial period of employment, will assist veterans with IU (Individual Unemployability) ratings to return to the work force. Veterans awarded an IU rating during the pilot program period must participate in a vocational rehabilitation program if it is determined that employment is a feasible goal. Veterans awarded IU prior to February 1, 1985, may request counseling, employment services, or consideration for training under the VA vocational rehabilitation program. A veteran's rating of IU remains protected for up to 12 consecutive months of substantially gainful employment.

### Pilot Program of Independent Living Services

During FY 1985, severely disabled veterans for whom a vocational goal was determined not to be reasonably feasible, but who needed assistance to achieve maximum independence in daily living, were provided services under the pilot program of independent living services and assistance. During the fiscal year, 39 veterans were approved for the pilot program. The total number of approved candidates during the three years of the program's operation is 238. The typical services provided during FY 1985 were similar to services provided during the past three years. Examples include those services necessary to meet the needs in the areas of transportation, attendant care, basic living skills, adaptive equipment, family and peer counseling, housing, and health maintenance. A final report on the program's goals, accomplishments, and cost-effectiveness was forwarded to Congress. The report recommended that the independent living services program be extended as a pilot for three additional years.

## Educational and Vocational Counseling

Counseling services are provided upon request to assist non-disabled veterans, servicepersons, and other eligible persons who plan to use their chapter 32, 34, or 35 benefits under title 38, U.S.C., and educational benefits under chapter 106 of title 10, U.S.C. Comprehensive counseling and assessment services focus on planning for the use of VA benefits for education and vocational training. Requests for counseling services from veterans under chapter 34 decreased approximately 48 percent during the fiscal year, which is consistent with the decreased usage of all chapter 34 benefits. There was a substantial increase in requests from post-Vietnam era veterans under chapter 32. Requested counseling under the Survivors' and Dependents' Educational Assistance (chapter 35) program declined almost 11 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 107 locations, including 58 VA regional offices, 37 outbased locations, and 12 guidance centers.

Vocational/Educational Counseling Cases—Chapters 32, 34, and 35 of title 38, U.S.C.

| Individuals Counseled | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Veterans educational assistance (Chapter 34) | 6,035 | 11,559 | − 47.8 |
| Dependents' educational assistance (Chapter 35 | 1,793 | 2,006 | − 10.6 |
| Post-Vietnam era veterans (Chapter 32) | 575 | 234 | +145.7 |

## Veterans' Advisory Committee on Rehabilitation

The Veterans Advisory Committee on Rehabilitation was established with the October 1980 enactment of Public Law 96-466, the Veterans Rehabilitation and Education Amendments of 1980. The committee assesses the rehabilitation needs of veterans, reviews the programs and activities of the Veterans Administration designed to meet these needs, and offers recommendations to the Administrator concerning the administration of veterans' rehabilitation programs under title 38, U.S.C.

The eight members and five ex-officio members of the committee represent disabled veterans and persons distinguished in the fields of rehabilitation medicine, vocational guidance, vocational rehabilitation, and employment and training programs. Based on a prior committee recommendation, the knowledge base of the committee was broadened by including three new members from the private and State sectors, and all terms of appointment have been staggered to assure continuity of the committee.

During FY 1985, the committee recommended that the Agency develop and initiate a comprehensive cost-benefit study of the chapter 31 vocational rehabilitation program, which was completely revised by Public Law 96-466. The Agency prepared a concept paper on the study, and approval of the study design is expected during the second quarter of FY 1986.

The committee members discussed ways of enhancing a disabled serviceperson's transition from military service to civilian life and improving followup of such persons by the Veterans Administration. A recommendation submitted to the Administrator proposed that the VA and the Department of Defense work together to develop and implement specific actions to facilitate this transition. The Administrator and the Secretary of Defense agreed with the intent of the recommendation and action has been taken toward implementation.

The committee members initiated or continued their review of several other issues: the case management process in the Agency, pension, and pre-vocational work therapy.[1]

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

# Cemeteries and Memorials

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Interments | 50,489 | 47,021 | +7.4 |
| Applications for Headstones/Markers | 287,659 | 272,476 | +5.6 |
| Applications Canceled | 42,007 | 37,756 | +11.3 |
| Headstones/Markers Ordered | 224,511 | 238,160 | -5.7 |
| National Cemeteries | 54,351 | 51,222 | +6.1 |
| Private Cemeteries | 170,160 | 186,938 | -9.0 |
| Replacement Headstones/Markers | 7,435 | 5,619 | +32.3 |

## Summary

The DMA (Department of Memorial Affairs) administers veterans' interment benefits that include the National Cemetery System, headstones and markers, memorial plots and markers, and the State cemetery grants program.

In FY 1985, DMA accomplished 50,489 interments in the National Cemetery System, up 7.4 percent from last year, and received applications for 287,659 headstones and markers for graves of eligible persons, an increase of 5.6 percent from last year. Applications were submitted by 9 States for grant assistance and 3 grants totaling $1.8 million were awarded.

The National Cemetery System continued to expand in FY 1985. A new national cemetery was officially identified for the State of West Virginia, the property for which was donated by the State. Action continued for the complete acquisition of 400 acres for a new national cemetery in Florida, officially named the Florida National Cemetery. Six acres were acquired through private donation for expanding the Bath National Cemetery in New York. Land was also transferred through private donation to expand the following national cemeteries: 4.6 acres for Florence, South Carolina, and 2.6 acres for Salisbury, North Carolina. Through an interdepartmental agreement between DM&S and DMA, 15 acres were transferred to Wood National Cemetery, Wisconsin.

Master plans were nearing completion for the Ft. Mitchell, Alabama, and Florida National Cemeteries. The master plan for the Houston National Cemetery, Texas, was completed.

Two national cemeteries previously in 'closed status' were reopened during FY 1985: Knoxville, Tennessee, and Zachary Taylor in Kentucky.

Numerous construction projects were begun in FY 1985. These include a 15-acre gravesite development project at Houston National Cemetery, Texas, and a 14-acre project at Dayton National Cemetery, Ohio. A 13-acre development project was completed at Santa Fe, New Mexico, as was a 5,500 gravesite development project at Biloxi National Cemetery, Mississippi and an administration/service building and new drive at Eagle Point National Cemetery, Oregon. A 3.7-acre development was started at Springfield National Cemetery,

Missouri. One acre was developed at New Bern National Cemetery, North Carolina. Contracts were let to remove roads and buildings to gain additional gravesites at Knoxville, Tennessee, New Albany, Indiana, and Zachary Taylor, Kentucky, National Cemeteries. An administration office addition was completed at Fayetteville National Cemetery, Arkansas, while a new administration building was completed at Puerto Rico National Cemetery in Bayamon. A drainage improvement project was initiated at Chattanooga National Cemetery, Tennessee.

As a result of several severe storms, funds from the recently established Emergency Storm Damage Account were used to aid in cleanup and repairs at Barrancas, Puerto Rico; Natchez, Mississippi; and San Francisco, California, National Cemeteries.

Several projects were initiated to eliminate hazardous asbestos material from cemetery facilities. Removal of hazardous asbestos material will continue to be a high priority.

White City National Cemetery, Oregon, was renamed the Eagle Point National Cemetery. The action was taken to assist visitors in locating the cemetery, which is in Eagle Point, Oregon. The name White City was originally used because of its proximity to the White City Domiciliary.

## Headstones and Markers

The Department of Memorial Affairs is responsible for administering the headstone and marker benefit program for veterans. During the last twelve years almost 2,800,000 monuments have been furnished to mark the graves of veterans and eligible dependents in private, State veterans, and national cemeteries, in the United States and abroad. In those cases where veterans' remains were not recovered or identified, buried at sea, donated to science, or cremated and the ashes scattered without interment, memorial monuments have been provided. Group burial monuments for special cases have also been provided. The benefit provided includes delivery of the monument to its destination.

In FY 1985, over 287,000 applications for headstones/markers were received and 224,511 monuments were ordered from contractors. Less than 15 percent of the applications received were returned to applicants because of incomplete or inconsistent data. These applications normally are resubmitted, then processed on a priority basis when received.

The total procurement and shipment cost to provide 224,511 monuments in FY 1985 was $12.7 million.

| Type Headstone/Marker | Number Ordered | | Percent Change |
|---|---|---|---|
| | FY 1985 | FY 1984 | |
| Upright marble | 26,601 | 30,172 | -11.8 |
| Flat marble | 7,095 | 8,195 | -13.4 |
| Flat granite | 72,850 | 74,868 | - 2.7 |
| Flat bronze | 110,572 | 123,043 | -10.1 |
| Niche covers | 7,290 | 1,717 | +324.6 |
| Special purchase orders | 103 | 165 | -37.6 |
| TOTAL | 224,511 | 238,160 | - 5.7 |

Replacement headstones and markers are provided at Government expense whenever the original monuments become illegible, deteriorated, or damaged due to the passage of time and other natural causes. Monuments are replaced at private expense when damaged by non-Government personnel or manufactured incorrectly because of applicant error. During FY 1985, there were 7,435 replacements provided.

Seventy-six percent of all monuments ordered were for private cemeteries with the remainder going to national cemeteries. It is expected that requests for Government-furnished monuments and burial in national cemeteries will increase during the coming years due to the aging of the veteran population, especially the World War II veterans.

Fifty percent of all monuments provided were bronze, followed by 32 percent for granite markers. The remaining 18 percent were marble headstones, markers, or columbarium niche covers.

In May 1985, the initial phase of an Automated Monument Application System was initiated. The ADP system should be complete and fully operational in FY 1986. This should provide more efficient service to the veterans' next-of-kin.

During FY 1985, there were 5,269 headstones and markers shipped to destinations outside the contiguous United States. The Clark Air Force Base Cemetery in the Philippines underwent a restoration project requiring 2,504 monuments.

The shipment mode of a monument is based on its weight and its destination. Bronze markers weigh 18 pounds and are mailed by parcel post. The flat granite or flat marble markers weigh 130 pounds and are shipped by truck as are the 230-pound upright marble headstones. Stone monuments sent overseas utilize U.S. military ocean transport terminals. In most overseas shipments, an American Embassy officer intervenes to obtain delivery to the final destination.

| Destination | Bronze | Granite | Marble | Upright | Niche Marker | Unin-scribed | Total |
|---|---|---|---|---|---|---|---|
| Alaska | 36 | 5 | 9 | 53 | | | 103 |
| American Samoa | 1 | 2 | 2 | | | | 5 |
| Australia | 1 | | | | | | 1 |
| Canada | 11 | 4 | 1 | 7 | | | 23 |
| Cuba | | | | 1 | | | 1 |
| England | 2 | 1 | 1 | 2 | | | 6 |
| Germany | 3 | 1 | 1 | 3 | | | 8 |
| Guam | 15 | 2 | 30 | 5 | | | 52 |
| Guatemala | 1 | | | | | | 1 |
| Hawaii | 45 | | | | 28 | 900 | 973 |
| Ireland | | | | 6 | | | 6 |
| Mexico | 10 | | | 1 | | | 11 |
| New Zealand | | | | 1 | | | 1 |
| Panama | | | 1 | | | | 1 |
| Philippines | 213 | 5 | 216 | 2,505 | | | 2,939 |
| Puerto Rico | 298 | 716 | 96 | | | | 1,110 |
| Scotland | | | 1 | 9 | | | 10 |
| Virgin Islands | 8 | 3 | 3 | 4 | | | 18 |
| Totals | 644 | 739 | 361 | 2,597 | 28 | 900 | 5,269 |

## 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 October 1, 1979, and as of September 30, 1985, the VA had received 21 applications from 13 States requesting $11.3 million. Over $10 million has been obligated in support of 16 projects. The accompanying table provides details on the active projects in FY 1985.

| Location | Project | Grants (thousands) Request | Funds Obligated |
|---|---|---|---|
| Arizona Phoenix | Improvement (Well and water distribution system) | $ 188 | $ 188[3] |
| Connecticut Middletown | Establishment (including administration/ service building) | 682 | 682 |
| Guam Piti | Establishment (including administration and main building, chapel, and public restrooms) | 2,413[1] | 2,413 |
| Hawaii Kauai | Expansion/improvement | 118 | |
| Illinois Quincy | Improvement (storage/maintenance building) | 51[1] | 51 |
| Maine Augusta | Improvement (security fence, audit, and master plan) | 246 | 216 |
| Maryland Crownsville | Improvement (Phase II development) | 894[1] | 894 |
| Garrison Forest | Establishment | 862 | 862[3] |
| New Jersey Arneytown | Establishment (including administration/ committal shelter, maintenance building, public restroom and water treatment building) | 1,454 | 1,454 |
| Rhode Island Exeter | Establishment (Phase I/II) | 750[1] | 750[3] |
| Wisconsin King | Improvement (security fence, storage building, road repair and landscaping) | 71 | 71 |
| Wyoming Evansville | Establishment (administration/lodge, chapel and maintenance building) | 681[1] | 717 |
| | Improvement (entrance road) | 785 | 718[2] |
| | TOTAL | $9,212 | $9,016 |

[1] *Revision of grant request.*
[2] *Statutory limit on amount state could receive.*
[3] *Project completed (amount reflects final cost).*

# Administration and Management

## Comparative Highlights

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| Debt collection | $16.0 | $14.0 | +14.3 |
| Settlement of administrative tort claims under $2,500 | $217,898 | $237,335 | -8.2 |
| Cost of administering FOIA (millions) | $2.0 | $1.7 | +17.6 |
| FOIA fees assessed | $23,375 | $24,809 | -5.8 |
| Audit reports issued | 262 | 294 | -11.0 |
| Audits reports resolved | 271 | 274 | -1.1 |
| Investigation cases closed | 1,151 | 1,270 | -9.4 |
| Direct deposit/electronic fund transfer (C&P payments) participants | 1,412,937 | 1,312,000 | +7.7 |
| Forms and form letters | 12,959 | 12,744 | +1.7 |
| Presidential Memorial Certificates issued | 294,350 | 260,000 | +13.2 |
| Major construction contracts awarded | 24 | 28 | -14.3 |
| Number of construction projects | 1,029 | 819 | +25.6 |
| Estimated construction cost (millions) | $2,900 | $2,319 | +25.1 |
| Supply funds sales (millions) | $642 | $600 | +7.0 |
| Equipment assets (billions) | $2.2 | $2.0 | +10.0 |

## Office of the General Counsel

As the chief legal officer of the VA on all matters of law, litigation, and legislation, the General Counsel interprets all laws pertaining to the VA, and provides all necessary legal services. Among these services are the following:

- Collections for the Government. Debts owed the Government are referred to the General Counsel by the departments when their collection efforts fail.
- Settlement of claims against the Government. Claims against the Government based upon alleged malpractice or negligence of VA employees are investigated and resolved.
- Legislative program. The General Counsel develops and prepares for submission to the Congress the proposed legislative program of the VA, coordinates testimony, and provides reports and drafting services in pending legislative matters.
- Opinions of the General Counsel. General Counsel opinions which are of sufficient importance are printed and digested. Copies of the opinions and digests are maintained in the Central Office Law Library and all District Counsel offices.
- Litigation. Civil or criminal court actions involving the VA are conducted by the General Counsel directly, or in cooperation with the Department of Justice. Litigation most often involves real estate transactions, incompetency, decedent estates, commitment of mentally ill patients, personal injuries, and civil and criminal actions involving VA benefits or facilities.

The Office of the General Counsel assisted in defending the constitutionality of the statutory attorney fee limitation before the United States Supreme Court. (An attorney is prohibited from charging more than $10 to represent a VA claimant.) The plaintiffs in the case claimed the fee statute is unconstitutional both on its face and as applied to them. They asserted that it prevents VA claimants from engaging effective legal representation, and thereby violates their constitutional rights to due process under the fifth amendment and to petition the Government for redress of grievances under the first amendment. Earlier, a Federal district court had issued a nationwide preliminary injunction prohibiting enforcement of the fee limit. After obtaining a stay of the injunction from Supreme Court Justice Rehnquist, the Government appealed the case directly to the Supreme Court, which reversed the district court. Given the availability of service organization representatives who assist VA claimants free of charge and the nonadversarial nature of VA adjudication procedures, the Court concluded that the fee limitation is not *per se* unconstitutional. In a separate concurring opinion, however, Justices O'Connor and Blackmun indicated their understanding that the Court's reversal did not determine the merits of the individual plaintiffs' assertions, as the record was insufficient to evaluate whether the fee limit may be unconstitutional as applied to them or any identifiable groups. Because the concurring opinion can be read as not being determinative of the individual plantiffs' ''as applied'' claims, further proceedings in the Federal district court will be required to determine the scope of the Supreme Court's decision.

Legal support was provided in prosecution and defense of several suits involving challenges to laws and regulations governing the VA's disability payment programs. In one case, a Federal court upheld the VA's interpretation of the statute requiring suspension of disability compensation when an incompetent veteran without dependents is institutionalized in a Government-run facility. That holding led to the recovery of $42,000 in overpaid benefits. Other lawsuits initiated, but not resolved during the year, include a challenge to the statutory reduction in benefits, with apportionment to dependents, of veterans incarcerated for conviction of felony crimes. Also pending was an action on the statute requiring that a veteran waive military retirement pay, dollar-for-dollar, before disability compensation can be awarded. In addition, a suit is pending which challenges, on due process grounds, VA procedures in providing notice to beneficiaries prior to termination or reduction of disability pension benefits.

A suit of several years' duration, involving the VA's procedures in adjudicating disability claims based upon alleged exposure to ionizing radiation, was settled by agreement of the parties. Under the court-approved settlement, if certain previously unsuccessful claimants who reopen their claims are found entitled to benefits under the regulations recently promulgated under the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, they would be granted benefits effective from the date the earlier claim was filed.

In response to passage of the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, the Agency promulgated regulations governing the adjudication of Agent Orange and ionizing radiation exposure claims. Issuance of these regulations was coordinated by the General Counsel. An advisory committee composed of distinguished scientific and lay authorities reviewed the proposed regulations and pertinent scientific literature, as well as public comments, and made recommendations to the Administrator before the regulations were issued in final form.

Litigation continued to be brought against the VA in connection with its care of chronically ill patients. As reported previously, *Hanke v. Walters*, 740F. 2d 654 (8th Cir. 1984), established a minimal due process right to notice of the opportunity to present relevant medical information prior to an Agency decision to transfer to nursing homes those veteran patients who have received maximum benefits of VA hospitalization. The cases under consideration by the courts involve transfers to community nursing homes or discharges of veteran patients who have received maximum medical benefits of VA nursing home care units. In defending these cases the VA has repeatedly asserted that in the absence of

judicial determinations applying the due process requirements set forth in *Hanke* to a discharge or transfer from a VA nursing home, the medical decision that the plaintiff's need for nursing home care no longer exists is a final one not susceptible to judicial review and that such a decision to transfer or discharge represents all the process to which the plaintiff is due.

The case of *Falter v. VA*, a prolonged lawsuit involving the rights of patients in VA medical facilities, was resolved with the issuance of a decision by a judge who dismissed the case, finding in the Government's favor on all the issues. The case involved a contention that patients at the VA Medical Center Lyons, New Jersey, were being denied statutory and constitutional rights and, particularly, that the conditions at the center were so different from those at other VA medical centers as to deny those patients equal protection under the law.

A Federal district court in Houston, Texas, rejected a challenge to the VA's appraisal practices for VA home loan guaranty purposes. The plaintiffs had alleged that the VA improperly took the racial composition of the area into account in valuing properties. The court ruled that VA's appraisal practices were proper and not racially motivated or discriminatory.

In April 1985, the General Counsel signed a memorandum of understanding with the Department of Justice establishing procedures for VA attorneys to use in foreclosure suits. For the past twenty years, judicial foreclosure of VA portfolio loans has been handled by the Department of Justice. The Deficit Reduction Act of 1984 authorized VA attorneys to bring foreclosure suits. Working together under the principles contained in the memorandum of understanding, VA district counsels and United States attorneys are attempting to reduce delays and costs associated with such delays in the foreclosure of portfolio loans. The VA continued to seek authority from the Department of Justice to use private, fee basis attorneys.

In the area of schools' liability for overpayments resulting from failure to timely or properly certify student enrollment status, the Government has continued to press ahead with its litigation. Three related cases are awaiting a ruling in Federal court against State schools in Georgia; two cases were settled and one is pending against a State school in Florida. Other cases involving substantial overpayment liabilities have been filed by the Department of Justice in California, Florida, Texas, and Georgia. While no cases have yet resulted in a ruling, there has been extensive activity; the next fiscal year should bring judicial rulings on these issues. The VA has also been successful in settling a number of school liability claims for substantial amounts.

In the 1970's the VA funded an education program for servicemen and women by providing them with an opportunity to enroll in and pursue an education at an approved institution prior to their discharge from active duty with the Armed Forces. This program was known as PREP (Predischarge Education Program).

After PREP terminated in October 1976, the VA Inspector General audited several educational instititions which participated in the program and reported that, although the schools were not intended to make a profit on PREP, numerous educational institutions had unjustly accumulated surplus funds. The United States has sued on behalf of the VA to recover such surplus funds from several schools in Washington, California, and Hawaii. Claims against some of these schools have been successfully settled. It is expected that the remaining claims will be scheduled for trial during the next fiscal year.

There continues to be a large number of legal actions related to procurement of construction, supplies, and services. There were 220 new appeals filed with the Board of Contract Appeals in FY 1985, keeping pace with the 219 new appeals filed in FY 1984. There are 12 cases pending, which were appealed directly to the United States Claims Court. In addition, two cases were appealed to the United States Court of Appeals for the Federal Circuit.

With the enactment of the Competition in Contracting Act, the responsibilities of the General Counsel's Office were expanded considerably. In January, 1985, the procedures under which disappointed bidders can protest Agency procurement decisions to the GAO (General Accounting Office) were revised. This not only affects the time period in which an agency must provide its views on the protest to GAO and the time in which GAO must render its decision, but also impacts directly on an agency's ability to award a contract and the contractor's continued performance once a protest has been filed. The act also established a procedure by which protests involving the purchase of automated data processing equipment could be adjudicated before the GSA (General Services Administration) Board of Contract Appeals. Finally, the act made significant changes in the procurement process by revising the Federal Acquisition Regulations to enhance competition.

In FY 1985, the number of bid protests filed with the Agency, the GAO, and the GSA Board of Contract Appeals, and mistake-in-bid cases continued to require considerable time and attention of the General Counsel's office. These efforts involve preparing bid protest reports to GAO and reviewing and concurring in those prepared by the VA's Office of Procurement and Supply; representing the Agency at GAO protest conferences; appearing before the GSA Board of Contract Appeals; assisting United States attorneys in defending contract actions in United States District Court; and concurring in Agency mistake-in-bid determinations.

In FY 1985, the Office of the General Counsel, along with the Office of Procurement and Supply and DM&S personnel, continued its procurement training of VA personnel with particular emphasis on construction contracting.

The General Counsel's office continued to participate in advising Agency personnel on a variety of environmental issues. There are a number of environmental impact statements and studies pending, as well as continuing cooperative efforts with other Federal agencies, e.g., GSA, Department of the Interior, and the Department of the Air Force. The office is also maintaining its efforts with several Federal, State, and local agencies in the areas of utilizing art in architecture, archeological preservation, and historic preservation.

The Office of the General Counsel is involved in all phases of the application of Federal information law to VA operations. In the past year, the office assisted United States attorneys in representing the Agency in information law litigation, an area in which the VA experienced a significant increase during FY 1985. The Agency prevailed in three major Federal district court cases alleging wrongful disclosure of personnel or beneficiary information; another case is on appeal a decision in which the Agency was held liable for disclosure of personnel records. In the case of *Dr. Alcide D. Pellerin v. Veterans Administration*, the plaintiff attempted to amend prior disability rating decisions under the Privacy Act, but the court, in dismissing the complaint, reaffirmed that the Privacy Act cannot be used to change a VA rating decision.

Of the information disclosure laws pertinent to the VA, the FOIA (Freedom of Information Act) is one which has a large impact. This law requires that each Federal agency submit a report to Congress by March 1 for each preceding calendar year. The report submitted by the VA indicates that of the thousands of FOIA requests made in 1985, the Agency granted all but 743 of the requests received. Of those initial denials, 28 were appealed to the Administrator of Veterans Affairs for a final Agency determination. The Office of General Counsel prepares FOIA appellate decisions for the Administrator's review and approval; 8 of the appeals were granted in full, 9 were denied in full, and 11 were granted in part. The VA recovered $23,575 in FOIA fees of the total of reported costs to the Agency of $2,001,012 in FOIA-related administrative expenses.

During FY 1985, the Office of the General Counsel made 659 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, 128 cases referred to the Office of the General Counsel for final decisions were remanded for further information or fact finding. During FY 1985, 92 decisions were received from the Office of Review and Appeals of the EEOC (Equal Employment Opportunity Commission) on appeals from decisions made by the Office of the General Counsel. Of those, 71, or 77 percent, of the VA decisions were upheld on either procedural grounds or substantive questions concerning the existence of discrimination. Also, the Office of the General Counsel processed for forwarding to the EEOC an additional 186 employee appeals of final Agency decisions.

In FY 1985, the Office of the General Counsel continued to be involved in negotiability and arbitration issues. Additionally, the General Counsel's office wrote and filed with the Federal Labor Relations Authority and other tribunals 30 major litigation briefs on labor and personnel issues. More than 35 related controversies were reviewed for appeal.

The VA intensified its efforts to increase employees' awareness of their responsibilities to maintain a high standard of conduct and to avoid even the appearance of conflict-of-interest. This increased awareness resulted in a substantial increase in inquiries from managers and employees on a number of issues, including post-employment restrictions, outside financial interests, and items of monetary value afforded to employees from contractors. A number of situations involving employees engaged in these activities resulted in referrals to the Department of Justice or the Inspector General for appropriate actions.

The VA has also continued to implement fully the standards and requirements of the Ethics in Government Act with respect to the annual filing, review, and maintenance of both public and confidential financial disclosure reports which must be submitted by certain VA employees. The Assistant General Counsel, who serves as the Agency's designated ethics official, reviewed and signed over 400 public financial disclosure reports of senior employees during FY 1985.

Medical care reimbursements have been collected from third-party tort-feasors, crime victims' programs, no-fault insurance, medical insurance, and workers' compensation plans. These amounted to $15 million in FY 1985, a $500,000 increase over FY 1984. In coordination with the Department of Medicine and Surgery and the Office of Procurement and Supply, a one-year pilot contract was developed and awarded to a private collection agency for collection of VA health care costs under the workers' compensation laws of California.

The number of medical malpractice claims under the Federal Tort Claims Act declined slightly with 820 new claims received during the fiscal year as compared to 889 new claims in FY 1984. The total amount paid out of the Department of Justice judgment fund for VA malpractice claims and suits in settlements and judgments was a record $35 million. Agency funds paid out in settlement of administrative claims under $2,500 equaled $217,898, a decrease of 8 percent over FY 1984.

Progress continues to be made in the area of debt collection. During FY 1985, debts representing $52 million were referred to district counsels. Cash collections in these cases totaled $16 million, an increase of 14 percent over collections for FY 1984.

## New Legislation

**Public Law 98-442—National Pearl Harbor Remembrance Day.** This act designated December 7, 1984, as "National Pearl Harbor Remembrance Day."

**Public Law 98-486—Jewish War Veterans, U.S.A. National Memorial, Inc., Tax Exemption.** This act exempted certain property of the Jewish War Veterans, U.S.A. National Memorial, Inc., from taxation by the District of Columbia.

**Public Law 98-502—Single Audit Act of 1984.** This act established single, uniform financial audit requirements for State and local governments, nonprofit organizations, and other recipients of Federal assistance.

**Public Law 98-520—Navy Wives Club of America.** This act granted a Federal charter to the Navy Wives Club of America, Inc.

**Public Law 98-525—DOD Authorization Act, FY 1985.** Title VII of this act, referred to as the "Veterans' Educational Assistance Act of 1984," established an All-Volunteer Force Educational Assistance Program-the "New G.I. Bill" in 38 U.S.C., ch. 30.

**Public Law 98-528—Veterans' Health Care Act of 1984.** This act improved a wide range of VA health care programs including: contract medical and hospital care in Puerto Rico and the Virgin Islands; the State Veterans' Home Program; GRECC (Geriatric Research, Evaluation, and Clinical Care) authorizations; post-traumatic stress disorder diagnosis and treatment; treatment and rehabilitation of veterans with alcohol and drug abuse disorders; and health care services to veterans living in remote areas of the country.

**Public Law 98-542—Veterans' Dioxin and Radiation Exposure Compensation Standards Act.** This act provides temporary compensation to veterans or their survivors for service-connected chloracne or PCT (porphyria cutenea tarda) arising within one year of service in the Republic of Vietnam. The law mandated that the VA promulgate final standards for the resolution of a variety of claims for service-connected conditions arising from dioxin or radiation exposure. The law also established a 15-member Veterans' Advisory Committee on Environmental Hazards with the Chief Benefits Director and Chief Medical Director as *ex-officio* members, whose function is to evaluate scientific studies and advise the Administrator on issues of compensation and health care for veterans exposed to radiation or herbicides containing dioxin. Lastly, the act directed that some interagency actions be taken on the part of the Defense Nuclear Agency, the Department of Health and Human Services, and the VA on issues relating to the estimation of radiation doses.

**Public Law 98-543—Veterans' Benefits Improvements Act of 1984.** This act increased compensation and DIC (Dependency and Indemnity Compensation) rates by 3.2% effective December 1, 1984, and chapter 31, 34, and 35 education benefits by 10% retroactive to October 1, 1984. Other provisions of the act temporarily protected individual unemployability ratings from reductions during "trial work periods;" expanded Veterans' Readjustments Appointment authority; extended the Emergency Veterans' Job Training Act program through FY 1987; required vocational rehabilitation evaluation for certain new VA pensioners; increased the maximums on specially adapted housing grants; and increased the maximum auto grant.

**Public Law 98-565—369th Veterans' Association, Inc.** This act granted a Federal charter to the 369th Veterans' Association, Inc.

**Public Law 98-566—Vietnam Veterans National Medal Act.** This act required the Secretary of the Treasury to coin and sell a national medal in honor of the members and former members of the Armed Forces who served in the Vietnam conflict.

**Public Law 98-584—Women's Army Corps Veterans' Association.** This act granted a federal charter to the Women's Army Corps Veterans' Association.

**Public Law 98-588—John J. Pershing Regional Veterans Administration Medical Center.** This act designated the medical center in Poplar Bluff, Missouri, as the "John J. Pershing Regional Veterans Administration Medical Center."

**Public Law 98-599—Medals for Families of MIA's.** This act provided increased eligibility for medals honoring those missing in action or unaccounted for in the Vietnam conflict.

**Public Law 98-619—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations, FY 1985.** This act provided funding for certain Federal agencies for FY 1985. With respect to veterans, funds appropriated to DOL in the amount of $122,172,000 were allocated to veterans' employment and training programs authorized under 38 U.S.C. sections 2003A and 2004. These programs include the DVOP (Disabled Veterans' Outreach Program) and the Local Veterans' Employment Representatives Program.

**Public Law 99-35—Vietnam Veterans Recognition Day.** This act designated May 7, 1985, as "Vietnam Veterans Recognition Day" in honor of the over three million Americans who served in the Vietnam theater and the more than fifty-seven thousand who sacrificed their lives in service to their country.

**Public Law 99-57—National POW/MIA Recognition Day.** This act designated July 19, 1985, as "National POW/MIA Recognition Day," acknowledging the Nation's debt of gratitude to former American POW's and to those Americans who are still missing or unaccounted for in Southeast Asia, and their families.

**Public Law 99-80—Equal Access To Justice Act Amendments.** This act permanently codified those provisions of the EAJA ("Equal Access To Justice Act"), Title II, Public Law No. 96-481, that expired on September 30, 1984. It ensures that legal fees and related expenses are awarded in appropriate cases and proceedings, and that the U.S. Government is liable for legal fees unless the position of the Government is substantially justified, or unless special circumstances make an award unjust.

**Public Law 99-88—Supplemental Appropriations for FY 1985.** This act provided additional funds to Federal agencies for use during FY 1985. Additional funds to meet VA pay costs included $152,524,000 for medical care, $3,500,000 for general operating expenses, and an increase of $371,000 in the limitation on the expenses of the Office of Construction.

**Public Law 99-108—Veterans Benefits, Title 38 U.S.C., Amendment; EVJTA (Emergency Veterans Job Training Act) of 1983, Amendment.** This act provided interim extensions of the VA's authority to operate a regional office in the Philippines; to contract out medical care in Puerto Rico and the Virgin Islands; to contract out treatment for drug and alcohol dependence; and to extend the period for entering into training under the EVJTA.

## Office of Inspector General

The Inspector General, in accordance with the Inspector General Act of 1978 (P.L. 95-452), directs an independent and objective organization whose purpose is to plan, organize, staff, direct, control, and report on audits and investigations of VA programs and operations; to recommend policies for the purpose of promoting economy, efficiency, and effectiveness and preventing and detecting fraud, waste, and abuse in VA programs and operations; to keep the Administrator and Congress fully informed about problems and deficiencies and the necessity of corrective actions; and to provide leadership and coordination on complex audit and investigative matters.

During FY 1985, the OIG (Office of Inspector General) conducted a series of coordinated audits and investigations designed to identify opportunities to enhance the effectiveness, efficiency, and integrity of VA programs and operations. These audits and investigations highlighted the need for improvements in major VA program and operational areas such as medical care quality assurance, delivery of medical care, loan guaranty, disability rating procedures and controls, needs-based benefits, facility planning, employee benefits, and procurement.

The audits completed during this period resulted in recommendations for strengthened internal controls and pointed out the opportunity for potential program recoveries and cost efficiencies of over $761 million. The 1,151 investigations completed during this period resulted in 217 criminal convictions, 220 administrative sanctions, and potential recoveries and cost efficiencies of about $7 million. Highlights of FY 1985 accomplishments follow:

| Item | FY 1985 | FY 1984 | Percent Change |
|---|---|---|---|
| AUDIT ACTIVITIES | | | |
| Audit Reports Issued | 262 | 294 | − 11 |
| Internal | 126 | 115 | + 10 |
| External | 136 | 179 | − 24 |
| Potential recoveries and cost efficiencies from resolved internal reports | $ 761 M | $ 663 M | + 15 |
| Costs audited in external audit reports | $ 364 M | $ 481 M | − 24 |
| INVESTIGATIVE ACTIVITIES | | | |
| Investigation cases closed | 1,151 | 1,270 | − 9 |
| Investigation cases accepted for prosecution | 104 | 100 | + 4 |
| Individuals/firms convicted | 217 | 201 | + 8 |
| Potential cost recoveries, efficiencies, and fines | $ 8 M | $ 3 M | +167 |
| Administrative sanctions | 220 | 151 | + 46 |

The above chart indicates that OIG productivity indicators such as internal reports issued, potential recoveries and cost efficiencies, convictions, and administrative sanctions were up in FY 1985. Also, important program areas such as medical care quality assurance, loan guaranty, and selected employee integrity issues were given considerably more audit and investigative coverage in FY 1985 with significant results being achieved in these areas.

During the year, the OIG also continued to focus on preventive measures and expanded use of current technology to further lessen VA programs' and operations' vulnerability to fraud, waste, and abuse. Some of the more significant examples of OIG preventive efforts are as follows:

- Participated with Agency management in the implementation of OMB Circular A-123, Internal Control Systems. Also, included coverage of internal control issues in each of the cyclic audits.

- Continued an active awareness program to further develop a sensitivity in Agency employees to their roles in promoting economy, efficiency, and effectiveness and preventing and detecting fraud in VA programs and operations. In this regard the OIG made a number of presentations to Agency management and employees to discuss this issue and disseminated awareness publications such as IG Alert Bulletins, news releases, employee letters, and report digests.

- Developed and shared with VA program officials and other Federal investigative agencies computerized data bases of Agency management and systems information to assist in their review of VA programs or of programs related to the VA.

- Reviewed 191 legislative and regulatory proposals for the purpose of making recommendations concerning the impact of the legislation and regulations on economy and efficiency of VA programs and operations or the prevention and detection of fraud and abuse.

- Worked with Agency management on the submission of legislative proposals in specific areas that would impact on either economy and efficiency or the detection of fraud and waste in VA programs and operations.

The IG also serves as the Chairman of the Training Committee of the President's Council on Integrity and Efficiency. The Training Committee consists of four subcommittees: Auditor Training, Investigator Training, Executive Development Training, and Support Activities Training. Representatives from various Government departments and agencies participate in subcommittee activities. The objective of the Training Committee is to identify, develop, and implement training programs that are responsive to the needs of various Offices of Inspector General, Governmentwide.

## Office of Budget and Finance (Controller)

### Financial Management

The Office of Budget and Finance (Controller) accomplished the Federal Government's first paperless transaction on June 12, 1985. The purchase was placed through the Office of Procurement and Supply with the American V. Mueller Division of American Hospital Supply on May 14, 1985, from the VA Medical Center in Birmingham, Alabama. Obligation and receipt transactions were electronically recorded in the VA CALM (Centralized Accounting for Local Management) system. The CAPPS (Computer Assisted Payment Processing System) matched the invoice and receiving report on June 6, 1985.

Field stations have a need to access their accounting records maintained at the VADPC in Austin, Texas. Through VADATS and use of a proper modem, many stations now have this capability. User identification and passwords have been issued for 178 stations. As other stations acquire equipment capability, user identifications and passwords will be issued upon request. Such access capabilities enhance the stations' ability to maintain their accounting records and respond to various types of inquiries.

The Direct Deposit/Electronic Funds Transfer Program ensures that a benefit or salary payment is deposited automatically in a checking or savings account at a designated financial organization. This represents considerable savings by reducing check processing and replacement. Payees benefit because fewer checks are late, lost, or stolen. Electronic deposits for compensation and pension payments increased to 1,412,937 participants monthly at the end of FY 1985, a participation rate of 35.56%. Electronic deposits for VA employees increased to 101,900 payments per pay period, representing over 42% of VA employees.

### Manpower Management

The VA is strongly committed to effective manpower management at all levels of the Agency organization. Significant aspects of this commitment include continually seeking ways to enhance efficiencies in staff utilization and prescribing methodologies for improving employee productivity. This year, several studies were conducted throughout the Agency relative to aspects of manpower management that sought to identify improvements in manpower utilization, work distribution, automation enhancements, and employee productivity. Additional analyses of manpower requirements and related staffing issues were conducted in conjunction with the VA budget formulation and execution processes. In some cases, these efforts provided Agency elements with new or improved performance measurement systems for use by program managers to monitor program performance and forecast resource requirements in the budget.

VA departments and staff offices were provided management engineering assistance in the development of work rate standards, performance measurement indicators, and staffing needs criteria for select field operations. This included a cost-benefit analysis of automating commercial payment processing at the VA financial facility in Austin, Texas, and recommending organizational efficiencies to enhance activity performance. Also completed was a comprehensive evaluation of productivity in the VA cemetery system relative to similar services provided in the private sector.

Manpower Service continued its active participation in the PCMI (President's Council on Management Improvements) task force on staffing guidelines and consolidation of common administrative support areas. It also provided management of the VA's participation in the FPMP (Federal Productivity Measurement Project), a comprehensive Governmentwide program for monitoring productivity across 28 functional areas.

## 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. If, after reviewing the case in light of the claimant's disagreement, the field office is not able to grant the benefits sought, the appellant is sent a statement of the case. This statement outlines the issue, the evidence of record, the 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). The field office again reviews the case; if still unable to resolve the appeal to the satisfaction of the claimant, the field office will certify the case to the BVA for review and final decision. The BVA is headed by a Chairman, a Vice Chairman, and two Deputy Vice Chairmen.

A total of 45,273 appellate decisions were handed down during FY 1985, setting a new record in the number of cases handled. During the five-year period of FY 1978 through FY 1982, the BVA decision output averaged 34,774 appellate decisions per year. Appeal filings during that same five-year period increased at a rate that exceeded the Board's decision production capacity by a sizable margin. The net result was an inevitable buildup of an appeals backlog accompanied by an ever-growing BVA response time.

By FY 1982, this backlog and the associated response time had grown considerably. A gradual expansion of the Board was therefore initiated in late FY 1982 to enlarge its capacity to produce decisions. This expansion was not completed until FY 1984, by which time the BVA had grown from 16 to 21 Board sections. The new productive capacity gained through these changes enabled the BVA to make substantial progress in processing the appeals backlog, and as of the end of FY 1985, the appeals backlog had been virtually eliminated. Projected levels of both new appeal receipts and decision production now appear to be stabilized and balanced through the foreseeable future. This newly attained equilibrium should facilitate more timely actions on veterans' appeals.

Timely action on appeals is a major objective of the BVA. To measure how well this objective is being met, the Board uses two separate and distinct indicators. The first of these two indicators is processing time, which begins upon the appellant's filing of a notice of disagreement and ends upon the final BVA decision. Included in this time period are various appeals processing stages accomplished at the field station level as well as procedural steps that are the responsibility of the individual appellant.

The second measure of the Board's timeliness is BVA response time on appeals. Response time on appeals is a more future-oriented timeliness indicator, and it is limited in scope to the appeals processing steps that are the responsibility of the BVA. By taking into account the Board's most recent appeals processing time and the current pending volume of appeals that have completed the field processing stages and are awaiting BVA action (i.e., both at the BVA and in field stations), BVA response time predicts the estimated period that should be required to render decisions on a given group of pending appeals.

Both processing time and BVA response time improved substantially during FY 1985. Overall average processing time on appeals was 414 days at the end of FY 1985, down from 445 days at the beginning of the fiscal year. BVA response time on appeals was 122 days as of the end of FY 1985. As recently as mid-FY 1984, BVA response time stood at 268 days, and the prospect of achieving FY 1985's response time was not anticipated until FY 1990. The marked improvement in this area reflects, among other factors, the additional productive

capacity gained through the expanded number of Board Sections that have been fully operative since the end of FY 1984.

New appeal filings for FY 1985 increased to 63,045 from the FY 1984 level of 61,328. Combined with the appeals pending at the beginning of the year, the FY 1985 total appellate workload of the VA was over 124,000 cases. However, both the BVA and field facilities were highly productive during FY 1985, entering final dispositions on 71,095 appeals. This record-setting combined productive effort exceeded FY 1984's output by nearly 5,000 cases. As a result, the number of appeals pending at the end of FY 1985 was only 56,826; down almost 4,500 from a year earlier, despite the somewhat heavier influx of new appeals during the past year. Comparative workload statistics are provided in the accompanying table.

| Appellate Processing | FY 1985 | FY 1984 |
|---|---|---|
| Appeals pending, start of period | 61,315 | 64,248 |
| Undocketed, in field stations | 46,818 | 49,498 |
| Docketed, in BVA | 14,497 | 14,750 |
| Notices of disagreement filed during period | 63,045 | 61,328 |
| Settled in field stations | 32,217 | 29,024[1] |
| Allowed | 8,387 | 8,183 |
| Closed | 17,799 | 14,294 |
| Withdrawn | 7,031 | 6,547 |
| Submitted to BVA[2] | 34,317 | 35,597 |
| Decided by BVA | 45,273 | 44,064 |
| Allowed | 6,002 | 6,094 |
| Remanded | 7,395 | 6,574 |
| Withdrawn | 493 | 404 |
| Denied | 31,383 | 30,992 |
| Appeals pending, end of period | 56,826 | 61,315 |
| Undocketed, in field stations | 44,145 | 46,818 |
| Docketed, in BVA | 12,681 | 14,497 |
| **Summary** | | |
| Number of final dispositions | 71,095 | 66,154 |
| Percentage of final dispositions | | |
| Allowed | 20.2% | 21.6% |
| Closed | 25.0% | 21.1% |
| Withdrawn | 10.6% | 10.5% |
| Denied | 44.2% | 48.8% |
| **Processing Times** (Calendar days) | | |
| Notice of disagreement to statement of the case | 51 | 50 |
| Statement of the case to substantive appeal | 54 | 53 |
| Substantive appeal to ready for transfer | 180 | 210 |
| Awaiting callup by the BVA | 15 | 15 |
| Processing through the BVA | 114 | 117 |
| Total | 414 | 445 |

[1] *Updated figures from FY 1984 Annual Report figures.*

[2] *Flow of cases from field stations to the BVA controlled through VARMS (Veterans Appeals Records Management System) to maintain optimum level of cases at the Board.*

An initiative was undertaken during FY 1985 to expand the efforts directed to the Board's Quality Review program. As the BVA and its production have grown over the past several years, so has the importance of ensuring that BVA decisions meet high standards of due process, legal sufficiency, and consistency. An increasingly greater percentage of BVA decisions is now subjected to an intensified quality review process, and the results are being reflected in improvements to the substantive quality of final BVA appellate decisions.

Interest in formal personal hearings before the Board continued to be high in FY 1985. During the past year, 1,939 formal hearings were conducted; 1,231 of these formal hearings were held in Washington, D.C., and the remaining 708 personal hearings were held before traveling sections of the Board. When a formal hearing is not practical, an appellant may elect to have an informal hearing entered on his or her behalf. Informal hearings consist of written briefs presented in Washington by appellant representatives who most frequently are affiliated with veterans service organizations. A total of 29,882 informal hearings were entered during the past fiscal year.

The portion of appellants who choose to be represented by one of the veterans service organizations continues to grow. Records indicate that 88.3 percent of the appellants for whom decisions were entered during FY 1985 chose to be represented by one of the accredited service organizations, approximately 1.7 percent elected to be represented by attorneys or agents, and the remaining 10.0 percent pursued their appeals without outside representation. The proportion of appellants handling their appeals with no representation has declined steadily over the past decade from a high of approximately 20 percent to the current low of 10 percent.

Appellants, veterans service organizations, Congress, and other case advocates continued their high levels of interest in claims for disabilities involving Agent Orange, exposure to ionizing radiation, post-traumatic stress disorder, and incarceration as prisoners of war. The Board of Veterans Appeals handles each of these categories of appeals as a specialty area and assigns appeals received in these categories only to Board sections designated to handle them. The BVA continues to be very active in its liaison with organizations both internal and external to the VA that are involved with research in any of the special category appeal areas. In addition, Board members and key senior attorneys attend conferences and symposiums on Agent Orange and post-traumatic stress disorder. This permits the Board to maintain expertise in these sensitive areas and to ensure consistency in the application of law and regulations. The accompanying table provides a recap of BVA activity over the past year in the areas of these special categories of appeals.

The Freedom of Information Act requires the Board of Veterans Appeals to produce an index of its final decisions on appeals and to make the decisions available to the public. Developed in compliance with the act, the microfiche BVA Decisions Index I-01-1 is produced quarterly with an annual cumulative edition. BVA decisions, stripped of personal identifiers, are microfilmed. Appellants and others interested in decisions of the Board are able to check the Index to locate specific types of cases. They can then request copies of the decisions. At the end of FY 1985, the BVA Decisions Index covered the period of July 1, 1977, through September 30, 1985, including nearly 300,000 decisions.

VADEX/CITATOR is the Board's basic system of finding aids for its Research Center. All documents received by the Research Center since January 1980 that are of interest to the Board's professional staff are indexed in Part I of VADEX/CITATOR, including public laws, VA publications, BVA subject files, Agent Orange and radiation files, and miscellaneous VA as well as miscellaneous non-VA materials. Part II of VADEX/CITATOR includes chronological histories of hundreds of VA regulations. In conjunction with Part II of VADEX/CITATOR, the Board also preserves the historical text versions of these regulations on updatable microfiche, thus providing an easy means of researching a regulation back to its origins.

Public Law 98-223 amends 38 U.S.C. 4001(c)(3) and directs the Administrator of Veterans Affairs to provide an annual report indicating, in terms of full-time employee equivalents, the number of temporary Board members and acting Board members designated by the BVA during the preceding year. Twenty-seven attorneys served in the capacity of acting Board members at various times during FY 1985 for a total or 3.8 FTEE. Seven physicians served as acting Board members during this same period for a total of 2.3 FTEE. No temporary Board

members were used during FY 1985. The procedural controls requiring the Chairman's written quarterly designation of acting Board members remain in effect to assure adherence to the statutory requirements.[1]

Other professional support available within the VA included advisory legal opinions from the General Counsel. In addition, under the authority of section 4009, U.S.C. title 38, the Board requested 195 opinions from independent medical experts who were not VA employees. An accompanying table shows a breakout of the medical specialties covered by these opinions.

| Medical Specialty | Number of Advisory Opinions Requested | |
|---|---|---|
| | FY 1985 | FY 1984 |
| All Specialties | 195 | 204 |
| Number requested in connection with: | | |
| Appellate consideration | 193 | 193 |
| Reconsideration | 2 | 11 |
| Internal Medicine | | |
| General | 13 | 9 |
| Cardiovascular | 28 | 19 |
| Gastroenterology | 5 | 9 |
| Pulmonary diseases | 9 | 7 |
| Surgery: | | |
| General | 1 | 3 |
| Orthopedic | 17 | 16 |
| Thoracic | 1 | 0 |
| Otolaryngology and Ophthalmology | 9 | 9 |
| Psychiatry | 35 | 42 |
| Neurology - medical and/or surgical | 14 | 17 |
| Pathology - medical and/or surgical | 38 | 52 |
| Other | 25 | 21 |

## 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 six administrative judges, is a statutory, quasi-judicial tribunal that hears and decides appeals from decisions of contracting officers relative to VA contracts for construction, supplies, and services. 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 FY 1985, the Board conducted 61 formal hearings (an increase of 80 percent over last year) and 94 prehearing conferences. One hundred ninety-nine appeals were disposed of and 220 new appeals were received. The number of appeals filed has increased by approximately 82 percent since the Board was established in 1979. At the close of FY 1985, there were 261 appeals pending, approximately 91 percent of which were related to construction contracts.

## Office of Program Planning and Evaluation

The Office of Program Planning and Evaluation supports the Agency's mission and goals primarily by providing analysis to support VA decision makers.

The VA's IMS (Integrated Management System) integrates the Agency's policy and planning process with budget formulation and financial management. Agency and program goals and objectives are reviewed and revised to facilitate more effective reporting of major activities of departments and staff offices. In FY 1985, two policy and planning milestones were achieved: the FY 1987-91 program plans and budget estimates were formulated and analyzed, and internal

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

Agency review hearings were conducted. Milestones achieved in assessing both the accomplishment of goals and objectives, and the validity of the approved program plans and initiatives included preparing status reports on Agency goals and objectives and analyzing and conducting performance reviews for FY 1985 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. During FY 1985, this office conducted a study of the components of VA's Management Improvement Program and developed options and recommendations for improvement within the VA. The office also completed a study of Selected Issues in the Minor Construction Program at the request of the Department of Medicine and Surgery.

In support of the Administrator, departments, and staff offices, the office conducted 13 studies, ranging from general management reviews to organizational analyses and cost-benefit studies. The major studies performed were the PAID (Personnel Accounting and Integrated Data) Redesign Cost-Benefit Analysis, the PCMI (President's Council on Management Improvement) studies on Staffing Standards and Common Administrative Services, the Delegation of Authority for the VA Central Office Building study, the Review of Selected Federal Intergovernmental Affairs Offices, the CESVE (Committee on Employer Support for Veterans Employment) study, the VA Historical Office Program study, the Health and Physical Fitness Program study, the Analysis of a Proposal to Consolidate VA State Grant Activities, and the Analysis of VA Restoration Clinics.

The Office of Program Planning and Evaluation continued to coordinate responses to the White House and OMB on the Grace Commission. The office also continued to serve as the Contracting Officer's Technical Representative for two major consultant studies: the Comprehensive Study of the VA's Organization and Procedures for Contracting Health Care Facilities, and the Comparative Study of the VA and Private Sector Procurement, Contracting, and Distribution of Medical Supplies and Non Perishable Subsistence.

Program evaluations are designed to provide independent analyses of programs and to assist program officials, department heads, the Administrator, and the Congress in improving services to veterans and their families. The VA is one of a small group of Federal agencies with a Congressional mandate for ongoing evaluation of the efficiency, effectiveness, and impact of its legislated programs. In response to that mandate, the office initiated 15 program evaluations for transmittal to the Congress, veterans service organizations, and the general public. This fiscal year the office completed evaluations of the Department of Medicine and Surgery's GRECC (Geriatric Research, Education, and Clinical Centers) Program, and Alcohol and Drug Dependence Treatment Program.

Thirteen other evaluations were in progress at the end of FY 1985, including full evaluations of three Department of Memorial Affairs programs - burial in national cemeteries, headstone and grave markers, and memorial markers and memorial plots; four Department of Veterans Benefits programs - mortgage credit assistance, mobile homes, condominiums, and specially adapted housing grants for disabled veterans; and six Department of Medicine and Surgery programs - Nursing Service, Surgery Service, compensated work therapy, Chaplain Service, and inpatient and outpatient dental. In addition to ongoing program evaluations, the office prepared an issue evaluation on the Department of Memorial Affairs' national cemetery system.

## Office of Personnel and Labor Relations

### Personnel Management

According to the VA's Mission and Goals statement, the Agency'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 1985 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:

- Authorized 26 new special salary rates for categories of DM&S General Schedule health care employees, in response to staffing problems at VA medical centers. This brought to 36 the total number of local authorizations made under the provisions of Public Laws 96-330 and 97-251.

- Systematically reviewed all existing authorizations for special salary rates for DM&S General Schedule health care employees and for DM&S registered nurses and anesthetists. These special rates are authorized to help maintain adequate staffing of health care occupations.

Implementation of the Veterans' Health Care Amendments of 1983 (Public Law 98-160) continued with the following actions:

- Implemented the authority and began making individual appointments above the minimum rate of the grade for licensed physical therapists, certified or registered respiratory therapists, licensed practical/vocational nurses, and DM&S health-care personnel who provide direct patient-care services or services incident to direct patient care (section 206). This authority should help further improve VA's ability to maintain staffing of health care occupations.

- Implemented the authority to pay premium pay (e.g., on-call pay, overtime pay, holiday pay, etc.) on the same basis as registered nurses for licensed physical therapists, certified or registered respiratory therapists, and licensed practical/vocational nurses when necessary to obtain or retain these employees (section 204).

Implementation of the Veterans' Health Care Act of 1984 (Public Law 98-528) was initiated with the following actions:

- Implemented authority to establish above-minimum entrance rates and special rate ranges for police officers under 38 U.S.C. 4107(g)(section 101).

- Implemented authority to make exceptions to reduction in military retired pay to meet special or emergency employment needs resulting from a severe shortage of well-qualified physicians (section 109).

- Implemented the new PMRS (Performance Management and Recognition System), which replaced the Merit Pay System in recognizing and rewarding quality performance by supervisors and management officials. This included extensive training of PMRS employees, their supervisors, and award unit managers. PMRS covers over 4,000 managers and supervisors throughout the Agency.

The VA completed Federal Wage System surveys in 25 areas and issued pay schedules applying to all Federal Wage System employees in those areas.

A total of 45 personnel management evaluation reviews were conducted. All major personnel management programs were reviewed during site visits to ensure general program effectiveness. Special emphasis was placed upon monitoring programs and providing assistance in such operational areas as classification; position management; performance management and recognition; compliance

with legal, regulatory, and merit system requirements; and the effectiveness of local personnel management evaluation programs.

The classification of positions was reviewed, and formal guidelines were issued to ensure intra-Agency equity and consistency with OPM standards.

The annual review of OPM-authorized special salary rates for recruitment and retention was completed. The review covered four local authorizations for police officers, one for clerical employees, nine for engineering and architectural employees, and one covering General Schedule physicians.

The increased demands for management information require an expansion of the Agency's automated Personnel Accounting and Integrated Data system. Work leading to a complete redesign of the system is continuing.

## Staffing

The Office of Personnel and Labor Relations continued to provide technical assistance to the centralized SEU (Special Examining Unit) located at the VA Medical Center, Richmond, Virginia. Since its activation in FY 1983, the unit has administered recruitment and examining functions for shortage category health-care professionals within the VA's health care system. The unit's activities included recruitment advertising, liaisons with professional organizations, national convention attendance, and coordination of VA representation at local and State meetings, as well as processing and examining applications in order to maintain lists of qualified applicants. While the physical therapist occupation was removed from SEU coverage due to its partial conversion to the Title 38 employment system in mid-FY 1985, the unit continues to maintain a list of qualified applicants for informal referral to medical centers upon request. The SEU receives an average of 150 applications per week and issued about 65 applicant listings per week to medical centers with vacant positions.

The VA's national nurse recruitment program continued during FY 1985. Program activities included recruitment advertising, attendance at national conventions and job fairs, and operation of a toll-free telephone service. Since its inception in FY 1982, the program has served as a supplement to local medical center recruitment efforts for registered and licensed practical nurses, and assisted individuals seeking VA employment in obtaining information about, and referral to, medical centers with vacant positions. The total number of nurses employed by the VA has increased as a result of the expanded recruitment program.

To facilitate the recruitment of candidates for the readjustment counseling program for Vietnam era veterans, the VA has received OPM approval to appoint up to 600 employees at grades GS-3 through GS-11 under Schedule A authority. This authority has been used to fill nearly half of the positions in the readjustment counseling program. As of September 30, 1985, 82 percent of those appointed under this authority were veterans. Of this group, 72 percent were Vietnam era veterans.

## Employment of Veterans

The VA has consistently been one of the major Federal employers of veterans; new hires in FY 1985 included 14,898 veterans, (22 percent of all newly hired employees). As of September 30, 1985, five percent of all VA employees were disabled veterans and 20 percent were Vietnam era veterans. Sixty-eight percent of all male employees were veterans. Sixty-two percent of male and female veteran employees served during the Vietnam era; 16 percent of these Vietnam era veterans were disabled. At the end of the fiscal year, the VA also employed 8,775 female veterans and females with veteran preference, 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 for a two-year period during which they also pursue training or education.

Following successful completion of these requirements, VRA appointees may be converted to a competitive civil service status. The more than 80,000 Vietnam era veterans hired by the VA under this authority since it was established in April 1970 represent more than a third of the VRA appointments made throughout the Federal Government. The VA hired 4,586 veterans under this authority during FY 1985, and the Agency continues to rank among the Federal leaders in the use of VRA authority. To help meet short-term staffing needs, the VA temporarily employed 2,179 Vietnam era veterans in FY 1985.

Under the Civil Service Reform Act, Federal agencies are authorized to employ, non-competively, veterans with service-connected disabilities of 30 percent or more in positions for which they qualify. The VA hired 1,176 veterans under this authority during the past year.

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 64 percent of veterans benefits counselors are Vietnam era veterans, as are 51 percent of veterans claims examiners. Vietnam era veterans also account for over half of all prosthetic representatives, and 43 percent of vocational rehabilitation specialists. Among the first VA representatives a patient encounters are the medical administrative assistants in medical center admission areas, 32 percent of whom are Vietnam era veterans.

## Labor Management Relations

At this time 17 different unions represent more than 165,000 VA employees; these labor organizations are very active. In addition to individual facility recognitions, the four largest unions also have consolidated their activities into "national-level" bargaining units. These four units now assert their collective bargaining rights over national-level Agency policies and issues of agencywide concern. They are especially active in the areas of ensuring safe working conditions and monitoring the Agency plans to implement OMB Circular A-76, concerning contracting out.

## Executive Development and Training

Leadership VA was conducted for 60 outstanding managers at middle and senior levels. During the course of four 1-week seminars presented throughout the year, the participants undertook a probing examination of the programs and administration of the VA, the various political, social, and economic influences which have impacts on the Agency, and the nature and meaning of creative leadership.

Programs for executive and management development continue, with additional offerings to address recognized needs in such areas as computer literacy, public relations and consumer needs, and labor relations. Training in various management areas was provided to 1,173 executives and management personnel. Special emphasis was also placed on training in personnel management with six courses conducted nationwide for personnel office employees. A new course was developed for training field station staff that have responsibility for conducting training programs; four of these courses were given nationwide. Also, two new programs were sponsored on the Federal Employees' Compensation Program.

## Employee Recognition

One of the many facets of personnel management in the Veterans Administration is ensuring that the accomplishments of our employees are duly recognized. Through the Agency's incentive awards program these employees are rewarded for their superior performance, their special contributions, and their ingenuity which has led to tangible or intangible savings to the Government through the suggestion program, with special honor awards established by the Veterans Administration and outside sponsoring organizations. Highlights of the FY 1985 program are as follows:

- The Seventh Annual Olin E. Teague Award to Dr. Ernest M. Burgess, Distinguished Physician, VA Medical Center, Seattle, Washington, for his outstanding accomplishments which have made him a recognized pioneer and advocate in the rehabilitation of war-injured veterans with lower extremity

amputations. Perhaps best known for his leadership in the creation of the "Seattle Foot," he has made it possible for many of our Nation's veterans to participate in activities which were previously unavailable to them.

- The 1985 Sam Rose Awards to Edward J. Chatlos, Vocational Rehabilitation Specialist, VA Regional Office, Cleveland, Ohio, for his assistance to disabled veterans in overcoming formidable barriers to reach their goals; and to John J. Schimpf, Veterans Service Officer, VA Regional Office and Insurance Center, Philadelphia, Pennsylvania, for assisting veterans and their families in resolving their problems with extraordinary compassion and understanding.

- Now in its sixth year, the Administrator's Hands and Heart Award recognizes those employees who willingly serve beyond the call of duty with their hands and heart. Once a year, each medical facility may choose one nominee for the award. This year, 153 employees received this special honor.

- Outstanding Handicapped Federal Employee of the Year (sponsored by the Office of Personnel Management) to Danny G. Lara, Social Worker, VA Outpatient Clinic, Lubbock, Texas. A 100 percent service-connected disabled Vietnam era veteran, Mr. Lara was chosen for his exceptional job performance and service to others.

- The Administrator's Extraordinary Career Award plaque to Dorothy L. Starbuck, Chief Benefits Director, VA Central Office, upon her retirement. The plaque commemorated her career with the Veterans Administration, the courage with which she faced every challenge, and her dedication to our Nations' veterans.

- The Air Force Association's Veterans Administration Employee of the Year Award to Edith B. Fowler, Supervisory Veterans Benefits Counselor, VA Regional Office, Jackson, Mississippi, for her exemplary service to the public and her consistent efforts in ensuring that each veteran she serves receives the utmost attention in benefits assistance. The lives of hundreds of veterans and their families have been made better because of her personal actions, her attitude, and her persistence in relieving suffering and despair.

- The 1985 Interagency Committee on Information Resource Management Awards presented the Award for Technical Excellence to Charles F. Krochmal, Department of Medicine and Surgery, VA Central Office, for his innovative uses of information technology. In addition, the Award for Management/Administrative Excellence was presented to Roy H. Swatzell, Jr., VA Medical Center, Birmingham, Alabama, for his noteworthy achievements in operational project management and significant accomplishments in the support of information projects.

- Congressional Award for Exemplary Service to the Public to Annie R. Pope, Assistant Chief, Social Work Service, VA Medical Center, Hines, Illinois, for her cost-efficient management and implementation of programs which have improved service delivery to veteran patients, with keen sensitivity to human needs.

- Kenneth E. Eaton, Chairman of the Board of Veterans Appeals, and Frank S. Sato, Inspector General, were among a select group of Government executives awarded the Presidential Rank of Meritorious Executive for their sustained accomplishments.

Suggestions and other achievements beyond job requirements by VA employees saved the Federal Government approximately 15 million dollars. High level performance and special contributions were also recognized when 4,479 employees received quality step increases and 34,407 others were awarded special achievement awards, including cash payments. One hundred executives were granted SES performance awards in recognition of their individual and organizational accomplishments.

## Office of Equal Employment Opportunity

### Affirmative Action

The EEO (Office of Equal Employment Opportunity) made continued progress in the employment and advancement of minorities, women, physically impaired individuals, and disabled veterans during FY 1985. Emphasis was placed on the measurement of supervisors' responsiveness to their EEO (equal employment opportunity) responsibilities; this responsiveness was incorporated into the supervisors' performance appraisal system.

### Employment of Minorities and Women

Despite an agencywide decline in full-time and part-time permanent positions, the representation of minorities and women continued to increase. Women gained nearly 1,000 positions, advancing to 55.6 percent of the permanent work force. Minorities, with a gain of 624, progressed to 32.8 percent. Of these, 18.6 percent (up from 18.1 percent in FY 1984) were minority women.

- Notwithstanding a gain of 396 positions by black females, the total number of blacks decreased to 53,606. However, the overall percentage of blacks (25.3 percent) remained constant.

- Hispanics, with a net gain of 123 positions, numbered 9,073 or 4.3 percent of the permanent appointments. In the GS/GM pay plan, Hispanics achieved an average grade of 7.63, or 96.6 percent of the norm. Hispanic women gained 158 positions, accounting for 1.8 percent of the Hispanic work force.

- Asian American/Pacific Islanders gained 461 positions, bringing their total employment to 5,830, or 2.7 percent of the work force (up from 2.5 percent in FY 1984). This group now comprises VA's highest graded category, with an average GS/GM grade of 10.3, as compared to 8.3 for all non-minority employees.

- The employment of American Indians/Alaskan Natives advanced from 961 in FY 1984 to 1,014 in FY 1985, an increase of 5.5 percent.

During the past fiscal year minorities were dispersed throughout the Agency in all occupational categories and grade levels. Two were Presidential appointees, 15 were in the Senior Executive Service, 27 were directors of field facilities, 17 were assistant or associate directors of field facilities, and four held top assignments under title 38 at VA Central Office.

Women, too, continued to progress in their employment status in the VA. During FY 1985, they held 61.8 percent of all professional positions; 32.6 percent of the administrative positions; 60.8 percent of the technical positions; 78.3 percent of the clerical positions; and 4.4 percent "other" (primarily nontraditional) positions. Six women were in the Senior Executive Service, 8 were directors, and 17 were assistant or associate directors of field facilities.

### Employment of Handicapped Persons

Efforts to make VA a model employer of handicapped individuals and to eradicate both physical and attitudinal barriers continued. The work force was resurveyed, agencywide, to ensure that all who wished would be properly identified as handicapped or disabled persons. A special study was undertaken to determine if there were a correlation between lack of reasonable accommodations and loss of handicapped VA employees. None was found.

As of the end of the fiscal year the VA employed 22,534 handicapped persons. Of these, there were 4,073 or 1.6 percent of the total employment, with severe disabilities, such as blindness, deafness, mental retardation, or missing limbs. The Agency continued its outreach efforts through numerous contacts with organizations and readers representing handicapped individuals and veterans.

The VA was also represented at seminars, job fairs, conferences, and similar activities (e.g., Inspire 85, National Employ the Handicapped week, Perspectives on Employment of the Handicapped, President's Committee on Employment of the Handicapped, etc.) designed to promote EEO objectives.

Mr. Danny Lara, a social worker at the Lubbock, Texas, Outpatient Clinic was named as one of the 10 Outstanding Handicapped Federal Employees of the Year. Mr. Lara is the eleventh VA employee so honored.

The Agency employed 12,644 disabled veterans. They constituted 16.2 percent of all veterans employed at VA. The employment of disabled veterans with 30 percent or more service-connected disability increased from 3,694 (1.54 percent) to 4,023 (1.63 percent); the number promoted increased from 721 to 817.

## White House Initiative for Historically Black Colleges and Universities

VA signified its continuing support of the HBCU (Historically Black Colleges and Universities) Program through the provision of information on VA-sponsored programs (e.g., the VA Health Professional Scholarship Program); through participation in consortiums and conferences such as the National Association for Equal Opportunity in Higher Education, the National Consortium for Educational Access, and Blacks in Government; through affiliations with HBCU medical schools (Howard University, Meharry Medical College, and Morehead College of Medicine); through affiliations with approximately 25 other HBCUs offering degree programs in the allied medical sciences (nursing, pharmacy, social work, psychology, etc.); through cooperative education agreements; and by individual guidance and consultation as requested.

## Discrimination Complaints

Progress was made during the year in dealing with the volume of discrimination complaints pending within the Agency. Eight-hundred-eleven complaints were closed, as contrasted to FY 1984 when administrative action was completed on just 613 complaints. There were 239 more complaints closed than filed, resulting in a complaint inventory reduction of 14.1%, the largest reduction in recent VA history.

Contributing to this improvement was continued emphasis on the informal resolution of complaints, to include the personal involvement of top-level officials in such efforts.

Training programs for equal employment opportunity counselors continued to emphasize the development of skills in fact-finding and in mediation and informal resolution of complaints. Seven sessions, providing training to more than 175 counselors, were conducted by the Office of Equal Opportunity during the year. In addition, three training sessions, providing training to more than 100 ad hoc investigators, were also conducted.

Investigations were initiated on 608 complaints during the year, as compared to 582 in FY 1984.

# Associate Deputy Administrator for Congressional and Intergovernmental Affairs

During FY 1985, the Office of Congressional and Intergovernmental Affairs continued supporting the VA mission of providing benefits and services to America's veterans by serving as a valuable link between VA program officials and Members of Congress, Federal agencies, and State and local governments.

Under the overall direction of the Associate Deputy Administrator for Congressional and Intergovernmental Affairs, the two separate components, the Congressional Staff and the Intergovernmental Staff, worked to improve lines of communication through outreach efforts while renewing and strengthening established relationships.

The Congressional Affairs Staff, based in Central Office, provided valuable assistance to Members of Congress and committee staffs on a wide variety of VA policy, program, and legislative issues. The Congressional Affairs Staff, based on Capitol Hill, continued to assist on constituent casework inquiries. In a combined effort, the entire Congressional Affairs operation has maintained a constant flow of Agency information necessary to Members of Congress and their staffs to develop legislative initiatives and represent their constituencies in

an exemplary manner. During this past fiscal year, a data system was installed which enabled the Congressional Affairs Staff to track the progress of VA-related legislative proposals and document pertinent information. This capability has given the office a new tool by which to keep top management Agency officials informed in a more timely fashion.

The Office of Intergovernmental Affairs continued to expand its State and Federal agency contacts. While interest in VA financial assistance programs is a main concern of this office, great strides were made in improving lines of communication with targeted groups and organizations. Formal and informal outreach efforts were the primary concentration of the past fiscal year. Liaisons were established with all State offices as well as with those States that maintain offices in the Nation's Capital. Major conferences and briefings were held to enhance the States' understanding of the many facets of VA-administered programs.

## Associate Deputy Administrator for Public and Consumer Affairs

In FY 1985, the Office of Public and Consumer Affairs completed its reorganization begun the previous year. Offices were established to provide radio and television services and to coordinate Presidential and private sector initiatives. Field offices were consolidated and five additional regional offices were staffed. The office continued to expand its use of computer, communications, and other technology so that information could be disseminated through more efficient use of materials and manpower. A computer search was established of news-wire service reports outside the Washington, D.C., area to enable Agency officials to be better informed on veteran-related news.

The Office of Public and Consumer Affairs, as its primary mission, continued to support the delivery of VA benefits and health care through information programs aimed at veterans, employees, and the general public. This mission was achieved with programs directed at mass media and specialty news media, VA employees, veterans service organizations, educational institutions, professional societies, and other entities with an interest in veterans affairs. In fulfillment of its mission, the office also responded to consumer concerns of veterans and dependents and supported the VA's 30 Federal advisory committees.

A topic of special concern to veterans, the possible effects of exposure to the herbicide Agent Orange and to radiation from nuclear tests and the World War II bombing of Japan, was the subject of public information programs. In addition to regular programs aimed at the news media and employees on these subjects, *Agent Orange Review,* a newsletter on research and VA policies concerning Agent Orange, continued to be mailed periodically to veterans.

In FY 1985 the office developed a plan for the use of information programs to encourage private support of veteran employment. The plan, prepared for the Committee for Employer Support of Veteran Employment, included the use of speeches, print, and electronic news releases, public service announcements, and brochures.

A variety of public affairs efforts was introduced to inform women veterans of veterans benefits, with special emphasis on National Women Veterans Week. These included a pre-printed feature article on the contributions of women, distributed to 4,000 newspapers, a series of news releases reporting on VA studies identifying the needs of women veterans, and radio and television public service announcements.

In February the office conducted an information campaign designed to increase participation by the general public in the annual National Salute to Hospitalized Veterans. Materials developed included print and electronic public service messages, a brochure, and a poster.

Public information support was also provided to a number of special veteran-related activities, including the National Wheelchair Games, the National Music

Festival for Disabled Veterans, the National Arts and Crafts Show, Memorial Day, Veterans Day, POW-MIA Recognition Day, National Consumers Week, and the Administrator's Sports and Fitness Program. The Music Festival performances at Constitution Hall attracted a large audience, and the three-day wheelchair games received widespread national and local media attention.

Efforts continued to improve the design and photography for *VAnguard,* the national monthly employee newsletter. The annual publication *Federal Benefits for Veterans and Dependents* was edited and distributed to 80,000 VA and non-VA veteran counselors early in the year.

Special efforts toward consumer service included the quarterly publication of the *VA Consumer Review* to provide information on VA consumer programs, and coordination of a regional training conference for patient/consumer representatives.

Television production included a series of 17 half-hour programs on VA medicine, which was accepted for showing by a cable network and by the U.S. Information Agency; and a number of messages from the Administrator to field offices.

Special training programs included classes for facility associate directors and professional training for station collateral-duty public affairs officers. A new VA public affairs handbook was produced by the office to clarify procedures and policy and to serve as a reference for public affairs officers.

## Associate Deputy Administrator for Information Resources Management

The ADA/IRM (Associate Deputy Administrator for Information Resources Management) is the Agency's senior official responsible for managing the information resources of the Agency. The office is also responsible for managing the VA's implementation of Reform '88 activities and the Paperwork Reduction Act of 1980, and for coordinating the Agency participation in the OMB Management Review.

The ADA/IRM recommends policy, plans, and operations related to the Agency's mail, travel, and records management programs, the internal control and major systems acquisition programs, and the Agency's implementation of the Federal Managers' Financial Integrity Act of 1982, as well as other information resources management activities including ADP, office automation, telecommunications, information systems, Agency reports and statistics, paperwork management, and VA regulations.

The ADA/IRM serves as the Agency representative on the President's Council on Management Improvement and other senior-level policy groups that may be established relative to Governmentwide management improvement initiatives.

During FY 1985, the office of the ADA/IRM initiated an innovative approach to contracting by procuring a pool of seven contractors under an umbrella contract for management analyses and studies. The contract is available for agencywide use, and will eliminate the long procurement process for tasks covered under this contract, thereby potentially saving the Agency time and money.

The Management Control Staff provides support for all information resources management functions and programs.

The Office of Data Management and Telecommunications and the Office of Information Management and Statistics report to the ADA/IRM.

## Office of Data Management and Telecommunications

ODM&T (Office of Data Management and Telecommunications) provides ADP (automated data processing) support to VA departments and staff offices. The office is responsible for computer operations at the Agency's five DPCs (data processing centers), which process most of the VA's computer programs. The full

range of support services offered includes computer and telecommunications systems planning; designing, developing, and implementing computer equipment applications systems; and technical and telecommunications support. Additionally, the office is involved in long-range planning efforts and also conducts special studies to advise users of the latest technology and services available.

Telecommunications services include designing and engineering communications systems for VA facilities, working closely with the Office of Construction to introduce cost-effective audio and visual communications systems into new construction and renovation projects.

As part of the President's Cost Cutting Initiatives for FY 1986, the VA proposed to consolidate ODM&T field operations, closing the Los Angeles and St. Paul DPCs and reducing the staff at the Romney Message Switching Center. These actions will significantly reduce operating costs without degrading the quality of ADP and telecommunications service to VA users. Preparations for the consolidations were completed in FY 1985; the facilities are scheduled to close during FY 1986.

In another effort to decrease costs and better utilize resources the VA is actively promoting agencywide data and technology sharing. Providing expanded and speedier access for authorized employees to the vast store of VA data is essential to provide fast reliable service to veterans and their families. The ultimate goal is for each authorized VA employee to be able to access information from any VA data base needed to quickly serve the veteran. The Departmental Information Exchange Project is an example of the VA's movement in this direction. This project is designed to develop a method to exchange medical and eligibility data among the three departments.

Selected VAMCs began testing the hospital inquiry capability in July, 1985. Once testing is completed, authorized VAMC personnel will be able to use their computer terminals to access the BDN (Benefits Delivery Network) for a fast determination of each applicant's eligibility for care. Future plans provide for automated forms generation from DVB regional offices to VAMCs. Other plans include automated eligibility inquiry and notification of death from DMA cemeteries to the BDN.

Another project objective is to link the DHCP (Decentralized Hospital Computer Program) computers in VAMCs with one another and the Austin DPC via the VADATS (VA Data Transmission System) network. A communications link was successfully established in FY 1985, enabling selected VAMCs to transmit certain data to the Austin DPC via the VADATS network. Ultimately, all VAMCs will have this capability, eliminating the need for time-consuming and expensive manual processing and mailing of keypunch cards.

The AMIS (Automated Management Information System) Enhancements Project, designed to improve the timeliness and accuracy of AMIS data, represents another effort to provide authorized employees with access to a major data base. AMIS is a statistical data system which provides information on virtually every operating element of the VA.

At the end of FY 1985, VARO (VA regional office) staff were ready to begin using personal computers to collect, enter, and edit AMIS data, manipulate them to create reports for local use, and transmit them to the Austin DPC via the VADATS network. VAROs anticipate using this method, which significantly improves the timeliness and accuracy of the data, in early FY 1986.

Significant progress was also made during FY 1985 in this project's second phase, which will provide on-line access to select AMIS data for authorized VACO personnel. Work also continues on the project's third phase, which will use

the VADATS network to transmit selected data and reports from the Austin DPC to the VAROs.

The AMAS (Automated Monument Application System), installed in FY 1985, illustrates how the VA is using technology to reduce paperwork and provide better and faster service. AMAS was specifically designed to streamline and expedite the process by which the VA provides grave markers to veterans and their eligible dependents. The entire claims process, from receipt of the claim through inscription formatting and printing, is now automated; this greatly reduces the amount of time needed to process these orders, which speeds delivery of grave markers.

The VA is redesigning the outmoded PAID (Personnel Accounting and Integrated Data) system, which issues payroll checks and provides personnel records for the VA's 247,000 employees. During FY 1985, the VA developed two new computer applications to provide faster and more direct access to PAID data located at the Austin DPC. These applications, to be installed in FY 1986, will help support VACO and field station managers' data and information requirements until the redesigned system is operational.

The VA initiated a project in FY 1985 to provide field stations with dial-up access to select data in the CALM (Centralized Accounting for Local Management) system, the VA's centralized accounting system. By the end of the year, 88 stations had this capability enabling them to easily them to the Austin Finance Division. This saves staff time, both in the field stations and in the Austin Finance Division, and improves overall relationships with vendors. This project will continue until all stations requesting access have received it.

In response to legislation, the VA moved quickly to develop and install an automated system for a new educational benefits program, entitled Chapter 106 - Educational Assistance for Members of the Selected Reserve. This on-line system, installed on the Benefits Delivery Network in FY 1985, enables authorized VACO staff to access the data base, enter new data, and generate and authorize awards. With this capability, the VA can provide speedy service to both applicants and benefit recipients.

A significant enhancement of the way the VA processes awards through the C&P (Compensation and Pension) system was completed during FY 1985. The installation of Supplemental Award Generation streamlined the processing of these awards, resulting in faster payments for VA beneficiaries.

CP&E (Compensation, Pension and Education) fiscal transactions were also installed on the Benefits Delivery Network during FY 1985. This installation improved service to veterans by speeding special payments and ensuring the accuracy and timeliness of accounts receivable information in their master records.

Two other FY 1985 redesign efforts aimed at providing expanded and speedier access involve LGY (Loan Guaranty) and BIRLS (Beneficiary Identification and Records Locator Subsystem). During FY 1985, work continued on developing specifications for the LGY Rapid Access System. Programming also began. On-line access to the LGY data base will result in faster responses to veterans' inquiries, fewer transaction errors, and more accurate information in the data base.

The BIRLS redesign was necessitated by a concern that the VA's on-line beneficiary index and retrieval system could not process projected workloads or expand to meet user needs. The redesign will focus on fully integrating BIRLS into the Benefits Delivery Network.

Equipment augmentations to the Benefits Delivery Network will support the LGY redesign and enhancements to the C&P system. Since this equipment is

approaching the end of its life-cycle, the system is being analyzed to evaluate alternatives for continuing data processing support. During FY 1985, a preliminary study was conducted to forecast workloads and estimate life-cycle costs for various replacement alternatives.

With VA facilities located in every State, the District of Columbia, Puerto Rico, and the Philippines, an efficient and cost-effective data communications network is essential to carry out the Agency's mission.

In January 1984, the VA assumed management and operational responsibility for the GSA (General Services Administration) Advanced Record System. Renamed VADATS, this system serves as the VA's primary means of transmitting administrative messages and data communications.

During FY 1985, VADATS expanded significantly, the packet network growing from 15 nodes to over 100. VADATS was transformed from a store-and-forward switching network to an immediate access utility network as well. Significant progress was made in permitting different brand name computers and terminals to "talk" to one another directly. The VA's present and future needs demand this type of network, to enable departments and staff offices to share and exchange information contained in the Agency's various data bases.

VADATS will eventually support most of the VA's near-term data communications needs. The ultimate goal for VADATS is to provide an efficient, high-quality, and cost-effective communications network for the Agency.

To improve services and support organizational data needs, the VA is using both centralized and decentralized computer systems. Authority and responsibility for ADP management is distributed among the departments and staff offices, enabling these elements to meet their information needs faster and more efficiently.

To meet the VA's present and long-range ADP needs, all the computer equipment at the Austin DPC was replaced; the contract for the replacement mainframe computers and peripheral equipment was awarded in early FY 1985.

The replacement computer system will support Agency needs through 1992, and will significantly increase the capacity to provide user support and services. Major improvements include support for users' on-line access to Agency data bases, enhanced timesharing services, and support for major system redesigns.

To encourage and enable VA employees to take advantage of the new personal computing technologies, the VA opened an ITC (Information Technology Center) in January 1984. The ITC, one of the first such centers in government, continues to provide a full range of personal computing services. These include computer literacy and advanced end-user training, consultation, and technical assistance.

In FY 1985, the VA initiated a new program for handicapped persons in the ITC. The program orients participants to the personal computer environment, trains them on equipment adapted for their handicap, and exposes them to the most popular office computer software package.

The VA has purchased equipment to accommodate the blind, quadraplegics, amputees, and other persons with limited motor coordination. Special equipment which facilitates communication between hearing and hearing-impaired persons is also available. The ITC serves as a model for other agencies interested in beginning this type of program.

During FY 1985, the VA awarded an Agency-level office automation contract to simplify procurement of integrated office automation systems. Advantages of this contract include a guarantee of future expandability to take advantage of

technical advances, compatibility between office automation systems, and the opportunity to obtain significantly reduced prices.

Many office automation initiatives have already become a reality for VACO offices. One such example is the Contract Appeals Automated Tracking System. This system provides a fast and efficient method to monitor the progress of each contract appeal case which General Counsel staff attorneys must try before the Board of Contract Appeals. In addition to its tracking capabilities, the system provides attorneys with instant access to information on each case.

This overview of FY 1985 major ADP and telecommunications activities demonstrates the VA's commitment to using new technologies which are cost-effective, and which improve the quality of service for veterans and their families. The VA continues to apply modern data processing and telecommunications technologies in a manner that reduces overall operating costs and increases responsiveness to the needs of veterans.

## Office of Information Management and Statistics

The OIM&S (Office of Information Management and Statistics) is the management information and statistical research arm of the VA. The OIM&S is responsible for VA-wide paperwork management, records management, and mail and travel policy. The office also provides statistical data and analyses to VA management for budgeting, program management, and policy formulation, and coordinates the VA's internal interagency, and public use reporting needs.

The Statistical Policy and Research staff members provide estimates and projections of the veteran population, including socioeconomic data on veterans' needs and resources. They analyze mortality levels, lengths of patient stay, and results of health care treatment, using data from various reporting systems, and conduct special and recurring studies to measure the impact of specific benefit programs. The professional staff also provides statistical consultation to VA managers in analyzing program data and in developing statistical research studies.

The Reporting Policy and Review staff formulates standards and policies for operating the VA's integrated reporting system, and reviews and controls all proposals to obtain VA, interagency, or public use reports. Other responsibilities include the application of ADP systems for management information, preparation and distribution of various Agency-level reports and tabulations, and coordinating improved reports management as required by the Paperwork Reduction Act.

The Paperwork Management and Regulations staff formulates and recommends agencywide policies and plans for the creation, maintenance, use, preservation, and disposition of records. Specific program areas relate to the management of records, directives, forms, correspondence, mail, vital records, and micrographics. The staff is also responsible for administration of the Privacy Act, the Freedom of Information Act, computer matching programs, and Agency travel policy.

## Statistical Policy and Research

The Survey of Female Veterans was completed during FY 1985. This survey provides detailed information on women veterans' demographic and socioeconomic status, as well as their use of and satisfaction with various VA benefits and services. Particular emphasis was placed on female veterans' past and current health status, and their use of VA medical facilities. The successful completion of this survey was aided by contributions made by the Administrator's Advisory Committee on Women Veterans.

Two major reports based on 1980 census data were published. *Veterans in the United States: A Statistical Portrait from the 1980 Census* contains a wealth of detailed information on the demographic and socioeconomic characteristics of veterans. Among the many variables examined in this report are race, marital status, and income. Similar statistics on veterans in each state are presented in *State Profiles of the Veteran Population: Statistical Portraits from the 1980 Census.* These two publications are of particular importance because they contain

an abundance of data available only once every ten years from the decennial census.

The first set of projections ever prepared of the service-connected veteran population was finalized. These data cover the 1985-2030 time period and are differentiated by age group and state. These projected figures will be of significant value to the Office of Management and Budget as well as to various departments and staff offices within the VA for planning purposes.

As in the past, a variety of veteran population statistics were developed and published. Estimates of the number of living veterans by age, sex, period of service, and state were prepared as of the beginning and the middle of FY 1985. These data are used widely within the Agency for planning purposes, and are also utilized by Congress, veterans service organizations, and public and private research groups.

Methodological research in how to best compute veteran population data produced two major developments during the last year. A new set of veteran migration rates was prepared for the 1980-85 period. These figures will aid in better tracking state-to-state shifts in the number of living veterans. Noteworthy improvements have also been made to the procedures used to develop veteran population statistics below the State level. These new techniques produce more reliable figures for counties, which in turn are aggregated to form improved information on veterans in each primary service area and medical district. The figures are of critical importance because they constitute a major component of the Agency's planning process for projecting future medical care demand.

A wide variety of special reports was published that examined the characteristics of the veteran population and its use of different VA benefits and services. Among the topics covered in these research monographs and statistical briefs were interstate migration patterns among older veterans and female veterans' use of the post-Korean conflict GI Bill.

During the fiscal year, in collaboration with the Office of Geriatrics and Extended Care, development of a statistical information system for GEU's (Geriatric Evaluation Units) was initiated. These units are being established in medical centers to improve the diagnostic assessment, treatment, and placement of older patients. The system being developed will contain diagnostic data, data on medications, data on social support systems, demographic data, and data on activities of daily living. These data will be used by GEU directors for planning purposes and self-evaluation. The data base will be analyzed and publications will be produced which will be helpful in making policy decisions and in long-term program design. The project is currently in a pilot test phase.

Data continued to be collected for the ex-POW statistical tracking system in FY 85. The ex-POW statistical tracking system was developed to evaluate the effectiveness of the ex-POW Medical Evaluation Program, which was implemented in response to Public Law 97-37, the "Former Prisoner of War Benefits Act of 1981." The results of the analyses of these data have been presented at the ex-POW's Advisory Committee Meetings.

## Reporting Policy and Review

The Office of Information Management and Statistics provides the Agency's policy and working-level representatives to OMB on the Federal Assistance Awards Data System. This Governmentwide data system provides Federal expenditures data to Members of Congress, to the States, and to the general public. Additionally, these data feed into the congressionally mandated Consolidated Federal Funds Report system.

One of the major missions of the office is to provide timely, useful information concerning VA activities. Examples of publications which disseminate this information include *Geographic Distribution of VA Expenditures, Data on Vietnam Era Veterans, Trend Data, Directory of VA Facilities, Summary of Medical*

*Programs, the Administrator's Annual Report, and the Inventory of Active ADP Systems.* These publications are distributed internally as well as to the Congress, veterans service organizations, local and State governments, and the general public.

The office also continues to serve as the reports processing center for the Agency, providing various services for numerous internal report projects, and helping to fulfill VA responsibilities regarding interagency reporting requirements.

A proposed statement of work for contractual support for the IMIS (Improved Management Information System) feasibility study and system prototype was developed during FY 1985. The objective of the IMIS is to provide a centralized agencywide information system that will include data from the Agency's major information systems and that will accommodate the information needs of VA managers at all levels of administration. To ensure that the scope of the feasibility study and the prototype includes current and planned system development, a work group consisting of representatives from the departments and selected staff offices has been formed to review and prepare the final statement of work.

A Data Administration Work Group, composed of representatives agencywide, was formed during FY 1985. This group identifies data requirements for the Agency.

The AMIS (Automated Management Information System) is a system of generalized computer programs for processing VA management reports covering virtually every operating element of the Agency. It is the primary source of program, budget, and personnel data. AMIS users can now retrieve data through IBM'S time-sharing option which allows access to prearranged data sets. This enables users to make ad hoc reports from AMIS data. In addition, a special personal computer software package called SMART (Segment Manipulation and Retrieval Technique) was developed to improve the accuracy of data and method of transmission by DVB field stations, the capability to store station-created data via the station's personal computer, the turnaround time of some reports through the generation of reports with station data at the station, and accessibility to AMIS data for ad hoc use by station management. SMART provides station managers and other AMIS users with a more productive way to control, access, and use their AMIS data.

The major source of VA employment reporting is the PAID (Personnel and Accounting Integrated Data) system. PAID contains over 250,000 master records and shows the current status of each VA employee. Employment data can be prepared by department or staff office, appropriation, facility, occupation, or other characteristics. In addition to supplying recurring reports, PAID also provides an ad hoc report service to meet special management requirements.

During FY 1985, extensive changes were made to DVB manpower utilization and workload reports. These changes were the result of a thorough study of Agency reports and reporting techniques by a private consulting firm. One-third of the DVB work counts were eliminated in the AMIS system. Many of the remaining work counts are now being provided by various linkage systems such as PAID and CALM (Centralized Accounting for Local Management). This reduces the amount of AMIS input required from field stations and eliminates the redundancy of information on AMIS reports. In addition, a new method of storing the calculations used in over 150 of the DVB manpower utilization and workload reports was developed, which saves a considerable amount of the time required for coding reports at the Austin Data Processing Center.

The Office of Information Management and Statistics is the manager of the RONA (Release of Names and Addresses) program. Under title 38, U.S.C., the Administrator is authorized to release names and addresses of present or former members of the Armed Forces and their dependents to nonprofit organizations, provided the intended use is to notify eligible veterans of VA benefits, such as

compensation, pension, education, or medical care. Title 38 also permits the release of veterans' names and addresses to state and local governmental agencies for the same purpose. During FY 1985, 109 requests from Federal and State agencies, Members of Congress, veterans service organizations, educational institutions, private citizens, and other organizations were processed. The OIM&S is also responsible for ensuring that the information released is not misused. As a means of accomplishing this, a monitoring program using the names and addresses of VA employees was instituted several years ago. There are currently 1,123 VA employees participating in the program, representing the 50 states, the District of Columbia, and Manila.

The VAILS (VA Automated Information Locator System) was established in FY 1985 to automate report history files. VAILS was developed for the VA by American Management Systems, Inc., to improve the VA's management and control of Agency information requirements. By providing an automated summary of each report, VAILS assists in identifying approved information requirements, and determining if new information requirements submitted for approval are duplicates of any reports already in existence. VAILS is an online, menu-driven system and allows for the addition, deletion, modification, and display of report records with relative ease. The data base currently contains records for all internal recurring reporting requirements that have been assigned an RCS (reports control symbol) by OIM&S.

## Paperwork Management and Regulations

The VA maintained an active program to ensure that records of veterans, beneficiaries, and other individuals were maintained in accordance with the Privacy Act of 1974 and VA's confidentiality statutes. During the year the Agency operated 57 systems of records subject to the act, and was active in conducting 14 computer matching programs involving records subject to the act—six programs as the matching agency and eight as the source agency.

The administrative policies and procedures for exchanging, by automated means with the uniformed services, records and information concerning military retired pay and VA's disability compensation and pension payments were incorporated into a memorandum of understanding between the VA and the Department of Defense. This agreement is the culmination of a project lasting many years to ensure that records and information were exchanged between the VA and military services as efficiently as possible and that the military retirees who are also in receipt of VA compensation and pension payments receive correct and timely payments from both the VA and the military service.

During the year projects to support the Agency's Modernization Program were initiated or moved toward completion. One project involves the implementation of a system whereby VA's request for military personnel/medical records will be provided by automated means to the NPCR (National Personnel Records Center). Since approximately 675 record requests are sent to the NPRC each day, an automated system will reduce paper handling and improve timeliness of replies to the requests.

A second project involves the computerized transfer of military service information to the VA in lieu of using the DD Form 214, Certificate of Release or Discharge from Active Duty. The military service information is used in a mailing program which provides veterans with information about VA benefits and in claims processing to verify military service. If this information is provided from the military services on computer tape, in lieu of paper, accuracy of the information will greatly improve and costs associated with handling paper will be reduced. During FY 1985 test tapes for this information exchange were received from the Army. Full implementation of the system as a pilot project with Army is anticipated within a year.

As the office responsible for appraising the effectiveness and economy of the Agency micrographics program, the Paperwork Management and Regulations Service approved the procurement of more than $445,00 worth of micrographic equipment, supplies, and services in FY 1985. The largest single agencywide

acquisition pertained to the procurement of 25 state-of-the-art, semi-automated reader-printers and one rotary microfilm camera to support the CAPPS (Computer Assisted Payment Processing System) at the VA Austin Finance Division. The office also reviewed and approved requests from the Department of Medicine and Surgery to microfilm two major series of records: EEG (electroencephalograph) tracing files and ECG (electrocardiograph) tracing files. A special request was also approved to microfilm certain perpetual and death case medical records at the VA Medical Center, Birmingham, Alabama. If the microfilming project at this medical center is successfully implemented, it is anticipated that other medical facilities will choose microfilm as a cost-effective storage medium for their perpetual and death case records.

In FY 1985, the Paperwork Management and Regulations Service published the first IMB (Information Management Brief) titled "Micropublishing: A Micrographics Application." Based on the results of a detailed agencywide survey, the IMB addressed the VA-wide use of micropublishing subscription services and the advantages of subscribing to such services, such as cost savings through the issuance of one or more centralized procurements for popular subscription services.

The VA had only a slight increase in its records holdings during FY 1985. The increase in the active and inactive records was less than one percent when compared to FY 1984 figures. This increase can be attributed to increased use of maintaining records in nonpaper modes, such as magnetic tapes and diskettes, microforms, and audiovidual records, and to improved methods for measuring and reporting the volume of records on hand. The overall FY 1985 holdings of 1,903,707 cubic feet is 9,185 cubic feet above FY 1984 figures and includes 22,470 cubic feet of nonpaper records.

The volume of new records created was 209,145 cubic feet. The volume of records destroyed under authority of the NARA (National Archives and Records Administration) was 133,539 cubic feet. An additional 66,763 cubic feet, an 11 percent increase over FY 1984, were transferred to FARCs (Federal Archives and Records Centers).

During FY 1985 the Agency maintained an active and aggressive program to relocate and transfer veterans' inactive claims folders from regional offices. Over 21,400 cubic feet of inactive claims folders (death cases, loan guaranty, insurance, and dependents education assistance folders) were retired to FARCs. An additional 10,897 cubic feet of inactive claims folders were transferred to the VA Records Processing Center. These two initiatives freed filing space equal to 4,306 five-drawer file cabinets valued at $602,840, which would have required 30,142 square feet of space valued at over $390,338. A total net cost-avoidance savings of $993,178 resulted from these two initiatives.

Throughout the year the Agency initiated other management projects. A project was initiated to convert GI Loan Index Entitlement Cards to COM (Computer Output Microfilm). Approximately 3,941,800 cards at 13 field stations have been converted to COM. Two other projects involving the automation and disposal of certain categories of live and deceased veterans' claim folders at the VA Records Processing Center resulted in the center's being able to dispose of 2,546 cubic feet of claims folders. The VA has also expanded the DHCP (Decentralized Hospital Computer Program) to 169 medical facilities, and implemented the microfilming of certain medical records.

During the past year, the VA installed in its Paperwork Management and Regulations Service some of the latest and most sophisticated equipment in the Federal Government to aid in forms design. This equipment enables forms and form letters to be electronically designed and produces a typeset, camera-ready copy suitable for printing. All forms and form letters are designed in accordance with accepted Governmentwide standards. The goals of the forms management program are to reduce costs, to improve service, and to eliminate nonessential

forms and form letters and design only those considered essential to the VA's mission and goals. The VA forms program uses every available means to exercise control of every form and form letter used in the Agency. Forms management policy initiatives and site visits to field facilities increased during FY 1985 in an effort to promote greater economy and effectiveness in this program.

The Paperwork Management and Regulations Service again prepared the VA information collection budget required by the Paperwork Reduction Act of 1980, Public Law 96-511, and 5 CFR 1320. For FY 1985, the VA exceeded the burden-hour reduction goals set by the Office of Management and Budget. For existing collections, the VA eliminated 479,801 burden hours, surpassing the FY 1985 goal of a 397,000 burden-hour reduction by 21 percent. Similarly, burden hours for new collections were held to 31,901 burden hours, 39 percent below the 52,000 burden-hour limitation.

The Agency has had an ongoing paperwork burden control program for well over a decade. In FY 1985, VA's paperwork burden control strategy continued the review process that was already in effect. This review process relies on a variety of information management techniques, including standardization, consolidation, use of modern technology, and data exchange efforts with other Government agencies.

As one of the Federal Government's major procurement agencies, the VA is continuing to give special attention to reducing the burden placed on the public by procurement paperwork requirements. Efforts begun during FY 1984 to consolidate procurement requirements and to standardize order procedures were continued in FY 1985, resulting in a decrease of over 200,000 burden hours. This reduction effort will continue into FY 1986 with further implementation of consolidating requirements and standardization activities.

The FILS (Federal Information Locator System) was developed under Public Law 96-511 as a means of assisting Federal personnel in detecting unnecessary duplication in proposed Federal information collections. This is an authoritative register of all OMB-approved public-use information collection documents. The VA became a user of FILS on June 1, 1984. Every information collection sent to OMB for approval this fiscal year was searched via FILS; 84 searches were completed. At the end of this fiscal year, VA began using the General Accounting Office Thesaurus when performing FILS searches. Through the use of this thesaurus, the identification of potentially duplicative information collection requests is being facilitated as key-word descriptors are standardized throughout the Federal Government.

The Directives Management Division reviews and clears issues which require approval of the Administrator or his staff, such as *Federal Register* notices and certain directives and regulations. Issues to be referred are systematically scrutinized to ensure appropriateness of media, formats, and organizations; suitability of manuscripts for final review and subsequent reproduction; quality of narrative presentations, style, syntax, logic, and simplicity; adequacy of coordination; accuracy and completeness of supporting documents; and adherence to directives management system requirements. In FY 1985 380 such issues were cleared.

On January 1, 1985, the VA implemented a test of the Citicorp Diners Club, Inc., Travel and Transportation Expense Payment System at 13 field facilities and VA Central Office. As of June 1985 there were a total of 2,727 charge cards out, and the total dollar volume billed amounted to $1,401,947. During the test, travelers have used the contractor-issued cards to cover transportation costs, subsistence expenses, and other allowable travel and transportation expenses incurred while on official travel. In addition, travel advances have been limited to 45 percent of the anticipated subsistence costs. Initial review of the test results indicates that with some modifications the program would be advantageous to the VA. The final report on the test will be completed in early 1986.

The VA also initiated a review and assessment of Agency relocation services and needs as authorized by Public Law 98-151. A task force has been convened and charged with developing FY 1984 base line data on permanent change of station moves in the VA, determining the services the Agency would require in a relocation services contract, and developing recommended policy options. The study is scheduled to be completed in mid-FY 1986.

Final documentation for the Agency's reimbursement to the U.S. Postal Service for FY 1984 postage costs was completed and forwarded to the Postal Service in FY 1985. VA's postage costs amounted to $40,047,793 for FY 1984. In an effort to contain steadily rising postage costs, the VA has joined with 20 other major Federal agencies in a Mailing Cost Reduction Project. The project's goal is to reduce the Agency's FY 1986 mailing costs (postage, private carriers, space, equipment, salaries) by 15 percent of the VA'S FY 1985 postage costs.

## Associate Deputy Administrator for Logistics

The ADA (Associate Deputy Administrator) for Logistics is responsible for policy-level oversight of the Agency's construction, procurement and supply, Central Office administrative support, environmental affairs, and small and disadvantaged business utilization programs. Reporting to the ADA are the Offices of Construction, Procurement and Supply, and Administration. The ADA also serves as the Agency's Procurement Executive, Director of the Office of Small and Disadvantaged Business Utilization, and Director of the Office of Environmental Affairs. At the direction of the ADA, a number of initiatives were undertaken in FY 1985 to improve services, enhance program efficiencies, and make more cost-effective allocations of available resources.

Initiatives taken in the area of procurement and supply included the ADA's continued participation on 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; expansion of an intensive VA contracting officer training program which trained 374 individuals in FY 1985; providing technical assistance for the monitoring of a contract study of the VA's national contracting and distribution program for medical supplies and non-perishable subsistence; reduction in investment costs for medical supply inventories; reemphasis of the need for improved acquisition planning to result in cost savings and avoidances; expansion of consolidated procurement initiatives and cost avoidances; implementation of the Competition in Contracting Act and the Agency's Competition Advocacy Program; implementation of a comprehensive assessment of the credentials of the Agency's contracting officials; support of the Administrator's ADP Modernization Goal through contracting services; award of a series of contracts which provide immediately available expert management and analysis service through use of task orders; expansion of inter-agency, shared procurement contracts which have helped to eliminate overlapping procurement actions between Government agencies; development of plans for Procurement and Supply's inclusion in the DHCP (Decentralized Hospital Computer Program) automation plan; implementation in the VA Acquisition Regulation of improved access to procurement information for small businesses owned by Vietnam era and disabled veterans; an increase in the number of projects included in the Agency's pilot program for SBA 8(a) set-aside architect-engineer procurements; and initiation of a comprehensive review of the VA's SBA 8(a) set-aside program to identify areas of possible improvement.

Initiatives undertaken in the VA's construction program included completion of a contract to comprehensively study health care facilities and to seek improved effectiveness and efficiencies; participation in implementation of a number of new procedures to enhance VA medical center involvement in the design and construction process; implementation of contracts to survey the physical plants of VA medical centers to provide a comprehensive, first-time overview of the needs of the Agency's physical plants (results to be used by the Agency for planning and budgeting purposes); administration of a contract which compares VA's design and construction technical specifications with those of the private sector; continued development of a nursing home care unit prototype on a

Computer Aided Design system which is expected to result in significant time and design cost savings; completion of reviews of the Agency's leasing and environmental regulations and policies; development of Agency leasing procedures and realignment of leasing contracting authorities; improvement of the cost estimating rationale which is expected to improve construction budget management; initiation of a proactive plan for management of the Agency's asbestos abatement program and for development of Governmentwide solutions to problems involved in asbestos abatement; and overall improvement in the management effectiveness and program efficiencies in the Office of Construction through enhanced automated information systems planning.

Office of Administration program initiatives undertaken included continuation of an agreement with the GSA (General Services Administration) to assign additional space to assist in the efficient consolidation of VA Central Office activities; opening of a physical fitness center and enhanced physical fitness program for VA Central Office employees; improvements in the operational plans for elevator and telephone systems; consolidation of leased space to reduce rental reimbursements to GSA; audiovisual production of five film documentaries, public service announcements, and special coverage of national, historical, and ceremonial events; and issue of 294,350 Presidential Memorial Certificates in recognition of honorably discharged deceased veterans, a 13-percent increase over FY 1984.

## Office of Administration

The Office of Administration has staff and operational responsibility for the Agency's printing, reproduction, and distribution program, and the audiovisual program, exclusive of research and educational activities in health care facilities. The Office also has responsibility for Central Office administrative support programs such as management of real property, supplies, equipment, furniture, and furnishings; receipt, distribution, and dispatch of mail; communications service; records management; and the Presidential Memorial Certificate Program. The Director is the Agency liaison with the Joint Committee on Printing of the U.S. Congress, the National Audiovisuals Center, and the General Services Administration in regard to space acquisition, telephone service, and other general support functions within the Washington metropolitan area.

### Presidential Memorial Certificate Program

The Presidential Memorial Certificate Program honors the memory of honorably discharged deceased veterans. Statutory authority for the program is contained in U.S.C., title 38, section 112; President Reagan approved its continuation on February 4, 1981. The VA issues to the next of kin certificates which bear the President's signature and express the country's grateful recognition of the veteran's service in the Armed Forces.

Eligibility for the certificate is determined by the VA when notice of the veteran's death is received and next of kin information is available. Certificates may also be issued upon request to other relatives and friends of the deceased veteran.

Over 5.1 million certificates have been issued since the program was initiated in March 1962. The VA issues an average of 1,200 certificates daily. A total of 294,350 were issued during FY 1985.

### Audiovisuals

The VA produced five film documentaries during the fiscal year. The film series titled "VA Medical Advances" consists of 17 half-hour segments on medical research within the VA. Each segment features a VA researcher discussing accomplishments and advances in a particular medical field. The series is informative to veterans and their families, informs VA professionals of the work of their colleagues, and has the potential for attracting medical professionals to the VA health care system.

The film "America's Tribute" documents the 1984 National Veterans Day Ceremonies at Arlington National Cemetery. This historical presentation features the Honorable Caspar Weinberger, Secretary of Defense, placing the presidential wreath at the Tomb of the Unknowns and delivering the Veterans Day address to

the Nation from the amphitheater. Added features in this film are a brief address to his former comrades by General William C. Westmoreland, USA (Retired) and scenes of the National Vietnam Memorial dedication ceremonies.

The film "VA Modernization Plan" documents messages from the Administrator, Deputy Administrator, the Chief Medical Director, the Chief Benefits Director, and the Chief Memorial Affairs Director to employees on VA's direction and commitment to improving and updating its nationwide communications and computer system to better serve America's veterans.

The film "This Good Rich Earth" presents a colorful, picturesque, and informative documentary on the design, phased construction, finishing, landscaping, and dedication of the VA National Cemetery, Quantico, Virginia. In addition to its historical value, the film is useful for training and research purposes for designers, architects, engineers, planners, and ceremonial personnel.

The film "National Veterans Music Festival" presents the varied musical talents of handicapped and hospitalized veterans. The production, filmed at Constitution Hall, Washington, D.C., records these talents, and inspires continued competition, encouraging participation for both therapeutic and welfare values.

Three public service television announcements were produced during the fiscal year. "Fitness for the Disabled," a four-part series featuring the Administrator of Veterans Affairs and Coach George Allen, Chairman, President's Council on Physical Fitness and Sports, promotes and encourages the disabled to participate in physical fitness and sports programs.

The spot announcement, "National Salute to Hospitalized Veterans," also a four-part series, featured the popular television personality, Ted Knight, inviting the public to visit hospitalized veterans during the week of February 14 in support of VA's Annual National Salute to Hospitalized Veterans.

A three-segment television spot announcement was produced to inform veterans and the public of "Veterans Day, November 11," Women Veterans—Same Service/Same Benefits," and "Women Veterans National Recognition Week."

Two national, historical, and ceremonial events required audiovisual services. The office designed and produced audiovisual displays for presentation during INSPIRE '85 Ceremonies on the Mall, Washington, D.C. The materials reflected the festival's theme of leisure, sports and cultural arts, as contributing to the total life experiences for the disabled. The INSPIRE '85 Festival included art and sports competitions in a Governmentwide endeavor to celebrate the Decade of the Disabled. The second audiovisual effort concerned POW/MIA Recognition Day, which the President had proclaimed for July 19, 1985. In commemoration of the event, the 1984 POW/MIA recognition poster was updated, while maintaining its previous theme heralded for its creativeness and patriotic effectiveness. It was distributed nationwide to use in programs and ceremonies.

## Office of Construction

The OC (Office of Construction) acquires real property and facilities for the Agency. In this capacity the office is responsible for the planning, design, construction, and leasing of the facilities in which VA benefits are delivered. This responsibility includes an internationally recognized medical facility construction program, the largest in the Nation, and a major expansion of the VA National Cemetery System to meet projected demand to the year 2000 and beyond. The OC also provides professional support services to other offices which have responsibility for VA facilities.

In support of the DM&S (Department of Medicine and Surgery), the scope of services offered by the OC includes additions, alterations, and major repairs of existing buildings at all VA medical centers, outpatients clinics, nursing home care units, domiciliaries, and other medical facilities.

Services provided by OC for the Department of Memorial Affairs include the acquisition and development of land for new national cemeteries as well as planning, design, and construction support in the expansion of the existing national cemeteries.

The OC is also responsible for real property management. This includes the acquisition and disposal of real estate, as well as space management in VA facilities and GSA (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 as well as through planning, design, and construction of regional offices that are co-located on medical center grounds.

As of the end of FY 1985, projects administered by OC in the planning, design, and construction stages totaled $8.1 billion. This has decreased from prior years due to lower levels for out-year projections.

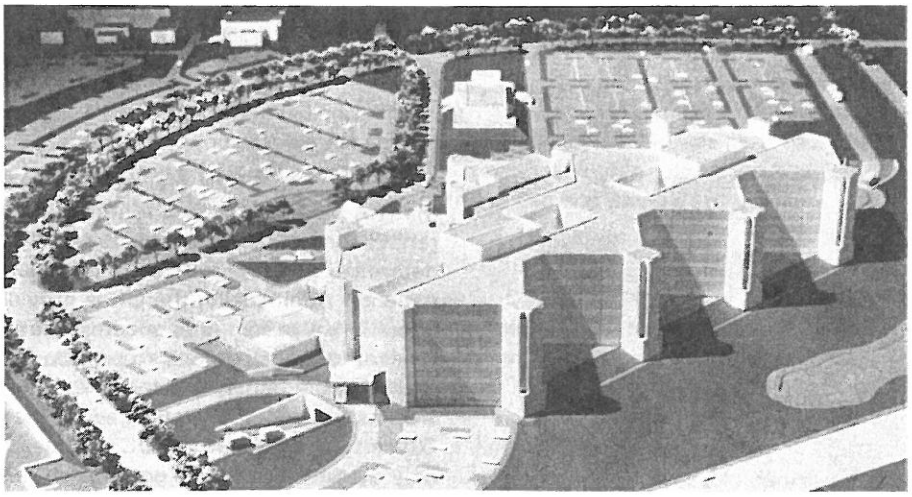
Obligations through construction contract awards for FY 1985 amounted to $434.4 million. A variety of major projects was completed in FY 1985, including a major replacement hospital at Seattle, Washington; a major modernization project at VA Medical Center, Oklahoma City, Oklahoma; a clinical facility and parking garage at Washington, DC; a center core building at Palo Alto, California, and eleven nursing homes with a total of 1,020 beds.

## Architect-Engineer Contracts

During FY 1985, the OC awarded 78 architect-engineer contracts for as many projects, with fees totaling $70.4 million. Two construction consultant contracts and one construction claims consultant contract were also awarded for fees totaling $1.035 million. The design services covered by these will translate into approximately $983.7 million worth of new or improved VA facilities.

The three largest design contracts totaling approximately $19.7 million were for working drawings and other related services for projects at Houston, Texas, to provide for replacement and modernization of the facility; Philadelphia, Pennsylvania, for correction of electrical deficiences and construction of a 240-bed nursing home care unit and a new ambulatory care addition; and New York, New York, to consolidate the satellite outpatient clinic with the medical center by constructing an addition and renovating space.

The remaining 75 architect-engineer contracts ranged from approximately $25,250 to $4.7 million. Sixty-five contracts were awarded to small business firms, two of which were minority, and two awards were made under the 8(a) program.



*1,047 Bed Replacement Hospital, Houston, Texas*

## Construction Contracts

During FY 1985 the OC awarded 24 major construction contracts (in excess of $2 million) totaling about $164 million in capital improvement for the VA.

Six of the contracts, worth a total of about $65 million and awarded to large business firms, were for projects at the VA medical centers in Charleston, South Carolina (clinical services addition and renovation); Durham, North Carolina (three additional elevators, trash and linen chutes); Fayetteville, North Carolina (clinical addition); Mountain Home, Tennessee (bed towers/renovation, phase I); Omaha, Nebraska (outpatient clinic); and Syracuse, New York (fire and safety improvements, patient privacy, support systems and heating, ventilating and air conditioning). The Mountain Home, Tennessee, contract was designated as a labor surplus area set-aside contract.

The other 18 contracts, totaling $99 million, were awarded to small business firms. Five of these were set-aside contracts for firms awarded to a small firm in direct competition with large firms; 15 were small business set-aside contracts worth over $68 million; and two contracts, totaling $11.3 million, were negotiated with minority firms.

## Real Estate and Space Management

During FY 1985, the OC completed the acquisition of 4.5 acres of land for expansion of the VA Medical Center, Philadelphia, Pennsylvania; 4.65 acres of land for expansion of the Florence National Cemetery, South Carolina; 2.56 acres of land for expansion of the Salisbury National Cemetery, North Carolina; and initiated procedures with the Department of Justice for the acquisition of 20 acres of land for expansion of the VA Medical Center, Tampa, Florida.

In the same period, the OC issued approximately 100 outgrants in the form of leases, licenses, permits, agreements, and easements authorizing the non-VA use of its real property nationwide.

Several leasing actions were initiated for major leased projects this year, including three new clinics, four clinic relocations and expansions, and two medical space-related projects. Action was completed on three relocation projects.

The VA paid GSA $80.9 million for rental of 7.6 million square feet of space. Approximately $17.7 million was paid for about 1.7 million square feet of space that the VA leases directly.

The Agency has continued its space reduction program in compliance with Executive Order 12411 and Federal regulations in an effort to achieve the Federal goal of an office space utilization rate of 135 square feet per employee. Supplemental space factors will be developed by the Agency in coordination with GSA in order to achieve this Federal goal.

The VA employee ridesharing program participation rate of 33 percent in FY 85 exceeded by 9 percent the established Federal goal for agencies, set at 24 percent.

## Barrier-Free Design

Accessibility of all VA facilities to the disabled has been a longstanding priority of the OC. Accessibility is a routine design consideration for all new construction, renovation, and new leases. Presently the OC is testing hardware products to determine which products are most accessible and safe for spinal cord injury patients. Additionally, the OC is providing lever handles on approximately 50 doors in VA buildings to accommodate handicapped patients and employees. Present requirements are to provide push-pull plate doors for patients' bedrooms and bedroom baths, and for toilets for the handicapped. All preliminary plans and working drawings are reviewed by the Architectural Accessibility Compliance Office to ensure that the OC provides a useful environment for all persons. Not only do the OC projects go through this review, but also reviewed are all designs for State veterans' home construction which will receive major funding through VA grants.

A five-year plan for the removal of barriers in all previously constructed VA owned or leased facilities is ongoing. Additionally, the Capital Facilities Study has been undertaken to identify present and future barriers for removal.

## Capital Facilities Study

The Capital Facilities Study is a comprehensive technical evaluation of 132 VA facilities built prior to 1970. The study will tabulate, by severity ratings, the repair, replacement, and renovation needs in architectural, structural, mechanical, electrical, site, and other improvements for the next five years. The data will be used in facility planning for construction projects. As reported in FY 1984, 18 private architect-engineer consultants are accomplishing this study through use of field investigations, surveys of buildings and systems, and discussions with medical center personnel. At the end of FY 1985, the architect-engineers had completed field surveys of 100 medical centers. A computerized management information system for this study is being used to provide a consistent data base. The architect-engineers are transmitting data electronically from their offices to the computer center in the Office of Construction.

## State Veterans' Homes

The Office of Construction provides technical assistance to the Office of the Assistant Chief Medical Director for Geriatrics and Extended Care for State domiciliary, nursing home, and hospital facilities in 33 States. During FY 1985, eight awards, totaling $39 million, were made for State home projects. Eighteen new requests, which total $79.5 million, were received and have been reviewed. A total request estimated to be $152 million, covering 72 projects, is being held pending Federal funding in future years.

## Construction Cost Estimating

In recent years, considerable difficulties have been experienced in arriving at reliable cost projections throughout the construction industry. Consequently, during FY 1985, the OC revised its rating system for the selection and evaluation of architect-engineer firms. The OC replaced the performance evaluation form with a form that increases the importance of construction cost-estimating performance to a level equal to that for design. The overall performance score resulting from these evaluations is then used to rate the firm should it apply for future projects.

In announcing architect-engineer opportunities in the *Commerce Business Daily*, the OC included a statement that emphasis will be placed on the estimating capabilities of the applicant. When interviews are subsequently scheduled, the firms are requested to bring to the interview a completed cost data sheet showing the following information for their last ten job bids: original budget, design development estimates, construction documents estimate, low bid, bid range, and change orders resulting from errors and omissions. The final selection score sheet was also modified to establish a specific scoring factor for estimating effectiveness.

## Construction Research and Development

The OC research and development program covers architectural and engineering projects in health care building technology. The primary purpose of this program is to improve the quality, safety, cost, and efficiency of VA facilities. The results of these efforts also are incorporated into national building codes and design manuals used throughout the Nation in the public and private sectors.

During FY 1985, projects initiated included the following:

- A study by the National Bureau of Standards on the causes of an unacceptable number of false alarms of installed smoke detectors at VA facilities. Several industry groups also are participating in this effort to make smoke detectors more dependable.

- An installation to test, analyze, and evaluate currently available door hardware products to determine which are the most accessible and safe for spinal cord injury patients.

- The construction of a prototypical layout of an animal room to study the effects of heating, ventilation, and air conditioning systems, cage spacing, animal bedding, etc., on animals used in research.

- Cooperative effort by the National Bureau of Standards, the American Society of Heating, Refrigeration, and Air Conditioning Engineers, Inc., and the VA to conduct a series of full-scale fire tests in a building scheduled for demolition. These tests will evaluate the automatic sprinkler system in controlling the production and flow of smoke.

- The continuation of the study of the VA's standards, specifications, and technical requirements in an effort to reduce the Agency's construction costs.

Construction Status 1985

| | Total | | Completed | | Under Construction | | Authorized but not Under Construction | |
|---|---|---|---|---|---|---|---|---|
| Description | Number | Estimated Construction Cost (Millions) | Number | Estimated Construction Cost (millions) | Number | Estimated Construction Cost (millions) | Number | Estimated Construction Cost (millions) |
| Totals* | 1,029 | $2,900.11 | 240 | $231.75 | 374 | $1,820.70 | 415 | $847.66 |
| Replacement and relocation Hospitals | 10 | 1,256.01 | 0 | 0 | 8 | 909.02 | 2 | 346.99 |
| Modernizations | 9 | 347.84 | 1 | 35.86 | 8 | 311.98 | 0 | 0 |
| Cemeteries | 34 | 23.44 | 8 | 3.33 | 17 | 5.18 | 9 | 14.93 |
| Nursing home care units | 25 | 154.01 | 11 | 63.30 | 9 | 60.48 | 5 | 30.23 |
| Domiciliaries | 4 | 36.43 | 0 | 2 | 2 | 15.81 | 2 | 20.62 |
| Research & Education | 19 | 29.63 | 2 | 2.23 | 7 | 12.99 | 10 | 14.41 |
| Other Improvements | 928 | 1,052.75 | 218 | 127.03 | 323 | 505.24 | 387 | 420.48 |
| Air conditioning | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All other | 928 | 1,052.75 | 218 | 127.03 | 323 | 505.24 | 387 | 420.48 |

**NOTE: Totals may not add due to rounding.*

## Value Engineering

Value engineering is a creative effort to remove anything that adds cost to an item but does not add to the required function. In VA construction programs, value engineering is applied in several ways. During the preparation of preliminary drawings, system studies are made by the OC staff, value engineering consultants, or construction consultants. In a final effort to reduce possible unnecessary costs, the construction contractor is also invited to submit value engineering change proposals through an incentive clause by which the contractor would realize a share of the savings. This provision is included in all construction contracts.

In FY 1985, the OC value engineering efforts were responsible for construction cost savings of $6.6 million. Of this total, $3.2 million savings were achieved at the replacement hospital project in Houston, Texas.

## Asbestos Abatement

Prior to the discovery that asbestos poses serious health hazards to human beings, asbestos was a material commonly used in building construction, including VA facilities. In the process of renovating these buildings, the OC ensures that the latest state-of-the-art methods are used to minimize the exposure of patients, employees, visitors, and workers to the airborne asbestos fibers. On every project involving asbestos abatement, the OC retains a certified industrial hygienist to assist during both preliminary and working drawing design. If asbestos removal is necessary, separate working drawings show what must be removed. The industrial hygienist monitors the abatement work during the removal project.

During the past year a movement within the insurance industry to withdraw liability coverage on asbestos-related projects has presented the potential of seriously disrupting the VA's program for upgrading existing health care facilities. Other Federal agencies, state agencies, local school districts, and other groups are also faced with serious problems in meeting their construction goals unless the insurance issue is resolved.

To help achieve an effective solution to the complex problems related to asbestos, the OC is hosting a series of conferences. Representatives from most of the Federal construction agencies, as well as the Environmental Protection Agency, the Occupational Safety and Health Administration, the professional and trade organizations, and the insurance industry attend. Conference discussion topics cover legal, technical, and management aspects of asbestos issues in addition to the insurance issue. The possibility of proposing legislative action to provide relief to designers and contractors is also a topic for discussion.

## Set-Aside Program for Socially and Economically Disadvantaged Architect-Engineer Firms

For several years, the OC has awarded construction contracts to small, disadvantaged firms under the SBA (Small Business Act) 8(a) program. In an effort to expand this opportunity to architect-engineer firms, the VA has worked with SBA over an extended period to establish procedures acceptable to both organizations.

During FY 1985, the OC completed the first group of selections of architect-engineer firms to design major construction projects under a set-aside program for the socially and economically disadvantaged businesses approved by the SBA.

This program not only will afford the selected firm the opportunity to develop skills and experience in the medical construction design field, but also will help all applicants gain experiences in the competitive application process.

## Historic Preservation

The VA holds one of the larger inventories of historic properties owned by Federal agencies. These range from the first racially integrated Federal facilities (dating back as early as 1870) to the circa 1750's mansion and mill at the VA Medical Center, Perry Point, Maryland. The Carnegie Library at the VA Medical Center, Mountain Home, Tennessee, may be the only Carnegie Library in Federal ownership.

The VA owns 31 properties listed on the National Register of Historic Places. Two nominations are pending at the Department of the Interior, and more than 125 properties have been determined eligible by the Department of the Interior for listing on the National Register.

The National Historic Preservation Act provides that when a property owned by an agency is on or eligible for the National Register, the agency must afford the Advisory Council on Historic Preservation an opportunity to comment on any activity of the agency which may affect the property. Reviews of VA projects during FY 1985 continue to draw complimentary comments from the Advisory Council staff. Several VA architects have developed a subspecialty in historic preservation design. This entails designing a modern architectural building to meet VA functional needs while blending it harmoniously into an existing historic environment. Careful attention must be paid to color, materials, existing design, scale, and massing.

Based upon the historic preservation concerns at the VA Medical Center, Dayton, Ohio, the VA successfully negotiated design modifications to a proposed highway. Both the historic environment and long-term residential patients will benefit from the revised right of way.

The first phase of the archeological survey at the VA Medical Center, Prescott, Arizona, has been completed. Archeological sites identified include the foundations of the 1875 Commanding Officer's quarters and a variety of other structures dating from this period forward. Further evaluation of all important sites will be carried out.

Funds have been obligated for an archeological survey of the site for a new VA outpatient clinic in Los Angeles. There is a major gap in the land use records for an area associated with some of the earliest settlement in the city. The survey will determine whether the VA site can provide some of the missing information.

Major archival quality documentation on the VA medical centers at Sioux Falls, South Dakota, and Lincoln, Nebraska, has been prepared and submitted to the Historic American Building Survey for preservation at the Library of Congress.

## ADP Initiatives

The OC relies heavily on ADP (automated data processing) in carrying out its responsibilities. The main ADP applications address three areas: technical, management, and administrative. Some of these ADP applications include: programs that assist the architects and engineers in sophisticated technical analyses such as energy, transport systems, and life cycle costs; a Critical Path Method scheduling and payment system that has been a model for other Government agencies and private industry; a program management information system, including an office-wide data base for the VA construction program; a word processing and office automation system encompassing the entire Office of Construction; and computer-aided design tools to assist in the planning and design of VA facilities.

During the past year, significant strides have been made in the following areas:

- A state-of-the-art office automation capability for OC staff and other offices having oversight responsibility.

- A network of 150 work stations throughout OC as well as other VA offices to provide immediate access to construction project status and activity information. Recently, more than 30 DM&S work stations were provided entry to OC's construction program data base. Using this source capability, the OC network has access to the DM&S project management data base. The intent of current and future program data base expansion is to improve the access to and quality of program information and its effectiveness as a key element in supporting critical program decision-making responsibilities.

- The conversion of the master construction specifications to OC's office-wide word processing system. This initiative will permit the transfer of the specifications to architect-engineer firms through magnetic media. The option is available to all architect-engineer firms.

- Automated word and data processing capabilities for resident engineers located at construction projects throughout the country. This system will be a major assist to the resident engineers who handle a significant administrative workload, including coordinating change order approvals and contract progress payments with Central Office staff.

- The development of the VA's Real Property Information System. This system was initiated in FY 1984 and substantial strides were made in FY 1985 to improve Agency space management accountability. This computer-based system improves reporting requirements for all space assignments and produces updated reports on owned and leased property.

## Office of Procurement and Supply

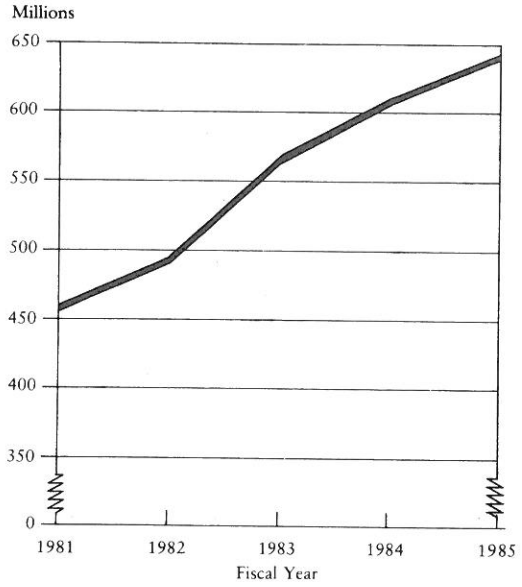
With annual expenditures of over $2.4 billion for supplies and services, the VA has the fourth largest procurement and supply activity in the Federal Government, exceeded in total volume only by the Department of Defense, the National Aeronautics and Space Administration, and the General Services Administration. Drugs, medical supplies and equipment, and other critical patient care items must be procured and distributed to the VA's 172 medical centers and 227 outpatient clinics, which comprise the largest health care delivery system in the free world. Supply support is also provided to 58 regional offices, 109 cemeteries, 5 data processing centers, and various other VA facilities.

The VA Marketing Center in Hines, Illinois, is responsible for the acquisition of medical supplies under the VA Centralized Management System. The use of innovative techniques has resulted in the best possible prices being offered to our customers. Approximately 55 percent of the items stocked by the supply fund

were purchased centrally at volume discount, achieving savings of $126 million for national contracts which are used by the medical centers and other Government agencies to realize further savings. In total, the Marketing Center participated in procurements of over one billion dollars, resulting in annual savings of $413 million to the VA and to the other Federal agencies it services.

The OPS (Office of Procurement and Supply) manages the operation of a self-sustaining revolving supply fund that finances both depot and medical center inventories. It also finances direct delivery purchases, the cost of the three depots, and one marketing center. In FY 1985 these operating costs were less than four percent of the fund's total obligations. Supply fund sales in FY 1985 were $642 million. Yearly sales from fiscal years 1980 through 1985 are shown on the table.

SUPPLY FUND SALES




The VA's equipment assets increased over 12 percent in FY 1985 to $2.2 billion. This increase in acquisition value of $245 million reflects continued requirements for state-of-the-art equipment and activation of new facilities.

The VA remains a leader among Government agencies in the reclamation of precious metals, second only to the Department of Defense. 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 collected from VA dental clinics and laboratories. FY 1985 was another year successful in recovering silver, gold, and scrap x-ray film. At current market prices, the total value of these materials recovered over is $1.88 million. However, there were no sales of precious metals during FY 1985 due to their low market value. As in the past, proceeds from future sales will be placed in the supply fund to reduce the cost of supplies purchased by the medical centers.

The Shared Procurement Program has resulted in a combined VA/DOD and PHS (Public Health Service) cumulative savings/cost containment of $84.8 million through joint usage of 365 contracts for $401.2 million for purchasing drugs and medical supplies. The main objectives of this program have been to eliminate duplication of contracting effort, utilize consolidated contracts, and eliminate multiple product descriptions for identical items. These objectives are being accomplished by an interagency task group which was established to maintain

VA Equipment Assets
September 30, 1985

| Equipment on Hand | Value Percent of Total | (Millions) |
|---|---|---|
| X ray | 21.9 | $492 |
| Medical, surgical, dental, and optical | 19.0 | 428 |
| Lab | 15.8 | 354 |
| Hospital furnishings and equipment | 8.7 | 195 |
| ADP equipment | 8.4 | 188 |
| Communications | 5.4 | 122 |
| Dietetic, housekeeping, and laundry | 5.2 | 116 |
| Office machines | 4.8 | 107 |
| Motor vehicles, tractors, material handling, and firefighting | 2.7 | 61 |
| Refrigeration | 1.1 | 25 |
| Furniture | .9 | 20 |
| Musical instruments, recreational, and athletic equipment | .9 | 20 |
| Maintenance and repair tools and hardware | .3 | 7 |
| All other | 4.9 | 112 |
| TOTAL | 100.0 | 2,247 |

the shared procurement effort. The chairperson of this task group is the VA Director, OPS. Expansion of the program to include consolidated contracting for medical equipment is in process.

During FY 1985, the OPS processed 2,692 lists for equipment and supplies in support of ongoing construction projects. The dollar value of approved requests was $174,312,343. This represents a 13-percent increase in volume of listings and a 16-percent increase in dollar value. The cost avoidances equaled $38,804,177, a 19-percent increase over FY 1984.

In July 1984, in response to a Congressional mandate, the VA undertook a project to evaluate the use of commercially available hospital information systems. The purpose of the IHS (Integrated Hospital System) project is to test commercial integrated hospital systems at a large, medium, and small VA medical facility. The proposed IHS will provide, at a minimum, automated support of patient registration, admission/discharge/transfer, medical record tracking, clinic scheduling, pharmacy, and the clinical laboratory, with ad hoc and routine management reporting functions provided for each area. Contracts were awarded in August 1984, and are now in the second year of implementation. The VA also contracted for assistance in monitoring the installation and implementation of the systems. The contractors are installing their base commercial system and will then tailor the system to meet unique VA requirements. If the contracts are extended for a 10-year system life, including all options, the total system life (10-year) cost for these three sites will be approximately $57,000,000.

During the first nine months of a ten-year contract with Wang Laboratories, Inc., the Agency procured nearly $15 million worth of equipment to better serve our veterans through automation. Data processing systems geared towards the office environment have been procured by all VA departments and staff offices to meet their automation needs. Major systems have been acquired by the Office of Data Management and Telecommunications, Department of Veterans Benefits, Office

of Budget and Finance (Controller), Department of Medicine and Surgery, and Board of Veterans Appeals.

The OPS has awarded 14 contracts for the Department of Medicine and Surgery's DHCP (Decentralized Hospital Computer Program). This program was initiated to provide data processing support for key operational functions in VA medical centers with a single VA patient data base which can be accessed by all. These systems include central processing units, printers, terminals, video display terminals, and communication devices. The original systems have been expanded through the execution of contractual options to allow for additional and improved processing capacity. All of the contracts associated with the DHCP have a seven-year systems life with options for maintenance service after the warranty period expires. The administration of centralized procurements is a complex process requiring major efforts by both OPS and all field stations involved. Contractual support for this program will continue throughout the life of the contracts.

In January 1984, the OPS assumed responsibility from GSA for administering contracts associated with the VADATS (VA Data Transmission System). The VADATS telecommunication network supports more than 23 subsystems, which affect virtually every VA employee and veteran in some way. In addition to meeting the VA's needs, the network supports 22 other Government agencies. The OPS has responsibility for procurement of a replacement network called the VA IDCU (Integrated Data Communications Utility). Procurement of this network has begun with a contract for the development of the specifications for the solicitation. This replacement network is expected to be completed in 1987.

The OPS recently awarded seven contracts to provide a "pool" of contractors to perform management studies and analyses. The VA is one of the first Government agencies to use this innovative approach to contracting. The contracts, which are for one year with two one-year renewal options, shorten the procurement turnaround time from approximately six months to six weeks. The President's Reform '88 initiatives have generated a need for reviewing and commenting on many proposed management changes in a timely manner and were the impetus for this contracting action. Requirements are met by issuing task orders for studies such as Resource Systems, Personnel and Administrative Systems Information Management, and Program Evaluation. In keeping with the President's Management Improvement Program, consideration is being given to make these contracts available to other Government agencies on a controlled basis. After lengthy negotiations the seven contractors were selected from more than 60 offerors.

## Office of Small and Disadvantaged Business Utilization

The OSDBU (Office of Small and Disadvantaged Business Utilization) is the Agency's advocate for the participation of small businesses, disadvantaged (minority) businesses, labor surplus area concerns, and women-owned small businesses in VA contracts and subcontracts.

The office provides support and assistance in stimulating and coordinating VA programs for small and disadvantaged businesses as directed by statutes, executive orders, and applicable regulations establishing preferential procurement programs. The office ascertains the effectiveness of current policy, procedures, and plans for application throughout the VA in promoting these programs, and advises and assists procurement activities in identifying suppliers.

The office has responsibility for the VA's new program for increasing awareness of VA contracting opportunities among small business owners who are Vietnam era veterans or disabled veterans. Under this program, VA procurement activities throughout the country engage in active outreach activities to locate veteran-owned firms and to keep them informed of upcoming contracting opportunities. In FY 1985, this requirement was incorporated in the Veterans Administration Acquisition Regulation, and the Standard Form 129, Mailing List Application, was revised to permit Vietnam era and disabled veteran-owned businesses to identify their ownership status.

The pilot program for 8(a) architect-engineer procurements was developed to promote participation by minority 8(a) certified architect-engineer firms in VA contracts for design services. Architect-engineer services constitute a professional service industry in which minority firms traditionally have had limited involvement. Under this program, the first of its kind in a Federal agency, selected medical facility design contracts for major VA construction projects are reserved for competition among minority 8(a) certified architect-engineer companies. In order to extend the initial pilot program and increase contracting opportunities for 8(a) architect-engineer firms, two major construction projects were selected for advance planning and design by 8(a) firms in FY 1985. Including these projects, a total of seven major construction design projects have been set aside for this innovative program. Also, this pilot program is being replicated in the minor construction design program at VA medical facilities in eleven states.

The OSDBU is involved in developing subcontracting goals for presolicitation notices issued on major construction projects.

This notice recommends goal levels for small and disadvantaged business subcontracting by potential bidders or offerers. Subcontracting plans are reviewed by the OSDBU and recommendations are made to the appropriate contracting officer. The office has also established monitoring procedures for VA contractors' subcontracting plans for major construction projects. Quarterly and semi-annual reports submitted by prime contractors are reviewed and contracting officers are notified if remedial action is indicated.

In an effort to improve processing of 8(a) contracts, an MOU (Memorandum of Understanding) between the VA and the SBA (Small Business Administration) is being developed. An information letter was distributed to all medical facilities in order to identify 8(a) areas of concern to be addressed by the MOU. The MOU is expected to significantly improve execution of 8(a) contracts.

# Statistical Appendix


| | Page No. | Table No. | |
|---|---|---|---|
| **Veteran Population** | 161 | 1 | Estimated Number, State, Period of Service |
| | 162 | 2 | Estimated Number, Regional Office, Period of Service |
| | 163 | 3 | Estimated Age, Period of Service |
| **Health Care** | 164 | 4 | Hospital and Extended Care: Average Daily Census |
| | 164 | 5 | Hospital and Extended Care: Admissions |
| | 164 | 6 | Hospital and Extended Care: Average Operating Beds |
| | 165 | 7 | Hospital and Extended Care: Patients Remaining (On Rolls) at End of Period |
| | 165 | 8 | Hospital and Extended Care: Total Discharges |
| | 165 | 9 | Hospital and Extended Care: Patients Treated |
| | 166 | 10 | Inpatient and Ambulatory Care: Program Summary |
| | 172 | 11 | Actions on Applications for Medical Care |
| | 172 | 12 | Total Health Care: Obligations by Program and Appropriation |
| | 173 | 13 | VA and Non-VA Facilities: Average Obligations |
| **Inpatient Care** | 174 | 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 |
| | 175 | 15 | VA Medical Centers-Hospital Care Component and Non-VA Hospitals: Patient Movement by Type of Bed Section and by Type of Hospital |
| | 176 | 16 | VA Medical Centers-Hospital Care Component: Selected Data |
| | 179 | 17 | Non-VA Hospitals: Selected Data |
| | 181 | 18 | VA Medical Centers-Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence-September 30, 1985 |
| | 182 | 19 | VA Medical Centers-Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group-September 30, 1985 |
| | 186 | 20 | VA Medical Centers-Hospital Care Component: Patients Remaining, Percent by Attained Stay, Diagnostic Group-September 30, 1985 |
| | 187 | 21 | VA Medical Centers-Hospital Care Component: Patients Remaining, Age, Diagnostic Group - September 30, 1985 |
| | 188 | 22 | VA Medical Centers-Hospital Care Component: Patients Remaining, Age, by State-September 30, 1985 |
| | 191 | 23 | VA Medical Centers-Hospital Care Component: Patients Discharged, Disposition, Diagnostic Group |

| | Page No. | Table No. | |
|---|---|---|---|
| | 192 | 24 | VA Medical Centers-Hospital Care Component: Diagnostic Group by Age - Patients Discharged - Fiscal Year 1985 |
| | 196 | 25 | VA Medical Centers-Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay |
| | 198 | 26 | VA Medical Centers-Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group |
| | 199 | 27 | VA Medical Centers-Hospital Care Component: Patients Remaining, Compensation and Pension Status, Type of Patient, Age-September 30, 1985 |
| | 200 | 28 | VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age |
| | 201 | 29 | VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex |
| | 202 | 30 | VA Medical Centers-Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence |
| | 203 | 31 | VA Medical Centers-Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay |
| | 208 | 32 | VA Medical Centers-Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service |
| | 209 | 33 | Surgical Procedures Performed in VA Medical Centers-Hospital Care Component by Hospital Affiliation |
| | 211 | 34 | Operating Costs of VA Inpatient Facilities |
| **Extended Care** | 211 | 35 | VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement |
| | 212 | 36 | State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement |
| | 212 | 37 | VA Medical Centers-Domiciliary Care Component: Selected Data |
| | 213 | 38 | VA Medical Centers-Nursing Home Care Component: Selected Data |
| | 215 | 39 | Community Nursing Homes: Selected Data |
| | 218 | 40 | State Domiciliary Homes: Selected Data |
| | 218 | 41 | State Home Hospitals: Selected Data |
| | 219 | 42 | State Nursing Care Homes: Selected Data |
| **Ambulatory Care** | 220 | 43 | Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-for-Service Basis |
| **Pharmacy** | 220 | 44 | Pharmacy Activity |
| **Construction** | 221 | 45 | Replacement and Relocation Hospital Construction Projects |
| | 221 | 46 | Modernization Construction Projects |
| | 222 | 47 | Nursing Home Care Units Construction Projects |
| | 222 | 48 | Research and Education Construction Projects |
| | 223 | 49 | Other Improvement Construction Projects |
| | 229 | 50 | National Cemetery Projects |
| | 230 | 51 | Domiciliary Construction Projects |

| | Page No. | Table No. | |
|---|---|---|---|
| **Guardianship and Veterans Assistance** | 231 | 52 | Incompetent and Minor Beneficiaries Served |
| **National Cemetery System** | 232 | 53 | National Cemeteries: Location, Interments, and Status of Gravesites |
| **Compensation and Pension** | 234 | 54 | Disability, Death: Number of Cases, Expenditures by Period of Service |
| | 235 | 55 | Disability Cases: by Age Group, by Period-of Service |
| | 236 | 56 | Reasons for Termination of Disability and Death Awards, by Period of Service |
| | 237 | 57 | Veterans Receiving Disability Compensation or Pension Compared with Estimated Veteran Population by Period of Service |
| | 237 | 58 | Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence |
| | 237 | 59 | Death Benefit Cases (Compensation, Dependency and Indemnity Compensation or Pension) Compared to the Number of Deceased Veterans Who Participated in Each Period of Service |
| **Compensation** | 238 | 60 | Disability: Class of Dependent, Period of Service |
| | 239 | 61 | Death: Class of Beneficiary, Period of Service |
| | 240 | 62 | Disability: Degree of Impairment, Type of Major Disability, Period of Service |
| **Pension** | 242 | 63 | Disability: Type of Major Disability and Pension by Period of Service |
| | 242 | 64 | Death: Class of Beneficiary, Period of Service |
| **Educational Assistance** | 243 | 65 | Persons in Training by Program and Period of Service During Last Five Fiscal Years |
| **Housing Assistance** | 244 | 66 | Guaranteed or Insured Loans, Direct Loans, and Property Management |
| **Insurance** | 244 | 67 | VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1985 |
| | 245 | 68 | Summary of Operations (Accrual Basis) |
| | 245 | 69 | Insurance in Force—Fiscal Year 1985 |
| | 246 | 70 | Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis) |
| **Employment** | 246 | 71 | Employment: Full, Part-time, and Intermittent by Facility Type |
| | 246 | 72 | Employment: Full, Part-time, and Intermittent by Pay System |
| | 247 | 73 | Employment: Sex and Veteran Preference |
| | 247 | 74 | Employment: Minority Groups by Grade, Full-time and Part-time with Permanent Appointments |
| | 247 | 75 | Employment of Women by Pay Category—Full-time, Part-time, and Intermittent |
| | 248 | 76 | Employment of Handicapped Individuals with Targeted Disability by Pay Category |
| **Fiscal** | 249 | 77 | Appropriations, Expenditures, and Balances - Cash Basis |

| Page No. | Table No. | |
|---|---|---|
| 250 | 78 | Comparative Consolidated Balance Sheet |
| 251 | 79 | Supply Fund Comparative Balance Sheet |
| 251 | 80 | Supply Fund-Statement of Income and Expense |
| 252 | 81 | Gross Expenditures |
| 254 | 82 | Estimated Selected Expenditures by State |

TABLE 1

## *Estimated Number of Veterans Living in the U.S. and Puerto Rico, by State and Period of Service — September 30, 1985*

(In Thousands)

| State | Total Veterans | Veterans per 1,000 Civilian Population [1] | Wartime Veterans | | | | | | | Peacetime Veterans | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Total [2] | Vietnam Era | | Korean Conflict | | World War II [4] | World War I | Total | Post-Vietnam Era [5] | Service Between Korean Conflict and Vietnam Era Only | Other Peacetime [6] |
| | | | | Total [3] | No Service in Korean Conflict | Total [3 4] | No Service in World War II | | | | | | |
| Total | 27,839# | (X) | 22,416# | 8,271 | 7,634 | 5,171 | 4,174 | 10,399 | 208 | 5,423 | 2,007 | 3,022 | 394 |
| State Total | 27,711 | 118.2 | 22,316 | 8,234 | 7,599 | 5,135 | 4,141 | 10,369 | 208 | 5,395 | 1,992 | 3,010 | 393 |
| Alabama | 412 | 104.0 | 332 | 123 | 109 | 87 | 68 | 152 | 3 | 80 | 28 | 44 | 7 |
| Alaska | 67 | 140.8 | 53 | 31 | 29 | 11 | 9 | 14 | * | 14 | 6 | 8 | * |
| Arizona | 399 | 131.9 | 324 | 126 | 110 | 75 | 54 | 157 | 3 | 75 | 32 | 38 | 5 |
| Arkansas | 267 | 114.2 | 213 | 79 | 71 | 48 | 37 | 103 | 2 | 54 | 22 | 28 | 4 |
| California | 2,918 | 115.2 | 2,376 | 917 | 830 | 593 | 439 | 1,087 | 21 | 541 | 180 | 314 | 47 |
| Colorado | 400 | 127.6 | 320 | 152 | 137 | 77 | 59 | 122 | 2 | 79 | 31 | 44 | 4 |
| Connecticut | 402 | 128.1 | 328 | 104 | 99 | 76 | 64 | 162 | 3 | 74 | 22 | 47 | 5 |
| Delaware | 78 | 128.5 | 63 | 23 | 21 | 14 | 11 | 29 | * | 16 | 6 | 8 | 1 |
| District of Columbia | 60 | 97.4 | 49 | 16 | 14 | 13 | 10 | 25 | 1 | 11 | 4 | 6 | 1 |
| Florida | 1,449 | 133.2 | 1,200 | 397 | 333 | 282 | 192 | 659 | 16 | 250 | 98 | 123 | 28 |
| Georgia | 646 | 112.1 | 509 | 227 | 202 | 124 | 95 | 209 | 3 | 137 | 58 | 69 | 10 |
| Hawaii | 102 | 104.0 | 82 | 38 | 32 | 21 | 16 | 34 | * | 20 | 8 | 11 | 1 |
| Idaho | 117 | 117.6 | 94 | 39 | 36 | 20 | 17 | 40 | 1 | 24 | 9 | 14 | 1 |
| Illinois | 1,292 | 112.7 | 1,039 | 350 | 340 | 227 | 199 | 490 | 10 | 253 | 84 | 151 | 18 |
| Indiana | 658 | 119.8 | 514 | 190 | 183 | 115 | 101 | 225 | 5 | 144 | 59 | 77 | 8 |
| Iowa | 342 | 117.6 | 277 | 102 | 99 | 61 | 54 | 120 | 4 | 65 | 25 | 36 | 4 |
| Kansas | 292 | 121.1 | 239 | 89 | 83 | 53 | 44 | 110 | 3 | 53 | 19 | 31 | 3 |
| Kentucky | 378 | 102.5 | 306 | 113 | 105 | 69 | 59 | 139 | 3 | 72 | 25 | 41 | 6 |
| Louisiana | 439 | 99.1 | 349 | 138 | 127 | 78 | 62 | 158 | 3 | 90 | 36 | 47 | 7 |
| Maine | 154 | 134.2 | 124 | 47 | 43 | 28 | 23 | 57 | 1 | 29 | 12 | 16 | 1 |
| Maryland | 538 | 125.2 | 431 | 165 | 149 | 108 | 83 | 196 | 3 | 107 | 38 | 61 | 7 |
| Massachusetts | 703 | 121.6 | 573 | 173 | 165 | 129 | 107 | 296 | 6 | 129 | 44 | 77 | 8 |
| Michigan | 1,049 | 115.7 | 827 | 311 | 303 | 176 | 158 | 359 | 7 | 222 | 88 | 120 | 13 |
| Minnesota | 504 | 121.2 | 403 | 156 | 152 | 89 | 78 | 168 | 5 | 101 | 35 | 61 | 5 |
| Mississippi | 237 | 92.1 | 190 | 66 | 58 | 47 | 37 | 93 | 2 | 47 | 18 | 24 | 5 |
| Missouri | 640 | 128.3 | 514 | 185 | 174 | 120 | 99 | 236 | 5 | 125 | 48 | 69 | 9 |
| Montana | 107 | 130.5 | 86 | 36 | 34 | 18 | 15 | 36 | 1 | 21 | 8 | 12 | 1 |
| Nebraska | 189 | 118.7 | 153 | 57 | 53 | 36 | 31 | 66 | 2 | 37 | 13 | 21 | 2 |
| Nevada | 136 | 151.2 | 109 | 46 | 40 | 29 | 21 | 47 | * | 27 | 9 | 16 | 2 |
| New Hampshire | 139 | 143.0 | 111 | 45 | 41 | 26 | 21 | 48 | 1 | 28 | 11 | 16 | 1 |
| New Jersey | 907 | 121.1 | 737 | 214 | 204 | 168 | 144 | 382 | 7 | 171 | 51 | 106 | 14 |
| New Mexico | 169 | 120.2 | 136 | 58 | 52 | 32 | 24 | 59 | 1 | 33 | 15 | 16 | 2 |
| New York | 1,912 | 108.0 | 1,541 | 449 | 438 | 334 | 296 | 792 | 16 | 370 | 129 | 211 | 30 |
| North Carolina | 681 | 112.4 | 547 | 208 | 187 | 128 | 105 | 253 | 4 | 133 | 53 | 69 | 11 |
| North Dakota | 73 | 108.1 | 57 | 24 | 23 | 12 | 11 | 22 | 1 | 15 | 6 | 9 | 1 |
| Ohio | 1,330 | 123.9 | 1,060 | 369 | 357 | 225 | 197 | 497 | 9 | 270 | 105 | 148 | 17 |
| Oklahoma | 401 | 122.9 | 327 | 134 | 122 | 75 | 58 | 144 | 4 | 74 | 27 | 41 | 6 |
| Oregon | 360 | 134.8 | 292 | 120 | 114 | 60 | 48 | 127 | 4 | 68 | 23 | 40 | 4 |
| Pennsylvania | 1,555 | 130.8 | 1,260 | 389 | 374 | 270 | 231 | 645 | 11 | 295 | 99 | 174 | 21 |
| Rhode Island | 123 | 128.6 | 102 | 33 | 30 | 23 | 18 | 52 | 1 | 21 | 8 | 12 | 2 |
| South Carolina | 351 | 108.7 | 281 | 118 | 102 | 70 | 53 | 125 | 2 | 70 | 28 | 36 | 6 |
| South Dakota | 80 | 114.5 | 64 | 23 | 21 | 16 | 14 | 27 | 1 | 16 | 6 | 9 | 1 |
| Tennessee | 529 | 112.7 | 423 | 166 | 153 | 95 | 78 | 188 | 3 | 106 | 41 | 56 | 9 |
| Texas | 1,772 | 111.8 | 1,415 | 613 | 551 | 327 | 250 | 604 | 10 | 357 | 144 | 188 | 26 |
| Utah | 155 | 94.2 | 126 | 52 | 49 | 28 | 23 | 53 | 1 | 28 | 10 | 17 | 1 |
| Vermont | 64 | 120.8 | 50 | 19 | 18 | 11 | 9 | 21 | 1 | 14 | 6 | 7 | 1 |
| Virginia | 677 | 123.8 | 541 | 230 | 192 | 147 | 104 | 241 | 4 | 135 | 55 | 70 | 10 |
| Washington | 599 | 139.6 | 483 | 217 | 194 | 116 | 85 | 200 | 4 | 116 | 42 | 67 | 7 |
| West Virginia | 230 | 117.8 | 186 | 67 | 62 | 40 | 33 | 89 | 2 | 44 | 16 | 24 | 4 |
| Wisconsin | 569 | 119.4 | 445 | 167 | 162 | 96 | 85 | 193 | 5 | 124 | 45 | 72 | 6 |
| Wyoming | 61 | 120.4 | 49 | 23 | 22 | 10 | 9 | 18 | * | 12 | 4 | 7 | * |
| Puerto Rico | 128 | (X) | 100 | 37 | 35 | 36 | 33 | 31 | 1 | 28 | 15 | 12 | 1 |

*NOTE: Excluded are 319,000 veterans whose only active military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.*

[1] *Based on provisional estimates of the total civilian population for July 1, 1984, 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 637 (thousand) who served in both the Korean conflict and the Vietnam era.*

[4] *Includes 997 (thousand) who served in both World War II and the Korean conflict.*

[5] *Service only after May 7, 1975.*

[6] *Includes those who served only between World War I and World War II, and those who served only between World War II and the Korean conflict.*

*#There are also 12 living Spanish-American War veterans and 75 living Mexican Border period veterans.*

**Less than 0.5 (thousand).*

*X-Not applicable.*

TABLE 2

## *Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Regional Office and Period of Service — September 30, 1985*

(In Thousands)

| Regional Office | | Total Veterans | Wartime Veterans | | | | | | | Peacetime Veterans | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Total [1] | Vietnam Era | | Korean Conflict | | World War II [3] | World War I | Total | Post-Vietnam Era [4] | Service Between Korean Conflict and Vietnam Era Only | Other Peacetime [5] |
| | | | | Total [2] | No Service in Korean Conflict | Total [2 3] | No Service in World War II | | | | | | |
| Total | | 27,839# | 22,416# | 8,271 | 7,634 | 5,171 | 4,174 | 10,399 | 208 | 5,423 | 2,007 | 3,022 | 394 |
| Alabama | Montgomery | 412 | 332 | 123 | 109 | 87 | 68 | 152 | 3 | 80 | 28 | 44 | 7 |
| Alaska | Anchorage | 67 | 53 | 31 | 29 | 11 | 9 | 14 | * | 14 | 6 | 8 | * |
| Arizona | Phoenix | 399 | 324 | 126 | 110 | 75 | 54 | 157 | 3 | 75 | 32 | 38 | 5 |
| Arkansas | Little Rock | 271 | 216 | 81 | 72 | 49 | 37 | 105 | 3 | 55 | 22 | 28 | 4 |
| California | Los Angeles | 1,361 | 1,109 | 422 | 380 | 286 | 213 | 505 | 9 | 253 | 83 | 149 | 22 |
| | San Diego | 363 | 296 | 112 | 101 | 69 | 49 | 142 | 3 | 67 | 25 | 36 | 6 |
| | San Francisco | 1,187 | 967 | 381 | 346 | 237 | 175 | 437 | 9 | 220 | 73 | 129 | 19 |
| Colorado | Denver | 400 | 320 | 152 | 137 | 77 | 59 | 122 | 2 | 79 | 31 | 44 | 4 |
| Connecticut | Hartford | 402 | 328 | 104 | 99 | 76 | 64 | 162 | 3 | 74 | 22 | 47 | 5 |
| Delaware | Wilmington | 78 | 63 | 23 | 21 | 14 | 11 | 29 | * | 16 | 6 | 8 | 1 |
| District of Columbia | Washington | 374 | 302 | 118 | 103 | 79 | 59 | 138 | 2 | 72 | 24 | 42 | 5 |
| Florida | St. Petersburg | 1,449 | 1,200 | 397 | 333 | 282 | 192 | 659 | 16 | 250 | 98 | 123 | 28 |
| Georgia | Atlanta | 646 | 509 | 227 | 202 | 124 | 95 | 209 | 3 | 137 | 58 | 69 | 10 |
| Hawaii | Honolulu | 102 | 82 | 38 | 32 | 21 | 16 | 34 | * | 20 | 8 | 11 | 1 |
| Idaho | Boise | 117 | 94 | 39 | 36 | 20 | 17 | 40 | 1 | 24 | 9 | 14 | 1 |
| Illinois | Chicago | 1,292 | 1,039 | 350 | 340 | 227 | 199 | 490 | 10 | 253 | 84 | 151 | 18 |
| Indiana | Indianapolis | 658 | 514 | 190 | 183 | 115 | 101 | 225 | 5 | 144 | 59 | 77 | 8 |
| Iowa | Des Moines | 342 | 277 | 102 | 99 | 61 | 54 | 120 | 4 | 65 | 25 | 36 | 4 |
| Kansas | Wichita | 292 | 239 | 89 | 83 | 53 | 44 | 110 | 3 | 53 | 19 | 31 | 3 |
| Kentucky | Louisville | 378 | 306 | 113 | 105 | 69 | 59 | 139 | 3 | 72 | 25 | 41 | 6 |
| Louisiana | New Orleans | 439 | 349 | 138 | 127 | 78 | 62 | 158 | 3 | 90 | 36 | 47 | 7 |
| Maine | Togus | 154 | 124 | 47 | 43 | 28 | 23 | 57 | 1 | 29 | 12 | 16 | 1 |
| Maryland | Baltimore | 371 | 298 | 114 | 103 | 74 | 57 | 136 | 2 | 73 | 27 | 40 | 5 |
| Massachusetts | Boston | 619 | 505 | 153 | 145 | 115 | 95 | 259 | 5 | 115 | 39 | 68 | 7 |
| Michigan | Detroit | 1,049 | 827 | 311 | 303 | 176 | 158 | 359 | 7 | 222 | 88 | 120 | 13 |
| Minnesota | St. Paul | 474 | 380 | 148 | 144 | 84 | 74 | 158 | 5 | 95 | 33 | 58 | 5 |
| Mississippi | Jackson | 237 | 190 | 66 | 58 | 47 | 37 | 93 | 2 | 47 | 18 | 24 | 5 |
| Missouri | St. Louis | 640 | 514 | 185 | 174 | 120 | 99 | 236 | 5 | 125 | 48 | 69 | 9 |
| Montana | Ft. Harrison | 107 | 86 | 36 | 34 | 18 | 15 | 36 | 1 | 21 | 8 | 12 | 1 |
| Nebraska | Lincoln | 189 | 153 | 57 | 53 | 36 | 31 | 66 | 2 | 37 | 13 | 21 | 2 |
| Nevada | Reno | 141 | 114 | 48 | 42 | 30 | 22 | 49 | * | 28 | 9 | 17 | 2 |
| New Hampshire | Manchester | 139 | 111 | 45 | 41 | 26 | 21 | 48 | 1 | 28 | 11 | 16 | 1 |
| New Jersey | Newark | 907 | 737 | 214 | 204 | 168 | 144 | 382 | 7 | 171 | 51 | 106 | 14 |
| New Mexico | Albuquerque | 169 | 136 | 58 | 52 | 32 | 24 | 59 | 1 | 33 | 15 | 16 | 2 |
| New York | Buffalo | 524 | 413 | 134 | 131 | 91 | 81 | 196 | 4 | 111 | 45 | 59 | 8 |
| | New York | 1,388 | 1,129 | 315 | 307 | 243 | 215 | 596 | 12 | 259 | 85 | 152 | 23 |
| North Carolina | Winston-Salem | 681 | 547 | 208 | 187 | 128 | 105 | 253 | 4 | 133 | 53 | 69 | 11 |
| North Dakota | Fargo | 102 | 81 | 32 | 31 | 18 | 16 | 33 | 1 | 21 | 8 | 13 | 1 |
| Ohio | Cleveland | 1,330 | 1,060 | 369 | 357 | 225 | 197 | 497 | 9 | 270 | 105 | 148 | 17 |
| Oklahoma | Muskogee | 401 | 327 | 134 | 122 | 75 | 58 | 144 | 4 | 74 | 27 | 41 | 6 |
| Oregon | Portland | 360 | 292 | 120 | 114 | 60 | 48 | 127 | 4 | 68 | 23 | 40 | 4 |
| Pennsylvania | Philadelphia | 991 | 803 | 249 | 239 | 171 | 147 | 410 | 7 | 188 | 62 | 112 | 13 |
| | Pittsburgh | 588 | 477 | 146 | 141 | 103 | 88 | 245 | 4 | 111 | 39 | 64 | 8 |
| Puerto Rico | San Juan[6] | 128 | 100 | 37 | 35 | 36 | 33 | 31 | 1 | 28 | 15 | 12 | 1 |
| Rhode Island | Providence | 206 | 170 | 53 | 50 | 38 | 30 | 89 | 2 | 36 | 12 | 20 | 3 |
| South Carolina | Columbia | 351 | 281 | 118 | 102 | 70 | 53 | 125 | 2 | 70 | 28 | 36 | 6 |
| South Dakota | Sioux Falls | 80 | 64 | 23 | 21 | 16 | 14 | 27 | 1 | 16 | 6 | 9 | 1 |
| Tennessee | Nashville | 529 | 423 | 166 | 153 | 95 | 78 | 188 | 3 | 106 | 41 | 56 | 9 |
| Texas | Houston | 810 | 647 | 288 | 260 | 148 | 113 | 270 | 4 | 163 | 66 | 85 | 11 |
| | Waco | 958 | 765 | 324 | 290 | 178 | 136 | 333 | 6 | 193 | 77 | 102 | 14 |
| Utah | Salt Lake City | 155 | 126 | 52 | 49 | 28 | 23 | 53 | 1 | 28 | 10 | 17 | 1 |
| Vermont | White River Junction | 64 | 50 | 19 | 18 | 11 | 9 | 21 | 1 | 14 | 6 | 7 | 1 |
| Virginia | Roanoke | 530 | 422 | 179 | 150 | 115 | 81 | 188 | 3 | 108 | 46 | 54 | 8 |
| Washington | Seattle | 599 | 483 | 217 | 194 | 116 | 85 | 200 | 4 | 116 | 42 | 67 | 7 |
| West Virginia | Huntington | 206 | 167 | 60 | 56 | 35 | 30 | 79 | 2 | 40 | 15 | 21 | 3 |
| Wisconsin | Milwaukee | 569 | 445 | 167 | 162 | 96 | 85 | 193 | 5 | 124 | 45 | 72 | 6 |
| Wyoming | Cheyenne | 61 | 49 | 23 | 22 | 10 | 9 | 18 | * | 12 | 4 | 7 | * |

*Refer to footnotes [1] through [5] at the end of the table titled "Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Age and Period of Service."*

*[6] Includes veterans living in Puerto Rico only.*

*#There are also 12 living Spanish-American War veterans and 75 living Mexican Border period veterans.*

**Less than 0.5 (thousand).*

*NOTE: Excluded are 319,000 veterans whose only active duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.*

TABLE 3



***Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Age and Period of Service – September 30, 1985***

(In Thousands)

| Age | Total Veterans | Wartime Veterans | | | | | | | Peacetime Veterans | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total [1] | Vietnam Era | | Korean Conflict | | World War II [3] | World War I | Total | Post-Vietnam Era [4] | Service Between Korean Conflict and Vietnam Era Only | Other Peacetime [5] |
| | | | Total [2] | No Service in Korean Conflict | Total [2 3] | No Service in World War II | | | | | | |
| All Ages | 27,839# | 22,416# | 8,271 | 7,634 | 5,171 | 4,174 | 10,399 | 208 | 5,423 | 2,007 | 3,022 | 394 |
| Under 20 years | * | ..... | ..... | ..... | ..... | ..... | ..... | ..... | * | * | ..... | ..... |
| 20-24 years | 387 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 387 | 387 | ..... | ..... |
| 25-29 years | 1,343 | 276 | 276 | 276 | ..... | ..... | ..... | ..... | 1,067 | 1,067 | ..... | ..... |
| 30-34 years | 1,839 | 1,438 | 1,438 | 1,438 | ..... | ..... | ..... | ..... | 401 | 401 | ..... | ..... |
| 35-39 years | 3,485 | 3,358 | 3,358 | 3,358 | ..... | ..... | ..... | ..... | 127 | 91 | 36 | ..... |
| 40-44 years | 2,689 | 1,939 | 1,939 | 1,939 | ..... | ..... | ..... | ..... | 750 | 29 | 721 | ..... |
| 45-49 years | 2,458 | 841 | 543 | 495 | 346 | 346 | ..... | ..... | 1,617 | 19 | 1,597 | ..... |
| 50-54 years | 3,133 | 2,459 | 299 | 94 | 2,340 | 2,327 | 37 | ..... | 674 | 9 | 602 | 63 |
| 55-59 years | 3,587 | 3,444 | 216 | 25 | 1,722 | 1,398 | 2,021 | ..... | 143 | 2 | 49 | 92 |
| 60-64 years | 3,880 | 3,834 | 114 | 7 | 406 | 65 | 3,762 | ..... | 46 | * | 8 | 38 |
| 65-69 years | 2,724 | 2,681 | 62 | 2 | 222 | 20 | 2,659 | ..... | 43 | ..... | 4 | 39 |
| 70-74 years | 1,260 | 1,207 | 19 | * | 86 | 10 | 1,196 | ..... | 54 | ..... | 2 | 51 |
| 75-79 years | 600 | 549 | 6 | * | 35 | 5 | 543 | ..... | 51 | ..... | 1 | 50 |
| 80-84 years | 207 | 164 | 2 | ..... | 12 | 2 | 142 | 20 | 43 | ..... | 1 | 42 |
| 85 years and over | 249 | 228 | 1 | ..... | 3 | 1 | 39 | 188 | 21 | ..... | * | 20 |
| Median age[6] | 52.9 | 56.4 | 38.7 | 38.3 | 54.8 | 54.0 | 64.2 | 89.0 | 44.9 | 27.8 | 47.3 | 65.7 |

*NOTE: Excluded are 319,000 veterans whose only active military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.*

[1] *Veterans who served in both World War II and the Korean conflict, or in both the Korean conflict and the Vietnam era, are counted only once.*

[2] *Includes 637 (thousand) who served in both the Korean conflict and the Vietnam era.*

[3] *Includes 997 (thousand) who served in both World War II and the Korean conflict.*

[4] *Service only after May 7, 1975.*

[5] *Includes those who served only between World War I and World War II, and those who served only between World War II and the Korean conflict.*

[6] *Computed from data by single year of age.*

*#There are also 12 living Spanish-American War veterans and 75 living Mexican Border period veterans.*

**Less than 0.5 (thousand).*

TABLE 4

## *Hospital and Extended Care: Average Daily Census*[1]
## *Fiscal Years 1976–1985*

| 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 |
| 1985 | 99,916 | 60,756 | 59,310 | 948 | 498 | 10,314 | 5,979 | 4,334 | 28,846 | 9,556 | 11,444 | 7,846 |
| 1984 | 102,359 | 64,586 | 63,086 | 986 | 514 | 10,637 | 6,236 | 4,401 | 27,136 | 9,060 | 10,609 | 7,467 |
| 1983 | 103,955 | 66,634 | 64,992 | 1,101 | 541 | 11,341 | 6,852 | 4,489 | 25,980 | 8,849 | 10,212 | 6,919 |
| 1982 | 102,601 | 66,582 | 64,894 | 1,108 | 580 | 11,580 | 7,087 | 4,493 | 24,439 | 8,486 | 9.525 | 6,428 |
| 1981 | 102,751 | 68,479 | 66,376 | 1,222 | 881 | 11,925 | 7,353 | 4,572 | 22,347 | 8,145 | 8,348 | 5,855 |
| 1980 | 105,085 | 70,251 | 68,109 | 1,213 | 929 | 12,786 | 7,894 | 4,892 | 22,048 | 7,933 | 8,529 | 5,586 |
| 1979 | 106,816 | 71,983 | 69,821 | 1,182 | 980 | 13,744 | 8,448 | 5,296 | 21,089 | 7,760 | 8,126 | 5,203 |
| 1978 | 109,769 | 75,390 | 73,008 | 1,378 | 1,004 | 13,957 | 8,721 | 5,236 | 20,422 | 7,480 | 7,997 | 4,945 |
| 1977 | 111,164 | 77,671 | 75,285 | 1,344 | 1,042 | 14,214 | 8,933 | 5,281 | 19,279 | 7,166 | 7,507 | 4,606 |
| 1976 | 113,055 | 80,519 | 78,264 | 1,233 | 1,022 | 14,652 | 9,090 | 5,562 | 17,884 | 6,993 | 6,646 | 4,245 |

[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 673 with one day duration of stay during FY 1985.*



TABLE 5

## *Hospital and Extended Care: Admissions*[1]
## *Fiscal Years 1976–1985*

| 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 |
| 1985 | 1,339,140 | 1,283,399 | 1,249,374 | 30,535 | 3,490 | 10,548 | 6,448 | 4,100 | 45,193 | 10,844 | 28,487 | 5,862 |
| 1984 | 1,312,719 | 1,263,347 | 1,230,058 | 29,411 | 3,878 | 10,125 | 5,995 | 4,130 | 39,247 | 8,056 | 25,614 | 5,577 |
| 1983 | 1,297,666 | 1,249,690 | 1,216,348 | 29,079 | 4,263 | 10,846 | 6,378 | 4,468 | 37,130 | 7,520 | 23,923 | 5,687 |
| 1982 | 1,255,753 | 1,210,828 | 1,178,421 | 28,370 | 4,037 | 10,876 | 6,491 | 4,385 | 34,049 | 6,530 | 22,635 | 4,884 |
| 1981 | 1,258,648 | 1,217,342 | 1,183,458 | 29,397 | 4,487 | 11,142 | 6,571 | 4,571 | 30,164 | 5,368 | 20,265 | 4,531 |
| 1980 | 1,256,186 | 1,216,367 | 1,182,603 | 28,760 | 5,004 | 10,746 | 6,115 | 4,631 | 29,073 | 4,666 | 19,610 | 4,797 |
| 1979 | 1,236,987 | 1,196,169 | 1,162,566 | 28,403 | 5,200 | 12,278 | 6,920 | 5,358 | 28,540 | 4,428 | 19,925 | 4,187 |
| 1978 | 1,233,818 | 1,193,613 | 1,157,787 | 30,369 | 5,457 | 12,382 | 7,230 | 5,152 | 27,823 | 4,157 | 19,314 | 4,352 |
| 1977 | 1,211,029 | 1,170,563 | 1,133,380 | 31,449 | 5,734 | 12,998 | 7,755 | 5,243 | 27,468 | 3,966 | 19,340 | 4,162 |
| 1976 | 1,175,148 | 1,136,285 | 1,102,271 | 28,238 | 5,776 | 14,134 | 8,169 | 5,965 | 24,729 | 4,023 | 16,553 | 4,153 |

[1] *Interhospital transfer data are excluded.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 245,474 admissions for one day duration of stay during FY 1985.*



TABLE 6

## *Hospital and Extended Care: Average Operating Beds*[1]
## *Fiscal Years 1976–1985*

| Fiscal Years | Total | VA Hospitals | | | | Extended Care | |
|---|---|---|---|---|---|---|---|
| | | Total | Bed Section | | | VA Domiciliaries | VA Nursing Homes |
| | | | Medical | Surgical | Psychiatric | | |
| 1985 | 96,218 | 78,357 | 39,339 | 15,952 | 23,066 | 7,462 | 10,399 |
| 1984 | 96,797 | 79,214 | 39,233 | 16,292 | 23,689 | 7,882 | 9,701 |
| 1983 | 97,474 | 79,859 | 39,578 | 16,517 | 23,764 | 8,201 | 9,414 |
| 1982 | 97,556 | 80,154 | 39,539 | 16,866 | 23,748 | 8,277 | 9,125 |
| 1981 | 99,169 | 82,079 | 40,501 | 17,533 | 24,045 | 8,390 | 8,700 |
| 1980 | 101,740 | 84,129 | 41,203 | 18,040 | 24,886 | 9,217 | 8,394 |
| 1979 | 105,469 | 87,713 | 42,772 | 18,542 | 26,402 | 9,389 | 8,357 |
| 1978 | 108,891 | 91,215 | 44,372 | 19,175 | 27,669 | 9,792 | 7,884 |
| 1977 | 109,906 | 92,401 | 44,583 | 19,618 | 28,200 | 9,946 | 7,559 |
| 1976 | 111,574 | 94,075 | 44,943 | 19,854 | 29,278 | 10,101 | 7,398 |

[1] *Fiscal year average for fiscal year 1976 is 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.*

TABLE 7



## *Hospital and Extended Care: Patients Remaining (On Rolls) At End of Period[1] —Fiscal Years 1976—1985*

| 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] | | | | | | | | |
| 1985 | 100,272 | 58,736 | 57,485 | 57,093 | 392 | 736 | 734 | 2 | 515 | 10,667 | 6,313 | 4,354 | 30,869 | 10,634 | 12,257 | 7,978 |
| 1984 | 100,654 | 61,178 | 59,902 | 59,388 | 514 | 772 | 768 | 4 | 504 | 10,976 | 6,607 | 4,369 | 28,500 | 9,586 | 11,180 | 7,734 |
| 1983 | 103,190 | 64,623 | 63,345 | 62,539 | 806 | 760 | 757 | 3 | 518 | 11,352 | 7,017 | 4,335 | 27,215 | 9,260 | 10,563 | 7,392 |
| 1982 | 106,319 | 67,810 | 66,345 | 65,633 | 712 | 862 | 859 | 3 | 603 | 12,258 | 7,720 | 4,538 | 26,251 | 9,069 | 10,582 | 6,600 |
| 1981 | 104,617 | 67,837 | 66,118 | 65,420 | 698 | 827 | 824 | 3 | 892 | 12,573 | 8,063 | 4,510 | 24,207 | 8,641 | 9,492 | 6,074 |
| 1980 | 105,842 | 70,519 | 68,626 | 67,862 | 764 | 999 | 996 | 3 | 894 | 12,997 | 8,306 | 4,691 | 22,326 | 8,289 | 8,330 | 5,707 |
| 1979 | 106,350 | 69,828 | 67,897 | 66,914 | 983 | 945 | 923 | 22 | 986 | 14,245 | 9,061 | 5,184 | 22,277 | 8,093 | 8,836 | 5,348 |
| 1978 | 108,530 | 72,284 | 70,134 | 69,062 | 1,072 | 1,165 | 1,163 | 2 | 985 | 14,858 | 9,595 | 5,263 | 21,388 | 7,893 | 8,336 | 5,159 |
| 1977 | 111,267 | 75,271 | 73,116 | 72,010 | 1,106 | 1,138 | 1,123 | 15 | 1,017 | 15,282 | 9,902 | 5,380 | 20,714 | 7,603 | 8,310 | 4,801 |
| 1976 | 112,114 | 77,750 | 75,786 | 74,413 | 1,373 | 957 | 942 | 15 | 1,007 | 15,317 | 10,120 | 5,197 | 19,047 | 7,419 | 7,196 | 4,432 |

[1] *Patients remaining (on rolls) on June 30, 1976, and September 30, thereafter.*

[2] *Denotes absent bed occupants, i.e., patients on authorized absence.*

TABLE 8



## *Hospital and Extended Care: Total Discharges[1] Fiscal Years 1976—1985*

| 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 |
| 1985 | 1,335,183 | 1,282,264 | 1,248,217 | 30,571 | 3,476 | 10,899 | 6,813 | 4,086 | 42,020 | 9,808 | 26,650 | 5,562 |
| 1984 | 1,311,180 | 1,263,450 | 1,230,127 | 29,439 | 3,884 | 10,603 | 6,446 | 4,157 | 37,127 | 7,601 | 24,371 | 5,155 |
| 1983 | 1,297,828 | 1,250,621 | 1,217,123 | 29,167 | 4,331 | 11,629 | 7,050 | 4,579 | 35,578 | 7,213 | 23,529 | 4,836 |
| 1982 | 1,251,228 | 1,208,573 | 1,176,199 | 28,327 | 4,047 | 11,060 | 6,815 | 4,245 | 31,595 | 6,003 | 21,076 | 4,516 |
| 1981 | 1,255,639 | 1,216,359 | 1,182,384 | 29,524 | 4,451 | 11,606 | 6,814 | 4,792 | 27,674 | 4,913 | 18,750 | 4,011 |
| 1980 | [4] 1,253,427 | 1,212,447 | 1,178,890 | 28,457 | 5,100 | 11,969 | 6,874 | 5,095 | [4] 29,011 | 4,461 | 20,206 | [4] 4,344 |
| 1979 | 1,235,811 | 1,195,884 | 1,162,355 | 28,323 | 5,206 | 12,832 | 7,480 | 5,352 | 27,095 | 4,190 | 18,971 | 3,934 |
| 1978 | 1,233,634 | 1,194,367 | 1,158,621 | 30,253 | 5,493 | 12,914 | 7,680 | 5,234 | 26,353 | 3,778 | 18,660 | 3,915 |
| 1977 | 1,211,506 | 1,173,740 | 1,136,647 | 31,378 | 5,715 | 13,173 | 8,103 | 5,070 | 24,593 | 3,714 | 17,048 | 3,831 |
| 1976 | 1,174,973 | 1,137,231 | 1,103,108 | 28,316 | 5,807 | 14,635 | 8,288 | 6,347 | 23,107 | 3,522 | 15,802 | 3,783 |

[1] *Includes deaths.*

[2] *Interhospital transfer data are excluded.*

[3] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 245,474 one-day dialysis discharges during fiscal year 1985.*

[4] *Corrected data.*

TABLE 9



## *Hospital and Extended Care: Patients Treated[1]— Fiscal Years 1976—1985*

| 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 |
| 1985 | 1,435,455 | 1,341,000 | 1,305,702 | 31,307 | 3,991 | 21,566 | 13,126 | 8,440 | 72,889 | 20,442 | 38,907 | 13,540 |
| 1984 | 1,411,834 | 1,324,628 | 1,290,029 | 30,211 | 4,388 | 21,579 | 13,053 | 8,526 | 65,627 | 17,187 | 35,551 | 12,889 |
| 1983 | 1,401,018 | 1,315,244 | 1,280,468 | 29,927 | 4,849 | 22,981 | 14,067 | 8,914 | 62,793 | 16,473 | 34,092 | 12,228 |
| 1982 | 1,357,547 | 1,276,383 | 1,242,544 | 29,189 | 4,650 | 23,318 | 14,535 | 8,783 | 57,846 | 15,072 | 31,658 | 11,116 |
| 1981 | 1,360,256 | 1,284,196 | 1,248,502 | 30,351 | 5,343 | 24,179 | 14,877 | 9,302 | 51,881 | 13,554 | 28,242 | 10,085 |
| 1980 | [3] 1,359,269 | 1,282,966 | 1,247,516 | 29,456 | 5,994 | 24,966 | 15,180 | 9,786 | [3] 51,337 | 12,750 | 28,536 | [3] 10,051 |
| 1979 | 1,342,161 | 1,265,712 | 1,230,252 | 29,268 | 6,192 | 27,077 | 16,541 | 10,536 | 49,372 | 12,283 | 27,807 | 9,282 |
| 1978 | 1,342,164 | 1,266,651 | 1,228,755 | 31,418 | 6,478 | 27,772 | 17,275 | 10,497 | 47,741 | 11,671 | 26,996 | 9,074 |
| 1977 | 1,322,773 | 1,249,011 | 1,209,763 | 32,516 | 6,732 | 28,455 | 18,005 | 10,450 | 45,307 | 11,317 | 25,358 | 8,632 |
| 1976 | 1,287,087 | 1,214,981 | 1,178,894 | 29,273 | 6,814 | 29,952 | 18,408 | 11,544 | 42,154 | 10,941 | 22,998 | 8,215 |

[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.*

*Patients coming to VA hospitals for chronic dialysis are considered inpatients; there were 245,474 patients treated for one day during fiscal year 1985.*

[3] *Corrected data.*

## *Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1985*

| Location of VA Facility | Inpatient Care — Patients Treated[1] | | | | | | | | Ambulatory Care | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hospitals | | | Nursing Homes | | | Domiciliaries | | Medical Visits | | Dental Care | | |
| | | | | | | | | | | | VA Staff[6] | | Fee Basis |
| | VA Medical Centers | Non-VA[2 3] | State Home[2 4] | VA Medical Centers | Commu-nity[2 3] | State Home[2 4] | VA Medical Centers | State Home[2 4] | VA Staff | Fee Basis[2 5] | Exams | Treat ment Cases Completed | Cases Author-ized[2 7] |
| All facilities — Total | 1,305,702 | 31,307 | 3,991 | 20,442 | 38,907 | 13,540 | 13,126 | 8,440 | 17,789,582 | 1,811,267 | 110,032 | 104,245 | 23,459 |
| Alabama: | | | | | | | | | | | | | |
| Birmingham | 14,219 | ..... | ..... | ..... | 298 | ..... | ..... | ..... | 128,500 | ..... | 2,338 | 1,403 | ..... |
| Montgomery | 3,250 | 186 | ..... | ..... | 66 | ..... | ..... | ..... | 30,607 | 44,129 | 310 | 744 | 274 |
| Tuscaloosa | 3,740 | 3 | ..... | 187 | 150 | ..... | ..... | ..... | 48,124 | ..... | 327 | 320 | ..... |
| Tuskegee | 6,984 | 1 | ..... | 153 | 108 | ..... | ..... | ..... | 43,453 | ..... | 332 | 341 | ..... |
| Alaska: Anchorage (RO-OC) | ..... | 5,109 | ..... | ..... | 73 | ..... | ..... | ..... | 17,236 | 66,408 | ..... | ..... | 289 |
| Arizona: | | | | | | | | | | | | | |
| Phoenix | 13,425 | 287 | ..... | 209 | 600 | ..... | ..... | ..... | 146,353 | 32,447 | 1,247 | 1,280 | 604 |
| Prescott | 3,366 | ..... | ..... | ..... | 88 | ..... | 440 | ..... | 46,925 | ..... | 229 | 188 | ..... |
| Tucson | 10,089 | 129 | ..... | 47 | 353 | ..... | ..... | ..... | 116,328 | ..... | 448 | 414 | ..... |
| Arkansas: | | | | | | | | | | | | | |
| Fayetteville | 4,854 | ..... | ..... | ..... | 101 | ..... | ..... | ..... | 36,190 | ..... | 267 | 570 | ..... |
| Little Rock[8] | 21,321 | 368 | ..... | 267 | 519 | ..... | ..... | 229 | 189,769 | 48,197 | 1,093 | 1,043 | 1,031 |
| Little Rock Div. | 21,321 | 368 | ..... | 267 | 519 | ..... | ..... | 229 | 119,736 | 48,197 | 1,087 | 978 | 1,031 |
| No. Little Rock Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 70,033 | ..... | 6 | 65 | ..... |
| California: | | | | | | | | | | | | | |
| Fresno | 5,341 | 28 | ..... | 74 | 255 | ..... | ..... | ..... | 86,173 | ..... | 625 | 541 | ..... |
| Livermore | 2,271 | ..... | ..... | 166 | 63 | ..... | ..... | ..... | 33,323 | ..... | 328 | 346 | ..... |
| Loma Linda | 10,593 | 65 | ..... | 189 | 254 | ..... | ..... | ..... | 166,345 | ..... | 1,191 | 1,254 | ..... |
| Long Beach | 18,853 | 82 | ..... | 406 | 505 | ..... | ..... | ..... | 336,214 | ..... | 2,110 | 1,066 | ..... |
| Los Angeles (OC) | ..... | 484 | ..... | ..... | ..... | ..... | ..... | ..... | 207,800 | 56,421 | 710 | 1,264 | 680 |
| Martinez | 8,671 | 5 | ..... | ..... | 233 | ..... | ..... | ..... | 200,607 | ..... | 810 | 1,347 | ..... |
| Martinez | 8,671 | 5 | ..... | ..... | 233 | ..... | ..... | ..... | 108,628 | ..... | 176 | 410 | ..... |
| Oakland (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 33,950 | ..... | ..... | ..... | ..... |
| Sacramento (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 58,029 | ..... | 634 | 937 | ..... |
| Palo Alto[8] | 13,851 | ..... | ..... | 693 | 305 | ..... | ..... | ..... | 252,067 | ..... | 705 | 752 | ..... |
| Palo Alto Div. | 13,851 | ..... | ..... | 693 | 305 | ..... | ..... | ..... | 161,733 | ..... | 660 | 696 | ..... |
| Menlo Park Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 90,334 | ..... | 45 | 56 | ..... |
| San Diego | 13,245 | 110 | ..... | 173 | 208 | ..... | ..... | ..... | 200,348 | 10,911 | 1,848 | 2,081 | 140 |
| San Diego (La Jolla Dr.) | 13,245 | 110 | ..... | 173 | 208 | ..... | ..... | ..... | 146,394 | 10,911 | 1,164 | 1,524 | ..... |
| San Diego (Camino Del Rio North) (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 53,954 | ..... | 684 | 557 | 140 |
| San Francisco | 11,541 | 716 | 1,025 | ..... | 237 | 1,653 | ..... | 1,431 | 162,937 | 55,836 | 766 | 799 | 1,851 |
| Sepulveda | 11,051 | ..... | ..... | 311 | 205 | ..... | ..... | ..... | 218,707 | ..... | 1,550 | 1,205 | ..... |
| West Los Angeles[8] | 21,494 | 32 | ..... | 68 | 665 | ..... | 534 | ..... | 377,313 | ..... | 1,374 | 1,178 | ..... |
| West L.A.—Wadsworth Div. | 21,494 | 32 | ..... | 68 | 665 | ..... | 534 | ..... | 193,893 | ..... | 1,108 | 603 | ..... |
| West L.A.—Brentwood Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 158,221 | ..... | 266 | 575 | ..... |
| Santa Barbara (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 25,199 | ..... | ..... | ..... | ..... |
| Colorado: | | | | | | | | | | | | | |
| Denver | 11,544 | 132 | ..... | 85 | 344 | 190 | ..... | 144 | 142,549 | 1,868 | 983 | 897 | 17 |
| Denver | 11,544 | 132 | ..... | 85 | 344 | 190 | ..... | 144 | 139,042 | 1,868 | 755 | 666 | 17 |
| Colorado Springs (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 3,507 | ..... | 228 | 231 | ..... |
| Ft. Lyon | 1,521 | 1 | ..... | 49 | 56 | ..... | ..... | ..... | 34,005 | ..... | 148 | 164 | ..... |
| Grand Junction | 2,650 | ..... | ..... | 85 | 131 | ..... | ..... | ..... | 22,912 | ..... | 114 | 100 | ..... |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Connecticut: | | | | | | | | | | | | | |
| Newington | 3,538 | 100 | 812 | ..... | 148 | ..... | ..... | 829 | 65,787 | 15,871 | 650 | 740 | 117 |
| West Haven | 11,726 | ..... | ..... | 98 | 107 | ..... | ..... | ..... | 120,235 | ..... | 580 | 638 | ..... |
| Delaware: Wilmington | 4,237 | 19 | ..... | 93 | 194 | 394 | ..... | ..... | 55,409 | 1,448 | 650 | 620 | ..... |
| District of Columbia: | | | | | | | | | | | | | |
| Washington | 17,332 | 51 | ..... | 61 | 198 | ..... | ..... | ..... | 224,034 | 1,383 | 1,245 | 845 | 260 |
| Washington (RO) (Foreign) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 29 |
| Florida: | | | | | | | | | | | | | |
| Bay Pines | 10,173 | 2,576 | ..... | 643 | 544 | ..... | 477 | ..... | 191,679 | 115,996 | 1,885 | 2,458 | 1,755 |
| Bay Pines | 10,173 | 2,576 | ..... | 643 | 544 | ..... | 477 | ..... | 157,262 | 115,996 | 1,722 | 1,822 | 1,755 |
| Ft. Myers (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 34,417 | ..... | 163 | 636 | ..... |
| Gainesville | 11,555 | 8 | ..... | 224 | 247 | ..... | ..... | ..... | 151,065 | ..... | 1,419 | 1,391 | ..... |
| Gainesville | 11,555 | 8 | ..... | 224 | 247 | ..... | ..... | ..... | 105,987 | ..... | 618 | 711 | ..... |
| Jacksonville (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 45,078 | ..... | 801 | 680 | ..... |
| Lake City | 8,041 | 1 | ..... | 154 | 100 | ..... | ..... | ..... | 30,468 | ..... | 269 | 361 | ..... |
| Miami | 15,455 | 558 | ..... | 277 | 566 | ..... | ..... | ..... | 334,714 | ..... | 3,305 | 2,841 | ..... |
| Miami | 15,455 | 558 | ..... | 277 | 566 | ..... | ..... | ..... | 204,082 | ..... | 1,003 | 767 | ..... |
| Oakland Park (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 76,843 | ..... | 1,367 | 1,269 | ..... |
| Riviera Beach (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 53,789 | ..... | 935 | 805 | ..... |
| Tampa | 17,442 | 34 | ..... | 219 | 720 | ..... | ..... | ..... | 238,683 | ..... | 2,478 | 2,352 | ..... |
| Tampa | 17,442 | 34 | ..... | 219 | 720 | ..... | ..... | ..... | 161,736 | ..... | 1,538 | 1,268 | ..... |
| Orlando (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 76,874 | ..... | 940 | 1,084 | ..... |
| Port Richey (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 73 | ..... | ..... | ..... | ..... |
| Georgia: | | | | | | | | | | | | | |
| Atlanta | 12,943 | 405 | ..... | 157 | 444 | ..... | ..... | ..... | 150,261 | 38,675 | 1,570 | 1,519 | 1,239 |
| Augusta[8] | 11,112 | 18 | ..... | 52 | 358 | 343 | ..... | ..... | 102,139 | ..... | 944 | 583 | ..... |
| Forest Hills Div. | 11,112 | 18 | ..... | 52 | 358 | ..... | ..... | ..... | 78,618 | ..... | 828 | 472 | ..... |
| Lenwood Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 23,521 | ..... | 116 | 111 | ..... |
| Dublin | 5,317 | ..... | ..... | 110 | 215 | 263 | 491 | 301 | 35,269 | ..... | 160 | 164 | ..... |
| Hawaii: Honolulu (RO-OC) | ..... | 851 | ..... | ..... | 50 | ..... | ..... | ..... | 59,458 | 7,126 | 717 | 676 | 76 |
| Idaho: Boise | 3,620 | 186 | ..... | 17 | 217 | 105 | ..... | 230 | 58,637 | 13,079 | 393 | 465 | 193 |
| Illinois: | | | | | | | | | | | | | |
| Chicago (Lakeside) | 13,404 | ..... | ..... | ..... | 385 | ..... | ..... | ..... | 142,965 | ..... | 94 | 65 | ..... |
| Chicago (West Side) | 13,043 | 381 | ..... | ..... | 521 | ..... | ..... | ..... | 234,127 | 62,254 | 938 | 766 | 380 |
| Danville | 7,943 | 16 | ..... | 552 | 183 | ..... | ..... | ..... | 92,536 | ..... | 313 | 300 | ..... |
| Danville | 7,943 | 16 | ..... | 552 | 183 | ..... | ..... | ..... | 56,983 | ..... | 221 | 164 | ..... |
| Peoria (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 35,553 | ..... | 92 | 136 | ..... |
| Hines | 25,354 | ..... | ..... | 353 | 750 | ..... | ..... | ..... | 242,164 | ..... | 422 | 344 | ..... |
| Marion | 4,783 | 13 | ..... | 50 | 225 | ..... | ..... | ..... | 52,194 | ..... | 456 | 410 | ..... |
| Marion | 4,783 | 13 | ..... | 50 | 225 | ..... | ..... | ..... | 29,350 | ..... | 456 | 410 | ..... |
| Evansville IN (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 22,844 | ..... | ..... | ..... | ..... |
| North Chicago | 6,398 | 1 | ..... | 254 | 438 | ..... | ..... | ..... | 129,082 | ..... | 485 | 276 | ..... |
| Indiana: | | | | | | | | | | | | | |
| Ft. Wayne | 3,967 | ..... | ..... | 68 | 176 | ..... | ..... | ..... | 21,453 | ..... | 241 | 203 | ..... |
| Indianapolis[8] | 14,096 | 298 | ..... | 173 | 298 | 351 | ..... | 125 | 120,129 | 25,637 | 735 | 815 | 178 |
| Cold Spring Road Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 16,772 | ..... | ..... | ..... | ..... |
| West Tenth Street Div. | 14,096 | 298 | ..... | 173 | 298 | 351 | ..... | 125 | 103,357 | 25,637 | 735 | 815 | 178 |
| Marion | 2,736 | ..... | ..... | 119 | 240 | ..... | ..... | ..... | 39,342 | ..... | 145 | 141 | ..... |
| Iowa: | | | | | | | | | | | | | |
| Des Moines | 6,009 | 60 | 309 | ..... | 202 | 919 | ..... | 153 | 83,503 | 22,261 | 805 | 769 | 530 |
| Iowa City | 10,411 | 125 | 419 | ..... | 342 | 883 | ..... | 168 | 73,289 | ..... | 159 | 187 | ..... |
| Knoxville | 3,342 | ..... | ..... | 283 | 130 | ..... | ..... | ..... | 26,557 | ..... | 140 | 114 | ..... |
| Kansas: | | | | | | | | | | | | | |
| Leavenworth | 5,134 | 5 | ..... | 69 | 150 | ..... | 1,116 | ..... | 50,010 | ..... | 80 | 106 | ..... |
| Topeka | 5,834 | 8 | ..... | 99 | 230 | ..... | ..... | ..... | 91,033 | ..... | 531 | 492 | ..... |
| Wichita | 4,453 | 82 | ..... | 162 | 173 | 80 | ..... | 87 | 50,328 | 14,610 | 602 | 455 | 110 |
| Kentucky: | | | | | | | | | | | | | |
| Lexington[8] | 13,259 | 28 | ..... | 156 | 329 | ..... | ..... | ..... | 107,424 | ..... | 507 | 354 | ..... |
| Leestown Div. | 13,259 | 28 | ..... | 156 | 329 | ..... | ..... | ..... | 37,800 | ..... | 142 | 175 | ..... |
| Cooper Drive Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 69,624 | ..... | 365 | 179 | ..... |
| Louisville | 8,314 | 122 | ..... | ..... | 325 | ..... | ..... | ..... | 96,601 | 11,841 | 794 | 956 | 123 |

*See footnotes at end of table.*

TABLE 10—Continued

## *Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1985*

| Location of VA Facility | Inpatient Care – Patients Treated[1] | | | | | | | | Ambulatory Care | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hospitals | | | Nursing Homes | | | Domiciliaries | | Medical Visits | | Dental Care | | |
| | | | | | | | | | | | VA Staff[6] | | Fee Basis |
| | VA Medical Centers | Non-VA[2 3] | State Home[2 4] | VA Medical Centers | Community[2 3] | State Home[2 4] | VA Medical Centers | State Home[2 4] | VA Staff | Fee Basis[2 5] | Exams | Treatment Cases Completed | Cases Authorized[2 7] |
| Louisiana: | | | | | | | | | | | | | |
| Alexandria | 6,508 | 3 | ..... | 114 | 166 | 194 | ..... | ..... | 36,979 | ..... | 133 | 171 | ..... |
| New Orleans | 13,165 | 547 | ..... | ..... | 259 | 194 | ..... | 190 | 229,610 | 20,081 | 655 | 682 | 38 |
| New Orleans | 13,165 | 547 | ..... | ..... | 259 | ..... | ..... | 190 | 196,884 | 20,081 | 368 | 469 | 38 |
| Baton Rouge (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 32,726 | ..... | 287 | 213 | ..... |
| Shreveport | 9,494 | 117 | ..... | ..... | 371 | ..... | ..... | ..... | 78,677 | 20,012 | 708 | 594 | 133 |
| Maine: Togus | 6,579 | 179 | ..... | 154 | 198 | 176 | ..... | ..... | 66,596 | 22,600 | 749 | 533 | 240 |
| Maryland: | | | | | | | | | | | | | |
| Baltimore | 6,721 | 75 | ..... | ..... | 167 | ..... | ..... | ..... | 158,023 | 9,770 | 680 | 678 | 161 |
| Baltimore (Loch Raven Blvd.) | 6,721 | 75 | ..... | ..... | 167 | ..... | ..... | ..... | 105,346 | 9,770 | 151 | 223 | ..... |
| Baltimore (Federal Bldg.) (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 52,677 | ..... | 529 | 455 | 161 |
| Ft. Howard | 2,179 | ..... | ..... | 58 | 82 | ..... | ..... | ..... | 22,286 | ..... | 16 | 16 | ..... |
| Perry Point | 3,297 | 4 | ..... | 132 | 114 | ..... | ..... | ..... | 45,282 | ..... | 97 | 107 | ..... |
| Massachusetts: | | | | | | | | | | | | | |
| Bedford | 3,951 | 12 | ..... | 245 | 195 | ..... | ..... | ..... | 100,814 | ..... | 309 | 351 | ..... |
| Boston | 15,726 | ..... | 1,246 | ..... | 394 | 248 | ..... | 565 | 164,060 | ..... | 158 | 329 | ..... |
| Boston (So. Huntington Ave.) | 15,726 | ..... | 1,246 | ..... | 394 | 248 | ..... | 565 | 134,757 | ..... | 158 | 329 | ..... |
| Lowell (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 29,303 | ..... | ..... | ..... | ..... |
| Boston (Court Street) (OC) | ..... | 243 | ..... | ..... | ..... | ..... | ..... | ..... | 194,625 | 58,781 | 3,651 | 1,563 | 44 |
| Brockton[8] | 7,733 | ..... | ..... | 140 | 239 | ..... | ..... | ..... | 172,753 | ..... | 1,204 | 1,178 | ..... |
| Brockton | 7,733 | ..... | ..... | 140 | 239 | ..... | ..... | ..... | 99,218 | ..... | 645 | 573 | ..... |
| West Roxbury | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 54,348 | ..... | 559 | 605 | ..... |
| Worcester (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 19,187 | ..... | ..... | ..... | ..... |
| Northampton | 2,513 | 9 | 178 | 61 | 153 | 398 | ..... | 62 | 88,711 | ..... | 515 | 565 | ..... |
| Northampton | 2,513 | 9 | 178 | 61 | 153 | 398 | ..... | 62 | 65,933 | ..... | 515 | 565 | ..... |
| Springfield (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 22,778 | ..... | ..... | ..... | ..... |
| Michigan: | | | | | | | | | | | | | |
| Allen Park | 14,613 | 310 | ..... | 114 | 278 | 723 | ..... | 218 | 205,205 | 28,996 | 730 | 616 | 533 |
| Ann Arbor | 12,157 | 44 | ..... | 308 | 237 | ..... | ..... | ..... | 135,945 | ..... | 933 | 1,056 | ..... |
| Ann Arbor | 12,157 | 44 | ..... | 308 | 237 | ..... | ..... | ..... | 97,037 | ..... | 639 | 821 | ..... |
| Toledo, OH (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 38,908 | ..... | 294 | 235 | ..... |
| Battle Creek | 5,102 | 44 | ..... | 262 | 279 | ..... | ..... | ..... | 93,594 | ..... | 849 | 845 | ..... |
| Battle Creek | 5,102 | 44 | ..... | 262 | 279 | ..... | ..... | ..... | 69,189 | ..... | 213 | 316 | ..... |
| Grand Rapids (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 24,405 | ..... | 636 | 529 | ..... |
| Iron Mountain | 5,560 | 16 | ..... | 190 | 71 | 116 | ..... | 123 | 24,563 | 3,386 | 194 | 106 | 97 |
| Saginaw | 3,959 | ..... | ..... | 133 | 311 | ..... | ..... | ..... | 38,980 | ..... | 439 | 416 | ..... |
| Minnesota: | | | | | | | | | | | | | |
| Minneapolis | 20,270 | 478 | ..... | ..... | 919 | 444 | ..... | 700 | 235,222 | 53,631 | 763 | 626 | 880 |
| Minneapolis | 20,270 | 478 | ..... | ..... | 919 | 444 | ..... | 700 | 204,415 | 53,631 | 763 | 626 | 880 |
| St. Paul (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 30,807 | ..... | ..... | ..... | ..... |
| St. Cloud | 3,423 | ..... | ..... | 77 | 279 | ..... | ..... | ..... | 67,532 | ..... | 162 | 180 | ..... |
| Mississippi: | | | | | | | | | | | | | |
| Biloxi[8] | 7,253 | ..... | ..... | 43 | 404 | ..... | 342 | ..... | 94,649 | ..... | 568 | 476 | ..... |
| Biloxi Div. | 7,253 | ..... | ..... | 43 | 404 | ..... | 342 | ..... | 61,353 | ..... | 462 | 344 | ..... |
| Gulfport Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 27,307 | ..... | 106 | 132 | ..... |
| Mobile, AL (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 5,989 | ..... | ..... | ..... | ..... |
| Jackson | 14,511 | 98 | ..... | 204 | 254 | ..... | ..... | ..... | 94,434 | 28,734 | 544 | 522 | 277 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Missouri: | | | | | | | | | | | | | |
| Columbia | 7,724 | 18 | ..... | 94 | 170 | ..... | ..... | ..... | 65,238 | ..... | 203 | 270 | ..... |
| Kansas City | 11,975 | 176 | ..... | ..... | 326 | ..... | ..... | ..... | 122,409 | 35,015 | 503 | 374 | 14 |
| Poplar Bluff | 4,099 | ..... | ..... | 88 | 175 | ..... | ..... | ..... | 33,717 | ..... | 197 | 193 | ..... |
| St. Louis[8] | 18,732 | 60 | ..... | 201 | 386 | 543 | ..... | 91 | 206,177 | 9,666 | 726 | 771 | 13 |
| John Cochran Div. | 18,732 | 60 | ..... | 201 | 386 | 543 | ..... | 91 | 151,280 | 9,666 | 459 | 450 | 1 |
| Jefferson Barracks Div. | ..... | ..... | ..... | ..... | ..... | 82 | ..... | ..... | 54,897 | ..... | 267 | 321 | 12 |
| Montana: | | | | | | | | | | | | | |
| Ft. Harrison | 3,219 | 164 | ..... | ..... | 130 | 114 | ..... | 102 | 19,050 | 24,498 | 70 | 59 | 314 |
| Miles City | 1,579 | ..... | ..... | 30 | 75 | ..... | ..... | ..... | 13,680 | ..... | 37 | 17 | ..... |
| Nebraska: | | | | | | | | | | | | | |
| Grand Island | 2,939 | 1 | ..... | 128 | 21 | 678 | ..... | 181 | 23,370 | ..... | 100 | 97 | ..... |
| Lincoln | 4,306 | 62 | ..... | ..... | 77 | ..... | ..... | ..... | 43,328 | 22,945 | 251 | 246 | ..... |
| Omaha | 8,543 | 21 | ..... | ..... | 280 | ..... | ..... | ..... | 89,107 | ..... | 319 | 312 | 107 |
| Nevada: | | | | | | | | | | | | | |
| Las Vegas (OC) | ..... | 193 | ..... | ..... | 41 | ..... | ..... | ..... | 64,472 | 3,460 | 703 | 1,024 | 97 |
| Reno | 5,055 | 137 | ..... | 247 | 110 | ..... | ..... | ..... | 66,275 | 7,332 | 366 | 351 | 1 |
| New Hampshire: Manchester | 3,655 | 102 | ..... | 279 | 102 | 112 | ..... | ..... | 70,210 | 10,845 | 519 | 441 | 29 |
| New Jersey: | | | | | | | | | | | | | |
| East Orange | 15,895 | 278 | ..... | 84 | 329 | 407 | ..... | 43 | 166,089 | 32,195 | 1,318 | 1,004 | 187 |
| East Orange | 15,895 | 278 | ..... | 84 | 329 | ..... | ..... | 43 | 120,110 | 32,195 | 1,318 | 1,004 | 187 |
| Newark (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 45,979 | ..... | ..... | ..... | ..... |
| Lyons | 4,437 | 2 | ..... | 166 | 158 | ..... | ..... | ..... | 40,150 | ..... | 613 | 317 | ..... |
| New Mexico: Albuquerque | 9,406 | 70 | ..... | 146 | 221 | ..... | ..... | ..... | 120,203 | 10,192 | 931 | 693 | 770 |
| New York: | | | | | | | | | | | | | |
| Albany | 9,660 | 33 | ..... | 199 | 124 | ..... | ..... | ..... | 123,768 | 19,352 | 595 | 1,110 | 203 |
| Batavia | 1,759 | 3 | ..... | 67 | 53 | ..... | ..... | ..... | 63,573 | ..... | 226 | 199 | 2 |
| Batavia | 1,759 | 3 | ..... | 67 | 53 | ..... | ..... | ..... | 24,659 | ..... | 226 | 199 | 2 |
| Rochester (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 38,914 | ..... | ..... | ..... | ..... |
| Bath | 2,022 | 4 | ..... | 274 | 114 | ..... | 869 | ..... | 34,285 | ..... | 120 | 77 | 8 |
| Bronx | 13,681 | ..... | ..... | ..... | 153 | ..... | ..... | ..... | 177,933 | ..... | 528 | 481 | ..... |
| Brooklyn[8] | 18,243 | 156 | ..... | 406 | 187 | ..... | ..... | ..... | 309,720 | 1,751 | 1,265 | 1,116 | ..... |
| Brooklyn Div. | 18,243 | 156 | ..... | 406 | 187 | ..... | ..... | ..... | 178,233 | 1,751 | 259 | 257 | ..... |
| St. Albans Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 33,208 | ..... | 91 | 58 | ..... |
| Brooklyn (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 98,279 | ..... | 915 | 801 | ..... |
| Buffalo | 15,030 | 61 | ..... | 99 | 179 | ..... | ..... | ..... | 171,454 | 8,192 | 952 | 1,239 | 25 |
| Canandaigua | 2,785 | 1 | ..... | 149 | 73 | ..... | ..... | ..... | 45,423 | ..... | 304 | 276 | ..... |
| Castle Point | 4,158 | ..... | ..... | 242 | 52 | ..... | ..... | ..... | 38,459 | ..... | 227 | 193 | ..... |
| Montrose | 4,043 | ..... | ..... | 174 | 44 | ..... | ..... | ..... | 67,514 | ..... | 540 | 433 | ..... |
| New York | 14,486 | 189 | ..... | ..... | 118 | ..... | ..... | ..... | 303,679 | 16,443 | 1,619 | 1,543 | 279 |
| New York (First Ave.) | 14,486 | 189 | ..... | ..... | 118 | ..... | ..... | ..... | 153,661 | 16,443 | 1,619 | 1,543 | 279 |
| New York (Seventh Ave.) (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 150,018 | ..... | ..... | ..... | ..... |
| Northport | 13,887 | ..... | ..... | ..... | 214 | ..... | ..... | ..... | 214,281 | ..... | 1,131 | 811 | ..... |
| Syracuse | 6,097 | 91 | ..... | 95 | 90 | 100 | ..... | 88 | 93,551 | 30,694 | 500 | 383 | 192 |
| North Carolina: | | | | | | | | | | | | | |
| Asheville | 8,664 | 21 | ..... | 127 | 285 | ..... | ..... | ..... | 73,697 | ..... | 453 | 460 | ..... |
| Durham | 10,495 | 50 | ..... | ..... | 296 | ..... | ..... | ..... | 101,649 | ..... | 549 | 578 | ..... |
| Fayetteville | 5,997 | ..... | ..... | 52 | 186 | ..... | ..... | ..... | 61,545 | ..... | 720 | 818 | ..... |
| Salisbury | 5,995 | 268 | ..... | 168 | 177 | ..... | ..... | ..... | 74,424 | 63,216 | 842 | 1,162 | 271 |
| Salisbury | 5,995 | 268 | ..... | 168 | 177 | ..... | ..... | ..... | 54,160 | 63,216 | 728 | 784 | ..... |
| Winston-Salem (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 20,264 | ..... | 114 | 378 | 271 |
| North Dakota: Fargo | 4,624 | 370 | ..... | 127 | 96 | ..... | ..... | 156 | 36,198 | 21,319 | 599 | 524 | 210 |
| Ohio: | | | | | | | | | | | | | |
| Chillicothe | 6,705 | 3 | ..... | 187 | 612 | ..... | ..... | ..... | 55,914 | ..... | 141 | 140 | ..... |
| Cincinnati | 10,214 | 124 | ..... | 305 | 329 | ..... | ..... | ..... | 129,739 | 12,296 | 511 | 573 | 1 |
| Cleveland[8] | 17,650 | 172 | ..... | 167 | 445 | 331 | ..... | 414 | 251,482 | 16,580 | 889 | 1,267 | 55 |
| Wade Park Div. | 17,650 | 172 | ..... | 167 | 445 | 331 | ..... | 414 | 155,295 | 16,580 | 488 | 677 | ..... |
| Brecksville Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 56,084 | ..... | 149 | 200 | 55 |
| Canton (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 40,103 | ..... | 252 | 390 | ..... |
| Columbus (OC) | ..... | 334 | ..... | ..... | ..... | ..... | ..... | ..... | 89,327 | 16,671 | 582 | 536 | 53 |
| Dayton | 9,547 | ..... | ..... | 400 | 270 | ..... | 912 | ..... | 86,351 | ..... | 550 | 503 | ..... |

*See footnotes at end of table.*

TABLE 10—Continued

## *Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1985*

| Location of VA Facility | Inpatient Care — Patients Treated[1] | | | | | | | | Ambulatory Care | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hospitals | | | Nursing Homes | | | Domiciliaries | | Medical Visits | | Dental Care | | |
| | | | | | | | | | | | VA Staff[6] | | Fee Basis |
| | VA Medical Centers—Hospital Care Component | Non-VA[2 3] | State Home[2 4] | VA Medical Centers—Nursing Home Care Component | Community[2 3] | State Home[2 4] | VA Medical Centers—Domiciliary Care Component | State Home[2 4] | VA Staff | Fee Basis[2 5] | Exams | Treatment Cases Completed | Cases Authorized[2 7] |
| Oklahoma: | | | | | | | | | | | | | |
| Muskogee | 4,535 | 287 | ..... | ..... | 291 | ..... | ..... | ..... | 102,988 | 31,974 | 1,436 | 1,561 | 236 |
| Muskogee | 4,535 | 287 | ..... | ..... | 291 | ..... | ..... | ..... | 54,894 | 31,974 | 703 | 642 | 236 |
| Tulsa (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 48,094 | ..... | 733 | 919 | ..... |
| Oklahoma City | 13,150 | 34 | 2 | ..... | 446 | 1,232 | ..... | 328 | 162,554 | ..... | 750 | 741 | ..... |
| Oregon: | | | | | | | | | | | | | |
| Portland[8] | 15,314 | 335 | ..... | 316 | 338 | ..... | ..... | ..... | 147,781 | 35,970 | 1,172 | 1,088 | 526 |
| Portland Div. | 15,314 | 335 | ..... | 316 | 338 | ..... | ..... | ..... | 93,051 | 35,970 | 703 | 610 | 526 |
| Vancouver (WA) Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 24,606 | ..... | 469 | 478 | ..... |
| Portland (SW Stark St.) (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 30,124 | ..... | ..... | ..... | ..... |
| Roseburg | 4,395 | 1 | ..... | 122 | 268 | ..... | ..... | ..... | 48,980 | ..... | 121 | 132 | ..... |
| White City (Ind. Dom.) | ..... | 38 | ..... | ..... | ..... | ..... | 1,669 | ..... | 68,935 | ..... | 148 | 148 | ..... |
| Pennsylvania: | | | | | | | | | | | | | |
| Altoona | 2,702 | 87 | ..... | 51 | 110 | 405 | ..... | 325 | 24,667 | 14,832 | 500 | 361 | 18 |
| Butler | 2,560 | 12 | ..... | 152 | 83 | ..... | ..... | ..... | 38,209 | 2,469 | 268 | 201 | 19 |
| Coatesville | 4,774 | 26 | ..... | 237 | 472 | ..... | ..... | ..... | 55,550 | 2,043 | 115 | 122 | ..... |
| Erie | 3,196 | 24 | ..... | 70 | 98 | 104 | ..... | 90 | 32,536 | 2,579 | 139 | 157 | 52 |
| Lebanon | 3,634 | 114 | ..... | 214 | 307 | ..... | ..... | ..... | 57,751 | 23,147 | 305 | 253 | 279 |
| Lebanon | 3,634 | 114 | ..... | 214 | 307 | ..... | ..... | ..... | 42,772 | 23,147 | 305 | 253 | 279 |
| Harrisburg (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 14,979 | ..... | ..... | ..... | ..... |
| Philadelphia | 10,740 | 325 | ..... | ..... | 436 | ..... | ..... | ..... | 274,715 | 26,818 | 1,102 | 877 | 158 |
| Philadelphia (Univ. & Woodland Aves.) | 10,740 | 325 | ..... | ..... | 436 | ..... | ..... | ..... | 186,263 | 26,818 | 225 | 331 | ..... |
| Philadelphia (Cherry St.) (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 88,452 | ..... | 877 | 546 | 158 |
| Pittsburgh (Highland Dr.) | 3,717 | 47 | ..... | ..... | 301 | ..... | ..... | ..... | 56,572 | 4,083 | 377 | 431 | 39 |
| Pittsburgh[8] | 13,265 | 29 | ..... | 352 | 461 | ..... | ..... | ..... | 150,511 | 12,428 | 375 | 597 | 19 |
| Pittsburgh (Univ. Dr.) Div. | 13,265 | 29 | ..... | 352 | 461 | ..... | ..... | ..... | 139,809 | 12,428 | 297 | 514 | 19 |
| Aspinwall Div. | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 2,110 | ..... | 78 | 83 | ..... |
| Pittsburgh (Liberty Ave.) (OCMC) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 8,592 | ..... | ..... | ..... | ..... |
| Wilkes-Barre | 6,681 | 263 | ..... | 167 | 117 | ..... | ..... | ..... | 145,734 | 23,659 | 1,751 | 1,580 | 57 |
| Wilkes-Barre | 6,681 | 263 | ..... | 167 | 117 | ..... | ..... | ..... | 95,059 | 23,659 | 1,362 | 1,191 | 57 |
| Allentown (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 33,017 | ..... | 389 | 389 | ..... |
| Sayre (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 17,658 | ..... | ..... | ..... | ..... |
| Philippines: Manila (RO-OC) | ..... | 1,057 | ..... | ..... | ..... | ..... | ..... | ..... | 6,460 | 529 | ..... | ..... | 4 |
| Puerto Rico: | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | | ..... | ..... | ..... |
| San Juan | 16,716 | 3,894 | ..... | ..... | 212 | ..... | ..... | ..... | 265,549 | 100,080 | 1,629 | 1,478 | 819 |
| San Juan | 16,716 | 3,894 | ..... | ..... | 212 | ..... | ..... | ..... | 217,528 | 100,080 | 984 | 944 | 819 |
| Mayaguez (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 48,021 | | 645 | 534 | ..... |
| Rhode Island: | | | | | | | | | | | | | |
| Providence | 8,785 | 190 | ..... | ..... | 193 | 358 | ..... | 58 | 134,216 | 18,787 | 888 | 960 | 97 |
| Providence | 8,785 | 190 | ..... | ..... | 193 | 358 | ..... | 58 | 126,801 | 18,787 | 888 | 960 | 97 |
| New Bedford, MA (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 7,415 | ..... | ..... | ..... | ..... |
| South Carolina: | | | | | | | | | | | | | |
| Charleston | 7,272 | ..... | ..... | ..... | 149 | ..... | ..... | ..... | 74,120 | ..... | 265 | 304 | ..... |
| Columbia | 9,919 | 123 | ..... | 312 | 211 | 269 | ..... | ..... | 106,282 | 15,747 | 1,464 | 1,436 | 74 |
| Columbia | 9,919 | 123 | ..... | 312 | 211 | 269 | ..... | ..... | 81,749 | 15,747 | 679 | 703 | 74 |
| Greenville (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 24,533 | ..... | 785 | 733 | ..... |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **South Dakota:** | | | | | | | | | | | | | |
| Ft. Meade | 3,127 | 7 | ..... | ..... | 71 | ..... | ..... | ..... | 38,785 | ..... | 147 | 123 | ..... |
| Hot Springs | 4,021 | ..... | ..... | ..... | 20 | 40 | 809 | 101 | 35,449 | ..... | 65 | 68 | ..... |
| Sioux Falls | 4,681 | 29 | ..... | 175 | 216 | ..... | ..... | ..... | 45,478 | 9,631 | 208 | 244 | 118 |
| Tennessee: | | | | | | | | | | | | | |
| Memphis | 17,658 | ..... | ..... | 560 | 202 | ..... | ..... | ..... | 158,551 | ..... | 953 | 856 | ..... |
| Mountain Home | 7,443 | 18 | ..... | 94 | 360 | ..... | 1,223 | ..... | 67,640 | ..... | 347 | 253 | ..... |
| Murfreesboro | 3,317 | 5 | ..... | 61 | 129 | ..... | ..... | ..... | 34,913 | ..... | 104 | 159 | ..... |
| Nashville | 12,728 | 315 | ..... | ..... | 278 | ..... | ..... | ..... | 134,136 | 19,437 | 1,279 | 1,255 | 831 |
| Nashville | 12,728 | 315 | ..... | ..... | 278 | ..... | ..... | ..... | 97,633 | 19,437 | 1,279 | 1,255 | 831 |
| Chattanooga (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 20,989 | ..... | ..... | ..... | ..... |
| Knoxville (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 15,514 | ..... | ..... | ..... | ..... |
| Texas: | | | | | | | | | | | | | |
| Amarillo | 4,180 | 214 | ..... | ..... | 188 | ..... | ..... | ..... | 55,540 | 14,801 | 488 | 541 | 143 |
| Amarillo | 4,180 | 214 | ..... | ..... | 188 | ..... | ..... | ..... | 30,096 | 14,801 | 166 | 245 | ..... |
| Lubbock (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 25,444 | ..... | 322 | 296 | 143 |
| Big Spring | 3,277 | ..... | ..... | 109 | 132 | ..... | ..... | ..... | 25,396 | ..... | 180 | 97 | ..... |
| Bonham | 2,240 | ..... | ..... | 136 | 217 | ..... | 354 | ..... | 21,076 | ..... | 236 | 240 | ..... |
| Dallas | 17,410 | 196 | ..... | 213 | 348 | ..... | ..... | ..... | 199,740 | 28,841 | 1,221 | 1,200 | 403 |
| El Paso (OC) | ..... | 999 | ..... | ..... | ..... | ..... | ..... | ..... | 48,555 | 10,077 | 873 | 653 | 476 |
| Houston | 19,170 | 807 | ..... | 156 | 471 | ..... | ..... | ..... | 298,712 | 3,746 | 1,266 | 1,371 | 79 |
| Houston | 19,170 | 807 | ..... | 156 | 471 | ..... | ..... | ..... | 274,886 | 3,746 | 1,055 | 1,126 | 79 |
| Beaumont (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 23,826 | ..... | 211 | 245 | ..... |
| Kerrville | 5,561 | 1 | ..... | 193 | 180 | ..... | ..... | ..... | 31,170 | ..... | 186 | 126 | ..... |
| Marlin | 2,183 | ..... | ..... | ..... | 63 | ..... | ..... | ..... | 11,653 | ..... | 122 | 131 | ..... |
| San Antonio | 20,394 | 241 | ..... | ..... | 410 | ..... | ..... | ..... | 194,405 | 5,406 | 1,537 | 1,669 | 307 |
| San Antonio (Merton Minter Blvd.) | 20,394 | 241 | ..... | ..... | 410 | ..... | ..... | ..... | 147,932 | 5,406 | 1,301 | 1,452 | 307 |
| Corpus Christi (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 18,612 | ..... | ..... | ..... | ..... |
| McAllen (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 14,430 | ..... | ..... | ..... | ..... |
| San Antonio (Dwyer Ave.) (OCS) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 13,431 | ..... | 236 | 217 | ..... |
| Temple | 10,326 | ..... | ..... | 241 | 274 | ..... | 1,184 | ..... | 91,145 | ..... | 727 | 701 | ..... |
| Waco | 4,242 | 92 | ..... | 104 | 213 | ..... | ..... | ..... | 93,671 | 13,808 | 539 | 536 | 123 |
| Utah: Salt Lake City | 11,047 | 38 | ..... | 7 | 446 | ..... | ..... | ..... | 140,082 | 5,495 | 594 | 589 | 51 |
| Vermont: White River Junction | 4,733 | 84 | ..... | 223 | 66 | 257 | ..... | 27 | 54,099 | 11,901 | 383 | 273 | 79 |
| Virginia: | | | | | | | | | | | | | |
| Hampton | 7,046 | ..... | ..... | 283 | 238 | ..... | 867 | ..... | 136,490 | ..... | 777 | 553 | ..... |
| Richmond | 16,272 | 13 | ..... | 192 | 279 | ..... | ..... | ..... | 170,725 | ..... | 1,185 | 1,238 | ..... |
| Salem | 7,834 | 191 | ..... | 273 | 174 | ..... | ..... | ..... | 133,468 | 40,767 | 431 | 325 | 510 |
| Washington: | | | | | | | | | | | | | |
| American Lake (Takoma) | 3,767 | 241 | ..... | 101 | 230 | ..... | ..... | ..... | 67,143 | ..... | 708 | 724 | ..... |
| Seattle | 9,002 | 390 | ..... | ..... | 509 | 444 | ..... | 419 | 149,274 | 29,737 | 791 | 648 | 441 |
| Spokane | 3,879 | ..... | ..... | 49 | 213 | ..... | ..... | ..... | 40,939 | ..... | 428 | 442 | ..... |
| Walla Walla | 2,436 | ..... | ..... | ..... | 133 | ..... | ..... | ..... | 26,288 | ..... | 120 | 128 | ..... |
| West Virginia: | | | | | | | | | | | | | |
| Beckley | 4,833 | 5 | ..... | 53 | 121 | ..... | ..... | ..... | 26,512 | ..... | 204 | 251 | ..... |
| Clarksburg | 6,044 | ..... | ..... | ..... | 282 | ..... | ..... | ..... | 32,708 | ..... | 230 | 253 | ..... |
| Huntington | 4,319 | 142 | ..... | ..... | 265 | ..... | ..... | 311 | 52,176 | 15,798 | 660 | 707 | 28 |
| Martinsburg | 6,595 | 9 | ..... | 161 | 222 | ..... | 1,214 | ..... | 73,646 | 2,331 | 202 | 257 | 3 |
| Wisconsin: | | | | | | | | | | | | | |
| Madison | 8,901 | ..... | ..... | ..... | 233 | 584 | ..... | 93 | 56,763 | ..... | 204 | 192 | ..... |
| Tomah | 3,831 | ..... | ..... | 192 | 201 | ..... | ..... | ..... | 35,453 | ..... | 115 | 31 | ..... |
| Wood | 14,559 | 293 | ..... | 424 | 400 | ..... | 729 | ..... | 200,779 | 26,212 | 1,162 | 821 | 2,261 |
| Wyoming: | | | | | | | | | | | | | |
| Cheyenne | 2,492 | 39 | ..... | 71 | 106 | ..... | ..... | ..... | 22,072 | 3,083 | 199 | 221 | 99 |
| Sheridan | 1,963 | 25 | ..... | ..... | 47 | ..... | ..... | 58 | 19,517 | ..... | 35 | 38 | ..... |

[1] *Based on the number of discharges and deaths during FY 1985, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1985. Excludes interhospital transfers.*
[2] *As reported by VA authorizing facility.*
[3] *Authorized and paid for by VA.*
[4] *Supported by VA.*
[5] *Medical visits to private physicians authorized by VA on a fee-for-service basis.*
[6] *Treatment cases completed may be related to examinations reported for prior periods or previous fiscal years; some exams conducted by the VA staff result in fee-basis treatment; some data may be ...*
*formed at more than one clinic; staff exams include initial screening examinations and initial complete exams with no prior screening; treatment cases completed include terminations.*
[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 ...*

TABLE 11

## *Actions on Applications For Medical Care—Fiscal Years 1984—1985*

| Item | FY 1985 | FY 1984 |
|---|---|---|
| Total applications | 3,030,354 | 3,102,529 |
| Pending determination of need at beginning of period | 1,799 | 2,196 |
| Received during period | 3,028,555 | 3,100,333 |
| Total Processed | 2,962,706 | 3,025,888 |
| In need of care | 2,710,822 | 2,721,374 |
| Hospital care | 904,974 | 948,980 |
| Ambulatory care | 1,793,864 | 1,760,573 |
| Nursing home care | 7,600 | 7,538 |
| Domiciliary care | 4,384 | 4,283 |
| Not in need of care | 251,884 | 304,514 |
| Cancelled | 65,453 | 75,360 |
| Pending determination of need at end of period | 2,195 | 1,799 |
| Acceptance rate[1] | 91.5 | 89.9 |

[1] *Acceptance rate is determined by dividing "In Need of Care" total by "Total Processed" and multiplying by 100.*



TABLE 12

## *Total Health Care: Obligations by Program and Appropriation—Fiscal Year 1985*

| | Obligations (in thousands) | |
|---|---|---|
| | FY 1985 | FY 1984 |
| Total | $9,258,347 | $8,581,997 |
| Medical care | 8,936,274 | 8,300,867 |
| Inpatient care | 6,356,761 | 5,950,667 |
| Hospitals | 5,538,933 | 5,211,776 |
| VA hospitals[1] | 5,390,914 | 5,091,579 |
| Contract hospitals | 144,333 | 116,943 |
| State home hospitals | 3,686 | 3,254 |
| Nursing homes | 709,585 | 631,135 |
| VA nursing homes[1] | 390,432 | 357,592 |
| Community nursing homes | 268,936 | 231,738 |
| State nursing homes | 50,217 | 41,805 |
| Domiciliaries | 108,243 | 107,756 |
| VA domiciliaries[1] | 95,198 | 95,054 |
| State domiciliaries | 13,045 | 12,702 |
| Outpatient care (staff and fee) | 1,686,184 | 1,553,788 |
| CHAMPVA | 82,522 | 66,643 |
| Education and training[2] | 465,190 | 446,233 |
| Miscellaneous benefits and services | 345,617 | 283,536 |
| Medical administration and miscellaneous operating expenses | 65,798 | 65,576 |
| Medical administration | 50,427 | 49,810 |
| Post-graduate & inservice training | 10,807 | 11,191 |
| Health professional scholarship | 4,564 | 4,575 |
| Medical & prosthetic research | 226,634 | 190,299 |
| Medical research | 204,867 | 174,348 |
| Rehabilitative research | 15,358 | 10,845 |
| Health services research | 6,409 | 5,106 |
| Other medical programs[3] | 29,641 | 25,255 |

[1] *Excludes Education and Training which is separately identified.*
[2] *Includes inpatient and outpatient.*
[3] *Does not include revolving or trust funds.*

TABLE 13



## *VA and Non-VA Facilities: Average Obligations—Fiscal Years 1984–1985*

| Type of Facility | Average Obligations | | | |
|---|---|---|---|---|
| | Per Patient Treated | | Per Patient Day | |
| | FY 1985 | FY 1984 | FY 1985 | FY 1984 |
| VA hospitals | | | | |
| All bed sections | 4,129 | 3,947 | 249.02 | 220.49 |
| Medical bed sections | 3,072 | 2,960 | 308.75 | 273.21 |
| Surgical bed sections | 4,587 | 4,102 | 378.73 | 314.41 |
| Psychiatric bed sections | 5,881 | 6,111 | 163.58 | 150.51 |
| Intermediate bed sections | 14,245 | 15,242 | 135.32 | 122.33 |
| Non-VA (contract) hospitals[1] | 4,467 | 3,708 | 404.20 | 310.45 |
| VA nursing home care units | 19,100 | 20,806 | 111.94 | 107.84 |
| Community nursing homes[1] | 6,428 | 6,027 | 59.87 | 55.19 |
| VA domiciliaries | 7,253 | 7,282 | 43.62 | 41.65 |
| State homes[1] | | | | |
| Hospital care[2] | 781 | 593 | 15.25 | 13.84 |
| Nursing home care[2] | 3,566 | 3,095 | 17.05 | 14.60 |
| Domiciliary care[2] | 1,403 | 1,341 | 7.30 | 7.10 |

[1] *Data for this table are based on direct obligations and exclude support costs.*
[2] *Per diems impacted by statutory limitations.*

TABLE 14

## *VA Medical Centers—Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges, Deaths, and Remaining by Bed Section—Fiscal Year 1985*

| Item | Type of Bed Section | | | |
|---|---|---|---|---|
| | Total | Medical | Surgical | Psychiatric |
| **ADMISSIONS[1]** | | | | |
| All hospitals | 1,283,399 | [2] 804,428 | [2] 310,658 | [2] 164,823 |
| VA medical centers – Total | 1,249,374 | 784,499 | 306,769 | 158,106 |
| Non-VA (contract) hospitals – Total | 30,535 | 19,929 | 3,889 | 6,717 |
| Federal Government hospitals – Total | 2,489 | 1,708 | 534 | 247 |
| Army | 1,998 | 1,239 | 533 | 226 |
| Air Force | 438 | 438 | ..... | ..... |
| Navy | 29 | 22 | 1 | 6 |
| Public Health Service | 9 | 9 | ..... | ..... |
| Other[3] | 15 | ..... | ..... | 15 |
| State and local government hospitals | 8,641 | 5,638 | 869 | 2,134 |
| Non-public hospitals | 19,405 | 12,583 | 2,486 | 4,336 |
| State home hospitals | 3,490 | ([4]) | ([4]) | ([4]) |
| **DISCHARGES AND DEATHS** | | | | |
| All hospitals | 1,282,264 | [2] 788,222 | [2] 317,653 | [2] 172,913 |
| VA medical centers – Total | 1,248,217 | 768,349 | 313,709 | 166,159 |
| Non-VA (contract) hospitals – Total | 30,571 | 19,873 | 3,944 | 6,754 |
| Federal Government hospitals – Total | 2,503 | 1,704 | 540 | 259 |
| Army | 2,017 | 1,240 | 539 | 238 |
| Air Force | 432 | 432 | ..... | ..... |
| Navy | 29 | 22 | 1 | 6 |
| Public Health Service | 10 | 10 | ..... | ..... |
| Other[3] | 15 | ..... | ..... | 15 |
| State and local government hospitals | 8,629 | 5,611 | 897 | 2,121 |
| Non-public hospitals | 19,439 | 12,558 | 2,507 | 4,374 |
| State home hospitals | 3,476 | ([4]) | ([4]) | ([4]) |
| **BED OCCUPANTS REMAINING** | | | | |
| Total occupants remaining on September 30, 1985 | 58,342 | [2] 29,677 | [2] 10,400 | [2] 17,750 |
| VA medical centers – Total | 57,093 | 29,440 | 10,354 | 17,299 |
| Non-VA (contract) hospitals – Total | 734 | 237 | 46 | 451 |
| Federal Government hospitals – Total | 77 | 52 | 18 | 7 |
| Army | 65 | 40 | 18 | 7 |
| Air Force | 11 | 11 | ..... | ..... |
| Navy | 1 | 1 | ..... | ..... |
| Public Health Service | ..... | ..... | ..... | ..... |
| Other[3] | ..... | ..... | ..... | ..... |
| State and local government hospitals | 115 | 50 | 16 | 49 |
| Non-public hospitals | 542 | 135 | 12 | 395 |
| State home hospitals | 515 | ([4]) | ([4]) | ([4]) |
| **ABSENT BED OCCUPANTS REMAINING** | | | | |
| Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1985 | 394 | 84 | 100 | 210 |
| VA medical centers – Total | 392 | 84 | 99 | 209 |
| All other hospitals | 2 | ..... | 1 | 1 |

[1] *Excludes interhospital transfers for VA medical centers; includes transfers for all other hospitals.*
[2] *Excludes data by bed section for State Home Hospitals.*
[3] *St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Data not available.*

## *VA Medical Centers—Hospital Care Component and Non-VA Hospitals (Contract): Patient Movement By Type of Bed Section—Fiscal Year 1985*

| 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 | 1,452,825 | 911,149 | 359,485 | 182,191 | 30,571 | 19,963 | 3,891 | 6,717 | 2,489 | 8,675 | 19,407 |
| Admissions | 1,249,374 | 784,499 | 306,769 | 158,106 | 30,535 | 19,929 | 3,889 | 6,717 | 2,489 | 8,641 | 19,405 |
| Transfers in from other hospitals[5] | 30,719 | 15,795 | 8,361 | 6,563 | (6) | (6) | (6) | (6) | (6) | (6) | (6) |
| Change in bed section (+) | 172,732 | 110,855 | 44,355 | 17,522 | 36 | 34 | 2 | ..... | ..... | 34 | 2 |
| Losses – Total | 1,454,978 | 900,078 | 366,034 | 188,866 | 30,607 | 19,907 | 3,946 | 6,754 | 2,503 | 8,663 | 19,441 |
| Discharges – Total | 1,199,786 | 726,985 | 306,867 | 165,934 | 29,725 | 19,149 | 3,825 | 6,751 | 2,348 | 8,404 | 18,973 |
| To ambulatory care | 821,321 | 528,715 | 235,749 | 56,857 | (7) | (7) | (7) | (7) | (7) | (7) | (7) |
| Other | 378,465 | 198,270 | 71,118 | 109,077 | 29,725 | 19,149 | 3,825 | 6,751 | 2,348 | 8,404 | 18,973 |
| Deaths | 48,431 | 41,364 | 6,842 | 225 | 846 | 724 | 119 | 3 | 155 | 225 | 466 |
| Transfers out to other hospitals[5] | 34,029 | 20,874 | 7,970 | 5,185 | (7) | (7) | (7) | (7) | (7) | (7) | (7) |
| Changes in bed sections (–) | 172,732 | 110,855 | 44,355 | 17,522 | 36 | 34 | 2 | ..... | ..... | 34 | 2 |
| Remaining on September 30, 1985 – Total | 57,485 | 29,524 | 10,453 | 17,508 | 736 | 237 | 47 | 452 | 77 | 117 | 542 |
| Bed occupants | 57,093 | 29,440 | 10,354 | 17,299 | 734 | 237 | 46 | 451 | 77 | 115 | 542 |
| On leave of absence | 392 | 84 | 99 | 209 | 2 | ..... | 1 | 1 | ..... | 2 | ..... |
| Patients treated[8] [9] | 1,305,702 | 797,873 | 324,162 | 183,667 | 31,307 | 20,110 | 3,991 | 7,206 | 2,580 | 8,746 | 19,981 |
| Episodes of care[10] | 1,478,434 | 908,728 | 368,517 | 201,189 | 31,343 | 20,144 | 3,993 | 7,206 | 2,580 | 8,780 | 19,983 |
| Average daily census[11] | | | | | | | | | | | |
| Total | 59,310 | 30,462 | 10,756 | 18,092 | 948 | 350 | 101 | 496 | 78 | 187 | 683 |
| Excluding days while patients on authorized leave of absence of 96 hours or less | 58,128 | 30,069 | 10,503 | 17,556 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

[1] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.*
[2] *Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine and blind rehabilitation.*
[3] *Includes Department of Defense and Public Health Service hospitals, and St. Elizabeths Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.*
[5] *Includes only patients transferred as VA beneficiaries.*
[6] *Included with admissions.*
[7] *Included with "other" discharges.*
[8] *Based on the number of discharges and deaths during FY 1985, plus the number remaining on the rolls on September 30, 1985.*
[9] *Patients admitted to VA hospitals for chronic dialysis are considered to be inpatients; there were 245,474 such patients with one day duration of stay treated during the fiscal year.*
[10] *Based on the number of discharges and deaths during FY 1985, plus the number remaining on the rolls on September 30, 1985. 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 1985*

| Location | Average Operating Beds[1] | | | | Patients Treated | Episodes of Care[4] | | | Average Daily Census[5] |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Bed Section[6] | | | Total[2,3] | Bed Section[6] | | | |
| | | Medical[7] | Surgical | Psychiatric | | Medical[7] | Surgical | Psychiatric | |
| All hospitals | 78,357 | 39,339 | 15,952 | 23,066 | 1,305,702 | 908,728 | 368,517 | 201,189 | 59,310 |
| Alabama: | | | | | | | | | |
| Birmingham | 416 | 213 | 204 | ..... | 14,219 | 9,809 | 5,630 | ..... | 284 |
| Montgomery | 200 | 172 | 28 | ..... | 3,250 | 2,933 | 777 | ..... | 141 |
| Tuscaloosa | 539 | 182 | ..... | 357 | 3,740 | 1,592 | ..... | 2,896 | 452 |
| Tuskegee | 831 | 446 | 79 | 306 | 6,984 | 4,761 | 1,618 | 2,151 | 655 |
| Arizona: | | | | | | | | | |
| Phoenix | 470 | 210 | 124 | 136 | 13,425 | 7,576 | 4,436 | 2,324 | 356 |
| Prescott | 193 | 116 | 47 | 30 | 3,366 | 2,389 | 867 | 423 | 122 |
| Tucson | 314 | 151 | 115 | 48 | 10,089 | 7,037 | 3,427 | 768 | 226 |
| Arkansas: | | | | | | | | | |
| Fayetteville | 187 | 120 | 67 | ..... | 4,854 | 3,114 | 1,876 | ..... | 120 |
| Little Rock[8] | 1,305 | 553 | 242 | 510 | 21,321 | 13,718 | 7,655 | 3,980 | 952 |
| California: | | | | | | | | | |
| Fresno | 218 | 108 | 75 | 35 | 5,341 | 3,266 | 2,149 | 799 | 151 |
| Livermore | 166 | 133 | 32 | ..... | 2,271 | 2,064 | 834 | ..... | 101 |
| Loma Linda | 423 | 212 | 151 | 60 | 10,593 | 7,622 | 3,169 | 847 | 339 |
| Long Beach | 1,097 | 737 | 225 | 135 | 18,853 | 15,687 | 5,594 | 2,184 | 815 |
| Martinez | 402 | 203 | 137 | 62 | 8,671 | 4,680 | 3,484 | 1,068 | 311 |
| Palo Alto[8] | 1,275 | 421 | 119 | 736 | 13,851 | 8,394 | 2,991 | 4,444 | 1,033 |
| San Diego | 567 | 258 | 204 | 105 | 13,245 | 9,183 | 4,151 | 1,374 | 331 |
| San Francisco | 355 | 134 | 171 | 50 | 11,541 | 6,785 | 5,183 | 802 | 232 |
| Sepulveda | 590 | 304 | 95 | 191 | 11,051 | 8,249 | 2,308 | 1,638 | 408 |
| West Los Angeles[8] | 1,225 | 520 | 220 | 485 | 21,494 | 14,619 | 5,216 | 4,122 | 912 |
| Colorado: | | | | | | | | | |
| Denver | 275 | 101 | 112 | 61 | 11,544 | 7,688 | 3,798 | 882 | 246 |
| Ft. Lyon | 335 | 123 | ..... | 212 | 1,521 | 947 | ..... | 955 | 301 |
| Grand Junction | 113 | 61 | 26 | 26 | 2,650 | 2,084 | 849 | 423 | 69 |
| Connecticut: | | | | | | | | | |
| Newington | 183 | 67 | 76 | 40 | 3,538 | 1,927 | 1,357 | 536 | 132 |
| West Haven | 641 | 357 | 135 | 149 | 11,726 | 8,575 | 3,100 | 1,289 | 395 |
| Delaware: Wilmington | 323 | 173 | 150 | ..... | 4,237 | 2,368 | 2,278 | ..... | 190 |
| District of Columbia: Washington | 708 | 342 | 187 | 179 | 17,332 | 14,006 | 3,269 | 1,508 | 540 |
| Florida: | | | | | | | | | |
| Bay Pines | 642 | 370 | 150 | 122 | 10,173 | 6,169 | 3,492 | 1,767 | 441 |
| Gainesville | 476 | 165 | 221 | 90 | 11,555 | 6,116 | 4,885 | 1,133 | 358 |
| Lake City | 329 | 256 | 73 | ..... | 8,041 | 6,331 | 2,133 | ..... | 256 |
| Miami | 708 | 361 | 193 | 155 | 15,455 | 11,840 | 3,920 | 2,430 | 530 |
| Tampa | 697 | 299 | 248 | 150 | 17,442 | 11,916 | 4,997 | 1,914 | 520 |
| Georgia: | | | | | | | | | |
| Atlanta | 479 | 204 | 179 | 96 | 12,943 | 8,116 | 3,898 | 1,599 | 371 |
| Augusta[8] | 1,048 | 449 | 150 | 449 | 11,112 | 7,159 | 3,261 | 2,883 | 828 |
| Dublin | 303 | 270 | 33 | ..... | 5,317 | 5,328 | 974 | ..... | 242 |
| Idaho: Boise | 162 | 88 | 44 | 30 | 3,620 | 2,371 | 1,153 | 477 | 109 |
| Illinois: | | | | | | | | | |
| Chicago (Lakeside) | 452 | 276 | 143 | 34 | 13,404 | 10,831 | 2,627 | 511 | 323 |
| Chicago (West Side) | 486 | 236 | 173 | 77 | 13,043 | 9,170 | 3,459 | 1,729 | 374 |
| Danville | 848 | 521 | 48 | 279 | 7,943 | 5,307 | 2,267 | 2,086 | 608 |
| Hines | 1,153 | 662 | 251 | 240 | 25,354 | 19,019 | 5,094 | 3,975 | 828 |
| Marion | 163 | 125 | 38 | ..... | 4,783 | 3,931 | 1,033 | ..... | 133 |
| North Chicago | 1,064 | 393 | 76 | 595 | 6,398 | 4,567 | 1,277 | 2,512 | 728 |
| Indiana: | | | | | | | | | |
| Ft. Wayne | 176 | 132 | 33 | 11 | 3,967 | 3,216 | 1,114 | 162 | 121 |
| Indianapolis[8] | 462 | 212 | 154 | 96 | 14,096 | 9,839 | 4,202 | 1,035 | 362 |
| Marion | 700 | 400 | ..... | 300 | 2,736 | 2,095 | ..... | 1,517 | 529 |
| Iowa: | | | | | | | | | |
| Des Moines | 240 | 134 | 106 | ..... | 6,009 | 3,909 | 2,460 | ..... | 163 |
| Iowa City | 323 | 140 | 137 | 46 | 10,411 | 6,791 | 3,684 | 745 | 219 |
| Knoxville | 456 | 210 | ..... | 246 | 3,342 | 2,325 | ..... | 2,092 | 296 |
| Kansas: | | | | | | | | | |
| Leavenworth | 439 | 270 | 45 | 124 | 5,134 | 3,924 | 1,048 | 1,180 | 317 |
| Topeka | 805 | 265 | 57 | 483 | 5,834 | 3,450 | 1,232 | 2,346 | 663 |
| Wichita | 141 | 80 | 60 | ..... | 4,453 | 3,184 | 1,471 | ..... | 115 |
| Kentucky: | | | | | | | | | |
| Lexington[8] | 899 | 480 | 130 | 289 | 13,259 | 9,251 | 4,120 | 1,832 | 732 |
| Louisville | 363 | 158 | 156 | 49 | 8,314 | 4,720 | 3,496 | 1,338 | 283 |
| Louisiana: | | | | | | | | | |
| Alexandria | 336 | 214 | 85 | 38 | 6,508 | 5,211 | 2,435 | 559 | 283 |
| New Orleans | 448 | 193 | 178 | 77 | 13,165 | 9,017 | 4,491 | 851 | 384 |
| Shreveport | 377 | 211 | 114 | 52 | 9,494 | 5,851 | 3,489 | 866 | 269 |
| Maine: Togus | 413 | 148 | 52 | 212 | 6,579 | 3,541 | 1,534 | 2,527 | 320 |
| Maryland: | | | | | | | | | |
| Baltimore | 280 | 141 | 104 | 35 | 6,721 | 4,293 | 2,478 | 400 | 180 |
| Ft. Howard | 214 | 197 | ..... | 17 | 2,179 | 2,248 | ..... | 218 | 178 |
| Perry Point | 788 | 407 | ..... | 381 | 3,297 | 2,947 | ..... | 1,484 | 689 |
| Massachusetts: | | | | | | | | | |
| Bedford | 741 | 352 | ..... | 389 | 3,951 | 2,604 | ..... | 2,310 | 657 |
| Boston | 695 | 363 | 246 | 86 | 15,726 | 11,743 | 5,925 | 1,632 | 508 |
| Brockton[8] | 956 | 510 | 67 | 380 | 7,733 | 4,794 | 1,703 | 2,587 | 801 |
| Northampton | 539 | 237 | ..... | 302 | 2,513 | 1,817 | ..... | 1,499 | 441 |

*See footnotes at end of table.*

## *VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1985*

| Location | Average Operating Beds[1] | | | | Patients Treated Total [2 3] | Episodes of Care[4] | | | Average Daily Census [5] |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Bed Section[6] | | | | Bed Section[6] | | | |
| | | Medical[7] | Surgical | Psychiatric | | Medical[7] | Surgical | Psychiatric | |
| Michigan: | | | | | | | | | |
| Allen Park | 539 | 269 | 150 | 120 | 14,613 | 10,847 | 3,301 | 1,586 | 431 |
| Ann Arbor | 291 | 131 | 103 | 58 | 12,157 | 8,354 | 4,018 | 874 | 242 |
| Battle Creek | 828 | 364 | ..... | 465 | 5,102 | 2,773 | ..... | 3,669 | 699 |
| Iron Mountain | 200 | 117 | 79 | 5 | 5,560 | 4,156 | 1,554 | 94 | 136 |
| Saginaw | 152 | 109 | 43 | ..... | 3,959 | 2,821 | 1,278 | ..... | 111 |
| Minnesota: | | | | | | | | | |
| Minneapolis | 711 | 346 | 266 | 99 | 20,270 | 13,849 | 6,531 | 1,534 | 547 |
| St. Cloud | 653 | 341 | ..... | 312 | 3,423 | 1,720 | ..... | 2,365 | 448 |
| Mississippi: | | | | | | | | | |
| Biloxi[8] | 712 | 252 | 61 | 399 | 7,253 | 4,479 | 2,270 | 2,214 | 493 |
| Jackson | 432 | 221 | 141 | 70 | 14,511 | 10,045 | 3,724 | 1,434 | 333 |
| Missouri: | | | | | | | | | |
| Columbia | 336 | 140 | 136 | 60 | 7,724 | 4,027 | 3,983 | 646 | 237 |
| Kansas City | 402 | 168 | 144 | 90 | 11,975 | 8,727 | 3,482 | 1,299 | 345 |
| Poplar Bluff | 176 | 139 | 37 | ..... | 4,099 | 3,205 | 1,117 | ..... | 121 |
| St. Louis[8] | 838 | 412 | 173 | 253 | 18,732 | 13,744 | 4,413 | 3,099 | 641 |
| Montana: | | | | | | | | | |
| Ft. Harrison | 142 | 98 | 44 | ..... | 3,219 | 2,205 | 1,213 | ..... | 98 |
| Miles City | 92 | 73 | 19 | ..... | 1,579 | 1,380 | 548 | ..... | 42 |
| Nebraska: | | | | | | | | | |
| Grand Island | 162 | 130 | 32 | ..... | 2,939 | 2,337 | 843 | ..... | 102 |
| Lincoln | 180 | 67 | 55 | 58 | 4,306 | 2,055 | 1,429 | 1,317 | 129 |
| Omaha | 373 | 188 | 118 | 68 | 8,543 | 6,053 | 2,707 | 925 | 279 |
| Nevada: Reno | 189 | 87 | 70 | 32 | 5,055 | 3,137 | 2,093 | 563 | 138 |
| New Hampshire: Manchester | 164 | 89 | 45 | 30 | 3,655 | 2,303 | 1,276 | 483 | 127 |
| New Jersey: | | | | | | | | | |
| East Orange | 876 | 541 | 222 | 113 | 15,895 | 12,732 | 4,066 | 1,191 | 673 |
| Lyons | 1,168 | 427 | ..... | 741 | 4,437 | 3,323 | ..... | 2,965 | 964 |
| New Mexico: Albuquerque | 370 | 166 | 139 | 65 | 9,406 | 6,118 | 3,167 | 842 | 254 |
| New York: | | | | | | | | | |
| Albany | 618 | 352 | 167 | 99 | 9,660 | 6,436 | 2,976 | 1,440 | 454 |
| Batavia | 203 | 203 | ..... | ..... | 1,759 | 1,919 | ..... | ..... | 139 |
| Bath | 208 | 182 | ..... | 26 | 2,022 | 1,675 | ..... | 599 | 196 |
| Bronx | 656 | 358 | 235 | 63 | 13,681 | 10,648 | 3,653 | 930 | 457 |
| Brooklyn[8] | 923 | 602 | 219 | 102 | 18,243 | 14,953 | 3,292 | 1,844 | 635 |
| Buffalo | 737 | 424 | 189 | 124 | 15,030 | 10,492 | 4,144 | 2,024 | 642 |
| Canandaigua | 925 | 582 | ..... | 343 | 2,785 | 2,479 | ..... | 1,717 | 784 |
| Castle Point | 256 | 186 | 70 | ..... | 4,158 | 2,694 | 1,966 | ..... | 183 |
| Montrose | 1,221 | 443 | ..... | 778 | 4,043 | 2,464 | ..... | 3,842 | 905 |
| New York | 831 | 410 | 274 | 146 | 14,486 | 10,074 | 4,255 | 1,589 | 618 |
| Northport | 792 | 302 | 154 | 336 | 13,887 | 9.168 | 4,107 | 2,620 | 667 |
| Syracuse | 334 | 139 | 131 | 64 | 6,097 | 3,709 | 2,353 | 528 | 220 |
| North Carolina: | | | | | | | | | |
| Asheville | 518 | 350 | 139 | 30 | 8,664 | 6,084 | 3,130 | 410 | 401 |
| Durham | 438 | 176 | 186 | 76 | 10,495 | 6,011 | 4,194 | 1,018 | 375 |
| Fayetteville | 308 | 196 | 81 | 31 | 5,997 | 4,973 | 2,012 | 509 | 226 |
| Salisbury | 801 | 354 | 40 | 407 | 5,995 | 2,566 | 836 | 3,338 | 698 |
| North Dakota: Fargo | 164 | 98 | 66 | ..... | 4,624 | 3,652 | 1,141 | ..... | 136 |
| Ohio: | | | | | | | | | |
| Chillicothe | 804 | 374 | ..... | 430 | 6,705 | 5,598 | ..... | 3,077 | 599 |
| Cincinnati | 320 | 120 | 118 | 82 | 10,214 | 6,523 | 3,174 | 1,246 | 254 |
| Cleveland[8] | 1,298 | 440 | 252 | 606 | 17,650 | 12,076 | 3,621 | 4,093 | 815 |
| Dayton | 540 | 336 | 159 | 45 | 9,547 | 6,888 | 2,730 | 1,137 | 411 |
| Oklahoma: | | | | | | | | | |
| Muskogee | 195 | 116 | 79 | ..... | 4,535 | 3,099 | 1,726 | ..... | 141 |
| Oklahoma City | 423 | 183 | 139 | 102 | 13,150 | 8,846 | 3,845 | 1,350 | 313 |
| Oregon: | | | | | | | | | |
| Portland[8] | 585 | 328 | 184 | 73 | 15,314 | 11,709 | 4,137 | 1,214 | 397 |
| Roseburg | 339 | 158 | 22 | 159 | 4,395 | 3,251 | 664 | 1,542 | 202 |
| Pennsylvania: | | | | | | | | | |
| Altoona | 115 | 84 | 30 | ..... | 2,702 | 2,494 | 902 | ..... | 81 |
| Butler | 279 | 279 | ..... | ..... | 2,560 | 3,093 | ..... | ..... | 211 |
| Coatesville | 1,032 | 346 | ..... | 686 | 4,774 | 1,654 | ..... | 4,112 | 844 |
| Erie | 138 | 98 | 40 | ..... | 3,196 | 2,152 | 1,491 | ..... | 110 |
| Lebanon | 825 | 398 | 29 | 398 | 3,634 | 2,959 | 649 | 1,279 | 611 |
| Philadelphia | 408 | 189 | 176 | 43 | 10,740 | 7,214 | 3,678 | 878 | 312 |
| Pittsburgh (Highland Drive) | 707 | 352 | ..... | 355 | 3,717 | 1,774 | ..... | 2,872 | 536 |
| Pittsburgh (University Drive)[8] | 630 | 435 | 195 | ..... | 13,265 | 10,638 | 4,047 | ..... | 454 |
| Wilkes-Barre | 462 | 229 | 121 | 112 | 6,681 | 3,827 | 2,201 | 1,599 | 352 |
| Puerto Rico: San Juan | 692 | 279 | 173 | 240 | 16,716 | 10,437 | 4,278 | 3,172 | 640 |
| Rhode Island: Providence | 278 | 142 | 83 | 52 | 8,785 | 7,857 | 2,010 | 672 | 220 |
| South Carolina: | | | | | | | | | |
| Charleston | 286 | 128 | 106 | 53 | 7,272 | 4,559 | 2,757 | 820 | 225 |
| Columbia | 460 | 232 | 168 | 60 | 9,919 | 6,350 | 3,411 | 920 | 348 |
| South Dakota: | | | | | | | | | |
| Ft. Meade | 325 | 157 | 25 | 143 | 3,127 | 1,319 | 1,153 | 1,297 | 265 |
| Hot Springs | 215 | 142 | 34 | 39 | 4,021 | 3,198 | 972 | 585 | 146 |
| Sioux Falls | 246 | 117 | 91 | 38 | 4,681 | 2,665 | 1,846 | 456 | 161 |

*See footnotes at end of table.*

TABLE 16—Continued

## *VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1985*

| Location | Average Operating Beds[1] | | | | Patients Treated Total [2 3] | Episodes of Care[4] | | | Average Daily Census [5] |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Bed Section[6] | | | | Bed Section[6] | | | |
| | | Medical[7] | Surgical | Psychiatric | | Medical[7] | Surgical | Psychiatric | |
| Tennessee: | | | | | | | | | |
| Memphis | 886 | 503 | 203 | 180 | 17,658 | 14,314 | 6,115 | 2,403 | 628 |
| Mountain Home | 467 | 257 | 136 | 73 | 7,443 | 4,324 | 2,684 | 1,332 | 366 |
| Murfreesboro | 587 | 266 | 10 | 310 | 3,317 | 1,977 | 110 | 1,921 | 484 |
| Nashville | 467 | 225 | 196 | 46 | 12,728 | 9,342 | 4,169 | 855 | 340 |
| Texas: | | | | | | | | | |
| Amarillo | 128 | 62 | 66 | ..... | 4,180 | 2,547 | 2,017 | ..... | 99 |
| Big Spring | 209 | 118 | 46 | 45 | 3,277 | 2,255 | 1,426 | 1,044 | 151 |
| Bonham | 78 | 63 | ..... | 15 | 2,240 | 2,123 | ..... | 271 | 67 |
| Dallas | 663 | 263 | 230 | 170 | 17,410 | 10,566 | 6,035 | 2,293 | 538 |
| Houston | 1,007 | 430 | 223 | 354 | 19,170 | 11,413 | 5,819 | 3,791 | 835 |
| Kerrville | 256 | 196 | 60 | ..... | 5,561 | 4,615 | 1,414 | ..... | 191 |
| Marlin | 202 | 202 | ..... | ..... | 2,183 | 2,315 | ..... | ..... | 169 |
| San Antonio | 668 | 282 | 207 | 180 | 20,394 | 14,448 | 5,426 | 2,276 | 518 |
| Temple | 561 | 275 | 196 | 90 | 10,326 | 6,036 | 3,737 | 1,275 | 384 |
| Waco | 849 | 372 | ..... | 477 | 4,242 | 1,850 | ..... | 3,377 | 695 |
| Utah: Salt Lake City | 380 | 181 | 109 | 89 | 11,047 | 7,306 | 3,052 | 1,764 | 268 |
| Vermont: White River Junction | 193 | 82 | 78 | 33 | 4,733 | 2,679 | 1,683 | 564 | 142 |
| Virginia: | | | | | | | | | |
| Hampton | 408 | 206 | 92 | 110 | 7,046 | 4,628 | 1,927 | 1,154 | 327 |
| Richmond | 694 | 460 | 154 | 80 | 16,272 | 13,258 | 3,632 | 1,406 | 536 |
| Salem | 727 | 322 | 76 | 329 | 7,834 | 6,265 | 2,411 | 2,582 | 596 |
| Washington: | | | | | | | | | |
| American Lake | 423 | 132 | ..... | 291 | 3,767 | 2,255 | ..... | 1,902 | 308 |
| Seattle | 310 | 143 | 99 | 68 | 9,002 | 6,029 | 2,617 | 1,038 | 258 |
| Spokane | 178 | 104 | 74 | ..... | 3,879 | 2,763 | 1,772 | ..... | 130 |
| Walla Walla | 148 | 89 | 23 | 37 | 2,436 | 1,858 | 375 | 605 | 95 |
| West Virginia: | | | | | | | | | |
| Beckley | 174 | 114 | 60 | ..... | 4,833 | 3,951 | 1,331 | ..... | 134 |
| Clarksburg | 216 | 93 | 86 | 37 | 6,044 | 4,054 | 1,671 | 755 | 172 |
| Huntington | 180 | 113 | 67 | ..... | 4,319 | 2,887 | 1,872 | ..... | 137 |
| Martinsburg | 357 | 270 | 57 | 30 | 6,595 | 5,133 | 1,686 | 497 | 291 |
| Wisconsin: | | | | | | | | | |
| Madison | 306 | 151 | 131 | 24 | 8,901 | 6,417 | 3,020 | 355 | 206 |
| Tomah | 798 | 333 | ..... | 465 | 3,831 | 2,591 | ..... | 2,238 | 504 |
| Wood | 698 | 377 | 227 | 94 | 14,559 | 9,604 | 4,192 | 2,041 | 447 |
| Wyoming: | | | | | | | | | |
| Cheyenne | 126 | 89 | 32 | 5 | 2,492 | 1,976 | 562 | 68 | 79 |
| Sheridan | 339 | 127 | ..... | 212 | 1,963 | 1,242 | ..... | 1,129 | 274 |

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1984–September 1985).*

[2] *Based on the number of discharges and deaths during FY 1985, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1985. 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 245,474 patients treated for one day during fiscal year 1985.*

[4] *Based on the number of discharges and deaths during FY 1985, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1985. Interhospital transfers (34,029) 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 1985 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 1985*

| Location of Authorizing VA Facility | Average Daily Census [2] | Admissions | Discharges and Deaths | Patients Treated[3] | | | | Patients Remaining on Sept. 30, 1985 [4] |
|---|---|---|---|---|---|---|---|---|
| | | | | Total | Federal Hospitals | State and Local Government Hospitals | Non-Public Hospitals | |
| Total | 948 | 30,535 | 30,571 | 31,307 | 2,580 | 8,746 | 19,981 | 736 |
| Medical Bed Section Total | 350 | 19,929 | 19,873 | 20,110 | 1,756 | 5,661 | 12,693 | 237 |
| Surgical Bed Section Total | 101 | 3,889 | 3,944 | 3,991 | 558 | 914 | 2,519 | 47 |
| Psychiatric Bed Section Total | 496 | 6,717 | 6,754 | 7,206 | 266 | 2,171 | 4,769 | 452 |
| Alabama: | | | | | | | | |
| Montgomery | 2 | 186 | 186 | 186 | ..... | 104 | 82 | ..... |
| Tuscaloosa | ..... | 3 | 2 | 3 | ..... | 3 | ..... | 1 |
| Tuskegee | ..... | 1 | 1 | 1 | ..... | ..... | 1 | ..... |
| Alaska: Anchorage (RO) | 117 | 5,011 | 4,918 | 5,109 | 250 | 144 | 4,715 | 191 |
| Arizona: | | | | | | | | |
| Phoenix | 5 | 287 | 283 | 287 | ..... | 24 | 263 | 4 |
| Tucson | 2 | 124 | 129 | 129 | ..... | 114 | 15 | ..... |
| Arkansas: Little Rock | 5 | 368 | 368 | 368 | ..... | 123 | 245 | ..... |
| California: | | | | | | | | |
| Fresno | ..... | 28 | 28 | 28 | ..... | 28 | ..... | ..... |
| Loma Linda | ..... | 61 | 65 | 65 | ..... | 65 | ..... | ..... |
| Long Beach | ..... | 82 | 82 | 82 | ..... | 30 | 52 | ..... |
| Los Angeles (OC) | 5 | 484 | 481 | 484 | ..... | 148 | 336 | 3 |
| Martinez | ..... | 5 | 5 | 5 | ..... | 5 | ..... | ..... |
| San Diego | 1 | 110 | 110 | 110 | ..... | 32 | 78 | ..... |
| San Francisco | 9 | 716 | 716 | 716 | 1 | 478 | 237 | ..... |
| West Los Angeles (Wadsworth) | ..... | 32 | 31 | 32 | ..... | ..... | 32 | 1 |
| Colorado: | | | | | | | | |
| Denver | 2 | 132 | 130 | 132 | ..... | 44 | 88 | 2 |
| Fort Lyon | ..... | 1 | 1 | 1 | ..... | 1 | ..... | ..... |
| Connecticut: Newington | 2 | 100 | 100 | 100 | ..... | 17 | 83 | ..... |
| Delaware: Wilmington | ..... | 18 | 18 | 19 | ..... | ..... | 19 | 1 |
| District of Columbia: Washington | 2 | 51 | 50 | 51 | 36 | ..... | 15 | 1 |
| Florida: | | | | | | | | |
| Bay Pines | 34 | 2,556 | 2,554 | 2,576 | ..... | 1,011 | 1,565 | 22 |
| Gainesville | ..... | 8 | 8 | 8 | ..... | ..... | 8 | ..... |
| Lake City | ..... | 1 | 1 | 1 | ..... | 1 | ..... | ..... |
| Miami | 8 | 556 | 555 | 558 | ..... | 558 | ..... | 3 |
| Tampa | ..... | 34 | 32 | 34 | ..... | ..... | 34 | 2 |
| Georgia: | | | | | | | | |
| Atlanta | 5 | 405 | 405 | 405 | ..... | 405 | ..... | ..... |
| Augusta | ..... | 18 | 18 | 18 | ..... | 18 | ..... | ..... |
| Hawaii: Honolulu (RO) | 59 | 1,779 | 1,806 | 1,851 | 1,163 | 325 | 363 | 45 |
| Idaho: Boise | 1 | 186 | 186 | 186 | ..... | 120 | 66 | ..... |
| Illinois: | | | | | | | | |
| Chicago (Lakeside) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Chicago (West Side) | 6 | 381 | 381 | 381 | ..... | 161 | 220 | ..... |
| Danville | ..... | 16 | 16 | 16 | ..... | ..... | 16 | ..... |
| Marion | ..... | 13 | 13 | 13 | ..... | 13 | ..... | ..... |
| North Chicago | 1 | 1 | ..... | 1 | ..... | 1 | ..... | 1 |
| Indiana: Indianapolis | 6 | 296 | 295 | 298 | ..... | 141 | 157 | 3 |
| Iowa: | | | | | | | | |
| Des Moines | 1 | 60 | 60 | 60 | ..... | 13 | 47 | ..... |
| Iowa City | 1 | 125 | 125 | 125 | ..... | 117 | 8 | ..... |
| Kansas: | | | | | | | | |
| Leavenworth | ..... | 5 | 5 | 5 | ..... | 2 | 3 | ..... |
| Topeka | ..... | 7 | 8 | 8 | ..... | 8 | ..... | ..... |
| Wichita | 1 | 82 | 82 | 82 | ..... | ..... | 82 | ..... |
| Kentucky: | | | | | | | | |
| Lexington | ..... | 28 | 28 | 28 | ..... | 28 | ..... | ..... |
| Louisville | 1 | 121 | 122 | 122 | ..... | 93 | 29 | ..... |
| Louisiana: | | | | | | | | |
| Alexandria | ..... | 3 | 3 | 3 | ..... | ..... | 3 | ..... |
| New Orleans | 7 | 535 | 547 | 547 | ..... | 33 | 514 | ..... |
| Shreveport | 2 | 117 | 117 | 117 | 1 | ..... | 116 | ..... |
| Maine: Togus | 2 | 179 | 179 | 179 | ..... | ..... | 179 | ..... |
| Maryland: | | | | | | | | |
| Baltimore | 3 | 73 | 71 | 75 | ..... | 3 | 72 | 4 |
| Perry Point | ..... | 4 | 4 | 4 | ..... | ..... | 4 | ..... |
| Massachusetts: | | | | | | | | |
| Bedford | ..... | 12 | 12 | 12 | ..... | ..... | 12 | ..... |
| Boston (OC) | 3 | 243 | 243 | 243 | ..... | 12 | 231 | ..... |
| Northampton | ..... | 9 | 9 | 9 | ..... | 4 | 5 | ..... |
| Michigan: | | | | | | | | |
| Allen Park | 8 | 310 | 310 | 310 | ..... | 126 | 184 | ..... |
| Ann Arbor | ..... | 44 | 43 | 44 | ..... | 44 | ..... | 1 |
| Battle Creek | ..... | 44 | 44 | 44 | ..... | 44 | ..... | ..... |
| Iron Mountain | ..... | 16 | 16 | 16 | ..... | 16 | ..... | ..... |
| Minnesota: Minneapolis | 9 | 478 | 478 | 478 | ..... | 215 | 263 | ..... |
| Mississippi: Jackson | 2 | 97 | 97 | 98 | ..... | 44 | 54 | 1 |
| Missouri: | | | | | | | | |
| Columbia | ..... | 16 | 18 | 18 | ..... | 18 | ..... | ..... |
| Kansas City | 2 | 176 | 176 | 176 | ..... | ..... | 176 | ..... |
| St. Louis | 2 | 60 | 60 | 60 | ..... | ..... | 60 | ..... |
| Montana: Fort Harrison | 1 | 164 | 164 | 164 | ..... | ..... | 164 | ..... |
| Nebraska: | | | | | | | | |
| Grand Island | ..... | 1 | 1 | 1 | ..... | 1 | ..... | ..... |
| Lincoln | 1 | 62 | 62 | 62 | ..... | 9 | 53 | ..... |
| Omaha | ..... | 21 | 21 | 21 | ..... | 16 | 5 | ..... |
| Nevada: | | | | | | | | |
| Las Vegas (OC) | 5 | 189 | 193 | 193 | ..... | 61 | 132 | ..... |
| Reno | 2 | 137 | 135 | 137 | ..... | 126 | 11 | 2 |

*See footnotes at end of table.*

TABLE 17—Continued

## *Non-VA Hospitals[1] : Selected Data—Fiscal Year 1985*

| Location of Authorizing VA Facility | Average Daily Census [2] | Admissions | Discharges and Deaths | Patients Treated[3] | | | | Patients Remaining on Sept. 30, 1985 [4] |
|---|---|---|---|---|---|---|---|---|
| | | | | Total | Federal Hospitals | State and Local Government Hospitals | Non-Public Hospitals | |
| New Hampshire: Manchester | 1 | 99 | 101 | 102 | ..... | ..... | 102 | 1 |
| New Jersey: | | | | | | | | |
| East Orange | 3 | 276 | 278 | 278 | ..... | 14 | 264 | ..... |
| Lyons | ..... | 2 | 2 | 2 | ..... | ..... | 2 | ..... |
| New Mexico: Albuquerque | 1 | 70 | 70 | 70 | ..... | ..... | 70 | ..... |
| New York: | | | | | | | | |
| Albany | 1 | 33 | 33 | 33 | ..... | ..... | 33 | ..... |
| Batavia | ..... | 3 | 3 | 3 | ..... | 3 | ..... | ..... |
| Bath | ..... | 4 | 4 | 4 | ..... | ..... | 4 | ..... |
| Brooklyn | 1 | 156 | 156 | 156 | ..... | 156 | ..... | ..... |
| Buffalo | 1 | 61 | 61 | 61 | ..... | 8 | 53 | ..... |
| Canandaigua | ..... | 1 | 1 | 1 | ..... | 1 | ..... | ..... |
| New York | 3 | 189 | 189 | 189 | ..... | 94 | 95 | ..... |
| Syracuse | 1 | 90 | 91 | 91 | ..... | ..... | 91 | ..... |
| North Carolina: | | | | | | | | |
| Asheville | ..... | 21 | 21 | 21 | ..... | ..... | 21 | ..... |
| Durham | 1 | 50 | 48 | 50 | ..... | ..... | 50 | 2 |
| Salisbury | 6 | 268 | 268 | 268 | ..... | 88 | 180 | ..... |
| North Dakota: | | | | | | | | |
| Fargo | 6 | 366 | 361 | 370 | 243 | 1 | 126 | 9 |
| Ohio: | | | | | | | | |
| Chillicothe | ..... | 3 | 2 | 3 | ..... | ..... | 3 | 1 |
| Cincinnati | 2 | 124 | 123 | 124 | ..... | 101 | 23 | 1 |
| Cleveland | 2 | 172 | 172 | 172 | ..... | 35 | 137 | ..... |
| Columbus (OC) | 5 | 334 | 334 | 334 | ..... | 162 | 172 | ..... |
| Oklahoma: | | | | | | | | |
| Muskogee | 9 | 285 | 285 | 287 | 1 | 286 | ..... | 2 |
| Oklahoma City | ..... | 34 | 34 | 34 | ..... | 27 | 7 | ..... |
| Oregon: | | | | | | | | |
| Portland | 3 | 335 | 335 | 335 | ..... | 26 | 309 | ..... |
| Roseburg | ..... | 1 | 1 | 1 | ..... | 1 | ..... | ..... |
| White City (Dom) | ..... | 38 | 38 | 38 | ..... | ..... | 38 | ..... |
| Pennsylvania: | | | | | | | | |
| Altoona | 1 | 87 | 87 | 87 | ..... | ..... | 87 | ..... |
| Butler | ..... | 12 | 12 | 12 | ..... | 12 | ..... | ..... |
| Coatesville | ..... | 26 | 24 | 26 | ..... | 26 | ..... | 2 |
| Erie | ..... | 24 | 24 | 24 | ..... | 24 | ..... | ..... |
| Lebanon | 1 | 113 | 113 | 114 | ..... | 4 | 110 | 1 |
| Philadelphia | 8 | 325 | 324 | 325 | ..... | 47 | 278 | 1 |
| Pittsburgh (Univ. Dr.) | ..... | 29 | 29 | 29 | ..... | ..... | 29 | ..... |
| Pittsburgh (Highland Dr.) | 1 | 45 | 46 | 47 | ..... | ..... | 47 | 1 |
| Wilkes-Barre | 5 | 260 | 258 | 263 | ..... | 24 | 239 | 5 |
| Philippines: Manila (RO) | 48 | 1,012 | 1,008 | 1,057 | ..... | 1,036 | 21 | 49 |
| Puerto Rico: San Juan | 430 | 3,439 | 3,565 | 3,894 | ..... | 544 | 3,350 | 329 |
| Rhode Island: Providence | 2 | 189 | 188 | 190 | ..... | 26 | 164 | 2 |
| South Carolina: Columbia | 5 | 123 | 121 | 123 | ..... | 34 | 89 | 2 |
| South Dakota: | | | | | | | | |
| Fort Meade | ..... | 7 | 7 | 7 | ..... | 7 | ..... | ..... |
| Sioux Falls | ..... | 29 | 29 | 29 | ..... | ..... | 29 | ..... |
| Tennessee: | | | | | | | | |
| Mountain Home | ..... | 18 | 18 | 18 | ..... | 18 | ..... | ..... |
| Murfreesboro | ..... | 5 | 5 | 5 | ..... | ..... | 5 | ..... |
| Nashville | 4 | 315 | 315 | 315 | ..... | 151 | 164 | ..... |
| Texas: | | | | | | | | |
| Amarillo | 6 | 212 | 214 | 214 | ..... | 7 | 207 | ..... |
| Dallas | 3 | 196 | 196 | 196 | ..... | 123 | 73 | ..... |
| El Paso (OC) | 24 | 980 | 981 | 999 | 592 | 86 | 321 | 18 |
| Houston | 3 | 807 | 807 | 807 | ..... | 5 | 802 | ..... |
| Kerrville | ..... | 1 | 1 | 1 | ..... | ..... | 1 | ..... |
| San Antonio | 5 | 238 | 238 | 241 | 60 | 61 | 120 | 3 |
| Waco | 3 | 92 | 92 | 92 | ..... | 35 | 57 | ..... |
| Utah: Salt Lake City | ..... | 38 | 38 | 38 | ..... | ..... | 38 | ..... |
| Vermont: White River Junction | 1 | 84 | 83 | 84 | ..... | 1 | 83 | 1 |
| Virginia: | | | | | | | | |
| Richmond | ..... | 13 | 13 | 13 | ..... | 13 | ..... | ..... |
| Salem | 3 | 191 | 189 | 191 | ..... | 7 | 184 | 2 |
| Washington: | | | | | | | | |
| American Lake | 5 | 241 | 233 | 241 | 233 | ..... | 8 | 8 |
| Seattle | 4 | 388 | 384 | 390 | ..... | 98 | 292 | ..... |
| West Virginia: | | | | | | | | |
| Beckley | ..... | 5 | 5 | 5 | ..... | 5 | ..... | ..... |
| Huntington | 2 | 142 | 141 | 142 | ..... | 142 | ..... | 1 |
| Martinsburg | ..... | 9 | 9 | 9 | ..... | 9 | ..... | ..... |
| Wisconsin: Wood | 5 | 293 | 292 | 293 | ..... | 12 | 281 | 1 |
| Wyoming: | | | | | | | | |
| Cheyenne | ..... | 39 | 39 | 39 | ..... | 39 | ..... | ..... |
| Sheridan | ..... | 25 | 25 | 25 | ..... | ..... | 25 | ..... |

[1] *Excludes State Home hospitals. As reported by authorizing VA facility.*
[2] *Based on the number of patient days during the fiscal year divided by the number of days in the year rounded to the nearest whole number.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Total on rolls (bed occupants and patients on authorized leave of absence).*

*NOTE: Excludes one-day dialysis visits.*

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence[1]— September 30, 1985*

| Reported State of Residence | All Patients | | | Type of Patient | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Medical and Surgical | | Psychotic | | Other Psychiatric | |
| | Total | Hospitalized in Same State | | Total | Percent Hospitalized In Same State | Total | Percent Hospitalized In Same State | Total | Percent Hospitalized In Same State |
| | | Number | Percent | | | | | | |
| Total | 53,439 | 46,681 | 87.4 | 33,184 | 87.6 | 13,778 | 87.7 | 6,477 | 85.3 |
| United States | 52,803 | 46,069 | 87.2 | 32,777 | 87.5 | 13,585 | 87.5 | 6,441 | 85.3 |
| Alabama | 1,281 | 1,137 | 88.8 | 646 | 86.4 | 470 | 92.8 | 165 | 86.7 |
| Alaska | 5 | ..... | ..... | 5 | ..... | ..... | ..... | ..... | ..... |
| Arizona | 678 | 608 | 89.7 | 504 | 92.5 | 71 | 76.1 | 103 | 85.4 |
| Arkansas | 915 | 795 | 86.9 | 652 | 84.8 | 146 | 91.1 | 117 | 93.2 |
| California | 3,526 | 3,434 | 97.4 | 2,304 | 97.9 | 698 | 96.4 | 524 | 96.4 |
| Colorado | 551 | 467 | 84.8 | 228 | 91.7 | 189 | 89.4 | 134 | 66.4 |
| Connecticut | 547 | 405 | 74.0 | 306 | 85.6 | 140 | 43.6 | 101 | 81.2 |
| Delaware | 157 | 83 | 52.9 | 103 | 79.6 | 41 | 2.4 | 13 | ..... |
| District of Columbia | 327 | 246 | 75.2 | 209 | 89.5 | 76 | 28.9 | 42 | 88.1 |
| Florida | 2,024 | 1,772 | 87.5 | 1,501 | 91.7 | 311 | 69.8 | 212 | 84.0 |
| Georgia | 1,436 | 1,142 | 79.5 | 878 | 79.7 | 391 | 81.1 | 167 | 74.9 |
| Hawaii | 6 | ..... | ..... | 4 | ..... | 1 | ..... | 1 | ..... |
| Idaho | 166 | 74 | 44.6 | 138 | 44.2 | 11 | 54.5 | 17 | 41.2 |
| Illinois | 2,462 | 2,104 | 85.5 | 1,467 | 82.8 | 691 | 90.3 | 304 | 87.5 |
| Indiana | 1,109 | 862 | 77.7 | 637 | 72.7 | 366 | 86.9 | 106 | 76.4 |
| Iowa | 650 | 560 | 86.2 | 395 | 82.3 | 148 | 93.2 | 107 | 90.7 |
| Kansas | 836 | 726 | 86.8 | 441 | 82.8 | 254 | 89.8 | 141 | 94.3 |
| Kentucky | 842 | 602 | 71.5 | 575 | 69.2 | 140 | 73.6 | 127 | 79.5 |
| Louisiana | 852 | 733 | 86.0 | 649 | 92.6 | 120 | 52.5 | 83 | 83.1 |
| Maine | 339 | 307 | 90.6 | 204 | 89.7 | 89 | 93.3 | 46 | 89.1 |
| Maryland | 1,062 | 801 | 75.4 | 578 | 68.9 | 350 | 89.7 | 134 | 66.4 |
| Massachusetts | 2,117 | 2,014 | 95.1 | 994 | 92.0 | 877 | 98.5 | 246 | 95.9 |
| Michigan | 1,536 | 1,473 | 95.9 | 795 | 94.6 | 562 | 98.0 | 179 | 95.0 |
| Minnesota | 885 | 793 | 89.6 | 486 | 85.8 | 248 | 96.0 | 151 | 91.4 |
| Mississippi | 722 | 543 | 75.2 | 517 | 75.2 | 160 | 76.3 | 45 | 71.1 |
| Missouri | 1,281 | 1,002 | 78.2 | 957 | 81.5 | 217 | 68.2 | 107 | 69.2 |
| Montana | 248 | 140 | 56.5 | 168 | 73.2 | 40 | 5.0 | 40 | 37.5 |
| Nebraska | 463 | 378 | 81.6 | 331 | 87.6 | 59 | 59.3 | 73 | 72.6 |
| Nevada | 160 | 97 | 60.6 | 130 | 63.8 | 18 | 61.1 | 12 | 25.0 |
| New Hampshire | 210 | 106 | 50.5 | 146 | 52.7 | 30 | 20.0 | 34 | 67.6 |
| New Jersey | 1,599 | 1,370 | 85.7 | 812 | 84.4 | 630 | 88.3 | 157 | 82.2 |
| New Mexico | 261 | 203 | 77.8 | 164 | 89.0 | 51 | 52.9 | 46 | 65.2 |
| New York | 5,157 | 5,036 | 97.7 | 3,155 | 98.3 | 1,473 | 97.1 | 529 | 95.3 |
| North Carolina | 1,532 | 1,420 | 92.7 | 959 | 91.8 | 419 | 95.5 | 154 | 90.9 |
| North Dakota | 127 | 73 | 57.5 | 71 | 83.1 | 33 | 21.2 | 23 | 30.4 |
| Ohio | 1,896 | 1,656 | 87.3 | 1,231 | 85.8 | 428 | 91.1 | 237 | 88.6 |
| Oklahoma | 533 | 390 | 73.2 | 362 | 85.9 | 71 | 35.2 | 100 | 54.0 |
| Oregon | 494 | 438 | 88.7 | 365 | 87.9 | 55 | 85.5 | 74 | 94.6 |
| Pennsylvania | 3,083 | 2,874 | 93.2 | 1,520 | 91.4 | 1,194 | 94.9 | 369 | 95.1 |
| Rhode Island | 211 | 151 | 71.6 | 162 | 84.6 | 37 | 18.9 | 12 | 58.3 |
| South Carolina | 830 | 472 | 56.9 | 614 | 64.0 | 154 | 31.8 | 62 | 48.4 |
| South Dakota | 453 | 400 | 88.3 | 229 | 84.3 | 136 | 92.6 | 88 | 92.0 |
| Tennessee | 1,322 | 1,255 | 94.9 | 940 | 96.3 | 283 | 93.6 | 99 | 85.9 |
| Texas | 3,576 | 3,372 | 94.3 | 2,397 | 94.0 | 722 | 95.8 | 457 | 93.7 |
| Utah | 200 | 174 | 87.0 | 102 | 96.1 | 55 | 69.1 | 43 | 88.4 |
| Vermont | 104 | 84 | 80.8 | 70 | 85.7 | 14 | 71.4 | 20 | 70.0 |
| Virginia | 1,407 | 1,158 | 82.3 | 956 | 81.4 | 338 | 88.2 | 113 | 72.6 |
| Washington | 680 | 587 | 86.3 | 509 | 85.9 | 114 | 92.1 | 57 | 78.9 |
| West Virginia | 671 | 461 | 68.7 | 481 | 81.1 | 103 | 24.3 | 87 | 52.9 |
| Wisconsin | 1,066 | 933 | 87.5 | 634 | 86.1 | 297 | 89.9 | 135 | 88.9 |
| Wyoming | 208 | 158 | 76.0 | 96 | 65.6 | 64 | 90.6 | 48 | 77.1 |
| Outside United States | 636 | 612 | 96.2 | 407 | 94.8 | 193 | 99.0 | 36 | 97.2 |
| Puerto Rico | 617 | 612 | 99.2 | 391 | 98.7 | 191 | 100.0 | 35 | 100.0 |
| Others | 19 | ..... | ..... | 16 | ..... | 2 | ..... | 1 | ..... |

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 1985*

| Diagnostic Composition of Patients[2] | All Patients | Period of Service | | | | | | | Average Age[7] | Age[8] | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Post Vietnam[3] | Vietnam Era | Post Korean[4] | Korean Conflict[5] | WW II | WW I | All Others[6] | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| All diseases and conditions | 53,439 | 2,487 | 10,062 | 3,448 | 6,932 | 27,953 | 1,716 | 841 | 57.5 | 4,826 | 6,986 | 6,660 | 16,833 | 12,762 | 3,446 | 1,926 |
| I. Infectious and parasitic diseases | 589 | 26 | 96 | 38 | 79 | 304 | 35 | 11 | 59.0 | 41 | 80 | 74 | 185 | 132 | 37 | 40 |
| Pulmonary tuberculosis (011) | 137 | ... | 27 | 12 | 29 | 60 | 6 | 3 | 57.3 | 5 | 21 | 25 | 53 | 21 | 5 | 7 |
| Tuberculosis, other (010, 012-018) | 15 | ... | 3 | 1 | 2 | 7 | 2 | ... | (7) | 1 | 3 | 1 | 3 | 3 | 2 | 2 |
| Tuberculosis, late effects (137) | ... | ... | ... | ... | ... | ... | ... | ... | ..... | ... | ... | ... | ... | ... | ... | ... |
| All other infectious and parasitic diseases (001-009, 020-136) | 437 | 26 | 66 | 25 | 48 | 237 | 27 | 8 | 59.4 | 35 | 56 | 48 | 129 | 108 | 30 | 31 |
| Late effects of other infectious and parasitic diseases (138-139) | ... | ... | ... | ... | ... | ... | ... | ... | ..... | ... | ... | ... | ... | ... | ... | ... |
| II. Neoplasms | 4,899 | 38 | 286 | 172 | 611 | 3,571 | 135 | 86 | 63.8 | 49 | 130 | 434 | 2,039 | 1,699 | 398 | 150 |
| Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0) | 437 | ... | 28 | 21 | 73 | 304 | 2 | 9 | 61.4 | ... | 15 | 61 | 217 | 128 | 14 | 2 |
| Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9) | 826 | 4 | 32 | 22 | 105 | 615 | 32 | 16 | 64.9 | 8 | 8 | 59 | 353 | 298 | 65 | 35 |
| Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2) | 1,231 | 2 | 59 | 43 | 158 | 928 | 22 | 19 | 63.9 | 1 | 19 | 112 | 547 | 438 | 92 | 22 |
| Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9) | 228 | 1 | 7 | 10 | 39 | 163 | 2 | 6 | 61.8 | ... | 6 | 26 | 117 | 65 | 10 | 4 |
| Malignant neoplasm of lymphatic and hematopoietic tissue (200-208) | 290 | 9 | 28 | 14 | 34 | 195 | 5 | 5 | 61.7 | 8 | 18 | 32 | 106 | 96 | 24 | 6 |
| Malignant neoplasm of genitourinary organs (179-189, 233) | 730 | 3 | 23 | 13 | 58 | 580 | 44 | 9 | 67.4 | 3 | 8 | 31 | 236 | 305 | 101 | 46 |
| Malignancies of all other systems (170-175, 190-199, 232, 234) | 869 | 13 | 87 | 39 | 114 | 579 | 22 | 15 | 62.2 | 22 | 47 | 82 | 356 | 266 | 69 | 27 |
| Neoplasms, benign (210-229) | 218 | 4 | 19 | 8 | 26 | 153 | 2 | 6 | 62.2 | 4 | 8 | 28 | 85 | 74 | 16 | 3 |
| Neoplasms of unspecified nature (235-239) | 70 | 2 | 3 | 2 | 4 | 54 | 4 | 1 | (7) | 3 | 1 | 3 | 22 | 29 | 7 | 5 |
| III. Endocrine, nutritional and metabolic diseases and immunity disorders | 1,120 | 24 | 142 | 73 | 179 | 644 | 40 | 18 | 60.8 | 34 | 90 | 156 | 414 | 302 | 82 | 42 |
| Diabetes mellitus (250) | 715 | 11 | 79 | 39 | 122 | 437 | 16 | 11 | 60.9 | 13 | 43 | 109 | 296 | 192 | 46 | 16 |
| Diseases of the endocrine glands (240-246, 251-259) | 97 | 1 | 14 | 12 | 11 | 54 | 2 | 3 | (7) | 2 | 13 | 15 | 30 | 29 | 6 | 2 |
| Gout (274) | 27 | ... | 2 | ... | 5 | 19 | ... | 1 | (7) | ... | ... | 1 | 16 | 6 | 4 | ... |
| Obesity (278.0-278.1) | 13 | 1 | 3 | 1 | 3 | 5 | ... | ... | (7) | ... | 4 | 2 | 4 | 3 | ... | ... |
| Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8) | 216 | 3 | 19 | 15 | 31 | 123 | 22 | 3 | 65.7 | 5 | 10 | 19 | 64 | 68 | 26 | 24 |
| Disorders involving the immune mechanisms (279) | 52 | 8 | 25 | 6 | 7 | 6 | ... | ... | (7) | 14 | 20 | 10 | 4 | 4 | ... | ... |
| IV. Diseases of the blood and blood-forming organs | 217 | 2 | 16 | 10 | 29 | 143 | 14 | 3 | 65.2 | 6 | 8 | 18 | 69 | 68 | 31 | 17 |
| Anemias (280-282.4, 282.7-285) | 150 | ... | 11 | 5 | 18 | 104 | 11 | 1 | 66.6 | 2 | 6 | 10 | 46 | 49 | 24 | 13 |
| Sickle-cell trait and sickle-cell anemia (282.5-282.6) | 3 | 1 | 1 | 1 | ... | ... | ... | ... | (7) | 2 | ... | 1 | ... | ... | ... | ... |
| Other diseases of the blood and blood-forming organs (286-289) | 64 | 1 | 4 | 4 | 11 | 39 | 3 | 2 | (7) | 2 | 2 | 7 | 23 | 19 | 7 | 4 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V. Mental Disorders | 20,255 | 1,547 | 6,049 | 1,640 | 2,641 | 7,626 | 450 | 302 | 52.0 | 3,251 | 4,318 | 2,939 | 5,118 | 3,227 | 891 | 511 |
| Alcohol psychosis (291) | 863 | 5 | 58 | 31 | 135 | 616 | 6 | 12 | 62.8 | 12 | 28 | 79 | 363 | 310 | 65 | 6 |
| Drug psychosis (292) | 31 | 6 | 8 | 3 | 2 | 10 | 2 | ... | (7) | 10 | 3 | 4 | 6 | 4 | 2 | 2 |
| Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294) | 2,227 | 12 | 123 | 81 | 174 | 1,559 | 231 | 47 | 68.4 | 30 | 69 | 126 | 539 | 813 | 383 | 267 |
| Schizophrenic disorders (295) | 7,982 | 734 | 2,488 | 766 | 1,184 | 2,611 | 69 | 130 | 49.1 | 1,557 | 1,773 | 1,355 | 2,137 | 947 | 140 | 73 |
| Other psychoses (296-299) | 2,675 | 169 | 626 | 210 | 381 | 1,215 | 41 | 33 | 54.4 | 292 | 482 | 398 | 821 | 511 | 118 | 53 |
| Neurotic disorders (300) | 630 | 57 | 233 | 36 | 87 | 206 | 3 | 8 | 49.2 | 111 | 164 | 89 | 166 | 85 | 12 | 3 |
| Personality disorders (301) | 292 | 48 | 156 | 19 | 29 | 37 | ... | 3 | 40.7 | 110 | 93 | 39 | 37 | 9 | 4 | ... |
| Alcohol dependence or abuse (303, 305.0) | 3,031 | 293 | 1,239 | 362 | 458 | 644 | ... | 35 | 45.9 | 609 | 913 | 619 | 668 | 203 | 18 | 1 |
| Drug dependence or abuse (304, 305.1-305.9) | 555 | 127 | 373 | 23 | 11 | 15 | ... | 6 | 34.8 | 288 | 217 | 34 | 14 | 2 | ... | ... |
| Other nonpsychotic mental disorders (302, 306-319) | 1,969 | 96 | 745 | 109 | 180 | 713 | 98 | 28 | 53.5 | 232 | 576 | 196 | 367 | 343 | 149 | 106 |
| VI. Diseases of the nervous system and sense organs | 3,226 | 71 | 312 | 173 | 366 | 2,150 | 115 | 39 | 62.5 | 125 | 192 | 315 | 1,071 | 1,083 | 311 | 129 |
| Quadriplegia (344.0) | 97 | 6 | 24 | 13 | 14 | 37 | 1 | 2 | (7) | 11 | 17 | 17 | 30 | 16 | 5 | 1 |
| Paraplegia (344.1) | 28 | 1 | 4 | 2 | 2 | 18 | 1 | ... | (7) | 3 | 2 | 4 | 9 | 8 | 1 | 1 |
| Epilepsy (345) | 198 | 15 | 31 | 9 | 30 | 108 | 3 | 2 | 57.0 | 19 | 21 | 25 | 74 | 43 | 13 | 3 |
| Disorders of the peripheral nervous system (350-359) | 216 | 5 | 29 | 7 | 26 | 139 | 6 | 4 | 59.8 | 11 | 19 | 22 | 90 | 59 | 9 | 6 |
| Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349) | 2,322 | 38 | 199 | 127 | 251 | 1,600 | 80 | 27 | 63.3 | 76 | 117 | 219 | 731 | 839 | 248 | 92 |
| Glaucoma (365) | 12 | ... | 1 | 1 | 1 | 7 | 2 | ... | (7) | ... | ... | 1 | 5 | 2 | 2 | 2 |
| Cataract (366) | 145 | ... | 5 | 3 | 15 | 109 | 11 | 2 | 67.0 | ... | 1 | 9 | 57 | 50 | 17 | 11 |
| Blindness (369) | 15 | ... | ... | 1 | 2 | 7 | 5 | ... | (7) | ... | 1 | 2 | 2 | 4 | ... | 6 |
| Disorders of the eye and adnexa (360-364, 367-368, 370-379) | 124 | 3 | 9 | 8 | 16 | 81 | 6 | 1 | 64.0 | 2 | 8 | 10 | 43 | 40 | 15 | 6 |
| Diseases of the ear and mastoid process (380-389) | 69 | 3 | 10 | 2 | 9 | 44 | ... | 1 | (7) | 3 | 6 | 6 | 30 | 22 | 1 | 1 |
| VII. Diseases of the circulatory system | 6,243 | 49 | 404 | 298 | 834 | 4,290 | 267 | 101 | 63.8 | 67 | 215 | 657 | 2,454 | 2,032 | 511 | 307 |
| Chronic rheumatic heart disease (393-398) | 42 | ... | 3 | 4 | 5 | 29 | ... | 1 | (7) | 1 | 1 | 7 | 23 | 9 | 1 | ... |
| Hypertensive disease without heart involvement (401, 403, 405) | 271 | 2 | 30 | 20 | 46 | 165 | 5 | 3 | 60.3 | 6 | 19 | 47 | 108 | 69 | 16 | 6 |
| Hypertensive heart disease (402, 404) | 89 | 2 | 3 | 2 | 18 | 59 | 5 | ... | (7) | ... | 2 | 12 | 34 | 28 | 9 | 4 |
| Acute myocardial infarction (410) | 406 | 2 | 33 | 21 | 61 | 274 | 9 | 6 | 63.0 | ... | 16 | 53 | 178 | 114 | 31 | 14 |
| Other ischemic heart disease (411-414) | 1,171 | 7 | 98 | 74 | 180 | 752 | 40 | 20 | 62.2 | 3 | 59 | 167 | 507 | 319 | 66 | 50 |
| Other forms of heart disease (391, 392.0, 420-429) | 1,283 | 11 | 66 | 49 | 153 | 888 | 93 | 23 | 65.4 | 17 | 35 | 101 | 480 | 420 | 125 | 105 |
| Cerebrovascular diseases (430-438) | 1,539 | 7 | 74 | 51 | 174 | 1,142 | 65 | 26 | 65.5 | 9 | 26 | 122 | 560 | 596 | 153 | 73 |
| Atherosclerosis (440) | 154 | 1 | 8 | 3 | 27 | 104 | 10 | 1 | 65.5 | ... | 1 | 20 | 53 | 53 | 16 | 11 |
| Other diseases of arteries, arterioles and capillaries (441-448) | 753 | 6 | 32 | 33 | 95 | 556 | 19 | 12 | 63.9 | 9 | 16 | 62 | 306 | 283 | 57 | 20 |
| Varicose veins of lower extremities (454) | 121 | ... | 8 | 8 | 18 | 80 | 6 | 1 | 63.7 | 2 | 5 | 14 | 46 | 34 | 14 | 6 |
| Hemorrhoids (455) | 62 | 3 | 10 | 10 | 9 | 29 | ... | 1 | (7) | 4 | 12 | 8 | 26 | 11 | ... | 1 |
| Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459) | 352 | 8 | 39 | 23 | 48 | 212 | 15 | 7 | 61.0 | 16 | 23 | 44 | 133 | 96 | 23 | 17 |
| VIII. Diseases of the respiratory system | 2,634 | 31 | 152 | 86 | 310 | 1,877 | 138 | 40 | 64.7 | 52 | 87 | 199 | 963 | 888 | 301 | 144 |
| Acute respiratory infections (460-466) | 102 | 2 | 13 | 6 | 12 | 66 | 2 | 1 | 62.3 | 4 | 6 | 10 | 35 | 34 | 11 | 2 |
| Pneumonia and influenza (480-487) | 616 | 9 | 38 | 16 | 72 | 396 | 73 | 12 | 66.5 | 16 | 24 | 40 | 187 | 181 | 91 | 77 |
| Chronic bronchitis (491) | 148 | ... | 4 | 10 | 18 | 109 | 5 | 2 | 63.9 | ... | 2 | 16 | 63 | 54 | 9 | 4 |
| Emphysema (492) | 69 | ... | 3 | 2 | 10 | 49 | 2 | 3 | (7) | 1 | 3 | 5 | 24 | 25 | 10 | 1 |
| Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519) | 1,699 | 20 | 94 | 52 | 198 | 1,257 | 56 | 22 | 64.3 | 31 | 52 | 128 | 654 | 594 | 180 | 60 |

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group[1]—September 30, 1985*

| Diagnostic Composition of Patients[2] | All Patients | Period of Service | | | | | | | Average Age[7] | Age[8] | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Post Vietnam[3] | Vietnam Era | Post Korean[4] | Korean Conflict[5] | WW II | WW I | All Others[6] | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| IX. Diseases of the digestive system | 2,947 | 78 | 404 | 182 | 438 | 1,695 | 111 | 39 | 60.2 | 107 | 281 | 412 | 1,040 | 793 | 189 | 125 |
| Diseases of oral cavity, salivary glands and jaws (520-529) | 93 | 2 | 13 | 6 | 16 | 51 | 4 | 1 | (7) | 5 | 7 | 15 | 34 | 27 | 1 | 4 |
| Ulcers of the digestive system (530.2, 531-534) | 292 | 6 | 29 | 21 | 33 | 180 | 17 | 6 | 62.2 | 8 | 24 | 33 | 99 | 86 | 23 | 19 |
| Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537) | 267 | 5 | 33 | 11 | 52 | 150 | 15 | 1 | 61.1 | 11 | 19 | 34 | 97 | 73 | 17 | 16 |
| Hernia of the abdominal cavity (550-553) | 375 | 7 | 40 | 18 | 58 | 231 | 12 | 9 | 61.1 | 12 | 23 | 50 | 144 | 105 | 27 | 14 |
| Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579) | 970 | 30 | 126 | 55 | 109 | 602 | 42 | 6 | 61.5 | 40 | 78 | 113 | 315 | 291 | 82 | 51 |
| Alcohol related liver disorders (571.0-571.3) | 315 | 8 | 52 | 36 | 62 | 151 | 1 | 5 | 56.0 | 9 | 41 | 67 | 136 | 54 | 7 | 1 |
| Other diseases of the liver, gall bladder, and pancreas (570, 571.4-577) | 635 | 20 | 111 | 35 | 108 | 330 | 20 | 11 | 58.5 | 22 | 89 | 100 | 215 | 157 | 32 | 20 |
| X. Diseases of the genitourinary system | 1,631 | 41 | 143 | 85 | 188 | 1,038 | 110 | 26 | 63.7 | 57 | 90 | 167 | 505 | 529 | 161 | 122 |
| Nephritis, nephrotic syndrome, and nephrosis (580-589) | 248 | 4 | 24 | 18 | 26 | 155 | 16 | 5 | 63.2 | 8 | 17 | 29 | 74 | 79 | 23 | 18 |
| Other diseases of the urinary system (590-599) | 790 | 30 | 85 | 40 | 91 | 467 | 61 | 16 | 63.1 | 39 | 51 | 88 | 231 | 230 | 81 | 70 |
| Diseases of the prostate (600-602) | 399 | ... | 10 | 10 | 39 | 310 | 28 | 2 | 67.7 | 1 | 3 | 16 | 130 | 172 | 49 | 28 |
| Other diseases of the male genital organs (603-608) | 166 | 4 | 22 | 14 | 27 | 91 | 5 | 3 | 58.9 | 6 | 17 | 29 | 60 | 42 | 6 | 6 |
| Disorders of the breast and gynecological diseases (610-629) | 28 | 3 | 2 | 3 | 5 | 15 | ... | ... | (7) | 3 | 2 | 5 | 10 | 6 | 2 | ... |
| XI. Complications of pregnancy, childbirth, and puerperium (630-676) | ... | ... | ... | ... | ... | ... | ... | ... | (7) | ... | ... | ... | ... | ... | ... | ... |
| XII. Diseases of the skin and subcutaneous tissue | 1,230 | 42 | 230 | 95 | 181 | 631 | 39 | 12 | 57.7 | 73 | 174 | 194 | 405 | 263 | 79 | 42 |
| Infections and inflammatory conditions of skin and subcutaneous tissue (680-698) | 459 | 16 | 74 | 39 | 77 | 236 | 14 | 3 | 58.3 | 25 | 55 | 75 | 163 | 91 | 35 | 15 |
| Other diseases of skin and subcutaneous tissue (700-709) | 771 | 26 | 156 | 56 | 104 | 395 | 25 | 9 | 57.3 | 48 | 119 | 119 | 242 | 172 | 44 | 27 |
| XIII. Diseases of the musculoskeletal system and connective tissue | 1,644 | 67 | 274 | 99 | 219 | 931 | 41 | 13 | 58.3 | 113 | 193 | 195 | 590 | 419 | 86 | 48 |
| Osteoarthrosis and allied disorders (715) | 290 | 3 | 20 | 9 | 28 | 210 | 15 | 5 | 64.4 | 5 | 10 | 19 | 112 | 105 | 24 | 15 |
| Other arthropathies and related disorders (710-714, 716-719) | 318 | 21 | 45 | 18 | 44 | 185 | 5 | ... | 58.1 | 29 | 30 | 32 | 112 | 95 | 16 | 4 |
| Dursopathies (720-724) | 474 | 25 | 97 | 36 | 70 | 236 | 7 | 3 | 55.5 | 45 | 63 | 79 | 173 | 87 | 19 | 8 |
| Rheumatism, excluding the back (725-729) | 164 | 2 | 30 | 10 | 27 | 92 | 2 | 1 | 57.9 | 4 | 26 | 20 | 65 | 40 | 7 | 2 |
| Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739) | 398 | 16 | 82 | 26 | 50 | 208 | 12 | 4 | 57.4 | 30 | 64 | 45 | 128 | 92 | 20 | 19 |
| XIV. Congenital deformities (740-759) | 66 | 2 | 13 | 3 | 11 | 32 | 5 | ... | (7) | 2 | 12 | 11 | 21 | 13 | 2 | 5 |
| XVI. Symptoms, signs and ill-defined conditions (780-799) | 1,423 | 51 | 148 | 83 | 189 | 856 | 76 | 20 | 61.4 | 68 | 107 | 160 | 496 | 398 | 112 | 82 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| XVII. Injury and poisoning | 1,740 | 102 | 271 | 117 | 219 | 892 | 89 | 50 | 58.3 | 178 | 190 | 213 | 552 | 385 | 121 | 101 |
| Fracture of skull (800-804) | 57 | 16 | 18 | 6 | 5 | 11 | 1 | ... | ([7]) | 20 | 14 | 9 | 8 | 5 | ... | 1 |
| Fracture of neck and trunk (805-809) | 148 | 12 | 31 | 8 | 12 | 57 | 9 | 19 | 53.6 | 30 | 24 | 18 | 30 | 23 | 14 | 9 |
| Fracture of upper and lower limb (810-829) | 516 | 21 | 51 | 32 | 67 | 276 | 58 | 11 | 63.6 | 28 | 39 | 57 | 152 | 122 | 53 | 65 |
| Dislocations, sprains, and strains of joints and adjacent muscles (830-848) | 82 | 5 | 20 | 4 | 21 | 30 | ... | 2 | ([7]) | 14 | 10 | 17 | 24 | 14 | 3 | ... |
| Intracranial injury, excluding those with skull fracture (850-854) | 97 | 9 | 31 | 8 | 6 | 34 | 2 | 7 | ([7]) | 21 | 20 | 10 | 23 | 16 | 4 | 3 |
| Internal injury of chest, abdomen and pelvis (860-869) | 27 | 2 | 6 | 2 | 5 | 12 | ... | ... | ([7]) | 1 | 7 | 6 | 6 | 5 | 2 | ... |
| Open wounds (870-897) | 74 | 2 | 14 | 7 | 7 | 41 | 1 | 2 | ([7]) | 8 | 11 | 9 | 33 | 10 | 2 | 1 |
| Burns (940-949) | 42 | 7 | 8 | 5 | 3 | 18 | ... | 1 | ([7]) | 7 | 9 | 6 | 15 | 5 | ... | ... |
| Poisoning by drugs, medicinal, and biological substances (960-979) | 46 | 5 | 12 | 2 | 6 | 20 | ... | 1 | ([7]) | 11 | 5 | 7 | 10 | 11 | 2 | ... |
| Toxic effects of substances chiefly nonmedical as to source (980-989) | 6 | ... | 2 | ... | 1 | 3 | ... | ... | ([7]) | ... | 2 | ... | 3 | ... | 1 | ... |
| All other injuries (900-904, 910-939, 950-959, 990-995) | 122 | 6 | 23 | 6 | 13 | 62 | 8 | 4 | 58.6 | 14 | 15 | 10 | 38 | 27 | 9 | 9 |
| Complications of surgical and medical care, NEC (996-999) | 523 | 17 | 55 | 37 | 73 | 328 | 10 | 3 | 60.3 | 24 | 34 | 64 | 210 | 147 | 31 | 13 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | ... | ... | ... | ... | ... | ... | ... | ... | ..... | ... | ... | ... | ... | ... | ... | ... |
| XVIII. Factors influencing health status and contact with health Services (V01-V82) | 3,575 | 316 | 1,122 | 294 | 438 | 1,273 | 51 | 81 | 50.9 | 603 | 819 | 516 | 911 | 531 | 134 | 61 |

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the 'International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)', DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XI, 'Complication 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 on or after May 8, 1975.*

[4] *Service between February 1, 1955 and August 4, 1964.*

[5] *Service between June 22, 1950 and January 31, 1955.*

[6] *Consists of 10 Spanish-American War veterans, 648 peactime, 116 active military, and 67 non-veterans.*

[7] *Average age not calculated for totals less than 100 cases.*

[8] *Age calculation has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

TABLE 20

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Group[1]—September 30, 1985*

| Diagnostic Composition of Patients[2] | Total | Percent in Each Diagnostic Category for Specified Length of Stay | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | 99 Days or Less | 100 Days or More | More Than (Years) | | | | |
| | | | | 1 | 2 | 5 | 10 | 20 |
| All patients | 53,439 | 76.9 | 23.1 | 12.8 | 9.3 | 4.7 | 1.9 | .7 |
| Psychotic | 13,778 | 49.2 | 50.8 | 33.9 | 25.6 | 13.9 | 6.1 | 2.3 |
| Alcohol psychoses (291) | 863 | 32.1 | 67.9 | 46.5 | 32.9 | 15.2 | 4.6 | .3 |
| Drug psychoses (292) | 31 | 71.0 | 29.0 | 22.6 | 16.1 | 6.5 | 3.2 | ..... |
| Other psychoses (290, 293-299) | 12,884 | 50.3 | 49.7 | 33.1 | 25.1 | 13.9 | 6.2 | 2.5 |
| Other psychiatric | 6,477 | 82.8 | 17.2 | 8.1 | 6.1 | 2.8 | 1.0 | .1 |
| Alcohol dependence and abuse (303, 305.0) | 3,031 | 96.4 | 3.6 | .7 | .3 | .1 | ..... | ..... |
| Drug dependence and abuse (304, 305.1-305.9) | 555 | 89.7 | 10.3 | .5 | .2 | ..... | ..... | ..... |
| Other nonpsychotic mental disorders (300-302, 306-319) | 2,891 | 67.3 | 32.7 | 17.4 | 13.2 | 6.3 | 2.1 | .3 |
| Medical and surgical | 33,184 | 87.2 | 12.8 | 5.0 | 3.1 | 1.2 | .3 | .1 |
| All infectious and parasitic diseases (001-139) | 589 | 88.5 | 11.5 | 2.2 | 1.5 | 1.0 | .5 | .3 |
| Malignant neoplasms (140-208, 230-234) | 4,611 | 93.7 | 6.3 | .9 | .3 | .1 | ..... | ..... |
| Benign and unspecified neoplasms (210-229, 235-239) | 288 | 95.5 | 4.5 | 1.7 | .7 | .3 | ..... | ..... |
| Diabetes mellitus (250) | 715 | 86.7 | 13.3 | 2.4 | 1.1 | .1 | ..... | ..... |
| Other endocrine, nutritional, and metabolic diseases (240-246, 251-278) | 353 | 94.1 | 5.9 | 1.7 | 1.4 | .8 | .3 | .3 |
| Disorders involving the immune mechanisms (279) | 52 | 88.5 | 11.5 | ..... | ..... | ..... | ..... | ..... |
| Diseases of the blood and blood-forming organs (280-289) | 217 | 93.5 | 6.5 | ..... | ..... | ..... | ..... | ..... |
| Quadriplegia (344.0) | 97 | 12.4 | 87.6 | 71.1 | 60.8 | 25.8 | 8.2 | 1.0 |
| Paraplegia (344.1) | 28 | 35.7 | 64.3 | 50.0 | 42.9 | 21.4 | 7.1 | ..... |
| Other diseases of the nervous system (320-343, 344.2-359) | 2,736 | 44.8 | 55.2 | 34.3 | 23.1 | 8.8 | 1.9 | .3 |
| Diseases of the sense organs (360-389) | 365 | 95.3 | 4.7 | 3.0 | 1.4 | .3 | ..... | ..... |
| Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429) | 2,991 | 95.6 | 4.4 | 1.2 | .7 | .2 | .1 | ..... |
| Cerebrovascular diseases (430-438) | 1,539 | 79.7 | 20.3 | 6.4 | 3.7 | 1.2 | .2 | ..... |
| Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459) | 1,713 | 91.8 | 8.2 | 1.6 | .6 | .2 | .1 | .1 |
| Acute respiratory diseases (460-466, 480-487) | 718 | 94.3 | 5.7 | 1.4 | .6 | .3 | ..... | ..... |
| Chronic bronchitis and emphysema (491-492) | 217 | 84.3 | 15.7 | 4.1 | 2.8 | .5 | ..... | ..... |
| Other respiratory diseases (470-478, 490, 493-519) | 1,699 | 86.9 | 13.1 | 4.5 | 2.4 | .8 | .2 | .1 |
| Diseases of the oral cavity, salivary glands, and jaws (520-529) | 93 | 98.9 | 1.1 | ..... | ..... | ..... | ..... | ..... |
| Hernia of the abdominal cavity (550-553) | 375 | 99.2 | .8 | .3 | ..... | ..... | ..... | ..... |
| Alcohol-related liver diseases (571.0-571.3) | 315 | 93.7 | 6.3 | 1.0 | .6 | .6 | ..... | ..... |
| Other diseases of the digestive system (530-543, 555-570, 571.4-579) | 2,164 | 95.6 | 4.4 | 1.3 | .6 | .1 | .1 | ..... |
| Diseases of the male genital organs (600-608) | 565 | 97.3 | 2.7 | .7 | .2 | ..... | ..... | ..... |
| Other diseases of the genitourinary system (580-599) | 1,038 | 90.2 | 9.8 | 3.1 | 1.6 | .7 | .2 | ..... |
| Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676) | 28 | 100.0 | ..... | ..... | ..... | ..... | ..... | ..... |
| Diseases of the skin and subcutaneous tissue (680-709) | 1,230 | 81.4 | 18.6 | 4.9 | 2.4 | 1.4 | .6 | ..... |
| Diseases of the musculoskeletal system and connective tissue (710-739) | 1,644 | 92.5 | 7.5 | 2.5 | 1.6 | .9 | .2 | .1 |
| Congenital anomalies (740-759) | 66 | 87.9 | 12.1 | 3.0 | 1.5 | 1.5 | ..... | ..... |
| Symptoms, signs and ill-defined conditions (780-799) | 1,423 | 90.0 | 10.0 | 3.6 | 2.3 | .7 | .1 | ..... |
| Injuries and poisonings (800-904, 910-999) | 1,740 | 88.6 | 11.4 | 1.8 | 1.0 | .6 | .2 | .1 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Factors influencing health status and contact with health service (V01-V82) | 3,575 | 91.9 | 8.1 | .8 | .4 | .1 | .1 | .1 |
| Supplementary classification of external causes of injury and poisoning (E800-E999) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

[1] *A new Patient Treatment File System was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group*[1]
## *September 30, 1985*

| Diagnostic Composition of Patients[2] | Total | | Age Group[3] | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Under 35 | | 35–44 | | 45–54 | | 55–64 | | 65–74 | | 75–84 | | 85 and Over | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| All patients | 53,439 | 100.0 | 4,826 | 100.0 | 6,986 | 100.0 | 6,660 | 100.0 | 16,833 | 100.0 | 12,762 | 100.0 | 3,446 | 100.0 | 1,926 | 100.0 |
| Psychotic | 13,778 | 25.8 | 1,901 | 39.4 | 2,355 | 33.7 | 1,962 | 29.5 | 3,866 | 23.0 | 2,585 | 20.3 | 708 | 20.6 | 401 | 20.8 |
| Alcohol psychoses (291) | 863 | 1.6 | 12 | .3 | 28 | .4 | 79 | 1.2 | 363 | 2.2 | 310 | 2.4 | 65 | 1.9 | 6 | .3 |
| Drug psychoses (292) | 31 | .1 | 10 | .2 | 3 | (4) | 4 | .1 | 6 | (4) | 4 | (4) | 2 | .1 | 2 | .1 |
| Other psychoses (290, 293-299) | 12,884 | 24.1 | 1,879 | 38.9 | 2,324 | 33.3 | 1,879 | 28.2 | 3,497 | 20.8 | 2,271 | 17.8 | 641 | 18.6 | 393 | 20.4 |
| Other psychiatric | 6,477 | 12.1 | 1,350 | 28.0 | 1,963 | 28.1 | 977 | 14.7 | 1,252 | 7.4 | 642 | 5.0 | 183 | 5.3 | 110 | 5.7 |
| Alcohol dependence and abuse (303, 305.0) | 3,031 | 5.7 | 609 | 12.6 | 913 | 13.1 | 619 | 9.3 | 668 | 4.0 | 203 | 1.6 | 18 | .5 | 1 | .1 |
| Drug dependence and abuse (304, 305.1-305.9) | 555 | 1.0 | 288 | 6.0 | 217 | 3.1 | 34 | .5 | 14 | .1 | 2 | (4) | ..... | ..... | ..... | ..... |
| Other nonpsychotic mental disorders (300-302, 306-319) | 2,891 | 5.4 | 453 | 9.4 | 833 | 11.9 | 324 | 4.9 | 570 | 3.4 | 437 | 3.4 | 165 | 4.8 | 109 | 5.7 |
| Medical and surgical | 33,184 | 62.1 | 1,575 | 32.6 | 2,668 | 38.2 | 3,721 | 55.9 | 11,715 | 69.6 | 9,535 | 74.7 | 2,555 | 74.1 | 1,415 | 73.5 |
| All infectious and parasitic diseases (001-139) | 589 | 1.1 | 41 | .9 | 80 | 1.2 | 74 | 1.1 | 185 | 1.1 | 132 | 1.0 | 37 | 1.1 | 40 | 2.1 |
| Malignant neoplasms (140-208, 230-234) | 4,611 | 8.6 | 42 | .9 | 121 | 1.7 | 403 | 6.1 | 1,932 | 11.5 | 1,596 | 12.5 | 375 | 10.9 | 142 | 7.4 |
| Benign and unspecified neoplasms (210-229, 235-239) | 288 | .5 | 7 | .2 | 9 | .1 | 31 | .5 | 107 | .6 | 103 | .8 | 23 | .7 | 8 | .4 |
| Diabetes mellitus (250) | 715 | 1.3 | 13 | .3 | 43 | .6 | 109 | 1.6 | 296 | 1.8 | 192 | 1.5 | 46 | 1.3 | 16 | .8 |
| Other endocrine, nutritional and metabolic diseases (240-246, 251-278) | 353 | .7 | 7 | .2 | 27 | .4 | 37 | .6 | 114 | .7 | 106 | .8 | 36 | 1.0 | 26 | 1.4 |
| Disorders involving the immune mechanisms (279) | 52 | .1 | 14 | .3 | 20 | .3 | 10 | .2 | 4 | (3) | 4 | (3) | ..... | ..... | ..... | ..... |
| Diseases of the blood and blood-forming organs (280-289) | 217 | .4 | 6 | .1 | 8 | .1 | 18 | .3 | 69 | .4 | 68 | .5 | 31 | .9 | 17 | .9 |
| Quadriplegia (344.0) | 97 | .2 | 11 | .2 | 17 | .2 | 17 | .3 | 30 | .2 | 16 | .1 | 5 | .2 | 1 | .1 |
| Paraplegia (344.1) | 28 | .1 | 3 | .1 | 2 | (4) | 4 | .1 | 9 | .1 | 8 | .1 | 1 | (4) | 1 | .1 |
| Other diseases of the nervous system (320-343, 344.2-359) | 2,736 | 5.1 | 106 | 2.2 | 157 | 2.3 | 266 | 4.0 | 895 | 5.3 | 941 | 7.4 | 270 | 7.8 | 101 | 5.2 |
| Diseases of the sense organs (360-389) | 365 | .7 | 5 | .1 | 16 | .2 | 28 | .4 | 137 | .8 | 118 | .9 | 35 | 1.0 | 26 | 1.4 |
| Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429) | 2,991 | 5.6 | 21 | .4 | 113 | 1.6 | 340 | 5.1 | 1,222 | 7.3 | 890 | 7.0 | 232 | 6.7 | 173 | 9.0 |
| Cerebrovascular diseases (430-438) | 1,539 | 2.9 | 9 | .2 | 26 | .4 | 122 | 1.8 | 560 | 3.3 | 596 | 4.7 | 153 | 4.4 | 73 | 3.8 |
| Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459) | 1,713 | 3.2 | 37 | .8 | 76 | 1.1 | 195 | 2.9 | 672 | 4.0 | 546 | 4.3 | 126 | 3.7 | 61 | 3.2 |
| Acute respiratory diseases (460-466, 480-487) | 718 | 1.3 | 20 | .4 | 30 | .4 | 50 | .8 | 222 | 1.3 | 215 | 1.7 | 102 | 3.0 | 79 | 4.1 |
| Chronic bronchitis and emphysema (491-492) | 217 | .4 | 1 | (4) | 5 | .1 | 21 | .3 | 87 | .5 | 79 | .6 | 19 | .6 | 5 | .3 |
| Other respiratory diseases (470-478, 490, 493-519) | 1,699 | 3.2 | 31 | .6 | 52 | .7 | 128 | 1.9 | 654 | 3.9 | 594 | 4.7 | 180 | 5.2 | 60 | 3.1 |
| Diseases of the oral cavity, salivary glands, and jaws (520-529) | 93 | .2 | 5 | .1 | 7 | .1 | 15 | .2 | 34 | .2 | 27 | .2 | 1 | (4) | 4 | .2 |
| Hernia of the abdominal cavity (550-553) | 375 | .7 | 12 | .3 | 23 | .3 | 50 | .8 | 144 | .9 | 105 | .8 | 27 | .8 | 14 | .7 |
| Alcohol-related liver diseases (571.0-571.3) | 315 | .6 | 9 | .2 | 41 | .6 | 67 | 1.0 | 136 | .8 | 54 | .4 | 7 | .2 | 1 | .1 |
| Other diseases of the digestive system (530-543, 555-570, 571.4-579) | 2,164 | 4.1 | 81 | 1.7 | 210 | 3.0 | 280 | 4.2 | 726 | 4.3 | 607 | 4.8 | 154 | 4.5 | 106 | 5.5 |
| Diseases of the male genital organs (600-608) | 565 | 1.1 | 7 | .2 | 20 | .3 | 45 | .7 | 190 | 1.1 | 214 | 1.7 | 55 | 1.6 | 34 | 1.8 |
| Other diseases of the genitourinary system (580-599) | 1,038 | 1.9 | 47 | 1.0 | 68 | 1.0 | 117 | 1.8 | 305 | 1.8 | 309 | 2.4 | 104 | 3.0 | 88 | 4.6 |
| Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676) | 28 | .1 | 3 | .1 | 2 | (4) | 5 | .1 | 10 | .1 | 6 | .1 | 2 | .1 | ..... | ..... |
| Diseases of the skin and subcutaneous tissue (680-709) | 1,230 | 2.3 | 73 | 1.5 | 174 | 2.5 | 194 | 2.9 | 405 | 2.4 | 263 | 2.1 | 79 | 2.3 | 42 | 2.2 |
| Diseases of the musculoskeletal system and connective tissue (710-739) | 1,644 | 3.1 | 113 | 2.3 | 193 | 2.8 | 195 | 2.9 | 590 | 3.5 | 419 | 3.3 | 86 | 2.5 | 48 | 2.5 |
| Congenital anomalies (740-759) | 66 | .1 | 2 | (4) | 12 | .2 | 11 | .2 | 21 | .1 | 13 | .1 | 2 | .1 | 5 | .3 |
| Symptoms, signs, and ill-defined conditions (780-799) | 1,423 | 2.7 | 68 | 1.4 | 107 | 1.5 | 160 | 2.4 | 496 | 3.0 | 398 | 3.1 | 112 | 3.3 | 82 | 4.3 |
| Injuries and poisonings (800-904, 910-999) | 1,740 | 3.3 | 178 | 3.7 | 190 | 2.7 | 213 | 3.2 | 552 | 3.3 | 385 | 3.0 | 121 | 3.5 | 101 | 5.2 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Factors influencing health status and contact with health service (V01-V82) | 3,575 | 6.7 | 603 | 12.5 | 819 | 11.7 | 516 | 7.8 | 911 | 5.4 | 531 | 4.2 | 134 | 3.9 | 61 | 3.2 |
| Supplementary classification of external causes of injury and poisoning (E800-E999) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the FY 1985 records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years.*

[2] *The diagnostic categories and selected diagnosis included in this table are based on the "International Classifications of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnosis are the identifying code numbers of this diagnostic classification.*

[3] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months as was done in previous years. This change may mean that totals for some age groups will not be fully comparable with previous years.*

[4] *Less than .05 percent.*

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State*[1]
## *September 30, 1985*

| Location | Total | Age[3] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| Total | 53,439 | 4,826 | 6,986 | 6,660 | 16,833 | 12,762 | 3,446 | 1,926 |
| Alabama: | | | | | | | | |
| Birmingham | 291 | 13 | 22 | 38 | 129 | 69 | 17 | 3 |
| Montgomery | 142 | 6 | 10 | 16 | 40 | 45 | 12 | 13 |
| Tuscaloosa | 422 | 55 | 72 | 73 | 100 | 86 | 22 | 14 |
| Tuskegee | 598 | 60 | 91 | 75 | 173 | 135 | 41 | 23 |
| Arizona: | | | | | | | | |
| Phoenix | 339 | 37 | 64 | 24 | 95 | 80 | 31 | 8 |
| Prescott | 102 | 6 | 19 | 12 | 27 | 22 | 12 | 4 |
| Tucson | 173 | 10 | 12 | 23 | 59 | 46 | 10 | 13 |
| Arkansas: | | | | | | | | |
| Fayetteville | 116 | 4 | 8 | 21 | 34 | 35 | 13 | 1 |
| Little Rock (Little Rock) | 322 | 15 | 20 | 43 | 124 | 95 | 17 | 8 |
| Little Rock (North Little Rock) | 501 | 42 | 84 | 78 | 138 | 121 | 23 | 15 |
| California: | | | | | | | | |
| Fresno | 146 | 10 | 16 | 14 | 42 | 37 | 17 | 10 |
| Livermore | 96 | 1 | 6 | 11 | 25 | 29 | 19 | 5 |
| Loma Linda | 279 | 25 | 34 | 24 | 87 | 66 | 25 | 18 |
| Long Beach | 777 | 85 | 87 | 94 | 261 | 171 | 49 | 30 |
| Martinez | 322 | 15 | 33 | 36 | 110 | 79 | 28 | 21 |
| Palo Alto (Palo Alto)[2] | 333 | 37 | 60 | 23 | 94 | 83 | 19 | 17 |
| Palo Alto (Menlo Park)[2] | 135 | 39 | 66 | 18 | 11 | 1 | ..... | ..... |
| San Diego | 290 | 31 | 39 | 50 | 84 | 54 | 18 | 14 |
| San Francisco[2] | 156 | 8 | 23 | 13 | 54 | 37 | 17 | 4 |
| Sepulveda | 296 | 32 | 48 | 40 | 92 | 58 | 17 | 9 |
| West Los Angeles (Brentwood) | 426 | 131 | 116 | 53 | 70 | 41 | 12 | 3 |
| West Los Angeles (Wadsworth) | 307 | 12 | 21 | 34 | 121 | 72 | 34 | 13 |
| Colorado: | | | | | | | | |
| Denver | 218 | 32 | 30 | 33 | 68 | 43 | 9 | 3 |
| Fort Lyon | 303 | 40 | 57 | 51 | 89 | 51 | 11 | 4 |
| Grand Junction | 72 | ..... | 16 | 13 | 19 | 21 | ..... | 3 |
| Connecticut: | | | | | | | | |
| Newington | 113 | 7 | 13 | 11 | 42 | 24 | 11 | 5 |
| West Haven | 328 | 41 | 53 | 27 | 107 | 80 | 14 | 6 |
| Delaware: Wilmington | 178 | 2 | 7 | 18 | 66 | 59 | 17 | 9 |
| District of Columbia: Washington | 461 | 61 | 65 | 52 | 157 | 87 | 24 | 15 |
| Florida: | | | | | | | | |
| Bay Pines | 381 | 27 | 44 | 42 | 100 | 86 | 45 | 37 |
| Gainesville | 374 | 29 | 56 | 46 | 139 | 76 | 19 | 9 |
| Lake City | 248 | 5 | 12 | 27 | 100 | 75 | 19 | 10 |
| Miami | 402 | 47 | 63 | 41 | 142 | 77 | 22 | 10 |
| Tampa | 466 | 52 | 61 | 57 | 163 | 97 | 25 | 11 |
| Georgia: | | | | | | | | |
| Atlanta | 362 | 47 | 56 | 44 | 109 | 81 | 20 | 5 |
| Augusta (Forest Hills) | 273 | 23 | 31 | 35 | 95 | 73 | 8 | 8 |
| Augusta (Lenwood) | 532 | 75 | 114 | 75 | 145 | 97 | 21 | 5 |
| Dublin | 250 | 10 | 14 | 32 | 91 | 74 | 19 | 10 |
| Idaho: Boise | 82 | 3 | 19 | 6 | 23 | 20 | 6 | 5 |
| Illinois: | | | | | | | | |
| Chicago (Lakeside) | 278 | 17 | 22 | 22 | 114 | 78 | 20 | 5 |
| Chicago (West Side) | 310 | 34 | 34 | 52 | 101 | 65 | 17 | 7 |
| Danville | 594 | 35 | 53 | 56 | 187 | 169 | 56 | 38 |
| Hines[2] | 409 | 60 | 85 | 53 | 123 | 68 | 17 | 3 |
| Marion | 136 | 1 | 11 | 16 | 42 | 43 | 14 | 9 |
| North Chicago | 658 | 56 | 98 | 78 | 216 | 158 | 38 | 14 |
| Indiana: | | | | | | | | |
| Fort Wayne | 125 | 9 | 14 | 16 | 45 | 27 | 4 | 10 |
| Indianapolis (W. Tenth St.) | 260 | 8 | 18 | 25 | 99 | 88 | 18 | 4 |
| Indianapolis (Cold Spr. Rd.) | 75 | 30 | 23 | 9 | 9 | 4 | ..... | ..... |
| Marion | 492 | 49 | 58 | 67 | 152 | 119 | 29 | 18 |
| Iowa: | | | | | | | | |
| Des Moines | 160 | 13 | 9 | 9 | 61 | 41 | 14 | 13 |
| Iowa City | 224 | 7 | 18 | 30 | 90 | 65 | 13 | 1 |
| Knoxville | 324 | 40 | 59 | 57 | 97 | 55 | 8 | 8 |
| Kansas: | | | | | | | | |
| Leavenworth | 318 | 28 | 27 | 30 | 91 | 87 | 38 | 17 |
| Topeka | 540 | 72 | 124 | 74 | 132 | 85 | 36 | 17 |
| Wichita | 106 | 5 | 5 | 12 | 43 | 28 | 6 | 7 |
| Kentucky: | | | | | | | | |
| Lexington (Leestown)[2] | 226 | 25 | 34 | 33 | 54 | 51 | 15 | 14 |
| Lexington (Cooper Drive)[2] | 198 | 4 | 19 | 23 | 77 | 56 | 16 | 3 |
| Louisville | 230 | 23 | 29 | 31 | 74 | 56 | 10 | 7 |
| Louisiana: | | | | | | | | |
| Alexandria | 259 | 19 | 11 | 29 | 83 | 79 | 27 | 11 |
| New Orleans | 337 | 40 | 49 | 41 | 118 | 67 | 16 | 6 |
| Shreveport | 267 | 28 | 28 | 35 | 105 | 53 | 11 | 7 |

*See footnotes at end of table.*

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State*[1]
## *September 30, 1985*

| Location | Total | Age[3] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| Maine: Togus | 320 | 38 | 45 | 42 | 94 | 76 | 19 | 6 |
| Maryland: | | | | | | | | |
| Baltimore | 169 | 16 | 29 | 19 | 59 | 35 | 7 | 4 |
| Fort Howard | 152 | 6 | 14 | 19 | 43 | 43 | 20 | 7 |
| Perry Point | 682 | 46 | 88 | 85 | 212 | 163 | 61 | 27 |
| Massachusetts: | | | | | | | | |
| Bedford | 635 | 60 | 60 | 83 | 194 | 172 | 43 | 23 |
| Boston | 468 | 47 | 48 | 47 | 152 | 121 | 37 | 16 |
| Brockton (Brockton) | 623 | 54 | 73 | 98 | 204 | 141 | 35 | 18 |
| Brockton (West Roxbury) | 119 | 12 | 12 | 19 | 39 | 23 | 9 | 5 |
| Northampton | 456 | 40 | 101 | 58 | 108 | 98 | 32 | 19 |
| Michigan: | | | | | | | | |
| Allen Park | 396 | 54 | 67 | 49 | 117 | 92 | 11 | 6 |
| Ann Arbor | 235 | 14 | 34 | 27 | 94 | 54 | 8 | 4 |
| Battle Creek | 694 | 125 | 166 | 102 | 151 | 120 | 16 | 14 |
| Iron Mountain | 135 | 5 | 10 | 13 | 47 | 45 | 12 | 3 |
| Saginaw | 89 | 3 | 5 | 7 | 27 | 31 | 5 | 11 |
| Minnesota: | | | | | | | | |
| Minneapolis | 523 | 26 | 42 | 47 | 174 | 164 | 47 | 23 |
| St. Cloud | 405 | 40 | 49 | 50 | 121 | 101 | 30 | 14 |
| Mississippi: | | | | | | | | |
| Biloxi (Biloxi) | 223 | 5 | 17 | 29 | 82 | 60 | 20 | 10 |
| Biloxi (Gulfport) | 214 | 35 | 48 | 39 | 71 | 19 | 2 | ..... |
| Jackson | 305 | 21 | 36 | 32 | 104 | 87 | 19 | 6 |
| Missouri: | | | | | | | | |
| Columbia | 245 | 11 | 16 | 21 | 101 | 65 | 20 | 11 |
| Kansas City | 306 | 33 | 29 | 38 | 109 | 70 | 20 | 7 |
| Poplar Bluff | 97 | ..... | 5 | 10 | 30 | 37 | 8 | 7 |
| St. Louis (John J. Cochran) | 256 | 12 | 23 | 35 | 90 | 74 | 18 | 4 |
| St. Louis (Jefferson Barracks) | 353 | 58 | 67 | 50 | 106 | 54 | 14 | 4 |
| Montana: | | | | | | | | |
| Fort Harrison | 96 | 8 | 14 | 15 | 30 | 20 | 5 | 4 |
| Miles City | 55 | 4 | 7 | 7 | 17 | 15 | 3 | 2 |
| Nebraska: | | | | | | | | |
| Grand Island | 95 | 5 | 12 | 10 | 29 | 26 | 6 | 7 |
| Lincoln | 112 | 5 | 8 | 15 | 43 | 34 | 3 | 4 |
| Omaha | 231 | 24 | 14 | 27 | 78 | 62 | 16 | 10 |
| Nevada: Reno | 125 | 9 | 23 | 11 | 43 | 25 | 11 | 3 |
| New Hampshire: Manchester | 122 | 8 | 16 | 16 | 40 | 30 | 7 | 5 |
| New Jersey: | | | | | | | | |
| East Orange | 548 | 34 | 62 | 67 | 191 | 130 | 44 | 20 |
| Lyons | 915 | 66 | 114 | 120 | 302 | 231 | 49 | 33 |
| New Mexico: Albuquerque | 243 | 32 | 41 | 29 | 71 | 61 | 4 | 5 |
| New York: | | | | | | | | |
| Albany | 392 | 19 | 34 | 29 | 101 | 130 | 49 | 30 |
| Batavia | 123 | ..... | 2 | 7 | 32 | 47 | 18 | 17 |
| Bath | 176 | 3 | 5 | 9 | 49 | 54 | 25 | 31 |
| Bronx | 402 | 32 | 52 | 56 | 133 | 96 | 24 | 9 |
| Brooklyn (Brooklyn) | 472 | 27 | 70 | 48 | 141 | 128 | 42 | 16 |
| Brooklyn (St. Albans) | 46 | 1 | 1 | 3 | 13 | 14 | 9 | 5 |
| Buffalo | 561 | 40 | 53 | 74 | 167 | 155 | 40 | 32 |
| Canandaigua | 785 | 46 | 66 | 95 | 244 | 217 | 73 | 44 |
| Castle Point | 156 | 9 | 14 | 17 | 50 | 46 | 12 | 8 |
| Montrose | 849 | 111 | 153 | 107 | 241 | 171 | 42 | 24 |
| New York | 487 | 44 | 68 | 54 | 142 | 116 | 50 | 13 |
| Northport | 616 | 42 | 79 | 70 | 188 | 165 | 49 | 23 |
| Syracuse | 178 | 12 | 14 | 21 | 64 | 53 | 9 | 5 |
| North Carolina: | | | | | | | | |
| Asheville | 392 | 11 | 22 | 37 | 154 | 117 | 28 | 23 |
| Durham | 336 | 21 | 51 | 48 | 123 | 80 | 6 | 7 |
| Fayetteville | 192 | 10 | 9 | 17 | 81 | 60 | 10 | 5 |
| Salisbury | 703 | 40 | 68 | 93 | 245 | 197 | 35 | 25 |
| North Dakota: Fargo | 138 | 4 | 14 | 12 | 38 | 50 | 13 | 7 |
| Ohio: | | | | | | | | |
| Chillicothe | 570 | 75 | 87 | 80 | 165 | 114 | 28 | 21 |
| Cincinnati | 234 | 22 | 25 | 43 | 80 | 48 | 13 | 3 |
| Cleveland (Wade Park) | 238 | 17 | 24 | 20 | 104 | 57 | 9 | 7 |
| Cleveland (Brecksville) | 384 | 78 | 97 | 59 | 75 | 52 | 12 | 11 |
| Dayton | 397 | 19 | 33 | 45 | 146 | 99 | 35 | 20 |
| Oklahoma: | | | | | | | | |
| Muskogee[2] | 92 | 2 | 8 | 17 | 35 | 20 | 6 | 4 |
| Oklahoma City | 312 | 26 | 37 | 42 | 114 | 78 | 12 | 3 |
| Oregon: | | | | | | | | |
| Portland (Portland) | 283 | 6 | 26 | 35 | 89 | 81 | 26 | 20 |
| Roseburg | 187 | 26 | 41 | 24 | 49 | 27 | 10 | 10 |

*See footnotes at end of table.*

## *VA Medical Centers—Hospital Care Component: Patients Remaining, Age, By State*[1]
## *September 30, 1985*

| Location | Total | Age[3] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| Pennsylvania: | | | | | | | | |
| Altoona | 86 | 1 | 7 | 7 | 27 | 28 | 9 | 7 |
| Butler | 197 | 5 | 8 | 16 | 63 | 72 | 17 | 16 |
| Coatesville | 808 | 103 | 163 | 113 | 229 | 142 | 32 | 26 |
| Erie | 97 | 2 | 2 | 14 | 37 | 34 | 2 | 6 |
| Lebanon | 518 | 28 | 52 | 74 | 149 | 156 | 31 | 28 |
| Philadelphia | 254 | 23 | 25 | 27 | 97 | 60 | 14 | 8 |
| Pittsburgh (Highland Drive) | 544 | 57 | 86 | 71 | 164 | 128 | 31 | 7 |
| Pittsburgh (University Drive) | 335 | 7 | 18 | 44 | 126 | 102 | 23 | 15 |
| Pittsburgh (U. Dr. Aspinwall) | 105 | 1 | 1 | 6 | 30 | 35 | 18 | 14 |
| Wilkes-Barre | 320 | 20 | 30 | 29 | 104 | 101 | 25 | 11 |
| Puerto Rico: San Juan | 621 | 85 | 119 | 103 | 149 | 133 | 21 | 11 |
| Rhode Island: Providence | 196 | 20 | 18 | 25 | 69 | 42 | 14 | 8 |
| South Carolina: | | | | | | | | |
| Charleston | 187 | 15 | 18 | 37 | 66 | 43 | 5 | 3 |
| Columbia | 308 | 14 | 36 | 34 | 106 | 83 | 22 | 13 |
| South Dakota: | | | | | | | | |
| Fort Meade | 238 | 26 | 38 | 32 | 59 | 55 | 22 | 6 |
| Hot Springs | 152 | 5 | 20 | 22 | 52 | 34 | 11 | 8 |
| Sioux Falls | 148 | 9 | 14 | 16 | 44 | 37 | 14 | 14 |
| Tennessee: | | | | | | | | |
| Memphis | 590 | 84 | 82 | 89 | 183 | 119 | 26 | 7 |
| Mountain Home | 341 | 16 | 22 | 47 | 134 | 88 | 22 | 12 |
| Murfreesboro | 470 | 55 | 62 | 63 | 121 | 123 | 34 | 12 |
| Nashville | 315 | 11 | 29 | 43 | 125 | 83 | 18 | 6 |
| Texas: | | | | | | | | |
| Amarillo | 81 | 2 | 5 | 7 | 31 | 28 | 5 | 3 |
| Big Spring | 127 | 8 | 11 | 9 | 48 | 39 | 10 | 2 |
| Bonham | 73 | 3 | 3 | 11 | 21 | 25 | 4 | 6 |
| Dallas | 465 | 58 | 69 | 62 | 141 | 98 | 26 | 11 |
| Houston | 748 | 101 | 145 | 100 | 240 | 123 | 24 | 15 |
| Kerrville | 208 | 11 | 13 | 25 | 56 | 69 | 21 | 13 |
| Marlin | 177 | 2 | 4 | 11 | 53 | 57 | 33 | 17 |
| San Antonio | 518 | 50 | 74 | 65 | 167 | 131 | 24 | 7 |
| Temple | 411 | 19 | 39 | 52 | 138 | 111 | 39 | 13 |
| Waco | 695 | 86 | 99 | 111 | 213 | 136 | 40 | 10 |
| Utah: Salt Lake City | 249 | 34 | 37 | 41 | 70 | 47 | 7 | 13 |
| Vermont: White River Junction | 142 | 13 | 11 | 14 | 43 | 44 | 14 | 3 |
| Virginia: | | | | | | | | |
| Hampton | 264 | 25 | 32 | 38 | 88 | 62 | 11 | 8 |
| Richmond | 471 | 49 | 48 | 63 | 174 | 105 | 19 | 13 |
| Salem | 619 | 63 | 74 | 66 | 196 | 151 | 44 | 25 |
| Washington: | | | | | | | | |
| American Lake | 235 | 37 | 61 | 27 | 48 | 41 | 14 | 7 |
| Portland (Vancouver) | 82 | 10 | 20 | 6 | 22 | 11 | 4 | 9 |
| Seattle | 237 | 22 | 35 | 31 | 68 | 61 | 13 | 7 |
| Spokane | 135 | 5 | 10 | 7 | 51 | 36 | 10 | 16 |
| Walla Walla | 81 | 6 | 7 | 14 | 25 | 18 | 9 | 2 |
| West Virginia: | | | | | | | | |
| Beckley | 144 | 6 | 9 | 22 | 47 | 40 | 17 | 3 |
| Clarksburg | 161 | 6 | 9 | 10 | 55 | 45 | 20 | 16 |
| Huntington | 131 | 4 | 13 | 9 | 48 | 42 | 12 | 3 |
| Martinsburg | 271 | 11 | 18 | 33 | 76 | 81 | 29 | 23 |
| Wisconsin: | | | | | | | | |
| Madison | 208 | 3 | 20 | 22 | 74 | 74 | 11 | 4 |
| Tomah | 494 | 42 | 106 | 76 | 126 | 90 | 33 | 21 |
| Wood | 362 | 38 | 50 | 39 | 120 | 83 | 13 | 19 |
| Wyoming: | | | | | | | | |
| Cheyenne | 67 | 3 | 8 | 12 | 22 | 13 | 2 | 7 |
| Sheridan | 272 | 45 | 68 | 46 | 64 | 27 | 15 | 7 |

[1] *A new Patient Treatment File system was installed during FY 1984. Approximately 7% of the FY 1985 records collected were incomplete and, therefore, unavailable for inclusion in this table.*

[2] *Less than 75% of the patients remaining in these VA medical centers on the last day of the fiscal year were reported in time for inclusion in this report.*

[3] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

## *VA Medical Centers—Hospital Care Component: Patients Discharged, Manner of Disposition, Diagnostic Group[1]—Fiscal Year 1985*

| Diagnostic Composition of Patients[2] | Total Discharges | Disposition | | | |
|---|---|---|---|---|---|
| | | Regular | Irregular | Deaths | Transfers to VA or Non-VA Hospitals |
| All discharges | 1,031,299 | 906,318 | 42,816 | 47,900 | 34,265 |
| Psychotic | 85,997 | 67,090 | 12,569 | 1,180 | 5,158 |
| Alcohol psychoses (291) | 6,810 | 5,726 | 647 | 147 | 290 |
| Drug psychoses (292) | 866 | 711 | 137 | 5 | 13 |
| Other psychoses (290, 293-299) | 78,321 | 60,653 | 11,785 | 1,028 | 4,855 |
| Other psychiatric | 107,565 | 86,340 | 17,738 | 403 | 3,084 |
| Alcohol dependence and abuse (303, 305.0) | 64,488 | 51,959 | 11,051 | 88 | 1,390 |
| Drug dependence and abuse (304, 305.1-305.9) | 10,167 | 7,131 | 2,831 | 7 | 198 |
| Other nonpsychotic mental disorders (300-302, 306-319) | 32,910 | 27,250 | 3,856 | 308 | 1,496 |
| Medical and surgical | 837,737 | 752,888 | 12,509 | 46,317 | 26,023 |
| All infectious and parasitic diseases (001-139) | 11,521 | 9,200 | 220 | 1,889 | 212 |
| Malignant neoplasms (140-208, 230-234) | 93,771 | 74,135 | 655 | 15,307 | 3,674 |
| Benign and unspecified neoplasms (210-229, 235-239) | 14,166 | 13,531 | 83 | 126 | 426 |
| Diabetes mellitus (250) | 17,657 | 16,781 | 277 | 321 | 278 |
| Other endocrine, nutritional and metabolic diseases (240-246, 251-278) | 11,118 | 10,153 | 142 | 607 | 216 |
| Disorders involving the immune mechanisms (279) | 772 | 567 | 24 | 165 | 16 |
| Diseases of the blood and blood-forming organs (280-289) | 9,490 | 8,915 | 138 | 256 | 181 |
| Quadriplegia (344.0) | 86 | 68 | ..... | 5 | 13 |
| Paraplegia (344.1) | 72 | 51 | 4 | 6 | 11 |
| Other diseases of the nervous system (320-343, 344.2-359) | 25,821 | 23,105 | 337 | 1,169 | 1,210 |
| Diseases of the sense organs (360-389) | 29,477 | 28,708 | 111 | 17 | 641 |
| Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429) | 100,736 | 87,121 | 1,316 | 6,790 | 5,509 |
| Cerebrovascular diseases (430-438) | 23,316 | 19,822 | 226 | 2,142 | 1,126 |
| Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459) | 43,588 | 40,060 | 532 | 1,752 | 1,244 |
| Acute respiratory diseases (460-466, 480-487) | 22,927 | 19,293 | 232 | 3,086 | 316 |
| Chronic bronchitis and emphysema (491-492) | 5,827 | 5,395 | 76 | 297 | 59 |
| Other respiratory diseases (470-478, 490, 493-519) | 46,330 | 42,024 | 513 | 2,963 | 830 |
| Diseases of the oral cavity, salivary glands and jaws (520-529) | 4,898 | 4,782 | 30 | 9 | 77 |
| Hernia of the abdominal cavity (550-553) | 19,655 | 19,297 | 104 | 40 | 214 |
| Alcohol-related liver diseases (571.0-571.3) | 6,532 | 5,125 | 245 | 1,047 | 115 |
| Other diseases of the digestive system (530-543, 555-570, 571.4-579) | 67,448 | 61,886 | 1,085 | 2,970 | 1,507 |
| Diseases of the male genital organs (600-608) | 22,988 | 22,522 | 90 | 59 | 317 |
| Other diseases of the genitourinary system (580-599) | 29,746 | 27,320 | 250 | 1,246 | 930 |
| Diseases of the breast, gynecological disorders and complications of pregnancy (610-676) | 1,762 | 1,709 | 14 | ..... | 39 |
| Diseases of the skin and subcutaneous tissue (680-709) | 23,417 | 22,099 | 415 | 356 | 547 |
| Diseases of the musculoskeletal system and connective tissue (710-739) | 46,173 | 44,219 | 488 | 243 | 1,223 |
| Congenital anomalies (740-759) | 2,179 | 2,063 | 3 | 25 | 88 |
| Symptoms, signs and ill-defined conditions (780-799) | 50,983 | 45,657 | 1,511 | 2,158 | 1,657 |
| Injuries and poisonings (800-904, 910-999) | 44,467 | 40,362 | 820 | 966 | 2,319 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | 20 | 20 | ..... | ..... | ..... |
| Factors influencing health status and contact with health service (V01-V82) | 60,794 | 56,898 | 2,568 | 300 | 1,028 |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges. Included, however, are inter-VA hospital transfers.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

TABLE 24

## *VA Medical Centers—Hospital Care Component: Diagnostic Group[1] by Age—Patients Discharged—Fiscal Year 1985*

| Diagnostic Group[2] | Total Diagnoses | Principal Diagnosis[3] | Associated Diagnoses[4] | Average Age (Principal Diagnosis) | Age Group of Principal Diagnosis[5] | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| All diseases and conditions | 3,544,445 | 1,031,299 | 2,513,146 | 57.6 | 99,660 | 122,750 | 135,664 | 349,859 | 236,184 | 54,365 | 32,817 |
| I. Infectious and parasitic diseases | 89,556 | 11,521 | 78,035 | 56.6 | 1,575 | 1,443 | 1,461 | 3,454 | 2,345 | 650 | 593 |
| Pulmonary tuberculosis (011) | 3,494 | 1,699 | 1,795 | 57.7 | 96 | 183 | 302 | 698 | 307 | 62 | 51 |
| Tuberculosis, other (010, 012-018) | 604 | 262 | 342 | 56.7 | 23 | 39 | 51 | 70 | 51 | 15 | 13 |
| Tuberculosis, late effects (137) | 480 | ..... | 480 | (6) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| All other infectious and parasitic diseases (001-009, 020-136) | 84,809 | 9,560 | 75,249 | 56.5 | 1,456 | 1,221 | 1,108 | 2,686 | 1,987 | 573 | 529 |
| Late effects of other infectious and parasitic diseases (138-139) | 169 | ..... | 169 | (6) | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| II. Neoplasms | 221,982 | 107,937 | 114,045 | 63.3 | 1,871 | 3,825 | 11,271 | 45,745 | 34,109 | 7,523 | 3,593 |
| Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0) | 9,621 | 6,463 | 3,158 | 61.3 | 31 | 134 | 1,115 | 3,262 | 1,643 | 203 | 75 |
| Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9) | 19,322 | 13,872 | 5,450 | 64.6 | 88 | 313 | 1,268 | 5,989 | 4,488 | 1,162 | 564 |
| Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2) | 35,764 | 24,547 | 11,217 | 63.3 | 32 | 428 | 2,770 | 11,854 | 7,837 | 1,338 | 288 |
| Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9) | 5,205 | 3,534 | 1,671 | 62.2 | 21 | 80 | 454 | 1,822 | 956 | 149 | 52 |
| Malignant neoplasm of lymphatic and hematopoietic tissue (200-208) | 15,002 | 8,344 | 6,658 | 59.8 | 543 | 781 | 930 | 3,092 | 2,248 | 508 | 242 |
| Malignant neoplasm of genitourinary organs (179-189, 233) | 27,061 | 16,878 | 10,183 | 67.6 | 146 | 218 | 756 | 5,816 | 6,707 | 1,980 | 1,255 |
| Malignancies of all other systems (170-175, 190-199, 232, 234) | 82,074 | 20,133 | 61,941 | 62.8 | 451 | 893 | 2,296 | 8,346 | 6,004 | 1,332 | 811 |
| Neoplasms, benign (210-229) | 21,980 | 11,552 | 10,428 | 60.6 | 472 | 855 | 1,411 | 4,588 | 3,413 | 619 | 194 |
| Neoplasms of unspecified nature (235-239) | 5,953 | 2,614 | 3,339 | 63.2 | 87 | 123 | 271 | 976 | 813 | 232 | 112 |
| III. Endocrine, nutritional and metabolic diseases and immunity disorders | 224,526 | 29,547 | 194,979 | 59.8 | 1,372 | 2,670 | 4,404 | 11,369 | 7,126 | 1,613 | 993 |
| Diabetes mellitus (250) | 118,403 | 17,657 | 100,746 | 59.0 | 708 | 1,575 | 2,911 | 7,346 | 4,144 | 732 | 241 |
| Diseases of the endocrine glands (240-246, 251-259) | 16,306 | 3,095 | 13,211 | 58.7 | 211 | 308 | 408 | 1,177 | 757 | 159 | 75 |
| Gout (274) | 10,280 | 1,078 | 9,202 | 62.7 | 10 | 61 | 149 | 439 | 308 | 74 | 37 |
| Obesity (278.0-278.1) | 20,374 | 429 | 19,945 | 53.9 | 26 | 79 | 115 | 141 | 59 | 8 | 1 |
| Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8) | 57,537 | 6,516 | 51,021 | 64.8 | 163 | 348 | 736 | 2,157 | 1,838 | 635 | 639 |
| Disorders involving the immune mechanisms (279) | 1,626 | 772 | 854 | 41.3 | 254 | 299 | 85 | 109 | 20 | 5 | ..... |
| IV. Diseases of the blood and blood-forming organs | 77,176 | 9,490 | 67,686 | 64.1 | 374 | 528 | 846 | 3,095 | 2,983 | 958 | 706 |
| Anemias (280-282.4, 282.7-285) | 56,502 | 6,207 | 50,295 | 66.3 | 128 | 219 | 495 | 1,992 | 2,051 | 737 | 585 |
| Sickle cell trait and sickle cell anemia (282.5-282.6) | 703 | 239 | 464 | 40.3 | 86 | 93 | 26 | 24 | 10 | ..... | ..... |
| Other diseases of the blood and blood-forming organs (286-289) | 19,971 | 3,044 | 16,927 | 61.4 | 160 | 216 | 325 | 1,079 | 922 | 221 | 121 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| V. Mental disorders | 484,103 | 193,562 | 290,541 | 45.9 | 51,312 | 55,043 | 30,043 | 37,108 | 15,046 | 3,049 | 1,961 |
| Alcohol psychosis (291) | 24,133 | 6,810 | 17,323 | 54.0 | 536 | 1,206 | 1,453 | 2,372 | 1,063 | 158 | 22 |
| Drug psychosis (292) | 2,322 | 866 | 1,456 | 43.3 | 364 | 206 | 73 | 114 | 66 | 23 | 20 |
| Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294) | 16,292 | 6,692 | 9,600 | 68.6 | 224 | 239 | 359 | 1,550 | 2,234 | 1,142 | 944 |
| Schizophrenic disorders (295) | 63,922 | 47,505 | 16,417 | 41.4 | 18,108 | 14,378 | 6,170 | 6,501 | 2,055 | 207 | 86 |
| Other psychoses (296-299) | 39,500 | 24,124 | 15,376 | 49.2 | 4,949 | 5,785 | 3,833 | 5,967 | 2,806 | 491 | 293 |
| Neurotic disorders (300) | 32,062 | 8,684 | 23,378 | 48.7 | 1,659 | 2,367 | 1,303 | 2,181 | 989 | 124 | 61 |
| Personality disorders (301) | 38,789 | 5,257 | 33,532 | 38.2 | 2,419 | 1,818 | 440 | 422 | 126 | 26 | 6 |
| Alcohol dependence or abuse (303, 305.0) | 156,150 | 64,488 | 91,662 | 46.4 | 13,412 | 18,454 | 13,946 | 14,556 | 3,832 | 273 | 15 |
| Drug dependence or abuse (304, 305.1-305.9) | 56,358 | 10,167 | 46,191 | 35.4 | 5,601 | 3,603 | 551 | 325 | 72 | 11 | 4 |
| Other nonpsychotic mental disorders (302, 306-319) | 54,575 | 18,969 | 35,606 | 47.1 | 4,040 | 6,987 | 1,915 | 3,120 | 1,803 | 594 | 510 |
| VI. Diseases of the nervous system and sense organs | 204,442 | 55,456 | 148,986 | 60.7 | 3,075 | 4,444 | 6,591 | 20,098 | 15,493 | 3,834 | 1,921 |
| Quadriplegia (344.0) | 4,530 | 86 | 4,444 | (6) | 18 | 23 | 9 | 19 | 12 | 5 | ..... |
| Paraplegia (344.1) | 5,975 | 72 | 5,903 | (6) | 10 | 13 | 11 | 30 | 8 | ..... | ..... |
| Epilepsy (345) | 20,860 | 5,051 | 15,809 | 52.3 | 792 | 871 | 843 | 1,567 | 779 | 145 | 54 |
| Disorders of the peripheral nervous system (350-359) | 23,458 | 7,385 | 16,073 | 57.1 | 543 | 871 | 1,219 | 2,788 | 1,593 | 266 | 105 |
| Other diseases of central nervous system (320-343, 344.2-344.9, 346-349) | 66,453 | 13,385 | 53,068 | 59.4 | 957 | 1,438 | 1,698 | 4,273 | 3,708 | 911 | 400 |
| Glaucoma (365) | 9,061 | 1,448 | 7,613 | 63.9 | 32 | 48 | 114 | 600 | 494 | 115 | 45 |
| Cataract (366) | 20,990 | 15,191 | 5,799 | 66.6 | 43 | 184 | 1,170 | 5,853 | 5,343 | 1,644 | 954 |
| Blindness (369) | 4,391 | 218 | 4,173 | 61.8 | 9 | 13 | 32 | 82 | 54 | 13 | 15 |
| Disorders of the eye and adnexa (360-364, 367-368, 370-379) | 31,359 | 8,685 | 22,674 | 62.1 | 326 | 509 | 935 | 3,384 | 2,637 | 599 | 295 |
| Diseases of the ear and mastoid process (380-389) | 17,365 | 3,935 | 13,430 | 56.7 | 345 | 474 | 560 | 1,502 | 865 | 136 | 53 |
| VII. Diseases of the circulatory system | 720,611 | 167,640 | 552,971 | 62.8 | 2,434 | 7,508 | 21,838 | 69,744 | 48,695 | 10,822 | 6,599 |
| Chronic rheumatic heart disease (393-398) | 4,285 | 1,126 | 3,159 | 59.9 | 31 | 87 | 172 | 477 | 296 | 48 | 15 |
| Hypertensive disease without heart involvement (401, 403, 405) | 151,946 | 10,463 | 141,483 | 59.2 | 336 | 946 | 1,796 | 4,302 | 2,519 | 406 | 158 |
| Hypertensive heart disease (402, 404) | 9,947 | 2,925 | 7,022 | 64.3 | 14 | 99 | 324 | 1,199 | 916 | 244 | 129 |
| Acute myocardial infarction (410) | 20,589 | 12,184 | 8,405 | 62.6 | 77 | 587 | 1,709 | 5,308 | 3,278 | 822 | 403 |
| Other ischemic heart disease (411-414) | 180,141 | 42,384 | 137,757 | 61.3 | 222 | 1,941 | 7,404 | 19,493 | 10,668 | 1,712 | 944 |
| Other forms of heart disease (391, 392.0, 420-429) | 176,740 | 42,117 | 134,623 | 65.3 | 567 | 1,292 | 3,955 | 15,844 | 13,666 | 3,843 | 2,950 |
| Cerebrovascular diseases (430-438) | 65,134 | 23,316 | 41,818 | 64.8 | 133 | 491 | 2,246 | 9,684 | 7,793 | 1,881 | 1,088 |
| Atherosclerosis (440) | 14,822 | 2,633 | 12,189 | 64.3 | 6 | 58 | 307 | 1,146 | 832 | 172 | 112 |
| Other diseases of arteries, arterioles, and capillaries (441-448) | 43,289 | 14,581 | 28,708 | 63.8 | 121 | 341 | 1,529 | 6,330 | 4,924 | 954 | 382 |
| Varicose veins of lower extremities (454) | 5,207 | 1,782 | 3,425 | 60.5 | 79 | 159 | 250 | 632 | 482 | 115 | 65 |
| Hemorrhoids (455) | 12,565 | 3,807 | 8,758 | 54.8 | 348 | 602 | 711 | 1,340 | 681 | 84 | 41 |
| Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459) | 35,946 | 10,322 | 25,624 | 59.9 | 500 | 905 | 1,435 | 3,989 | 2,640 | 541 | 312 |
| VIII. Diseases of the respiratory system | 251,588 | 75,084 | 176,504 | 63.3 | 2,643 | 3,460 | 7,392 | 28,547 | 22,880 | 6,011 | 4,151 |
| Acute respiratory infections (460-466) | 17,043 | 5,350 | 11,693 | 61.5 | 310 | 295 | 578 | 2,057 | 1,556 | 308 | 246 |
| Pneumonia and influenza (480-487) | 39,739 | 17,577 | 22,162 | 66.2 | 546 | 837 | 1,536 | 5,432 | 4,980 | 1,976 | 2,270 |
| Chronic bronchitis (491) | 12,886 | 4,123 | 8,763 | 64.4 | 26 | 94 | 364 | 1,800 | 1,403 | 315 | 121 |
| Emphysema (492) | 8,641 | 1,704 | 6,937 | 64.5 | 11 | 26 | 146 | 751 | 585 | 142 | 43 |

*See footnotes at end of table.*

## *VA Medical Centers—Hospital Care Component: Diagnostic Group[1] by Age—Patients Discharged—Fiscal Year 1985*

| Diagnostic Group[2] | Total Diagnoses | Principal Diagnosis[3] | Associated Diagnoses[4] | Average Age (*Principal Diagnosis*) | Age Group of Principal Diagnosis[5] | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over |
| Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519) | 173,279 | 46,330 | 126,949 | 62.3 | 1,750 | 2,208 | 4,768 | 18,507 | 14,356 | 3,270 | 1,471 |
| IX. Diseases of the digestive system | 309,639 | 98,533 | 211,106 | 58.6 | 6,586 | 10,390 | 14,529 | 36,145 | 23,041 | 5,056 | 2,786 |
| Diseases of oral cavity, salivary glands and jaws (520-529) | 61,491 | 4,898 | 56,593 | 54.4 | 702 | 593 | 692 | 1,779 | 937 | 129 | 66 |
| Ulcers of the digestive system (530.2, 531-534) | 25,942 | 9,892 | 16,050 | 60.0 | 463 | 860 | 1,371 | 3,883 | 2,431 | 572 | 312 |
| Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537) | 40,331 | 11,381 | 28,950 | 59.3 | 673 | 1,034 | 1,669 | 4,240 | 2,853 | 589 | 323 |
| Hernia of the abdominal cavity (550-553) | 36,432 | 19,655 | 16,777 | 59.9 | 1,063 | 1,640 | 2,505 | 7,600 | 5,281 | 1,145 | 421 |
| Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579) | 82,546 | 30,136 | 52,410 | 59.4 | 2,300 | 3,018 | 3,861 | 10,224 | 7,431 | 1,974 | 1,328 |
| Alcohol-related liver disorders (571.0-571.3) | 23,107 | 6,532 | 16,575 | 55.6 | 234 | 901 | 1,548 | 2,775 | 986 | 82 | 6 |
| Other diseases of liver, gallbladder, and pancreas (570, 571.4-577) | 39,790 | 16,039 | 23,751 | 56.4 | 1,151 | 2,344 | 2,883 | 5,644 | 3,122 | 565 | 330 |
| X. Diseases of the genitourinary system | 175,866 | 54,463 | 121,403 | 62.7 | 2,469 | 3,507 | 5,246 | 19,055 | 16,913 | 4,321 | 2,952 |
| Nephritis, nephrotic syndrome and nephrosis (580-589) | 25,403 | 5,133 | 20,270 | 61.6 | 236 | 400 | 686 | 1,769 | 1,407 | 349 | 286 |
| Other diseases of the urinary system (590-599) | 96,438 | 24,613 | 71,825 | 62.7 | 1,251 | 2,022 | 2,509 | 7,841 | 6,886 | 2,230 | 1,874 |
| Diseases of the prostate (600-602) | 35,272 | 16,002 | 19,270 | 66.6 | 60 | 111 | 740 | 6,247 | 6,731 | 1,458 | 655 |
| Other diseases of the male genital organs (603-608) | 15,047 | 6,986 | 8,061 | 57.4 | 519 | 736 | 1,102 | 2,697 | 1,592 | 221 | 119 |
| Disorders of breast and gynecological diseases (610-629) | 3,706 | 1,729 | 1,977 | 51.5 | 403 | 238 | 209 | 501 | 297 | 63 | 18 |
| XI. Complications of pregnancy, childbirth and puerperium (630-676) | 52 | 33 | 19 | ([6]) | 27 | 5 | 1 | ..... | ..... | ..... | ..... |
| XII. Diseases of skin and subcutaneous tissue | 77,203 | 23,417 | 53,786 | 56.2 | 2,537 | 3,163 | 3,420 | 7,802 | 4,874 | 989 | 632 |
| Infections and inflammatory conditions of skin and subcutaneous tissue (680-698) | 37,832 | 12,647 | 25,185 | 55.3 | 1,548 | 1,731 | 1,976 | 4,179 | 2,434 | 471 | 308 |
| Other diseases of skin and subcutaneous tissue (700-709) | 39,371 | 10,770 | 28,601 | 57.2 | 989 | 1,432 | 1,444 | 3,623 | 2,440 | 518 | 324 |
| XIII. Diseases of the musculoskeletal system and connective tissue | 146,426 | 46,173 | 100,253 | 55.1 | 5,453 | 6,465 | 7,082 | 15,694 | 9,126 | 1,588 | 765 |
| Osteoarthrosis and allied disorders (715) | 29,600 | 6,420 | 23,180 | 62.4 | 202 | 357 | 655 | 2,554 | 2,024 | 416 | 212 |
| Other arthropathies and related disorders (710-714, 716-719) | 30,624 | 9,524 | 21,100 | 52.2 | 1,896 | 1,345 | 1,310 | 2,910 | 1,672 | 255 | 136 |
| Dorsopathies (720-724) | 41,817 | 14,179 | 27,638 | 54.1 | 1,401 | 2,548 | 2,587 | 4,783 | 2,291 | 395 | 174 |
| Rheumatism, excluding the back (725-729) | 18,930 | 7,643 | 11,287 | 55.5 | 820 | 1,000 | 1,216 | 2,689 | 1,612 | 219 | 87 |
| Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739) | 25,455 | 8,407 | 17,048 | 54.4 | 1,134 | 1,215 | 1,314 | 2,758 | 1,527 | 303 | 156 |
| XIV. Congenital deformities (740-759) | 7,744 | 2,179 | 5,565 | 56.1 | 245 | 268 | 308 | 771 | 437 | 112 | 38 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| XVI. Symptoms, signs and ill-defined conditions (780-799) | 202,421 | 50,983 | 151,438 | 59.5 | 3,099 | 4,957 | 7,157 | 18,753 | 12,024 | 2,991 | 2,002 |
| XVII. Injury and poisoning | 119,551 | 44,487 | 75,064 | 55.1 | 6,877 | 6,183 | 5,919 | 13,272 | 8,291 | 2,137 | 1,808 |
| Fracture of skull (800-804) | 2,910 | 1,611 | 1,299 | 45.0 | 536 | 375 | 238 | 295 | 117 | 26 | 24 |
| Fracture of neck and trunk (805-809) | 5,289 | 2,131 | 3,158 | 56.7 | 298 | 268 | 249 | 639 | 435 | 116 | 126 |
| Fracture of upper and lower limb (810-829) | 15,708 | 9,892 | 5,816 | 58.7 | 1,184 | 1,192 | 1,175 | 2,769 | 1,988 | 743 | 841 |
| Dislocations, sprains, and strains of joints and adjacent muscles (830-848) | 6,890 | 3,813 | 3,077 | 48.0 | 1,022 | 739 | 542 | 951 | 439 | 77 | 43 |
| Intracranial injury, excluding those with skull fracture (850-854) | 3,061 | 1,855 | 1,206 | 51.5 | 437 | 293 | 227 | 474 | 277 | 75 | 72 |
| Internal injury of chest, abdomen, and pelvis (860-869) | 1,340 | 530 | 810 | 50.0 | 117 | 111 | 75 | 132 | 66 | 14 | 15 |
| Open wounds (870-897) | 9,520 | 3,539 | 5,981 | 46.9 | 1,026 | 773 | 493 | 785 | 323 | 83 | 56 |
| Burns (940-949) | 2,607 | 1,044 | 1,563 | 53.4 | 164 | 178 | 136 | 341 | 173 | 26 | 26 |
| Poisoning by drugs, medicinal and biological substances (960-979) | 7,293 | 2,283 | 5,010 | 52.5 | 443 | 441 | 269 | 570 | 391 | 109 | 60 |
| Toxic effects of substances chiefly nonmedical as to source (980-989) | 1,027 | 359 | 668 | 50.1 | 74 | 61 | 69 | 102 | 41 | 8 | 4 |
| All other injuries (900-904, 910-939, 950-959, 990-995) | 16,046 | 4,351 | 11,695 | 54.8 | 682 | 620 | 623 | 1,260 | 767 | 202 | 197 |
| Complications of surgical and medical care, NEC (996-999) | 34,371 | 13,059 | 21,312 | 59.1 | 890 | 1,129 | 1,821 | 4,947 | 3,270 | 658 | 344 |
| Late effects of injuries, poisonings, toxic effects and other external causes (905-909) | 13,489 | 20 | 13,469 | ([6]) | 4 | 3 | 2 | 7 | 4 | ..... | ..... |
| XVIII. Factors influencing health status and contact with health services (V01-V82) | 231,559 | 60,794 | 170,765 | 55.4 | 7,711 | 8,891 | 8,156 | 19,207 | 12,801 | 2,711 | 1,317 |

[1] *Patient Treatment File. This table, as well as all others in this discharge series, excludes approximately 245,474 one-day dialysis discharges. Included, however, are inter-VA hospital transfers.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period" in which no cases occurred, is not included in this table.*

[3] *Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.*

[4] *Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.*

[5] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[6] *Average age not calculated for totals of less than 100 cases.*

## *VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay[1]—Fiscal Year 1985*

| Type of Patient and Age Group[2] | Total | | | Short Term[4] | | Length of Stay (Days) | | | | | | | | | | | | | Total Days[5] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Patients | Average Days | Median Days[3] | Average Days | Percent of Total Discharges | 1 | 2-3 | 4-7 | 8-14 | 15-21 | 22-30 | 31-60 | 61-90 | 91-180 | 181-270 | 271-365 | 366-730 | 731 Plus | |
| All patients | 1,031,299 | 23.7 | 9.3 | 13.9 | 97.6 | 102,323 | 160,117 | 212,578 | 220,116 | 106,209 | 84,147 | 93,569 | 23,588 | 17,575 | 4,064 | 1,801 | 2,600 | 2,612 | 24,438,975 |
| Under 25 | 11,091 | 19.1 | 7.3 | 13.6 | 97.1 | 1,530 | 2,157 | 2,251 | 1,626 | 799 | 958 | 1,108 | 294 | 255 | 61 | 18 | 27 | 7 | 211,413 |
| 25-29 | 32,833 | 20.5 | 8.9 | 15.4 | 97.3 | 4,093 | 5,335 | 6,291 | 5,089 | 2,716 | 3,273 | 3,980 | 1,025 | 705 | 183 | 56 | 70 | 17 | 673,325 |
| 30-34 | 55,736 | 21.7 | 9.6 | 15.6 | 97.3 | 6,625 | 8,407 | 10,723 | 9,033 | 4,909 | 5,874 | 6,843 | 1,544 | 1,217 | 260 | 116 | 122 | 63 | 1,208,399 |
| 35-39 | 78,007 | 22.1 | 9.7 | 15.4 | 97.1 | 8,860 | 11,918 | 15,015 | 13,333 | 6,861 | 7,862 | 9,420 | 2,073 | 1,832 | 408 | 174 | 156 | 95 | 1,723,230 |
| 40-44 | 44,743 | 23.1 | 9.2 | 14.7 | 97.5 | 4,849 | 7,082 | 9,022 | 8,119 | 4,037 | 4,272 | 4,959 | 1,107 | 833 | 193 | 72 | 109 | 89 | 1,032,656 |
| 45-49 | 46,789 | 22.3 | 8.6 | 13.7 | 97.8 | 4,854 | 7,730 | 9,899 | 9,298 | 4,302 | 3,994 | 4,500 | 1,009 | 730 | 162 | 87 | 119 | 105 | 1,045,225 |
| 50-54 | 88,875 | 22.2 | 8.9 | 13.5 | 97.9 | 8,693 | 14,233 | 18,957 | 19,183 | 8,917 | 7,005 | 7,879 | 1,823 | 1,336 | 309 | 135 | 198 | 207 | 1,973,174 |
| 55-59 | 141,067 | 23.2 | 9.1 | 13.4 | 97.9 | 13,231 | 22,611 | 29,949 | 31,428 | 14,803 | 10,742 | 11,930 | 2,876 | 2,161 | 477 | 230 | 291 | 338 | 3,279,378 |
| 60-64 | 208,792 | 21.9 | 8.9 | 13.1 | 98.0 | 20,293 | 33,141 | 44,745 | 47,656 | 22,169 | 15,448 | 16,121 | 4,304 | 3,007 | 686 | 266 | 463 | 493 | 4,565,237 |
| 65-69 | 153,839 | 23.4 | 9.1 | 13.3 | 97.8 | 14,997 | 23,869 | 32,324 | 35,311 | 16,809 | 11,255 | 11,910 | 3,386 | 2,314 | 566 | 251 | 397 | 450 | 3,606,508 |
| 70-74 | 82,345 | 25.1 | 9.8 | 13.8 | 97.4 | 7,421 | 12,251 | 16,575 | 19,201 | 9,400 | 6,331 | 6,861 | 1,870 | 1,432 | 326 | 148 | 254 | 275 | 2,065,603 |
| 75-79 | 41,741 | 28.8 | 10.4 | 14.5 | 97.0 | 3,597 | 5,762 | 8,092 | 9,877 | 4,922 | 3,295 | 3,676 | 1,082 | 806 | 193 | 93 | 177 | 169 | 1,202,575 |
| 80-84 | 12,624 | 41.2 | 10.9 | 15.2 | 96.3 | 936 | 1,608 | 2,519 | 2,911 | 1,506 | 1,025 | 1,251 | 357 | 265 | 63 | 34 | 64 | 85 | 519,761 |
| 85 and over | 32,817 | 40.6 | 11.3 | 15.3 | 96.4 | 2,344 | 4,013 | 6,216 | 8,051 | 4,059 | 2,813 | 3,131 | 838 | 682 | 177 | 121 | 153 | 219 | 1,333,491 |
| Psychotic | 85,997 | 86.7 | 21.4 | 24.3 | 90.1 | 4,858 | 5,729 | 9,625 | 13,164 | 10,432 | 10,616 | 16,521 | 5,532 | 4,748 | 1,400 | 709 | 1,062 | 1,601 | 7,454,511 |
| Under 25 | 2,283 | 32.7 | 18.4 | 22.7 | 94.3 | 195 | 162 | 276 | 365 | 296 | 276 | 412 | 142 | 112 | 29 | 7 | 8 | 3 | 74,713 |
| 25-29 | 8,326 | 33.3 | 18.4 | 22.8 | 94.5 | 620 | 612 | 1,069 | 1,352 | 1,054 | 1,005 | 1,556 | 527 | 363 | 97 | 26 | 34 | 11 | 277,353 |
| 30-34 | 13,572 | 36.2 | 18.3 | 22.3 | 94.2 | 1,036 | 1,053 | 1,755 | 2,122 | 1,716 | 1,747 | 2,483 | 765 | 589 | 127 | 70 | 64 | 45 | 491,682 |
| 35-39 | 14,742 | 39.8 | 18.6 | 22.6 | 93.6 | 1,039 | 1,083 | 1,882 | 2,453 | 1,767 | 1,822 | 2,774 | 809 | 721 | 169 | 81 | 78 | 64 | 587,045 |
| 40-44 | 7,072 | 53.7 | 20.4 | 23.5 | 92.6 | 414 | 501 | 834 | 1,073 | 916 | 945 | 1,390 | 414 | 339 | 86 | 40 | 61 | 59 | 379,868 |
| 45-49 | 4,878 | 70.8 | 20.1 | 23.4 | 90.8 | 258 | 388 | 594 | 751 | 607 | 570 | 913 | 291 | 252 | 64 | 47 | 67 | 76 | 345,443 |
| 50-54 | 7,010 | 91.7 | 23.3 | 25.2 | 89.2 | 294 | 491 | 706 | 1,019 | 863 | 897 | 1,455 | 442 | 413 | 129 | 64 | 96 | 141 | 642,799 |
| 55-59 | 8,044 | 118.3 | 25.0 | 26.1 | 87.6 | 335 | 522 | 746 | 1,133 | 931 | 1,049 | 1,683 | 547 | 492 | 183 | 98 | 103 | 222 | 951,275 |
| 60-64 | 8,460 | 144.8 | 27.0 | 27.2 | 85.1 | 346 | 438 | 786 | 1,160 | 926 | 1,010 | 1,749 | 673 | 583 | 202 | 93 | 181 | 313 | 1,224,784 |
| 65-69 | 5,402 | 167.0 | 28.6 | 28.2 | 82.3 | 167 | 232 | 430 | 769 | 631 | 640 | 1,031 | 471 | 397 | 160 | 73 | 152 | 249 | 901,932 |
| 70-74 | 2,822 | 186.2 | 28.6 | 27.8 | 81.5 | 84 | 139 | 230 | 393 | 327 | 325 | 537 | 219 | 219 | 67 | 39 | 80 | 163 | 525,457 |
| 75-79 | 1,483 | 215.4 | 29.1 | 27.3 | 78.4 | 35 | 48 | 137 | 252 | 152 | 148 | 255 | 107 | 129 | 38 | 27 | 57 | 98 | 319,450 |
| 80-84 | 538 | 423.0 | 30.0 | 27.7 | 75.8 | 9 | 16 | 44 | 81 | 69 | 56 | 84 | 42 | 39 | 15 | 10 | 26 | 47 | 227,550 |
| 85 and over | 1,365 | 370.1 | 26.1 | 25.4 | 77.1 | 26 | 44 | 136 | 241 | 177 | 126 | 199 | 83 | 100 | 34 | 34 | 55 | 110 | 505,160 |
| Other Psychiatric | 107,565 | 27.3 | 13.1 | 18.3 | 97.0 | 10,141 | 12,030 | 19,213 | 16,817 | 9,953 | 14,329 | 18,097 | 3,166 | 2,558 | 552 | 183 | 281 | 245 | 2,940,298 |
| Under 25 | 2,150 | 23.9 | 15.5 | 19.6 | 97.4 | 202 | 242 | 318 | 298 | 188 | 363 | 397 | 74 | 53 | 10 | 1 | 2 | 2 | 51,368 |
| 25-29 | 8,452 | 23.1 | 14.0 | 18.9 | 97.4 | 990 | 890 | 1,300 | 1,206 | 779 | 1,230 | 1,505 | 282 | 201 | 45 | 8 | 14 | 2 | 195,157 |
| 30-34 | 16,529 | 22.6 | 12.6 | 17.8 | 97.5 | 1,961 | 1,911 | 2,754 | 2,464 | 1,519 | 2,262 | 2,690 | 466 | 371 | 70 | 19 | 33 | 9 | 374,193 |
| 35-39 | 23,089 | 24.4 | 13.7 | 18.8 | 96.6 | 2,534 | 2,576 | 3,777 | 3,277 | 2,159 | 3,116 | 3,946 | 741 | 720 | 150 | 42 | 39 | 12 | 564,423 |
| 40-44 | 10,140 | 23.5 | 13.0 | 18.4 | 97.6 | 975 | 1,235 | 1,794 | 1,484 | 903 | 1,381 | 1,745 | 314 | 225 | 48 | 12 | 19 | 5 | 238,596 |
| 45-49 | 7,949 | 23.1 | 12.1 | 17.4 | 98.0 | 733 | 1,001 | 1,550 | 1,190 | 652 | 1,050 | 1,388 | 191 | 134 | 30 | 12 | 11 | 7 | 183,642 |
| 50-54 | 10,206 | 24.7 | 12.3 | 17.8 | 98.0 | 821 | 1,162 | 2,093 | 1,633 | 894 | 1,328 | 1,780 | 245 | 164 | 35 | 12 | 20 | 19 | 251,654 |
| 55-59 | 10,651 | 26.0 | 12.6 | 18.0 | 97.7 | 788 | 1,161 | 2,206 | 1,788 | 955 | 1,320 | 1,836 | 288 | 219 | 33 | 15 | 18 | 24 | 277,189 |
| 60-64 | 9,953 | 29.0 | 12.9 | 17.8 | 97.1 | 687 | 1,091 | 1,916 | 1,825 | 1,007 | 1,258 | 1,579 | 252 | 205 | 47 | 22 | 35 | 29 | 289,058 |
| 65-69 | 4,935 | 45.1 | 13.5 | 18.3 | 95.5 | 278 | 469 | 952 | 971 | 501 | 633 | 727 | 158 | 119 | 35 | 13 | 31 | 48 | 222,346 |
| 70-74 | 1,887 | 55.4 | 13.8 | 18.7 | 93.8 | 98 | 174 | 343 | 393 | 203 | 212 | 266 | 66 | 71 | 15 | 7 | 16 | 23 | 104,497 |
| 75-79 | 799 | 78.4 | 16.6 | 20.7 | 90.4 | 48 | 74 | 112 | 145 | 86 | 99 | 111 | 39 | 27 | 19 | 9 | 16 | 14 | 62,615 |
| 80-84 | 229 | 148.1 | 22.5 | 24.9 | 83.8 | 8 | 5 | 25 | 35 | 40 | 28 | 31 | 18 | 15 | 1 | 2 | 8 | 13 | 33,923 |
| 85 and over | 596 | 153.8 | 21.2 | 22.9 | 81.9 | 18 | 39 | 73 | 108 | 67 | 49 | 96 | 32 | 34 | 14 | 9 | 19 | 38 | 91,637 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Medical and surgical** | 837,737 | 16.8 | 8.1 | 12.4 | 98.4 | 87,324 | 142,358 | 183,740 | 190,135 | 85,824 | 59,202 | 58,951 | 14,890 | 10,269 | 2,112 | 909 | 1,257 | 766 | 14,044,166 |
| Under 25 | 6,658 | 12.8 | 5.0 | 8.7 | 98.0 | 1,133 | 1,753 | 1,657 | 963 | 315 | 319 | 299 | 78 | 90 | 22 | 10 | 17 | 2 | 85,332 |
| 25-29 | 16,055 | 12.5 | 5.7 | 10.0 | 98.8 | 2,483 | 3,833 | 3,922 | 2,531 | 883 | 1,038 | 919 | 216 | 141 | 41 | 22 | 22 | 4 | 200,815 |
| 30-34 | 25,635 | 13.4 | 6.4 | 10.7 | 98.7 | 3,628 | 5,443 | 6,214 | 4,447 | 1,674 | 1,865 | 1,670 | 313 | 257 | 63 | 27 | 25 | 9 | 342,524 |
| 35-39 | 40,176 | 14.2 | 6.8 | 11.0 | 98.7 | 5,287 | 8,259 | 9,356 | 7,603 | 2,935 | 2,924 | 2,700 | 523 | 391 | 89 | 51 | 39 | 19 | 571,762 |
| 40-44 | 27,531 | 15.0 | 7.1 | 11.3 | 98.8 | 3,460 | 5,346 | 6,394 | 5,562 | 2,218 | 1,946 | 1,824 | 379 | 269 | 59 | 20 | 29 | 25 | 414,192 |
| 45-49 | 33,962 | 15.2 | 7.5 | 11.6 | 98.7 | 3,863 | 6,341 | 7,755 | 7,357 | 3,043 | 2,374 | 2,199 | 527 | 344 | 68 | 28 | 41 | 22 | 516,140 |
| 50-54 | 71,659 | 15.1 | 7.8 | 11.8 | 98.7 | 7,578 | 12,580 | 16,158 | 16,531 | 7,160 | 4,780 | 4,644 | 1,136 | 759 | 145 | 59 | 82 | 47 | 1,078,721 |
| 55-59 | 122,372 | 16.8 | 8.3 | 12.2 | 98.6 | 12,108 | 20,928 | 26,997 | 28,507 | 12,917 | 8,373 | 8,411 | 2,041 | 1,450 | 261 | 117 | 170 | 92 | 2,050,914 |
| 60-64 | 190,379 | 16.0 | 8.4 | 12.3 | 98.6 | 19,260 | 31,612 | 42,043 | 44,671 | 20,236 | 13,180 | 12,793 | 3,379 | 2,219 | 437 | 151 | 247 | 151 | 3,051,395 |
| 65-69 | 143,502 | 17.3 | 8.6 | 12.6 | 98.4 | 14,552 | 23,168 | 30,942 | 33,571 | 15,677 | 9,982 | 10,152 | 2,757 | 1,798 | 371 | 165 | 214 | 153 | 2,482,230 |
| 70-74 | 77,636 | 18.5 | 9.3 | 13.3 | 98.1 | 7,239 | 11,938 | 16,002 | 18,415 | 8,870 | 5,794 | 6,058 | 1,585 | 1,142 | 244 | 102 | 158 | 89 | 1,435,649 |
| 75-79 | 39,459 | 20.8 | 10.0 | 14.0 | 97.8 | 3,514 | 5,640 | 7,843 | 9,480 | 4,684 | 3,048 | 3,310 | 936 | 650 | 136 | 57 | 104 | 57 | 819,510 |
| 80-84 | 11,857 | 21.8 | 10.4 | 14.6 | 97.5 | 919 | 1,587 | 2,450 | 2,795 | 1,397 | 941 | 1,136 | 297 | 211 | 47 | 22 | 30 | 25 | 258,288 |
| 85 and over | 30,856 | 23.9 | 10.9 | 14.8 | 97.5 | 2,300 | 3,930 | 6,007 | 7,702 | 3,815 | 2,638 | 2,836 | 723 | 548 | 129 | 78 | 79 | 71 | 736,694 |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series. Excludes approximately 245,474 one-day dialysis discharges.*

[2] *Age calculation has been charged to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[3] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[4] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[5] *Excludes those cases for which the number of days are unavailable.*

TABLE 26

## *VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group[1]—Fiscal Year 1985*

| Diagnostic Composition of Patients[2] | Total Discharged | Age Group[3] | | | | | | | Marital Status | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Under 35 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85 and Over | Never Married | Married | Separated | Widowed | Divorced | Unknown[4] |
| All discharges | 1,031,299 | 99,660 | 122,750 | 135,664 | 349,859 | 236,184 | 54,365 | 32,817 | 132,186 | 549,151 | 51,468 | 75,310 | 201,448 | 21,736 |
| Psychotic | 85,997 | 24,181 | 21,814 | 11,888 | 16,504 | 8,224 | 2,021 | 1,365 | 29,880 | 25,351 | 6,154 | 3,342 | 19,671 | 1,599 |
| Alcohol pyschoses (291) | 6,810 | 536 | 1,206 | 1,453 | 2,372 | 1,063 | 158 | 22 | 1,053 | 2,117 | 578 | 521 | 2,423 | 118 |
| Drug psychoses (292) | 866 | 364 | 206 | 73 | 114 | 66 | 23 | 20 | 254 | 315 | 69 | 32 | 182 | 14 |
| Other psychoses (290, 293-299) | 78,321 | 23,281 | 20,402 | 10,362 | 14,018 | 7,095 | 1,840 | 1,323 | 28,573 | 22,919 | 5,507 | 2,789 | 17,066 | 1,467 |
| Other psychiatric | 107,565 | 27,131 | 33,229 | 18,155 | 20,604 | 6,822 | 1,028 | 596 | 19,511 | 36,982 | 9,375 | 4,569 | 35,629 | 1,499 |
| Alcohol dependence and abuse (303, 305.0) | 64,488 | 13,412 | 18,454 | 13,946 | 14,556 | 3,832 | 273 | 15 | 11,272 | 18,951 | 5,659 | 3,049 | 24,704 | 853 |
| Drug dependence and abuse (304, 305.1-305.9) | 10,167 | 5,601 | 3,603 | 551 | 325 | 72 | 11 | 4 | 2,846 | 3,149 | 1,254 | 148 | 2,581 | 189 |
| Other nonpsychotic mental disorders (300-302, 306-319) | 32,910 | 8,118 | 11,172 | 3,658 | 5,723 | 2,918 | 744 | 577 | 5,393 | 14,882 | 2,462 | 1,372 | 8,344 | 457 |
| Medical and surgical | 837,737 | 48,348 | 67,707 | 105,621 | 312,751 | 221,138 | 51,318 | 30,856 | 82,795 | 486,818 | 35,939 | 67,399 | 146,148 | 18,638 |
| All infectious and parasitic diseases (001-139) | 11,521 | 1,575 | 1,443 | 1,461 | 3,454 | 2,345 | 650 | 593 | 1,795 | 5,595 | 682 | 994 | 2,144 | 311 |
| Malignant neoplasms (140-208, 230-234) | 93,771 | 1,312 | 2,847 | 9,589 | 40,181 | 29,883 | 6,672 | 3,287 | 7,883 | 56,184 | 3,644 | 8,445 | 15,539 | 2,076 |
| Benign and unspecified neoplasms (210-229, 235-239) | 14,166 | 559 | 978 | 1,682 | 5,564 | 4,226 | 851 | 306 | 1,295 | 9,075 | 514 | 920 | 2,094 | 268 |
| Diabetes mellitus (250) | 17,657 | 708 | 1,575 | 2,911 | 7,346 | 4,144 | 732 | 241 | 1,780 | 10,267 | 827 | 1,328 | 3,110 | 345 |
| Other endocrine, nutritional and metabolic diseases (240-246, 251-278) | 11,118 | 410 | 796 | 1,408 | 3,914 | 2,962 | 876 | 752 | 1,243 | 6,012 | 505 | 1,219 | 1,880 | 259 |
| Disorders involving the immune mechanisms (279) | 772 | 254 | 299 | 85 | 109 | 20 | 5 | ..... | 320 | 208 | 54 | 8 | 151 | 31 |
| Diseases of the blood and blood-forming organs (280-289) | 9,490 | 374 | 528 | 846 | 3,095 | 2,983 | 958 | 706 | 914 | 5,585 | 350 | 973 | 1,437 | 231 |
| Quadriplegia (344.0) | 86 | 18 | 23 | 9 | 19 | 12 | 5 | ..... | 12 | 43 | 4 | 3 | 23 | 1 |
| Paraplegia (344.1) | 72 | 10 | 13 | 11 | 30 | 8 | ..... | ..... | 8 | 45 | 5 | ..... | 12 | 2 |
| Other diseases of the nervous system (320-343, 344.2-359) | 25,821 | 2,292 | 3,180 | 3,760 | 8,628 | 6,080 | 1,322 | 559 | 2,854 | 15,557 | 1,026 | 1,605 | 4,323 | 456 |
| Diseases of the sense organs (360-389) | 29,477 | 755 | 1,228 | 2,811 | 11,421 | 9,393 | 2,507 | 1,362 | 2,442 | 17,743 | 1,077 | 2,724 | 4,766 | 725 |
| Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429) | 100,736 | 911 | 4,006 | 13,564 | 42,321 | 28,824 | 6,669 | 4,441 | 6,755 | 65,838 | 3,242 | 8,201 | 14,484 | 2,216 |
| Cerebrovascular diseases (430-438) | 23,316 | 133 | 491 | 2,246 | 9,684 | 7,793 | 1,881 | 1,088 | 1,607 | 14,784 | 837 | 2,247 | 3,341 | 500 |
| Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459) | 43,588 | 1,390 | 3,011 | 6,028 | 17,739 | 12,708 | 2,272 | 1,070 | 3,986 | 25,720 | 1,901 | 3,488 | 7,613 | 880 |
| Acute respiratory diseases (460-466, 480-487) | 22,927 | 856 | 1,132 | 2,114 | 7,489 | 6,536 | 2,284 | 2,516 | 1,374 | 12,144 | 1,018 | 2,968 | 3,891 | 532 |
| Chronic bronchitis and emphysema (491-492) | 5,827 | 37 | 120 | 510 | 2,551 | 1,988 | 457 | 164 | 396 | 3,322 | 251 | 626 | 1,148 | 84 |
| Other respiratory diseases (470-478, 490, 493-519) | 46,330 | 1,750 | 2,208 | 4,768 | 18,507 | 14,356 | 3,270 | 1,471 | 4,162 | 26,531 | 1,963 | 4,322 | 8,412 | 940 |
| Diseases of the oral cavity, salivary glands and jaws (520-529) | 4,898 | 702 | 593 | 692 | 1,779 | 937 | 129 | 66 | 649 | 2,712 | 251 | 276 | 913 | 97 |
| Hernia of the abdominal cavity (550-553) | 19,655 | 1,063 | 1,640 | 2,505 | 7,600 | 5,281 | 1,145 | 421 | 2,097 | 11,639 | 787 | 1,357 | 3,407 | 368 |
| Alcohol-related liver diseases (571.0-571.3) | 6,532 | 234 | 901 | 1,548 | 2,775 | 986 | 82 | 6 | 667 | 2,685 | 452 | 524 | 2,026 | 178 |
| Other diseases of the digestive system (530-543, 555-570, 571.4-579) | 67,448 | 4,587 | 7,256 | 9,784 | 23,991 | 15,837 | 3,700 | 2,293 | 7,156 | 37,612 | 3,172 | 5,068 | 12,826 | 1,614 |
| Diseases of the male genital organs (600-608) | 22,988 | 579 | 847 | 1,842 | 8,944 | 8,323 | 1,679 | 774 | 1,881 | 14,947 | 718 | 1,782 | 3,065 | 595 |
| Other diseases of the genitourinary system (580-599) | 29,746 | 1,487 | 2,422 | 3,195 | 9,610 | 8,293 | 2,579 | 2,160 | 2,986 | 17,886 | 1,079 | 2,786 | 4,188 | 821 |
| Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676) | 1,762 | 430 | 243 | 210 | 501 | 297 | 63 | 18 | 265 | 843 | 86 | 138 | 399 | 31 |
| Diseases of the skin and subcutaneous tissue (680-709) | 23,417 | 2,537 | 3,163 | 3,420 | 7,802 | 4,874 | 989 | 632 | 3,387 | 11,777 | 1,339 | 1,656 | 4,610 | 648 |
| Diseases of the musculoskeletal system and connective tissue (710-739) | 46,173 | 5,453 | 6,465 | 7,082 | 15,694 | 9,126 | 1,588 | 765 | 4,376 | 28,376 | 1,944 | 2,490 | 8,141 | 846 |
| Congenital anomalies (740-759) | 2,179 | 245 | 268 | 308 | 771 | 437 | 112 | 38 | 237 | 1,343 | 86 | 137 | 331 | 45 |
| Symptoms, signs and ill-defined conditions (780-799) | 50,983 | 3,099 | 4,957 | 7,157 | 18,753 | 12,024 | 2,991 | 2,002 | 4,715 | 29,695 | 2,291 | 3,935 | 9,091 | 1,256 |
| Injuries and poisonings (800-904, 910-999) | 44,467 | 6,873 | 6,180 | 5,917 | 13,265 | 8,287 | 2,137 | 1,808 | 6,431 | 21,316 | 2,397 | 3,426 | 9.696 | 1,201 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | 20 | 4 | 3 | 2 | 7 | 4 | ..... | ..... | 1 | 13 | 1 | 1 | 4 | ..... |
| Factors influencing health status and contact with health service (V01-V82) | 60,794 | 7,711 | 8,891 | 8,156 | 19,207 | 12,801 | 2,711 | 1,317 | 8,121 | 31,321 | 3,436 | 3,752 | 13,083 | 1,081 |
| Supplementary classification of external causes of injury and poisoning (E800-E999) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 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] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[4] *Includes all records for which required data are unavailable or unknown.*

## VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Compensation and Pension Status, Age[1]—September 30, 1985

| Type of Patient and Age Group | Total All Patients | Service-Connected Veterans | | | | Nonservice-Connected Veterans | | | Non-Veterans[3] |
|---|---|---|---|---|---|---|---|---|---|
| | | Total | 10% or More | Less Than 10% | NSC With SC[2] | Total | Pension | No Claim Pending | |
| All patients | 53,439 | 16,338 | 7,776 | 280 | 8,282 | 36,946 | 9,496 | 27,450 | 155 |
| Under 35 | 4,826 | 1,696 | 1,193 | 9 | 494 | 3,054 | 219 | 2,835 | 76 |
| 35-44 | 6,986 | 2,670 | 1,721 | 26 | 923 | 4,297 | 494 | 3,803 | 19 |
| 45-54 | 6,660 | 1,892 | 1,045 | 29 | 818 | 4,752 | 903 | 3,849 | 16 |
| 55-64 | 16,833 | 4,697 | 1,995 | 84 | 2,618 | 12,109 | 3,626 | 8,483 | 27 |
| 65-74 | 12,762 | 4,032 | 1,428 | 76 | 2,528 | 8,720 | 2,719 | 6,001 | 10 |
| 75-84 | 3,446 | 982 | 284 | 14 | 684 | 2,458 | 868 | 1,590 | 6 |
| 85 and over | 1,926 | 369 | 110 | 42 | 217 | 1,556 | 667 | 889 | 1 |
| Psychotic | 13,778 | 6,045 | 4,755 | 103 | 1,187 | 7,724 | 2,488 | 5,236 | 9 |
| Under 35 | 1,901 | 1,025 | 899 | 4 | 122 | 873 | 91 | 782 | 3 |
| 35-44 | 2,355 | 1,282 | 1,082 | 16 | 184 | 1,072 | 211 | 861 | 1 |
| 45-54 | 1,962 | 839 | 692 | 19 | 128 | 1,121 | 319 | 802 | 2 |
| 55-64 | 3,866 | 1,541 | 1,189 | 29 | 323 | 2,324 | 1,018 | 1,306 | 1 |
| 65-74 | 2,585 | 1,047 | 715 | 24 | 308 | 1,537 | 568 | 969 | 1 |
| 75-84 | 708 | 220 | 122 | 3 | 95 | 487 | 143 | 344 | 1 |
| 85 and over | 401 | 91 | 56 | 8 | 27 | 310 | 138 | 172 | ..... |
| Other psychiatric | 6,477 | 1,710 | 778 | 20 | 912 | 4,748 | 679 | 4,069 | 19 |
| Under 35 | 1,350 | 294 | 126 | 2 | 166 | 1,046 | 37 | 1,009 | 10 |
| 35-44 | 1,963 | 619 | 305 | 4 | 310 | 1,343 | 68 | 1,275 | 1 |
| 45-54 | 977 | 194 | 75 | ..... | 119 | 780 | 98 | 682 | 3 |
| 55-64 | 1,252 | 313 | 142 | 4 | 167 | 935 | 249 | 686 | 4 |
| 65-74 | 642 | 224 | 110 | 5 | 109 | 417 | 128 | 289 | 1 |
| 75-84 | 183 | 48 | 16 | 1 | 31 | 135 | 55 | 80 | ..... |
| 85 and over | 110 | 18 | 4 | 4 | 10 | 92 | 44 | 48 | ..... |
| Medical and surgical | 33,184 | 8,583 | 2,243 | 157 | 6,183 | 24,474 | 6,329 | 18,145 | 127 |
| Under 35 | 1,575 | 377 | 168 | 3 | 206 | 1,135 | 91 | 1,044 | 63 |
| 35-44 | 2,668 | 769 | 334 | 6 | 429 | 1,882 | 215 | 1,667 | 17 |
| 45-54 | 3,721 | 859 | 278 | 10 | 571 | 2,851 | 486 | 2,365 | 11 |
| 55-64 | 11,715 | 2,843 | 664 | 51 | 2,128 | 8,850 | 2,359 | 6,491 | 22 |
| 65-74 | 9,535 | 2,761 | 603 | 47 | 2,111 | 6,766 | 2,023 | 4,743 | 8 |
| 75-84 | 2,555 | 714 | 146 | 10 | 558 | 1,836 | 670 | 1,166 | 5 |
| 85 and over | 1,415 | 260 | 50 | 30 | 180 | 1,154 | 485 | 669 | 1 |

[1] *A new Patient Treatment File system was installed during FY 1984 to collect statistics on all patients remaining in VA medical centers, domiciliaries, and nursing homes on the last day of the fiscal year. Approximately 7 percent of the records were incomplete and, therefore, unavailable for inclusion in this table. Additionally, changes in methodology may mean that some results are not fully comparable with previous years. Age calculation in the Patient Treatment File has changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months as was done in previous years.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disabilities only.*

[3] *All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as an Office of Workers Compensation case is coded as a non-veteran.*

TABLE 28

## *VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age[1]—Fiscal Year 1985*

| Type of Patient and Age Group[2] | Total All Patients | Service-Connected | | | | Nonservice-Connected | | | Non-Veterans[4] |
|---|---|---|---|---|---|---|---|---|---|
| | | Total | 10% or More | Less Than 10% | NSC With SC[3] | Total | Pension | No Claim Pending | |
| All patients | 1,031,299 | 308,430 | 98,745 | 4,407 | 205,278 | 717,505 | 172,989 | 544,516 | 5,364 |
| Under 35 | 99,660 | 33,239 | 19,635 | 323 | 13,281 | 64,377 | 4,803 | 59,574 | 2,044 |
| 35-44 | 122,750 | 43,298 | 21,572 | 351 | 21,373 | 78,762 | 7,773 | 70,989 | 692 |
| 45-54 | 135,664 | 34,959 | 12,871 | 318 | 21,770 | 99,917 | 16,748 | 83,169 | 788 |
| 55-64 | 349,859 | 97,274 | 24,538 | 1,347 | 71,389 | 251,563 | 66,875 | 184,688 | 1,022 |
| 65-74 | 236,184 | 77,873 | 16,130 | 1,022 | 60,721 | 157,696 | 49,649 | 108,047 | 615 |
| 75-84 | 54,365 | 15,772 | 2,895 | 269 | 12,608 | 38,418 | 14,313 | 24,105 | 175 |
| 85 and over | 32,817 | 6,017 | 1,104 | 777 | 4,136 | 26,772 | 12,828 | 13,944 | 28 |
| Psychotic | 85,997 | 39,813 | 30,929 | 361 | 8,523 | 45,966 | 10,752 | 35,214 | 218 |
| Under 35 | 24,181 | 13,249 | 11,157 | 82 | 2,010 | 10,793 | 1,224 | 9,569 | 139 |
| 35-44 | 21,814 | 11,471 | 9,431 | 73 | 1,967 | 10,319 | 1,696 | 8,623 | 24 |
| 45-54 | 11,888 | 4,735 | 3,640 | 42 | 1,053 | 7,136 | 1,699 | 5,437 | 17 |
| 55-64 | 16,504 | 6,248 | 4,379 | 85 | 1,784 | 10,237 | 3,512 | 6,725 | 19 |
| 65-74 | 8,224 | 3,264 | 1,975 | 36 | 1,253 | 4,947 | 1,646 | 3,301 | 13 |
| 75-84 | 2,021 | 572 | 249 | 7 | 316 | 1,443 | 491 | 952 | 6 |
| 85 and over | 1,365 | 274 | 98 | 36 | 140 | 1,091 | 484 | 607 | ..... |
| Other psychiatric | 107,565 | 27,375 | 10,458 | 284 | 16,633 | 79,809 | 10,988 | 68,821 | 381 |
| Under 35 | 27,131 | 5,965 | 2,471 | 61 | 3,433 | 20,936 | 1,134 | 19,802 | 230 |
| 35-44 | 33,229 | 9,916 | 4,260 | 73 | 5,583 | 23,265 | 1,684 | 21,581 | 48 |
| 45-54 | 18,155 | 3,570 | 1,117 | 29 | 2,424 | 14,534 | 1,810 | 12,724 | 51 |
| 55-64 | 20,604 | 5,284 | 1,754 | 72 | 3,458 | 15,283 | 4,193 | 11,090 | 37 |
| 65-74 | 6,822 | 2,229 | 740 | 28 | 1,461 | 4,582 | 1,634 | 2,948 | 11 |
| 75-84 | 1,028 | 299 | 88 | 7 | 204 | 725 | 297 | 428 | 4 |
| 85 and over | 596 | 112 | 28 | 14 | 70 | 484 | 236 | 248 | ..... |
| Medical and surgical | 837,737 | 241,242 | 57,358 | 3,762 | 180,122 | 591,730 | 151,249 | 440,481 | 4,765 |
| Under 35 | 48,348 | 14,025 | 6,007 | 180 | 7,838 | 32,648 | 2,445 | 30,203 | 1,675 |
| 35-44 | 67,707 | 21,909 | 7,881 | 205 | 13,823 | 45,178 | 4,393 | 40,785 | 620 |
| 45-54 | 105,621 | 26,654 | 8,114 | 247 | 18,293 | 78,247 | 13,239 | 65,008 | 720 |
| 55-64 | 312,751 | 85,742 | 18,405 | 1,190 | 66,147 | 226,043 | 59,170 | 166,873 | 966 |
| 65-74 | 221,138 | 72,380 | 13,415 | 958 | 58,007 | 148,167 | 46,369 | 101,798 | 591 |
| 75-84 | 51,316 | 14,901 | 2,558 | 255 | 12,088 | 36,250 | 13,525 | 22,725 | 165 |
| 85 and over | 30,856 | 5,631 | 978 | 727 | 3,926 | 25,197 | 12,108 | 13,089 | 28 |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges.*

[2] *Age calculation in the Patient Treatment File has been changed to reflect the patient's age at last birthday rather than the patient's age to the nearest six months, as was done in previous years.*

[3] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[4] *This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as an office of workers compensation program case, is coded as a non-veteran.*

TABLE 29



## *VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex[1]—Fiscal Year 1985*

| Compensation and Pension Status | All Patients | | | | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Psychotic | Other Psychiatric | Medical and Surgical | Total | Psychotic | Other Psychiatric | Medical and Surgical | Total | Psychotic | Other Psychiatric | Medical and Surgical |
| VA Hospitals—Totals | 1,031,299 | 85,997 | 107,565 | 837,737 | 20,251 | 2,833 | 1,733 | 15,685 | 1,011,048 | 83,164 | 105,832 | 822,052 |
| Service-connected | 103,152 | 31,290 | 10,742 | 61,120 | 2,644 | 1,013 | 282 | 1,349 | 100,508 | 30,277 | 10,460 | 59,771 |
| 10% or more | 98,745 | 30,929 | 10,458 | 57,358 | 2,564 | 1,003 | 274 | 1,287 | 96,181 | 29,926 | 10,184 | 56,071 |
| Less than 10% | 4,407 | 361 | 284 | 3,762 | 80 | 10 | 8 | 62 | 4,327 | 351 | 276 | 3,700 |
| Nonservice-connected with SC[2] | 205,278 | 8,523 | 16,633 | 180,122 | 3,223 | 212 | 257 | 2,754 | 202,055 | 8,311 | 16,376 | 177,368 |
| NSC with pension | 172,989 | 10,752 | 10,988 | 151,249 | 2,950 | 430 | 164 | 2,356 | 170,039 | 10,322 | 10,824 | 148,893 |
| NSC no claim pending | 544,516 | 35,214 | 68,821 | 440,481 | 10,077 | 1,156 | 996 | 7,925 | 534,439 | 34,058 | 67,825 | 432,556 |
| Nonveterans[3] | 5,364 | 218 | 381 | 4,765 | 1,357 | 22 | 34 | 1,301 | 4,007 | 196 | 347 | 3,464 |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.*

[3] *This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as on Office of Workers Compensation Program case is coded as a non-veteran.*

## *VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—Fiscal Year 1985*

| Reported State of Residence | All Discharges | | | Type of Patient | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Hospitalized in Same State | | Medical and Surgical | | Psychotic | | Other Psychiatric | |
| | | Number | Percent | Total | Percent Hospitalized In Same State | Total | Percent Hospitalized In Same State | Total | Percent Hospitalized In Same State |
| Total | 1,031,295 | 912,961 | 88.5 | 837,736 | 88.5 | 85,996 | 90.1 | 107,563 | 87.6 |
| United States | 1,019,801 | 901,835 | 88.4 | 829,102 | 88.4 | 83,729 | 89.8 | 106,970 | 87.5 |
| Alabama | 21,153 | 18,968 | 89.7 | 16,412 | 89.8 | 2,276 | 92.8 | 2,465 | 85.9 |
| Alaska | 128 | ..... | ..... | 113 | ..... | 6 | ..... | 9 | ..... |
| Arizona | 22,252 | 21,510 | 96.7 | 18,913 | 96.7 | 1,309 | 96.1 | 2,030 | 96.5 |
| Arkansas | 23,226 | 19,682 | 84.7 | 19,823 | 84.4 | 1,125 | 87.3 | 2,278 | 86.9 |
| California | 83,935 | 82,000 | 97.7 | 68,943 | 97.9 | 7,814 | 97.3 | 7,178 | 96.6 |
| Colorado | 10,728 | 9,619 | 89.7 | 8,281 | 91.6 | 790 | 89.9 | 1,657 | 79.8 |
| Connecticut | 10,696 | 10,172 | 95.1 | 8,827 | 96.3 | 735 | 83.8 | 1,134 | 92.9 |
| Delaware | 2,408 | 1,989 | 82.6 | 2,123 | 90.8 | 106 | 24.5 | 179 | 20.1 |
| District of Columbia | 4,670 | 4,457 | 95.4 | 3,842 | 97.1 | 376 | 84.8 | 452 | 90.5 |
| Florida | 49,275 | 46,502 | 94.4 | 42,146 | 95.3 | 3,408 | 88.2 | 3,721 | 89.3 |
| Georgia | 26,037 | 20,570 | 79.0 | 21,557 | 78.7 | 2,111 | 80.5 | 2,369 | 80.4 |
| Hawaii | 49 | ..... | ..... | 29 | ..... | 3 | ..... | 17 | ..... |
| Idaho | 5,199 | 3,228 | 62.1 | 4,620 | 62.1 | 224 | 64.3 | 355 | 60.0 |
| Illinois | 54,938 | 46,583 | 84.8 | 44,188 | 83.7 | 4,606 | 88.7 | 6,144 | 89.6 |
| Indiana | 19,615 | 14,102 | 71.9 | 16,404 | 72.5 | 1,569 | 71.3 | 1,642 | 66.1 |
| Iowa | 15,851 | 12,967 | 81.8 | 12,722 | 80.1 | 1,405 | 91.7 | 1,724 | 86.0 |
| Kansas | 13,543 | 10,990 | 81.1 | 10,867 | 79.3 | 1,129 | 88.3 | 1,547 | 88.9 |
| Kentucky | 20,940 | 15,551 | 74.3 | 17,626 | 73.3 | 1,448 | 79.6 | 1,866 | 78.8 |
| Louisiana | 21,562 | 20,096 | 93.2 | 18,507 | 95.0 | 1,230 | 77.2 | 1,825 | 85.9 |
| Maine | 5,755 | 5,344 | 92.9 | 3,624 | 90.4 | 869 | 97.5 | 1,262 | 96.8 |
| Maryland | 15,104 | 9,914 | 65.6 | 11,862 | 64.7 | 1,040 | 70.9 | 2,202 | 68.0 |
| Massachusetts | 23,524 | 21,040 | 89.4 | 17,083 | 87.4 | 3,087 | 95.9 | 3,354 | 93.7 |
| Michigan | 28,044 | 26,763 | 95.4 | 21,857 | 95.5 | 3,088 | 96.9 | 3,099 | 93.5 |
| Minnesota | 19,877 | 16,710 | 84.1 | 16,011 | 82.2 | 1,773 | 91.2 | 2,093 | 92.1 |
| Mississippi | 17,307 | 13,959 | 80.7 | 14,624 | 80.3 | 1,186 | 86.0 | 1,497 | 80.0 |
| Missouri | 30,664 | 26,385 | 86.0 | 25,898 | 86.7 | 2,036 | 84.2 | 2,730 | 81.6 |
| Montana | 6,072 | 4,433 | 73.0 | 5,081 | 76.7 | 232 | 34.9 | 759 | 59.8 |
| Nebraska | 12,782 | 11,162 | 87.3 | 10,007 | 87.6 | 1,143 | 89.2 | 1,632 | 84.3 |
| Nevada | 5,542 | 3,779 | 68.2 | 4,867 | 67.6 | 304 | 67.4 | 371 | 77.1 |
| New Hampshire | 6,019 | 3,150 | 52.3 | 5,093 | 50.6 | 284 | 50.0 | 642 | 66.8 |
| New Jersey | 16,158 | 12,791 | 79.2 | 12,089 | 78.5 | 1,891 | 81.8 | 2,178 | 80.4 |
| New Mexico | 6,700 | 6,164 | 92.0 | 5,529 | 93.0 | 367 | 86.6 | 804 | 87.4 |
| New York | 70,750 | 69,446 | 98.2 | 57,969 | 98.4 | 5,376 | 97.1 | 7,405 | 97.4 |
| North Carolina | 26,081 | 24,276 | 93.1 | 20,908 | 92.9 | 1,821 | 94.0 | 3,352 | 93.8 |
| North Dakota | 2,654 | 2,021 | 76.1 | 2,095 | 83.0 | 220 | 51.4 | 339 | 50.1 |
| Ohio | 32,740 | 28,069 | 85.7 | 24,972 | 84.0 | 3,807 | 92.8 | 3,961 | 90.1 |
| Oklahoma | 15,842 | 13,546 | 85.5 | 13,470 | 88.4 | 793 | 73.3 | 1,579 | 66.6 |
| Oregon | 13,982 | 12,719 | 91.0 | 11,543 | 90.6 | 1,020 | 92.8 | 1,419 | 92.7 |
| Pennsylvania | 36,975 | 34,567 | 93.5 | 27,906 | 92.9 | 4,746 | 97.0 | 4,323 | 93.6 |
| Rhode Island | 4,056 | 3,683 | 90.8 | 3,493 | 92.7 | 221 | 76.9 | 342 | 80.1 |
| South Carolina | 18,015 | 13,337 | 74.0 | 15,567 | 74.6 | 1,058 | 66.4 | 1,390 | 73.5 |
| South Dakota | 8,591 | 7,764 | 90.4 | 6,537 | 89.5 | 592 | 92.2 | 1,462 | 93.5 |
| Tennessee | 24,341 | 23,664 | 97.2 | 20,055 | 97.6 | 1,863 | 96.1 | 2,423 | 94.6 |
| Texas | 76,632 | 72,075 | 94.1 | 63,310 | 94.1 | 6,019 | 96.0 | 7,303 | 91.7 |
| Utah | 5,720 | 5,541 | 96.9 | 4,102 | 97.2 | 562 | 96.3 | 1,056 | 95.8 |
| Vermont | 2,754 | 2,491 | 90.5 | 2,342 | 91.3 | 113 | 84.1 | 299 | 86.3 |
| Virginia | 25,256 | 20,918 | 82.8 | 20,652 | 83.5 | 2,243 | 88.0 | 2,361 | 72.0 |
| Washington | 15,847 | 14,009 | 88.4 | 12,848 | 88.8 | 1,553 | 92.0 | 1,446 | 81.1 |
| West Virginia | 15,377 | 13,002 | 84.6 | 12,382 | 86.7 | 951 | 65.2 | 2,044 | 80.3 |
| Wisconsin | 20,773 | 17,612 | 84.8 | 16,579 | 83.5 | 1,599 | 89.4 | 2,595 | 90.1 |
| Wyoming | 3,662 | 2,515 | 68.7 | 2,804 | 65.5 | 202 | 84.7 | 656 | 77.3 |
| Outside United States | 11,494 | 11,126 | 96.8 | 8,634 | 96.3 | 2,267 | 98.9 | 593 | 96.5 |
| Canal Zone | 1 | ..... | ..... | ..... | ..... | ..... | ..... | 1 | ..... |
| Guam | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Philippines, Republic of | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Puerto Rico | 11,178 | 11,126 | 99.5 | 8,349 | 99.5 | 2,253 | 99.6 | 576 | 99.3 |
| Others | 315 | ..... | ..... | 285 | ..... | 14 | ..... | 16 | ..... |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 245,474 one-day dialysis discharges.*

## *VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1985*

| Principal Diagnoses[2] | Total | | | Short Term[3] | | Length of Stay (Days) | | | | | | | | | | | | | Total Days[4] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Patients | Average Days | Median Days | Average Days | Percent of Total Discharges | 1 | 2-3 | 4-7 | 8-14 | 15-21 | 22-30 | 31-60 | 61-90 | 91-180 | 181-270 | 271-365 | 366-730 | 731 Plus | |
| All diseases and conditions | 1,031,299 | 23.7 | 9.3 | 13.9 | 97.6 | 102,323 | 160,117 | 212,578 | 220,116 | 106,209 | 84,147 | 93,569 | 23,588 | 17,575 | 4,064 | 1,801 | 2,600 | 2,612 | 24,438,975 |
| I. Infectious and parasitic diseases | 11,521 | 23.1 | 10.1 | 14.7 | 97.1 | 1,052 | 1,649 | 2,326 | 2,449 | 1,322 | 967 | 1,051 | 326 | 250 | 76 | 19 | 20 | 14 | 265,642 |
| Pulmonary tuberculosis (011) | 1,699 | 36.7 | 17.6 | 21.8 | 92.4 | 36 | 81 | 222 | 402 | 295 | 193 | 235 | 88 | 86 | 42 | 15 | 2 | 2 | 62,349 |
| Tuberculosis, other (010, 012-018) | 262 | 28.2 | 16.8 | 21.5 | 95.8 | 8 | 26 | 31 | 56 | 40 | 25 | 52 | 12 | 7 | 4 | 1 | ..... | ..... | 7,380 |
| Tuberculosis, late effects (137) | ..... | .... | .... | .... | .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| All other infectious and parasitic diseases (001-009, 020-136) | 9,560 | 20.5 | 8.6 | 13.3 | 97.9 | 1,008 | 1,542 | 2,073 | 1,991 | 987 | 749 | 764 | 226 | 157 | 30 | 3 | 8 | 12 | 195,913 |
| Late effects of other infectious and parasitic diseases (138-139) | ..... | .... | .... | .... | .... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| II. Neoplasms | 107,937 | 19.4 | 11.2 | 16.3 | 98.3 | 12,283 | 16,005 | 16,630 | 19,991 | 13,191 | 10,763 | 13,113 | 3,608 | 1,876 | 251 | 83 | 106 | 37 | 2,093,150 |
| Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0) | 6,463 | 29.2 | 15.5 | 22.6 | 95.2 | 367 | 667 | 955 | 1,197 | 736 | 640 | 978 | 526 | 335 | 42 | 9 | 9 | 2 | 188,418 |
| Malignant neoplasm of digestive organs and peritoneum (150-159,230.1-230.9) | 13,872 | 24.5 | 16.6 | 20.5 | 97.9 | 1,022 | 1,226 | 1,779 | 2,418 | 2,153 | 1,939 | 2,369 | 603 | 296 | 41 | 8 | 11 | 7 | 339,824 |
| Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2) | 24,547 | 21.3 | 14.7 | 18.9 | 98.4 | 1,671 | 2,567 | 3,411 | 4,904 | 3,733 | 3,087 | 3,803 | 886 | 397 | 38 | 16 | 30 | 4 | 523,431 |
| Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9) | 3,534 | 27.0 | 16.2 | 22.6 | 96.9 | 194 | 475 | 488 | 544 | 403 | 403 | 615 | 252 | 136 | 17 | 2 | 3 | 2 | 95,310 |
| Malignant neoplasm of lymphatic and hematopoietic tissue (200-208) | 8,344 | 16.1 | 8.3 | 13.5 | 98.6 | 1,591 | 1,258 | 1,269 | 1,526 | 847 | 667 | 863 | 183 | 106 | 14 | 9 | 7 | 4 | 134,400 |
| Malignant neoplasm of genitourinary organs (179-189, 233) | 16,878 | 18.2 | 11.2 | 15.5 | 98.6 | 1,450 | 2,164 | 3,112 | 3,782 | 2,159 | 1,663 | 1,821 | 457 | 198 | 36 | 14 | 16 | 6 | 307,779 |
| Malignancies of all other systems (170-175, 190-199, 232, 234) | 20,133 | 19.4 | 10.4 | 15.5 | 98.2 | 2,634 | 2,887 | 3,294 | 3,748 | 2,344 | 1,868 | 2,279 | 619 | 352 | 55 | 18 | 25 | 10 | 390,772 |
| Neoplasms, benign (210-229) | 11,552 | 6.7 | 2.8 | 6.0 | 99.6 | 2,890 | 4,240 | 1,823 | 1,372 | 558 | 315 | 246 | 57 | 39 | 3 | 5 | 3 | 1 | 77,312 |
| Neoplasms of unspecified nature (235-239) | 2,614 | 13.7 | 6.6 | 10.4 | 99.1 | 464 | 521 | 499 | 500 | 258 | 181 | 139 | 25 | 17 | 5 | 2 | 2 | 1 | 35,904 |
| III. Endocrine, nutritional, and metabolic diseases and immunity disorders | 29,547 | 16.8 | 9.5 | 12.6 | 98.2 | 2,173 | 3,911 | 6,932 | 8,242 | 3,403 | 1,974 | 1,814 | 490 | 402 | 101 | 43 | 46 | 16 | 495,328 |
| Diabetes mellitus (250) | 17,657 | 17.1 | 10.4 | 13.2 | 98.0 | 1,063 | 1,928 | 4,018 | 5,448 | 2,179 | 1,203 | 1,099 | 321 | 266 | 67 | 30 | 26 | 9 | 301,802 |
| Diseases of the endocrine glands (240-246, 251-259) | 3,095 | 13.8 | 7.8 | 10.7 | 98.7 | 283 | 547 | 757 | 762 | 332 | 193 | 156 | 24 | 23 | 9 | 4 | 3 | 2 | 42,857 |
| Gout (274) | 1,078 | 9.7 | 7.0 | 8.8 | 99.5 | 57 | 217 | 351 | 278 | 91 | 43 | 32 | 4 | 2 | 2 | 1 | ..... | ..... | 10,447 |
| Obesity (278.0-278.1) | 429 | 23.0 | 12.3 | 15.7 | 94.8 | 32 | 44 | 76 | 104 | 55 | 43 | 39 | 11 | 22 | 2 | ..... | 1 | ..... | 9,881 |
| Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8) | 6,516 | 17.6 | 7.9 | 12.0 | 98.6 | 571 | 1,091 | 1,632 | 1,528 | 664 | 417 | 401 | 102 | 68 | 17 | 5 | 15 | 5 | 114,370 |
| Disorders involving the immune mechanisms (279) | 772 | 20.7 | 10.2 | 15.6 | 96.7 | 167 | 84 | 98 | 122 | 82 | 75 | 87 | 28 | 21 | 4 | 3 | 1 | ..... | 15,971 |

*See footnotes at end of table.*

*VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1985*

| Principal Diagnoses[2] | Total | | | Short Term[3] | | Length of Stay (Days) | | | | | | | | | | | | | Total Days[4] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Patients | Average Days | Median Days | Average Days | Percent of Total Discharges | 1 | 2-3 | 4-7 | 8-14 | 15-21 | 22-30 | 31-60 | 61-90 | 91-180 | 181-270 | 271-365 | 366-730 | 731 Plus | |
| IV. Diseases of the blood and blood-forming organs | 9,490 | 12.5 | 5.8 | 8.9 | 99.4 | 2,261 | 1,746 | 1,661 | 1,909 | 935 | 497 | 364 | 63 | 37 | 9 | 2 | 2 | 4 | 118,597 |
| Anemias (280-282.4, 282.7-285) | 6,207 | 12.3 | 5.6 | 8.9 | 99.4 | 1,598 | 1,138 | 956 | 1,184 | 661 | 355 | 248 | 31 | 23 | 6 | 2 | 2 | 3 | 76,311 |
| Sickle-cell trait and sickle-cell anemia (282.5-282.6) | 239 | 6.5 | 5.0 | 6.0 | 99.5 | 44 | 57 | 73 | 44 | 14 | 4 | 2 | ..... | 1 | ..... | ..... | ..... | ..... | 1,554 |
| Other diseases of the blood and blood-forming organs (286-289) | 3,044 | 13.4 | 6.2 | 9.1 | 99.4 | 619 | 551 | 632 | 681 | 260 | 138 | 114 | 32 | 13 | 3 | ..... | ..... | 1 | 40,732 |
| V. Mental disorders | 193,562 | 53.7 | 16.8 | 20.8 | 93.9 | 14,999 | 17,759 | 28,838 | 29,981 | 20,385 | 24,945 | 34,618 | 8,698 | 7,306 | 1,952 | 892 | 1,343 | 1,846 | 10,394,809 |
| Alcohol psychosis (291) | 6,810 | 75.1 | 8.5 | 13.9 | 92.0 | 397 | 1,276 | 1,650 | 1,232 | 504 | 388 | 570 | 204 | 210 | 83 | 39 | 74 | 183 | 511,114 |
| Drug psychosis (292) | 866 | 18.0 | 9.5 | 14.4 | 98.1 | 51 | 121 | 222 | 188 | 93 | 67 | 83 | 19 | 18 | 2 | 1 | ..... | 1 | 15,606 |
| Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294) | 6,692 | 166.8 | 26.2 | 25.8 | 80.0 | 176 | 278 | 584 | 1,152 | 820 | 728 | 1,073 | 458 | 479 | 180 | 119 | 250 | 395 | 1,116,315 |
| Schizophrenic disorders (295) | 47,505 | 99.7 | 22.5 | 24.8 | 89.4 | 2,699 | 2,912 | 4,906 | 7,119 | 5,842 | 5,980 | 9,336 | 3,135 | 2,785 | 858 | 434 | 598 | 901 | 4,737,154 |
| Other psychoses (296-299) | 24,124 | 44.5 | 23.3 | 26.1 | 93.2 | 1,535 | 1,142 | 2,263 | 3,473 | 3,173 | 3,453 | 5,459 | 1,716 | 1,256 | 277 | 116 | 140 | 121 | 1,074,322 |
| Neurotic disorders (300) | 8,684 | 28.9 | 15.6 | 20.3 | 95.3 | 712 | 736 | 1,205 | 1,595 | 1,083 | 1,078 | 1,432 | 378 | 326 | 73 | 24 | 34 | 8 | 251,247 |
| Personality disorders (301) | 5,257 | 29.8 | 14.0 | 18.9 | 95.3 | 500 | 506 | 791 | 977 | 639 | 592 | 740 | 226 | 199 | 40 | 13 | 23 | 11 | 156,450 |
| Alcohol dependence or abuse (303, 305.0) | 64,488 | 20.1 | 12.2 | 17.7 | 98.7 | 5,809 | 7,965 | 12,945 | 9,261 | 4,870 | 9,364 | 11,872 | 1,315 | 860 | 119 | 33 | 56 | 19 | 1,296,602 |
| Drug dependence or abuse (304, 305.1-305.9) | 10,167 | 22.2 | 12.1 | 17.3 | 97.1 | 1,447 | 1,021 | 1,641 | 1,663 | 1,169 | 1,159 | 1,381 | 319 | 278 | 58 | 16 | 11 | 4 | 225,341 |
| Other nonpsychotic mental disorders (302, 306-319) | 18,969 | 53.3 | 15.2 | 19.8 | 92.3 | 1,673 | 1,802 | 2,631 | 3,321 | 2,192 | 2,136 | 2,672 | 928 | 895 | 262 | 97 | 157 | 203 | 1,010,658 |
| VI. Diseases of the nervous system and sense organs | 55,456 | 24.1 | 5.8 | 9.5 | 97.2 | 5,330 | 16,098 | 14,143 | 9,110 | 3,585 | 2,222 | 2,461 | 834 | 765 | 236 | 142 | 219 | 311 | 1,337,892 |
| Quadriplegia (344.0) | 86 | 115.0 | 27.0 | 24.7 | 75.5 | 3 | 9 | 7 | 12 | 7 | 9 | 12 | 5 | 7 | 7 | 2 | 3 | 3 | 9,894 |
| Paraplegia (344.1) | 72 | 139.7 | 23.8 | 22.5 | 80.5 | 5 | 8 | 11 | 9 | 2 | 5 | 12 | 5 | 5 | 2 | 2 | 2 | 4 | 10,061 |
| Epilepsy (345) | 5,051 | 14.8 | 7.8 | 10.6 | 98.8 | 436 | 894 | 1,272 | 1,335 | 486 | 270 | 251 | 43 | 37 | 9 | 4 | 6 | 8 | 74,633 |
| Disorders of the peripheral nervous system (350-359) | 7,385 | 13.2 | 6.0 | 9.7 | 98.3 | 856 | 2,013 | 1,656 | 1,359 | 578 | 360 | 329 | 100 | 91 | 18 | 6 | 14 | 5 | 97,573 |
| Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349) | 13,385 | 72.6 | 14.2 | 18.7 | 90.6 | 972 | 1,323 | 1,853 | 2,896 | 1,597 | 1,217 | 1,559 | 609 | 581 | 187 | 122 | 179 | 290 | 971,602 |
| Glaucoma (365) | 1,448 | 7.2 | 4.3 | 6.3 | 99.5 | 326 | 371 | 371 | 256 | 64 | 24 | 21 | 8 | 5 | ..... | 1 | 1 | ..... | 10,454 |
| Cataract (366) | 15,191 | 4.7 | 3.8 | 4.5 | 99.9 | 808 | 7,083 | 5,568 | 1,322 | 260 | 80 | 48 | 6 | 6 | 3 | 3 | 4 | ..... | 71,929 |
| Blindness (369) | 218 | 27.2 | 7.6 | 18.6 | 95.4 | 52 | 27 | 33 | 31 | 11 | 11 | 18 | 23 | 9 | 1 | 1 | ..... | 1 | 5,934 |
| Disorders of the eye and adnexa (360-364, 367-368, 370-379) | 8,685 | 6.9 | 4.2 | 6.2 | 99.6 | 1,360 | 2,871 | 2,345 | 1,332 | 403 | 169 | 144 | 28 | 21 | 4 | ..... | 8 | ..... | 60,089 |
| Diseases of the ear and mastoid process (380-389) | 3,935 | 6.5 | 3.9 | 6.0 | 99.7 | 512 | 1,499 | 1,027 | 558 | 177 | 77 | 67 | 7 | 3 | 5 | 1 | 2 | ..... | 25,723 |
| VII. Diseases of the circulatory system | 167,640 | 16.3 | 9.5 | 12.4 | 98.6 | 12,191 | 24,169 | 37,689 | 46,345 | 20,729 | 11,508 | 10,042 | 2,369 | 1,693 | 367 | 175 | 233 | 130 | 2,727,917 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Chronic rheumatic heart disease (393-398) | 1,126 | 14.0 | 10.1 | 13.0 | 99.7 | 92 | 170 | 219 | 281 | 161 | 107 | 74 | 16 | 4 | ..... | 1 | 1 | ..... | 15,762 |
| Hypertensive disease without heart involvement (401, 403, 405) | 10,463 | 12.1 | 7.0 | 9.7 | 99.1 | 1,232 | 1,974 | 2,722 | 2,515 | 914 | 501 | 406 | 89 | 70 | 12 | 11 | 11 | 6 | 126,921 |
| Hypertensive heart disease (402, 404) | 2,925 | 18.0 | 10.2 | 12.4 | 98.7 | 107 | 266 | 804 | 951 | 341 | 228 | 159 | 30 | 20 | 9 | 3 | 4 | 3 | 52,516 |
| Acute myocardial infarction (410) | 12,184 | 14.8 | 11.9 | 13.0 | 99.5 | 861 | 772 | 1,755 | 4,939 | 2,203 | 941 | 580 | 74 | 39 | 4 | 1 | 10 | 5 | 180,699 |
| Other ischemic heart disease (411-414) | 42,384 | 11.3 | 7.2 | 9.3 | 99.5 | 3,026 | 8,561 | 11,905 | 11,091 | 4,320 | 1,879 | 1,208 | 190 | 103 | 32 | 17 | 36 | 16 | 477,185 |
| Other forms of heart disease (391, 392.0, 420-429) | 42,117 | 13.6 | 8.7 | 11.4 | 99.2 | 3,143 | 5,807 | 10,944 | 11,838 | 4,762 | 2,687 | 2,188 | 381 | 249 | 51 | 21 | 28 | 18 | 572,180 |
| Cerebrovascular diseases (430-438) | 23,316 | 29.9 | 13.4 | 17.9 | 96.1 | 962 | 2,119 | 3,884 | 6,170 | 3,328 | 2,266 | 2,667 | 862 | 669 | 153 | 72 | 98 | 66 | 697,857 |
| Atherosclerosis (440) | 2,633 | 27.1 | 14.1 | 18.2 | 95.5 | 113 | 352 | 360 | 566 | 395 | 302 | 312 | 96 | 101 | 22 | 7 | 6 | 1 | 71,408 |
| Other diseases of arteries, arterioles, and capillaries (441-448) | 14,581 | 21.9 | 13.5 | 17.1 | 97.4 | 899 | 1,895 | 1,924 | 3,332 | 2,361 | 1,637 | 1,640 | 450 | 315 | 63 | 31 | 24 | 10 | 318,753 |
| Varicose veins of lower extremities (454) | 1,782 | 22.5 | 12.9 | 17.7 | 97.0 | 91 | 174 | 330 | 426 | 256 | 157 | 224 | 58 | 50 | 9 | 4 | 3 | ..... | 40.048 |
| Hemorrhoids (455) | 3,807 | 6.6 | 4.8 | 6.1 | 99.8 | 866 | 828 | 1,028 | 788 | 180 | 64 | 40 | 8 | 1 | ..... | 1 | 2 | 1 | 25,227 |
| Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459) | 10,322 | 14.5 | 10.7 | 12.5 | 99.1 | 799 | 1,251 | 1,814 | 3,448 | 1,508 | 739 | 544 | 115 | 72 | 12 | 6 | 10 | 4 | 149,361 |
| VIII. Diseases of the respiratory system | 75,084 | 15.9 | 8.8 | 11.8 | 98.7 | 3,873 | 10,932 | 20,320 | 21,055 | 8,061 | 4,630 | 4,165 | 952 | 650 | 151 | 72 | 149 | 74 | 1,195,540 |
| Acute respiratory infections (460-466) | 5,350 | 9.8 | 7.2 | 9.1 | 99.6 | 346 | 941 | 1,723 | 1,487 | 454 | 210 | 143 | 26 | 13 | 1 | 1 | 5 | ..... | 52,450 |
| Pneumonia and influenza (480-487) | 17,577 | 18.1 | 11.2 | 13.9 | 98.7 | 573 | 1,382 | 4,173 | 5,848 | 2,465 | 1,370 | 1,248 | 265 | 162 | 39 | 16 | 20 | 16 | 318,471 |
| Chronic bronchitis (491) | 4,123 | 15.8 | 8.9 | 11.2 | 98.5 | 161 | 551 | 1,186 | 1,286 | 438 | 213 | 185 | 38 | 37 | 8 | 4 | 8 | 8 | 65,315 |
| Emphysema (492) | 1,704 | 22.9 | 11.4 | 14.5 | 97.3 | 60 | 162 | 391 | 499 | 226 | 150 | 134 | 32 | 23 | 6 | 6 | 12 | 3 | 38,966 |
| Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519) | 46,330 | 15.5 | 7.9 | 11.3 | 98.6 | 2,733 | 7,896 | 12,847 | 11,935 | 4,478 | 2,687 | 2,455 | 591 | 415 | 97 | 45 | 104 | 47 | 720,338 |
| IX. Diseases of the digestive system | 98,533 | 12.0 | 7.4 | 10.3 | 99.3 | 10,055 | 17,166 | 26,063 | 24,481 | 9,350 | 5,096 | 4,571 | 958 | 577 | 94 | 31 | 74 | 17 | 1,183,751 |
| Diseases of oral cavity, salivary glands, and jaws (520-529) | 4,898 | 6.5 | 3.8 | 5.9 | 99.6 | 1,135 | 1,380 | 1,322 | 643 | 208 | 82 | 85 | 23 | 15 | 2 | 2 | 1 | ..... | 32,001 |
| Ulcers of the digestive system (530.2, 531-534) | 9,892 | 11.3 | 7.4 | 10.1 | 99.4 | 1,434 | 1,513 | 2,340 | 2,518 | 978 | 504 | 457 | 82 | 51 | 7 | 1 | 6 | 1 | 111,990 |
| Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537) | 11,381 | 9.5 | 5.8 | 8.2 | 99.3 | 2,000 | 2,449 | 2,794 | 2,390 | 825 | 409 | 354 | 77 | 57 | 10 | 6 | 8 | 2 | 108,270 |
| Hernia of the abdominal cavity (550-553) | 19,655 | 8.5 | 6.6 | 7.6 | 99.8 | 997 | 3,835 | 7,790 | 5,092 | 1,126 | 453 | 285 | 33 | 20 | 8 | 3 | 11 | 2 | 167,767 |
| Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579) | 30,136 | 12.3 | 7.3 | 10.3 | 99.2 | 3,483 | 5,661 | 7,259 | 7,204 | 2,949 | 1,565 | 1,424 | 306 | 206 | 38 | 10 | 25 | 6 | 370,623 |
| Alcohol-related liver disorders (571.0-571.3) | 6,532 | 20.5 | 12.7 | 16.1 | 98.3 | 326 | 714 | 1,087 | 1,724 | 1,018 | 713 | 662 | 161 | 95 | 13 | 5 | 13 | 1 | 133,625 |
| Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577) | 16,039 | 16.2 | 11.2 | 14.3 | 99.1 | 680 | 1,614 | 3,471 | 4,910 | 2,246 | 1,370 | 1,304 | 276 | 133 | 16 | 4 | 10 | 5 | 259,475 |
| X. Diseases of the genitourinary system | 54,463 | 12.8 | 7.5 | 10.3 | 99.2 | 5,273 | 9,666 | 13,979 | 14,108 | 5,145 | 2,902 | 2,405 | 521 | 291 | 62 | 25 | 54 | 32 | 698,586 |
| Nephritis, nephrotic syndrome, and nephrosis (580-589) | 5,133 | 21.7 | 11.0 | 15.7 | 97.9 | 368 | 755 | 972 | 1,102 | 625 | 478 | 553 | 154 | 79 | 22 | 9 | 10 | 6 | 111,507 |
| Other diseases of the urinary system (590-599) | 24,613 | 14.4 | 7.9 | 10.9 | 99.0 | 2,277 | 4,128 | 6,032 | 6,528 | 2,495 | 1,440 | 1,176 | 273 | 168 | 36 | 14 | 25 | 21 | 354,407 |
| Diseases of the prostate (600-602) | 16,002 | 10.4 | 7.9 | 9.8 | 99.7 | 1,634 | 2,175 | 4,343 | 4,814 | 1,589 | 790 | 543 | 69 | 27 | 2 | 1 | 12 | 3 | 166,633 |
| Other diseases of the male genital organs (603-608) | 6,986 | 7.7 | 5.4 | 6.9 | 99.6 | 686 | 2,082 | 2,171 | 1,347 | 370 | 163 | 118 | 24 | 17 | 2 | 1 | 4 | 1 | 53,853 |
| Disorders of breast and gynecological diseases (610-629) | 1,729 | 7.0 | 4.3 | 5.6 | 99.7 | 308 | 526 | 461 | 317 | 66 | 31 | 15 | 1 | ..... | ..... | ..... | 3 | 1 | 12,186 |

*See footnotes at end of table.*

*VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay[1]—Fiscal Year 1985*

| Principal Diagnoses[2] | Total | | | Short Term[3] | | Length of Stay (Days) | | | | | | | | | | | | | Total Days[4] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Patients | Average Days | Median Days | Average Days | Percent of Total Discharges | 1 | 2-3 | 4-7 | 8-14 | 15-21 | 22-30 | 31-60 | 61-90 | 91-180 | 181-270 | 271-365 | 366-730 | 731 Plus | |
| XI. Complications of pregnancy, childbirth, and puerperium (630-676) | 33 | 15.0 | 2.8 | 4.0 | 96.9 | 9 | 11 | 7 | 3 | 2 | ..... | ..... | ..... | ..... | ..... | ..... | 1 | ..... | 496 |
| XII. Diseases of skin and subcutaneous tissue | 23,417 | 21.0 | 8.3 | 13.3 | 96.8 | 3,377 | 3,257 | 4,899 | 4,885 | 2,120 | 1,476 | 1,917 | 631 | 569 | 131 | 56 | 75 | 24 | 491,831 |
| Infections and inflammatory conditions of skin and subcutaneous tissue (680-698) | 12,647 | 13.5 | 8.6 | 11.8 | 99.3 | 731 | 1,762 | 3,575 | 3,439 | 1,301 | 798 | 790 | 153 | 76 | 10 | 3 | 6 | 3 | 171,187 |
| Other diseases of skin and subcutaneous tissue (700-709) | 10,770 | 29.8 | 7.8 | 15.1 | 93.8 | 2,646 | 1,495 | 1,324 | 1,446 | 819 | 678 | 1,127 | 478 | 493 | 121 | 53 | 69 | 21 | 320,644 |
| XIII. Diseases of the musculoskeletal system and connective tissue | 46,173 | 14.6 | 8.7 | 12.2 | 98.8 | 3,881 | 8,464 | 9,755 | 10,705 | 5,491 | 3,512 | 3,083 | 645 | 463 | 79 | 36 | 42 | 17 | 673,340 |
| Osteoarthrosis and allied disorders (715) | 6,420 | 15.8 | 12.6 | 14.2 | 99.2 | 430 | 778 | 1,001 | 1,552 | 1,306 | 767 | 472 | 59 | 36 | 12 | 3 | 1 | 3 | 101,185 |
| Other arthropathies and related disorders (710-714, 716-719) | 9,524 | 13.7 | 7.1 | 10.8 | 98.8 | 886 | 2,041 | 2,365 | 1,961 | 908 | 588 | 523 | 119 | 92 | 18 | 5 | 11 | 7 | 130,596 |
| Dorsopathies (720-724) | 14,179 | 13.7 | 9.8 | 12.2 | 99.2 | 1,183 | 2,310 | 2,596 | 3,891 | 1,857 | 1,179 | 885 | 155 | 95 | 14 | 5 | 8 | 1 | 194,463 |
| Rheumatism, excluding the back (725-729) | 7,643 | 9.1 | 5.6 | 7.9 | 99.4 | 912 | 2,088 | 2,145 | 1,460 | 455 | 273 | 213 | 51 | 32 | 3 | 4 | 5 | 2 | 69,277 |
| Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739) | 8,407 | 21.2 | 11.2 | 16.2 | 97.1 | 470 | 1,247 | 1,648 | 1,841 | 965 | 705 | 990 | 261 | 208 | 32 | 19 | 17 | 4 | 177,819 |
| XIV. Congenital deformities (740-759) | 2,179 | 12.3 | 6.5 | 9.7 | 99.0 | 295 | 491 | 485 | 452 | 207 | 119 | 82 | 23 | 15 | 3 | 1 | 4 | 2 | 26,796 |
| XVI. Symptoms, signs, and ill-defined conditions (780-799) | 50,983 | 13.1 | 6.7 | 9.7 | 98.8 | 6,494 | 10,526 | 12,473 | 11,565 | 4,329 | 2,302 | 2,091 | 551 | 425 | 89 | 40 | 69 | 29 | 665,995 |
| XVII. Injury and poisoning | 44,487 | 18.0 | 7.9 | 12.9 | 97.7 | 5,322 | 7,786 | 9,400 | 8,852 | 4,443 | 3,048 | 3,394 | 1,056 | 853 | 167 | 62 | 75 | 29 | 799,438 |
| Fracture of skull (800-804) | 1,611 | 10.5 | 6.5 | 9.0 | 99.3 | 186 | 310 | 502 | 367 | 104 | 48 | 67 | 14 | 7 | 3 | ..... | 3 | ..... | 16,974 |
| Fracture of neck and trunk (805-809) | 2,131 | 40.2 | 12.4 | 16.7 | 91.6 | 136 | 243 | 401 | 458 | 234 | 163 | 215 | 90 | 107 | 43 | 18 | 19 | 4 | 85,702 |
| Fracture of upper and lower limb (810-829) | 9,892 | 22.2 | 12.5 | 16.8 | 97.0 | 895 | 1,125 | 1,559 | 2,168 | 1,354 | 1,001 | 1,109 | 337 | 261 | 40 | 16 | 19 | 8 | 219,156 |
| Dislocations, sprains, and strains of joints and adjacent muscles (830-848) | 3,813 | 9.0 | 5.8 | 8.1 | 99.4 | 428 | 974 | 1,103 | 765 | 272 | 119 | 98 | 31 | 17 | 4 | 1 | 1 | ..... | 34,383 |
| Intracranial injury, excluding those with skull fracture (850-854) | 1,855 | 27.8 | 5.9 | 11.5 | 95.6 | 436 | 370 | 258 | 275 | 147 | 100 | 136 | 45 | 54 | 12 | 9 | 4 | 9 | 51,618 |
| Internal injury of chest, abdomen, and pelvis (860-869) | 530 | 12.2 | 8.0 | 11.0 | 98.8 | 36 | 70 | 159 | 131 | 63 | 30 | 32 | 3 | 6 | ..... | ..... | ..... | ..... | 6,451 |
| Open wounds (870-897) | 3,539 | 9.8 | 4.2 | 7.6 | 98.8 | 871 | 862 | 810 | 514 | 175 | 111 | 108 | 42 | 33 | 5 | 3 | 4 | 1 | 34,749 |
| Burns (940-949) | 1,044 | 22.2 | 12.8 | 17.2 | 96.4 | 95 | 110 | 167 | 221 | 139 | 98 | 139 | 29 | 38 | 6 | ..... | 2 | ..... | 23,207 |
| Poisoning by drugs, medicinal, and biological substances (960-979) | 2,283 | 8.5 | 5.2 | 7.9 | 99.7 | 449 | 523 | 598 | 390 | 143 | 82 | 74 | 17 | 5 | ..... | ..... | 2 | ..... | 19,359 |
| Toxic effects of substances chiefly nonmedical as to source (980-989) | 359 | 7.4 | 2.9 | 7.1 | 99.7 | 106 | 103 | 61 | 40 | 16 | 15 | 14 | 3 | 1 | ..... | ..... | ..... | ..... | 2,646 |
| All other injuries (900-904, 910-939, 950-959, 990-995) | 4,351 | 14.4 | 5.6 | 9.3 | 98.6 | 777 | 997 | 1,000 | 770 | 305 | 183 | 179 | 70 | 45 | 11 | 3 | 7 | 4 | 62,809 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Complications of surgical and medical care, NEC (996-999) | 13,059 | 18.5 | 10.0 | 14.8 | 97.7 | 904 | 2,095 | 2,775 | 2,751 | 1,491 | 1,096 | 1,221 | 375 | 279 | 43 | 12 | 14 | 3 | 242,178 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | 20 | 10.3 | 5.7 | 10.3 | 100.0 | 3 | 4 | 7 | 2 | ..... | 2 | 2 | ..... | ..... | ..... | ..... | ..... | ..... | 206 |
| XVIII. Factors influencing health status and contact with health services (V01-V82) | 60,794 | 20.9 | 7.7 | 15.7 | 97.3 | 13,455 | 10,481 | 6,978 | 5,983 | 3,511 | 8,186 | 8,398 | 1,863 | 1,403 | 296 | 122 | 88 | 30 | 1,269,867 |

[1] *Patient Treatment File. This table as well as all others in this hospital discharge series, excludes approximately 245,474 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," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table. Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major problem of the patient's length of stay.*

[3] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[4] *Excludes those cases for which the number of days is unavailable.*

TABLE 32

## *VA Medical Centers--Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service[1] Fiscal Year 1985*

| Diagnostic Composition of Patients | Total | Period of Service | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Post Vietnam[2] | Vietnam Era | Post Korea[3] | Korean Conflict[4] | World War II | World War I | All Others[5] |
| All discharges | 1,031,299 | 52,079 | 190,978 | 61,335 | 134,768 | 543,767 | 31,231 | 17,141 |
| Psychotic | 85,997 | 11,955 | 33,564 | 6,741 | 9,935 | 21,596 | 1,295 | 911 |
| Alcohol psychoses (291) | 6,810 | 258 | 1,550 | 752 | 1,266 | 2,875 | 21 | 88 |
| Drug psychoses (292) | 866 | 155 | 422 | 41 | 59 | 163 | 19 | 7 |
| Other psychoses (290, 293-299) | 78,321 | 11,542 | 31,592 | 5,948 | 8,610 | 18,558 | 1,255 | 816 |
| Other psychiatric | 107,565 | 12,091 | 48,113 | 10,022 | 13,361 | 22,202 | 556 | 1,220 |
| Alcohol dependence and abuse (303, 305.0) | 64,488 | 6,111 | 25,647 | 7,630 | 10,126 | 14,210 | 9 | 755 |
| Drug dependence and abuse (304, 305.1-305.9) | 10,167 | 2,358 | 6,664 | 455 | 344 | 286 | 4 | 56 |
| Other nonpsychotic mental disorders (300-302, 306-319) | 32,910 | 3,622 | 15,802 | 1,937 | 2,891 | 7,706 | 543 | 409 |
| Medical and surgical | 837,737 | 28,033 | 109,301 | 44,572 | 111,472 | 499,969 | 29,380 | 15,010 |
| All infectious and parasitic diseases (001-139) | 11,521 | 892 | 2,207 | 709 | 1,443 | 5,478 | 559 | 233 |
| Malignant neoplasms (140-208, 230-234) | 93,771 | 1,074 | 5,968 | 3,778 | 11,738 | 66,697 | 3,096 | 1,420 |
| Benign and unspecified neoplasms (210-229, 235-239) | 14,166 | 372 | 1,672 | 632 | 1,871 | 9,100 | 290 | 229 |
| Diabetes mellitus (250) | 17,657 | 460 | 2,427 | 1,187 | 2,907 | 10,182 | 236 | 258 |
| Other endocrine, nutritional, and metabolic diseases (240-246, 251-278) | 11,118 | 276 | 1,194 | 590 | 1,440 | 6,712 | 720 | 186 |
| Disorders involving the immune mechanisms (279) | 772 | 132 | 395 | 67 | 40 | 121 | ..... | 17 |
| Diseases of the blood and blood forming organs (280-289) | 9,490 | 239 | 918 | 348 | 1,012 | 6,122 | 662 | 189 |
| Quadriplegia (344.0) | 86 | 6 | 33 | 6 | 9 | 30 | ..... | 2 |
| Paraplegia (344.1) | 72 | 5 | 16 | 4 | 12 | 32 | ..... | 3 |
| Other diseases of the nervous system (320-343, 344.2-359) | 25,821 | 1,235 | 4,654 | 1,679 | 3,546 | 13,601 | 535 | 571 |
| Diseases of the sense organs (360-389) | 29,477 | 479 | 2,268 | 1,228 | 3,376 | 20,344 | 1,317 | 465 |
| Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429) | 100,736 | 917 | 7,813 | 5,042 | 14,600 | 66,351 | 4,235 | 1,778 |
| Cerebrovascular diseases (430-438) | 23,316 | 137 | 1,211 | 926 | 2,856 | 16,818 | 1,035 | 333 |
| Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459) | 43,588 | 874 | 4,907 | 2,425 | 6,311 | 27,372 | 1,008 | 691 |
| Acute respiratory diseases (460-466, 480-487) | 22,927 | 491 | 1,933 | 895 | 2,565 | 14,275 | 2,385 | 383 |
| Chronic bronchitis and emphysema (491-492) | 5,827 | 31 | 266 | 206 | 763 | 4,319 | 164 | 78 |
| Other respiratory diseases (470-478, 490, 493-519) | 46,330 | 1,068 | 4,056 | 1,938 | 5,832 | 31,253 | 1,421 | 762 |
| Diseases of the oral cavity, salivary glands, and jaws (520-529) | 4,898 | 503 | 922 | 305 | 668 | 2,360 | 61 | 79 |
| Hernia of the abdominal cavity (550-553) | 19,655 | 616 | 2,595 | 1,071 | 2,709 | 11,934 | 401 | 329 |
| Alcohol-related liver diseases (571.0-571.3) | 6,532 | 137 | 1,159 | 708 | 1,364 | 3,061 | 6 | 97 |
| Other diseases of the digestive system (530-543, 555-570, 571.4-579) | 67,448 | 2,604 | 10,866 | 4,292 | 9,543 | 36,931 | 2,163 | 1,049 |
| Diseases of the male genital organs (600-608) | 22,988 | 413 | 1,723 | 757 | 2,472 | 16,588 | 745 | 290 |
| Other diseases of the genitourinary system (580-599) | 29,746 | 871 | 3,662 | 1,456 | 3,306 | 17,872 | 2,070 | 509 |
| Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676) | 1,762 | 316 | 371 | 99 | 186 | 740 | 17 | 33 |
| Diseases of the skin and subcutaneous tissue (680-709) | 23,417 | 1,438 | 4,711 | 1,515 | 3,342 | 11,474 | 601 | 336 |
| Diseases of the musculoskeletal system and connective tissue (710-739) | 46,173 | 3,213 | 9,963 | 2,944 | 6,765 | 21,785 | 733 | 770 |
| Congenital anomalies (740-759) | 2,179 | 157 | 397 | 152 | 264 | 1,118 | 36 | 55 |
| Symptoms, signs, and ill-defined conditions (780-799) | 50,983 | 1,751 | 7,571 | 3,113 | 7,191 | 28,465 | 1,921 | 971 |
| Injuries and poisonings (800-904, 910-999) | 44,467 | 3,654 | 9,740 | 2,706 | 5,592 | 20,018 | 1,724 | 1,033 |
| Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) | 20 | 4 | 3 | 1 | 2 | 10 | ..... | ..... |
| Factors influencing health status and contact with health service (V01-V82) | 60,794 | 3,668 | 13,680 | 3,793 | 7,747 | 28,806 | 1,239 | 1,861 |
| Supplementary classification of external causes of injury and poisoning (E800-E999) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 245,474 one day dialysis discharges.*
[2] *Service on or after May 8, 1975.*
[3] *Service between February 1, 1955 and August 4, 1964.*
[4] *Service between June 27, 1950 and January 31, 1955.*
[5] *Consists of 274 Spanish-American War and Mexican Border Service, 11,208 peacetime, 3,162 active and retired military, and 2,497 non-veterans.*

## *Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation Fiscal Year 1985*

| Surgical Procedures[1] | Total | Affiliated Hospitals[3] | Non-Affiliated Hospitals |
|---|---|---|---|
| Surgical procedures (01-86) | 414,009 | 385,592 | 28,417 |
| Operations on the nervous system (01-05) | 9,510 | 9,224 | 286 |
| Incision and excision of skull, brain and cerebral meninges (01) | 1,830 | 1,819 | 11 |
| Other operations on skull, brain, and cerebral meninges (02) | 851 | 843 | 8 |
| Operations on spinal cord and spinal canal structures (03) | 1,906 | 1,882 | 24 |
| Operations on cranial and peripheral nerves (04) | 4,601 | 4,418 | 183 |
| Operations on sympathetic nerves or ganglia (05) | 322 | 262 | 60 |
| Operations on the endocrine system (06-07) | 1,263 | 1,201 | 62 |
| Operations on thyroid and parathyroid glands (06) | 1,044 | 985 | 59 |
| Operations on other endocrine glands (07) | 219 | 216 | 3 |
| Operations on the eye (08-16) | 39,385 | 38,668 | 717 |
| Operations on eyelids (08) | 3,711 | 3,582 | 129 |
| Operations on lacrimal system (09) | 215 | 213 | 2 |
| Operations on conjunctiva (10) | 313 | 306 | 7 |
| Operations on cornea (11) | 916 | 879 | 37 |
| Operations on iris, ciliary body, sclera and anterior chamber (12) | 1,509 | 1,473 | 36 |
| Operations on lens (13) | 28,940 | 28,462 | 478 |
| Operations on retina, choroid, vitreous, and posterior chamber (14) | 2,730 | 2,716 | 14 |
| Operations on extraocular muscles (15) | 329 | 325 | 4 |
| Operations on orbit and eyeball (16) | 722 | 712 | 10 |
| Operations on the ear (18-20) | 4,721 | 4,534 | 187 |
| Operations on external ear (18) | 1,744 | 1,598 | 146 |
| Reconstructive operations on middle ear (19) | 1,511 | 1,492 | 19 |
| Other operations on middle and inner ear (20) | 1,466 | 1,444 | 22 |
| Operations on the nose, mouth and pharynx (21-29) | 19,798 | 18,958 | 840 |
| Operations on nose (21) | 5,973 | 5,685 | 288 |
| Operations on nasal sinuses (22) | 1,750 | 1,694 | 56 |
| Removal and restoration of teeth (23) | 2,063 | 1,961 | 102 |
| Other operations on teeth, gums and alveoli (24) | 1,677 | 1,643 | 34 |
| Operations on tongue (25) | 1,574 | 1,534 | 40 |
| Operations on salivary glands and ducts (26) | 1,024 | 951 | 73 |
| Other operations on mouth and face (27) | 3,404 | 3,210 | 194 |
| Operations on tonsils and adenoids (28) | 836 | 810 | 26 |
| Operations on pharynx (29) | 1,497 | 1,470 | 27 |
| Operations on the respiratory system (30-34) | 30,647 | 28,866 | 1,781 |
| Excision of larynx (30) | 2,056 | 2,006 | 50 |
| Other operations on larynx and trachea (31) | 12,090 | 11,723 | 367 |
| Excision of lung and bronchus (32) | 2,791 | 2,659 | 132 |
| Other operations on lung and bronchus (33) | 9,464 | 8,452 | 1,012 |
| Operations on chest wall, pleura, mediastinum and diaphragm (34) | 4,246 | 4,026 | 220 |
| Operations on the cardiovascular system (35-39) | 44,025 | 42,997 | 1,028 |
| Operations on valves and septa of heart (35) | 1,124 | 1,123 | 1 |
| Operations on vessels of heart (36) | 5,305 | 5,305 | ..... |
| Other operations on heart and pericardium (37) | 5,915 | 5,829 | 86 |
| Incision, excision and occlusion of vessels (38) | 11,204 | 10,670 | 534 |
| Other operations on vessels (39) | 20,477 | 20,070 | 407 |
| Operations on the hemic and lymphatic system (40-41) | 7,267 | 6,927 | 340 |
| Operations on lymphatic system (40) | 6,478 | 6,179 | 299 |
| Operations on bone marrow and spleen (41) | 789 | 748 | 41 |
| Operations on the digestive system (42-54) | 87,007 | 77,887 | 9,120 |
| Operations on esophagus (42) | 6,888 | 6,435 | 453 |
| Incision and excision of stomach (43) | 2,857 | 2,639 | 218 |
| Other operations on stomach (44) | 6,579 | 5,905 | 674 |
| Incision, excision, and anastomosis of intestine (45) | 20,274 | 18,139 | 2,135 |

*See footnotes at end of table.*

TABLE 33—Continued

## *Surgical Procedures Performed in VA Medical Centers—Hospital Care Component by Hospital Affiliation Fiscal Year 1985*

| Surgical Procedures[1] | Total | Affiliated Hospitals[2] | Non-Affiliated Hospitals |
|---|---|---|---|
| Other operations on intestine (46) | 4,212 | 3,876 | 336 |
| Operations on appendix (47) | 1,953 | 1,725 | 228 |
| Operations on rectum and perirectal tissue (48) | 4,615 | 3,809 | 806 |
| Operations on anus (49) | 4,950 | 4,302 | 648 |
| Operations on liver (50) | 1,680 | 1,583 | 97 |
| Operations on gallbladder and biliary tract (51) | 7,378 | 6,608 | 770 |
| Operations on pancreas (52) | 882 | 842 | 40 |
| Repair of hernia (53) | 18,560 | 16,317 | 2,243 |
| Other operations on abdominal region (54) | 6,179 | 5,707 | 472 |
| Operations on the urinary system (55-59) | 48,117 | 43,487 | 4,630 |
| Operations on kidney (55) | 2,438 | 2,343 | 95 |
| Operations on ureter (56) | 2,838 | 2,709 | 129 |
| Operations on urinary bladder (57) | 37,448 | 33,577 | 3,871 |
| Operations on urethra (58) | 4,838 | 4,340 | 498 |
| Other operations on urinary tract (59) | 555 | 518 | 37 |
| Operations on the male genital organs (60-64) | 31,116 | 28,340 | 2,776 |
| Operations on prostate and seminal vesicles (60) | 20,528 | 18,781 | 1,747 |
| Operations on scrotum and tunica vaginalis (61) | 903 | 787 | 116 |
| Operations on testes (62) | 2,265 | 2,053 | 212 |
| Operations on spermatic cord, epididymis and vas deferens (63) | 3,285 | 2,847 | 438 |
| Operations on penis (64) | 4,135 | 3,872 | 263 |
| Operations on the female genital organs (65-71) | 870 | 796 | 74 |
| Operations on ovary (65) | 207 | 189 | 18 |
| Operations on fallopian tubes (66) | 38 | 32 | 6 |
| Operation on cervix (67) | 72 | 66 | 6 |
| Other incision and excision of uterus (68) | 226 | 212 | 14 |
| Other operations on uterus and supporting structures (69) | 224 | 205 | 19 |
| Operations on vagina and cul-de-sac (70) | 72 | 66 | 6 |
| Operations on vulva and perineum (71) | 31 | 26 | 5 |
| Obstetrical procedures (72-75) | 2 | 2 | ..... |
| Forceps, vacuum, and breech delivery (72) | 1 | 1 | ..... |
| Other procedures inducing or assisting delivery (73) | ..... | ..... | ..... |
| Cesarean section and removal of fetus (74) | 1 | 1 | ..... |
| Other obstetric operations (75) | ..... | ..... | ..... |
| Operations on the musculoskeletal system (76-84) | 58,019 | 54,616 | 3,403 |
| Operations on facial bones and joints (76) | 2,466 | 2,431 | 35 |
| Incision, excision, and division of other bones (77) | 7,258 | 6,825 | 433 |
| Other operations on bones, except facial bones (78) | 4,074 | 3,915 | 159 |
| Reduction of fracture and dislocation (79) | 6,552 | 6,150 | 402 |
| Incision and excision of joint structures (80) | 10,150 | 9,521 | 629 |
| Repair and plastic operations on joint structures (81) | 10,296 | 9,909 | 387 |
| Operations on muscle, tendon, fascia of hand (82) | 3,236 | 2,985 | 251 |
| Operations on muscle, tendon, fascia, and bursa, except hand (83) | 4,555 | 4,196 | 359 |
| Other procedures on musculoskeletal system (84) | 9,432 | 8,684 | 748 |
| Operations on the integumentary system (85-86) | 32,262 | 29,089 | 3,173 |
| Operations on the breast (85) | 1,446 | 1,341 | 105 |
| Operations on skin and subcutaneous tissue (86) | 30,816 | 27,748 | 3,068 |

[1] *Patient Treatment File. The procedures included in this table are grouped based on the 'International Classification of Diseases 9th Revision Clinical Modification', (ICD-9-CM) DHHS Publication No. PHS 80-1260: The numbers following the operations are the identifying code numbers of this operation classification. Miscellaneous diagnostic and therapeutic procedures (87-99) and the following selected diagnostic procedures (16.21, 18.11, 20.31, 21.21, 29.11 and 31.41) are excluded.*

[2] *Affiliated facilities include 137 VA medical centers with a Dean's Committee.*

TABLE 34



## *Operating Costs of VA Inpatient Facilities—Fiscal Year 1985*

| Activity | Total | Hospital Care | | | | Nursing Care | VA Domiciliaries |
|---|---|---|---|---|---|---|---|
| | | Total | Bed Section | | | | |
| | | | Medical[1] | Surgical | Psychiatric | | |
| Total Cost (in thousands)[2] | $6,229,718 | $5,735,989 | $3,015,963 | $1,593,843 | $1,126,183 | $397,259 | $96,47( |
| **Professional and ancillary:** | | | | | | | |
| Medical services[3] | 1,640,326 | 1,570,116 | 828,936 | 490,770 | 250,410 | 52,461 | 17,74( |
| Nursing services | 1,477,226 | 1,344,198 | 697,334 | 362,107 | 284,757 | 128,283 | 4,74( |
| Chaplain services | 25,652 | 21,981 | 11,378 | 4,328 | 6,275 | 2,476 | 1,19( |
| Dietetics services | 387,920 | 318,350 | 164,257 | 61,839 | 92,254 | 48,316 | 21,254 |
| Dental services | 43,559 | 38,152 | 18,602 | 7,563 | 11,987 | 2,887 | 2,520 |
| Audiology and speech pathology | 8,369 | 6,917 | 4,754 | 1,531 | 632 | 1,289 | 163 |
| Direct care, Total | 3,583,053 | 3,299,715 | 1,725,261 | 928,138 | 646,316 | 235,712 | 47,626 |
| Administrative support | 773,023 | 696,841 | 359,036 | 180,463 | 157,342 | 57,320 | 18,862 |
| Engineering support | 647,816 | 567,038 | 283,990 | 144,229 | 138,819 | 58,256 | 22,522 |
| Building management[4] | 323,433 | 285,598 | 143,071 | 73,755 | 68,772 | 33,051 | 4,784 |
| Research support | 147,403 | 144,716 | 87,030 | 30,861 | 26,825 | 2,318 | 369 |
| Education and training support | 380,100 | 369,871 | 205,111 | 113,944 | 50,816 | 8,599 | 1,630 |
| Asset acquisitions[5] | 374,889 | 372,210 | 212,464 | 122,453 | 37,293 | 2,003 | 676 |
| Support, Total | 2,646,665 | 2,436,274 | 1,290,702 | 665,705 | 479,867 | 161,547 | 48,844 |

[1] *Includes intermediate care.*
[2] *Includes inpatient education and training support.*
[3] *Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, rehabilitation medicine, social service, clinical psychology, radiology, medical media, and library.*
[4] *Includes operation of laundry.*
[5] *Asset acquisitions reflect obligations.*

*NOTE: Totals may not add due to rounding.*

TABLE 35



## *VA Nursing Homes, Community Nursing Homes, and Domiciliaries: Patient Movement — Fiscal Year 1985*

| Item | Nursing Homes | Community Nursing Homes | Domiciliaries |
|---|---|---|---|
| Gains, Total | 18,520 | 34,613 | 10,677 |
| Direct gains — Total | 10,844 | 28,487 | 6,448 |
| Admissions after rehospitalization | [1]574 | [2]2,991 | 337 |
| Other admissions | 10,270 | 25,496 | 6,111 |
| Transfers in from similar facilities[3] | 118 | 575 | 145 |
| Returns from absent sick in hospital status | 7,558 | 5,551 | 4,084 |
| Losses, Total | 17,613 | 33,631 | 10,978 |
| Discharges and deaths while in bed occupant or authorized leave of absence status — Total | 7,655 | 19,811 | 5,151 |
| Discharges | 6,144 | 15,463 | 5,096 |
| Deaths | 1,511 | 4,348 | 55 |
| Losses to absent sick in hospital status | 9,795 | 13,207 | 5,723 |
| (Discharges and deaths while in absent sick in hospital status — Total) | 2,153 | 6,839 | 1,662 |
| Discharges | 1,185 | 5,161 | 1,584 |
| Deaths | 968 | 1,678 | 78 |
| Transfers out to similar facilities[3] | 163 | 613 | 104 |
| Remaining on September 30, 1985 — Total | 10,634 | 12,257 | 6,313 |
| Bed occupants | 10,233 | 11,828 | 5,830 |
| On authorized leave of absence | 42 | ..... | 283 |
| Absent sick in hospital | 359 | 429 | 200 |
| Patients treated[4] | 20,442 | 38,907 | 13,126 |
| Average daily census[5] | 9,556 | 11,444 | 5,979 |

[1] *Admissions after rehospitalization of more than 30 days.*
[2] *Admissions after rehospitalization of more than 15 days.*
[3] *Includes only patients transferred as VA beneficiaries.*
[4] *Discharges and deaths during the fiscal year plus the number remaining on the rolls at the end of the fiscal year.*
[5] *Based on the number of patient days during the fiscal year divided by the number of calendar days in the fiscal year.*

TABLE 36

## *State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement[1] —Fiscal Year 1985*

| Item | State Home Hospitals | State Nursing Homes | State Domiciliary Homes |
|---|---|---|---|
| Gains, Total | 3,708 | 11,385 | 9,750 |
| Direct gains – Total | 3,490 | 5,862 | 4,100 |
| Admissions from state facilities | 2,313 | 2,484 | 1,897 |
| Other admissions | 1,177 | 3,378 | 2,203 |
| Returns from leave of absence status | 218 | 5,523 | 5,650 |
| Losses, Total | 3,697 | 11,186 | 9,787 |
| Discharges and deaths – Total | 3,476 | 5,562 | 4,086 |
| Discharges to state facilities | 2,132 | 2,398 | 2,101 |
| Other discharges | 1,064 | 1,738 | 1,874 |
| Deaths | 280 | 1,426 | 111 |
| Losses to leave of absence status | 221 | 5,624 | 5,701 |
| Bed occupants remaining on September 30, 1985 | 515 | 7,978 | 4,354 |
| Patients treated[2] | 3,991 | 13,540 | 8,440 |
| Average daily census[3] | 498 | 7,846 | 4,334 |

[1] *Data include only patients supported by VA.*
[2] *Discharges and deaths during the fiscal year plus the number on the rolls at the end of the fiscal year.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*



TABLE 37

## *VA Medical Centers—Domiciliary Care Component: Selected Data Fiscal Year 1985*

| Facility | Average Operating Beds [1] | Bed Occupancy Rate (%) [2] | Average Daily Census [3] | Admissions [4] | Discharges [4] | Patients Treated [4 5] | Remaining End of Year |
|---|---|---|---|---|---|---|---|
| Total | 7,462 | 80.1 | 5,979 | 6,448 | 6,813 | 13,126 | 6,313 |
| Arizona: Prescott | 214 | 78.5 | 168 | 252 | 244 | 440 | 196 |
| California: West Los Angeles | 377 | 68.2 | 257 | 254 | 279 | 534 | 255 |
| Florida: Bay Pines | 200 | 88.5 | 177 | 280 | 276 | 477 | 201 |
| Georgia: Dublin | 326 | 79.4 | 259 | 188 | 234 | 491 | 257 |
| Kansas: Leavenworth | 669 | 72.9 | 488 | 568 | 592 | 1,116 | 524 |
| Mississippi: Biloxi | 173 | 79.8 | 138 | 184 | 193 | 342 | 149 |
| New York: Bath | 525 | 83.0 | 436 | 396 | 426 | 869 | 443 |
| Ohio: Dayton | 756 | 77.5 | 586 | 275 | 312 | 912 | 600 |
| Oregon: White City | 948 | 78.5 | 744 | 930 | 871 | 1,669 | 798 |
| South Dakota: Hot Springs | 400 | 78.0 | 312 | 457 | 476 | 809 | 333 |
| Tennessee: Mountain Home | 618 | 90.6 | 560 | 538 | 609 | 1,223 | 614 |
| Texas: | | | | | | | |
| Bonham | 210 | 91.0 | 191 | 125 | 151 | 354 | 203 |
| Temple | 528 | 86.7 | 458 | 661 | 697 | 1,184 | 487 |
| Virginia: Hampton | 475 | 70.3 | 334 | 477 | 506 | 867 | 361 |
| West Virginia: Martinsburg | 540 | 90.9 | 491 | 684 | 688 | 1,214 | 526 |
| Wisconsin: Wood | 504 | 75.8 | 382 | 324 | 363 | 729 | 366 |

[1] *Based on the number of operating beds at the end of each month of 13 consecutive months (September 1984–September 1985).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals, but excluded from overall total.*
[5] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

## *VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1985*

| Location | Average Operating Beds [1] | Bed Occupancy Rate (%) [2] | Average Daily Census [3] | Admissions [4] | Discharges and Deaths [4] | Patients Treated [5] | Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|---|---|
| Total | 10,399 | 91.9 | 9,556 | 10,844 | 9,808 | 20,442 | 10,634 |
| Alabama: | | | | | | | |
| Tuscaloosa | 120 | 95.8 | 115 | 68 | 64 | 187 | 123 |
| Tuskegee | 112 | 93.8 | 105 | 42 | 42 | 153 | 111 |
| Arizona: | | | | | | | |
| Phoenix | 120 | 96.7 | 116 | 96 | 90 | 209 | 119 |
| Tucson | 41 | 97.6 | 40 | 7 | 6 | 47 | 41 |
| Arkansas: Little Rock | 200 | 95.5 | 191 | 69 | 66 | 267 | 201 |
| California: | | | | | | | |
| Fresno | 18 | 44.4 | 8 | 75 | 24 | 74 | 50 |
| Livermore | 120 | 90.0 | 108 | 68 | 54 | 166 | 112 |
| Loma Linda | 60 | 91.7 | 55 | 131 | 132 | 189 | 57 |
| Long Beach | 180 | 98.9 | 178 | 222 | 215 | 406 | 191 |
| Palo Alto | 150 | 96.0 | 144 | 542 | 547 | 693 | 146 |
| San Diego | 60 | 90.0 | 54 | 104 | 113 | 173 | 60 |
| Sepulveda | 158 | 93.7 | 148 | 148 | 158 | 311 | 153 |
| West Los Angeles | 55 | 27.3 | 15 | 68 | 8 | 68 | 60 |
| Colorado: | | | | | | | |
| Denver | 14 | 28.6 | 4 | 54 | 19 | 85 | 66 |
| Ft. Lyon | 37 | 97.3 | 36 | 12 | 12 | 49 | 37 |
| Grand Junction | 42 | 95.2 | 40 | 35 | 45 | 85 | 40 |
| Connecticut: West Haven | 90 | 96.7 | 87 | 11 | 11 | 98 | 87 |
| Delaware: Wilmington | 60 | 96.7 | 58 | 32 | 36 | 93 | 57 |
| Washington, D.C. | 5 | 80.0 | 4 | 22 | 1 | 61 | 60 |
| Florida: | | | | | | | |
| Bay Pines | 240 | 90.0 | 216 | 415 | 408 | 643 | 235 |
| Gainesville | 120 | 94.2 | 113 | 108 | 107 | 224 | 117 |
| Lake City | 68 | 79.4 | 54 | 115 | 47 | 154 | 107 |
| Miami | 116 | 88.8 | 103 | 156 | 169 | 277 | 108 |
| Tampa | 102 | 56.9 | 58 | 219 | 108 | 219 | 111 |
| Georgia: | | | | | | | |
| Atlanta | 120 | 54.2 | 65 | 117 | 44 | 157 | 113 |
| Augusta | 40 | 90.0 | 36 | 13 | 13 | 52 | 39 |
| Dublin | 86 | 90.7 | 78 | 25 | 25 | 110 | 85 |
| Idaho: Boise | 5 | 20.0 | 1 | 17 | ..... | 17 | 17 |
| Illinois: | | | | | | | |
| Danville | 120 | 93.3 | 112 | 433 | 433 | 552 | 119 |
| Hines | 119 | 92.4 | 110 | 238 | 232 | 353 | 121 |
| Marion | 9 | 44.4 | 4 | 50 | 2 | 50 | 48 |
| North Chicago | 190 | 95.8 | 182 | 65 | 64 | 254 | 190 |
| Indiana: | | | | | | | |
| Ft. Wayne | 54 | 94.4 | 51 | 15 | 14 | 68 | 54 |
| Indianapolis | 55 | 98.2 | 54 | 124 | 117 | 173 | 56 |
| Marion | 69 | 92.8 | 64 | 54 | 52 | 119 | 67 |
| Iowa: Knoxville | 200 | 94.5 | 189 | 83 | 80 | 283 | 203 |
| Kansas: | | | | | | | |
| Leavenworth | 45 | 95.6 | 43 | 23 | 24 | 69 | 45 |
| Topeka | 79 | 94.9 | 75 | 26 | 20 | 99 | 79 |
| Wichita | 59 | 94.9 | 56 | 101 | 101 | 162 | 61 |
| Kentucky: Lexington | 100 | 97.0 | 97 | 58 | 56 | 156 | 100 |
| Louisiana: Alexandria | 93 | 92.5 | 86 | 25 | 26 | 114 | 88 |
| Maine: Togus | 60 | 93.3 | 56 | 97 | 94 | 154 | 60 |
| Maryland: | | | | | | | |
| Ft. Howard | 47 | 95.7 | 45 | 15 | 11 | 58 | 47 |
| Perry Point | 80 | 92.5 | 74 | 60 | 53 | 132 | 79 |
| Massachusetts: | | | | | | | |
| Bedford | 162 | 93.8 | 152 | 84 | 86 | 245 | 159 |
| Brockton | 100 | 95.0 | 95 | 41 | 42 | 140 | 98 |
| Northampton | 50 | 98.0 | 49 | 14 | 12 | 61 | 49 |
| Michigan: | | | | | | | |
| Allen Park | 72 | 95.8 | 69 | 42 | 41 | 114 | 73 |
| Ann Arbor | 81 | 72.8 | 59 | 290 | 189 | 308 | 119 |
| Battle Creek | 205 | 95.6 | 196 | 61 | 65 | 262 | 197 |
| Iron Mountain | 40 | 97.5 | 39 | 151 | 149 | 190 | 41 |
| Saginaw | 30 | 93.3 | 28 | 113 | 103 | 133 | 30 |
| Minnesota: St. Cloud | 44 | 86.4 | 38 | 37 | 36 | 77 | 41 |
| Mississippi: | | | | | | | |
| Biloxi | 31 | 90.3 | 28 | 13 | 13 | 43 | 30 |
| Jackson | 120 | 94.2 | 113 | 88 | 85 | 204 | 119 |
| Missouri: | | | | | | | |
| Columbia | 54 | 94.4 | 51 | 30 | 40 | 94 | 54 |
| Poplar Bluff | 49 | 93.9 | 46 | 42 | 38 | 88 | 50 |
| St. Louis | 93 | 96.8 | 90 | 99 | 108 | 201 | 93 |
| Montana: Miles City | 26 | 96.2 | 25 | 4 | 4 | 30 | 26 |
| Nebraska: Grand Island | 42 | 81.0 | 34 | 95 | 87 | 128 | 41 |

*See footnotes at end of table.*

## *VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1985*

| Location | Average Operating Beds [1] | Bed Occupancy Rate (%) [2] | Average Daily Census [3] | Admissions [4] | Discharges and Deaths [4] | Patients Treated [5] | Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|---|---|
| Nevada: Reno | 60 | 95.0 | 57 | 194 | 194 | 247 | 53 |
| New Hampshire: Manchester | 120 | 89.2 | 107 | 175 | 157 | 279 | 122 |
| New Jersey: | | | | | | | |
| East Orange | 60 | 95.0 | 57 | 31 | 24 | 84 | 60 |
| Lyons | 90 | 97.8 | 88 | 71 | 73 | 166 | 93 |
| New Mexico: Albuquerque | 46 | 95.7 | 44 | 104 | 98 | 146 | 48 |
| New York: | | | | | | | |
| Albany | 100 | 96.0 | 96 | 105 | 96 | 199 | 103 |
| Batavia | 36 | 80.6 | 29 | 36 | 37 | 67 | 30 |
| Bath | 167 | 98.2 | 164 | 95 | 97 | 274 | 177 |
| Brooklyn | 300 | 95.3 | 286 | 114 | 107 | 406 | 299 |
| Buffalo | 36 | 91.7 | 33 | 64 | 68 | 99 | 31 |
| Canandaigua | 100 | 97.0 | 97 | 48 | 50 | 149 | 99 |
| Castle Point | 148 | 95.9 | 142 | 95 | 95 | 242 | 147 |
| Montrose | 122 | 92.6 | 113 | 51 | 52 | 174 | 122 |
| Syracuse | 50 | 92.0 | 46 | 48 | 45 | 95 | 50 |
| North Carolina: | | | | | | | |
| Asheville | 82 | 95.1 | 78 | 49 | 45 | 127 | 82 |
| Fayetteville | 38 | 97.4 | 37 | 18 | 13 | 52 | 39 |
| Salisbury | 93 | 95.7 | 89 | 80 | 75 | 168 | 93 |
| North Dakota: Fargo | 50 | 94.0 | 47 | 81 | 80 | 127 | 47 |
| Ohio: | | | | | | | |
| Chillicothe | 99 | 98.0 | 97 | 88 | 97 | 187 | 90 |
| Cincinnati | 206 | 89.8 | 185 | 105 | 121 | 305 | 184 |
| Cleveland | 100 | 91.0 | 91 | 67 | 67 | 167 | 100 |
| Dayton | 284 | 95.8 | 272 | 120 | 114 | 400 | 286 |
| Oregon: | | | | | | | |
| Portland | 68 | 76.5 | 52 | 277 | 247 | 316 | 69 |
| Roseburg | 75 | 98.7 | 74 | 47 | 46 | 122 | 76 |
| Pennsylvania: | | | | | | | |
| Altoona | 33 | 97.0 | 32 | 18 | 18 | 51 | 33 |
| Butler | 104 | 90.4 | 94 | 51 | 48 | 152 | 104 |
| Coatesville | 120 | 95.0 | 114 | 121 | 133 | 237 | 104 |
| Erie | 40 | 95.0 | 38 | 30 | 30 | 70 | 40 |
| Lebanon | 120 | 93.3 | 112 | 103 | 97 | 214 | 117 |
| Pittsburgh (U.D.) | 228 | 92.5 | 211 | 132 | 126 | 352 | 226 |
| Wilkes-Barre | 120 | 96.7 | 116 | 47 | 47 | 167 | 120 |
| South Carolina: Columbia | 120 | 94.2 | 113 | 200 | 192 | 312 | 120 |
| South Dakota: Sioux Falls | 75 | 94.7 | 71 | 100 | 97 | 175 | 78 |
| Tennessee: | | | | | | | |
| Memphis | 120 | 91.7 | 110 | 441 | 437 | 560 | 123 |
| Mountain Home | 58 | 96.6 | 56 | 37 | 36 | 94 | 58 |
| Murfreesboro | 48 | 97.9 | 47 | 14 | 13 | 61 | 48 |
| Texas: | | | | | | | |
| Big Spring | 40 | 95.0 | 38 | 70 | 68 | 109 | 41 |
| Bonham | 100 | 96.0 | 96 | 38 | 38 | 136 | 98 |
| Dallas | 78 | 76.9 | 60 | 214 | 99 | 213 | 114 |
| Houston | 78 | 96.2 | 75 | 69 | 79 | 156 | 77 |
| Kerrville | 96 | 83.3 | 80 | 138 | 73 | 193 | 120 |
| Temple | 120 | 93.3 | 112 | 130 | 121 | 241 | 120 |
| Waco | 84 | 96.4 | 81 | 21 | 20 | 104 | 84 |
| Utah: Salt Lake City | 7 | 42.9 | 3 | 4 | 1 | 7 | 6 |
| Vermont: White River Junction | 30 | 83.3 | 25 | 195 | 199 | 223 | 24 |
| Virginia: | | | | | | | |
| Hampton | 120 | 95.8 | 115 | 162 | 161 | 283 | 122 |
| Richmond | 120 | 75.8 | 91 | 130 | 75 | 192 | 117 |
| Salem | 100 | 93.0 | 93 | 178 | 176 | 273 | 97 |
| Washington: | | | | | | | |
| American Lake | 76 | 92.1 | 70 | 34 | 27 | 101 | 74 |
| Spokane | 9 | 66.7 | 6 | 47 | 1 | 49 | 48 |
| West Virginia: | | | | | | | |
| Beckley | 42 | 97.6 | 41 | 11 | 11 | 53 | 42 |
| Martinsburg | 120 | 98.3 | 118 | 41 | 42 | 161 | 119 |
| Wisconsin: | | | | | | | |
| Tomah | 100 | 98.0 | 98 | 93 | 92 | 192 | 100 |
| Wood | 200 | 90.0 | 180 | 243 | 251 | 424 | 173 |
| Wyoming: Cheyenne | 47 | 95.7 | 45 | 25 | 24 | 71 | 47 |

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1984–September 1985).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals excluded from overall total.*
[5] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

## *Community Nursing Homes: Selected Data—Fiscal Year 1985*

| Location of Authorizing VA Facility | Average Daily Census[1] | Admissions[2] | Discharges and Deaths[2] | Patients Treated[3] | Patients Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|
| Total | 11,444 | 28,487 | 26,614 | 38,871 | 12,257 |
| Alabama: | | | | | |
| Birmingham | 72 | 221 | 223 | 298 | 75 |
| Montgomery | 17 | 32 | 54 | 66 | 12 |
| Tuscaloosa | 54 | 110 | 95 | 150 | 55 |
| Tuskegee | 40 | 66 | 68 | 108 | 40 |
| Alaska: Anchorage | 17 | 57 | 57 | 73 | 16 |
| Arizona: | | | | | |
| Phoenix | 178 | 415 | 449 | 600 | 151 |
| Prescott | 22 | 76 | 44 | 88 | 44 |
| Tucson | 82 | 273 | 259 | 353 | 94 |
| Arkansas: | | | | | |
| Fayetteville | 18 | 85 | 78 | 101 | 23 |
| Little Rock | 130 | 383 | 377 | 519 | 142 |
| California: | | | | | |
| Fresno | 51 | 199 | 205 | 255 | 50 |
| Livermore | 20 | 40 | 39 | 63 | 24 |
| Loma Linda | 78 | 238 | 173 | 254 | 81 |
| Long Beach | 139 | 363 | 370 | 505 | 135 |
| Martinez | 64 | 183 | 158 | 233 | 75 |
| Palo Alto | 91 | 265 | 182 | 305 | 123 |
| San Diego | 61 | 142 | 141 | 208 | 67 |
| San Francisco | 57 | 228 | 192 | 237 | 45 |
| Sepulveda | 84 | 129 | 125 | 205 | 80 |
| West Los Angeles | 208 | 462 | 448 | 665 | 217 |
| Colorado: | | | | | |
| Denver | 99 | 266 | 235 | 344 | 109 |
| Ft. Lyon | 32 | 29 | 22 | 56 | 34 |
| Grand Junction | 31 | 99 | 97 | 131 | 34 |
| Connecticut: | | | | | |
| Newington | 43 | 125 | 98 | 148 | 50 |
| West Haven | 38 | 84 | 65 | 107 | 42 |
| Delaware: Wilmington | 48 | 149 | 152 | 194 | 42 |
| District of Columbia: Washington | 77 | 133 | 139 | 198 | 59 |
| Florida: | | | | | |
| Bay Pines | 131 | 388 | 402 | 544 | 142 |
| Gainesville | 68 | 187 | 163 | 247 | 84 |
| Lake City | 23 | 81 | 78 | 100 | 22 |
| Miami | 127 | 329 | 414 | 566 | 152 |
| Tampa | 162 | 540 | 563 | 720 | 157 |
| Georgia: | | | | | |
| Atlanta | 129 | 336 | 312 | 444 | 132 |
| Augusta | 113 | 244 | 241 | 358 | 117 |
| Dublin | 60 | 167 | 151 | 215 | 64 |
| Hawaii: Honolulu | 13 | 40 | 44 | 50 | 6 |
| Idaho: Boise | 44 | 171 | 184 | 217 | 33 |
| Illinois: | | | | | |
| Chicago (Lakeside) | 98 | 282 | 288 | 385 | 97 |
| Chicago (West Side) | 135 | 425 | 370 | 521 | 151 |
| Danville | 59 | 137 | 124 | 183 | 59 |
| Hines | 197 | 586 | 513 | 750 | 237 |
| Marion | 55 | 176 | 170 | 225 | 55 |
| North Chicago | 222 | 180 | 250 | 438 | 188 |
| Indiana: | | | | | |
| Ft. Wayne | 36 | 139 | 118 | 176 | 58 |
| Indianapolis | 73 | 251 | 224 | 298 | 74 |
| Marion | 109 | 130 | 117 | 240 | 123 |
| Iowa: | | | | | |
| Des Moines | 49 | 150 | 158 | 202 | 44 |
| Iowa City | 66 | 283 | 269 | 342 | 73 |
| Knoxville | 36 | 87 | 98 | 130 | 32 |
| Kansas: | | | | | |
| Leavenworth | 58 | 184 | 105 | 150 | 45 |
| Topeka | 86 | 160 | 125 | 230 | 105 |
| Wichita | 36 | 145 | 116 | 173 | 57 |
| Kentucky: | | | | | |
| Lexington | 87 | 233 | 239 | 329 | 90 |
| Louisville | 81 | 286 | 231 | 325 | 94 |

*See footnotes at end of table.*

## *Community Nursing Homes: Selected Data—Fiscal Year 1985*

| Location of Authorizing VA Facility | Average Daily Census[1] | Admissions[2] | Discharges and Deaths[2] | Patients Treated[3] | Patients Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|
| Louisiana: | | | | | |
| Alexandria | 36 | 133 | 129 | 166 | 37 |
| New Orleans | 64 | 153 | 199 | 259 | 60 |
| Shreveport | 97 | 289 | 270 | 371 | 101 |
| Maine: Togus | 67 | 151 | 133 | 198 | 65 |
| Maryland: | | | | | |
| Baltimore | 39 | 117 | 118 | 167 | 49 |
| Ft. Howard | 24 | 56 | 55 | 82 | 27 |
| Perry Point | 56 | 63 | 59 | 114 | 55 |
| Massachusetts: | | | | | |
| Bedford | 90 | 115 | 110 | 195 | 85 |
| Boston | 112 | 260 | 268 | 394 | 126 |
| Brockton | 143 | 182 | 90 | 239 | 149 |
| Northampton | 74 | 76 | 81 | 153 | 72 |
| West Roxbury | ..... | ..... | ..... | ..... | ..... |
| Michigan: | | | | | |
| Allen Park | 79 | 195 | 203 | 278 | 75 |
| Ann Arbor | 55 | 165 | 180 | 237 | 57 |
| Battle Creek | 117 | 171 | 145 | 279 | 134 |
| Iron Mountain | 19 | 52 | 54 | 71 | 17 |
| Saginaw | 82 | 249 | 222 | 311 | 89 |
| Minnesota: | | | | | |
| Minneapolis | 226 | 682 | 681 | 919 | 238 |
| St. Cloud | 123 | 165 | 164 | 279 | 115 |
| Mississippi: | | | | | |
| Biloxi | 140 | 274 | 239 | 404 | 165 |
| Jackson | 66 | 191 | 190 | 254 | 64 |
| Missouri: | | | | | |
| Columbia | 35 | 132 | 129 | 170 | 41 |
| Kansas City | 87 | 338 | 232 | 326 | 94 |
| Poplar Bluff | 35 | 131 | 129 | 175 | 46 |
| St. Louis | 85 | 271 | 305 | 386 | 81 |
| Montana: | | | | | |
| Ft. Harrison | 32 | 103 | 98 | 130 | 32 |
| Miles City | 20 | 63 | 57 | 75 | 18 |
| Nebraska: | | | | | |
| Grand Island | 4 | 15 | 14 | 21 | 7 |
| Lincoln | 21 | 64 | 60 | 77 | 17 |
| Omaha | 48 | 229 | 224 | 280 | 56 |
| Nevada: | | | | | |
| Las Vegas | 1 | 3 | 5 | 5 | ..... |
| Reno | 23 | 94 | 82 | 110 | 28 |
| New Hampshire: Manchester | 35 | 79 | 70 | 102 | 32 |
| New Jersey: | | | | | |
| East Orange | 115 | 186 | 217 | 329 | 112 |
| Lyons | 49 | 93 | 89 | 158 | 69 |
| New Mexico: Albuquerque | 65 | 170 | 163 | 221 | 58 |
| New York: | | | | | |
| Albany | 46 | 84 | 77 | 124 | 47 |
| Batavia | 19 | 35 | 36 | 53 | 17 |
| Bath | 35 | 91 | 65 | 114 | 49 |
| Bronx | 48 | 128 | 105 | 153 | 48 |
| Brooklyn | 51 | 138 | 129 | 187 | 58 |
| Buffalo | 62 | 135 | 117 | 179 | 62 |
| Canandaigua | 41 | 24 | 32 | 73 | 41 |
| Castle Point | 15 | 38 | 40 | 52 | 12 |
| Montrose | 21 | 31 | 16 | 44 | 28 |
| New York | 36 | 91 | 86 | 118 | 32 |
| Northport | 80 | 151 | 107 | 214 | 107 |
| Syracuse | 37 | 54 | 53 | 90 | 37 |
| North Carolina: | | | | | |
| Asheville | 86 | 204 | 211 | 285 | 74 |
| Durham | 72 | 224 | 212 | 296 | 84 |
| Fayetteville | 50 | 139 | 138 | 186 | 48 |
| Salisbury | 70 | 108 | 107 | 177 | 70 |
| North Dakota: Fargo | 29 | 65 | 72 | 96 | 24 |
| Ohio: | | | | | |
| Chillicothe | 228 | 416 | 354 | 612 | 258 |
| Cincinnati | 71 | 279 | 241 | 329 | 88 |
| Cleveland | 173 | 296 | 247 | 445 | 198 |
| Dayton | 94 | 178 | 167 | 270 | 103 |

*See footnotes at end of table.*

## *Community Nursing Homes: Selected Data—Fiscal Year 1985*

| Location of Authorizing VA Facility | Average Daily Census[1] | Admissions[2] | Discharges and Deaths[2] | Patients Treated[3] | Patients Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|
| Oklahoma: | | | | | |
| Muskogee | 60 | 218 | 222 | 291 | 69 |
| Oklahoma City | 72 | 371 | 356 | 446 | 90 |
| Oregon: | | | | | |
| Portland | 92 | 249 | 254 | 338 | 84 |
| Roseburg | 82 | 170 | 188 | 268 | 80 |
| Pennsylvania: | | | | | |
| Altoona | 29 | 70 | 81 | 110 | 29 |
| Butler | 26 | 54 | 57 | 83 | 26 |
| Coatesville | 209 | 312 | 228 | 472 | 244 |
| Erie | 22 | 78 | 70 | 98 | 28 |
| Lebanon | 117 | 219 | 184 | 307 | 123 |
| Philadelphia | 124 | 308 | 290 | 436 | 146 |
| Pittsburgh (University Dr) | 105 | 362 | 354 | 461 | 107 |
| Pittsburgh (Highland Dr) | 131 | 171 | 155 | 301 | 146 |
| Wilkes-Barre | 49 | 67 | 67 | 117 | 50 |
| Puerto Rico: San Juan | 52 | 165 | 145 | 212 | 67 |
| Rhode Island: Providence | 62 | 153 | 117 | 193 | 76 |
| South Carolina: | | | | | |
| Charleston | 38 | 113 | 107 | 149 | 42 |
| Columbia | 76 | 189 | 134 | 211 | 77 |
| South Dakota: | | | | | |
| Ft. Meade | 12 | 66 | 53 | 71 | 18 |
| Hot Springs | 8 | 11 | 16 | 20 | 4 |
| Sioux Falls | 36 | 179 | 175 | 216 | 41 |
| Tennessee: | | | | | |
| Memphis | 63 | 144 | 134 | 202 | 68 |
| Mountain Home | 114 | 250 | 238 | 360 | 122 |
| Murfreesboro | 45 | 91 | 70 | 129 | 59 |
| Nashville | 71 | 196 | 207 | 278 | 71 |
| Texas: | | | | | |
| Amarillo | 40 | 148 | 133 | 188 | 55 |
| Big Spring | 41 | 107 | 73 | 132 | 59 |
| Bonham | 44 | 166 | 163 | 217 | 54 |
| Dallas | 89 | 260 | 256 | 348 | 92 |
| Houston | 110 | 375 | 324 | 471 | 147 |
| Kerrville | 46 | 159 | 126 | 180 | 54 |
| Marlin | 17 | 41 | 44 | 63 | 19 |
| San Antonio | 104 | 300 | 295 | 410 | 115 |
| Temple | 68 | 208 | 207 | 274 | 67 |
| Waco | 90 | 121 | 118 | 213 | 95 |
| Utah: Salt Lake City | 108 | 338 | 339 | 446 | 107 |
| Vermont: White River Junction | 19 | 41 | 46 | 66 | 20 |
| Virginia: | | | | | |
| Hampton | 58 | 143 | 172 | 238 | 66 |
| Richmond | 70 | 204 | 217 | 279 | 62 |
| Salem | 91 | 155 | 87 | 174 | 87 |
| Washington: | | | | | |
| American Lake | 74 | 176 | 145 | 230 | 85 |
| Seattle | 128 | 401 | 376 | 509 | 133 |
| Spokane | 51 | 158 | 165 | 213 | 48 |
| Walla Walla | 31 | 115 | 99 | 133 | 34 |
| West Virginia: | | | | | |
| Beckley | 19 | 98 | 101 | 121 | 20 |
| Clarksburg | 93 | 248 | 186 | 282 | 96 |
| Huntington | 71 | 178 | 180 | 265 | 85 |
| Martinsburg | 91 | 164 | 129 | 222 | 93 |
| Wisconsin: | | | | | |
| Madison | 49 | 193 | 181 | 233 | 52 |
| Tomah | 70 | 152 | 86 | 201 | 115 |
| Wood | 106 | 304 | 278 | 400 | 122 |
| Wyoming: | | | | | |
| Cheyenne | 23 | 83 | 85 | 106 | 21 |
| Sheridan | 18 | 32 | 26 | 47 | 21 |

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Transfers included in individual facility totals; excluded from overall total.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

TABLE 40

## *State Domiciliary Homes: Selected Data—Fiscal Year 1985*

| Location of State Home Domiciliary | Location of Authorizing VA Facility | Average Daily Census[1] | Admissions | Discharges and Deaths | Patients Treated[2] | Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|---|
| Total | | 4,334 | 4,100 | 4,086 | 8,440 | 4,354 |
| Arkansas: Little Rock | Little Rock, AR | 96 | 137 | 133 | 229 | 96 |
| California: Yountville | San Francisco, CA | 632 | 783 | 785 | 1,431 | 646 |
| Colorado: Homelake | Denver, CO | 74 | 74 | 68 | 144 | 76 |
| Connecticut: Rocky Hill | Newington, CT | 345 | 472 | 504 | 829 | 325 |
| Georgia: Milledgeville | Dublin, GA | 177 | 130 | 122 | 301 | 179 |
| Idaho: Boise | Boise, ID | 90 | 134 | 143 | 230 | 87 |
| Illinois: Quincy | Iowa City, IA | 97 | 91 | 67 | 168 | 101 |
| Indiana: Lafayette | Indianapolis, IN | 96 | 24 | 43 | 125 | 82 |
| Iowa: Marshalltown | Des Moines, IA | 99 | 57 | 55 | 153 | 98 |
| Kansas: Fort Dodge | Wichita, KS | 67 | 27 | 11 | 87 | 76 |
| Louisiana: Jackson | New Orleans, LA | 71 | 90 | 111 | 190 | 79 |
| Massachusetts: | | | | | | |
| Chelsea | Boston, MA (OC) | 268 | 298 | 297 | 565 | 268 |
| Holyoke | Northampton, MA | 35 | 23 | 31 | 62 | 31 |
| Michigan: | | | | | | |
| Grand Rapids | Allen Park, MI | 147 | 71 | 73 | 218 | 145 |
| Marquette | Allen Park, MI | 72 | 76 | 42 | 123 | 81 |
| Minnesota: | | | | | | |
| Hastings | Minneapolis, MN | 177 | 225 | 222 | 412 | 190 |
| Minneapolis | Minneapolis, MN | 181 | 81 | 107 | 288 | 181 |
| Missouri: St. James | St. Louis, MO | 34 | 48 | 57 | 91 | 34 |
| Montana: Columbia Falls | Ft. Harrison, MT | 59 | 43 | 40 | 102 | 62 |
| Nebraska: Grand Island | Grand Island, NE | 125 | 65 | 56 | 181 | 125 |
| New Jersey: Menlo Park | East Orange, NJ | 37 | 4 | 6 | 43 | 37 |
| New York: Oxford | Syracuse, NY | 55 | 32 | 26 | 88 | 62 |
| North Dakota: Lisbon | Fargo, ND | 106 | 64 | 51 | 156 | 105 |
| Ohio: Sandusky | Cleveland, OH | 260 | 147 | 161 | 414 | 253 |
| Oklahoma: | | | | | | |
| Ardmore | Oklahoma City, OK | 68 | 131 | 152 | 206 | 54 |
| Clinton | Oklahoma City, OK | 29 | 46 | 43 | 71 | 28 |
| Sulphur | Oklahoma City, OK | 15 | 35 | 37 | 51 | 14 |
| Pennsylvania: | | | | | | |
| Hollidaysburg | Altoona, PA | 170 | 150 | 157 | 325 | 168 |
| Erie | Erie, PA | 70 | 22 | 17 | 90 | 73 |
| Rhode Island: Bristol | Providence, RI | 46 | 12 | 16 | 58 | 42 |
| South Dakota: Hot Springs | Hot Springs, SD | 73 | 17 | 38 | 101 | 63 |
| Vermont: Bennington | White River Jct., VT | 14 | 13 | 13 | 27 | 14 |
| Washington: | | | | | | |
| Orting | Seattle, WA | 60 | 18 | 17 | 79 | 62 |
| Retsil | Seattle, WA | 141 | 195 | 209 | 340 | 131 |
| West Virginia: Barboursville | Huntington, WV | 153 | 164 | 148 | 311 | 163 |
| Wisconsin: King | Madison, WI | 46 | 80 | 18 | 93 | 75 |
| Wyoming: Buffalo | Sheridan, WY | 49 | 21 | 10 | 58 | 48 |

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*



TABLE 41

## *State Home Hospitals: Selected Data—Fiscal Year 1985*

| Location of State Home Hospitals | Location of Authorizing VA Facility | Average Daily Census[1] | Admissions | Discharges and Deaths | Patients Treated[2] | Remaining on Sept. 30, 1985 |
|---|---|---|---|---|---|---|
| Total | | 498 | 3,490 | 3,476 | 3,991 | 515 |
| California: Yountville | San Francisco, CA | 25 | 1,002 | 991 | 1,025 | 34 |
| Connecticut: Rocky Hill | Newington, CT | 303 | 503 | 504 | 812 | 308 |
| Illinois: Quincy | Iowa City, IA | 16 | 406 | 404 | 419 | 15 |
| Iowa: Marshalltown | Des Moines, IA | 19 | 290 | 293 | 309 | 16 |
| Massachusetts: | | | | | | |
| Chelsea | Boston, MA (OC) | 121 | 1,120 | 1,119 | 1,246 | 127 |
| Holyoke | Northampton, MA | 13 | 168 | 165 | 178 | 13 |
| Oklahoma: Sulphur | Oklahoma City, OK | 1 | 1 | ... | 2 | 2 |

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

## *State Nursing Care Homes: Selected Data—Fiscal Year 1985*

| Location | Location of Authorizing VA Facility | Average Daily Census[1] | Admissions | Discharges and Deaths | Patients Treated[2] | Remaining on Sept. 30, 1985[3] |
|---|---|---|---|---|---|---|
| Total | | 7,846 | 5,862 | 5,562 | 13,540 | 7,978 |
| California: Yountville | San Francisco, CA | 640 | 1,026 | 1,007 | 1,653 | 646 |
| Colorado: | | | | | | |
| Florence | Denver, CO | 96 | 37 | 60 | 139 | 79 |
| Homelake | Denver, CO | 28 | 29 | 30 | 51 | 21 |
| Georgia: | | | | | | |
| Augusta | Augusta, GA | 173 | 169 | 172 | 343 | 171 |
| Milledgeville | Dublin, GA | 212 | 80 | 52 | 263 | 211 |
| Idaho: Boise | Boise, ID | 79 | 26 | 27 | 105 | 78 |
| Illinois: Quincy | Iowa City, IA | 391 | 531 | 502 | 883 | 381 |
| Indiana: Lafayette | Indianapolis, IN | 247 | 106 | 97 | 351 | 254 |
| Iowa: Marshalltown | Des Moines, IA | 507 | 429 | 406 | 919 | 513 |
| Kansas: Fort Dodge | Wichita, KS | 52 | 23 | 24 | 80 | 56 |
| Louisiana: Jackson | New Orleans, LA | 110 | 114 | 69 | 194 | 125 |
| Maine: Augusta | Togus, ME | 102 | 76 | 76 | 176 | 100 |
| Massachusetts: | | | | | | |
| Chelsea | Boston, MA (OPC) | 52 | 197 | 192 | 248 | 56 |
| Holyoke | Northampton, MA | 250 | 150 | 143 | 398 | 255 |
| Michigan: | | | | | | |
| Grand Rapids | Allen Park, MI | 544 | 177 | 182 | 723 | 541 |
| Marquette | Iron Mountain, MI | 61 | 72 | 41 | 116 | 75 |
| Minnesota: Minneapolis | Minneapolis, MN | 296 | 195 | 144 | 444 | 300 |
| Missouri: | | | | | | |
| Mexico | Mexico, MO | 10 | 35 | 9 | 82 | 73 |
| Mt. Vernon | St. Louis, MO | 95 | 83 | 79 | 175 | 96 |
| St. James | St. Louis, MO | 161 | 226 | 201 | 368 | 167 |
| Montana: Columbia Falls | Ft. Harrison, MT | 61 | 56 | 50 | 114 | 64 |
| Nebraska: Grand Island | Grand Island, NE | 493 | 175 | 192 | 678 | 486 |
| New Hampshire: Tilton | Manchester, NH | 88 | 23 | 26 | 112 | 86 |
| New Jersey: | | | | | | |
| Menlo Park | East Orange, NJ | 317 | 88 | 84 | 407 | 323 |
| Vineland | Wilmington, DE | 257 | 149 | 140 | 394 | 254 |
| New York: Oxford | Syracuse, NY | 65 | 34 | 36 | 100 | 64 |
| Ohio: Sandusky | Cleveland, OH | 265 | 67 | 62 | 331 | 269 |
| Oklahoma: | | | | | | |
| Ardmore | Oklahoma City, OK | 102 | 128 | 85 | 222 | 137 |
| Clinton | Oklahoma City, OK | 127 | 101 | 104 | 232 | 128 |
| Norman | Oklahoma City, OK | 174 | 80 | 85 | 257 | 172 |
| Sulphur | Oklahoma City, OK | 131 | 130 | 120 | 257 | 137 |
| Talihina | Oklahoma City, OK | 156 | 107 | 106 | 264 | 158 |
| Pennsylvania: | | | | | | |
| Hollidaysburg | Altoona, PA | 193 | 211 | 208 | 405 | 197 |
| Erie | Erie, PA | 68 | 30 | 31 | 104 | 73 |
| Rhode Island: Bristol | Providence, RI | 267 | 84 | 93 | 358 | 265 |
| South Carolina: Columbia | Columbia, SC | 146 | 129 | 122 | 269 | 147 |
| South Dakota: Hot Springs | Hot Springs, SD | 30 | 10 | 12 | 40 | 28 |
| Vermont: Bennington | White River Jct., VT | 119 | 136 | 133 | 257 | 124 |
| Washington: | | | | | | |
| Orting | Seattle, WA | 103 | 39 | 37 | 140 | 103 |
| Retsil | Seattle, WA | 132 | 181 | 153 | 304 | 151 |
| Wisconsin: King | Madison, WI | 445 | 123 | 170 | 584 | 414 |

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[2] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

[3] *Bed occupants only.*

TABLE 43

## *Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis Fiscal Years 1976–1985*

| Fiscal Year | Total | | | Category of Visit | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Examinations | | | | | |
| | | | | Compensation and Pension | | | Determine Need for Medical Care | | |
| | Total | Staff | Fee | Total | Staff | Fee | Total | Staff | Fee |
| 1985 | 19,600,849 | 17,789,582 | 1,811,267 | 385,837 | 267,533 | 118,304 | 2,510,342 | 2,495,140 | 15,202 |
| 1984 | 18,616,073 | 16,935,050 | 1,681,023 | 364,840 | 271,950 | 92,890 | 2,633,510 | 2,624,022 | 9,488 |
| 1983 | 18,509,552 | 16,617,485 | 1,892,067 | 370,552 | 271,189 | 99,363 | 2,581,957 | 2,566,518 | 15,439 |
| 1982 | 17,808,977 | 15,861,687 | 1,947,290 | 365,218 | 271,508 | 93,710 | 2,402,135 | 2,368,513 | 33,622 |
| 1981 | 17,929,550 | 15,825,064 | 2,104,486 | 377,559 | 283,539 | 94,020 | 2,463,349 | 2,435,466 | 27,883 |
| 1980 | 17,971,407 | 15,751,690 | 2,219,717 | 373,300 | 287,724 | 85,576 | 2,435,856 | 2,403,684 | 32,172 |
| 1979 | 17,262,408 | 15,053,332 | 2,209,076 | 372,077 | 290,695 | 81,382 | 2,239,313 | 2,213,770 | 25,543 |
| 1978 | 17,416,275 | 15,069,573 | 2,346,702 | 405,301 | 321,372 | 83,929 | 2,244,929 | 2,227,915 | 17,014 |
| 1977 | 17,045,079 | 14,675,284 | 2,369,795 | 421,425 | 337,252 | 84,173 | 2,205,165 | 2,193,258 | 11,907 |
| 1976 | [1] 16,506,970 | [1] 14,319,924 | 2,187,046 | 388,674 | 345,152 | 43,522 | 2,126,614 | 2,124,362 | 2,252 |

| Fiscal Year | Category of Visit | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Treatment | | | | | | Aid and Attendance | All Other | | |
| | Service Connected | | | Nonservice Connected | | | | | | |
| | Total | Staff | Fee | Total | Staff | Fee | Fee | Total | Staff | Fee |
| 1985 | 8,108,273 | 6,919,654 | 1,188,619 | 7,540,486 | 7,291,225 | 249,261 | 235,320 | 820,591 | 816,030 | 4,561 |
| 1984 | 7,670,978 | 6,547,053 | 1,123,925 | 6,881,822 | 6,658,841 | 222,981 | 225,780 | 839,143 | 833,184 | 5,959 |
| 1983 | 7,725,734 | 6,436,834 | 1,288,900 | [1] 6,748,935 | 6,519,512 | [1] 229,423 | 246,947 | [1] 835,427 | 823,432 | [1] 11,995 |
| 1982 | [1] 7,428,408 | [1] 6,056,360 | 1,372,048 | [1] 6,537,701 | [1] 6,337,784 | [1] 199,917 | 239,671 | [1] 835,844 | [1] 827,522 | [1] 8,322 |
| 1981 | 7,310,554 | 5,814,448 | 1,496,106 | [1] 6,625,302 | 6,433,346 | [1] 191,956 | 286,817 | [1] 865,969 | 858,265 | [1] 7,704 |
| 1980 | 7,284,333 | 5,666,049 | 1,618,284 | [1] 6,628,669 | 6,474,561 | [1] 154,108 | 321,030 | [1] 928,219 | 919,672 | [1] 8,547 |
| 1979 | 6,735,356 | 5,132,203 | 1,603,153 | 6,675,487 | 6,541,682 | 133,805 | 358,462 | 881,713 | 874,982 | 6,731 |
| 1978 | 6,022,072 | 4,392,103 | 1,629,969 | 7,352,253 | 7,215,088 | 137,165 | 462,295 | 929,425 | 913,095 | 16,330 |
| 1977 | 5,811,207 | 4,231,268 | 1,579,939 | 7,251,315 | 7,112,919 | 138,396 | 539,318 | 816,649 | 800,587 | 16,062 |
| 1976 | 5,284,220 | 3,722,074 | 1,562,146 | 7,234,247 | 7,141,678 | 92,569 | 475,121 | 998,094 | 986,658 | 11,436 |

[1] *Data adjusted.*

*NOTE: Fiscal years 1975 through 1979 reflect breakouts for treatment, aid and attendance, and all other visits previously consolidated under "All Other".*

PHARMACY

TABLE 44

## *Pharmacy Activity—Fiscal Years 1984–1985*

| Activity | FY 1985 | FY 1984 |
|---|---|---|
| VA Pharmacies | | |
| Prescriptions dispensed – Total | 48,154,978 | 42,904,424 |
| Inpatient | 1,066,401 | 1,198,852 |
| Ambulatory – Total | 47,088,577 | 41,705,572 |
| Methadone | 1,337,170 | 1,073,286 |
| All other (including fee-basis filled by VA pharmacies) | 45,751,407 | 40,632,286 |
| Unit doses dispensed | 158,574,347 | 139,167,378 |
| Primary intravenous admixtures | 2,150,330 | 1,948,300 |
| Secondary intravenous admixtures ("piggy-backs") | 8,821,978 | 7,975,642 |
| Hyperalimentation | 373,960 | 373,057 |
| Fluids and sets | 11,161,447 | 10,855,929 |
| Fee-Basis | | |
| Prescriptions filled by VA pharmacies | 4,959,577 | 4,884,874 |
| Prescriptions filled by participating pharmacies | 498,849 | 516,682 |

TABLE 45



## *Replacement and Relocation Hospital Construction Projects,[1] Fiscal Year 1985 Completions and Year End Status*

| Location | Number of Projects | Number of Beds | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| Total | 10 | 7,369 | $1,256,010,600 | $520,755,217 | 41 | |
| A. Projects completed, Total | 0 | | | | | |
| B. Projects under construction, Total | 8 | 5,546 | 909,022,600 | 520,755,217 | 57 | |
| Florida : Bay Pines | ... | 830 | 106,889,400 | 101,653,999 | 95 | August 1978 (A) |
| Georgia : Augusta | ... | 750 | 95,915,000 | ..... | ... | August 1985 (A) |
| Minnesota : Minneapolis | ... | 845 | 181,135,500 | 69,672,875 | 38 | August 1982 (A) |
| Oregon : Portland/Vancouver | ... | 610 | 162,100,000 | 74,517,246 | 46 | August 1982 (A) |
| Tennessee : Mountain Home | ... | 530 | 66,080,000 | 1,121,116 | 2 | March 1985 (A) |
| Virginia : Richmond | ... | 814 | 115,339,700 | 111,672,535 | 97 | November 1976 (A) |
| Washington : Seattle | ... | 490 | 111,119,000 | 91,966,386 | 83 | May 1980 (A) |
| West Virginia : Martinsburg | ... | 677 | 70,444,000 | 70,151,060 | 99 | July 1977 (A) |
| C. Projects authorized—not under construction, Total | 2 | 1,823 | 346,988,000 | ..... | ... | |
| Pennsylvania : Philadelphia | ... | 776 | 111,240,000 | ..... | ... | |
| Texas : Houston | ... | 1,047 | 235,748,000 | ..... | ... | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 46



## *Modernization Construction Projects,[1]—Fiscal Year 1985 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 | | $347,839,092 | $252,894,938 | 73 | |
| A. Projects completed, Total | 1 | | 35,861,932 | 35,861,932 | 100 | |
| Oklahoma : Oklahoma City | ... | Clinical Addn/Modern/F&S Imp | 35,861,932 | 35,861,932 | 100 | January 1985 (C) |
| B. Projects under construction, Total | 8 | | 311,977,160 | 217,033,006 | 70 | |
| Projects $1,000,000 and over, Total | 8 | | 311,977,160 | 217,033,006 | 70 | |
| Alabama : Birmingham | ... | Clinical Expansion | 49,665,000 | 17,981,320 | 36 | September 1983 (A) |
| California : San Francisco | ... | Remodel Bldgs. 2, 4, 200 | 17,210,000 | 7,049,090 | 41 | June 1983 (A) |
| Colorado : Denver | ... | Clinical Support Wing | 37,348,200 | 34,932,723 | 94 | December 1982 (A) |
| Louisiana : New Orleans | ... | Clinical Expansion | 64,745,000 | 55,097,073 | 85 | May 1982 (A) |
| Massachusetts : Brockton (WR) | ... | SCI Center & Modernization, PH II | 18,512,160 | 16,512,160 | 89 | September 1981 (A) |
| Mississippi : Biloxi | ... | Modernize Various Buildings | 44,727,800 | 29,747,145 | 67 | November 1983 (A) |
| New Mexico : Albuquerque | ... | Clinical Improvements | 67,144,000 | 43,724,320 | 65 | July 1983 (A) |
| Ohio : Chillicothe | ... | Modernize Buildings 24, 31, 35 | 12,625,000 | 12,061,293 | 96 | January 1983 (A) |
| C. Projects authorized—not under construction, Total | 0 | | ..... | ..... | ... | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 47

## *Nursing Home Care Units Construction Projects,[1]—Fiscal Year 1985*
## *Completions and Year End Status*

| Location | | Number of Projects | Number of Nursing Home Care Beds | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|---|
| Total | | 25 | 2,610 | $154,010,613 | $78,051,212 | 51 | |
| A. Projects completed, Total | | 11 | 1,020 | 63,299,645 | 63,299,645 | 100 | |
| California | : Fresno | | 60 | 4,206,816 | 4,206,816 | 100 | July 1985 (C) |
| | : West Los Angeles | | 120 | 3,527,169 | 3,527,169 | 100 | March 1985 (C) |
| Colorado | : Denver | | 60 | 3,717,361 | 3,717,361 | 100 | December 1984 (C) |
| Dist. of Columbia | : Washington | | 120 | 19,831,875 | 19,831,875 | 100 | February 1985 (C) |
| Florida | : Lake City | | 120 | 3,992,890 | 3,992,890 | 100 | December 1984 (C) |
| | : Tampa | | 120 | 5,460,967 | 5,460,967 | 100 | October 1984 (C) |
| Idaho | : Boise | | 60 | 2,474,776 | 2,474,776 | 100 | July 1985 (C) |
| Illinois | : Marion | | 60 | 3,268,164 | 3,268,164 | 100 | July 1985 (C) |
| Texas | : Dallas | | 120 | 6,486,619 | 6,486,619 | 100 | October 1984 (C) |
| | : Kerrville | | 120 | 6,143,148 | 6,143,148 | 100 | October 1984 (C) |
| Washington | : Spokane | | 60 | 4,189,860 | 4,189,860 | 100 | May 1985 (C) |
| B. Projects under construction, Total | | 9 | 1,080 | 60,484,748 | 14,751,567 | 24 | |
| Projects $1,000,000 and over, Total | | 9 | 1,080 | 60,484,748 | 14,751,567 | 24 | |
| California | : Loma Linda | | 60 | 3,810,000 | ..... | ... | June 1985 (A) |
| Florida | : Miami | | 120 | 5,023,026 | 849,690 | 17 | December 1984 (A) |
| Illinois | : Hines | | 120 | 4,894,026 | 3,444,771 | 70 | June 1984 (A) |
| Louisiana | : Alexandria | | 120 | 4,809,493 | 171,080 | 4 | July 1985 (A) |
| Missouri | : St. Louis | | 60 | 4,574,600 | 226,995 | 5 | June 1985 (A) |
| New Jersey | : Lyons | | 240 | 13,737,000 | ..... | ... | September 1985 (A) |
| New York | : Bronx | | 120 | 9,200,728 | 8,890,375 | 97 | December 1982 (A) |
| | : Northport | | 120 | 7,345,000 | ..... | ... | September 1985 (A) |
| Texas | : San Antonio | | 120 | 7,090,875 | 1,168,656 | 16 | September 1984 (A) |
| C. Projects authorized—not under construction, Total | | 5 | 510 | 30,226,220 | ..... | ... | |
| Projects $1,000,000 and over, Total | | 5 | 510 | 30,226,220 | ..... | ... | |
| Arizona | : Tucson | | 120 | 5,556,220 | ..... | ... | |
| California | : San Francisco | | 120 | 9,128,000 | ..... | ... | |
| | : West Los Angeles | | 120 | 9,000,000 | ..... | ... | |
| New York | : Syracuse | | 30 | 1,162,000 | ..... | ... | |
| Texas | : Amarillo | | 120 | 5,380,000 | ..... | ... | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*



TABLE 48

## *Research and Education Construction Projects,[1]—Fiscal Year 1985*
## *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 | | 19 | | $29,622,453 | $14,045,512 | 47 | |
| A. Projects completed, Total | | 2 | | 2,226,017 | 2,226,017 | 100 | |
| Florida | : Miami | | Telephone Equipment Room | 659,171 | 659,171 | 100 | April 1985 (C) |
| Tennessee | : Mountain Home | | Medical Library | 1,566,846 | 1,566,846 | 100 | December 1984 (C) |
| B. Projects under construction, Total | | 7 | | 12,987,967 | 11,819,495 | 91 | |
| Projects $1,000,000 and over, Total | | 2 | | 9,206,584 | 8,765,964 | 95 | |
| California | : Long Beach | | Research Addition | 7,787,408 | 7,622,025 | 98 | June 1983 (A) |
| Ohio | : Cincinnati | | Renovate Surgical Space | 1,419,176 | 1,143,939 | 81 | September 1984 (A) |
| Projects under $1,000,000 | | 5 | | 3,781,383 | 3,053,531 | 81 | |
| C. Projects authorized—not under construction, Total | | 10 | | 14,408,469 | ..... | ... | |
| Projects $1,000,000 and over, Total | | 7 | | 12,572,923 | ..... | ... | |
| Arkansas | : Little Rock | | Remodel Bldg.-Educ. Tng. Center | 1,614,000 | ..... | ... | |
| California | : Palo Alto | | Expand Rehab. Engr. & Research Ctr. (PH3) | 1,275,923 | ..... | ... | |
| | : Palo Alto | | Animal Research Operatory | 1,811,000 | ..... | ... | |
| Idaho | : Boise | | Construct Research Facility | 1,905,000 | ..... | ... | |
| Illinois | : Danville | | Construct Learning Resource Center | 1,800,000 | ..... | ... | |
| New Jersey | : East Orange | | Reloc./Consol. Research, Expand Clin Lab | 3,073,000 | ..... | ... | |
| South Carolina | : Columbia | | Addition to Bldg. 9 (Research) | 1,094,000 | ..... | ... | |
| Projects under $1,000,000, Total | | 3 | | 1,835,546 | | | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

## *Other Improvement Construction Projects,[1] Fiscal Year 1985*
## *Completions and Year End Status*

| Location | Number and Description of Projects | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|
| **1. AIR CONDITIONING CONSTRUCTION PROJECTS** | | | | | |
| TOTAL | 0 | ..... | ..... | ... | |
| A. Projects completed, Total | 0 | ..... | ..... | ... | |
| B. Projects under construction, Total | 0 | ..... | ..... | ... | |
| Projects $1,000,000 and over, Total | 0 | ..... | ..... | ... | |
| C. Projects authorized not under construction, Total | 0 | ..... | ..... | ... | |
| Projects $1,000,000 and over, Total | 0 | ..... | ..... | ... | |
| **2. OTHER IMPROVEMENT – CONSTRUCTION PROJECTS** | | | | | |
| TOTAL | 928 Projects | $1,052,755,596 | $338,654,564 | 32 | |
| A. Projects completed, Total | 218 Projects | 127,028,233 | 127,028,233 | 100 | |
| Alabama : Birmingham | Renovate Research Labs | 156,609 | (4) | 100 | February 1985 (C) |
| : Montgomery | Smoke Partitions | 396,031 | (4) | 100 | March 1985 (C) |
| : Montgomery | Upgrade Ward Air & Exhaust | 242,120 | (4) | 100 | January 1985 (C) |
| : Montgomery | ADP Site Preparation | 169,380 | (4) | 100 | November 1984 (C) |
| Arizona : Phoenix | ADP Equipment Site Preparation | 124,729 | (4) | 100 | January 1985 (C) |
| : Phoenix | Install Cat Scanner | 129,181 | (4) | 100 | December 1984 (C) |
| : Prescott | Surgical Suite Expansion | 611,975 | (4) | 100 | May 1985 (C) |
| : Tucson | Upgrade & Expand JC-80 Controls | 319,973 | (4) | 100 | August 1985 (C) |
| : Tucson | ADP Site Preparation | 192,553 | (4) | 100 | May 1985 (C) |
| Arkansas : Little Rock | HVAC Kitchen, Bldg. 76 | 359,909 | (4) | 100 | October 1984 (C) |
| : Little Rock | Emergency Power, Bldg. 76 | 80,569 | (4) | 100 | March 1985 (C) |
| : Little Rock | Perimeter Fire Break | 166,770 | (4) | 100 | December 1984 (C) |
| California : Livermore | Relocate Pharmacy | 389,051 | (4) | 100 | November 1984 (C) |
| : Long Beach | Addition & Renovation SPD | 2,333,621 | (4) | 100 | October 1984 (C) |
| : Long Beach | Replace ADP Computer System | 285,000 | (4) | 100 | December 1984 (C) |
| : Martinez | Laboratory Expansion & Renovation | 184,135 | (4) | 100 | December 1984 (C) |
| : Martinez | Modular Bldg. for Research | 382,415 | (4) | 100 | October 1984 (C) |
| : Palo Alto | Correct Seismic Def. (Center Core Bldg.) | 16,728,566 | (4) | 100 | May 1985 (C) |
| : San Diego | Ultrasound & Echocardiography Reloc. | 187,950 | (4) | 100 | June 1985 (C) |
| : San Francisco | Installation of Hydraulic Elevator | 530,115 | (4) | 100 | January 1985 (C) |
| : San Francisco | Special Procedures Room | 270,540 | (4) | 100 | June 1985 (C) |
| : Sepulveda | Psy. Wd. Redesign-Wd. 5-1-C (PH. 3) | 335,000 | (4) | 100 | September 1985 (C) |
| : West Los Angeles | Patient Library, Bldg. 208 Flr. 2 West | 289,813 | (4) | 100 | March 1985 (C) |
| Colorado : Denver | Above Standard Items - Relocation | 28,911 | (4) | 100 | June 1985 (C) |
| : Grand Junction | Remodel Ward 3E | 402,169 | (4) | 100 | October 1984 (C) |
| : Grand Junction | ADP Site Preparation | 253,609 | (4) | 100 | August 1985 (C) |
| Connecticut : Newington | Large Animal Care Facility, B#5 | 393,130 | (4) | 100 | July 1985 (C) |
| : West Haven | Install Cat Scanner | 424,376 | (4) | 100 | July 1985 (C) |
| Delaware : Wilmington | Provide Warehouse Access | 179,726 | (4) | 100 | February 1985 (C) |
| Dist. of Columbia : Washington | Expand Warehouse | 248,000 | (4) | 100 | December 1984 (C) |
| : Washington | Enclose "G" Roof for Future ADP Facil. | 307,823 | (4) | 100 | February 1985 (C) |
| Florida : Bay Pines | Add'l. Tram Path and Docks | 163,727 | (4) | 100 | July 1985 (C) |
| : Gainesville | Proposed SICU on First Floor | 332,485 | (4) | 100 | April 1985 (C) |
| : Lake City | Primary Dist., Secondary Dist. | 1,324,673 | (4) | 100 | December 1984 (C) |
| : Lake City | Expand Laundry-Bldg. 74 | 377,939 | (4) | 100 | July 1985 (C) |
| : Lake City | Renovate SPD (Completion Items) | 9,830 | (4) | 100 | June 1985 (C) |
| : Miami | Expand Dental | 348,263 | (4) | 100 | March 1985 (C) |
| : St. Petersburg | Realignment and Release of Space | 19,889 | (4) | 100 | June 1985 (C) |
| : Tampa | Supply Warehouse, Addition B.1 | 346,037 | (4) | 100 | February 1985 (C) |
| : Tampa | Install Computer Center | 188,964 | (4) | 100 | February 1985 (C) |
| Georgia : Atlanta | Two Additional Elevators | 1,994,666 | (4) | 100 | March 1985 (C) |
| : Dublin | Renovate Dietetic Service | 309,093 | (4) | 100 | May 1985 (C) |
| Idaho : Boise | Relocate Medical Service Offices | 280,357 | (4) | 100 | December 1984 (C) |
| Illinois : Danville | Expand & Relocate PAD | 2,976,517 | (4) | 100 | May 1985 (C) |
| : Danville | ADP Site Preparation | 244,749 | (4) | 100 | December 1984 (C) |
| : Danville | Renovate Laundry, Buildings 22 & 69 | 212,466 | (4) | 100 | October 1984 (C) |
| : Hines | P-2 Containment Facility | 97,700 | (4) | 100 | May 1985 (C) |
| : Hines | Supply Depot Expansion, Bldg. #37 | 5,610,154 | (4) | 100 | October 1984 (C) |
| : Hines | Preparation/Renovation for ADP Decent | 265,711 | (4) | 100 | October 1984 (C) |
| : Marion | Relocate & Update ICU (Wards 3A) | 387,923 | (4) | 100 | September 1985 (C) |
| : Marion | Canteen Service Facility | 265,345 | (4) | 100 | July 1985 (C) |
| : North Chicago | Fire & Safety Improvements | 3,544,198 | (4) | 100 | October 1984 (C) |
| : North Chicago | A/C Patient Dining Room, B6 | 392,450 | (4) | 100 | March 1985 (C) |
| : North Chicago | Install Elevator, Bldg. #46 | 218,980 | (4) | 100 | March 1985 (C) |
| : North Chicago | Remodel Respiratory Care, B-133 2A | 132,078 | (4) | 100 | May 1985 (C) |
| Indiana : Fort Wayne | Renovate Patient Rms., Wards 3E, 4E, 4W | 313,124 | (4) | 100 | April 1985 (C) |
| : Fort Wayne | Relocate Respiratory Care to 3W | 192,190 | (4) | 100 | November 1984 (C) |
| : Indianapolis | Renov. Bldg. 11, Rec./Canteen (CSR) | 261,092 | (4) | 100 | October 1984 (C) |
| : Indianapolis | Third Floor Realignment | 6,070 | (4) | 100 | June 1985 (C) |
| : Marion | Remodel Bldg. 138-3 & 4 (Pat. Priv.) | 217,663 | (4) | 100 | March 1985 (C) |
| : Marion | Standpipe Hose System | 277,621 | (4) | 100 | December 1984 (C) |
| : Marion | Remodel Fire Station | 235,820 | (4) | 100 | May 1985 (C) |

*See footnotes at end of table.*

TABLE 49—Continued

## *Other Improvement Construction Projects,[1] Fiscal Year 1985*
## *Completions and Year End Status*

| Location | | Number and Description of Projects | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| Iowa | Des Moines | Fire & Safety Struct. Improv. | 218,448 | (4) | 100 | May 1985 (C) |
| | Des Moines | Space Planning | 102,234 | (4) | 100 | May 1985 (C) |
| | Iowa City | Miscellaneous Service Building | 417,545 | (4) | 100 | November 1984 (C) |
| | Iowa City | Admin. Office Modular Building | 1,379,058 | (4) | 100 | March 1985 (C) |
| | Iowa City | Install ADP | 285,694 | (4) | 100 | June 1985 (C) |
| | Knoxville | Handicap Improv. Bldgs. 101 & 102-PH 2 | 197,314 | (4) | 100 | July 1985 (C) |
| | Knoxville | Install Nurse Call Sys. Blds. 67, 68 & 101 | 100,400 | (4) | 100 | August 1985 (C) |
| Kansas | Topeka | Computer Room, Building 1 | 319,292 | (4) | 100 | April 1985 (C) |
| | Wichita | Expand Boiler Plant, B.13 | 263,789 | (4) | 100 | December 1984 (C) |
| Kentucky | Lexington | Renovate MICU | 1,059,619 | (4) | 100 | March 1985 (C) |
| | Lexington | Computer Room and Cable | 295,000 | (4) | 100 | October 1984 (C) |
| | Louisville | Orthopedic OR | 168,068 | (4) | 100 | May 1985 (C) |
| Louisiana | Alexandria | Install Privacy Part., Bldgs. 2 & 7 | 256,160 | (4) | 100 | October 1984 (C) |
| | New Orleans | Upgrade Chases/Strwls, B#1 & 1A | 273,960 | (4) | 100 | August 1985 (C) |
| | Shreveport | Patient Privacy-16 Bed Ward | 404,016 | (4) | 100 | May 1985 (C) |
| Maine | Togus | DVB Building | 2,785,295 | (4) | 100 | March 1985 (C) |
| | Togus | Renovate Ward 4S, Bldg. 200 | 293,925 | (4) | 100 | November 1984 (C) |
| | Togus | Renovate Ward 4N, Bldg. 200 | 338,570 | (4) | 100 | August 1985 (C) |
| Maryland | Baltimore | Cat Scanner | 385,478 | (4) | 100 | October 1984 (C) |
| | Perry Point | Renovate & Expand Fire Station | 390,650 | (4) | 100 | July 1985 (C) |
| Massachusetts | Brockton | Emergency Generator No. 2, B1 | 373,101 | (4) | 100 | December 1984 (C) |
| | Brockton | Laundry Loading Docks | 337,528 | (4) | 100 | December 1984 (C) |
| | Northhampton | ADP Site Prep (Phase 1) | 83,823 | (4) | 100 | December 1984 (C) |
| Michigan | Allen Park | Construct Ward Med. Areas | 153,068 | (4) | 100 | January 1985 (C) |
| | Ann Arbor | Upgrade Operating Rooms | 359,900 | (4) | 100 | August 1985 (C) |
| | Ann Arbor | Patient Privacy Renovation 4W & 7N | 395,511 | (4) | 100 | November 1984 (C) |
| | Ann Arbor | Renovate Ambulatory Care, Pharmacy | 365,580 | (4) | 100 | June 1985 (C) |
| | Battle Creek | Water Distr. Altn. for Fire Fighting | 98,401 | (4) | 100 | August 1985 (C) |
| | Battle Creek | S & F Improvements, Bldgs. 6 & 24 | 80,874 | (4) | 100 | May 1985 (C) |
| | Battle Creek | HVAC Pat. Dining Rm 85 & Rad Ste., B#2 | 192,957 | (4) | 100 | August 1985 (C) |
| | Battle Creek | Site Preparation for ADP | 187,181 | (4) | 100 | November 1984 (C) |
| | Detroit | Realignment of 13th & 14th Floors | 57,767 | (4) | 100 | May 1985 (C) |
| | Saginaw | Install 1000 KVA Transformer | 80,166 | (4) | 100 | June 1985 (C) |
| Minnesota | Minneapolis | Install Elevator, Bldg. 90 (REMC) | 174,920 | (4) | 100 | December 1984 (C) |
| | Minneapolis | REMC Training Facility Addition | 355,170 | (4) | 100 | May 1985 (C) |
| | St. Cloud | Canteen Addition, Building 5 | 879,401 | (4) | 100 | December 1984 (C) |
| | St. Cloud | Standby Generator, Phase I | 458,579 | (4) | 100 | June 1985 (C) |
| | St. Cloud | Repl. T-Bldgs. with Recreation Bldgs. | 283,967 | (4) | 100 | April 1985 (C) |
| | St. Cloud | Repl. Corrid Bldgs. 1, 2, 3, 4, 28; Repl. B-47 | 322,609 | (4) | 100 | August 1985 (C) |
| Missouri | Columbia | Construct Five Bed Coronary Care Unit | 269,223 | (4) | 100 | February 1985 (C) |
| | Columbia | Construct Cat Scan Room | 211,900 | (4) | 100 | October 1984 (C) |
| | Kansas City | Relocate Canteen to Basement, B.1 | 391,142 | (4) | 100 | December 1984 (C) |
| | Kansas City | VAMC ADP Equipment Installation | 207,937 | (4) | 100 | November 1984 (C) |
| | St. Louis | BMET & MAS Records Renovation | 382,386 | (4) | 100 | March 1985 (C) |
| | St. Louis | Install Elevators, Bldgs. 2 & 3 | 431,721 | (4) | 100 | December 1984 (C) |
| | St. Louis | Renovate Chapel Building 64 | 100,528 | (4) | 100 | April 1985 (C) |
| Montana | Fort Harrison | Remodel Ward 4 North | 398,566 | (4) | 100 | November 1984 (C) |
| New Hampshire | Manchester | Install Add'l. Generator (450KW) | 405,379 | (4) | 100 | February 1985 (C) |
| | Manchester | V&RC Space Realignment | 1,104 | (4) | 100 | June 1985 (C) |
| New Jersey | East Orange | Additional Parking | 358,767 | (4) | 100 | September 1985 (C) |
| | East Orange | Install Elev. for Handicapped, B#5 | 229,661 | (4) | 100 | October 1984 (C) |
| | Lyons | Provide Emergency Power | 984,721 | (4) | 100 | May 1985 (C) |
| | Lyons | Additional Elevator B#2 | 168,980 | (4) | 100 | April 1985 (C) |
| | Lyons | Patient Privacy Building 9B | 379,093 | (4) | 100 | October 1984 (C) |
| New Mexico | Albuquerque | NHCU Recreation Space Building 3 | 314,159 | (4) | 100 | September 1985 (C) |
| | Albuquerque | ADP Unit Site Preparation | 265,348 | (4) | 100 | October 1984 (C) |
| | Albuquerque | Space Alterations for DVB | 7,340 | (4) | 100 | November 1984 (C) |
| New York | Bronx | ADP Site Preparation - Phase II | 299,807 | (4) | 100 | May 1985 (C) |
| | Brooklyn | Air, Oxygen & Vacuum System | 3,111,498 | (4) | 100 | February 1985 (C) |
| | Brooklyn | Pat. Partitions (8E, 6E, 5E, 4E, 4W) Bldg. 1 | 278,630 | (4) | 100 | May 1985 (C) |
| | Brooklyn | Modify Laundry Loading Dock, Bldg. 4 | 224,237 | (4) | 100 | July 1985 (C) |
| | Brooklyn | Demolish Service Corridor | 147,469 | (4) | 100 | March 1985 (C) |
| | Buffalo | Additional CCU Beds Ward 8A | 403,000 | (4) | 100 | January 1985 (C) |
| | Buffalo | Subdivide 16 Bed Wards (PH 3) | 338,271 | (4) | 100 | August 1985 (C) |
| | Canandaigua | Renov. Bsmt. Clin. for Off. Bldgs. 33, 34, 36 | 186,914 | (4) | 100 | February 1985 (C) |
| | Canandaigua | Install Elevator 5 | 164,689 | (4) | 100 | November 1984 (C) |
| | Montrose | ADP Room | 252,438 | (4) | 100 | February 1985 (C) |
| | Northport | Install Well and Well House | 260,584 | (4) | 100 | August 1985 (C) |
| | Northport | Renovate Medical Library (RMEC) | 361,951 | (4) | 100 | June 1985 (C) |
| | Northport | TV Antenna System Dist. | 391,798 | (4) | 100 | November 1984 (C) |
| | Syracuse | Renovate for Cat Scanner | 249,650 | (4) | 100 | May 1985 (C) |
| | Syracuse | Heat Recovery System | 124,100 | (4) | 100 | April 1985 (C) |
| North Carolina | Asheville | Construct File Room | 317,686 | (4) | 100 | March 1985 (C) |
| | Asheville | Renovate X-Ray File Area for CAT Scan | 163,759 | (4) | 100 | February 1985 (C) |
| | Asheville | ADP Installation, Building 47 | 147,182 | (4) | 100 | February 1985 (C) |
| | Durham | Dental & Audiology Expansion | 418,371 | (4) | 100 | August 1985 (C) |
| | Durham | Renovate Building 2 | 409,054 | (4) | 100 | December 1984 (C) |
| | Salisbury | Const. Enclosed Corridor to Chapel | 316,420 | (4) | 100 | August 1985 (C) |
| | Salisbury | Inner Stairwells, All Bldgs. | 131,402 | (4) | 100 | October 1984 (C) |
| North Dakota | Fargo | Library Expansion | 317,876 | (4) | 100 | December 1984 (C) |

*See footnotes at end of table.*

## *Other Improvement Construction Projects,[1] Fiscal Year 1985*
## *Completions and Year End Status*

| Location | | Number and Description of Projects | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| Ohio | Chillicothe | Telephone Renovation | 435,379 | (4) | 100 | March 1985 (C) |
| | Cincinnati | Renovate 7th Floor, Psych. Ward | 958,074 | (4) | 100 | April 1985 (C) |
| | Cincinnati | Expand Animal Area, Building 15 | 365,792 | (4) | 100 | June 1985 (C) |
| | Cincinnati | ADP Site Preparation | 234,300 | (4) | 100 | May 1985 (C) |
| | Dayton | ADP Site Preparation | 182,421 | (4) | 100 | March 1985 (C) |
| Oklahoma | Muskogee | Outpatient Addition | 7,393,049 | (4) | 100 | September 1985 (C) |
| | Oklahoma City | Connecting Bridge | 300,463 | (4) | 100 | October 1984 (C) |
| | Oklahoma City | Kitchen Renovation, Phase 3 | 270,441 | (4) | 100 | June 1985 (C) |
| Oregon | Portland | Boiler Plant Replacement | 1,497,030 | (4) | 100 | March 1985 (C) |
| | Roseburg | 2nd Electrical Service Entrance | 292,136 | (4) | 100 | April 1985 (C) |
| | White City | Renovate B-204S (P/M QTRS) | 225,367 | (4) | 100 | March 1985 (C) |
| | White City | Renovate B-204N (P/M QTRS) | 220,674 | (4) | 100 | March 1985 (C) |
| Pennsylvania | Altoona | Replace Telephone Service | 330,443 | (4) | 100 | April 1985 (C) |
| | Butler | Sprinkler System Bldg. 1, 2 & 3 | 195,168 | (4) | 100 | May 1985 (C) |
| | Erie | Canteen, Cafeteria Renovation | 353,216 | (4) | 100 | February 1985 (C) |
| | Philadelphia | Clinical Improvements | 1,342,000 | (4) | 100 | August 1985 (C) |
| | Philadelphia | New Strut. Slab 9S (Smoke Barrier) | 117,383 | (4) | 100 | March 1985 (C) |
| | Philadelphia | Expansion of Pilot Computer Space | 241,414 | (4) | 100 | November 1984 (C) |
| | Philadelphia | Uninterrupted Power Sys. Install. | 889,258 | (4) | 100 | November 1984 (C) |
| | Pittsburgh (UD) | Installation ADP Computer | 187,863 | (4) | 100 | March 1985 (C) |
| | Pittsburgh (UD) | Centralized Warehouse Facility | 1,596,655 | (4) | 100 | January 1985 (C) |
| | Pittsburgh (UD) | Outpatient Clinic Addition (Phase 1) | 1,406,634 | (4) | 100 | April 1985 (C) |
| | Pittsburgh (UD) | Remod. Pat Dining Rms. Bldgs. 1, 2, 5 & 6 | 197,554 | (4) | 100 | December 1984 (C) |
| | Pittsburgh (UD) | Renovate Ground Floor Canteen | 267,111 | (4) | 100 | November 1984 (C) |
| | Pittsburgh (UD) | Renovate 11th Floor Ward, Bldg. 1 | 395,050 | (4) | 100 | November 1984 (C) |
| | Pittsburgh (UD) | Renovation for Computer Room | 209,501 | (4) | 100 | March 1985 (C) |
| | Pittsburgh (UD) | Renovate Patient Areas, Flr. 9 | 181,052 | (4) | 100 | October 1984 (C) |
| | Pittsburgh (UD) | Upgrd. Dishwsh. Area & Provide Cart Wash | 116,249 | (4) | 100 | June 1985 (C) |
| | Wilkes Barre | Alterations (Loading Dock) | 154,210 | (4) | 100 | December 1984 (C) |
| | Wilkes Barre | Correct Electrical Deficiencies | 1,185,715 | (4) | 100 | June 1985 (C) |
| Puerto Rico | San Juan | Second Emergency Generator | 315,398 | (4) | 100 | December 1984 (C) |
| Rhode Island | Providence | Install ADP System | 152,249 | (4) | 100 | December 1984 (C) |
| | Providence | Replace Telephone System | 352,972 | (4) | 100 | March 1985 (C) |
| South Carolina | Charleston | Essential Hospital Elect. Svcs. | 343,464 | (4) | 100 | March 1985 (C) |
| | Charleston | Relocate SICU and MICU | 945,686 | (4) | 100 | February 1985 (C) |
| Tennessee | Memphis | Ambulatory Care Addition | 4,740,094 | (4) | 100 | October 1984 (C) |
| | Memphis | Land Acquisition & Relocation | 1,894,000 | (4) | 100 | April 1985 (C) |
| | Memphis | Land Acquisition, Parcels 1-4 | 242,727 | (4) | 100 | April 1985 (C) |
| | Memphis | Remodel Bldg. (Psych. Day Treatment) | 311,542 | (4) | 100 | October 1984 (C) |
| | Mountain Home | New Domestic Water & Fire Mains | 596,203 | (4) | 100 | March 1985 (C) |
| | Mountain Home | F&S Improv. (Strwls. & Smk Drs.) B#2, 3, 5 & 7 | 165,298 | (4) | 100 | October 1984 (C) |
| | Murfreesboro | Renovate and Modernize Canteen | 352,872 | (4) | 100 | October 1984 (C) |
| | Nashville | Renovate Laboratory Service | 1,196,742 | (4) | 100 | May 1985 (C) |
| | Nashville | Renovate & Upgrade Renal Dialysis | 337,279 | (4) | 100 | December 1984 (C) |
| | Nashville | Create Special Procedures Rm. | 155,974 | (4) | 100 | May 1985 (C) |
| | Nashville | VARO Space Realignment | 16,667 | (4) | 100 | June 1985 (C) |
| Texas | Austin | Uninterruptible Power Sup Sys (UPS) | 824,233 | (4) | 100 | November 1984 (C) |
| | Austin | Upgrade DPC for 370/168 | 227,955 | (4) | 100 | November 1984 (C) |
| | Austin | Convert Warehouse to Office Space | 221,356 | (4) | 100 | November 1984 (C) |
| | Austin | Fire Protection System | 37,415 | (4) | 100 | November 1984 (C) |
| | Bonham | ADP Site Preparation | 113,953 | (4) | 100 | February 1985 (C) |
| | Kerrville | Life Safety Deficiencies | 203,650 | (4) | 100 | May 1985 (C) |
| | Kerrville | Modernize Patient Rooms-Phase C | 319,000 | (4) | 100 | December 1984 (C) |
| | San Antonio | Sprinkler System | 3,677,719 | (4) | 100 | January 1985 (C) |
| | San Antonio | Emergency Water Supply | 167,942 | (4) | 100 | December 1984 (C) |
| | San Antonio | Expand SICU (+4 Beds) | 118,644 | (4) | 100 | March 1985 (C) |
| | San Antonio | Construct Electrophysiology Lab. | 133,580 | (4) | 100 | April 1985 (C) |
| | Temple | Installation of Cat Scanner | 258,000 | (4) | 100 | March 1985 (C) |
| Utah | Salt Lake City | Remodel Ward 4A | 918,203 | (4) | 100 | December 1984 (C) |
| | Salt Lake City | Consolidate Radiology | 340,500 | (4) | 100 | February 1985 (C) |
| | Salt Lake City | Remodel Ground Floor, Building 1 | 170,251 | (4) | 100 | February 1985 (C) |
| Virginia | Hampton | RNVT & A/C Dining Room, Bldg. 116 | 998,992 | (4) | 100 | May 1985 (C) |
| | Salem | Fire & Safety Improvements | 2,131,390 | (4) | 100 | October 1984 (C) |
| | Salem | Renovate Dental Clinic | 390,071 | (4) | 100 | December 1984 (C) |
| Washington | American Lake | Remodel Wd Bldg. 5 & Seismic Corr. | 1,474,551 | (4) | 100 | May 1985 (C) |
| | Spokane | Renovate Laundry | 424,692 | (4) | 100 | April 1985 (C) |
| | Spokane | Corr. F&S Defic. Bldgs. 1, 2 & 3 | 304,416 | (4) | 100 | February 1985 (C) |
| Wisconsin | Madison | Expand Recovery Room | 326,886 | (4) | 100 | June 1985 (C) |
| | Milwaukee | Mod. Wds. 6AN & &7CS, Bldg. 111 | 116,053 | (4) | 100 | August 1985 (C) |
| | Milwaukee | Handicap Barriers B#111 | 195,014 | (4) | 100 | March 1985 (C) |
| West Virginia | Huntington | Engineering Equipment Bldg. | 288,068 | (4) | 100 | May 1985 (C) |
| | Huntington | Initial Alterations at VARO | 35,500 | (4) | 100 | June 1985 |
| | Martinsburg | Install Sprinkler System Under Bldg. | 196,683 | (4) | 100 | June 1985 (C) |
| Wyoming | Sheridan | Fire Sprinklers, Bldgs. 64, 71, & 86 | 337,935 | (4) | 100 | April 1985 (C) |
| | Sheridan | Corridor, Buildings 3, 4 & 64 | 367,974 | (4) | 100 | August 1985 (C) |
| | Sheridan | Handicap Access Elevator, Bldg. 4 | 175,586 | (4) | 100 | June 1985 (C) |

*See footnotes at end of table.*

TABLE 49—Continued

## *Other Improvement Construction Projects,[1] Fiscal Year 1985*
## *Completions and Year End Status*

| Location | | Number and Description of Projects | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| B. Projects under construction, Total | | 323 Projects | 505,242,845 | 211,626,331 | 42 | |
| Projects 1,000,000 and over, Total | | 66 Projects | 424,388,155 | 180,591,308 | 43 | |
| Alabama | Tuscaloosa | Outpatient Addition | 7,746,128 | 3,831,756 | 49 | August 1983 (A) |
| | Tuskegee | Replace Bed Building 62 | 9,651,904 | 2,830,802 | 29 | September 1984 (A) |
| Arizona | Tucson | Clinical Addn. for Lab, Surgery, PAD, etc. | 12,333,219 | 11,281,415 | 91 | September 1982 (A) |
| California | Palo Alto | Surgical Addn. & F&S Improvements | 15,457,753 | 13,356,750 | 86 | January 1983 (A) |
| | Palo Alto | Correct Electrical Deficiencies | 1,336,226 | 685,274 | 51 | October 1984 (A) |
| | San Francisco | Modernize Intensive Care Unit | 1,289,401 | ..... | ... | August 1985 (A) |
| Florida | Lake City | Outpatient and Clinical Additions | 4,113,564 | 2,268,813 | 55 | September 1984 (A) |
| | Miami | Outpatient Addn./Renov. & SCI Reloc. | 17,231,402 | 12,960,570 | 75 | April 1983 (A) |
| | Tampa | Radiation Therapy Unit | 4,118,500 | ..... | ... | August 1985 (A) |
| Georgia | Dublin | Renovate Wards, Building 17 | 1,274,276 | 447,173 | 35 | April 1984 (A) |
| Illinois | Chicago (WS) | Outpatient Addn, Renovate B11A, 11B | 18,681,331 | 11,176,492 | 60 | August 1984 (A) |
| | Chicago (WS) | Remodel Surgical Suite (O.R.) | 1,547,000 | ..... | ... | September 1985 (A) |
| | Chicago (WS) | Renovate Psychiatric Ward Area | 1,461,836 | 1,392,825 | 95 | September 1983 (A) |
| | Hines | New Warehouse/Service Building | 7,513,412 | 1,633,680 | 22 | April 1985 (A) |
| | Hines | Primary Distr., 2nd Distr, & 2nd Gener. | 3,082,278 | 2,571,954 | 83 | April 1984 (A) |
| Indiana | Indianapolis | Expand Outpatient Clinic | 1,429,346 | 710,738 | 50 | September 1983 (A) |
| Kansas | Leavenworth | F&S Improv. (Exit & Sprinklers) | 6,439,995 | 1,798,798 | 28 | September 1984 (A) |
| | Wichita | Renovation for Outpatient Clinic | 5,155,593 | 5,112,149 | 99 | March 1983 (A) |
| Louisiana | Alexandria | F&S Safety Improv. Bldgs. 2 & 7 | 1,185,000 | ..... | ... | September 1985 (A) |
| | Shreveport | Ambu. Care Bldg/Linear Accelerator | 10,489,000 | ..... | ... | September 1985 (A) |
| Maryland | Perry Point | New Laundry Building | 2,963,338 | 339,819 | 11 | June 1985 (A) |
| | Perry Point | Elev. B-11, 13, 14, 15, 22, 80 & 82 | 1,500,000 | ..... | ... | September 1985 (A) |
| Massachusetts | Brockton | Fire & Safety Improvements | 1,400,605 | 379,255 | 27 | March 1985 (A) |
| | Brockton | Modernize Buildings 2 & 7 | 18,700,000 | ..... | ... | September 1985 (A) |
| | Northampton | Enclose Walkways | 1,846,460 | 528,600 | 29 | February 1985 (A) |
| Michigan | Battle Creek | Renovate Building-82 | 2,479,220 | 443,436 | 18 | April 1985 (A) |
| Minnesota | St. Cloud | Renovate for Privacy, Bldg. 49 | 1,576,944 | ..... | ... | September 1985 (A) |
| Mississippi | Jackson | Construct Warehouse | 1,621,220 | 1,144,852 | 71 | September 1984 (A) |
| Missouri | St. Louis | Cl. Addn., Wd. Renov./New Amb. Care Bld. | 23,944,710 | 8,549,254 | 36 | July 1983 (A) |
| | St. Louis | Chiller Water Plant Alteration | 1,168,000 | 86,000 | 7 | November 1984 (A) |
| Nebraska | Lincoln | Outpatient Clinic Addition | 3,758,408 | 3,613,486 | 96 | July 1983 (A) |
| | Omaha | Outpatient Clinic Addition | 10,619,870 | 1,838,703 | 17 | December 1984 (A) |
| New Jersey | East Orange | Improve & Correct Envir. Deficiencies | 28,372,151 | 16,536,292 | 58 | August 1983 (A) |
| | Lyons | Replace Sewage Plant | 1,825,912 | 1,772,287 | 97 | June 1983 (A) |
| New Mexico | Albuquerque | Construct Warehouse | 1,565,945 | 202,167 | 13 | June 1985 (A) |
| New York | Bath | Renov. Bldg. 78, NHCU | 5,666,000 | ..... | ... | August 1985 (A) |
| | Brooklyn (SA) | Laundry Consolidation | 4,738,639 | 4,610,131 | 97 | July 1983 (A) |
| | Buffalo | Fire & Safety Improvements | 3,977,660 | 1,856,059 | 47 | September 1984 (A) |
| | Castle Point | Water Supply System | 1,691,302 | 1,644,627 | 97 | November 1983 (A) |
| | New York | Renov. 14S:Prosth., Orthotics, Restor. | 1,155,000 | ..... | ... | September 1985 (A) |
| | Northport | Enclose Stairwells, etc. | 1,534,551 | 1,479,803 | 96 | December 1983 (A) |
| | Syracuse | F&S, Pat. Priv. & Support Sys & HVAC | 26,464,446 | 803,984 | 3 | June 1985 (A) |
| North Carolina | Asheville | Energy Management & Heat Runaround | 1,859,867 | 1,720,601 | 93 | May 1984 (A) |
| | Durham | Additional Elevators | 2,784,720 | 561,801 | 20 | January 1985 (A) |
| | Fayetteville | Clinical Addition | 10,273,500 | 116,777 | 1 | July 1985 (A) |
| | Salisbury | Renovate Ward Areas-Patient Privacy | 1,615,366 | 1,519,867 | 94 | May 1983 (A) |
| North Dakota | Fargo | Addition for Clinical Improvements | 12,197,373 | 6,265,238 | 51 | February 1984 (A) |
| Ohio | Cincinnati | Upgrade Electrical Distribution | 2,788,594 | 1,932,056 | 69 | September 1984 (A) |
| | Cleveland | Replace Fire Alarm System | 1,072,709 | 717,176 | 67 | September 1983 (A) |
| Pennsylvania | Altoona | Ambulatory Care Addition | 8,347,000 | 1,529,780 | 18 | September 1984 (A) |
| | Pittsburgh (HD) | Central Laundry | 3,398,771 | 1,749,919 | 51 | September 1984 (A) |
| | Pittsburgh (UD) | Outpatient Clinic Addition | 20,271,697 | 5,523,341 | 27 | September 1984 (A) |
| Rhode Island | Providence | Emergency Generator | 1,355,059 | 1,175,703 | 87 | September 1984 (A) |
| South Carolina | Charleston | Clinical Services Addition & Renov. | 7,847,000 | ..... | ... | July 1985 (A) |
| South Dakota | Sioux Falls | Clinical & Support Services Addition | 9,940,175 | 2,674,820 | 27 | September 1984 (A) |
| Tennessee | Memphis | 120 Bed SCI Bldg./Res. & Educ. Building | 18,313,146 | 14,422,796 | 79 | June 1983 (A) |
| | Murfreesboro | Clinical Addition/Alterations, PH 2 | 10,222,374 | 8,029,402 | 79 | October 1983 (A) |
| Texas | Big Spring | Elect. Dist. & Essential Power Sys | 1,555,342 | ..... | ... | September 1985 (A) |
| | Dallas | Renovate B1&2, Patient Privacy | 1,580,600 | 1,553,528 | 98 | February 1983 (A) |
| | Dallas | F & S Improvements | 1,512,000 | 320,915 | 21 | January 1985 (A) |
| | Houston | Interim Improvement SCI Unit | 1,555,986 | 1,227,827 | 79 | July 1983 (A) |
| | Houston | Correct Electrical Deficiencies | 2,152,251 | 2,097,061 | 97 | June 1983 (A) |
| | San Antonio | Supply Warehouse and SPD | 3,617,323 | ..... | ... | September 1985 (A) |
| | Temple | Expand Clinic & Reloc. of Support Facil. | 12,221,639 | 7,924,028 | 65 | June 1983 (A) |
| | Waco | Fire & Safety Corrections | 3,877,887 | 2,926,620 | 75 | April 1984 (A) |
| | Waco | Telephone System Replacement | 1,060,000 | 27,063 | 3 | August 1985 (A) |
| Virginia | Richmond | MRI Suite | 1,332,733 | 370,894 | 28 | July 1985 (A) |
| Wisconsin | Tomah | Modernize Buildings 406 & 408 | 5,539,616 | 2,133,813 | 39 | September 1984 (A) |

*See footnotes at end of table.*

## *Other Improvement Construction Projects,[1] Fiscal Year 1985*
## *Completions and Year End Status*

| Location | | Number and Description of Projects | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| Projects under $1,000,000, Total | | 257 Projects | 80,854,690 | 31,035,023 | 38 | |
| C. Projects authorized—not under construction, Total | | 387 Projects | 420,484,518 | ... | ... | |
| Projects $1,000,000 and over, Total | | 111 Projects | 323,321,491 | ... | ... | |
| Alabama | Tuskegee | Correct Fire Deficiencies | 1,375,000 | ... | ... | |
| | Tuskegee | Fire & Safety Improvements | 1,318,000 | ... | ... | |
| California | Fresno | Reconstruct MICU/CCU & Stepdown | 1,366,000 | ... | ... | |
| | Livermore | F&S Imp. Svc Elev., Amb. Care Exp. | 5,686,000 | ... | ... | |
| | Livermore | Widen Bridge & Entrance Road | 1,140,002 | ... | ... | |
| | Livermore | Post-Earthquake Utility Service | 1,594,500 | ... | ... | |
| | Livermore | F & S Improv. & Seismic Bldgs. 64&65 | 1,121,437 | ... | ... | |
| | Long Beach | Correct Fire Protection Defic. | 1,536,000 | ... | ... | |
| | Long Beach | Upgrade Secondary Electrical Distr. | 4,399,000 | ... | ... | |
| | Long Beach | Reloc./Consol Hemodialysis 5N, Bld. 126 | 1,176,000 | ... | ... | |
| | Long Beach | Relocate MICU, B126 | 1,247,000 | ... | ... | |
| | Long Beach | Expand/Renovate Radiation Therpy | 1,150,240 | ... | ... | |
| | Los Angeles | Outpatient Clinic Building | 39,100,000 | ... | ... | |
| | Martinez | 2nd, 3rd Flrs.-Educ./Admin. Bldg. | 1,708,012 | ... | ... | |
| | San Diego | Spinal Cord Inj. Unit/SCI/OP Clinic | 7,772,000 | ... | ... | |
| | San Diego | Emerg. Gen. & Conserv. of Energy | 3,695,000 | ... | ... | |
| | San Diego | Non-Structural Seismic Corrections | 4,838,000 | ... | ... | |
| | San Diego | Remodel MICU/CCU | 1,420,000 | ... | ... | |
| | San Francisco | Nuclear Magnetic Resonance | 1,220,000 | ... | ... | |
| Connecticut | West Haven | Fire & Safety Improvements | 5,813,000 | ... | ... | |
| Delaware | Wilmington | Patient Privacy | 1,117,000 | ... | ... | |
| | Wilmington | Renovation of Dietetics | 1,179,094 | ... | ... | |
| Dist. of Col. | Washington | Enclose C Roof (Hosp Sys Dev Prog) | 1,221,000 | ... | ... | |
| | Washington | Additional Sprinklers | 1,503,736 | ... | ... | |
| Florida | Miami | Smoke Control System & Fire Alarm | 1,247,564 | ... | ... | |
| | Miami | Variable Volume System (A/C) | 1,149,000 | ... | ... | |
| | Miami | Renovate MICU/CCU | 1,601,566 | ... | ... | |
| | Miami | Elevated Parking Structure | 1,592,000 | ... | ... | |
| Illinois | Chicago (LS) | Patient Transport Corridor | 1,507,000 | ... | ... | |
| | Chicago (LS) | Modernize Wards, 11th Floor | 1,100,000 | ... | ... | |
| | Chicago (WS) | Fire and Safety/Pat. Priv. Improv. | 5,136,000 | ... | ... | |
| | Chicago (WS) | Renov. Bldgs. 11A & 11B Phase II | 15,382,000 | ... | ... | |
| | Danville | Reloc. Amb. Care, Nucl. Med. & Rad. Suite | 1,571,000 | ... | ... | |
| | Hines | 180 Bed Psychiatric Replacement Fac. | 20,155,000 | ... | ... | |
| | Hines | New Linear Acceleration Facility | 1,441,000 | ... | ... | |
| | Marion | Dental/Medical Support | 1,104,000 | ... | ... | |
| | Marion | Expand Dietetics/SPD | 1,649,964 | ... | ... | |
| Indiana | Indianapolis | F & S Improvement (WT & CS) | 3,062,000 | ... | ... | |
| | Marion | Renovate Dietetic Area, Bldg. 122 | 1,118,000 | ... | ... | |
| Iowa | Knoxville | Fire and Safety Improvements | 3,119,000 | ... | ... | |
| Kansas | Topeka | F&S Pat. Prvcy. & Electrical Improv. | 14,938,000 | ... | ... | |
| Kentucky | Lexington | F&S Improvements (Deadend Corr.) | 1,369,400 | ... | ... | |
| | Lexington | Renovate 2nd Floor, B1 | 1,253,316 | ... | ... | |
| | Louisville | Correct Exit Defic., Bldg. 1 | 1,181,000 | ... | ... | |
| Louisiana | New Orleans | Renovate 3rd Flr Patient Rms (East) | 1,950,200 | ... | ... | |
| Maryland | Ft. Howard | Multi-Purpose Building | 1,573,942 | ... | ... | |
| | Ft. Howard | Renovate 1st & 2nd Flrs. Bldg. 6 | 1,329,866 | ... | ... | |
| | Perry Point | Addn. Automatic Sprinklers | 1,299,000 | ... | ... | |
| Massachusetts | Bedford | Ambulatory Care Addition | 1,642,000 | ... | ... | |
| Michigan | Allen Park | Install Sprindlers-Pat. Areas | 1,471,000 | ... | ... | |
| | Ann Arbor | Linear Accelerator | 1,430,367 | ... | ... | |
| | Iron Mountain | Sprinkler Hazard Areas, Bldg. 1 | 1,126,000 | ... | ... | |
| Minnesota | St. Cloud | Renovate Bldg. 51, Pat. Privacy PH1 | 1,539,292 | ... | ... | |
| Missouri | Poplar Bluff | Electrical Distr. Sys. Improv. | 1,641,000 | ... | ... | |
| | St. Louis | Seismic Corrections | 13,098,000 | ... | ... | |
| | St. Louis | Remodel Building #53 | 6,259,000 | ... | ... | |
| Mississippi | Jackson | Install Sprinklers | 2,462,000 | ... | ... | |
| Montana | Ft. Harrison | Renovate Dietetics | 1,048,000 | ... | ... | |
| New Hampshire | Manchester | Relocate Radiology & Chapel | 1,266,000 | ... | ... | |
| | Manchester | Clinical Upgrade & Warehouse Bldg. | 1,014,000 | ... | ... | |
| Nex Mexico | Albuquerque | Renov. Seis., Ther., & Conn. to Chill, B-4 | 1,568,000 | ... | ... | |
| New York | Albany | Renovate Chemistry Lab. | 1,921,156 | ... | ... | |
| | Albany | Renovate 1D Admitting | 1,325,000 | ... | ... | |
| | Bronx | Therapeutic Pool Addition | 1,072,000 | ... | ... | |
| | Brooklyn | Centralized Tray Service | 1,733,000 | ... | ... | |
| | Brooklyn (SA) | Mod. Kitchen & Satellite Dining Areas | 3,799,000 | ... | ... | |
| | Brooklyn | Telephone Sys. Repl. Site Preparation | 1,016,000 | ... | ... | |
| | Canandaigua | Total Sprinkler System | 1,506,970 | ... | ... | |
| | Castle Point | Building Addition | 7,148,000 | ... | ... | |
| | Montrose | Patient Privacy Building 4 | 1,274,000 | ... | ... | |
| | Montrose | Emergency Generators | 1,959,000 | ... | ... | |
| | Montrose | Patient Privacy Building 15 | 1,758,100 | ... | ... | |
| | Northport | 10 Bed SICU | 1,734,000 | ... | ... | |
| | Syracuse | Parking Structure | 6,355,000 | ... | ... | |

*See footnotes at end of table.*

## *Other Improvement Construction Projects,[1] Fiscal Year 1985*
## *Completions and Year End Status*

| Location | | Number and Description of Projects | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| North Carolina | Asheville | Dietetic Kitchen Renovation | 1,055,909 | ... | ... | |
| | Durham | Boiler Plant Replacement | 1,972,000 | ... | ... | |
| | Salisbury | F&S Improv. (Standpipes & Fire Pumps) | 1,202,000 | ... | ... | |
| Ohio | Chillicothe | Sewage Plant | 1,200,000 | ... | ... | |
| | Cleveland | Fire and Safety Improvements | 2,218,000 | ... | ... | |
| | Cleveland | Clinical Improv. Surg. Svc. Reloc. | 8,040,000 | ... | ... | |
| | Cleveland | Fire and Safety Improvements | 4,541,000 | ... | ... | |
| | Cleveland | NHCU Renovation, Bldg. 6 | 1,393,000 | ... | ... | |
| | Dayton | Fire and Safety Various Bldgs. | 1,526,622 | ... | ... | |
| | Dayton | Steam Sys. to Bldgs. 307, 310, 315 & 143 | 1,893,000 | ... | ... | |
| | Dayton | Renov. MICU/Cardiac Cath. Bldg. 300 | 1,037,802 | ... | ... | |
| | Dayton | Renov. 2nd & 3rd Flrs. for NHC Bldg. 410 | 1,526,000 | ... | ... | |
| Oklahoma | Oklahoma City | Renovate 3 Wards - Phase II | 1,170,000 | ... | ... | |
| | Oklahoma City | HVAC Duct Return System | 1,372,000 | ... | ... | |
| Pennsylvania | Coatesville | New Kitchen and Dining Hall | 5,135,000 | ... | ... | |
| | Coatesville | Warehouse Annex | 1,007,085 | ... | ... | |
| | Erie | Construct Warehouse/Prime Electric | 1,335,616 | ... | ... | |
| | Philadelphia | Sprinkler System for Hospital | 1,569,500 | ... | ... | |
| | Pittsburgh (UD) | Renov. Bldg. 5 for NHCU | 1,154,000 | ... | ... | |
| | Pittsburgh (UD) | Radiation Therapy Suite | 1,311,000 | ... | ... | |
| | Wilkes Barre | Relocate Nuclear Medicine | 1,058,000 | ... | ... | |
| South Dakota | Sioux Falls | Construct Warehouse & Offices | 1,001,264 | ... | ... | |
| Texas | Big Spring | Renovate Surgery | 3,158,000 | ... | ... | |
| | Bonham | Construct Cent. A/C Plant | 1,239,400 | ... | ... | |
| | Dallas | Expand Laundry for NHCU | 1,532,200 | ... | ... | |
| | Dallas | Expand Cobalt Therapy | 1,042,400 | ... | ... | |
| | Kerrville | Update 2nd Dist. & Essential Elect. | 1,254,549 | ... | ... | |
| | Temple | Correct Life Safety Code Def. | 1,326,807 | ... | ... | |
| | Waco | New Dietetics Building | 6,215,000 | ... | ... | |
| Utah | Salt Lake City | Expand Radiology | 1,228,578 | ... | ... | |
| | Salt Lake City | F&S Improvements (Sprinklers) | 1,533,238 | ... | ... | |
| | Salt Lake City | MRI Addition | 1,465,000 | ... | ... | |
| Virginia | Hampton | Electrical System Modernization | 1,709,000 | ... | ... | |
| Washington | Spokane | Add'l. Fire Sprinklers, Bldgs. 1 & 8 | 1,328,812 | ... | ... | |
| | Spokane | Add HVAC Plant | 1,329,985 | ... | ... | |
| West Virginia | Clarksburg | Ward Renovation (3A) | 1,286,000 | ... | ... | |
| Wisconsin | Tomah | Modernize Buildings 403 & 404 | 5,262,000 | ... | ... | |
| Projects under $1,000,000, Total | | 276 Projects | 97,163,027 | ... | ... | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*
[2] *Construction anticipated, issued, awarded, including contingencies.*
[3] *Based on general construction only.*
[4] *Same as value of construction issued or awarded when project is physically and/or financially complete.*

## National Cemetery Projects[1]—Completions and Year End Status—Fiscal Year 1985

| 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 | 34 | | $23,445,096 | $6,104,552 | 26 | |
| A. Projects completed, Total | 8 | | 3,332,038 | 3,332,038 | 100 | |
| Arkansas : Fayetteville | | Office Addition to Service Bldg. | 58,100 | 58,100 | 100 | September 1985 (C) |
| Mississippi : Biloxi | | Develop Designated Areas | 331,282 | 331,282 | 100 | December 1984 (C) |
| : Natchez | | Public Restroom Addition | 55,316 | 55,316 | 100 | February 1985 (C) |
| New Mexico : Santa Fe | | Develop 13 Acres | 1,256,951 | 1,256,951 | 100 | June 1985 (C) |
| North Carolina : New Bern | | Develop 1 Acre | 88,900 | 88,900 | 100 | March 1985 (C) |
| Puerto Rico : Puerto Rico | | Administration Building | 349,277 | 349,277 | 100 | November 1984 (C) |
| Texas : Ft. Sam Houston | | Dev. 20,000 Gravesite & Reloc. Util. | 801,759 | 801,759 | 100 | December 1984 (C) |
| : Houston | | Corr. of Defic. on 15 Acre Dev. | 390,453 | 390,453 | 100 | July 1985 (C) |
| B. Projects under construction, Total | 17 | | 5,183,858 | 2,772,514 | 53 | |
| Projects $1,000,000 and over, Total | 1 | | 2,697,094 | 1,830,109 | 68 | |
| New York : Calverton | | Dev. 78,000 Gravesites & Add'l. Fac. | 2,697,094 | 1,830,109 | 68 | June 1984 (A) |
| Projects under $1,000,000, Total | 16 | | 2,486,764 | 942,405 | 38 | |
| C. Projects authorized—not under construction, Total | 9 | | 14,929,200 | ..... | ... | |
| Projects $1,000,000 and over, Total | 4 | | 12,896,000 | ..... | ... | |
| Alabama : Ft. Mitchell | | Dev. 50 Acres/Admn. & Svc. Bldgs. | 3,105,000 | ..... | ... | |
| Florida : Florida | | Dev. 13,000 Gravesites/Admn Bldg. | 5,600,000 | ..... | ... | |
| Kansas : Leavenworth | | Admin. Bldg, Add'l. Facilities | 1,068,000 | ..... | ... | |
| Minnesota : Ft. Snelling | | Administration and Service Bldgs. | 3,123,000 | ..... | ... | |
| Projects under $1,000,000, Total | 5 | | 2,033,200 | ..... | ... | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 51

## Domiciliary Construction Projects[1]—Completions and Year End Status—Fiscal Year 1985

| Location | Number of Projects | Number of Beds | Estimated Construction Cost[2] | Value of Work in Place | Percent Complete[3] | Date Construction Completed (C) or Contract Awarded (A) |
|---|---|---|---|---|---|---|
| Total | 4 | 1,008 | $36,427,060 | $8,659,291 | 24 | |
| A. Projects completed, Total | 0 | ... | ..... | ..... | ... | |
| B. Projects under construction, Total | 2 | 408 | 15,812,060 | 8,659,291 | 55 | |
| Projects $1,000,000 and over, Total | 2 | 408 | 15,812,060 | 8,659,291 | 55 | |
| New York : Bath | ... | 208 | 6,781,061 | 5,099,272 | 75 | February 1984 (A) |
| Virginia : Hampton | ... | 200 | 9,030,999 | 3,560,019 | 33 | April 1984 (A) |
| C. Projects authorized—not under construction, Total | 2 | 600 | 20,615,000 | ..... | ... | |
| Projects $1,000,000 and over, Total | 2 | 600 | 20,615,000 | ..... | ... | |
| Texas : Temple | ... | 408 | 15,046,000 | ..... | ... | |
| Wisconsin : Milwaukee | ... | 192 | 5,569,000 | ..... | ... | |

[1] *Projects included when approved for development by the Administrator or when there has been an appropriation of funds available for financing all or part of the project.*

[2] *Construction anticipated, issued, awarded, including contingencies.*

[3] *Based on general construction only.*

TABLE 52



## *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 |
| 1985 | 125,053 | 114,818 | 32,708 | 75,652 | 6,458 | 10,235 | 1,236 | 8,999 |
| 1984 | 125,083 | 113,334 | 34,331 | 72,424 | 6,579 | 11,749 | 1,702 | 10,047 |
| 1983 | 128,210 | 114,273 | 35,875 | 71,874 | 6,524 | 13,937 | 2,277 | 11,660 |
| 1982 | 128,693 | 112,267 | 37,066 | 68,939 | 6,262 | 16,426 | 2,964 | 13,462 |
| 1981 | 132,446 | 112,757 | 38,708 | 67,826 | 6,223 | 19,689 | 4,002 | 15,687 |
| 1980 | 138,797 | 114,905 | 40,917 | 67,930 | 6,058 | 23,892 | 5,490 | 18,402 |
| 1979 | 143,286 | 115,933 | 42,890 | 67,283 | 5,760 | 27,353 | 7,022 | 20,331 |
| 1978 | 145,891 | 115,187 | 44,759 | 65,029 | 5,399 | 30,704 | 9,184 | 21,520 |
| 1977 | 149,843 | 114,262 | 46,960 | 62,258 | 5,044 | 35,581 | 11,685 | 23,896 |
| 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 |

## *National Cemeteries—Location, Interments, and Status of Gravesites September 30, 1985*

| National Cemetery | FY 1985 Interments | Gravesties | | | Available | | Close-out Date (Fiscal Year)[4] |
|---|---|---|---|---|---|---|---|
| | | Used Cumulative[1] | Reserved | Available | Cremain Sites[2] | Casket Sites[3] | |
| Total | 50,489 | 1,598,688 | 62,060 | 23,895 | 53,381 | 470,366 | |
| Alexandria, LA | 126 | 6,644 | 146 | ..... | 39 | 837 | 1992 |
| Alexandria, VA | 5 | 4,063 | 24 | ..... | 73 | 1 | Closed |
| Alton, IL | 4 | 495 | 35 | ..... | 0 | 1 | Closed |
| Annapolis, MD | 3 | 2,924 | 30 | ..... | 2 | 0 | Closed |
| Balls Bluff, VA | 0 | 25 | 0 | ..... | 0 | 0 | Closed |
| Baltimore, MD | 346 | 34,429 | 2,980 | ..... | 793 | 15 | Closed |
| Barrancas, FL | 554 | 15,038 | 568 | 778 | 462 | 2,530 | 1988 |
| Bath, NY | 168 | 9,349 | 0 | ..... | 7 | 223 | 1987 |
| Baton Rouge, LA | 10 | 5,030 | 49 | ..... | 2 | 2 | Closed |
| Bay Pines, FL | 860 | 5,276 | 0 | 385 | 702 | 1,244 | 1987 |
| Beaufort, SC | 168 | 12,165 | 165 | ..... | 137 | 5,039 | 2020 |
| Beverly, NJ | 378 | 37,205 | 3,602 | ..... | 98 | 8 | Closed |
| Biloxi, MS | 334 | 3,751 | 537 | 333 | 149 | 4,384 | 1993 |
| Black Hills, SD | 420 | 7,568 | 414 | ..... | 924 | 13,540 | 2030+ |
| Calverton, NY | 6,748 | 43,046 | 0 | 11,686 | 1,734 | 15,186 | 2030+ |
| Camp Butler, IL | 334 | 9,601 | 276 | ..... | 114 | 8,883 | 2026 |
| Camp Nelson, KY | 195 | 6,687 | 62 | ..... | 231 | 2,289 | 2018 |
| Cave Hill, KY | 2 | 5,634 | 3 | ..... | 25 | ..... | Closed |
| Chattanooga, TN | 558 | 26,018 | 507 | ..... | 50 | 13,713 | 2018 |
| City Point, VA | 12 | 5,495 | 75 | ..... | 28 | 0 | Closed |
| Cold Harbor, VA | 3 | 971 | 0 | ..... | 0 | 0 | Closed |
| Corinth, MS | 25 | 6,347 | 18 | ..... | 40 | 9,542 | 2030+ |
| Crown Hill, IN | 0 | 795 | 0 | ..... | 0 | 0 | Closed |
| Culpeper, VA | 133 | 5,571 | 6 | ..... | 51 | 5,161 | 2030+ |
| Cypress Hills, NY | 34 | 18,566 | 57 | ..... | 50 | 30 | Closed |
| Danville, IL | 114 | 6,650 | 0 | ..... | 268 | 12,592 | 2030+ |
| Danville, KY | 0 | 393 | 1 | ..... | 9 | 2 | Closed |
| Danville, VA | 2 | 2,155 | 25 | ..... | 27 | 0 | Closed |
| Dayton, OH | 503 | 27,213 | 2 | ..... | 30 | 401 | 2001 |
| Eagle Point, OR | 223 | 2,328 | 0 | ..... | 0 | 4,232 | 2030+ |
| Fayetteville, AR | 84 | 3,724 | 93 | ..... | 40 | 201 | 1988 |
| Finn's Point, NJ | 0 | 2,703 | 2 | ..... | 0 | 0 | Closed |
| Florence, SC | 131 | 4,802 | 56 | ..... | 35 | 825 | 2004 |
| Florida, FL* | ..... | ..... | ..... | ..... | ..... | ..... | * |
| Fort Bayard, NM | 53 | 2,013 | 0 | ..... | 38 | 2,542 | 2030+ |
| Fort Bliss, TX | 939 | 18,321 | 1,142 | ..... | 359 | 37,204 | 2030+ |
| Fort Custer, MI | 444 | 1,313 | 24 | 219 | 45 | 8,342 | 2030+ |
| Fort Gibson, OK | 261 | 8,515 | 123 | ..... | 48 | 2,992 | 2009 |
| Fort Harrison, VA | 8 | 1,113 | 2 | ..... | 2 | 0 | Closed |
| Fort Leavenworth, KS[5] | ..... | ..... | ..... | ..... | ..... | ..... | Closed |
| Fort Logan, CO | 1,802 | 31,183 | 682 | ..... | 1,940 | 11,761 | 2030+ |
| Fort Lyon, CO | 38 | 1,042 | 0 | ..... | 0 | 6,174 | 2030+ |
| Fort McPherson, NE | 134 | 4,017 | 84 | ..... | 9 | 2,448 | 2030+ |
| Fort Meade, SD | 0 | 188 | 0 | ..... | 0 | 0 | Closed |
| Fort Mitchell, AL* | ..... | ..... | ..... | ..... | ..... | ..... | * |
| Fort Richardson, AK | 79 | 1,411 | 0 | ..... | 293 | 1,273 | 2030+ |
| Fort Rosecrans, CA | 1,036 | 46,100 | 2,078 | ..... | 509 | 0 | Closed |
| Fort Sam Houston, TX | 2,131 | 45,933 | 2,895 | ..... | 139 | 19,180 | 2001 |
| Fort Scott, KS | 94 | 3,296 | 86 | 55 | 21 | 3,710 | 2011 |
| Fort Smith, AR | 229 | 6,190 | 206 | ..... | 92 | 3,119 | 2002 |
| Fort Snelling, MN | 3,335 | 82,302 | 12,452 | 2,673 | 3,914 | 32,217 | 2030+ |
| Glendale, VA | 8 | 1,308 | 0 | ..... | 0 | 0 | Closed |
| Golden Gate, CA | 1,453 | 99,794 | 7,626 | ..... | 6,109 | 21 | Closed |
| Grafton, WV | 2 | 2,084 | 47 | ..... | 0 | 0 | Closed |
| Hampton, VA | 296 | 21,410 | 453 | 174 | 127 | 1,955 | 1990 |
| Hampton, (VAMC), VA | 0 | 22 | 0 | ..... | 0 | 0 | Closed |
| Hot Springs, SD | 0 | 1,481 | 0 | ..... | 0 | 1 | Closed |
| Houston, TX | 1,285 | 17,555 | 33 | ..... | 83 | 12,750 | 2030+ |
| Indiantown Gap, PA | 586 | 1,558 | 0 | ..... | 1,278 | 13,911 | 2030+ |
| Jefferson Barracks, MO | 2,734 | 72,900 | 2,046 | ..... | 564 | 22,341 | 2030+ |
| Jefferson City, MO | 12 | 1,582 | 54 | ..... | 23 | 0 | Closed |
| Keokuk, IA | 54 | 2,734 | 59 | ..... | 43 | 3,752 | 2030+ |
| Kerrville, TX | 0 | 460 | 0 | ..... | 0 | 0 | Closed |
| Knoxville, TN | 110 | 7,497 | 196 | ..... | 124 | 213 | 1989 |
| Leavenworth, KS | 733 | 34,464 | 543 | ..... | 55 | 2,613 | 2030+ |
| Lebanon, KY | 76 | 2,148 | 31 | ..... | 51 | 1,322 | 2015 |
| Lexington, KY | 0 | 1,388 | 0 | ..... | 9 | 0 | Closed |
| Little Rock, AR | 408 | 17,307 | 296 | ..... | 45 | 916 | 1988 |
| Long Island, NY | 2,860 | 235,327 | 12,152 | ..... | 6,099 | 22 | Closed |
| Los Angeles, CA | 674 | 71,395 | 2 | ..... | 2,526 | 0 | Closed |
| Loudon Park, MD | 3 | 6,493 | 5 | ..... | 132 | 8 | Closed |
| Marietta, GA | 59 | 16,472 | 376 | ..... | 10 | 1 | Closed |
| Marion, IN | 117 | 5,050 | 0 | ..... | 6 | 390 | 2030+ |
| Massachusetts, MA | 972 | 3,669 | 0 | 1,248 | 1,538 | 22,355 | 2030+ |
| Memphis, TN | 756 | 31,864 | 545 | ..... | 595 | 1,053 | 1987 |

*See footnotes at end of table.*

## *National Cemeteries—Location, Interments, and Status of Gravesites*
## *September 30, 1985*

| National Cemetery | FY 1985 Interments | Gravesites | | | Available | | Close-out Date (Fiscal Year)[4] |
|---|---|---|---|---|---|---|---|
| | | Used Cumulative | Reserved | Available | Cremain Sites | Casket Sites | |
| Mill Springs, KY | 31 | 1,854 | 31 | ..... | 109 | 412 | 2000 |
| Mobile, AL | 10 | 3,611 | 240 | ..... | 5 | 8 | Closed |
| Mound City, IL | 45 | 6,932 | 67 | ..... | 24 | 1,287 | 2016 |
| Mountain Home, TN | 161 | 6,800 | 0 | ..... | 98 | 3,041 | 2030+ |
| Nashville, TN | 540 | 27,206 | 367 | 719 | 339 | 3,397 | 1989 |
| Natchez, MS | 67 | 5,122 | 49 | ..... | 45 | 406 | 1991 |
| National Memorial Cemetery of the Pacific, HI | 849 | 29,897 | 650 | ..... | 5,558 | 1,210 | 1988 |
| New Albany, IN | 9 | 4,963 | 145 | ..... | 205 | 2 | Closed |
| New Bern, NC | 116 | 5,824 | 92 | ..... | 165 | 541 | 1991 |
| Philadelphia, PA | 25 | 10,370 | 37 | ..... | 13 | 2 | Closed |
| Port Hudson, LA | 186 | 6,925 | 30 | ..... | 22 | 216 | 1991 |
| Prescott, AZ | 10 | 2,966 | 0 | ..... | 0 | 0 | Closed |
| Puerto Rico, PR[6] | 990 | 15,773 | 1,263 | ..... | 25 | 16,945 | 2030+ |
| Quantico, VA | 617 | 1,448 | 0 | ..... | 3,572 | 54,623 | 2030+ |
| Quincy, IL | 13 | 491 | 1 | ..... | 13 | 88 | 1990 |
| Raleigh, NC | 144 | 4,363 | 82 | 23 | 146 | 889 | 1992 |
| Richmond, VA | 19 | 7,272 | 212 | ..... | 0 | 1 | Closed |
| Riverside, CA | 4,755 | 27,418 | 0 | 5,034 | 5,826 | 45,457 | 2030+ |
| Rock Island, IL | 383 | 12,148 | 232 | 568 | 479 | 4,630 | 1994 |
| Roseburg, OR | 10 | 2,380 | 0 | ..... | 0 | 0 | Closed |
| St. Augustine, FL | 4 | 1,164 | 18 | ..... | 40 | 0 | Closed |
| Salisbury, NC | 138 | 14,842 | 63 | ..... | 0 | 728 | 1992 |
| San Antonio, TX | 0 | 3,008 | 28 | ..... | 23 | 173 | Closed |
| San Francisco, CA | 337 | 23,729 | 630 | ..... | 447 | 15 | Closed |
| Santa Fe, NM | 807 | 15,047 | 400 | ..... | 317 | 4,944 | 1993 |
| Seven Pines, VA | 1 | 1,134 | 1 | ..... | 0 | 0 | Closed |
| Sitka, AK | 20 | 692 | 1 | ..... | 6 | 39 | 2020 |
| Springfield, MO | 275 | 8,338 | 197 | ..... | 102 | 1,035 | 2005 |
| Staunton, VA | 2 | 842 | 5 | ..... | 10 | 2 | Closed |
| Togus, ME | 0 | 5,371 | 0 | ..... | 0 | 0 | Closed |
| Willamette, OR | 2,509 | 60,344 | 1,979 | ..... | 2,431 | 13,299 | 2001 |
| Wilmington, NC | 110 | 4,849 | 59 | ..... | 44 | 81 | 1986 |
| Winchester, VA | 11 | 5,061 | 35 | ..... | 96 | 1 | Closed |
| Wood, WI | 882 | 23,961 | 1 | ..... | 170 | 1,235 | 1998 |
| Woodlawn, NY | 24 | 6,294 | 211 | ..... | 12 | 0 | Closed |
| Zachary Taylor, KY | 131 | 8,689 | 963 | ..... | 93 | 192 | 1988 |

**Not yet open.*
[1] *Includes all type of gravesites including columbaria niches.*
[2] *In-ground sites suitable for cremated remains and columbaria niches.*
[3] *Gravesites available excluding Reserved and Adjacent Gravesites Set-Aside.*
[4] *Cemeteries indicated as "closed" may continue to inter eligible family members in already occupied gravesites and previously reserved gravesites.*
[5] *Included with Leavenworth National Cemetery data.*
[6] *Previously Bayamon, P.R.*

## *Disability, Death: Number of Cases, Expenditures by Period of Service*

| Period of Service | Number of Cases as of Sept. 30, 1985 | Total Expenditures (in Thousands)[1] | Estimated Average Annual Expenditure Per Case[2] | |
|---|---|---|---|---|
| | | Fiscal Year 1985 | Fiscal Year 1985 | Fiscal Year 1984 |
| Grand total | 4,005,534 | $14,038,941 | $3,505 | $3,335 |
| Living veterans | 2,930,756 | 10,743,308 | 3,666 | 3,534 |
| Service connected | 2,240,277 | 8,270,396 | 3,692 | 3,573 |
| Retired Emergency Officers | 82 | 734 | 8,949 | 8,465 |
| Nonservice connected | 690,391 | 2,472,177 | 3,581 | 3,416 |
| Special acts | 6 | 1 | 140 | 160 |
| Deceased veterans | 1,074,778 | 3,295,633 | 3,066 | 2,813 |
| Service connected | 335,612 | 1,958,757 | 5,836 | 5,471 |
| Nonservice connected | 739,160 | 1,336,876 | 1,809 | 1,680 |
| Special acts | 6 | ([3]) | 80 | 85 |
| Prior periods[4] | 7,069 | 13,110 | 1,855 | 1,777 |
| Living veterans | 88 | 390 | 4,436 | 4,031 |
| Service connected | 5 | 29 | 5,899 | 6,284 |
| Nonservice connected | 83 | 361 | 4,347 | 4,008 |
| Deceased veterans | 6,981 | 12,720 | 1,822 | 1,749 |
| Service connected | 80 | 514 | 6,424 | 6,055 |
| Nonservice connected | 6,897 | 12,206 | 1,770 | 1,703 |
| Special acts | 4 | ([5]) | ([5]) | ([5]) |
| World War I | 381,245 | 938,305 | 2,461 | 2,276 |
| Living veterans | 68,402 | 303,652 | 4,439 | 4,009 |
| Service connected | 12,293 | 57,678 | 4,692 | 4,510 |
| Retired emergency officers | 82 | 734 | 8,949 | 8,465 |
| Nonservice connected | 56,027 | 245,240 | 4,377 | 3,898 |
| Deceased veterans | 312,843 | 634,653 | 2,029 | 1,841 |
| Service connected | 22,298 | 139,866 | 6,273 | 5,985 |
| Nonservice connected | 290,545 | 494,787 | 1,703 | 1,534 |
| World War II | 2,097,103 | 6,957,114 | 3,317 | 3,172 |
| Living veterans | 1,574,691 | 5,448,146 | 3,460 | 3,331 |
| Service connected | 1,048,976 | 3,727,176 | 3,553 | 3,427 |
| Nonservice connected | 525,715 | 1,720,970 | 3,274 | 3,142 |
| Deceased veterans | 522,412 | 1,508,967 | 2,888 | 2,697 |
| Service connected | 153,814 | 822,421 | 5,347 | 4,956 |
| Nonservice connected | 368,598 | 686,546 | 1,863 | 1,779 |
| Korean conflict | 399,225 | 1,642,515 | 4,114 | 3,918 |
| Living veterans | 308,860 | 1,315,809 | 4,260 | 4,119 |
| Service connected | 222,630 | 928,320 | 4,170 | 4,037 |
| Nonservice connected | 86,230 | 387,489 | 4,494 | 4,335 |
| Deceased veterans | 90,365 | 326,706 | 3,615 | 3,265 |
| Service connected | 37,812 | 216,288 | 5,720 | 5,325 |
| Nonservice connected | 52,553 | 110,418 | 2,101 | 1,893 |
| Peacetime | 404,431 | 1,606,774 | 3,973 | 3,895 |
| Living veterans | 352,490 | 1,265,182 | 3,589 | 3,528 |
| Service connected | 352,484 | 1,265,181 | 3,589 | 3,528 |
| Special acts | 6 | 1 | 140 | 160 |
| Deceased veterans | 51,941 | 341,592 | 6,577 | 6,265 |
| Service connected | 51,939 | 341,591 | 6,577 | 6,265 |
| Special acts | 2 | ([3]) | 240 | 187 |
| Vietnam era | 716,461 | 2,881,122 | 4,021 | 3,864 |
| Living veterans | 626,225 | 2,410,128 | 3,849 | 3,714 |
| Service connected | 603,889 | 2,292,011 | 3,795 | 3,662 |
| Nonservice connected | 22,336 | 118,116 | 5,288 | 5,176 |
| Deceased veterans | 90,236 | 470,995 | 5,220 | 4,880 |
| Service connected | 69,669 | 438,076 | 6,288 | 5,964 |
| Nonservice connected | 20,567 | 32,918 | 1,601 | 1,511 |

[1] *Totals may not add due to rounding.*
[2] *Averages are based on unrounded expenditures of veterans on the rolls at the end of the fiscal year.*
[3] *Less than $1,000.*
[4] *Includes Civil War, Indian Wars, Spanish-American War, and Mexican Border Service.*
[5] *Data not available.*

## *Disability Cases: By Age Group, by Period of Service—September 1985*

| Age Group | Grand Total[1 2] | | | World War I and Earlier[1] | | | World War II | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Service Connected | Non-Service Connected | Total | Service Connected | Non-Service Connected | Total | Service Connected | Non-Service Connected |
| Median age | 61 | 60 | 66 | 90 | 89 | 90 | 65 | 65 | 66 |
| Total veterans | [1 2]2,930,756 | 2,240,277 | 690,391 | [1]68,490 | 12,298 | 56,110 | 1,574,691 | 1,048,976 | 525,715 |
| Under 20 | 85 | 85 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 20 to 24 | 11,728 | 11,728 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 25 to 29 | 53,476 | 53,065 | 411 | ..... | ..... | ..... | ..... | ..... | ..... |
| 30 to 34 | 104,362 | 100,629 | 3,733 | ..... | ..... | ..... | ..... | ..... | ..... |
| 35 to 39 | 264,902 | 255,086 | 9,816 | ..... | ..... | ..... | ..... | ..... | ..... |
| 40 to 44 | 151,426 | 144,942 | 6,484 | ..... | ..... | ..... | ..... | ..... | ..... |
| 45 to 49 | 127,627 | 122,252 | 5,375 | ..... | ..... | ..... | ..... | ..... | ..... |
| 50 to 54 | 228,973 | 188,888 | 40,085 | ..... | ..... | ..... | 331 | 72 | 259 |
| 55 to 59 | 326,041 | 235,316 | 90,725 | ..... | ..... | ..... | 120,244 | 67,583 | 52,661 |
| 60 to 64 | 626,825 | 477,059 | 149,766 | ..... | ..... | ..... | 561,727 | 415,261 | 146,466 |
| Under 65 | 1,895,445 | 1,589,050 | 306,395 | ..... | ..... | ..... | 682,302 | 482,916 | 199,386 |
| 65 to 69 | 526,858 | 379,507 | 147,351 | ..... | | ..... | 482,073 | 335,674 | 146,399 |
| 70 to 74 | 264,928 | 170,509 | 94,419 | ..... | | ..... | 246,662 | 152,678 | 93,984 |
| 75 to 79 | 132,426 | 70,654 | 61,772 | ..... | ..... | ..... | 125,353 | 63,703 | 61,650 |
| 80 to 84 | 32,948 | 13,820 | 19,128 | 782 | 138 | 644 | 29,216 | 10,767 | 18,449 |
| 85 to 89 | 39,367 | 10,017 | 29,350 | 30,089 | 6,256 | 23,833 | 8,203 | 2,692 | 5,511 |
| 90 to 94 | 33,954 | 5,930 | 28,024 | 33,199 | 5,346 | 27,853 | 548 | 381 | 167 |
| 95 and over | 4,742 | 790 | 3,952 | 4,338 | 558 | 3,780 | 334 | 165 | 169 |
| 65 and over | 1,035,223 | 651,227 | 383,996 | 68,408 | 12,298 | 56,110 | 892,389 | 566,060 | 326,329 |

| Age Group | Korean Conflict | | | Vietnam Era | | | Peacetime Service Connected[2] |
|---|---|---|---|---|---|---|---|
| | Total | Service Connected | Non-Service Connected | Total | Service Connected | Non-Service Connected | |
| Median age | 55 | 55 | 54 | 39 | 39 | 38 | 47 |
| Total veterans | 308,860 | 222,630 | 86,230 | 626,225 | 603,889 | 22,336 | [2]352,490 |
| Under 20 | ..... | ..... | ..... | ..... | ..... | ..... | 85 |
| 20 to 24 | ..... | ..... | ..... | ..... | ..... | ..... | 11,728 |
| 25 to 29 | ..... | ..... | ..... | 4,296 | 3,885 | 411 | 49,180 |
| 30 to 34 | ..... | ..... | ..... | 70,108 | 66,375 | 3,733 | 34,254 |
| 35 to 39 | ..... | ..... | ..... | 251,633 | 241,817 | 9,816 | 13,269 |
| 40 to 44 | ..... | ..... | ..... | 110,655 | 104,171 | 6,484 | 40,771 |
| 45 to 49 | 6,589 | 2,792 | 3,797 | 49,237 | 47,659 | 1,578 | 71,801 |
| 50 to 54 | 123,938 | 84,309 | 39,629 | 54,314 | 54,117 | 197 | 50,390 |
| 55 to 59 | 130,429 | 92,440 | 37,989 | 42,848 | 42,773 | 75 | 32,520 |
| 60 to 64 | 24,282 | 21,003 | 3,279 | 23,521 | 23,500 | 21 | 17,295 |
| Under 65 | 285,238 | 200,544 | 84,694 | 606,612 | 584,297 | 22,315 | 321,293 |
| 65 to 69 | 13,629 | 12,687 | 942 | 14,560 | 14,550 | 10 | 16,596 |
| 70 to 74 | 6,186 | 5,758 | 428 | 4,230 | 4,223 | 7 | 7,850 |
| 75 to 79 | 2,537 | 2,416 | 121 | 687 | 686 | 1 | 3,849 |
| 80 to 84 | 847 | 815 | 32 | 121 | 118 | 3 | 1,982 |
| 85 to 89 | 312 | 306 | 6 | 15 | 15 | ..... | 748 |
| 90 to 94 | 91 | 87 | 4 | ..... | ..... | ..... | 116 |
| 95 and over | 20 | 17 | 3 | ..... | ..... | ..... | 50 |
| 65 and over | 23,622 | 22,086 | 1,536 | 19,613 | 19,592 | 21 | 31,191 |

[1] *Includes Spanish-American War, Mexican Border Service, and Retired Emergency Officers.*
[2] *Includes Special Acts.*

TABLE 56

## *Reasons for Terminations of Disability and Death Awards, By Period of Service—Fiscal Year 1985*

| Reasons for Terminations | Grand Total | Total | | World War I and Earlier | | World War II | | Korean Conflict | | Vietnam Era | | Peace-time Service-Connected |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Service-Connected | Non Service-Connected | Service-Connected | Non Service-Connected | Service-Connected | Non Service-Connected | Service-Connected | Non Service-Connected | Service-Connected | Non Service-Connected | |
| Disability, total | 189,091 | 71,351 | 117,740 | 2,694 | 28,065 | 34,947 | 81,554 | 4,275 | 6,921 | 10,563 | 1,200 | 18,872 |
| Death of a veteran | 115,322 | 49,475 | 65,847 | 2,660 | 18,081 | 34,106 | 44,810 | 3,965 | 2,795 | 4,167 | 161 | 4,577 |
| Disability less than 10 percent | 1,613 | 1,613 | ..... | ..... | ..... | 43 | ..... | 26 | ..... | 514 | ..... | 1,030 |
| Disability less than permanent and total | 328 | ..... | 328 | ..... | ..... | ..... | 91 | ..... | 191 | ..... | 46 | ..... |
| Estate in excess of $1,500 | 67 | 39 | 28 | ..... | ..... | 12 | 17 | 4 | 6 | 6 | 6 | 17 |
| Excessive corpus of estate | 708 | ..... | 708 | ..... | 347 | ..... | 333 | ..... | 24 | ..... | 4 | ..... |
| Failure to cooperate | 4,218 | 883 | 3,335 | 1 | 865 | 10 | 2,111 | 12 | 278 | 249 | 81 | 611 |
| Income provisions | 34,288 | ..... | 34,288 | ..... | 6,011 | ..... | 25,224 | ..... | 2,477 | ..... | 576 | ..... |
| Person entitled is incarcerated | 134 | 8 | 126 | ..... | ..... | 2 | 91 | ..... | 25 | 4 | 10 | 2 |
| Veteran on active duty or in receipt of retirement pay | 3,410 | 3,410 | ..... | ..... | ..... | 53 | ..... | 45 | ..... | 1,079 | ..... | 2,233 |
| Failure to return questionnaire | 8,826 | ..... | 8,826 | ..... | 1,956 | ..... | 6,010 | ..... | 684 | ..... | 176 | ..... |
| Miscellaneous[2] | 20,177 | 15,923 | 4,254 | 33 | 804 | 721 | 2,868 | 223 | 441 | 4,544 | 140 | 10,402 |
| Death, total | 171,491 | 31,554 | 139,937 | 2,064 | 56,895 | 12,743 | 56,551 | 3,266 | 19,754 | 9,595 | 6,737 | 3,886 |
| Dependency not established or discontinued | 35,642 | 6,751 | 28,891 | 3 | 122 | 633 | 15,858 | 422 | 10,540 | 4,754 | 2,370 | 939 |
| Payee incarcerated | 48 | 4 | 44 | ..... | 6 | 1 | 31 | 1 | ..... | 2 | 6 | ..... |
| Death of payee | 51,907 | 13,889 | 38,018 | 1,923 | 28,240 | 7,967 | 9,394 | 1,547 | 337 | 1,021 | 47 | 1,431 |
| Income provisions | 41,349 | 1,266 | 40,083 | 4 | 14,055 | 581 | 18,530 | 178 | 4,907 | 364 | 2,591 | 139 |
| Excessive corpus of estate | 1,071 | 326 | 745 | ..... | 539 | 267 | 176 | 58 | 21 | ..... | 10 | 1 |
| Person entitled (surviving spouse, child, parent) married | 5,307 | 1,903 | 3,404 | 21 | 369 | 472 | 1,942 | 141 | 706 | 805 | 387 | 464 |
| Failure to return questionnaire | 21,288 | 2,614 | 18,674 | 2 | 8,828 | 1,520 | 6,763 | 441 | 2,199 | 451 | 884 | 200 |
| Miscellaneous[2] | 14,879 | 4,801 | 10,078 | 111 | 4,735 | 1,302 | 3,858 | 478 | 1,044 | 2,198 | 442 | 712 |

[1] *Disability includes 14 nonservice-connected veterans. Death includes 9 service-connected and 889 nonservice-connected veterans.*
[2] *Includes temporary terminations.*

TABLE 57

COMPENSATION AND PENSION

## *Veterans Receiving Disability Compensation or Pension Compared With Estimated Veteran Population by Period of Service*[1]

| Period of Service | Estimated Veteran Population | Total | | Compensation | | Pension | |
|---|---|---|---|---|---|---|---|
| | | Number | Percent | Number | Percent | Number | Percent |
| Total | 27,839,000 | [2] 2,908,833 | 10.4 | 2,223,504 | 8.0 | 685,241 | 2.5 |
| World War I and earlier | 209,000 | [3] 67,449 | 32.3 | 12,243 | 5.9 | 55,124 | 26.4 |
| World War II | 10,399,000 | 1,559,980 | 15.0 | 1,038,168 | 10.0 | 521,812 | 5.0 |
| Korean conflict | 4,174,000 | 307,741 | 7.4 | 221,716 | 5.3 | 86,025 | 2.1 |
| Vietnam era | 7,634,000 | 623,321 | 8.2 | 601,041 | 7.9 | 22,280 | 0.3 |
| Peacetime | 5,423,000 | [4] 350,342 | 6.5 | 350,336 | 6.5 | ..... | ..... |

[1] *Includes only those veterans living in the U.S. and Puerto Rico.*
[2] *Includes 82 Retired Emergency Officers during World War I and 6 Special Acts during Peacetime.*
[3] *Includes 3 Spanish-American War and 2 Mexican Border Service service-connected veterans, and 10 Spanish-American War and 73 Mexican Border Service nonservice-connected veterans.*
[4] *Service-connected only.*
*NOTE: Numbers may not add to total shown due to rounding.*

TABLE 58

COMPENSATION AND PENSION

## *Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence*

| U.S. Geographic Location | Estimated Veteran Population | Veterans Receiving Compensation, Pension and/or Retirement[1] | |
|---|---|---|---|
| | | Number | Percent |
| Total | 27,839,000 | 2,908,827 | 10.4 |
| East | 6,633,000 | 693,731 | 10.5 |
| South | 6,429,000 | 831,955 | 12.9 |
| Midwest | 7,017,000 | 606,306 | 8.6 |
| Southwest | 2,895,000 | 335,455 | 11.6 |
| West | 4,865,000 | 441,380 | 9.1 |

[1] *Includes 82 Retired Emergency Officers.*
*Composition of geographic locations:*
*East–CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT.*
*South–AL, AR, FL, GA, KY, LA, MS, NC, PR, SC, TN, VA, WV.*
*Midwest–IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI.*
*Southwest–AZ, NM, OK, TX, UT.*
*West–AK, CA, CO, HI, ID, MT, NV, OR, WA, WY.*

TABLE 59

COMPENSATION AND PENSION

## *Death Benefit Cases (Compensation, Dependency & Indemnity Compensation or Pension) Compared to the Number of Deceased War 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 | 14,913,000 | 1,022,837 | 6.9 | 283,673 | 1.9 | 739,160 | 5.0 |
| World War I | 4,534,000 | 312,843 | 6.9 | 22,298 | 0.5 | 290,545 | 6.4 |
| World War II | 6,119,000 | 522,412 | 8.5 | 153,814 | 2.5 | 368,598 | 6.0 |
| Korean conflict | 1,158,000 | 90,365 | 7.8 | 37,812 | 3.3 | 52,553 | 4.5 |
| Vietnam era | 391,000 | 90,236 | 23.1 | 69,669 | 17.8 | 20,567 | 5.3 |
| Spanish-American War | 392,000 | [1] 6,548 | 1.7 | 77 | ([2]) | 6,468 | 1.7 |
| Mexican Border Service | ([3]) | 322 | ..... | 1 | ..... | 321 | ..... |
| Indian Wars | 106,000 | 20 | ([2]) | ..... | ..... | 20 | ([2]) |
| Civil War | 2,213,000 | [1] 91 | ([2]) | 2 | ([2]) | 88 | ([2]) |

[1] *Includes 4 Special Acts Cases (Spanish-American War: 3; Civil War: 1).*
[2] *Less than 0.05 percent.*
[3] *Data not available.*
*NOTE: Numbers may not add to total shown due to rounding.*

TABLE 60

## *Disability: Class of Dependent, Period of Service—September 1985*

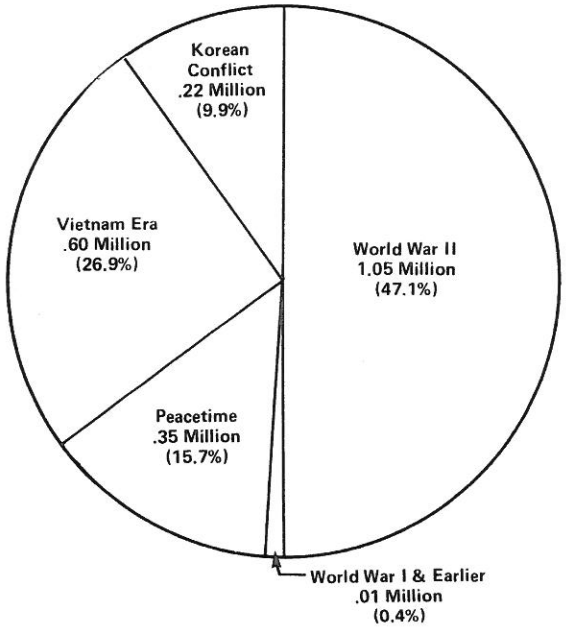
| Class of Dependent | Total | | | World War I and Earlier[1] | | World War II | | Korean Conflict | | Vietnam Era | | Peacetime | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Monthly Value (Sept. 1985 only) | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value |
| Total veterans | 2,240,277 | $687,157,341 | $307 | 12,298 | $376 | 1,048,976 | $295 | 222,630 | $346 | 603,889 | $315 | 352,484 | $301 |
| Veterans less than 30 percent disabled (no dependency benefit) | 1,264,834 | 103,966,769 | 82 | 5,970 | 114 | 580,374 | 81 | 119,898 | 83 | 342,698 | 83 | 215,894 | 82 |
| Veterans 30 percent or more disabled | 975,443 | 583,190,572 | 598 | 6,328 | 623 | 468,602 | 560 | 102,732 | 653 | 261,191 | 619 | 136,590 | 646 |
| Without dependents | 289,282 | 152,314,911 | 527 | 3,236 | 590 | 144,867 | 481 | 30,280 | 569 | 64,919 | 548 | 45,980 | 608 |
| With dependents | 686,161 | 430,875,661 | 628 | 3,092 | 658 | 323,735 | 595 | 72,452 | 688 | 196,272 | 642 | 90,610 | 666 |
| Spouse only | 454,240 | 277,989,889 | 612 | 3,045 | 656 | 293,599 | 589 | 51,188 | 685 | 63,507 | 611 | 42,901 | 679 |
| Spouse, child or children | 194,134 | 124,550,708 | 642 | 31 | 760 | 24,993 | 627 | 17,761 | 663 | 111,756 | 643 | 39,593 | 637 |
| Spouse, child or children, and parent or parents | 1,878 | 2,105,029 | 1,121 | ..... | ... | 272 | 938 | 175 | 1,175 | 1,113 | 1,159 | 318 | 1,115 |
| Spouse, parent or parents | 1,381 | 1,409,666 | 1,021 | ..... | ... | 652 | 938 | 335 | 1,143 | 216 | 1,001 | 178 | 1,116 |
| Child or children only | 30,429 | 19,809,344 | 651 | 15 | 762 | 3,250 | 625 | 2,299 | 641 | 18,159 | 664 | 6,706 | 632 |
| Child or children and parent or parents | 474 | 531,296 | 1,121 | ..... | ... | 31 | 807 | 32 | 1,104 | 324 | 1,120 | 87 | 1,242 |
| Parent or parents only | 3,625 | 4,479,729 | 1,236 | 1 | 408 | 938 | 1,151 | 662 | 1,313 | 1,197 | 1,226 | 827 | 1,285 |
| Total dependents on whose account additional compensation was being paid | 1,089,513 | ..... | ... | 3,129 | ... | 360,531 | ... | 101,257 | ... | 455,499 | ... | 169,097 | ... |
| Spouses | 651,633 | ..... | ... | 3,076 | ... | 319,516 | ... | 69,459 | ... | 176,592 | ... | 82,990 | ... |
| Children | 429,553 | ..... | ... | 52 | ... | 39,055 | ... | 30,481 | ... | 275,467 | ... | 84,498 | ... |
| Parents | 8,327 | ..... | ... | 1 | ... | 1,960 | ... | 1,317 | ... | 3,440 | ... | 1,609 | ... |

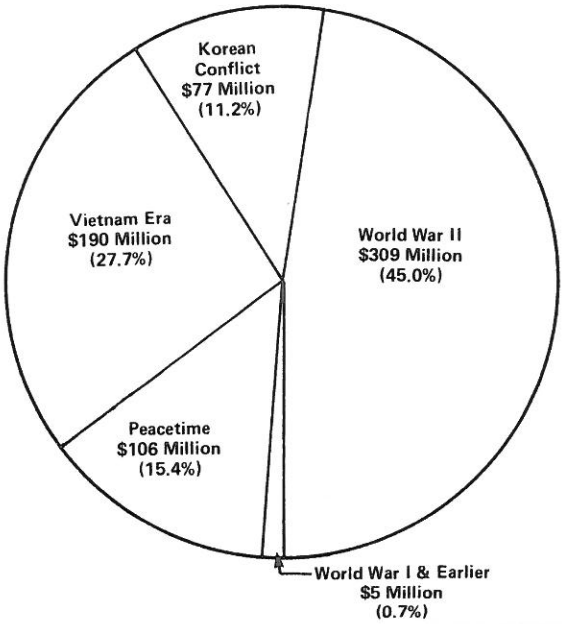
[1] *Includes 3 Spanish-American War and 2 Mexican-Border Service-Connected Veterans*
*NOTE: Includes special monthly compensation, where applicable.*

**VETERANS RECEIVING COMPENSATION**

By Period of Service

September 1985




**MONTHLY VALUE OF COMPENSATION PAYMENTS**

By Period of Service

September 1985

## *Death: Class of Beneficiary, Period of Service—As of September 30, 1985*

| Class of Beneficiary | Total | | | World War I and Earlier[1] | | World War II | |
|---|---|---|---|---|---|---|---|
| | Number | Monthly Value (Sept. 1985 only) | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value |
| Total cases | 335,612 | $164,599,885 | $490 | 22,378 | $517 | 153,814 | $461 |
| Compensation | 29,652 | 2,368,410 | 80 | 11 | 92 | 21,429 | 80 |
| Dependency and indemnity compensation | 304,286 | 161,226,854 | 530 | 22,367 | 517 | 131,243 | 522 |
| Dependency and indemnity compensation and compensation | 1,674 | 1,004,621 | 600 | ..... | ... | 1,142 | 596 |
| Surviving spouse alone | 231,545 | 131,634,604 | 569 | 21,540 | 518 | 113,522 | 543 |
| Surviving spouse and children | 21,985 | 14,765,240 | 672 | 259 | 767 | 2,901 | 687 |
| Surviving spouse, children and mother | 1,076 | 847,993 | 788 | ..... | ... | 31 | 922 |
| Surviving spouse, children and father | 107 | 79,896 | 747 | ..... | ... | 8 | 820 |
| Surviving spouse, children, mother and father | 259 | 207,714 | 802 | ..... | ... | 3 | 1,116 |
| Surviving spouse and mother | 5,341 | 3,718,100 | 696 | ..... | ... | 2,117 | 696 |
| Surviving spouse and father | 538 | 366,589 | 681 | ..... | ... | 210 | 699 |
| Surviving spouse, mother and father | 465 | 323,063 | 695 | ..... | ... | 76 | 766 |
| Children alone | 12,879 | 3,855,706 | 299 | 545 | 387 | 1,516 | 357 |
| Children and mother | 766 | 317,802 | 415 | 34 | 320 | 26 | 512 |
| Children and father | 71 | 27,660 | 390 | ..... | ... | ..... | ... |
| Children, mother and father | 166 | 68,696 | 414 | ..... | ... | 2 | 918 |
| Mother alone | 50,538 | 6,915,457 | 137 | ..... | ... | 29,177 | 147 |
| Father alone | 4,945 | 731,411 | 148 | ..... | ... | 2,842 | 176 |
| Mother and father | 4,931 | 739,954 | 150 | ..... | ... | 1,383 | 185 |
| Total survivors | 388,855 | ..... | ... | 22,682 | ... | 161,581 | ... |
| Surviving spouses | 261,299 | ..... | ... | 21,799 | ... | 118,859 | ... |
| Children | 52,532 | ..... | ... | 849 | ... | 5,383 | ... |
| Mothers | 63,542 | ..... | ... | 34 | ... | 32,815 | ... |
| Fathers | 11,482 | ..... | ... | ..... | ... | 4,524 | ... |

| Class of Beneficiary | Korean Conflict | | Vietnam Era | | Peacetime | |
|---|---|---|---|---|---|---|
| | Number | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value |
| Total cases | 37,812 | $473 | 69,669 | $516 | 51,939 | $544 |
| Compensation | 6,799 | 78 | 4 | 66 | 1,409 | 78 |
| Dependency and indemnity compensation | 30,593 | 559 | 69,657 | 516 | 50,426 | 557 |
| Dependency and indemnity compensation and compensation | 420 | 602 | 8 | 673 | 104 | 629 |
| Surviving spouse alone | 24,800 | 608 | 35,899 | 615 | 35,784 | 605 |
| Surviving spouse and children | 1,371 | 666 | 11,700 | 665 | 5,754 | 674 |
| Surviving spouse, children and mother | 19 | 763 | 715 | 778 | 311 | 799 |
| Surviving spouse, children and father | 4 | 702 | 73 | 739 | 22 | 753 |
| Surviving spouse, children, mother and father | 2 | 668 | 183 | 787 | 71 | 832 |
| Surviving spouse and mother | 683 | 678 | 1,638 | 699 | 903 | 705 |
| Surviving spouse and father | 60 | 664 | 190 | 662 | 78 | 694 |
| Surviving spouse, mother and father | 34 | 667 | 254 | 682 | 101 | 683 |
| Children alone | 552 | 322 | 7,651 | 277 | 2,615 | 308 |
| Children and mother | 15 | 479 | 587 | 401 | 138 | 447 |
| Children and father | 3 | 428 | 55 | 386 | 13 | 395 |
| Children, mother and father | 1 | 463 | 133 | 401 | 30 | 437 |
| Mother alone | 8,535 | 112 | 7,873 | 134 | 4,919 | 124 |
| Father alone | 822 | 107 | 798 | 111 | 483 | 112 |
| Mother and father | 911 | 114 | 1,920 | 146 | 717 | 138 |
| Total survivors | 41,494 | ... | 97,329 | ... | 65,769 | ... |
| Surviving spouses | 26,968 | ... | 50,651 | ... | 43,022 | ... |
| Children | 2,489 | ... | 29,769 | ... | 14,042 | ... |
| Mothers | 10,200 | ... | 13,303 | ... | 7,190 | ... |
| Fathers | 1,837 | ... | 3,606 | ... | 1,515 | ... |

[1] *Includes Spanish-American War, Mexican Border Service, and Civil War.*

TABLE 62

## *Disability, Degree of Impairment, Type of Major Disability, Period of Service—Sept. 1985*

| Degree of Impairment | Total | | | | Psychiatric and Neurological Diseases | | | | General Medical and Surgical Conditions[1] | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Percent of Total[2] | Monthly Value (Sept. 1985 Only) | Average Monthly Value | Number | Percent of Total Psychiatric and Neurological Diseases[2] | Percent of degree of impairment | Average Monthly Value | Number | Percent of Total General Medical and Surgical Conditions[2] | Percent of degree of impairment | Average Monthly Value |
| **Total All Periods** | | | | | | | | | | | | |
| Total | 2,240,277 | 100.0 | $687,157,340 | $307 | 451,607 | 100.0 | 20.2 | $548 | 1,788,670 | 100.0 | 79.8 | $246 |
| Zero percent (statutory award) | 24,538 | 1.1 | 1,660,440 | 68 | ..... | ..... | ..... | ..... | 24,538 | 1.4 | 100.0 | 68 |
| 10 percent | 883,230 | 39.4 | 58,623,213 | 66 | 127,878 | 29.3 | 14.5 | 66 | 755,352 | 42.2 | 85.5 | 66 |
| 20 percent | 355,393 | 15.9 | 43,568,546 | 123 | 24,268 | 5.4 | 6.8 | 123 | 331,125 | 18.5 | 93.2 | 123 |
| 30 percent | 312,584 | 14.0 | 64,307,072 | 206 | 75,281 | 16.7 | 24.1 | 204 | 237,303 | 13.3 | 75.9 | 206 |
| 40 percent | 184,518 | 8.2 | 55,315,471 | 300 | 26,412 | 5.8 | 14.3 | 297 | 158,106 | 8.8 | 85.7 | 300 |
| 50 percent | 111,503 | 5.0 | 47,205,071 | 423 | 41,966 | 9.3 | 37.6 | 417 | 69,537 | 3.9 | 62.4 | 427 |
| 60 percent | 115,908 | 5.2 | 89,618,263 | 773 | 19,050 | 4.2 | 16.4 | 672 | 96,858 | 5.4 | 83.6 | 793 |
| 70 percent | 65,847 | 2.9 | 60,010,076 | 911 | 25,698 | 5.7 | 39.0 | 862 | 40,149 | 2.2 | 61.0 | 943 |
| 80 percent | 36,998 | 1.7 | 39,018,779 | 1,055 | 9,959 | 2.2 | 26.9 | 1,078 | 27,039 | 1.5 | 73.1 | 1,046 |
| 90 percent | 14,035 | 0.6 | 16,479,907 | 1,174 | 3,855 | 0.9 | 27.5 | 1,199 | 10,180 | 0.6 | 72.5 | 1,165 |
| 100 percent | 135,723 | 6.1 | 211,350,502 | 1,557 | 97,240 | 21.5 | 71.6 | 1,489 | 38,483 | 2.2 | 28.4 | 1,729 |
| **World War I and Earlier Periods[3]** | | | | | | | | | | | | |
| Total | 12,298 | 100.0 | 4,621,795 | 376 | 2,240 | 100.0 | 18.2 | 599 | 10,058 | 100.0 | 81.8 | 326 |
| Zero percent (statutory award) | 168 | 1.4 | 10,911 | 65 | ..... | ..... | ..... | ..... | 168 | 1.7 | 100.0 | 65 |
| 10 percent | 2,616 | 21.3 | 203,679 | 78 | 198 | 8.8 | 7.6 | 80 | 2,418 | 24.0 | 92.4 | 78 |
| 20 percent | 3,172 | 25.8 | 463,746 | 146 | 396 | 17.7 | 12.5 | 155 | 2,776 | 27.6 | 87.5 | 145 |
| 30 percent | 1,773 | 14.4 | 367,462 | 207 | 291 | 13.0 | 16.4 | 213 | 1,482 | 14.7 | 83.6 | 206 |
| 40 percent | 1,046 | 8.5 | 314,554 | 301 | 175 | 7.8 | 16.7 | 308 | 871 | 8.7 | 83.3 | 299 |
| 50 percent | 805 | 6.5 | 337,920 | 420 | 302 | 13.5 | 37.5 | 422 | 503 | 5.0 | 62.5 | 419 |
| 60 percent | 888 | 7.2 | 699,610 | 788 | 119 | 5.3 | 13.4 | 598 | 769 | 7.6 | 86.6 | 817 |
| 70 percent | 413 | 3.4 | 367,532 | 890 | 126 | 5.6 | 30.5 | 798 | 287 | 2.9 | 69.5 | 930 |
| 80 percent | 293 | 2.4 | 286,635 | 978 | 61 | 2.7 | 20.8 | 913 | 232 | 2.3 | 79.2 | 995 |
| 90 percent | 70 | 0.6 | 77,545 | 1,108 | 9 | 0.4 | 12.9 | 1,192 | 61 | 0.6 | 87.1 | 1,095 |
| 100 percent | 1,054 | 8.6 | 1,492,201 | 1,416 | 563 | 25.1 | 53.4 | 1,390 | 491 | 4.9 | 46.6 | 1,446 |
| **World War II** | | | | | | | | | | | | |
| Total | 1,048,976 | 100.0 | 309,416,637 | 295 | 238,052 | 100.0 | 22.7 | 468 | 810,924 | 100;0 | 77.3 | 244 |
| Zero percent (statutory award) | 13,718 | 1.3 | 915,976 | 67 | ..... | ..... | ..... | ..... | 13,718 | 1.7 | 100.0 | 67 |
| 10 percent | 411,475 | 39.2 | 27,252,886 | 66 | 78,739 | 33.1 | 19.1 | 66 | 332,736 | 41.0 | 80.9 | 66 |
| 20 percent | 154,564 | 14.7 | 18,904,372 | 122 | 12,311 | 5.2 | 8.0 | 122 | 142,253 | 17.5 | 92.0 | 122 |
| 30 percent | 155,468 | 14.8 | 31,159,763 | 200 | 43,388 | 18.2 | 27.9 | 200 | 112,080 | 13.8 | 72.1 | 201 |
| 40 percent | 88,751 | 8.5 | 25,904,866 | 292 | 14,216 | 6.0 | 16.0 | 289 | 74,535 | 9.2 | 84.0 | 292 |
| 50 percent | 56,494 | 5.4 | 23,474,679 | 416 | 21,186 | 8.9 | 37.5 | 411 | 35,508 | 4.4 | 62.5 | 418 |
| 60 percent | 59,124 | 5.6 | 46,516,083 | 787 | 9,777 | 4.1 | 16.5 | 658 | 49,347 | 6.1 | 83.5 | 812 |
| 70 percent | 30,541 | 2.9 | 28,289,819 | 926 | 11,385 | 4.8 | 37.3 | 916 | 19,156 | 2.4 | 62.7 | 932 |
| 80 percent | 18,712 | 1.8 | 19,314,282 | 1,032 | 4,810 | 2.0 | 25.7 | 1,074 | 13,902 | 1,7 | 74.3 | 1,018 |
| 90 percent | 6,404 | 0.6 | 7,370,255 | 1,151 | 1,506 | 0.6 | 23.5 | 1,163 | 4,898 | 0.6 | 76.5 | 1,147 |
| 100 percent | 53,725 | 5.1 | 80,313,656 | 1,495 | 40,734 | 17.1 | 75.8 | 1,457 | 12,991 | 1.6 | 24.2 | 1,615 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Korean Conflict** | | | | | | | | | | | | |
| Total | 222,630 | 100.0 | 76,953,607 | 346 | 40,214 | 100.0 | 18.1 | 720 | 182,416 | 100.0 | 81.9 | 263 |
| Zero percent (statutory award) | 6,741 | 3.0 | 450,632 | 67 | ..... | ..... | ..... | ..... | 6,741 | 3.7 | 100.0 | 67 |
| 10 percent | 78,327 | 35.2 | 5,204,424 | 66 | 8,477 | 21.1 | 10.8 | 66 | 69,850 | 38.3 | 89.2 | 66 |
| 20 percent | 34,366 | 15.4 | 4,209,267 | 122 | 1,793 | 4.5 | 5.2 | 122 | 32,573 | 17.9 | 94.8 | 122 |
| 30 percent | 30,061 | 13.5 | 6,125,946 | 204 | 5,543 | 13.8 | 18.4 | 204 | 24,518 | 13.4 | 81.6 | 204 |
| 40 percent | 18,855 | 8.5 | 5,633,050 | 299 | 2,188 | 5.4 | 11.6 | 298 | 16,667 | 9.1 | 88.4 | 299 |
| 50 percent | 10,862 | 4.9 | 4,603,485 | 424 | 3,350 | 8.3 | 30.8 | 419 | 7,512 | 4.1 | 69.2 | 426 |
| 60 percent | 13,255 | 6.0 | 10,590,952 | 799 | 2,114 | 5.3 | 15.9 | 696 | 11,141 | 6.1 | 84.1 | 819 |
| 70 percent | 7,647 | 3.4 | 7,297,455 | 954 | 2,601 | 6.5 | 34.0 | 907 | 5,046 | 2.8 | 66.0 | 979 |
| 80 percent | 4,254 | 1.9 | 4,608,044 | 1,083 | 1,109 | 2.8 | 26.1 | 1,110 | 3,145 | 1.7 | 73.9 | 1,074 |
| 90 percent | 1,591 | 0.7 | 1,851,421 | 1,164 | 450 | 1.1 | 28.3 | 1,178 | 1,141 | 0.6 | 71.7 | 1,158 |
| 100 percent | 16,671 | 7.5 | 26,378,931 | 1,582 | 12,589 | 31.3 | 75.5 | 1,539 | 4,082 | 2.2 | 24.5 | 1,715 |
| **Vietnam Era** | | | | | | | | | | | | |
| Total | 603,889 | 100.0 | 190,235,980 | 315 | 107,181 | 100.0 | 17.7 | 610 | 496,708 | 100.0 | 82.3 | 251 |
| Zero percent (statutory award) | 895 | 0.1 | 58,359 | 65 | ..... | ..... | ..... | ..... | 895 | 0.2 | 100.0 | 65 |
| 10 percent | 237,570 | 39.3 | 15,771,717 | 66 | 25,070 | 23.4 | 10.6 | 66 | 212,500 | 42.8 | 89.4 | 66 |
| 20 percent | 103,996 | 17.2 | 12,729,238 | 122 | 6,210 | 5.8 | 6.0 | 122 | 97,786 | 19.7 | 94.0 | 122 |
| 30 percent | 79,351 | 13.1 | 17,038,710 | 215 | 15,995 | 14.9 | 20.2 | 215 | 63,356 | 12.8 | 79.8 | 215 |
| 40 percent | 51,803 | 8.6 | 16,097,661 | 311 | 6,557 | 6.1 | 12.7 | 311 | 45,246 | 9.1 | 87.3 | 311 |
| 50 percent | 29,890 | 4.9 | 13,083,761 | 438 | 10,810 | 10.1 | 36.2 | 432 | 19,080 | 3.8 | 63.8 | 441 |
| 60 percent | 27,887 | 4.6 | 20,060,792 | 719 | 4,910 | 4.6 | 17.6 | 676 | 22,977 | 4.6 | 82.4 | 729 |
| 70 percent | 19,483 | 3.2 | 17,245,547 | 885 | 7,856 | 7.3 | 40.3 | 805 | 11,627 | 2.3 | 59.7 | 939 |
| 80 percent | 10,096 | 1.7 | 10,881,385 | 1,078 | 2,848 | 2.7 | 28.2 | 1,080 | 7,248 | 1.5 | 71.8 | 1,077 |
| 90 percent | 4,635 | 0.8 | 5,603,588 | 1,209 | 1,431 | 1.3 | 30.9 | 1,244 | 3,204 | 0.6 | 69.1 | 1,193 |
| 100 percent | 38,283 | 6.3 | 61,665,222 | 1,611 | 25,494 | 23.8 | 66.6 | 1,504 | 12,789 | 2.6 | 33.4 | 1,825 |
| **Peacetime[4]** | | | | | | | | | | | | |
| Total | 352,484 | 100.0 | 105,929,321 | 301 | 65,920 | 100.0 | 18.1 | 631 | 288,564 | 100.0 | 81.9 | 227 |
| Zero percent (statutory award) | 3,016 | 0.9 | 224,562 | 74 | ..... | ..... | ..... | ..... | 3,016 | 1.0 | 100.0 | 74 |
| 10 percent | 153,242 | 43.5 | 10,190,507 | 66 | 15,394 | 24.1 | 10.0 | 66 | 137,848 | 47.8 | 90.0 | 67 |
| 20 percent | 59,295 | 16.8 | 7,261,923 | 122 | 3,558 | 5.6 | 6.0 | 122 | 55,737 | 19.3 | 94.0 | 122 |
| 30 percent | 45,931 | 13.0 | 9,615,191 | 209 | 10,064 | 15.7 | 21.9 | 205 | 35,867 | 12.4 | 78.1 | 211 |
| 40 percent | 24,063 | 6.8 | 7,365,340 | 306 | 3,276 | 5.1 | 13.6 | 300 | 20,787 | 7.2 | 86.4 | 307 |
| 50 percent | 13,452 | 3.8 | 5,705,226 | 424 | 6,318 | 9.9 | 47.0 | 413 | 7,134 | 2.5 | 53.0 | 434 |
| 60 percent | 14,754 | 4.2 | 11,750,826 | 796 | 2,130 | 3.3 | 14.4 | 710 | 12,624 | 4.4 | 85.6 | 811 |
| 70 percent | 7,763 | 2.2 | 6,809,723 | 877 | 3,730 | 5.8 | 48.0 | 787 | 4,033 | 1.4 | 52.0 | 960 |
| 80 percent | 3,643 | 1.0 | 3,928,433 | 1,078 | 1,131 | 1.8 | 31.0 | 1,072 | 2,512 | 0.9 | 69.0 | 1,081 |
| 90 percent | 1,335 | 0.4 | 1,577,098 | 1,181 | 459 | 0.7 | 34.4 | 1,196 | 876 | 0.3 | 65.6 | 1,174 |
| 100 percent | 25,990 | 7.4 | 41,500,492 | 1,597 | 17,860 | 27.9 | 68.7 | 1,511 | 8,130 | 2.8 | 31.3 | 1,784 |

[1] *Includes tuberculosis (lung and pleura).*
[2] *Percent totals may not add to 100.0 percent due to rounding.*
[3] *Includes 3 Spanish-American War veterans and 2 Mexican Border service-connected veterans. Excludes 82 Retired Emergency Officers.*
[4] *Excludes 6 Special Acts.*
*NOTE: Includes special monthly compensation, allowance to dependents, and other special awards, where applicable.*

TABLE 63

## *Disability: Type of Major Disability and Pension by Period of Service—September 1985*

| 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 | 690,391 | 100.0 | $198,770,702 | $288 | 56,110 | 100.0 | $336 |
| **Type of disability** | | | | | | | |
| Psychiatric and neurological diseases | 163,293 | 23.7 | 56,599,136 | 347 | 6,573 | 11.7 | 504 |
| Psychoses | 44,887 | 6.5 | 14,752,995 | 329 | 530 | 0.9 | 529 |
| Other psychiatric and neurological diseases | 118,406 | 17.2 | 41,846,141 | 353 | 6,043 | 10.8 | 501 |
| General medical and surgical conditions[2] | 410,048 | 59.4 | 118,032,739 | 288 | 41,446 | 73.9 | 302 |
| Considered permanently and totally disabled at age 65 | 117,050 | 17.0 | 24,138,827 | 206 | 8,091 | 14.4 | 376 |
| **Type of pension** | | | | | | | |
| Old Law | 9,589 | 1.4 | 790,418 | 82 | 6,989 | 12.5 | 81 |
| Sec 306 | 266,005 | 38.5 | 36,895,263 | 139 | 22,200 | 39.6 | 159 |
| PL 95-588 | 414,797 | 60.1 | 161,085,021 | 388 | 26,921 | 48.0 | 549 |

| 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 | 525,715 | 100.0 | $264 | 86,230 | 100.0 | $366 | 22,336 | 100.0 | $431 |
| **Type of disability** | | | | | | | | | |
| Psychiatric and neurological diseases | 111,987 | 21.3 | 328 | 31,499 | 36.5 | 355 | 13,234 | 59.2 | 410 |
| Psychoses | 25,082 | 4.8 | 314 | 11,643 | 13.5 | 316 | 7,632 | 34.2 | 382 |
| Other psychiatric and neurological diseases | 86,905 | 16.5 | 331 | 19,856 | 23.0 | 378 | 5,602 | 25.1 | 448 |
| General medical and surgical conditions[2] | 305,451 | 58.1 | 265 | 54,084 | 62.7 | 375 | 9,067 | 40.6 | 463 |
| Considered permanently and totally disabled at age 65 | 108,277 | 20.6 | 193 | 647 | 0.8 | 227 | 35 | ..... | 255 |
| **Type of pension** | | | | | | | | | |
| Old Law | 2,277 | 0.4 | 87 | 323 | 0.4 | 85 | ..... | ..... | ... |
| Sec 306 | 214,805 | 40.9 | 135 | 24,956 | 28.9 | 145 | 4,044 | 18.1 | 166 |
| PL 95-588 | 308,633 | 58.7 | 354 | 60,951 | 70.7 | 459 | 18,292 | 81.9 | 490 |

[1] *Includes Spanish-American War and Mexican Border Service.*
[2] *Includes tuberculosis (lungs and pleura).*

*NOTE: Percent totals may not add to 100.0 percent due to rounding.*

PENSION

TABLE 64

## *Death: Class of Beneficiary, Period of Service—September 1985*

| Class of Beneficiary | Total | | | World War I and Earlier[1] | |
|---|---|---|---|---|---|
| | Number | Monthly Value | Average Monthly Value | Number | Average Monthly Value |
| Total cases | 739,160 | $109,723,136 | $148 | 297,442 | $139 |
| Surviving spouse alone | 634,094 | 98,226,237 | 155 | 283,870 | 140 |
| Surviving spouse and children | 37,615 | 6,883,117 | 183 | 4,265 | 194 |
| Children alone | 67,451 | 4,613,782 | 68 | 9,307 | 66 |
| Total dependents | 807,496 | ..... | ... | 302,544 | ... |
| Surviving spouses | 671,709 | ..... | ... | 288,135 | ... |
| Children | 135,787 | ..... | ... | 14,409 | ... |

| Class of Beneficiary | World War II | | Korean Conflict | | Vietnam Era | |
|---|---|---|---|---|---|---|
| | Number | Average Monthly Value | Number | Average Monthly Value | Number | Average Monthly Value |
| Total cases | 368,598 | $153 | 52,553 | $176 | 20,567 | $132 |
| Surviving spouse alone | 317,393 | 160 | 29,210 | 232 | 3,621 | 250 |
| Surviving spouse and children | 20,611 | 182 | 7,181 | 190 | 5,558 | 169 |
| Children alone | 30,594 | 66 | 16,162 | 69 | 11,388 | 76 |
| Total dependents | 399,587 | ... | 67,837 | ... | 37,528 | ... |
| Surviving spouses | 338,004 | ... | 36,391 | ... | 9,179 | ... |
| Children | 61,583 | ... | 31,446 | ... | 28,349 | ... |

[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 | | | | |
|---|---|---|---|---|---|
| | 1985 | 1984 | 1983 | 1982 | 1981 |
| **POST-KOREAN CONFLICT EDUCATIONAL ASSISTANCE** (Title 38, U.S.C., ch. 34) | | | | | |
| In training during year – Total | 402,281 | 528,468 | 644,390 | 777,686 | 948,526 |
| Institutions of higher learning | 326,012 | 421,280 | 517,485 | 620,341 | 736,018 |
| Resident schools other than college | 53,634 | 78,013 | 88,068 | 97,739 | 122,448 |
| Correspondence schools | 7,438 | 9,676 | 13,393 | 21,115 | 34,849 |
| On-job training | 15,197 | 19,499 | 25,444 | 38,491 | 55,211 |
| **EDUCATIONAL ASSISTANCE FOR CHILDREN OF TOTALLY DISABLED OR DECEASED VETERANS** (title 38, U.S.C., ch. 35) | | | | | |
| In training during year – Total | 55,328 | 63,553 | 70,923 | 80,347 | 82,646 |
| Institutions of higher learning | 49,976 | 57,122 | 63,650 | 72,134 | 74,619 |
| Schools other than college | 5,158 | 6,192 | 6,979 | 7,814 | 7,541 |
| Special restorative training | 33 | 51 | 49 | 46 | 70 |
| On-job training | 161 | 188 | 245 | 353 | 416 |
| Period of service of beneficiary's children | | | | | |
| World War I | 310 | 440 | 626 | 819 | 959 |
| World War II | 11,287 | 14,185 | 16,929 | 20,378 | 22,462 |
| Korean conflict | 8,479 | 9,914 | 11,070 | 12,500 | 12,332 |
| Vietnam era | 27,814 | 30,731 | 33,509 | 37,159 | 37,552 |
| Other | 7,438 | 8,283 | 8,789 | 9,491 | 9,341 |
| **EDUCATIONAL ASSISTANCE FOR SPOUSES OF TOTALLY DISABLED OR DECEASED VETERANS** (title 38, U.S.C., ch. 35) | | | | | |
| In training during year – Total | 6,630 | 7,641 | 8,779 | 10,641 | 11,940 |
| Institutions of higher learning | 5,660 | 6,493 | 7,468 | 9,021 | 10,078 |
| Schools other than college | 959 | 1,134 | 1,297 | 1,608 | 1,837 |
| On-job training | 11 | 14 | 14 | 12 | 25 |
| Period of service of beneficiary's spouse | | | | | |
| World War I | 16 | 23 | 29 | 54 | 90 |
| World War II | 707 | 930 | 1,131 | 1,507 | 1,690 |
| Korean conflict | 488 | 587 | 755 | 937 | 1,029 |
| Vietnam era | 3,997 | 4,697 | 5,512 | 6,796 | 7,943 |
| Other | 1,422 | 1,404 | 1,352 | 1,347 | 1,188 |
| **VOCATIONAL REHABILITATION PROGRAM FOR DISABLED VETERANS** (title 38, U.S.C., ch. 31) | | | | | |
| In training during year – Total | 26,901 | 29,024 | 30,574 | 30,919 | 29,818 |
| Institutions of higher learning | 13,320 | 19,915 | 21,872 | 22,095 | 21,730 |
| Schools other than college | 3,393 | 5,241 | 7,549 | 7,489 | 6,717 |
| On-job training | 262 | 460 | 798 | 913 | 998 |
| Institutional on-farm | 89 | 122 | 60 | 93 | 106 |
| Other | 9,837 | 3,286 | 295 | 329 | 267 |
| Period of service of veterans | | | | | |
| World War II | 283 | ([2]) | 137 | 239 | 295 |
| Korean conflict | 439 | ([2]) | 240 | 295 | 356 |
| Post-Korean and between wars | 669 | ([2]) | 1,461 | 1,598 | 1,810 |
| Vietnam era | 8,835 | ([2]) | 28,736 | 28,787 | 27,357 |
| Post-Vietnam era | 10,198 | ([2]) | ([3]) | ([3]) | ([3]) |
| Other | 6,477 | ([2]) | ([3]) | ([3]) | ([3]) |

[1] *Estimated numbers due to change in Chapter 31 reports during fiscal year 1984 which are still being revised.*

[2] *Data not available due to change in Chapter 31 reports.*

[3] *New categories beginning with fiscal year 1985.*

## *Guaranteed or Insured Loans, Direct Loans, and Property Management*

| Item | Cumulative Through Sept. 30, 1985 | Fiscal Year 1985 | Fiscal Year 1984 |
|---|---|---|---|
| **Guaranteed or Insured Loans** | | | |
| Number of loans, total | 11,632,984 | 178,931 | 251,588 |
| Home | 11,535,046 | 170,015 | 238,478 |
| Manufactured home | 97,938 | 8,916 | 13,110 |
| Amount of loans ($000), total | $243,209,923 | $11,451,748 | $15,611,818 |
| Home | $241,495,949 | $11,262,756 | $15,332,916 |
| Manufactured home | $1,713,974 | $188,992 | $278,902 |
| Amount of guaranty and insurance ($000), total | $112,851,563 | $4,363,150 | $6,033,552 |
| Home | $112,034,679 | $4,269,279 | $5,895,058 |
| Manufactured home | $816,884 | $93,871 | $138,494 |
| Defaults and claims total: | | | |
| Defaults reported | 3,780,193 | 170,385 | 158,387 |
| Loans in default, end of period | ..... | 115,282 | 102,022 |
| Defaults disposed of, total | 3,664,910 | 157,125 | 153,161 |
| Cured or withdrawn | 3,151,506 | 127,635 | 130,852 |
| Percent | 86.0 | 81.2 | 85.4 |
| Claims vouchered for payment | 518,324 | 29,490 | 27,288 |
| Rate per 1,000 loans outstanding | ..... | 7.0 | 6.54 |
| Average number of loans outstanding | ..... | 4,213,011 | 4,217,149 |
| **Direct Loans** | | | |
| Number of loans fully disbursed | 333,199 | 5 | 8 |
| Amount of loans fully disbursed ($000) | $3,437,742 | $151 | $245 |
| **Property Management** | | | |
| Number acquired | 547,344 | 25,462 | 24,343 |
| Number sold | 522,406 | 28,500 | 22,235 |
| Number redeemed | 6,246 | 165 | 175 |
| Number on hand, end of period | ..... | 18,692 | 21,895 |

*NOTE: Cumulative data include prior years' adjustments.*



## *VA Administered Insurance Programs—Assets and Liabilities—Fiscal Year 1985*

(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 | $268,954 | $9,431,024 | $941,874 | $514,453 | ..... |
| Policy loans | 28,579 | 1,064,775 | 79,643 | 37,733 | $37,959 |
| Liens and receivables | 26 | 637 | 80 | 53 | 669 |
| Cash | 19 | 3,714 | 41 | 43 | 9,251 |
| Accrued interest | 5,610 | 254,885 | 23,727 | 14,005 | 1,286 |
| Due from U.S. Government | ..... | ..... | ..... | ..... | ..... |
| Total | $303,188 | $10,755,035 | $1,045,365 | $566,287 | $49,165 |
| **LIABILITIES** | | | | | |
| Policy reserves | $203,194 | $7,757,426 | $750,619 | $451,220 | $238,148 |
| Reserve for payments under optional income settlements | 50,499 | 594,042 | 6,354 | 2,353 | 4,873 |
| Disability premium waiver reserves | 173 | 535,759 | 70,258 | 15,085 | ..... |
| Disability income reserves | 3,008 | 373,801 | 50,166 | 17,007 | ..... |
| Reserve for pending and unreported claims | 5,311 | 80,925 | 4,395 | 4,434 | 5,020 |
| Reserve for dividends | 14,784 | 767,343 | 69,126 | 35,142 | ..... |
| Reserve for undelivered checks and payments due | 352 | 5,973 | 168 | 54 | 19 |
| Reserve for dividends left on credit or deposit | 19,859 | 487,701 | 44,937 | 13,092 | ..... |
| Reserve for unearned premiums | ..... | 87,114 | 19,275 | 2,880 | 1,258 |
| Unassigned funds (surplus) | 6,008 | 64,951 | 30,067 | 25,020 | [1] (–)200,153 |
| Total | $303,188 | $10,755,035 | $1,045,365 | $566,287 | $49,165 |

[1] *Total loss to date is $304,699 of which $104,546 has been met by Government appropriation.*

TABLE 68



## *Summary of Operations (Accrual Basis)*

(In thousands)

| Item | U.S. Government Life Insurance | | National Service Life Insurance | | Veterans Special Life Insurance | | Veterans Reopened Insurance | | Service-Disabled Veterans Insurance | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Fiscal Year 1985 | Cumulative to Sept. 30, 1985 | Fiscal Year 1985 | Cumulative to Sept. 30, 1985 | Fiscal Year 1985 | Cumulative to Sept. 30, 1985 | Fiscal Year 1985 | Cumulative to Sept. 30, 1985 | Fiscal Year 1985 | Cumulative to Sept. 30, 1985 |
| **INCOME** | | | | | | | | | | |
| Premiums | $124 | $2,085,282 | $677,334 | $23,730,789 | $75,672 | $1,258,306 | $23,662 | $595,583 | $30,165 | $144,197 |
| Policy proceeds left to be paid in installments | 607 | 784,132 | 10,538 | 5,454,107 | 731 | 42,693 | 362 | 15,203 | 447 | 27,311 |
| Dividends left on credit or deposit | 2,665 | 91,152 | 86,567 | 1,758,014 | 13,600 | 74,031 | 4,667 | 19,811 | ..... | ..... |
| Investment income | 22,117 | 2,268,544 | 950,149 | 13,550,513 | 84,688 | 685,059 | 54,877 | 497,377 | 2,359 | 20,068 |
| Extra hazard contributions from the U.S. Government | 21 | 142,459 | 1,774 | 4,821,304 | ..... | ..... | ..... | ..... | ..... | ..... |
| Total | $25,534 | $5,371,569 | $1,726,362 | $49,314,727 | $174,691 | $2,060,089 | $83,568 | $1,127,974 | $32,971 | $491,576 |
| **DISPOSITION OF INCOME** | | | | | | | | | | |
| Death benefits | $24,500 | $1,609,232 | $419,077 | $11,838,920 | $21,901 | $373,903 | $19,429 | $237,550 | $22,055 | $353,228 |
| Matured endowments | 1,123 | 501,316 | 55,998 | 937,111 | 1,250 | 34,083 | 39,114 | 95,407 | 487 | 4,447 |
| Surrender benefits | 1,187 | 327,662 | 61,085 | 1,139,404 | 10,062 | 87,384 | 4,252 | 33,538 | 5,779 | 43,831 |
| Disability benefits | 392 | 388,836 | 64,548 | 1,129,810 | 4,370 | 39,070 | 3,310 | 36,419 | 9,244 | 125,851 |
| Payments from policy proceeds left to be paid in installments | 8,228 | 1,083,854 | 71,258 | 8,029,014 | 1,208 | 41,519 | 399 | 14,781 | 703 | 25,761 |
| Dividends withdrawn | 4,194 | 95,934 | 81,658 | 1,669,252 | 7,786 | 42,726 | 3,586 | 9,954 | ..... | ..... |
| Net deposits for policy reserves | (–)27,799 | 257,325 | 151,629 | 9,271,699 | 49,735 | 877,650 | (–)24,250 | 485,736 | 10,526 | 243,157 |
| Reserve for dividends left on credit or deposit | (–)226 | 19,859 | 45,598 | 487,701 | 9,071 | 44,938 | 2,194 | 13,092 | ..... | ..... |
| Administrative costs | ..... | ..... | ..... | ..... | ..... | ..... | 1,354 | 24,058 | ..... | ..... |
| Total | $11,599 | $4,284,018 | $950,851 | $34,502,911 | $105,383 | $1,541,273 | $49,388 | $950,535 | $48,794 | $796,275 |
| Net gain or loss (–) from operations before dividends and transfers | $13,935 | $1,087,551 | $775,511 | $14,811,816 | $69,308 | $518,816 | $34,180 | $177,439 | $(–)15,823 | $(–)304,699 |
| Dividends to policyholders | 14,650 | 1,081,543 | 772,616 | 14,746,865 | 68,709 | 433,136 | 35,919 | 152,419 | ..... | ..... |
| Transfers to U.S. Government | ..... | ..... | ..... | ..... | ..... | 55,613 | ..... | ..... | ..... | ..... |
| Gain or loss (–) after dividends and transfers | $(–)715 | $6,008 | $2,895 | $64,951 | $599 | $30,067 | $(–)1,739 | $25,020 | $(–)15,823 | $(–)304,699 |

TABLE 69



## *Insurance in Force —Fiscal Year 1985*

| 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 | 70,129 | $275,231 | 3,194,587 | $20,383,940 | 383,170 | $3,245,054 | 152,452 | $1,021,107 | 188,964 | $1,713,293 |
| Insurance issued during year | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 4,732 | 44,329 |
| Insurance reinstated during year | ..... | ..... | 12,251 | 49,690 | 527 | 4,435 | 1,437 | 5,646 | 58 | 547 |
| Insurance terminated during year by: | | | | | | | | | | |
| Death | 5,583 | 24,400 | 63,222 | $376,589 | 2,563 | $21,176 | 3,011 | $18,243 | 2,456 | $21,710 |
| Maturity as endowment | 309 | 1,430 | 8,124 | 47,117 | 171 | 1,134 | 5,580 | 37,523 | 82 | 478 |
| Permanent total disability | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Lapse, expiry, and net changes | 33 | 39 | 16,868 | 220,003 | 12,033 | 112,902 | 396 | 11,160 | 2,756 | 27,182 |
| Cash surrender | 344 | 1,363 | 13,049 | 76,268 | 2,387 | 20,192 | 849 | 5,817 | 1,875 | 16,814 |
| Total terminated | 6,269 | 27,232 | 101,263 | 719,977 | 17,154 | 155,404 | 9,836 | 72,743 | 7,169 | 66,184 |
| In force at end of year | 63,860 | $247,999 | 3,105,575 | $19,713,653 | 366,543 | $3,094,085 | 144,053 | $954,010 | 186,585 | $1,691,985 |
| Selected year end items: | | | | | | | | | | |
| In force on 5-year term plan | 365 | $2,308 | 951,027 | $7,477,815 | 84,262 | $775,044 | ..... | ..... | 84,948 | $818,201 |
| In force on all other plans | 63,495 | 245,691 | 2,154,548 | 12,235,838 | 282,281 | 2,319,041 | 144,053 | $954,010 | 101,637 | 873,784 |
| In force with disability income rider | 769 | 4,626 | 305,763 | 2,351,310 | 55,466 | 489,705 | 7,987 | 59,990 | ..... | ..... |
| In force under disability premium waiver | 285 | $1,834 | 147,442 | $996,639 | 9,327 | $80,349 | 13,990 | $89,248 | 42,777 | $403,052 |

[1] *Excludes paid-up additional insurance purchased by dividends.*

INSURANCE

TABLE 70

## *Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)*

| Item | Policy Year Ending June 30, 1985 | Cumulative From Sept. 29, 1965 |
|---|---|---|
| INCOME | | |
| Premiums | $133,160,243 | $2,353,181,216 |
| Extra hazard payments | ..... | 513,046,301 |
| Interest earned | 35,884,266 | [1] 234,558,513 |
| Total | $169,044,509 | [1] $3,100,786,030 |
| DISPOSITION OF INCOME | | |
| Death claims | $154,159,097 | $2,562,477,880 |
| Net cost of extra mortality on conversions | (–)670,052 | 53,147,944 |
| Expense of administration | 7,836,177 | 76,044,695 |
| Taxes and fees | 2,353,117 | 48,897,229 |
| Term to age 60 reserve (Retired Reserves) | 253,894 | 25,847,297 |
| 5-Year Term and conversion cost reserve (VGLI) | 1,182,865 | 34,648,816 |
| Contingency reserve | 3,929,411 | [1] 299,722,169 |
| Total | $169,044,509 | [1] $3,100,786,030 |

[1] *Includes increase adjustment of 1,641,526 in interest earned in June 30, 1984, cumulative.*

EMPLOYMENT

TABLE 71

## *Employment: Full, Part-Time and Intermittent by Facility Type*

| Facility Type | Sept. 30, 1985 | Sept. 30, 1984 | Percent Change |
|---|---|---|---|
| Total | 247,156 | 239,923 | +3.0 |
| Central Office | 4,502 | 4,695 | –4.1 |
| Field | 242,654 | 235,228 | +3.2 |
| Medical centers (separate) | 197,836 | 190,619 | +3.8 |
| Domiciliaries and medical centers | 18,777 | 18,359 | +2.3 |
| Regional offices (separate) | 11,511 | 11,811 | –2.5 |
| Regional office and medical centers | 8,320 | 7,886 | +5.5 |
| Regional office and insurance centers | 1,497 | 1,679 | –10.8 |
| Independent outpatient clinics | 1,304 | 1,269 | +2.8 |
| Data processing centers | 1,740 | 1,856 | –6.3 |
| National cemeteries | 987 | 1,003 | –1.6 |
| Supply depots and marketing center | 427 | 429 | –0.5 |
| Miscellaneous activities (VCS field offices, national cemetery area offices, records processing center, prosthetic center, prosthetic distribution center, and VCS finance center) | 255 | 317 | –19.6 |

EMPLOYMENT

TABLE 72

## *Employment: Full, Part-Time and Intermittent by Pay System*

| Pay System | Sept. 30, 1985 | Sept. 30, 1984 | Percent Change |
|---|---|---|---|
| Total | 247,156 | 239,923 | +3.0 |
| GS/GM | 138,018 | 134,869 | +2.3 |
| Title 38 (excludes canteen) | 63,485 | 61,154 | +3.8 |
| Wage system | 40,361 | 38,677 | +4.3 |
| Canteen | 3,542 | 3,597 | –1.5 |
| Non-U.S. citizens—Manila | 171 | 186 | –8.1 |
| Senior executive service | 136 | 136 | ..... |
| Others[1] | 1,443 | 1,304 | +10.7 |

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

## Employment: Sex and Veteran Preference - September 30, 1985

| Veteran Preference | Total | | Male | | Female | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| Total | 247,156 | 100.0 | 114,467 | 100.0 | 132,689 | 100.0 |
| With preference | 80,199 | 32.4 | 71,424 | 62.4 | 8,775 | 6.6 |
| Without preference | 166,957 | 67.6 | 43,043 | 37.6 | 123,914 | 93.4 |

TABLE 74 EMPLOYMENT

## Employment: Minority Groups By Grade—Full-Time and Part-Time With Permanent Appointments September 30, 1985

| Grade or Supervisory Level | Total Employment[1] | Percent Minority Employment | Black | Hispanic | Asian or Pacific Islander | American Indian or Alaska Native |
|---|---|---|---|---|---|---|
| Total All Pay Plans | 212,032 | 32.8 | 53,606 | 9,073 | 5,830 | 1,014 |
| GS/GM and Equivalent | 172,351 | 29.6 | 37,892 | 6,947 | 5,439 | 788 |
| GS-1 through GS-4 | 35,095 | 41.1 | 12,166 | 1,654 | 359 | 253 |
| GS-5 through GS-8 | 57,041 | 35.8 | 17,063 | 2,289 | 786 | 309 |
| GS-9 through GS-12 | 61,364 | 21.5 | 7,935 | 2,275 | 2,793 | 199 |
| GS/GM-13 through GS/GM-15 | 18,681 | 15.9 | 716 | 724 | 1,501 | 27 |
| GS/GM-16 through GS/GM-18 | 170 | 10.0 | 12 | 5 | ..... | ..... |
| Other Pay Systems[2] | 471 | 12.3 | 37 | 8 | 6 | 7 |
| Wage System | 39,210 | 46.9 | 15,677 | 2,118 | 385 | 219 |
| Non-supervisory | 35,044 | 47.2 | 14,061 | 1,913 | 367 | 203 |
| Leader | 692 | 48.3 | 286 | 42 | 3 | 3 |
| Supervisory | 3,474 | 43.8 | 1,330 | 163 | 15 | 13 |

[1] *Excludes Philippine nationals at Manila and non-Hispanic employees in Puerto Rico.*
[2] *Includes Senior Executive Service, Statutory Pay Plans, Veterans Canteen Officers, and Assistant Veterans Canteen Officers.*

TABLE 75 EMPLOYMENT

## Employment of Women by Pay Category—Full-Time, Part-Time and Intermittent—September 30, 1985

| Pay Category | Total Employment | Women | |
|---|---|---|---|
| | | Number | Percent |
| Total | 247,156 | 132,689 | 53.7 |
| GS/GM Total | 138,018 | 81,242 | 58.9 |
| GS-1 through GS-6 | 87,392 | 60,240 | 68.9 |
| GS-7 through GS-12 | 43,985 | 19,998 | 45.5 |
| GS/GM-13 and above | 6,641 | 1,004 | 15.1 |
| Title 38 (excludes Canteen) | 63,485 | 38,503 | 60.6 |
| Wage System | 40,361 | 9,493 | 23.5 |
| Canteen | 3,542 | 2,623 | 74.1 |
| Non-U.S. Citizens – Manila | 171 | 88 | 51.5 |
| SES | 136 | 6 | 4.4 |
| Other[1] | 1,443 | 734 | 50.9 |

[1] *Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.*

## *Employment of Handicapped Individuals with Targeted Disabilities by Pay Category - Full-Time, Part-Time and Intermittent September 30, 1985*

| Pay Category | Total Employment | Handicapped Individuals With Targeted Disabilities | |
|---|---|---|---|
| | | Number | Percent |
| Total All Pay Categories | 247,156 | 4,073 | 1.65 |
| Total White Collar | 203,425 | 2,790 | 1.37 |
| GS-1 through GS-4 | 41,157 | 1,172 | 2.85 |
| GS-5 through GS-8 | 57,735 | 687 | 1.19 |
| GS-9 through GS-11 | 26,255 | 445 | 1.69 |
| GS/GM-12 through GS/GM-13 | 11,010 | 194 | 1.76 |
| GS/GM-14 through GS/GM-15 | 1,851 | 21 | 1.13 |
| GS/GM-16 and SES through GS/GM-18 | 146 | ..... | ..... |
| Other[1] | 65,271 | 271 | .42 |
| Wage System | 43,731 | 1,283 | 2.93 |
| WG-1 through WG-3 | 22,627 | 966 | 4.27 |
| WG-4 through WG-6 | 5,690 | 82 | 1.44 |
| WG-7 through WG-9 | 3,625 | 58 | 1.60 |
| WG-10 through WG-12 | 4,202 | 39 | .93 |
| WG-13 through WG-15 | 3 | ..... | ..... |
| Other[2] | 7,584 | 138 | 1.82 |

[1] *Includes Title 38, executive pay, hospital administration residents, experts/consultants, and foreign nationals.*
[2] *Includes leaders and supervisory personnel as well as purchase and hires.*

## *Appropriations, Expenditures and Balances—Cash Basis*

| Account Categories | Appropriations | Expenditures: Fiscal Year 1985 | Expenditures: Cumulative through September 30, 1985 | Nonexpenditure Transfers | Restored (+) or Covered into (–) U.S. Treasury | Investments | Cash Balance |
|---|---|---|---|---|---|---|---|
| **General and Special Funds:** | | | | | | | |
| Compensation and pension | $231,629,841,000 | $14,217,481,197 | $230,480,222,560 | $(+)16,969 | ..... | ..... | $1,149,635,411 |
| Readjustment benefits | 68,315,730,904 | 1,173,666,871 | 68,029,125,522 | (–)219,957,000 | ..... | ..... | 66,648,383 |
| Veterans insurance and indemnities | 401,461,036 | 10,916,148 | 450,577,013 | (+)49,746,500 | ..... | ..... | 630,523 |
| Medical care, current year | 8,941,169,000 | 7,844,437,087 | 7,844,437,087 | ..... | $(–)5,244,845 | ..... | 1,091,487,069 |
| Medical care, 1954-84 | 85,909,303,226 | 877,253,083 | 84,927,194,565 | (–)16,898,000 | (–)837,005,375 | ..... | 128,205,286 |
| Medical and prosthetic research | 2,152,347,131 | 215,124,198 | 2,114,240,350 | ..... | (–)3,456,396 | ..... | 34,650,384 |
| Assistance for health manpower training institutions, 1973-85[1] | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Medical administration and miscellaneous operating expenses, current year | 296,693,000 | 2,170,520 | 294,676,413 | ..... | (–)336,519 | ..... | 1,680,067 |
| Medical administration and miscellaneous operating expenses, 1954-84 | 67,891,000 | 52,433,030 | 52,433,030 | ..... | (–)2,093,259 | ..... | 13,364,712 |
| General operating expenses, current year | 955,395,481 | 13,137,712 | 913,374,894 | ..... | (–)40,023,465 | ..... | 1,997,122 |
| General operating expenses, 1954-84 | 753,954,000 | 680,939,618 | 680,939,618 | ..... | (–)5,019,281 | ..... | 67,995,100 |
| Construction of hospital and domiciliary facilities | 10,311,251,650 | 43,108,134 | 10,138,753,806 | ..... | (–)161,479,853 | ..... | 11,017,991 |
| Construction, major projects | 1,042,596,863 | ..... | 1,032,915,863 | (–)9,681,000 | ..... | ..... | ..... |
| Construction, minor projects | 4,463,571,000 | 397,966,376 | 2,705,154,532 | (+)7,734,760 | ..... | ..... | 1,766,151,229 |
| Construction, minor projects (Corps of Engineers) | 1,355,298,000 | 123,512,397 | 982,443,447 | (+)2,019,442 | ..... | ..... | 374,873,996 |
| Grants for construction of state extended care facilities, 1966-87 | ..... | ..... | 2,126,796 | (+)2,126,796 | ..... | ..... | ..... |
| Grants to the Rep. of the Philippines, no year | 203,540,000 | 20,364,354 | 139,639,409 | ..... | (–)1,819,791 | ..... | 62,080,800 |
| Grants to the Republic of the Philippines, current year | 863,000 | (–)32,990 | 858,558 | ..... | ..... | ..... | 4,442 |
| Grants to the Republic of the Philippines, 1950-84[2] | 1,000,000 | 217,609 | 217,609 | ..... | (–)772 | ..... | 781,619 |
| Grants for the construction of state veterans cemeteries, 1980-86 | 52,970,537 | 154,036 | 39,517,692 | ..... | (–)13,336,101 | ..... | 116,744 |
| Loan guaranty revolving fund | 20,500,000 | 534,235 | 4,745,442 | ..... | (–)2,483,619 | ..... | 13,270,938 |
| Direct loan revolving fund | 439,020,742 | 278,462,160 | 2,188,377,397 | (+)1,994,052,470 | ..... | ..... | 244,695,814 |
| Canteen service revolving fund | 1,733,055,599 | (–)40,675,001 | (–)1,137,634,764 | (–)2,810,269,288 | ..... | ..... | 60,421,076 |
| Rental, maintenance and repair of quarters | 4,965,000 | (–)11,027,046 | (–)42,638,012 | ..... | (–)12,068,086 | ..... | 35,534,926 |
| Service-disabled veterans insurance fund | ..... | ..... | (–)97,127 | ..... | (–)97,127 | ..... | ..... |
| Soldiers' and sailors' civil relief | 4,500,000 | (–)3,167,974 | (–)5,076,031 | ..... | ..... | ..... | 9,576,033 |
| Veterans reopened insurance fund | 3,528,000 | ..... | 2,011,031 | (–) 16,969 | (–)1,500,000 | ..... | ..... |
| Special therapeutic and rehabilitation activities fund | ..... | 11,416,868 | (–)515,013,866 | ..... | ..... | $514,453,000 | 560,866 |
| Vocational rehabilitation revolving fund | ..... | (–)112,013 | (–)1,008,759 | ..... | ..... | ..... | 1,008,759 |
| Education loan fund | 3,447,000 | (–)40,558 | 467,757 | ..... | (–)1,600,000 | ..... | 1,379,243 |
| Servicemen's group life insurance fund | ..... | (–)6,325,500 | 40,787,833 | (+)40,957,000 | ..... | ..... | 169,168 |
| Supply fund | ..... | (–)19,750,451 | (–)126,536,652 | ..... | ..... | 120,496,999 | 6,039,652 |
| Reinstated entitlement program for survivors | 130,000,000 | (–)14,543,184 | (–)50,808,482 | (–)71,400 | (–)15,677,579 | ..... | 165,059,504 |
| Emergency veterans job training | 51,000,000 | (–)15,326,109 | 29,475,658 | ..... | (–)3,872,971 | ..... | 17,651,371 |
| Total: Appropriations and funds | 130,000,000 | 68,838,111 | 85,915,657 | (+)10,500,000 | ..... | ..... | 54,584,343 |
| Deduct proprietary receipts from the public | 419,374,893,169 | 25,921,132,918 | 411,301,815,846 | (–)949,739,720 | (–)1,107,115,039 | 634,949,999 | 5,381,272,571 |
| Total: Federal funds | ..... | 17,795,952 | ..... | ..... | ..... | ..... | ..... |
| | 419,374,893,169 | 25,903,336,966 | 411,301,815,846 | (–)949,739,720 | (–)1,107,115,039 | 634,949,999 | 5,381,272,571 |
| **Trust Funds:** | | | | | | | |
| Post Vietnam era veterans education | 1,249,177,210 | 182,458,008 | 695,653,807 | ..... | ..... | ..... | 553,523,404 |
| General post fund, national homes | 143,177,876 | 11,400,276 | 124,729,391 | ..... | (–)386 | 16,930,000 | 1,518,100 |
| National service life insurance fund | 37,903,749,512 | 955,965,369 | 28,456,504,035 | ..... | (–)89 | 9,431,024,000 | 16,221,388 |
| U.S. Government life insurance fund | 4,067,876,012 | 45,697,859 | 3,795,779,896 | ..... | (–)1,811,199 | 268,954,000 | 1,330,915 |
| Veterans special life insurance fund | 250,000 | (–)66,823,335 | (–)997,602,045 | (–)51,550,000 | (–)4,250,000 | 941,874,000 | 578,045 |
| Sub-Total: Trust funds | 43,364,230,610 | 1,128,698,177 | 32,075,065,084 | (–)51,150,000 | (–)6,061,674 | 10,658,782,000 | 573,171,852 |
| Deduct: Proprietary receipts from the public | ..... | 631,987,037 | ..... | ..... | ..... | ..... | ..... |
| Total: Trust funds | 43,364,230,610 | 496,711,140 | 32,075,065,084 | (–)51,150,000 | (–)6,061,674 | 10,658,782,000 | 573,171,852 |
| Deduct: Intragovernmental transactions | ..... | 2,815,311 | ..... | ..... | ..... | ..... | ..... |
| Total: Veterans Administration | 462,739,123,779 | 26,397,232,795 | 443,376,880,930 | (–)1,000,889,720 | (–)1,113,176,713 | 11,293,731,999 | 5,954,444,423 |
| **Appropriations and funds not included above:** | | | | | | | |
| Personal funds of patients | ..... | 1,520,034 | (–)53,219,983 | ..... | ..... | ..... | 53,219,983 |
| Funds due incompetent beneficiaries | ..... | 9,369 | (–)18,297 | ..... | ..... | ..... | 18,297 |
| 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 | 1,529,403 | 39,734,496,545 | ..... | (–)917,127,365 | ..... | 53,238,280 |

[1] *Assistance for Health Manpower Training Institutions expired with 1985.*
[2] *Grants to the Republic of the Philippines received no annual appropriation in FY 1984.*

*Note: Totals may not add due to rounding.*

## *Comparative Consolidated Balance Sheet*[1]

| Account Categories | September 30, 1985 | September 30, 1984 | Increase (Decrease) |
|---|---|---|---|
| **ASSETS** | | | |
| Current assets: | | | |
| Cash and disbursing authority[2] | $6,034,093,300.74 | $5,536,483,810.55 | ..... |
| Accounts receivable | 952,945,637.64 | 907,678,307.49 | ..... |
| Interest receivable | 323,977,156.22 | 302,864,310.28 | ..... |
| Advance for bidding at public sales | 2,363,022.26 | 1,109,092.84 | ..... |
| Inventories | 158,488,900.75 | 164,016,138.75 | ..... |
| Acquired security or collateral property | 772,164,775.11 | 886,968,356.49 | ..... |
| Accrued reimbursements due from insurance appropriations | ..... | 10,000.00 | ..... |
| Total current assets | 8,244,032,792.72 | 7,799,130,016.40 | $444,902,776.32 |
| Other assets: | | | |
| Loans receivable | 1,742,847,426.85 | 1,598,457,464.40 | ..... |
| Vendee accounts receivable | 1,136,838,339.50 | 1,159,895,815.35 | ..... |
| Investments | 11,276,801,999.30 | 10,904,393,999.30 | ..... |
| Policy liens | 17,952,992.00 | 981,261.07 | ..... |
| Deposits with trustee | 111,250,017.16 | 89,402,009.22 | ..... |
| Total other assets | 14,285,690,774.81 | 13,753,130,549.34 | 532,560,225.47 |
| Fixed assets: | | | |
| Land, buildings and plants | 4,925,324,063.97 | 4,393,996,769.13 | ..... |
| Construction and betterments in process | 1,547,464,381.19 | 1,501,563,530.92 | ..... |
| Leasehold improvements | 4,898,397.43 | 5,059,294.23 | ..... |
| Equipment | 2,252,814,416.40 | 2,011,020,084.47 | ..... |
| Total fixed assets | 8,730,501,258.99 | 7,911,639,678.75 | 818,861,580.24 |
| Deferred charges: | | | |
| Construction advance | 43,500,437.73 | 33,873,804.36 | ..... |
| Advance payments on undelivered supplies and services | 112,601,895.78 | 97,318,768.07 | ..... |
| Advance to employee for travel expenses | 4,562,052.31 | 4,535,608.93 | ..... |
| Value of ADP equipment purchases options | 877,297.07 | 1,157,217.13 | ..... |
| Advance for educational benefits | 5,686,186.80 | 6,432,882.43 | ..... |
| Total deferred charges | 167,227,869.69 | 143,318,280.92 | 23,909,588.77 |
| Total assets | 31,427,452,696.21 | 29,607,218,525.41 | 1,820,234,170.80 |
| **LIABILITIES AND CAPITAL** | | | |
| Current liabilities: | | | |
| Accounts payable | 1,768,197,631.39 | 1,595,250,425.25 | ..... |
| Accrued salaries and wages | 217,916,208.31 | 238,213,381.61 | ..... |
| Accrued services and benefits | 408,550,641.20 | 355,825,251.25 | ..... |
| Undelivered orders - personal funds of patients | 169,385.87 | 177,060.83 | ..... |
| Employees payroll allotments for U.S. Savings Bonds | 1,326,400.11 | 1,193,462.70 | ..... |
| Federal, state, city, territorial income, and FICA taxes withheld | 11,676,497.41 | 10,982,524.69 | ..... |
| Canteen Service unredeemed coupons | ..... | ..... | ..... |
| Other miscellaneous liabilities - Canteen Service | ..... | ..... | ..... |
| Accrued interest - U.S. Treasury | 618,412.91 | 618,412.91 | ..... |
| Accrued interest on policy liens due general fund | 24,162.96 | 24,480.30 | ..... |
| Accrued interest on dividend deposits | 24,046,904.47 | 20,509,830.62 | ..... |
| Premium paid in advance | 107,983,000.00 | 103,577,600.00 | ..... |
| Matured contracts payable | 49,647,288.34 | 42,583,208.82 | ..... |
| Undeposited general fund receipts | 404,393.72 | 1,480,710.01 | ..... |
| Accrued reimbursement due insurance fund | ..... | 10,000.00 | ..... |
| Total current liabilities | 2,590,560,926.69 | 2,370,446,348.99 | 220,114,577.70 |
| Other liabilities: | | | |
| Participation certificates outstanding, net | 148,162,882.72 | 173,076,184.76 | ..... |
| Insurance program operating reserves | 12,060,840,092.00 | 11,791,733,911.00 | ..... |
| Total other liabilities | 12,209,002,974.72 | 11,964,810,095.76 | 244,192,878.96 |
| Unfunded liabilities: | | | |
| Accrued annual leave | 478,469,977.46 | 796,516,239.26 | ..... |
| Unredeemed coupons | 267,476.41 | 267,476.41 | ..... |
| Total unfunded liabilities | 478,737,453.87 | 796,783,715.67 | (318,046,261.80) |
| Total liabilities | 15,278,301,355.28 | 15,132,040,160.42 | 146,261,194.86 |
| Accountabilities: | | | |
| Funds of patients and incompetent beneficiaries | 51,550,108.46 | 53,366,632.32 | ..... |
| Policyholders insurance dividend deposit | 541,541,541.45 | 488,441,857.89 | ..... |
| Borrowers deposits for taxes and insurance | 42,338,529.01 | 50,648,325.16 | ..... |
| Unapplied insurance collections | 3,040,024.56 | 2,205,762.45 | ..... |
| Bid deposits and other suspense items | 5,022,768.33 | 6,554,613.52 | ..... |
| Total accountabilities | 643,492,944.81 | 601,217,191.34 | 42,275,753.47 |
| Capital: Reserves: | | | |
| Insurance fund retained earnings (reserve for contingencies) | (–) 74,798,821.27 | 42,344,275.11 | ..... |
| Direct loan and loan guaranty programs - reserve for losses | 805,525,534.37 | 643,221,133.22 | ..... |
| Total reserves | 730,726,713.10 | 685,565,408.33 | 45,161,304.77 |
| Capital: Direct Loan Prog. - Loans from U.S. Treasury - Interest bearing | 1,730,077,996.00 | 1,730,077,996.00 | ..... |
| Capital: Residual | 13,044,853,687.02 | 11,458,317,769.32 | 1,586,535,917.70 |
| Total liabilities and capital | 31,427,452,696.21 | 29,607,218,525.41 | 1,820,234,170.80 |

[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.*

TABLE 79



## *Supply Fund Comparative Balance Sheet*

| Amount Categories | September 30, 1985 | September 30, 1984 | Increase (Decrease) |
|---|---|---|---|
| **ASSETS** | | | |
| Cash | $165,059,504 | $150,516,320 | ..... |
| Advance payments on undelivered orders | 1,305,652 | 547,469 | ..... |
| Advances to employees | 15,565 | 15,981 | ..... |
| Accounts receivable | 23,535,833 | 26,643,789 | ..... |
| Inventories | 112,400,114 | 106,370,408 | ..... |
| Work in process — service & reclamation division | 65,599 | 118,143 | ..... |
| Work in process — printing & reproduction | 26,845 | 35,890 | ..... |
| Supply depot operating equipment, less reserve for depreciation | 1,323,684 | 1,314,641 | ..... |
| Printing & reproduction equipment, less reserve for depreciation | 572,261 | 897,269 | ..... |
| Marketing center equipment, less reserve for depreciation | 97,444 | 69,250 | ..... |
| Total assets | $304,402,501 | $286,529,160 | $17,873,341 |
| **LIABILITIES AND CAPITAL** | | | |
| Accrued salaries and wages | 1,024,523 | 815,781 | ..... |
| Accrued transportation and service costs | 424,473 | 404,529 | ..... |
| Accounts payable | 84,165,853 | 67,132,884 | ..... |
| Advances from other government agencies | 23,927 | 65,950 | ..... |
| Advance from VA appropriations | 28,760 | 28,760 | ..... |
| Total liabilities | $85,667,536 | $68,447,904 | $17,219,632 |
| Capital at beginning of period | 172,998,878 | 172,998,878 | ..... |
| Transfer of inventories from GSA | ..... | ..... | ..... |
| Appropriations realized | ..... | ..... | ..... |
| Adjusted capital | $172,998,878 | $172,998,878 | ..... |
| Operating profit (or loss) — current fiscal year | 653,709 | 2,369,496 | ..... |
| Operating profit (or loss) — cumulative prior fiscal years | 45,082,378 | 42,712,882 | ..... |
| Capital at end of period | 218,734,965 | 218,081,256 | 653,709 |
| Total liabilities and capital | $304,402,501 | $286,529,160 | $17,873,341 |

TABLE 80



## *VA Supply Fund—Statement of Income and Expense—Fiscal Year 1985*

| Account Categories | FY 1985 | FY 1984 |
|---|---|---|
| **INCOME** | | |
| Sales of supplies and equipment | $641,538,793 | $600,843,231 |
| Less: Cost of goods sold | 627,855,687 | 588,002,522 |
| Income on sales | 13,683,106 | 12,840,709 |
| Other income: | | |
| Income-station transfers | $8,636,537 | 5,490,457 |
| Discounts on purchases | 5,212,538 | 4,387,488 |
| Reimbursable earnings | 4,365,068 | 4,096,216 |
| Donated income | 1,497,737 | 2,953,292 |
| Credit allowances | 431,640 | 1,576,434 |
| Variances and adjustments | (203,868) | 110,448 |
| Increased valuation | 41,921 | 92,776 |
| Miscellaneous income | 7,313 | 8,063 |
| Total other income | $19,988,887 | $18,715,174 |
| Total income | $33,671,993 | $31,555,883 |
| **EXPENSES** | | |
| Maintenance and operation of supply depots | 11,953,674 | 10,706,133 |
| Other operating expenses | 14,199,114 | 12,633,968 |
| Net transportation costs | 3,371,893 | 3,188,982 |
| Completed service and reclamation projects | 1,865,745 | 1,985,126 |
| Depot storage, handling, etc. | 85,924 | 44,546 |
| Donations, reappraisals and write-offs | 1,468,376 | 569,917 |
| Disposal of operating equipment | 73,557 | 57,715 |
| Total expense | $33,018,284 | $29,186,387 |
| Operating profit | $653,709 | $2,369,496 |

## *Gross Expenditures[1]—Fiscal Years 1976—1985*

| 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] | | | |
| 1985 | $30,118,545,912 | $9,992,001,462 | $8,936,261,304 | $765,035,927 | $224,906,490 | $65,797,741 | $517,343,699 | $39,339,662 | $1,024,504 |
| 1984 | 28,854,488,243 | 9,123,370,924 | 8,171,038,633 | 696,456,828 | 190,299,561 | 65,575,902 | 469,752,983 | 13,146,023 | 3,177,020 |
| 1983 | 28,196,071,610 | 8,722,448,665 | 7,813,302,362 | 691,689,597 | 161,150,989 | 56,305,717 | 432,233,075 | 9,546,723 | 16,605,976 |
| 1982 | 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 |

| Fiscal Year | Compensation and Pension | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Compensation and Pension | Burial Allowance and Transportation[2] | Clothing Allowances | Mortgage and Group Insurance | Plot/Interment Allowance[2 3] | Invalid Lifts, Devices, and Rehab. Equip. Rentals[2 4] | Headstones, Markers and Burial Flags | Other[5] |
| 1985 | $14,234,314,438 | $14,038,940,688 | $53,240,224 | $22,628,328 | $4,700,000 | $45,200,562 | ..... | $27,594,838 | $42,009,798 |
| 1984 | 13,941,571,303 | 13,749,617,380 | 53,272,562 | 23,088,021 | 3,794,903 | 45,673,319 | ..... | 20,555,483 | 45,569,635 |
| 1983 | 13,880,930,660 | 13,699,776,833 | 49,787,642 | 21,719,734 | 4,000,000 | 41,249,946 | 1,063,866 | 24,299,190 | 39,003,449 |
| 1982 | 13,361,476,987 | 13,134,688,679 | 62,224,473 | 20,292,102 | 3,229,980 | 42,111,664 | 10,115,996 | 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 | 8,241,267,119 | 8,074,488,426 | 130,505,883 | 9,802,119 | 3,740,397 | ..... | 6,361,164 | 13,079,492 | 3,289,638 |

| 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 |
| 1985 | $1,168,718,363 | $912,072,562 | $144,737,986 | $33,757,789 | $73,722,199 | $14,894,688 | $15,814,205 | (–)$26,281,066 |
| 1984 | 1,042,812,468 | 1,147,836,205 | 153,643,109 | 42,955,860 | 67,231,145 | 12,519,339 | 13,278,271 | (–) 34,651,461 |
| 1983 | 1,677,708,778 | 1,394,066,592 | 171,574,141 | 43,367,514 | 74,230,705 | 12,871,828 | 14,181,652 | (–) 32,583,654 |
| 1982 | 2,001,298,853 | 1,474,285,394 | 196,625,805 | 41,590,584 | 74,693,870 | 12,465,088 | 17,459,086 | 180,491,709 |
| 1981 | 2,332,820,985 | 1,968,295,623 | 204,779,070 | 37,213,213 | 76,662,855 | 11,909,278 | 15,849,848 | 13,960,530 |
| 1980 | 2,383,912,487 | 2,066,583,779 | 194,146,792 | 31,924,840 | 56,055,388 | 12,470,395 | 19,467,885 | 2,341,866 |
| 1979 | 2,800,897,985 | 2,449,924,173 | 204,061,042 | 32,333,777 | 64,071,095 | 12,457,080 | 22,607,775 | 15,212,423 |
| 1978 | 3,336,611,015 | 3,026,928,408 | 216,981,694 | 32,767,736 | 67,285,440 | 13,757,956 | 14,299,168 | (–) 35,409,387 |
| 1977 | 3,891,448,932 | 3,567,244,475 | 202,161,088 | 32,679,339 | 68,016,591 | 13,306,986 | 14,254,830 | (–) 6,214,377 |
| T.Q. 9-30-76 | 738,178,540 | 667,905,838 | 28,229,888 | 6,800,966 | 13,454,828 | 3,446,095 | 3,351,014 | 14,989,911 |
| 1976 | 5,543,354,200 | 5,028,843,708 | 185,582,673 | 27,502,222 | 58,077,759 | 19,073,015 | 14,553,425 | 209,721,398 |

## *Gross Expenditures[1]—Fiscal Years 1976—1985*

| 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 |
| 1985 | $54,139,775 | $1,444,789,759 | $114,287,801 | $35,362,297 | $102,580,127 | $101,692,688 | ..... | $155,000 | ..... |
| 1984 | 58,369,297 | 1,354,666,687 | 103,357,312 | 33,139,651 | 70,767,892 | 129,953,777 | ..... | 188,000 | $861 |
| 1983 | 65,151,766 | 1,326,803,316 | 89,819,329 | 32,571,987 | 56,115,898 | 123,769,967 | ..... | 227,000 | ..... |
| 1982 | 73,156,297 | 1,327,449,895 | 86,142,623 | 31,293,597 | 55,558,355 | 127,622,434 | ..... | 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 |

| 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 |
| 1985 | $1,022,794 | $505,205 | ..... | | $10,604,101 | ..... | $8,065,694 | $1,625,819,704 |
| 1984 | 1,215,436 | 584,705 | ..... | 618,361,987 | 10,589,648 | ..... | 8,230,342 | 1,511,231,927 |
| 1983 | 1,173,484 | 456,895 | ..... | 555,919,460 | 9,521,811 | ..... | 8,381,764 | 1,186,685,056 |
| 1982 | 1,058,992 | 24,685 | ..... | 553,327,788 | 7,646,874 | ..... | 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 |

[1] *Data are on an accrued expenditures basis.*
[2] *Headings of these columns were changed in 1983 to reflect correct titles for each program.*
[3] *Reported separately for the first time Transition Quarter ending 9/30/76.*
[4] *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.*
[5] *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 1985*

| State | Total | Readjustment Benefits | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Total | | Educational Assistance | | | | |
| | | | | Post-Korean Conflict Veterans (Title 38, U.S.C., Ch. 34) | | Dependents Educational Assistance (Title 38, U.S.C., Ch. 35) | | |
| | | | | | | Number Trained During Year | | |
| | | Total Number Who Trained During Year[2] | Amount | Total Number Who Trained During Year | Amount | Sons and Daughters of Deceased and/or Totally Disabled Service-connected Veterans | Widows/Widowers and Spouses of Totally Disabled Service-connected Veterans | Expenditures |
| World Totals | [1]$27,366,106,573 | [5]491,140 | $1,192,787,392 | 402,281 | $914,256,796 | 55,328 | 6,630 | $145,236,518 |
| Philippines | 120,860,962 | 2,626 | 7,176,020 | 1,196 | 5,068,377 | 1,387 | 43 | 2,057,122 |
| Other foreign areas | 80,304,262 | 492 | 6,711,990 | 348 | 6,221,752 | 136 | 8 | 490,237 |
| Puerto Rico | 348,843,504 | 3,921 | 12,251,385 | 1,621 | 5,132,461 | 1,668 | 205 | 4,757,771 |
| Other U.S. areas | 5,764,190 | 426 | 799,922 | 394 | 700,912 | 24 | 8 | 55,673 |
| Total U.S. | 26,810,333,654 | 480,670 | 1,165,848,075 | 398,722 | 897,133,294 | 52,113 | 6,366 | 137,875,714 |
| Alabama | 558,472,534 | 13,995 | 38,089,076 | 11,273 | 28,664,286 | 1,695 | 208 | 4,594,083 |
| Alaska | 65,936,276 | 1,592 | 2,151,318 | 1,467 | 1,881,613 | 60 | 9 | 102,432 |
| Arizona | 351,588,253 | 11,308 | 17,266,805 | 9,201 | 13,164,953 | 1,269 | 223 | 2,315,902 |
| Arkansas | 437,414,535 | 5,746 | 17,179,340 | 4,414 | 12,537,962 | 956 | 128 | 2,755,435 |
| California | 2,403,915,307 | 60,698 | 129,137,890 | 53,350 | 108,381,498 | 5,066 | 754 | 12,705,526 |
| Colorado | 350,132,731 | 11,275 | 26,289,792 | 9,526 | 20,876,891 | 965 | 164 | 2,346,243 |
| Connecticut | 256,182,200 | 3,677 | 7,809,912 | 3,113 | 5,944,015 | 313 | 31 | 953,686 |
| Delaware | 72,042,527 | 1,312 | 2,934,917 | 1,018 | 2,015,946 | 139 | 18 | 293,155 |
| District of Columbia | 813,086,948 | 2,692 | 1,691,271 | 2,340 | 1,051,860 | 212 | 17 | 291,551 |
| Florida | 1,533,027,612 | 26,460 | 55,601,788 | 21,745 | 41,526,864 | 3,619 | 594 | 8,538,354 |
| Georgia | 702,871,699 | 13,529 | 38,770,025 | 11,037 | 28,618,088 | 1,868 | 230 | 5,943,888 |
| Hawaii | 80,959,432 | 4,440 | 8,790,061 | 3,975 | 7,159,116 | 271 | 39 | 808,328 |
| Idaho | 96,457,862 | 2,403 | 6,947,767 | 2,024 | 5,375,470 | 217 | 24 | 565,354 |
| Illinois | 1,012,724,049 | 14,079 | 33,151,703 | 12,551 | 27,652,249 | 936 | 83 | 2,575,389 |
| Indiana | 430,379,643 | 9,301 | 26,253,178 | 7,682 | 20,438,430 | 839 | 58 | 2,201,597 |
| Iowa | 285,182,026 | 3,880 | 10,586,185 | 3,181 | 8,080,025 | 348 | 21 | 1,056,149 |
| Kansas | 273,173,988 | 5,388 | 13,931,049 | 4,525 | 11,147,187 | 564 | 50 | 1,575,614 |
| Kentucky | 438,163,419 | 7,277 | 21,388,582 | 5,730 | 16,172,363 | 1,022 | 90 | 2,968,245 |
| Louisiana | 481,124,423 | 7,759 | 18,293,072 | 6,463 | 14,534,645 | 934 | 81 | 2,180,401 |
| Maine | 164,930,739 | 2,693 | 7,655,263 | 2,074 | 5,041,221 | 305 | 33 | 982,115 |
| Maryland | 396,577,472 | 10,922 | 18,516,618 | 9,449 | 13,532,378 | 822 | 91 | 2,111,483 |
| Massachusetts | 815,895,495 | 8,297 | 18,852,035 | 6,380 | 12,553,612 | 1,453 | 85 | 3,849,101 |
| Michigan | 745,406,795 | 12,409 | 32,391,102 | 10,223 | 25,111,662 | 1,300 | 97 | 3,387,275 |
| Minnesota | 506,511,615 | 7,599 | 22,366,879 | 6,682 | 18,817,098 | 616 | 38 | 1,783,144 |
| Mississippi | 413,631,216 | 4,150 | 13,485,293 | 3,068 | 9,335,372 | 728 | 72 | 2,311,038 |
| Missouri | 608,634,384 | 10,055 | 26,599,248 | 8,824 | 22,274,873 | 852 | 104 | 2,559,240 |
| Montana | 93,187,264 | 1,991 | 5,689,831 | 1,669 | 4,305,076 | 177 | 19 | 602,998 |
| Nebraska | 186,115,695 | 4,199 | 9,357,850 | 3,609 | 7,548,658 | 394 | 61 | 986,645 |
| Nevada | 103,260,513 | 2,911 | 4,941,979 | 2,464 | 3,664,986 | 179 | 38 | 337,965 |
| New Hampshire | 115,194,778 | 2,491 | 5,998,673 | 2,027 | 4,201,801 | 231 | 21 | 667,671 |
| New Jersey | 614,683,744 | 6,055 | 15,819,111 | 4,540 | 10,088,616 | 737 | 89 | 2,420,867 |
| New Mexico | 212,268,064 | 4,935 | 11,652,846 | 3,940 | 8,747,440 | 573 | 82 | 1,431,160 |
| New York | 1,905,834,185 | 16,139 | 37,704,418 | 12,597 | 26,178,636 | 2,342 | 237 | 6,157,010 |
| North Carolina | 727,020,976 | 14,837 | 47,565,408 | 11,743 | 36,770,864 | 2,140 | 306 | 6,748,309 |
| North Dakota | 75,960,839 | 1,678 | 4,279,659 | 1,464 | 3,482,966 | 130 | 6 | 341,709 |
| Ohio | 1,019,510,336 | 15,456 | 40,013,903 | 13,058 | 30,662,011 | 1,393 | 128 | 3,964,993 |
| Oklahoma | 462,522,316 | 10,054 | 22,237,193 | 7,891 | 16,261,293 | 1,377 | 182 | 3,267,834 |
| Oregon | 385,147,063 | 6,762 | 22,582,803 | 5,564 | 16,886,100 | 501 | 69 | 1,445,496 |
| Pennsylvania | 1,282,741,982 | 15,524 | 36,527,040 | 12,814 | 26,747,232 | 1,618 | 119 | 4,484,289 |
| Rhode Island | 136,276,504 | 2,096 | 4,766,546 | 1,548 | 2,981,416 | 331 | 28 | 869,935 |
| South Carolina | 349,014,543 | 9,662 | 27,095,264 | 8,228 | 22,098,239 | 1,019 | 144 | 2,920,495 |
| South Dakota | 137,941,772 | 1,929 | 5,104,917 | 1,520 | 3,463,028 | 171 | 18 | 529,162 |
| Tennessee | 681,807,278 | 10,262 | 30,535,495 | 8,304 | 23,638,082 | 1,197 | 137 | 3,448,892 |
| Texas | 1,712,903,571 | 42,218 | 86,774,020 | 34,474 | 66,312,240 | 5,021 | 744 | 11,149,891 |
| Utah | 145,029,152 | 3,600 | 10,378,351 | 2,826 | 7,847,086 | 444 | 38 | 1,055,815 |
| Vermont | 78,736,644 | 644 | 2,075,940 | 427 | 1,004,541 | 109 | 6 | 312,153 |
| Virginia | 711,382,876 | 17,238 | 41,619,587 | 14,240 | 31,866,768 | 1,973 | 257 | 5,633,430 |
| Washington | 509,258,792 | 15,413 | 43,633,470 | 13,185 | 36,009,401 | 1,370 | 195 | 3,780,649 |
| West Virginia | 306,449,949 | 3,159 | 10,150,097 | 2,392 | 7,296,094 | 461 | 34 | 1,342,824 |
| Wisconsin | 496,931,001 | 7,234 | 20,059,058 | 5,791 | 14,682,115 | 742 | 51 | 1,982,115 |
| Wyoming | 66,730,637 | 1,247 | 3,154,447 | 1,092 | 2,498,928 | 114 | 15 | 238,679 |

[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 1985*

| 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[2] | Amount | | | | | | |
| World Totals | [5] 26,901 | $107,529,145 | $14,893,783 | $10,871,150 | $90,950 | $1,561,423,255 | $556,683,361 | $9,992,001,480 |
| Philippines | ..... | 50,521 | ..... | ..... | ..... | 1,307,173 | ..... | $3,202,141 |
| Other foreign areas | ..... | ..... | ..... | ..... | ..... | 3,662,455 | ..... | ..... |
| Puerto Rico | 427 | 2,258,763 | 73,532 | 28,858 | ..... | 2,335,750 | 762,962 | 109,949,915 |
| Other U.S. areas | ..... | 43,337 | ..... | ..... | ..... | 318,218 | ..... | ..... |
| Total U.S. | 23,469 | 105,176,524 | 14,820,251 | 10,842,292 | 90,950 | 1,553,799,659 | 555,920,399 | 9,878,849,424 |
| Alabama | 819 | 4,508,722 | 207,755 | 114,230 | ..... | 20,134,136 | 20,523,074 | 178,136,175 |
| Alaska | 56 | 167,095 | 178 | ..... | ..... | 884,112 | 2,550 | 47,836,738 |
| Arizona | 615 | 1,396,627 | 290,746 | 98,577 | ..... | 24,823,503 | 3,272,280 | 145,301.221 |
| Arkansas | 248 | 1,400,095 | 242,873 | 242,975 | ..... | 14,015,273 | 2,752,228 | 152,998,723 |
| California | 1,528 | 5,756,195 | 1,164,376 | 1,130,295 | ..... | 176,063,552 | 32,162,513 | 959,820,861 |
| Colorado | 620 | 2,762,553 | 29,955 | 274,150 | ..... | 23,895,885 | 11,822,889 | 128,835,657 |
| Connecticut | 220 | 743,083 | 169,128 | ..... | ..... | 23,227,751 | 1,683,425 | 100,814,062 |
| Delaware | 137 | 600,224 | 25,592 | ..... | ..... | 5,192,798 | 286,128 | 33,811,798 |
| District of Columbia | 123 | 331,010 | 16,850 | ..... | ..... | 3,828,562 | 41,619,510 | 728,356,254 |
| Florida | 502 | 2,424,485 | 1,234,441 | 1,877,644 | ..... | 120,591,351 | 22,600,214 | 425,816,708 |
| Georgia | 394 | 3,274,070 | 384,409 | 549,570 | ..... | 39,402,806 | 4,691,500 | 197,433,431 |
| Hawaii | 155 | 751,648 | 35,469 | 35,500 | ..... | 7,257,798 | 28,496 | 21,479,596 |
| Idaho | 138 | 918,174 | 50,269 | 38,500 | ..... | 4,662,953 | 2,393,400 | 28,216,741 |
| Illinois | 509 | 2,316,872 | 328,193 | 279,000 | ..... | 73,252,331 | 37,838,238 | 477,969,765 |
| Indiana | 722 | 3,084,650 | 386,501 | 142,000 | ..... | 24,727,168 | 1,996,559 | 137,692,138 |
| Iowa | 330 | 1,320,143 | 120,008 | 9,860 | 35,500 | 10,971,379 | 3,675,409 | 126,238,030 |
| Kansas | 249 | 1,066,910 | 141,338 | ..... | ..... | 12,532,948 | 5,979,586 | 120,161,931 |
| Kentucky | 435 | 1,886,600 | 281,576 | 79,798 | ..... | 18,650,257 | 3,034,387 | 131,237,346 |
| Louisiana | 281, | 1,303,995 | 176,531 | 97,500 | ..... | 20,475,972 | 15,015,173 | 164,503,442 |
| Maine | 281 | 1,391,882 | 175,045 | 65,000 | ..... | 8,643,788 | 1,587,702 | 46,711,091 |
| Maryland | 560 | 2,321,716 | 361,541 | 189,500 | ..... | 29,610,760 | 1,559,078 | 115,639,027 |
| Massachusetts | 379 | 1,809,717 | 337,105 | 302,500 | ..... | 45,142,541 | 6,138,133 | 292,574,731 |
| Michigan | 789 | 3,201,692 | 394,999 | 295,474 | ..... | 49,322,263 | 14,904,832 | 235,238 936 |
| Minnesota | 263 | 1,413,005 | 274,852 | 78,780 | ..... | 31,048,025 | 54,953,864 | 176,719,569 |
| Mississippi | 282 | 1,567,251 | 159,132 | 112,500 | ..... | 15,398,155 | 26,658,967 | 119,899,494 |
| Missouri | 275 | 1,228,445 | 294,190 | 242,500 | ..... | 25,977,976 | 7,991,960 | 239,961,919 |
| Montana | 126 | 485,450 | 293,307 | 3,000 | ..... | 9,147,219 | 51,049 | 28,251,951 |
| Nebraska | 135 | 774,741 | 47,806 | ..... | ..... | 8,763,430 | 6,050,436 | 80,029,201 |
| Nevada | 230 | 819,742 | 83,786 | 35,500 | ..... | 8,356,335 | 780,285 | 41,983,377 |
| New Hampshire | 212 | 1,040,214 | 56,487 | 32,500 | ..... | 6,836,718 | 151,194 | 29,239,227 |
| New Jersey | 689 | 2,923,945 | 382,683 | 3,000 | ..... | 63,880,771 | 19,434,372 | 163,140,478 |
| New Mexico | 340 | 1,280,579 | 119,667 | 74,000 | ..... | 9,863,520 | 24,909,470 | 69,292,138 |
| New York | 963 | 4,358,004 | 821,268 | 189,500 | ..... | 128,402,896 | 23,196,750 | 773,811,997 |
| North Carolina | 648 | 3,204,642 | 414,161 | 427,432 | ..... | 29,669,804 | 5,894,132 | 195,889,918 |
| North Dakota | 78 | 416,652 | 38,332 | ..... | ..... | 3,931,113 | 4,404,375 | 31,636,044 |
| Ohio | 877 | 3,691,962 | 1,018,495 | 676,442 | ..... | 67,382,076 | 10,958,667 | 342,455,137 |
| Oklahoma | 604 | 2,243,566 | 250,364 | 214,136 | 22,450 | 21,307,255 | 5,286,431 | 110,213,002 |
| Oregon | 628, | 3,495,222 | 185,791 | 570,194 | ..... | 13,608,177 | 33,148,504 | 144,238,036 |
| Pennsylvania | 973 | 4,695,019 | 568,000 | 32,500 | ..... | 95,415,135 | 19,607,877 | 438,419,598 |
| Rhode Island | 189 | 800,523 | 73,172 | 41,500 | ..... | 6,619,187 | 1,880,700 | 46,114,207 |
| South Carolina | 271 | 1,424,357 | 357,098 | 295,075 | ..... | 15,712,022 | 983,564 | 101,389,637 |
| South Dakota | 220 | 1,043,915 | 65,812 | 3,000 | ..... | 4,434,544 | 4,005,130 | 74,961,176 |
| Tennessee | 624 | 2,742,383 | 664,638 | 41,500 | ..... | 25,853,673 | 21,183,416 | 256,579,140 |
| Texas | 1,979 | 7,637,878 | 812,008 | 862,003 | 33,000 | 85,790,900 | 23,201,829 | 582,690,595 |
| Utah | 292 | 1,401,716 | 41,234 | 32,500 | ..... | 6,210,537 | 1,660,994 | 68,042,698 |
| Vermont | 102 | 681,365 | 42,381 | 35,500 | ..... | 4,580,601 | 431,970 | 31,847,486 |
| Virginia | 768 | 3,363,240 | 525,818 | 230,331 | ..... | 33,684,823 | 7,418,597 | 219,932,166 |
| Washington | 663 | 3,121,194 | 287,400 | 434,826 | ..... | 33,139,439 | 6,622,348 | 165,449,358 |
| West Virginia | 272 | 1,297,666 | 178,013 | 35,500 | ..... | 10,439,846 | 4,359,718 | 118,230,287 |
| Wisconsin | 650 | 2,939,063 | 207,265 | 248,500 | ..... | 30,002,318 | 3,903,928 | 194,355,348 |
| Wyoming | 26 | 346,627 | 2,213 | 68,000 | ..... | 1,033,277 | 1,222,568 | 37,251,838 |

[2] *Estimated. Not available for Philippines, other foreign areas, and other U.S. areas.*
[5] *Includes 3,005 not identified by location.*
[3] *Previously titled homes for paraplegics.*
[4] *Includes $39,339,662 in grants for construction of state extended care facilities.*

TABLE 82

## *Estimated Selected Expenditures by State—Fiscal Year 1985*

| State | Compensation and Pension | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | All Periods of Service | | | | | | | |
| | Living and Deceased Veterans | | | | | | Living Veterans | |
| | Total | | Service-Connected | | Nonservice-Connected | | Total | |
| | Number | Amount | Number | Amount | Number | Amount | Number | Amount |
| World Totals | 4,005,440 | $14,063,120,135 | 2,575,889 | $10,223,056,920 | 1,429,551 | $3,789,143,744 | 2,930,668 | 10,736,122,979 |
| Philippines | 31,554 | 109,175,628 | 23,670 | 75,323,148 | 7,884 | 33,852,480 | 12,153 | 40,860,252 |
| Other foreign areas | 18,523 | 69,929,818 | 8,893 | 45,212,340 | 9,630 | 24,717,478 | 7,559 | 31,263,405 |
| Puerto Rico | 46,745 | 223,543,492 | 21,884 | 139,183,372 | 24,901 | 84,360,120 | 34,597 | 188,585,877 |
| Other U.S. areas | 2,703 | 4,646,050 | 2,402 | 3,606,291 | 301 | 1,039,759 | 2,211 | 3,158,506 |
| Total U.S. | 3,905,915 | 13,655,825,147 | 2,519,080 | 9,959,731,769 | 1,386,835 | 3,696,093,378 | 2,874,148 | 10,472,254,939 |
| Alabama | 87,164 | 301,590,073 | 48,595 | 193,752,949 | 38,569 | 107,837,124 | 58,708 | 213,554,128 |
| Alaska | 5,286 | 15,061,558 | 4,759 | 13,565,695 | 527 | 1,495,863 | 4,786 | 13,069,698 |
| Arizona | 57,209 | 160,924,444 | 43,228 | 132,688,095 | 13,981 | 28,236,349 | 45,601 | 128,120,118 |
| Arkansas | 60,554 | 250,468,971 | 31,575 | 168,158,274 | 28,979 | 82,310,697 | 42,174 | 194,764,184 |
| California | 334,529 | 1,106,730,491 | 235,822 | 881,399,497 | 98,707 | 225,330,994 | 252,983 | 819,932,918 |
| Colorado | 48,046 | 159,288,508 | 37,292 | 130,920,189 | 10,754 | 28,368,319 | 37,599 | 122,150,975 |
| Connecticut | 41,224 | 122,647,050 | 30,665 | 101,077,519 | 10,559 | 21,569,531 | 32,440 | 98,513,928 |
| Delaware | 9,613 | 29,816,886 | 6,531 | 22,628,733 | 3,082 | 7,188,153 | 7,127 | 22,570,472 |
| District of Columbia | 12,848 | 37,591,351 | 7,971 | 26,381,097 | 4,877 | 11,210,254 | 9,226 | 26,924,149 |
| Florida | 242,477 | 908,417,551 | 175,052 | 738,900,627 | 67,425 | 169,516,924 | 188,344 | 713,980,474 |
| Georgia | 111,506 | 422,573,937 | 67,542 | 302,661,387 | 43,964 | 119,912,550 | 77,997 | 310,280,815 |
| Hawaii | 11,977 | 43,403,481 | 10,014 | 38,018,341 | 1,963 | 5,385,140 | 9,753 | 33,656,794 |
| Idaho | 14,903 | 54,237,001 | 10,328 | 42,243,263 | 4,575 | 11,993,738 | 11,620 | 43,473,073 |
| Illinois | 125,375 | 390,512,012 | 72,834 | 247,361,278 | 52,541 | 143,150,734 | 89,041 | 296,216,229 |
| Indiana | 72,691 | 239,710,600 | 44,061 | 166,579,350 | 28,630 | 73,131,250 | 51,832 | 183,997,595 |
| Iowa | 39,326 | 133,675,523 | 23,467 | 88,909,421 | 15,859 | 44,766,102 | 28,032 | 102,708,593 |
| Kansas | 36,261 | 120,568,474 | 23,131 | 85,514,503 | 13,130 | 35,053,971 | 26,120 | 90,084,059 |
| Kentucky | 73,880 | 263,852,847 | 39,005 | 166,859,166 | 34,875 | 96,993,681 | 51,084 | 200,463,574 |
| Louisiana | 76,932 | 262,836,764 | 38,877 | 152,059,781 | 38,055 | 110,776,983 | 50,558 | 183,491,646 |
| Maine | 26,127 | 100,332,895 | 15,821 | 72,880,475 | 10,306 | 27,452,420 | 19,201 | 80,033,356 |
| Maryland | 65,032 | 231,251,989 | 44,336 | 175,358,779 | 20,696 | 55,893,210 | 47,756 | 169,543,158 |
| Massachusetts | 127,788 | 453,188,055 | 95,304 | 366,854,194 | 32,484 | 86,333,861 | 100,829 | 367,162,507 |
| Michigan | 123,882 | 413,549,662 | 82,831 | 310,799,188 | 41,051 | 102,750,474 | 92,534 | 332,926,532 |
| Minnesota | 64,484 | 221,423,278 | 42,131 | 150,785,609 | 22,353 | 70,637,669 | 48,474 | 171,092,635 |
| Mississippi | 59,815 | 238,189,307 | 28,280 | 141,666,057 | 31,535 | 96,523,250 | 40,037 | 174,880,720 |
| Missouri | 85,243 | 308,103,281 | 47,641 | 199,381,201 | 37,602 | 108,722,080 | 59,214 | 229,522,721 |
| Montana | 14,031 | 50,047,214 | 9,523 | 37,579,058 | 4,508 | 12,468,156 | 11,108 | 41,302,761 |
| Nebraska | 23,346 | 81,914,778 | 14,910 | 56,710,790 | 8,436 | 25,203,988 | 17,272 | 63,198,901 |
| Nevada | 16,626 | 47,198,537 | 12,608 | 37,572,411 | 4,018 | 9,626,126 | 13,724 | 37,968,199 |
| New Hampshire | 19,201 | 72,968,966 | 14,100 | 59,393,470 | 5,101 | 13,575,496 | 15,299 | 60,258,712 |
| New Jersey | 111,468 | 352,409,012 | 80,373 | 288,252,850 | 31,095 | 64,156,162 | 85,689 | 282,417,261 |
| New Mexico | 29,833 | 96,550,090 | 20,591 | 73,416,929 | 9,242 | 23,133,161 | 23,149 | 77,939,341 |
| New York | 272,269 | 942,718,124 | 177,229 | 678,467,689 | 95,040 | 264,250,435 | 205,094 | 748,665,056 |
| North Carolina | 117,831 | 448,001,714 | 65,636 | 305,127,132 | 52,195 | 142,874,582 | 80,441 | 329,189,064 |
| North Dakota | 9,043 | 31,709,648 | 5,910 | 21,504,787 | 3,133 | 10,204,861 | 7,031 | 25,674,939 |
| Ohio | 167,772 | 558,700,553 | 107,676 | 399,263,767 | 60,096 | 159,436,786 | 124,424 | 439,416,511 |
| Oklahoma | 73,818 | 303,455,985 | 44,777 | 205,584,057 | 29,041 | 97,871,928 | 54,065 | 237,712,225 |
| Oregon | 46,376 | 171,569,543 | 29,528 | 124,201,675 | 16,848 | 47,367,868 | 35,597 | 137,316,280 |
| Pennsylvania | 206,380 | 692,772,332 | 130,476 | 507,572,360 | 75,904 | 185,199,972 | 148,499 | 537,023,952 |
| Rhode Island | 20,713 | 76,895,864 | 14,573 | 61,657,297 | 6,140 | 15,238,567 | 15,739 | 61,264,670 |
| South Carolina | 60,134 | 203,834,056 | 32,440 | 133,028,634 | 27,694 | 70,805,422 | 39,210 | 137,416,699 |
| South Dakota | 12,951 | 49,436,005 | 7,166 | 30,133,848 | 5,785 | 19,302,157 | 9,511 | 38,835,571 |
| Tennessee | 93,423 | 347,655,554 | 47,354 | 214,269,985 | 46,069 | 133,385,569 | 63,036 | 254,118,547 |
| Texas | 273,171 | 934,413,227 | 181,469 | 709,253,971 | 91,702 | 225,159,256 | 199,561 | 706,493,900 |
| Utah | 16,621 | 58,736,572 | 12,560 | 46,896,376 | 4,061 | 11,840,196 | 13,079 | 46,718,166 |
| Vermont | 9,080 | 39,800,647 | 5,756 | 30,899,099 | 3,324 | 8,901,548 | 6,750 | 32,364,211 |
| Virginia | 104,695 | 408,727,703 | 69,234 | 315,136,994 | 35,461 | 93,590,709 | 75,766 | 300,781,789 |
| Washington | 75,000 | 260,414,177 | 56,275 | 208,722,391 | 18,725 | 51,691,786 | 59,010 | 203,327,353 |
| West Virginia | 42,469 | 163,270,001 | 22,709 | 103,056,507 | 19,760 | 60,213,494 | 30,003 | 127,425,248 |
| Wisconsin | 69,066 | 248,610,349 | 44,470 | 175,978,508 | 24,596 | 72,631,841 | 52,821 | 202,370,164 |
| Wyoming | 6,426 | 24,068,507 | 4,644 | 18,646,516 | 1,782 | 5,421,991 | 5,200 | 19,940,368 |

## *Estimated Selected Expenditures by State—Fiscal Year 1985*

| State | Compensation and Pension—Continued | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | All Periods of Service | | | | | | | | | |
| | Living Veterans | | | | Deceased Veterans | | | | | |
| | Service-Connected | | Nonservice-Connected | | Total | | Service-Connected | | Nonservice-Connected | |
| | Number | Amount | Number | Amount | Number | Amount | Number | Amount | Number | Amount |
| World Totals | 2,240,277 | $8,248,168,549 | 690,391 | $2,487,954,403 | 1,074,772 | $3,326,997,156 | 335,612 | $1,974,888,371 | 739,160 | $1,352,108,785 |
| Philippines | 9,211 | 23,954,279 | 2,942 | 16,905,973 | 19,401 | 68,315,376 | 14,459 | 51,368,869 | 4,942 | 16,946,507 |
| Other foreign areas | 5,456 | 23,542,143 | 2,103 | 7,721,262 | 10,964 | 38,666,413 | 3,437 | 21,670,197 | 7,527 | 16,996,216 |
| Puerto Rico | 19,151 | 126,759,295 | 15,446 | 61,826,582 | 12,148 | 34,957,615 | 2,693 | 12,424,077 | 9,455 | 22,533,538 |
| Other U.S. areas | 2,106 | 2,545,630 | 105 | 612,876 | 492 | 1,487,544 | 296 | 1,060,661 | 196 | 426,883 |
| Total U.S. | 2,204,353 | 8,071,367,202 | 669,795 | 2,400,887,737 | 1,031,767 | 3,183,570,208 | 314,727 | 1,888,364,567 | 717,040 | 1,295,205,641 |
| Alabama | 40,921 | 149,131,803 | 17,787 | 64,422,325 | 28,456 | 88,035,945 | 7,674 | 44,621,146 | 20,782 | 43,414,799 |
| Alaska | 4,498 | 11,962,572 | 288 | 1,107,126 | 500 | 1,991,860 | 261 | 1,603,123 | 239 | 388,737 |
| Arizona | 37,712 | 107,310,554 | 7,889 | 20,809,564 | 11,608 | 32,804,326 | 5,516 | 25,377,541 | 6,092 | 7,426,785 |
| Arkansas | 26,452 | 139,426,488 | 15,722 | 55,337,696 | 18,380 | 55,704,787 | 5,123 | 28,731,786 | 13,257 | 26,973,001 |
| California | 202,365 | 666,756,692 | 50,618 | 153,176,226 | 81,546 | 286,797,573 | 33,457 | 214,642,805 | 48,089 | 72,154,768 |
| Colorado | 32,574 | 104,074,685 | 5,025 | 18,076,290 | 10,447 | 37,137,533 | 4,718 | 26,845,504 | 5,729 | 10,292,029 |
| Connecticut | 27,995 | 85,148,764 | 4,445 | 13,365,164 | 8,784 | 24,133,122 | 2,670 | 15,928,755 | 6,114 | 8,204,367 |
| Delaware | 5,786 | 17,983,427 | 1,341 | 4,587,045 | 2,486 | 7,246,414 | 745 | 4,645,306 | 1,741 | 2,601,108 |
| District of Columbia | 6,729 | 19,322,313 | 2,497 | 7,601,836 | 3,622 | 10,667,202 | 1,242 | 7,058,784 | 2,380 | 3,608,418 |
| Florida | 151,993 | 595,445,189 | 36,351 | 118,535,285 | 54,133 | 194,437,077 | 23,059 | 143,455,438 | 31,074 | 50,981,639 |
| Georgia | 56,237 | 233,022,433 | 21,760 | 77,258,382 | 33,509 | 112,293,122 | 11,305 | 69,638,954 | 22,204 | 42,654,168 |
| Hawaii | 8,725 | 29,817,232 | 1,028 | 3,839,562 | 2,224 | 9,746,687 | 1,289 | 8,201,109 | 935 | 1,545,578 |
| Idaho | 9,201 | 35,171,822 | 2,419 | 8,301,251 | 3,283 | 10,763,928 | 1,127 | 7,071,441 | 2,156 | 3,692,487 |
| Illinois | 64,993 | 202,644,293 | 24,048 | 93,571,936 | 36,334 | 94,295,783 | 7,841 | 44,716,985 | 28,493 | 49,578,798 |
| Indiana | 39,144 | 138,819,814 | 12,688 | 45,177,781 | 20,859 | 55,713,005 | 4,917 | 27,759,536 | 15,942 | 27,953,469 |
| Iowa | 20,638 | 73,816,038 | 7,394 | 28,892,555 | 11,294 | 30,966,930 | 2,829 | 15,093,383 | 8,465 | 15,873,547 |
| Kansas | 19,978 | 67,944,832 | 6,142 | 22,139,227 | 10,141 | 30,484,415 | 3,153 | 17,569,671 | 6,988 | 12,914,744 |
| Kentucky | 33,027 | 134,302,288 | 18,057 | 66,161,286 | 22,796 | 63,389,273 | 5,978 | 32,556,878 | 16,818 | 30,832,395 |
| Louisiana | 32,646 | 116,700,045 | 17,912 | 66,791,601 | 26,374 | 79,345,118 | 6,231 | 35,359,736 | 20,143 | 43,985,382 |
| Maine | 13,814 | 60,876,470 | 5,387 | 19,156,886 | 6,926 | 20,299,539 | 2,007 | 12,004,005 | 4,919 | 8,295,534 |
| Maryland | 38,370 | 133,263,366 | 9,386 | 36,279,792 | 17,276 | 61,708,831 | 5,966 | 42,095,413 | 11,310 | 19,613,418 |
| Massachusetts | 86,840 | 313,529,570 | 13,989 | 53,632,937 | 26,959 | 86,025,548 | 8,464 | 53,324,624 | 18,495 | 32,700,924 |
| Michigan | 75,406 | 268,968,785 | 17,128 | 63,957,747 | 31,348 | 80,623,130 | 7,425 | 41,830,403 | 23,923 | 38,792,727 |
| Minnesota | 38,018 | 126,623,973 | 10,456 | 44,468,662 | 16,010 | 50,330,643 | 4,113 | 24,161,636 | 11,897 | 26,169,007 |
| Mississippi | 23,241 | 110,841,767 | 16,796 | 64,038,953 | 19,778 | 63,308,587 | 5,039 | 30,824,290 | 14,739 | 32,484,297 |
| Missouri | 41,019 | 160,036,929 | 18,195 | 69,485,792 | 26,029 | 78,580,560 | 6,622 | 39,344,272 | 19,407 | 39,236,288 |
| Montana | 8,678 | 32,577,401 | 2,430 | 8,725,360 | 2,923 | 8,744,453 | 845 | 5,001,657 | 2,078 | 3,742,796 |
| Nebraska | 13,013 | 46,353,049 | 4,259 | 16,845,852 | 6,074 | 18,715,877 | 1,897 | 10,357,741 | 4,177 | 8,358,136 |
| Nevada | 11,346 | 30,977,917 | 2,378 | 6,990,282 | 2,902 | 9,230,338 | 1,262 | 6,594,494 | 1,640 | 2,635,844 |
| New Hampshire | 12,785 | 50,877,194 | 2,514 | 9,381,518 | 3,902 | 12,710,254 | 1,315 | 8,516,276 | 2,587 | 4,193,978 |
| New Jersey | 73,501 | 244,282,497 | 12,188 | 38,134,764 | 25,779 | 69,991,751 | 6,872 | 43,970,353 | 18,907 | 26,021,398 |
| New Mexico | 17,939 | 61,017,435 | 5,210 | 16,921,906 | 6,684 | 18,610,749 | 2,652 | 12,399,494 | 4,032 | 6,211,255 |
| New York | 161,650 | 584,330,132 | 43,444 | 164,334,924 | 67,175 | 194,053,068 | 15,579 | 94,137,557 | 51,596 | 99,915,511 |
| North Carolina | 55,195 | 240,146,540 | 25,246 | 89,042,524 | 37,390 | 118,812,650 | 10,441 | 64,980,592 | 26,949 | 53,832,058 |
| North Dakota | 5,416 | 18,766,558 | 1,615 | 6,908,381 | 2,012 | 6,034,709 | 494 | 2,738,229 | 1,518 | 3,296,480 |
| Ohio | 97,126 | 337,676,065 | 27,298 | 101,740,446 | 43,348 | 119,284,042 | 10,550 | 61,587,702 | 32,798 | 57,696,340 |
| Oklahoma | 38,205 | 168,052,018 | 15,860 | 69,660,207 | 19,753 | 65,743,760 | 6,572 | 37,532,039 | 13,181 | 28,211,721 |
| Oregon | 26,241 | 103,764,683 | 9,356 | 33,551,597 | 10,779 | 34,253,263 | 3,287 | 20,436,992 | 7,492 | 13,816,271 |
| Pennsylvania | 116,745 | 425,922,014 | 31,754 | 111,101,938 | 57,881 | 155,748,380 | 13,731 | 81,650,346 | 44,150 | 74,098,034 |
| Rhode Island | 13,118 | 51,896,187 | 2,621 | 9,368,483 | 4,974 | 15,631,194 | 1,455 | 9,761,110 | 3,519 | 5,870,084 |
| South Carolina | 26,546 | 96,216,188 | 12,664 | 41,200,511 | 20,924 | 66,417,357 | 5,894 | 36,812,446 | 15,030 | 29,604,911 |
| South Dakota | 6,367 | 25,539,819 | 3,144 | 13,295,752 | 3,440 | 10,600,434 | 799 | 4,594,029 | 2,641 | 6,006,405 |
| Tennessee | 39,740 | 169,013,637 | 23,296 | 85,104,910 | 30,387 | 93,537,007 | 7,614 | 45,256,348 | 22,773 | 48,280,659 |
| Texas | 154,394 | 556,241,395 | 45,167 | 150,252,505 | 73,610 | 227,919,327 | 27,075 | 153,012,576 | 46,535 | 74,906,751 |
| Utah | 11,231 | 38,976,788 | 1,848 | 7,741,378 | 3,542 | 12,018,406 | 1,329 | 7,919,588 | 2,213 | 4,098,818 |
| Vermont | 5,038 | 26,145,725 | 1,712 | 6,218,486 | 2,330 | 7,436,436 | 718 | 4,753,374 | 1,612 | 2,683,062 |
| Virginia | 58,288 | 239,056,875 | 17,478 | 61,724,914 | 28,929 | 107,945,914 | 10,946 | 76,080,119 | 17,983 | 31,865,795 |
| Washington | 49,458 | 167,701,051 | 9,552 | 35,626,302 | 15,990 | 57,086,824 | 6,817 | 41,021,340 | 9,173 | 16,065,484 |
| West Virginia | 19,477 | 85,034,805 | 10,526 | 42,390,443 | 12,466 | 35,844,753 | 3,232 | 18,021,702 | 9,234 | 17,823,051 |
| Wisconsin | 40,320 | 151,803,237 | 12,501 | 50,566,927 | 16,245 | 46,240,185 | 4,150 | 24,175,271 | 12,095 | 22,064,914 |
| Wyoming | 4,214 | 16,055,848 | 986 | 3,884,520 | 1,226 | 4,128,139 | 430 | 2,590,668 | 796 | 1,537,471 |

# Index


Acquired immune deficiency syndrome (AIDS) ..... 10,34,51
ADP Initiatives ..... 152
Advisory Committee on Former Prisoners of War ..... 27,139
Advisory Committee on Women Veterans ..... 27,138
Affiliations, VA medical centers ..... 10
Age:
  Patients ..... 15,68
  Veterans ..... 68
Agent Orange ..... 25,114
Aging veteran ..... 12,32
Alcohol dependence treatment ..... 21
Alzheimer's disease ..... 22,51
Ambulatory care ..... 11
Appeals:
  Contract ..... 125
  Veterans ..... 122
Appropriations, VA ..... xvii
Asbestos abatement ..... 150
Audiology and speech pathology ..... 24
Audiovisuals ..... 50,145
Audits and investigations ..... 119
Biomedical engineering ..... 60
Blind rehabilitation ..... 23
Bone marrow transplants ..... 18
Budget ..... xvii,121
Building management ..... 63
Burial allowance ..... 79
Canteen ..... 42
Cardiac catheterization laboratories ..... 18
Cash management ..... 121
Cemeteries and memorials ..... 109
Chaplains ..... 42
Civilian health and medical programs of
  the uniformed service (CHAMPUS) ..... 17
Civilian health and medical program
  of the VA (CHAMPVA) ..... 17,56
Clinical alcoholism research centers ..... 22
Community residential care ..... 16
Compensation and pension:
  Burial allowance ..... 79
  Death compensation and dependency and indemnity
  compensation ..... 73
  Death pension ..... 73
  Disability compensation ..... 73
  Disability pension ..... 73
  Period of service ..... 75,77
Computerized axial tomographic (CAT) scanners ..... 31
Congressional and intergovernmental affairs ..... 132
Construction:
  Architect-engineer contracts ..... 147
  Asbestos abatement ..... 150
  Barrier-free design ..... 148
  Capital facilities study ..... 149
  Contracts ..... 113
  Research and development ..... 149
  Cost estimating ..... 149
  Historic properties ..... 116
  Projects, current status of ..... 150
  Real estate and space management ..... 148
  State veterans' homes ..... 149
  Value engineering ..... 150
Consumer affairs ..... 133
Continuing education ..... 48
Cooperative health manpower education program ..... 49
Cyclotron ..... 30
Data management ..... 134
Day hospital program ..... 21
Day treatment centers ..... 21
Decentralized hospital computer program ..... 34,55,66
Dentistry ..... 32
  Education center ..... 32,49
  Research center ..... 32
Diagnoses ..... 70
Diagnosis related groupings ..... 35,56
Dialysis program ..... 18
Dietetics ..... 40
Disabled veterans:
  Barrier-free design ..... 148
  Blind rehabilitation ..... 23
  Disability, compensation and pension ..... 73
  Driver training ..... 23
  Employment ..... 104
  Life insurance ..... 94
  Prosthetics ..... 24
Disposition status ..... 72
Domiciliary care ..... 14
Drug dependence treatment ..... 21
Duration of stay ..... 71
Education benefits:
  Dependents' educational assistance ..... 84
  Emergency Veterans' Job Training Act of 1983 .... 83,119
  GI Bill ..... 81
  New GI Bill ..... 82
  Non-contributory educational assistance ..... 83
  Post-Vietnam era veterans educational assistance ..... 82
  State approving agencies ..... 84
Education and training in health care ..... 45
  Assistance for health manpower training
  institutions ..... 45
  Clinical nurse specialists ..... 47
  Continuing education ..... 48
  Fellowships ..... 38,48

Geriatric associated health training ..... 38,48
Graduate and undergraduate education ..... 45
Health care professionals ..... 45
Interdisciplinary team training in geriatrics ..... 47
Space and facilities ..... 50
Emergency management and resource sharing ..... 64
Employment, veterans:
Assistance with ..... 104
Status of ..... 128
Energy management ..... 61
Engineering ..... 62,147,150
Engineering training center ..... 49
Equal employment opportunity ..... 131
Affirmative action ..... 131
Handicapped individuals ..... 131
Discrimination complaints ..... 132
Historically black colleges and universities ..... 132
Minorities and women ..... 131
Executive development and training ..... 56,129
Extended care ..... 13
Facilities ..... xviii,9
Facility planning ..... 217
Fellowship programs ..... 38
Fiduciary and field examination activity ..... 102
Financial management ..... 121
Fire protection ..... 62
Former POW's ..... 10,27,99,139,146
Freedom of Information Act ..... 113,116,124
Funding, agency ..... xvii,121
Geriatrics and extended care ..... 12
Geriatric evaluation units ..... 15,139
Geriatric research, education and clinical centers (GRECC's) ..... 16
GI Bill ..... 81
Grants:
Specially adapted housing ..... 89
State cemetery ..... 112
State home ..... 15
Halfway house programs ..... 21
Headstones and markers ..... 110
Health:
Environmental ..... 62
Occupational ..... 63
Health services research and development ..... 53
Hearing aids ..... 24
Hepatitis B vaccine immunization ..... 18
Historically black colleges and universities ..... 132
History of the VA ..... xi
Hospital based home care ..... 16
Hospital care ..... 11
Housing assistance:
Credit market conditions ..... 89
Defaults ..... 88
Direct loans ..... 88
Fair housing program ..... 90
Funding operations ..... 89
GI home loans ..... 88
Manufactured home loans ..... 86
Onsite inspections ..... 87
Plant inspections ..... 86
Specially adapted housing ..... 74,89,96
Hypertension screening ..... 18
Independent living programs ..... 106
Information management and statistics ..... 138
Information resources management ..... 130,134
Information technology center ..... 137
Insurance:
Disbursements ..... 96
National Service Life Insurance (NSLI) ..... 91
Service Disabled Veterans Insurance (SDVI) ..... 91
Servicemen's Group Life Insurance (SGLI) ..... 91
Total Disability Income Provision (TDIP) ..... 91
United States Government Life Insurance (USGLI) ..... 91
Veterans Group Life Insurance (VGLI) ..... 91
Veterans Mortgage Life Insurance (VMLI) ..... 91
Veterans Reopened Insurance (VRI) ..... 92
Veterans Special Life Insurance (VSLI) ..... 91
Integrated management system ..... 125
Interments ..... 109
Internal control system ..... 120
Investigations ..... 119
Labor-management relations ..... 129
Law, litigation, and legislation ..... 113
Library ..... 49
Life insurance (see Insurance) ..... 91
Loans, housing (see Housing assistance) ..... 89
Logistics ..... 144
Manpower management ..... 121
Manufactured homes ..... 86
Marketing center ..... 153
Medical care:
Dependents (CHAMPVA) ..... 17,56
Employment ..... 59
Facilities in operation ..... 9
Female veterans ..... 27,69,138
Outpatient medical care ..... 9
Resource allocation development ..... 56
Uniformed services (CHAMPUS) ..... 17
Medical district initiated program planning (MEDIPP) ..... 60,65
Medical information resources management ..... 66
Medical media ..... 50
Memorial markers ..... 109
Mental health and behavioral sciences ..... 20
Outpatient mental health programs ..... 20
Mental hygiene clinics ..... 20
Mission, goals, and objectives ..... xv,xvi
National cemetery system
Headstones and markers ..... 110
State cemetery grants ..... 112
Neurology ..... 29
Nuclear magnetic resonance ..... 30
Nuclear medicine ..... 29
Nursing ..... 37
Nursing home care ..... 13
Occupational safety, health, and fire protection ..... 62
Optometry ..... 33
Organization chart ..... xiv
Outpatient medical care ..... 9,11
Paperwork management and regulations ..... 138,141
Pathology ..... 34
Patient health education ..... 49
Patient satisfaction ..... 64

Patient treatment file ..... 55
Pension (see Compensation and Pension) ..... 79
Personnel management:
  Employee recognition ..... 129
  Executive development and training ..... 129
  Leadership VA ..... 129
  Labor-management relations ..... 129
  Staffing and recruitment ..... 128
  Veterans, employment of ..... 128
Pharmacy ..... 38
Podiatry ..... 34
Positron-electron transformation (PET) scanner ..... 30
Post-traumatic stress disorder ..... 21
Prisoners of War (POW), former ..... 10,27,146
Presidential memorial certificate program ..... 113,145
Preventive health care program ..... 10,27,29
Procurement and supply ..... 144,152
Program planning and evaluation ..... 125
Prosthetic and sensory aids ..... 24
Prosthetic research ..... 25,54
Psychiatry ..... 20
Psychology ..... 20
Public and consumer affairs ..... 133
Public laws, new ..... 117
Quality assurance ..... 10,55,67
  Health services review (HSRO) ..... 53
  Systematic external review (SERP) ..... 68
Radiology ..... 31
Readjustment counseling ..... 22,128
Records management ..... 142
Recreation ..... 42
Regional medical education centers (RMEC's) ..... 41,49
Rehabilitation medicine:
  Blind rehabilitation ..... 23
  Comprehensive rehabilitation centers ..... 22
Driver training ..... 23
  Incentive therapy ..... 22
  Rehabilitation research and development ..... 34,52
  Spinal cord injury ..... 23
  Therapeutic printing plant ..... 23
  Vocational rehabilitation ..... 22
  Work restoration ..... 22
Reporting policy and review ..... 139
Research:
  Awards ..... 50
  Construction ..... 149
  Health services ..... 54
  Medical ..... 51
  Prosthetic ..... 25,54
  Rehabilitation ..... 52
Resources (DM&S) ..... 56
  Resources allocation development ..... 56
  Resource utilization groups ..... 56
Respite and palliative care ..... 16
Safety ..... 62
Security and law enforcement ..... 63
Set-aside Program for Socially and Economically
  Disadvantaged Architect and Engineer Firms ..... 151
Sharing program ..... 65,153
Sickle cell anemia ..... 18
Small and disadvantaged business utilization ..... 155
Social work ..... 41
Specially adapted housing ..... 89
Spinal cord injury ..... 23,52,54
Staffing:
  Guidelines ..... 59,128
  Recruitment ..... 128
State:
  Approving agencies ..... 84
  Cemetery grants ..... 112
  Home programs ..... 15
Statistical research ..... 138
Statistical tables ..... 157
Substance abuse ..... 21
Supplies and equipment ..... 144,152
  Equipment assets ..... 153
  Supply fund sales ..... 152
  VA/DOD shared procurement program ..... 153
Surgery ..... 19
  Cardiac transplants ..... 19
Telecommunications ..... 135
Therapeutic printing plant ..... 23
Training:
  Employee ..... 129
  Health care ..... 37
  Veterans ..... 74,104
Unions ..... 129
VAnguard ..... 134
Veterans centers ..... 22
Veterans:
  Age ..... 68
  Characteristics ..... 1,5,68,139
  Education and income ..... 6
  Employment status ..... 7,128
  Families ..... 5
  Family income ..... 6
  Female ..... 4,27,128,138
  Geographic distribution ..... 4
  Population, by period of service ..... 1,2
  Work experience ..... 7
Veterans assistance:
  Elderly beneficiaries ..... 99
  Employment assistance ..... 101,104
  Equal opportunity compliance ..... 100
  Fiduciary and field examinations ..... 102
  Former prisoners of war ..... 10,27,99
  Outreach ..... 100
Veterans canteen service ..... 42
Virology reference laboratory ..... 34
Visual impairment services teams ..... 23
Vocational evaluation and counseling (DM&S) ..... 22
Vocational rehabilitation and counseling (DVB):
  Counseling ..... 103
  Educational and vocational counseling ..... 21,106
  Employment services ..... 105
  Pilot program of independent living services ..... 106
  Veterans' Advisory Committee on Rehabilitation ..... 107
  Vocational rehabilitation ..... 104
Voluntary service ..... 44
Women veterans ..... 4,27
  Employment of ..... 128
  Health care for female veterans ..... 27,138
Work restoration program ..... 22

Margin Index

To use, bend book in half and follow margin index to page with black edge marker.


The Veterans Administration: An Overview

The Veteran

Health Care

Compensation and Pension

Education Benefits

Housing Assistance

Life Insurance

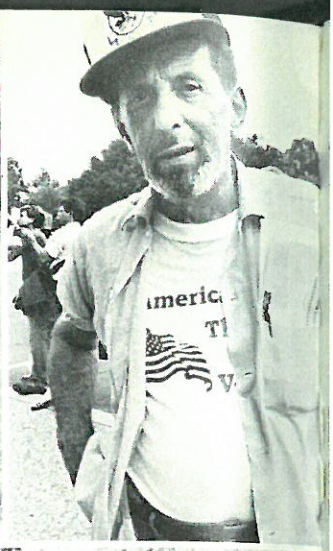
Veterans Assistance

Vocational Rehabilitation and Counseling

Cemeteries and Memorials

Administration and Management

Statistical Tables



**Veterans Administration**
Washington DC 20420

Annual Report 1985
Printed May 1986