

# Annual Report of the Secretary of Veterans Affairs



*Fiscal Year 1989*



# Annual Report 1989

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## Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 101st Congress:

In accordance with the provisions of section 214, title 38, U.S.C., I am pleased to submit this report on the activities of the Department of Veterans Affairs for the fiscal year ending September 30, 1989.

We at the Department of Veterans Affairs have completed our first year as a Cabinet Department and closed another decade of proud service to America's veterans.

The needs of veterans are changing as never before. As we move into a new decade, we are implementing modifications to our health care and service programs that will reach well beyond the 1990s.

This report documents not only the achievements of a long and distinguished record of service to our veterans but also identifies the needs and trends for which we must plan in order to ensure appropriate levels of health care and service into the next century.



Edward J. Derwinski  
*Secretary of Veterans Affairs*





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# Introduction

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## A Brief History

The United States has the most comprehensive system of assistance for veterans of any nation in the world. This benefits system traces its roots back to 1636, when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The Pilgrims passed a law which stated that disabled soldiers would be supported by the colony.

The Continental Congress in 1776 encouraged enlistments during the Revolutionary War by providing pensions for soldiers who were disabled.

Direct medical and hospital care given to veterans in the early days of the Republic was provided by the individual States and communities. In 1811, the first domiciliary and medical facility for veterans was authorized by the Federal Government.

In the 19th century, the Nation's veterans assistance program was expanded to include benefits and pensions not only for veterans but also for their widows and dependents.

After the Civil War, many State veterans homes were established. Since domiciliary care was available at all State veterans homes, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not of service origin. Indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border period as well as discharged regular members of the Armed Forces were cared for at these homes.

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 servicepersons and veterans, and vocational rehabilitation for the disabled. By the 1920s, the various benefits were administered 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 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 Veterans Administration. Brigadier General 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 responsibilities and the benefits programs of the Veterans Administration grew enormously during the following five decades. World War II resulted in not only 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 on 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.

In 1973, the Veterans Administration assumed another major responsibility when the National Cemetery System (except for Arlington National Cemetery) was transferred to the Veterans Administration from the Department of the Army. The Agency was charged with the operation of the National Cemetery System, including the marking of graves of all persons in national and State cemeteries (and the graves of veterans in private cemeteries, upon request) as well as administering the State Cemetery Grants Program.

## The Department of Veterans Affairs

A bill to make the Veterans Administration a Cabinet Department was first introduced in 1929. Beginning in 1963, with the 88th Congress, a bill to make this change was introduced each year until 1987 when, on November 10, President Reagan announced his intention to elevate the Veterans Administration to Cabinet-level.

Support mounted quickly, not only from within the veteran community and the Congress, but from the American public as well. On October 6, 1988, the conference bill was passed by voice vote in the House of Representatives. On October 18, 1988, the measure was approved by Senate voice vote, and, on October 25,

President Reagan signed into law the establishment of the Department of Veterans Affairs (VA).

On the morning of March 15, 1989, President Bush administered the oath of office to Edward J. Derwinski, who became the first Secretary of Veterans Affairs, and, in the succeeding ceremony held on the White House South Lawn attended by several thousand guests and VA employees, hailed the creation of the new Department.

"There is only one place for the veterans of America," the President said, "in the Cabinet Room, at the table with the President of the United States of America."

Secretary Derwinski, the 14th man to head this organization, took charge of the 14th Cabinet Department, which, with more than 240,000 employees, is second in size only to the Department of Defense.

In the year since the creation of the Department, the predictions of the proponents of the measure have proven to be valid. With greater access to the President and other Cabinet members, the Secretary has been able to cut through "red tape," which, in the past, tied up VA resources and initiatives. Moreover, since the Department has come under much greater public scrutiny, it has been held to a higher standard of accountability.

The elevation of the Veterans Administration to the Department of Veterans Affairs has enabled it to be reshaped and revitalized to meet the mandated needs of America's veterans into the 21st century.

## Administrators of Veterans Affairs

Frank T. Hines (1930–1945)

Omar N. Bradley (1945–1948)

Carl R. Gray (1948–1953)

Harvey V. Higley (1953–1957)

Sumner G. Whittier (1957–1961)

John S. Gleason (1961–1965)

William J. Driver (1965–1969)

Donald E. Johnson (1969–1974)

Richard L. Roudebush (1974–1977)

Max Cleland (1977–1981)

Robert P. Nimmo (1981–1982)

Harry N. Walters (1982–1986)

Thomas K. Turnage (1986–1989)

## Secretary of Veterans Affairs

Edward J. Derwinski (1989– )

## Mission and Goals

The VA mission is to serve America's veterans and their families as their principal advocate in ensuring that they receive the care, support, and recognition they have earned in service to this Nation.

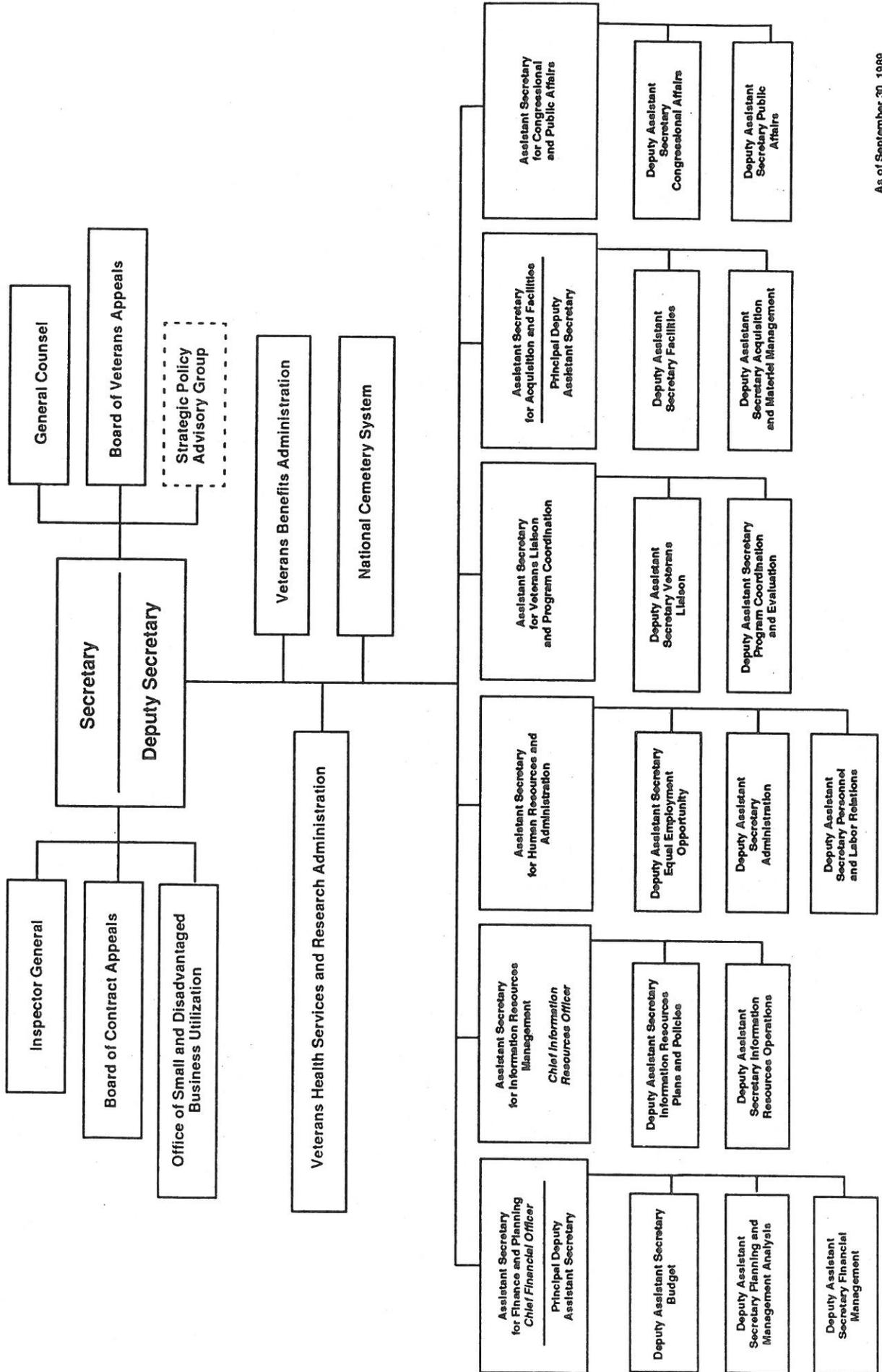
A number of broad goals guide this organization in fulfilling VA's mission and responsibilities. VA's administrations and staff offices develop objectives and program plans consistent with these goals:

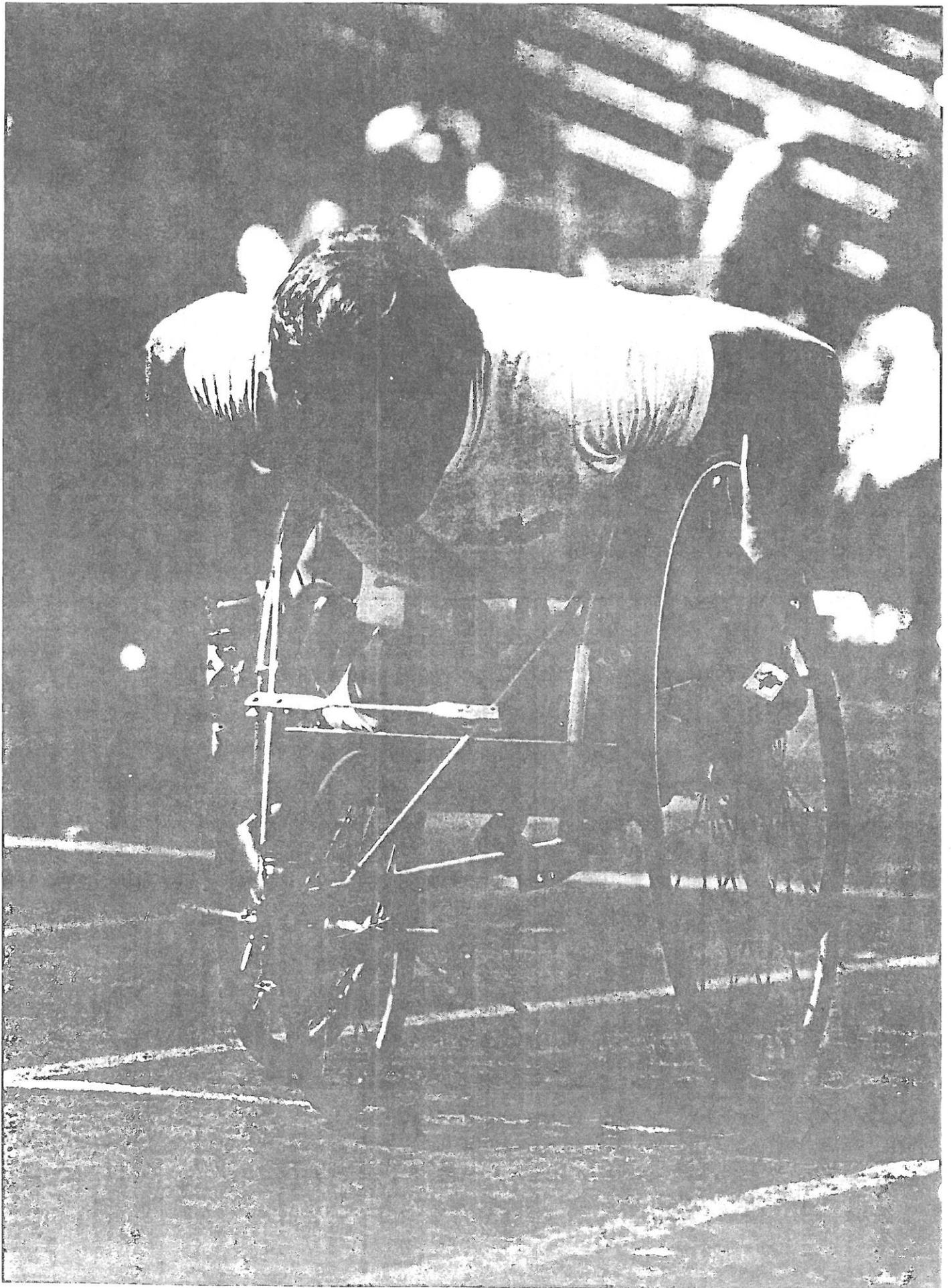
- providing quality medical care on a timely basis to all eligible veterans;
- providing an appropriate level of benefits to eligible veterans and beneficiaries;
- ensuring that memorial affairs are handled with honor and dignity;
- exercising leadership within the Federal Government to represent the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

## Organizational Structure

In addition to elevating the Veterans Administration to Cabinet-level, the Department of Veterans Affairs Act mandated a reorganization, which resulted in the creation of six Assistant Secretaries responsible for the following areas: Finance and Planning, Information Resources Management, Human Resources and Administration, Veterans Liaison and Program Coordination, Acquisition and Facilities, and Congressional and Public Affairs. Major components of the Veterans Administration were renamed as the Veterans Health Services and Research Administration, the Veterans Benefits Administration, and the National Cemetery System (See chart.)

# Department of Veterans Affairs





# The Veteran

## Summary

Beginning with our Nation's struggle for freedom two centuries ago, more than 38 million men and women have served their country during wartime periods. Most (90 percent) served in one or more of the four major conflicts of the 20th century, with World War II veterans

alone representing more than 40 percent of all American war participants. At the end of FY 1989, 27.1 million living veterans resided in the United States and the Commonwealth of Puerto Rico; 20.9 million of these veterans served during at least one wartime period. (See Table 1.)

TABLE 1. – Selected data on the veteran population

Period of service	Veteran population, as of 9/30/88 <sup>1</sup> (000's)	Net separations from the Armed Forces (000's)	Deaths in civilian life (000's)	Veteran population, as of 9/30/89 (000's)	Percent change in veteran population	Female veterans	
						Number of veterans, as of 9/30/89 (000's)	Percent of total veteran population
All veterans <sup>2</sup> .....	27,349	214	456	27,105	-0.9	1,212	4.5
Wartime veterans <sup>2 3</sup> .....	21,317	47	419	20,943	-1.8	686	3.3
Vietnam era .....	8,281	47	33	8,295	+0.2	263	3.2
With no Korean conflict service .	7,672	47	22	7,697	+0.3	252	3.3
With Korean conflict service ...	609	( <sup>4</sup> )	11	598	-1.8	11	1.8
Korean conflict .....	4,970	( <sup>4</sup> )	77	4,893	-1.5	111	2.3
With no World War II or Vietnam era service .....	3,710	0	46	3,664	-1.2	87	2.4
With World War II service only .	921	0	27	894	-2.9	19	2.1
With Vietnam era service only ..	339	( <sup>4</sup> )	4	335	-1.2	5	1.5
World War II .....	9,472	0	325	9,147	-3.4	337	3.7
With no Korean conflict service .	8,551	0	297	8,253	-3.5	318	3.9
With Korean conflict service ...	921	0	27	894	-2.9	19	2.1
World War I .....	123	0	22	100	-18.7	5	5.0
Peacetime veterans .....	6,033	167	38	6,161	+2.1	526	8.5
Service between Korean conflict and Vietnam era only .....	2,972	0	19	2,953	-0.6	84	2.8
Post-Vietnam era service .....	2,711	167	4	2,873	+6.0	332	11.6
Other peacetime service <sup>5</sup> .....	350	0	14	335	-4.3	111	33.1

<sup>1</sup> Data revised as of March 1989 based on new estimates of mortality, migration, and separations.

<sup>2</sup> There also are 1 Spanish-American War veteran and an estimated 67 Mexican Border period veterans.

<sup>3</sup> 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, and World War I.

<sup>4</sup> Less than 500.

<sup>5</sup> Includes veterans who served only between World War I and World War II and those who served only between World War II and the Korean conflict.

Note – These data represent the number of living veterans in the U.S. and Puerto Rico. Detail may not add to totals due to rounding. Excluded are veterans whose only active duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement; 545,000 veterans were excluded in the September 30, 1989, totals.

## Number of Veterans and Periods of Service

The estimate of the veteran population living in the United States and Puerto Rico stands at 27,105,000 as of September 30, 1989. This figure represents an overall decline in the veteran population (244,000 less than the FY 1988 total) as the result of a higher number of veteran deaths (456,000) than separations from the Armed Forces (214,000).

At the end of FY 1989, there were an estimated 9,147,000 living World War II veterans, representing 34 percent of the total veteran population. World War II veterans continued to constitute the largest period-of-service category, despite the fact that they accounted for 71 percent of all veteran deaths (325,000) during FY 1989. The second largest component of the veteran population consisted of veterans who served during the Vietnam era; numbering 8,295,000, they constituted 31 percent of the overall veteran count.

Two other major conflicts contributed to the total count of wartime veterans. Living Korean conflict participants totaled 4,893,000 (18 percent of all veterans) and WW I veterans numbered 100,000 (less than one-half of 1 percent) at the end of FY 1989.

Approximately 6.2 million veterans (23 percent) served only during peacetime. Almost equal numbers of these peacetime veterans served only between the Korean conflict and the Vietnam era (3.0 million) or only after May 7, 1975, during the post-Vietnam era (2.9 million).

## Age of Veterans

As of September 30, 1989, one-half of all living veterans were older than 54.9 years of age (the median age) and one-half were younger. Veterans under 45 years of age constituted 32 percent of the total, while those aged 45 to 64 represented 43 percent. Veterans 65 years old and older accounted for 25 percent of the overall veteran count. Growth in this age category amounted to a 7 percent increase during FY 1989 and reflected the steady advancement of World War II veterans into the 65 year-old-and-older category. (See Chart 1.)

Approximately 30 percent of all civilian males 18 years old and older were veterans on September 30, 1989. This percentage varied by age, reflecting the degree of our Nation's involvement in each of the major armed conflicts of this century. For example, of those civilian males aged 65 to 69 years, 71 percent were veterans, clear evidence of the extent of our participation in World War II; however, among civilian males aged 85 years and older, only 22 percent were veterans, reflecting America's participation in World War I. (See Chart 2.)

CHART 1. – Estimated veteran population, by age, as of September 30, 1989

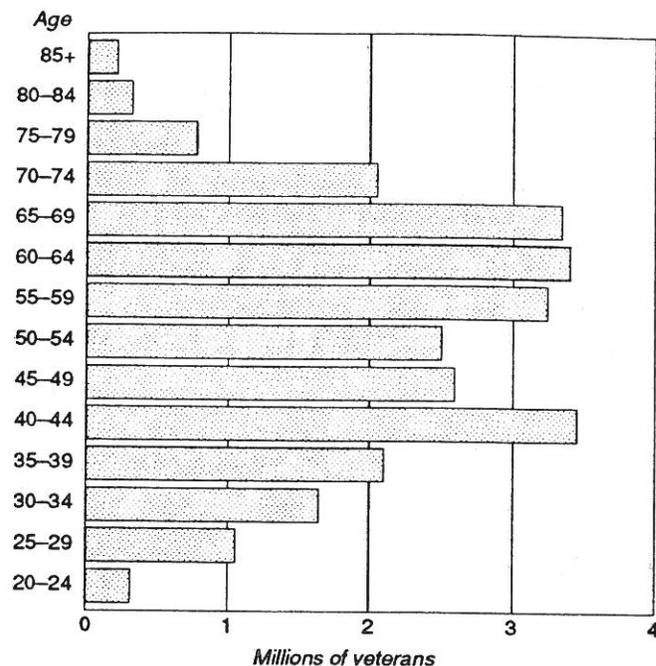
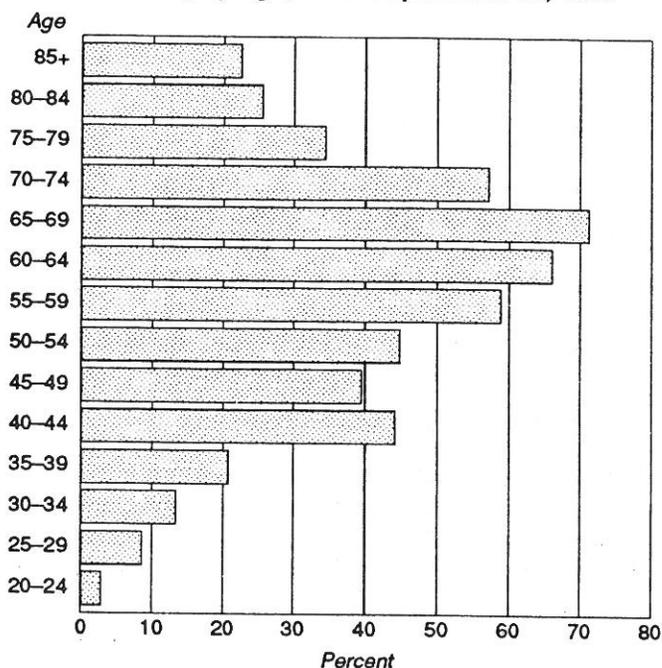


CHART 2. – Male veterans as a percent of all male civilians, by age, as of September 30, 1989



Note—Under 20 years of age is less than 0.05 percent.

## Female Veterans

Female veterans constituted 4.5 percent of the total living veterans in the United States and Puerto Rico on September 30, 1989; their estimated number at this date was 1,212,000. In contrast to the decline in the total veteran population, the number of former military service-women continues to increase at a slow pace.

Although the female veteran population exhibited a median age close to that of the male veteran population

(50.2 and 55.0, respectively), this similarity masks several important differences. For example, in contrast with male veterans, female veterans were more likely to be under age 45 (44 percent) or over age 65 (32 percent). Further, the distribution of the female veteran population by period of service reflects the growing involvement of women in the military in recent years. Slightly more than 27 percent of all female veterans served only during the peacetime period following the Vietnam era (since May 7, 1975); for males the corresponding figure was just under 10 percent. The percentage of peacetime veterans among female veterans is almost twice as large (43 percent) as the percentage of peacetime veterans among male veterans (22 percent).

## Projected Veteran Population

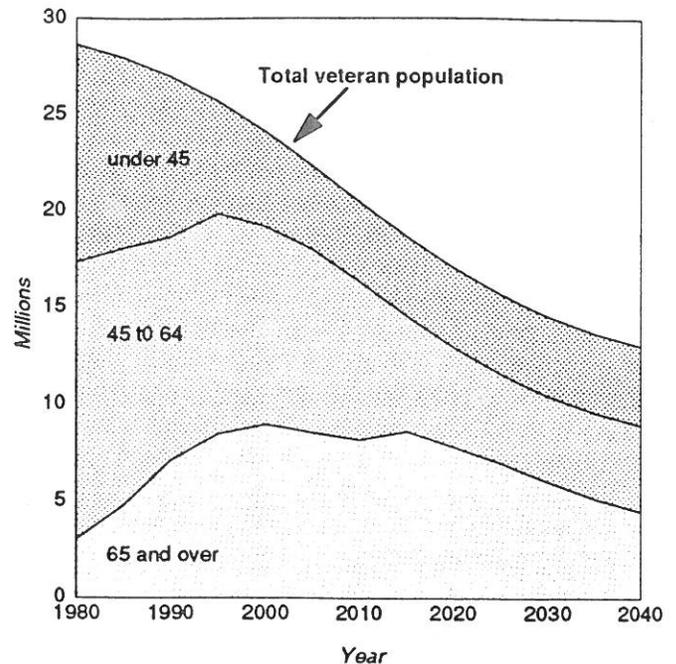
Projections of the size and distribution of the veteran population are widely used throughout VA to better plan for future health care and other benefit needs. The latest series of projections, completed in spring 1989, include national, State, and county-level data on the number of living ex-military personnel by age, sex, and period of military service through the year 2040.

The current veteran population of 27.1 million is projected to decline to 24.1 million by the turn of the century and then to 13.0 million by the year 2040. The overall veteran population is projected to decrease at an accelerated pace as the number of veteran deaths exceeds the number of separations from the Armed Forces. Veteran deaths are expected to increase from the current 456,000 per year to a peak of approximately 611,000 deaths during the year 2009. In contrast to the increase in veteran deaths, separations from the Armed Forces are projected to stabilize at 242,000 per year throughout the projection period 1990–2040, assuming constant military strength and no future armed conflicts.

In contrast with the projected decline in the total number of veterans, the number of elderly veterans is expected to increase substantially over the next 10 years. The population of veterans aged 65 and older is projected to increase from the September 1989 total of 6.9 million to a peak of 9.0 million in 1999, representing an increase of 30 percent. Veterans 75 years old and older currently number 1.4 million. This group will grow by approximately 171 percent in the next 10 years, reaching more than 3.8 million by the year 2000 and peaking at 4.5 million in the year 2008.

Although the number of Vietnam era veterans currently lags behind the number of World War II veterans, Vietnam era veterans are expected to become the largest period-of-service category by 1993. Post-Vietnam era veterans are projected to become the largest subgroup of veterans by the year 2010, at which time these veterans will constitute more than one-third of all living veterans. (See Chart 3.)

CHART 3. – The veteran population by age, 1980–2040



## Veterans and Their Families

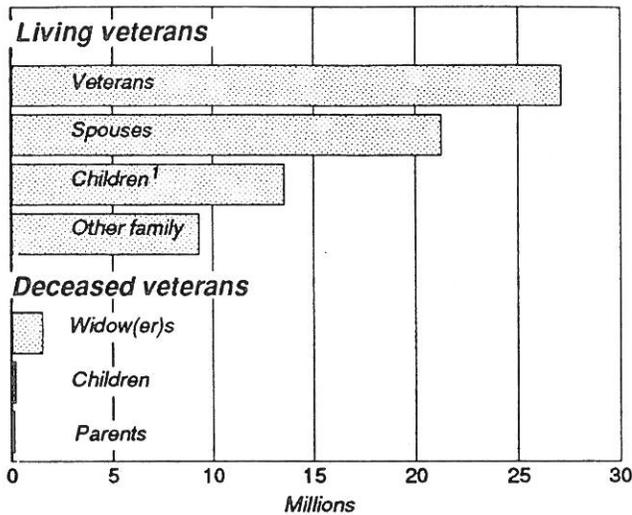
Living veterans, while clearly the largest group of persons receiving VA benefits and services, do not account for all persons potentially eligible for such benefits. The 27.1 million veterans living on September 30, 1989, had an estimated 21.2 million spouses, 13.6 million dependent children 18 years old or younger, and 9.3 million parents and children over 18 years of age who were unable to support themselves. Although only a small portion of these dependents are likely to receive benefits directly from VA, these benefits significantly 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 1.7 million at the end of FY 1989. Included in this number were 1.5 million widows and widowers, 104,000 surviving children, and 49,000 dependent parents. The total of all potential beneficiaries is roughly 72.8 million, or approximately 29 percent of the entire resident population of the United States. (See Chart 4.)

## Characteristics of Veterans

Data on various characteristics of veterans and nonveterans are obtained from the Current Population Survey (CPS) through a contract agreement with the U.S. Bureau of the Census and with the approval of the Department of Labor, sponsor of the survey. Data from the CPS include educational attainment, income, work experience, and employment status. With the exception of unemployment status, data on veterans are available for males only. CPS estimates of the veteran population may differ somewhat from official VA population

estimates as the two sources of estimates are subject to different kinds of statistical error.

**CHART 4. – Veterans and their families, as of September 30, 1989**



<sup>1</sup> Number of own children 18 years and under.

shows some noteworthy differences. Specifically, a higher percentage of nonveterans than veterans reached both the lowest levels (no high school or 1 to 3 years of high school) and the highest level (4 or more years of college) of education, while a higher proportion of veterans reached the middle levels (4 years of high school or 1 to 3 years of college). This pattern is particularly apparent for Vietnam era veterans and post-Vietnam era veterans compared to their comparably aged nonveteran counterparts. Among veterans, those from the Vietnam era exhibit higher educational attainment than those from the post-Vietnam era. For example, only 8 percent of post-Vietnam era veterans completed college compared to 26 percent of Vietnam era veterans. This is due, in part, to the fact that many of these younger veterans are enrolled in school (or may plan to enroll in school) and have not yet reached their ultimate level of educational attainment. (See Table 2.)

### Personal Income

Male veterans in general had higher incomes than male nonveterans, in part, because of the younger age distribution of nonveterans. The median income for veterans aged 20 and older was \$23,090 in calendar year 1988 compared to \$18,780 for nonveterans of that age group. Of all groups examined, Vietnam era veterans had the highest income, \$30,160, which was nearly \$2,000 more than the median income of \$28,200 for their nonveteran age counterparts. The youngest veterans (post-Vietnam era) had a median income that was only slightly higher than the median income of their nonveteran age counterparts: \$16,850 for post-Vietnam era veterans compared to \$16,620 for nonveterans. (See Chart 5.)

### Educational Attainment

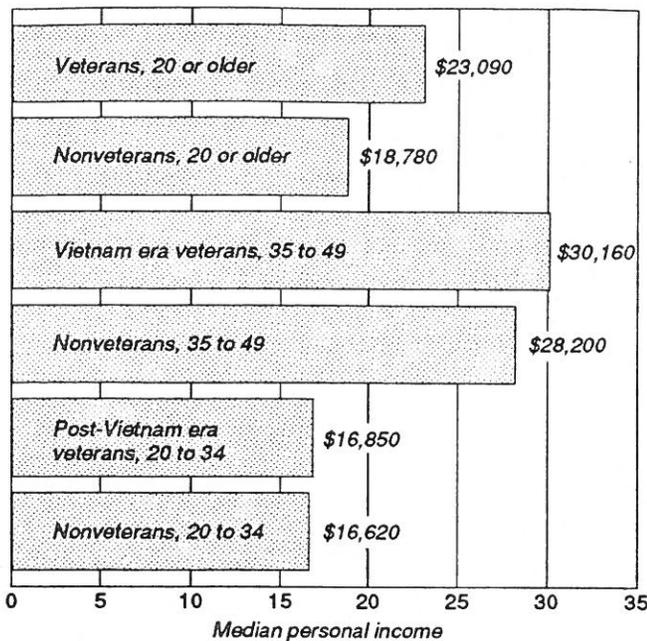
Educational attainment is a critical dimension of the social and economic status of an individual. In 1989, male veterans and male nonveterans 20 years of age or older had the same overall level of educational attainment, with equal median years of school completed (12.8 years); however, examination of the distribution of these two groups by highest level of education attained

**TABLE 2. – Percentage distribution of male veterans and male nonveterans by educational attainment and selected age groups, 1989**

Description	Highest level of education attained					Number of veterans (thousands)	Median years of school completed (number)
	No high school (percent)	High school 1–3 years (percent)	High school 4 years (percent)	College 1–3 years (percent)	College 4 or more years (percent)		
Veterans, aged 20 or older .....	8.5	11.1	40.2	19.2	21.0	26,010	12.8
Nonveterans, aged 20 or older .....	12.3	11.3	33.9	18.9	23.6	55,310	12.8
Vietnam era veterans, 35 to 49 .....	1.1	5.1	41.2	26.7	25.9	6,124	13.1
Nonveterans, 35 to 49 .....	9.2	9.4	30.4	17.8	33.2	16,076	13.1
Post-Vietnam era veterans, 20 to 34 .....	0.7	7.9	58.5	24.6	8.3	2,365	12.7
Nonveterans, 20 to 34 .....	4.9	10.9	38.6	24.1	21.5	27,029	12.9

Source: March 1989 Current Population Survey, U.S. Bureau of the Census.

**CHART 5. – Median personal income of male veterans and male nonveterans by selected age groups, 1989**



Source: March 1989 Current Population Survey, U.S. Bureau of the Census. Income is for calendar year 1988.

## Work Experience

**TABLE 3. – Work experience of male veterans and male nonveterans, by selected age groups, 1989 (in thousands)**

Description	Total	Worked <sup>1</sup>	Percent of total who worked	Worked full-time, full-year <sup>2</sup>	Percent of workers, full-time, full-year
Veterans, 20 or older ...	26,010	18,975	73.0	17,016	89.7
Nonveterans, 20 or older .....	55,310	46,340	83.8	41,806	90.2
Vietnam era veterans, 35 to 49 .....	6,124	5,832	95.2	5,646	96.8
Nonveterans, 35 to 49 .....	16,076	15,035	93.5	14,337	95.4
Post-Vietnam era veterans, 20 to 34 .....	2,365	2,266	95.8	2,078	91.7
Nonveterans, 20 to 34 .....	27,029	25,151	93.1	22,229	88.4

<sup>1</sup> Worked at any time during calendar year 1988, full-time or part-time.

<sup>2</sup> A full-time, full-year worker is one who worked primarily 35 hours or more per week for 50 weeks or more during calendar year 1988.

Source: March 1989 Current Population Survey, U.S. Bureau of the Census.

Of the 26 million male veterans aged 20 or older, 73 percent worked at some time during calendar year 1988, compared to 84 percent of the 46 million nonveterans of that age group. The difference reflects, in part, the older age distribution of veterans. That is, many veterans, particularly those who served in World War II, are now of retirement age. Among veterans and nonveterans aged 20 or older, 90 percent of those who worked were employed full-time for at least 50 weeks of the year. Among Vietnam era and post-Vietnam era veterans, more than 95 percent worked during the year. Of Vietnam era veterans who worked, 97 percent did so on

a full-time, full-year basis compared to 92 percent of post-Vietnam era workers. (See Table 3.)

## Labor Force Status and Unemployment

Of the 25.2 million male veterans aged 20 or older, 17.3 million, or 69 percent, were in the labor force during FY 1989, in contrast to 46.1 million, or 82 percent, of their 56.1 million male nonveteran counterparts<sup>1</sup>. The difference reflects the larger proportion of veterans in the retirement years. Among male Vietnam era veterans and male post-Vietnam era veterans as well as among their nonveteran counterparts more than 90 percent were in the labor force. On the other hand, among female veterans and female nonveterans, less than 60 percent were in the labor force.

The unemployment rate for all male veterans aged 20 or older is more than 1 percentage point lower than the rate for their nonveteran counterparts (3.7 percent and 4.8 percent, respectively), perhaps reflecting the younger age distribution of the nonveteran labor force; the rate for male Vietnam era veterans aged 35 to 49 (3.5 percent) was virtually the same as the rate for their nonveteran counterparts (3.7 percent). In contrast, the rate for male post-Vietnam era veterans aged 20 to 34 was 1 percentage point higher than the rate for their counterparts (6.9 percent and 5.9 percent, respectively).

Female veterans also experienced a higher rate of unemployment than their nonveteran counterparts (5.3 percent and 4.7 percent, respectively) in spite of little difference in the median age of female veterans (37.7 years) and female nonveterans (36.8 years) in the labor force. (Median data not shown.) (See Table 4.)

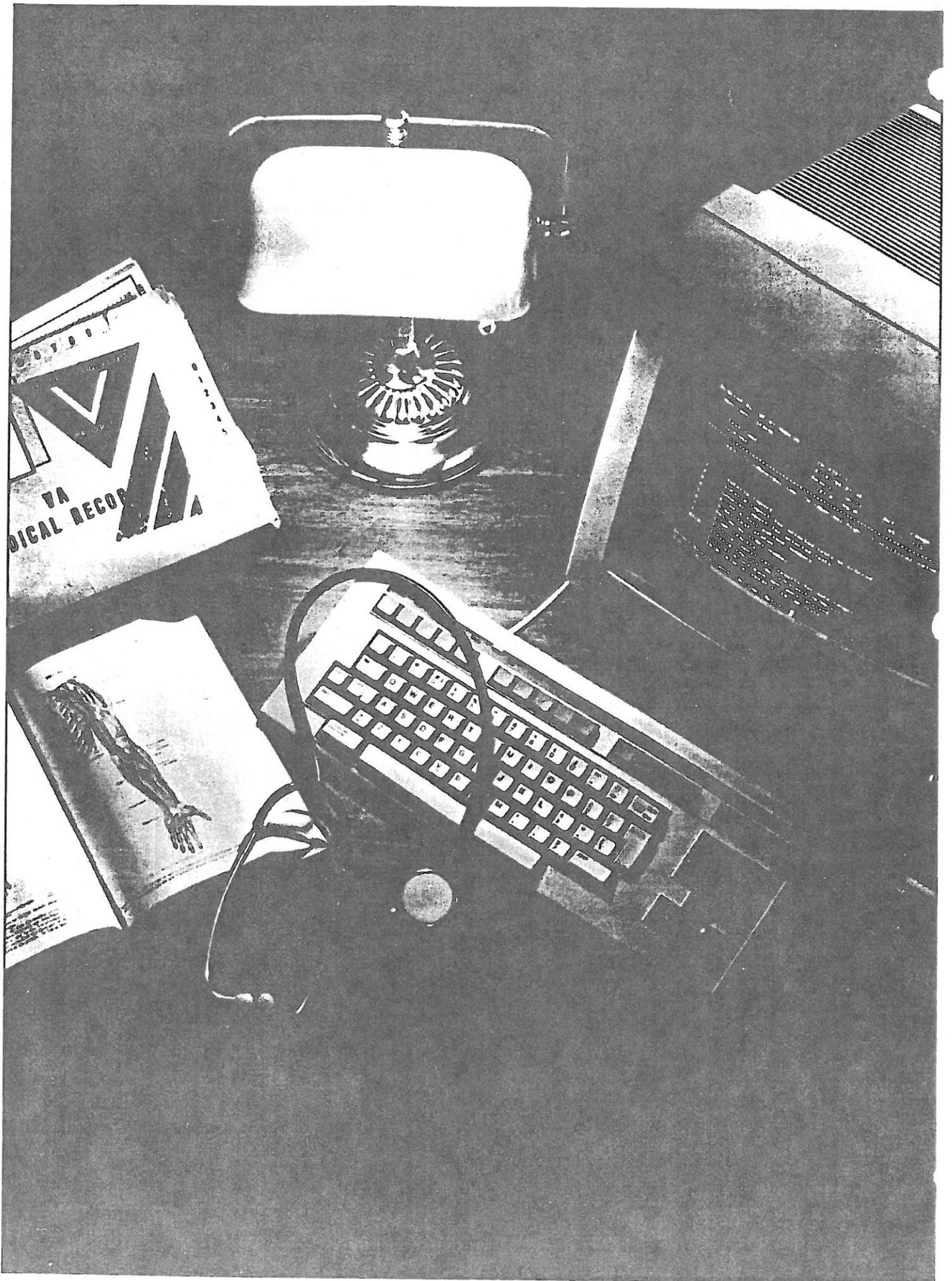
**TABLE 4. – Labor force status and unemployment of veterans and nonveterans by selected age groups, FY 1989 (in thousands)**

	Number in labor force	Percent in labor force	Number unemployed	Unemployment rate
Male veterans, 20 or older .....	17,344	68.7	633	3.7
Male nonveterans, 20 or older .....	46,107	82.2	2,227	4.8
Male Vietnam era veterans, 35 to 49 .....	6,117	95.0	214	3.5
Male nonveterans, 35 to 49 .....	14,905	93.5	548	3.7
Male post-Vietnam era veterans, 20 to 34 .....	1,898	94.4	131	6.9
Male nonveterans, 20 to 34 .....	27,230	91.7	1,461	5.9
Female veterans, 20 or older .....	590	55.7	31	5.3
Female nonveterans, 20 or older .....	51,365	57.6	2,415	4.7

Note – Numbers shown are based on an average of quarterly figures for the fiscal year.

Source: Current Population Survey, October 1988 through September 1989, U.S. Bureau of the Census.

<sup>1</sup> Estimates of the population used here, based on quarterly averages for fiscal year 1989, differ somewhat from population estimates used earlier, which are based on the population as of March 1989.



# Health Care

## Comparative Highlights

Description	FY 1989	FY 1988	Percent change
<b>Facilities at end of year</b>			
Medical centers (hospital care and outpatient care) .....	172	172	0.0
Nursing home care units <sup>1</sup> .....	122	119	+2.5
Domiciliary care units <sup>1</sup> .....	28	27	+3.7
Independent or satellite clinics .....	63	60	+5.0
Independent domiciliary and clinic .....	1	1	0.0
<b>Employment</b>			
(full-time equivalent) .....	200,062	202,178	-1.0
<b>Obligations (millions)</b>			
Medical care .....	\$11,282	\$10,540	+7.0
Research in health care .....	\$235	\$215	+9.3
Medical administration and miscellaneous operating expenses .....	\$48	\$47	+2.1
Other medical programs .....	\$50	\$48	+4.2
<b>Inpatients treated</b>			
VA facilities .....	1,151,848	1,224,375	-5.9
Hospitals .....	1,071,964	1,130,283	-5.2
Nursing homes .....	1,027,581	1,086,456	-6.4
Domiciliaries .....	26,561	27,220	-2.4
Other facilities .....	17,822	16,607	+7.3
<b>Average daily inpatient census</b>			
VA facilities .....	89,894	95,673	-6.0
Hospitals .....	66,823	69,516	-3.9
Nursing homes .....	49,040	52,111	-6.9
Domiciliaries .....	11,468	11,344	+1.1
Other facilities .....	6,315	6,061	+4.2
<b>Outpatient medical visits</b>			
VA staff .....	22,643,078	23,232,895	-2.5
Fee basis .....	21,019,906	21,473,403	-2.1
	1,623,082	1,759,492	-7.8

<sup>1</sup> Located within VA medical centers.

## VA's Response to the AIDS/HIV Epidemic

During FY 1989, the clinical care, education, and research components of the Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Program continued to face the challenges of this escalating epidemic among veterans. Significant increases were seen in the numbers of AIDS and AIDS-Related Complex (ARC) patients treated in VA medical centers (VAMCs). For example, 4,727 veterans

with AIDS and ARC were hospitalized in VA facilities in FY 1989 compared with 3,523 in FY 1988.

In FY 1989, the number of AIDS patients entering the VA health care system for the first time was 2,246. This annual figure is 44 percent higher than the number of cases reported for the previous five years taken together. By September 30, 1989, a total of 7,319 AIDS cases had been reported since the beginning of the epidemic. The comparable figure for the Nation as a whole was 109,167.

During FY 1989, 11 VAMCs reported AIDS cases for the first time. A total of 149 VAMCs had reported at least 1 case of AIDS; however, 11 VAMCs in large coastal urban areas continued to account for approximately one-half of the cumulative number of reported cases.

For the 2,246 cases reported in FY 1989, the rates of reported risk factors and the various ethnic groups affected remained relatively stable. Homosexuality/bisexuality continued to be reported as the primary risk factor, occurring in 48.8 percent of the cases; followed by intravenous drug abuse in nearly 28.9 percent of cases; both drug abuse and homosexual/bisexual practices in 6.1 percent; and heterosexual risk factors in 2.2 percent; and transfusion risk factors in 2.5 percent. Risk factors were unknown or unreported in 11.5 percent of cases. The number of cases reported among blacks increased at a slightly higher rate than among Caucasians and Hispanics; however, the share of cases accounted for by blacks and Hispanics remained disproportionately high, 37.0 percent and 11.0 percent, respectively, when compared with the proportion of blacks and Hispanics in the veteran population, 8.1 percent and 4.1 percent, respectively.

Implementation of statutory requirements for a program of AIDS/HIV education and training for both VA staff and veteran patients continued in FY 1989; a staff education program entitled "Train-the-Trainer" continued to be used in many VAMCs. Major emphasis was placed on a national patient health education program designed to prepare staff for HIV counseling and AIDS prevention education roles. More than 500 VA clinicians in a variety of health care settings were prepared to conduct pre- and post-test counseling and risk-reduction education for patients.

During the year, an AIDS/HIV education demonstration project to fund new approaches to AIDS/HIV education at the field facility-level was initiated. Education grants were awarded to 12 VA health care facilities for this purpose.

Since networking, updating, and monitoring are key elements of successful national education programs, regularly scheduled conference calls and routine distribution of written materials to key staff dealing with AIDS were initiated during the year. New materials such as pamphlets, videotapes, and publications were made available in VA field facility libraries to support training initiatives. The VA-produced videotape, "Like Any Other Patient," emphasizing the human dimensions of AIDS, was distributed and used extensively for staff education. An AIDS Information Center was established at the VAMC in San Francisco, CA to support systemwide and local AIDS information activities. "AIDS GRAM," a widely distributed newsletter published by VA Central Office's AIDS Program Office and sent to all VA AIDS coordinators, contains timely information on policy, legislation, research, education, and articles related to the care of AIDS patients.

Cooperative efforts with staff of the Centers for Disease Control (CDC) in Atlanta, GA and the Department of Health and Human Services in Washington, DC resulted in the creation and distribution of a series of pamphlets on the transmission and prevention of HIV for veterans and their families. Public information posters targeting specific high risk groups, in particular, intravenous drug abusers, were distributed to all 198 VA Readjustment Counseling Vet Centers and 172 VAMCs. An educational pamphlet, developed during the year, describes the HIV testing process in lay persons language; the pamphlet was available in every VA health care and vet center facility.

The safety of health care workers in the employment setting remained a priority concern during FY 1989. Implementation of CDC standards for universal blood and body fluid precautions, designed to prevent the transmission of HIV and hepatitis-B virus in health care settings, proceeded in all facilities. Pilot programs on staff training using commercially developed products were conducted in five VAMCs. Evaluation of the programs will be completed in FY 1990. The audiovisual program "Infection Control in the Dental Environment" was developed and produced by VA in cooperation with the CDC, the U.S. Food and Drug Administration, and the National Institute of Dental Research. This self-instructional program, which consists of three videotapes and a workbook, has been widely distributed within and outside VA.

VA reviewed and commented on standards for the prevention of occupational exposure to bloodborne pathogens, proposed by the Occupational Safety and Health Administration. These standards incorporate universal precautions and define employer-employee responsibili-

ties for safety in the workplace. Local policy and practice issues were raised on HIV testing for employees following occupational exposure as well as confidentiality as it relates to the HIV-infected employee. Employee regulations promulgated by the Office of Personnel Management and VA's Office of the Deputy Assistant Secretary for Personnel and Labor Relations were disseminated to all field facilities.

Early in FY 1989, an HIV Special Interest Users Group (SIUG) was established to assist in the development and implementation of a local and national computer data base for HIV/AIDS. The SIUG has designed a data base for collection of both clinical and resource data to enable local and national tracking of the epidemic and resource expenditures. Principle design features include the transmission of data from a local to a national data base, maximum utilization of data existing in other programs, and maximum security measures of data base files. The next phase will consist of technical development and field testing of the proposed program.

Research is an integral part of the AIDS Program. During FY 1989, VA's Research and Development Office spent approximately \$6 million to support investigator-initiated AIDS research in a number of VAMCs, including six with special AIDS research centers. Non-VA funding to VA investigators for AIDS research increased to approximately \$10 million. The multi-center clinical trial to evaluate the efficacy of zidovudine (AZT) in delaying the progression from HIV infection to symptomatic AIDS was continued. The research studies being conducted by VA researchers range from basic studies of the mechanism of HIV infection to clinical trials such as the AZT study.

Finally, an essential element of any program is sharing gained expertise and knowledge with professional colleagues. Fifteen presentations on education, research, or clinical care aspects of HIV/AIDS were made in 1989 by VA staff at the Fifth International Conference on AIDS in Montreal, Canada. VA continues to be in the forefront of combating the AIDS epidemic.

## References

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## Domiciliary Care for Homeless Veterans Program

The Domiciliary Care for Homeless Veterans (DCHV) Program was designed and implemented as an integral component of VA's comprehensive effort to enhance the provision of necessary care and services to homeless veterans.

The DCHV Program was designed as a residential rehabilitation program, specifically intended to address the unmet clinical needs of veterans while preventing the therapeutically inappropriate use of hospital and nursing home care services. Using a multidimensional, individually tailored treatment approach, the clinical status of the veteran is stabilized while the underlying causes and resulting manifestations of homelessness are addressed.

Public Law 100–71 provided VA in FY 1988 with \$15 million as nonrecurring funds to implement the DCHV Program. During FY 1989, services were maintained by VA's medical care appropriation with a budget of \$10.4 million.

By the end of FY 1989, 26 VAMCs have been provided funds to activate the DCHV Program. Thirteen new domiciliary programs were established in urban-based VAMCs using underutilized space, and 13 existing domiciliaries developed specialized treatment programs for homeless veterans within existing operating capacity. Nearly 1,200 beds were dedicated to domiciliary care for homeless veterans across the 26 VA facilities. Since the beginning of this program, more than 7,600 homeless veterans have been provided care.

## Homeless Chronically Mentally Ill Veterans Program

The VA program for homeless veterans who are chronically mentally ill began in mid FY 1987 and continued intact through FY 1989.

The original authorizing legislation (Public Law 100–6) identified broad parameters for the Homeless Chronically Mentally Ill (HCMI) program that included case management services and treatment in community-based psychiatric residential treatment facilities. These treatment services were arranged and paid for through contracts between VA and community-based facilities. Forty-three VA medical centers (VAMCs) were selected for participation in this program and approved for funding in FY 1987. These original sites continued through FY 1989 as active programs at VAMCs in 26 States and the District of Columbia. Since the beginning of this program, more than 19,000 homeless veterans have been contacted and clinically assessed by VA staff assigned to the HCMI program sites.

Although HCMI programs may vary from site-to-site, the basic components of the program include:

- Aggressive outreach to HCMI veterans in shelters and soup kitchens as well as on the streets.
- Medical and psychiatric examinations to determine health and mental status and to develop plans for care.

- Treatment and rehabilitation in community-based facilities, when appropriate, for time-limited periods.
- Case management to monitor treatment services provided to veterans in community-based facilities and to link these veterans with other services and programs offered by the community.

A national evaluation was implemented as an integral part of the HCMI program. Preliminary findings show that only 20 percent of veterans who have had an initial assessment with HCMI program staff did not receive further services from the program. The remaining 80 percent are provided services that can be categorized as direct clinical care, linkage and referral services, and contract residential treatment.

- Direct clinical care by program staff includes medical and psychiatric assessment and treatment, substance abuse treatment, job counseling, and crisis intervention.
- Linkage and referral services are used by HCMI staff who provide veterans with access to VA and non-VA medical and mental health care, inpatient and outpatient treatment, VA financial benefits, non-VA financial assistance, and job training services.
- Residential treatment in psychiatric community-based facilities provides HCMI patients with alcohol and/or drug dependence treatment, treatment for general psychiatric disorders, psychotherapy, vocational rehabilitation, and training in skills required for daily living. Since May 1987, 4,500 individual veterans have been admitted for inpatient care in 187 community-based psychiatric residential treatment facilities. The average length of stay is 65 days and the average daily cost of care is \$35.54.

Preliminary conclusions about the therapeutic success of the HCMI program are based on clinical assessments of all patients at the time they leave treatment in the 187 community-based residential facilities and on followup evaluations of all veterans seen by HCMI staff (whether placed in residential treatment or not) at 9 selected sites at 3-month intervals.

The HCMI Program evaluation indicates that the program staff is successful in reaching veterans who are both homeless and chronically mentally ill. For those veterans who choose to become involved in the HCMI program, approximately one-half show improvement in their health care problem areas and in their residential situations, while 40 to 70 percent show improvement in social, vocational, or financial problem areas.

## Alcohol and Drug Dependence Treatment Programs

VA operates 123 specialized Alcohol Dependence Treatment Programs (ADTPs) and 53 Drug Dependence

Treatment Programs (DDTPs). These specialized medical programs provide for the care and treatment of eligible veterans who are alcohol and/or drug dependent.

Within the ADTPs during FY 1989, more than 60,000 individual veterans were treated in specialized alcoholism treatment units. Another 41,000 individual veterans with alcohol problems were treated on other VA inpatient wards such as general medicine and psychiatry. Within the outpatient treatment clinics, nearly 450,000 patient visits occurred during FY 1989.

The specialized inpatient DDTPs provide treatment to veterans with a wide variety of drug abuse and dependence problems, including opiate and cocaine dependence. The number of individual veterans treated for drug dependence in FY 1989 was approximately 30,000; of these, more than one-half were treated in DDTP beds. There were nearly 900,000 outpatient visits for drug dependence treatment.

VA conducts alcoholism and drug abuse research through individual and cooperative (multi-hospital) studies. Physician training in substance abuse and alcoholism treatment is through a two-year university-affiliated fellowship training program offered at six VAMCs.

Since FY 1980, VA has been authorized to contract with non-VA community halfway houses for rehabilitation of veterans with substance abuse problems. During FY 1989, \$5.5 million appropriated for this program supported treatment for nearly 5,000 veterans in community halfway houses. This contract program was in effect at 100 VAMCs around the country at the close of FY 1989.

During FY 1989, VA actively participated with staff of the Office of National Drug Control Policy in development of the National Drug Control Strategy. It is expected that this dialogue will continue and stimulate further initiatives in which VA will play a significant role in the Nation's efforts to deal with drug abuse.

## Alcohol Research Centers

Alcoholism has a major impact on VA's patient population. In September 1989, the Medical Research Service announced a solicitation for proposals for research centers to conduct basic and clinical science studies of alcoholism.

Core support for these centers was offered to enhance multidisciplinary basic research on fundamental problems related to the causation and treatment of alcoholism through recruitment of highly qualified physician and doctorate-level investigators. Moreover, these centers are expected to afford opportunities for research training to persons from various disciplines.

The alcohol research center program is designed to complement VA merit-review funded research by providing long-term (five-year) support for interdisciplinary

research programs with emphasis on a particular research theme related to alcoholism and alcohol-related problems.

## National Center for Post-Traumatic Stress Disorder

VA establishment of the National Center for Post-Traumatic Stress Disorder (NC/PTSD) was mandated by Congress to carry out and promote research and education on PTSD. The center's mission is also to communicate research findings and information on training activities on PTSD within VA and to other non-VA health care providers with an interest in PTSD. The original National Center, established in 1984, did not successfully accomplish its mission and a new center was approved in 1989.

The new NC/PTSD is a four-site consortium, with the Administrative and Resource Division at VA Medical Center (VAMC) White River Junction, VT; the Clinical Neurosciences Division at VAMC West Haven, CT; the Behavioral Sciences Division at VAMC Boston, MA; and the Clinical Laboratory and Education Division at the Menlo Park Division of VAMC Palo Alto, CA.

Since the design of this consortium gathers the talents of experts at these sites, VA program officials expect that the broad scope of the mission will now be achieved. One of the roles of the National Center will be to share VA expertise in the understanding and treatment of PTSD with the national and international health care communities. Further research based on data collected for the "National Vietnam Veterans Readjustment Study" will also be on the agenda.

In FY 1989, the center's divisions concentrated on organization and missions. This process included a meeting of all consortium division chiefs and key staff in August 1989 at the conclusion of a PTSD training program in Baltimore, MD. Headquarters supervision of the National Center will be through the Director, Mental Health and Behavioral Sciences Service in Washington, DC, with the assistance of the Director of VA's Readjustment Counseling Program for Vietnam veterans.

## Environmental Medicine Office and Agent Orange-Related Activities

On October 1, 1988, the Agent Orange Projects Office, the primary office for management and coordination of research and nonresearch effects related to Agent Orange, was redesignated as the Environmental Medicine Office.

VA continued its activities, begun in 1978, to resolve the complex health issues raised by the military's use of the defoliant Agent Orange in Vietnam. VA remained abreast of significant political, medical, and scientific developments on Agent Orange through internal efforts and participation in key agency/interagency committees,

including the VA Advisory Committee on Health-Related Effects of Herbicides, the Veterans' Advisory Committee on Environmental Hazards, and the White House Domestic Policy Council's Agent Orange Working Group and its Science Panel; through maintenance of active dialogue and liaison with other government agencies and public institutions; and, through contacts with foreign governments concerned with the Agent Orange issue.

Vietnam veterans continue to report to VA health care facilities for physical examinations through VA's Agent Orange Registry program. In FY 1989, VA established Medical Administration Agent Orange Coordinators at each VA health care facility to provide direct and personalized services to veterans seeking Agent Orange registry physical examinations. By the end of FY 1989, approximately 230,000 veterans had participated in this voluntary program coordinated by environmental physicians located at each VA medical center and independent outpatient clinic.

The Veterans Health Care, Training, and Small Business Loan Act of 1981 (Public Law 97-72) authorized VA to provide medical care to Vietnam veterans, subject to guidelines established by the Chief Medical Director, for health conditions possibly related to their exposure to Agent Orange. During FY 1989, approximately 300 inpatient admissions and 130,000 outpatient visits at VA health care facilities fell under the authority of this law. Public Law 100-687, "Veterans' Benefits and Improvement Act of 1988," enacted November 18, 1988, extended VA's authority for treating these health conditions of Vietnam veterans through December 31, 1990.

In addition to its research, public information pursuits, and health care, VA continued in FY 1989 other efforts relative to the Agent Orange issue. Primary among these were publication of volumes 13-14 of the "Review of Literature on Herbicides, including Phenoxy Herbicides and Associated Dioxins" and a corresponding lay language synopsis entitled "Synopsis of Scientific Literature on Phenoxy Herbicides and Associated Dioxins," volume 6, (XII-XIV); a review and critical analysis of the worldwide scientific literature on Agent Orange and other phenoxy herbicides; development and dissemination of a series of special information brochures entitled "Agent Orange Briefs"; preparation of Agent Orange fact sheets; publication of the "Agent Orange' Review" in October 1989; and, preparation and widespread dissemination, both within and outside VA, of a special Agent Orange poster alerting Vietnam veterans to available VA Agent Orange-related services and information.

## Agent Orange Epidemiological Research—Scientific Resolution

Agent Orange continued to be a key issue during FY 1989, from both medical and scientific perspectives, for Vietnam veterans concerned about the possible adverse health effects of herbicide exposure during mili-

tary service in Vietnam. The Office of Environmental Epidemiology in VA Medical Center (VAMC) Washington, DC conducts VA human-related research on behalf of VA Central Office.

Human Agent Orange-related research efforts included the following major research projects: "Update of the Vietnam Veterans Mortality Study" to assist in assessing the mortality patterns of U.S. servicemen in the Army or Marine Corps who served in the Republic of Vietnam during the Vietnam era; "Cohort Mortality Study of Marine Vietnam Veterans" to determine the overall mortality rate as well as cause-specific mortality rates of Marines who served in Vietnam and those who served elsewhere; "female Vietnam Veterans Mortality Study" to assess the mortality experience of female who served in Vietnam; "Retrospective Study of Dioxins and Furans in Adipose Tissue," conducted in cooperation with the United States Environmental Protection Agency, to obtain a detailed analysis of tissue specimens for dioxins and furans in order to determine whether service in Vietnam resulted in increased levels of these compounds in Vietnam veterans; "Army Chemical Corps Veterans' Health Study" to assess the health status of approximately 1,000 Vietnam veterans who served with the Army Chemical Corps in order to determine morbidity rates for certain disorders and mortality rates for specific causes; and, a "Health Surveillance of Vietnam Era Veterans" to monitor health and mortality trends of Vietnam veterans treated by VA and of veterans who have received an Agent Orange Registry examination provided at all major VA health care facilities to concerned Vietnam veterans. During FY 1989, VA researchers also concentrated on the development of viable research options for the conduct of a health study of female veterans mandated by Public Law 99-272.

Aside from human research efforts, VA funded several investigator-initiated Agent Orange-related animal research projects. These studies, conducted at VAMCs nationwide, were designed to increase the scientific knowledge base regarding the possible adverse health effects of exposure of animals to Agent Orange and its dioxin contaminants.

Individual research projects were in varying stages of completion during the fiscal year. During FY 1989, VA continued to fund the conduct of the major epidemiological study of the health status of Vietnam veterans. Responsibility for the conduct of this study, which consists of three separate and distinct efforts, that is, the "Agent Orange' Exposure Study," "Vietnam Experience Study" and "Selected Cancers Study," was transferred through an interagency agreement to the Department of Health and Human Services' Centers for Disease Control (CDC) in Atlanta, GA in January 1983. In consultation with the Director of the Congressional Office of Technology Assessment, and with the concurrence of VA's congressional oversight committees, it was deter-

mined not possible to conduct the "Agent Orange" Exposure Study" in a scientifically feasible manner.

The "Vietnam Experience Study" was completed by CDC and the results were published in the "Journal of the American Medical Association" on May 13, 1988. During FY 1989, work continued on the "Selected Cancers Study" with publication of findings expected in 1990.

The scientific pursuit of answers to the extremely complex medical and scientific issues surrounding the use of the defoliant Agent Orange in Vietnam and its possible impact, if any, on the health status of Vietnam veterans remains an important VA research objective on behalf of Vietnam veterans.

## Health Care for Female Veterans

During FY 1989, the Veterans Health Services and Research Administration (VHS&RA) continued to emphasize the goal of providing equitable quality health care for female veterans. Although women constitute 4.7 percent of the veteran population, they accounted for only 2.2 percent of patients discharged from VA medical centers (VAMCs) in FY 1989; the latter proportion has been steadily rising since the early 1970s. Women's utilization rate of health care is 18.8 per 1,000 veterans, as compared with 38.3 for men. Utilization is highest for those female under age 25 and over age 54.

The VA Advisory Committee on Women Veterans, convinced that many former servicewomen do not identify themselves as veterans and therefore are unaware of the availability of benefits, continued to recommend outreach efforts. As a result, the Department is revising the brochure "Women Are Veterans, Too" and developing a new display stressing "same service, same benefits" to use at conferences and conventions. Programs recognizing the contributions of female veterans and providing staff education on women's health care needs were held at a number of VAMCs in FY 1989. These programs allowed women to see that VA medical facilities are serving both female and men and also resulted in local media coverage with the same message.

The committee expressed concern about the apparent high rate of cancer in female veterans. As a result, VHS&RA is including a section on malignancies in women in the National Oncology Program. Analysts are also looking into ways to gather data in future surveys of the veteran population to shed additional light on the subject.

Female veteran coordinators, located in every VAMC and VA regional office, serve as advocates for female veterans and facilitate their entry into the VA system. The committee recommended that VHS&RA continue to encourage regional conferences for female veteran coordinators and plan a third national conference. One

regional conference was held in FY 1989 and a national conference is being planned for 1990.

A female veteran coordinator survey in VAMCs was completed in August 1989. The survey showed that at least 90 facilities report special clinics for female veterans that range from comprehensive wellness clinics to special areas available on an as needed basis. All VAMCs provide gynecologic services either through the special clinics, consultants, and/or staff gynecologists. Women's clinics also offer preventive health services such as breast self-examination education, osteoporosis counseling, nutrition counseling, and mammography.

The committee continued to monitor VA's efforts to study the Vietnam experience on female veterans.

## Readjustment Counseling Vet Center Program's Tenth Anniversary

Readjustment counseling vet centers provide outreach and counseling to Vietnam era veterans and their family members for war-related social and psychological difficulties.

In October 1979, the first two vet centers opened in Burlington, VT and Los Angeles, CA. In commemoration of this event, all vet centers nationwide conducted public open houses on November 9, 1989. Coordinated through VA Public Affairs Offices, open house public service announcements were developed for each vet center. Other special events included recognition articles in the "Vet Center Voice" and "Vanguard" and recognition ceremonies for the 52 vet center employees whose work history has spanned the full 10-year period.

Since their inception, vet centers collectively have seen more than 700,000 veterans and family members and have handled approximately 4.3 million visits. On an annual basis, vet centers counsel more than 115,000 veterans and handle approximately 640,000 visits. In addition, the Readjustment Counseling Service (RCS) fee contract program sees, systemwide, more than 6,000 veterans and handles more than 80,000 visits per year.

After 10 years of operation, only 8 complaint letters describing problems in services have been received from vet center clients by VA Central Office. Other indicators of the general success of the program include consistently favorable media coverage; support of local and State governments, Members of Congress, and veterans service organizations; effective collaboration and increased referrals between VA medical centers and vet centers; high staff morale; relatively low cost-per-veteran visit; and a low incidence of clinical incidents such as suicides or assaults on vet center staff.

During the course of the vet centers' 10-year history, the RCS has initiated management refinements and a systematic, integrated quality assurance program while retaining the unique vet center features of outreach, peer

counseling, and an informal, noninstitutional treatment environment. Quality assurance measures were initiated by the RCS in 1986. The quality assurance measures include minimum standards for vet center clinical records, formal site visits by RCS management officials, the requirement for at least one mental health professional on staff at all vet centers, and continued inservice training programs sponsored by the Regional Medical Education Centers. Vet centers also conduct formal mortality and morbidity reviews for all suicides of active clients. In addition, RCS is a full participant in VHS&RA quality assurance peer reviews.

The "National Vietnam Veterans Readjustment Study," conducted in FY 1988, continues to provide the basis for future workload planning; specifically, the prevalence of Post-Traumatic Stress Disorder among male and female veterans is approximately 15 and 8 percent, respectively.

The nationwide vet center system is well established and continues to enable VA to respond to unmet needs of the Vietnam theater and Vietnam era veteran groups.

## Quality Assurance Reorganization and Program Enhancements

The Chief Medical Director established a quality of care task force in March 1988 to design a comprehensive and streamlined quality of care review program. Public Law 100-322 in FY 1989 directed VA to improve the operations of its health care quality assurance (QA) programs by assigning higher priority and greater resources to the Office of Quality Assurance, by encompassing risk management functions, and by upgrading and expanding the Office of the Medical Inspector.

The task force developed thirteen recommendations, several of which dealt specifically with the reorganization of the QA program at the VA Central Office level. Two critical recommendations involved the realignment of the Office of the Medical Inspector to function as a staff office to the Chief Medical Director and the realignment of the Office of Quality Assurance so as to receive direct supervision from the Associate Deputy Chief Medical Director instead of the Chief Medical Director. A new position of Assistant Chief Medical Director for Quality Assurance was established in FY 1989.

VA headquarters has encouraged the development of integrated QA programs at the field facility level to promote a more efficient use of QA and clinical staff, to eliminate unnecessary or duplicative monitoring and evaluation efforts, and to more closely manage QA activities such as occurrence screening, utilization review, and risk management. Pilot tests of these activities are being conducted at selected VA medical centers (VAMCs) and will be evaluated during FY 1990.

VAMCs are also expanding the use of data to analyze QA processes. Additional Decentralized Hospital

Computer Program (DHCP) modules for occurrence screening, utilization review, and the External Review Management Information System (ERMIS) were made available in FY 1989.

## Quality Assurance and External Peer Review Activities

VA emphasizes the clinical peer review aspects of its quality assurance programs. A high level of physicians participate in VA peer review and QA activities. Many physicians and other staff participating in the process documented their activities in scientific papers that were presented at the 1989 American Medical Review Research Center's annual meeting. Also, VA clinicians belong to several committees of the American Medical Peer Review Association.

VA's peer review program, a data-driven QA and utilization review program, was designed to complement other components of the QA program in VA to ensure that patient care is not adversely affected under a prospective resource allocation system.

During FY 1989, the peer review program was expanded to include the review of long-term and ambulatory care. Specific goals were identified for each area of review, based on general standards used by community health care organizations. VA extended its activities to health care modalities not previously evaluated such as Day Hospital, Day Treatment, Hospital Based Home Care, Adult Day Health Care, and State Veterans Home Care. In the development of this specific QA program, VA has emphasized the importance of ensuring continuity of care.

## Impact of National Nurse Staffing Shortage on VA

Not unlike the Nation as a whole, VA's health care system has suffered from the national nurse shortage. VA has closed more than 3,200 beds in the system due to shortages of nursing staff.

VA has taken a hard look at nurse understaffing and developed creative strategies for attracting and retaining well-qualified nurses. To accomplish this feat, VA has invested more than \$60 million in special salary rates for registered nurses to allow VA medical centers (VAMCs) to pay competitive salaries in local labor markets.

At the beginning of FY 1989, the national vacancy rate for VA nurses was 5 percent and the turnover rate was at an all-time high of 26.5 percent. With a total workforce of nearly 35,000 registered nurses, these percentages translate into more than 1,700 vacancies and more than 9,000 nurses leaving VA employment—numbers that are unacceptable by any measure. At individual VAMCs vacancy rates ranged from as high as 13 to 19 percent.

This imbalance in supply and demand is forecast to continue well past the year 2000. Demand is increasing as the need for more sophisticated and more labor-intensive nursing care grows throughout the Nation and its rapidly changing health care delivery system. Nurses continue to assume more complicated technical, clinical, and coordinating responsibilities; and competition for the available pool of nurses is increasing among hospitals, nursing homes, ambulatory care settings, and home health care.

Meanwhile, student enrollment in nursing schools as well as financial support are decreasing, or, at best, remaining stable. Individuals in their late teens and early twenties, the traditional feeder-group for nursing, are pursuing other more lucrative career options which were generally unavailable to earlier generations of students.

Against this background, VA is pursuing several courses of action to influence both the supply and demand issues in nursing. Significant programs and activities consist of:

- **Nurse Pay Revision.** VA nurses are currently paid from a national nurse pay schedule that is statutorily linked to the Governmentwide general schedule. The national schedule is inadequate and has led to proliferation of special salary rates based on higher salaries being paid by locally competing employers. More than 140 of VA's 172 medical facilities now have special salaries in effect for nurses. The Department has developed a proposal for a comprehensive nurse pay program which, if enacted into law, would become VA's first locality pay system outside of the Federal wage system for blue collar occupations. The new pay system would be responsive to local market conditions and remove several existing statutory barriers that make the present pay system inadequate.
- **Recruitment Advertising.** To ensure that recruitment activities are effective in today's labor market, VA has competitively awarded a contract to a commercial advertising firm to develop creative ideas for improving the Department's recruitment advertising. The firm will also develop a publicity campaign to sell VA as a preferred employer at national, regional, and local levels.
- **Recruiting Activities.** VA is expanding the scope of its recruitment activities to include national meetings of all major health care occupations, attendance at regional and State-level conventions, and more support of recruitment by local VAMCs. New recruitment displays and eye-catching recruitment videos are a part of the more ambitious recruitment effort. In FY 1990, VHS&RA will pilot test membership in a computerized network that will link nursing school placement offices directly with VAMCs.

- **Scholarship Program.** The Health Professional Scholarship Program continues to bring nurses into VA through obligated service. In the 1988-89 school year, 304 scholarships were awarded. For 1989-90, VA awarded 349 scholarships. A total of 745 nurses are employed under scholarship obligation.
- **Tuition Assistance.** The VHS&RA Office of Academic Affairs provides substantial funding to VA facilities for tuition support and a new tuition reimbursement program authorized by Public Law 100-322.
- **Upward Mobility.** During FY 1989, VHS&RA expanded and refocused the traditional upward mobility training program to place higher emphasis on preparing registered nurses at the associate degree level. VHS&RA placed 165 employees in nursing schools, paid their tuition, and provided them full salaries while they pursued 2-year degrees. While in school, students are expected to spend a portion of the workweek in patient care activities at VAMCs. The program offers an excellent advancement opportunity for employees who have already decided on VA careers and provides a more certain source of new nurses who already know VA's health care system. VA plans to expand this program in the future.

VA's success in recruiting and retaining quality nursing staff will depend on its ability to react competitively to economic changes in the national and local labor markets. The quality-of-work life will also become an increasingly important issue. Future VA program activities will focus heavily on nurse/patient staffing ratios, workshift assignment and rotation, dependent care including onsite child care, continuing education, nurse governance and autonomy, and nursing support structures.

## Allied Health Recruitment and Retention Issues

In FY 1989, several critical VA health care occupations were experiencing turnover and vacancy rates that were unacceptably high. The national average turnover rate for registered nurses was 26.5 percent; licensed practical nurses, 35.0 percent; physical therapists, 26.3 percent; occupational therapists, 32.7 percent; and respiratory therapists 25.4 percent. Vacancy rates were 5.0 percent for registered nurses, 12.2 percent for licensed practical nurses, 24.7 percent for physical therapists, 19.8 percent for occupational therapists, and 30.3 percent for respiratory therapists.

In many critical occupations, increasing demand for health care workers and a stable, or, in some cases, decreasing supply of new graduates are challenging VA's ability to maintain a high quality health care workforce. Many of the same special programs and interventions

that VA has found effective in addressing registered nurse recruitment and retention issues are applicable to other health care professions and occupations. VA has taken full advantage of every available authority and has proposed legislation for additional authorities to make VA employment more attractive for all categories of health care workers. Specific actions taken include:

- Approval of specific salary rates for all occupations when required for recruitment and retention.
- Allocation of upward mobility training funds for many critical occupations.
- Allocation of approximately \$10 million of tuition support funding for training in various allied health occupations.
- Extension of the Health Professional Scholarship program to include physical and occupational therapists.
- Increased funding for recruitment advertising and promotional activities.
- Proposed legislation to authorize noncompetitive employment of VA trainees in all affiliated allied health programs.

These activities represent a coordinated effort to keep VA competitive in the national health care labor market. The labor supply is becoming increasingly sensitive to salary, benefits, and work environment issues. Therefore, VA management at all levels is devoting more attention and resources to recruitment and retention activities.

## Expansion of Scholarship Program to Include Physical Therapists

Physical therapy has been identified by the Bureau of Labor Statistics as one of the fastest growing allied health occupations, with a projected need for 70,000 therapists nationwide by 1995. An increased demand for VA physical therapy services is particularly evident as veterans are aging at a significantly greater rate than the general population; however, VA physical therapy staffing has been steadily decreasing. In September 1989, VA had in the physical therapy department 504 full-time employees, with 105 vacant positions, and a turnover rate of 26 percent.

VHS&RA, in its efforts to recruit and retain physical therapists for VA, expanded the Health Professional Scholarship Program in 1988 to include awards for physical therapy students. Forty-seven awards were funded at a cost of \$1.08 million initially, followed by 44 scholarships in 1989, costing \$1.06 million. Upon receipt of degree and license, these scholarship participants will be employed full-time as VA clinicians to complete one or two years of service obligation. In 1989, 24 newly

graduated licensed physical therapists were employed in VA medical centers.

## VA/DoD Health Resources Sharing and Joint Venture Construction Projects

VA and the Department of Defense (DoD) operate the largest and second largest, respectively, Federal government health care systems. In FY 1989, the two systems had a combined operating budget of \$23 billion. VA and DoD together operate more than 300 hospitals and 600 outpatient clinics. Both systems also pay civilian sources to provide medical care to their respective beneficiaries for combined annual payments in excess of \$3 billion.

At the close of FY 1989, 143 VA medical centers (VAMCs) had executed more than 2,000 separate sharing agreements with 183 military medical treatment facilities. The shared services ranged from hospital laundry services to sophisticated diagnostic and treatment procedures and the services of medical specialty staff. It is estimated that VA provides (rather than receives) health resources, on a reimbursable basis, to the DoD at a ratio of about 8:1.

In addition to the separate sharing agreements, there are seven joint venture hospital construction projects currently in various phases of development. The VA and U.S. Air Force "Integration Air Force" project is almost complete with the opening of a new Air Force clinic adjacent to the joint hospital in Albuquerque, NM. Four other joint construction ventures are planned in Las Vegas, NV, Tucson, AZ, and Anchorage, AK with the U.S. Air Force and in Philadelphia, PA with the U.S. Navy. Also, exploratory joint venture projects have been initiated with the U.S. Army in El Paso, TX, and Lawton, OK.

## Sharing VA Medical Resources with Universities and Community Hospitals

The Department shares with, provides to, and purchases specialized medical resources from Federal, State, and local community hospitals. VA facilities share specialized medical resources with medical schools, hospitals, and clinics when such arrangements do not infringe on the ability to provide health care to veterans. Sharing agreements enable VA to purchase only, provide only, or both purchase and provide services in the same agreement. A direct benefit of this authority is the obtainment of certain essential medical services that are not readily available at VA medical centers.

The sharing program has steadily grown in the scope of the services provided and obtained by VA each year since its beginning in 1966. As the range of sharing opportunities has broadened, the cost-effective delivery of high quality specialized medical care to VA patients has increased proportionately. The total dollar value of

resources shared between VA and private sector health care providers has risen from nearly \$21 million in 1979 to nearly \$50 million in 1989.

VA's Specialized Medical Resource Sharing Office provides program management, but individual VA medical facilities have primary responsibility for initiating and accounting for sharing arrangements with other health care providers.

## Advanced Technology Medical Equipment Sharing Program

The Advanced Technology Medical Equipment Sharing Program offers VA the best opportunities for timely economical procurement of the latest diagnostic and therapeutic technologies at selected VA medical centers. It provides mechanisms for sharing with community hospitals the costs of equipment and operations of a clinical facility.

In FY 1986, VA was directed by Congress, pursuant to Public Law 99-160, to establish a 2-year pilot program to acquire up to \$10 million in high technology equipment on a 50/50 cost sharing agreement with other community health care institutions. VA would retain title and control of the equipment and its operation. Funding for site preparation and construction and for resources such as staffing and supplies are required of the non-Federal health care providers.

For the first year, the total VA program costs were \$9.2 million, while non-Federal health care institutional sharing partners committed more than the required 50 percent of the procurement costs; in FY 1987, VA costs totaled nearly \$7 million, while partner health care institutions made resource commitments valued at more than \$20 million; in FY 1988, VA invested \$3.9 million, which was matched by sharing partners contributions. In FY 1989, VA invested approximately \$7 million and sharing partners contributed in total an amount considerably higher.

All aspects of the program during the last four years have clearly demonstrated strong potential for fulfilling the basic objectives of this special resource sharing authority. The program not only provides for optimally effective use of funds but also for participation of community-based non-Federal health care institutions in the treatment of VA patients.

## Role of VA Research

The legally defined mission of VHS&RA includes the conduct of medical research. Research is integral to the academic medical model where physicians treat patients, train other physicians, and conduct research—a model that is critical to the provision of high-quality patient care.

The post-World War II growth of the VA research program paralleled the development of VA affiliations with medical schools. The goal of affiliation was to upgrade the quality of VA patient care by adopting the academic medical care model—patient care provided by physicians who also teach and engage in research. The opportunity for VA physicians to pursue a medical research career as part of their VA responsibilities and the availability of special research funds to support VA researchers have enabled VA to recruit and retain a remarkably talented patient care staff.

At present, VA supports about one-third of all physician investigators in the Nation. VA also has become a major contributor to the training of physician researchers through VA's Career Development Program.

## VA/Department of Defense Cooperative Medical Research Program

The National Defense Authorization Act (Public Law 99-661) created in FY 1987 a program entitled "Cooperative Medical Research with the Department of Veterans Affairs." This program, reauthorized in FY 1989, provided \$20 million for VA to support two categories of research projects. In the first category are 190 ongoing VA Medical Research Service projects identified by Department of Defense (DoD) and VA officials as potentially beneficial to both Departments. The projects in the second category are specifically solicited projects conducted in VA or DoD facilities nationwide by teams of collaborating investigators from VA and DoD facilities and, thus, explicitly reflect the interests of both Departments.

## The Role of Dental Treatment in the Health Care of Veterans

Dentistry in VA is unique in many respects. Dental clinics are present as part of the clinical activity of all VA medical centers, all independent outpatient clinics, and many satellite outpatient clinics. Although dental care is provided for statutorily eligible veterans whose health concerns are solely dental in nature, the operation of VA dental clinics is geared to providing treatment for veterans who are medically or psychiatrically compromised.

During FY 1989, dental care was provided to more than 88,000 inpatients and more than 140,000 outpatients during more than 1.5 million total visits to VA dental clinics.

The Office of Dentistry and the Office of Academic Affairs have set a high priority on developing closer ties with the dental academic community. In FY 1989, VHS&RA presented to the American Association of Dental Schools' Council of Dental Deans a plan that would foster enhanced dental school/VA relationships in predoctoral, postdoctoral, and continuing education.

## Collaboration in Infection Control Education for Dentistry

Dental professionals, faced with a voluminous amount of educational materials on infection control, may find selection of materials easier due to a project spearheaded by VA. The program, "Infection Control in the Dental Environment," was developed by VA's Office of Academic Affairs and Office of Dentistry in cooperation with the American Dental Association, the Centers for Disease Control, the Food and Drug Administration, and the National Institute of Dental Research. Sharing content and instructional expertise, the organizations cooperated on the writing and designing of this self-instructional program, which contains three videotapes and an accompanying workbook, to provide basic principles as well as practical how-to procedures on infection control practice in the dental setting.

Produced by VA's Eastern Dental Education Center as part of the Office of Academic Affairs' National AIDS Education Initiatives, the program has been distributed to every VA medical center and outpatient clinic. The collaborating organizations are supporting its distribution to all dental schools, dental hygiene and assisting programs, local and State health departments, and State and component dental societies. Individuals in private practice are able to purchase the education package at cost through the American Dental Association.

## Dental Implants

In 1987, a VA policy change authorized dental implants as a treatment option that could be provided by qualified VA Dental Service personnel in carefully selected cases. The VA Dental Implant Registry was initiated as part of that policy to monitor the use of dental implants and to serve as a basis for further policy and planning decisions. Through FY 1989, reports were submitted at various stages of dental implant treatment and the registry collected longitudinal clinical, diagnostic, and therapeutic data pertaining to various dental implant systems. Specific data include:

- Basic patient information, including health history, current medications, and overall dental condition.
- Type and number of implants.
- Degree of implant success.
- Type of prosthetic reconstruction used.
- Condition of the implant and prostheses at each recall visit.

The registry is the sole noncommercial national source of data on implant technology at this time. Accordingly, considerable interest emerged from groups outside VA on the experience with dental implants. The Food and Drug Administration, anticipating a 1991 requirement that

dental implants demonstrate effectiveness and safety, is particularly interested in VA data.

## Alternatives to Inpatient Care

Alternatives to inpatient care consist of those programs which provide a package of health care and related services enabling a veteran to live at home and avoid the need for institutionalization.

The key elements to these programs is their potential to serve as a substitute for institutional care, their capability to assist the host VA medical center (VAMC) in discharge planning, and their capability to provide quality services. Alternatives in current use are Hospital Based Home Care (HBHC), Adult Day Health Care (ADHC), Community Residential Care, and Respite Care programs. Each program is designed to provide a particular level of care to meet specific patient needs.

The HBHC program employs an interdisciplinary team of VA staff to provide primary medical care to homebound patients. This program includes direct clinical care, supervision and instruction in nursing procedures, and daily personal care. The program is currently established at 72 VAMCs. In FY 1989, the average daily census was 4,613, and 15,710 patients were treated. It is projected that by the year 2000, HBHC will be established at an additional 31 VAMCs and that 35 existing programs will be expanded. At those VAMCs where the veteran population base will not support a program, home health services will be provided on a contractual basis.

ADHC provides health maintenance and rehabilitative services to frail individuals in a congregate setting during daytime hours. This program is designed to provide an alternative to unnecessary institutionalization and to delay premature institutionalization. VA operates 15 programs and contracts with an additional 68 programs. In FY 1989, the average daily census in VA-operated programs was 318, and in the contract programs, 82.

This ADHC program is currently under study to determine its medical efficacy and cost-effectiveness as an alternative to nursing home care. A report of this study will be provided to the Congress in January 1991.

The Community Residential Care program provides room, board, and limited personal care and supervision (at the veteran's own expense), outpatient care, and home visits by VA social workers and nurses. In FY 1989, VA used nearly 3,000 VA-approved private homes to serve an average daily census of more than 11,000 veterans. Since the only cost to the Department is for administration, this program is operated at minimal expense. Originally developed as an alternative to psychiatric hospitalization, the program also serves medically infirm patients. The latter function will be systematically developed to provide a more defined level of care for frail elderly veterans with chronic medical problems.

In FY 1987, VA began operation of the Respite Care program to provide veterans with inpatient care for up to 30 days per calendar year to provide relief to the primary caregiver. The duration of any one admission does not exceed 14 days. Since only empty hospital or nursing home beds are used, costs for the program are marginal. During FY 1989, programs in operation at 110 VAMCs provided care for approximately 2,300 veterans in periodic episodes of care. The health care efficacy and cost-effectiveness of this program are under evaluation and a report will be provided to the Congress in FY 1990. Anecdotal reports indicate that it is highly valued by family caregivers and by VA staff. While it is not an alternative to inpatient care per se, it is a major support service to the HBHC and ADHC programs in particular.

While a satisfactory instrument to predict the precise extent of need for noninstitutional programs has not been found, VHS&RA has developed the programs at VAMCs displaying evidence of a critical volume of discharges of elderly patients with certain diagnoses and disability levels who are within accessible geographic boundaries.

VHS&RA will continue to search for and test new modalities of care to serve as alternatives to inpatient care.

## Sickle Cell Screening and Education Program<sup>1</sup>

During FY 1989, nearly 25,000 patients were screened for hemoglobin disorders and glucose-6-phosphate dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency in the 32 VA medical centers (VAMCs) participating in the VA Sickle Cell Screening and Education Program.

Educational sessions were attended by more than 42,000 veterans; approximately 1,900 veterans were individually counseled. Sickle cell counseling staff at each VAMC consists of a physician, a counselor, and a laboratory technician.

The VA film on sickle cell disease "A Matter of Chance" as well as mobile exhibits were displayed in VAMCs and at meetings of various community organizations.

## VA Preventive Health Care Services

The VA Preventive Medicine Program has been operational since 1985. In addition to a national coordinator in VA Central Office, a coordinator at each VA medical center oversees the program on a local level.

During FY 1989, the Preventive Medicine Program stressed 11 risk factor health care interventions that were selected by VA's Preventive Medicine Field Advisory Group (PMFAG) based on diseases of high mortality and morbidity in the VA patient population and on stated

VHS&RA goals and objectives. These health care interventions consisted of:

- (1) Screening for:
  - hypertension;
  - high cholesterol;
  - breast, cervical, and colorectal cancer; and
  - osteoporosis.
- (2) Inquiry/counseling for:
  - alcohol abuse;
  - nutrition/weight control;
  - physical fitness/exercise;
  - smoking cessation; and
  - influenza immunization.

While activity is encouraged in all interventions, each year the PMFAG recommends that one intervention receive special emphasis in the program. It is hoped that through these highlighted interventions, a greater awareness of the importance of preventive medicine will emerge among the veteran population. Special emphasis interventions were, for FY 1985 and FY 1986, influenza immunization; for FY 1987, colorectal cancer screening; for FY 1988, smoking cessation; and, for FY 1989, cholesterol screening.

## Former Prisoners of War Program<sup>2</sup>

Of the more than 75,000 former prisoners of war (POWs) living, nearly 200 served in World War I; 71,700 in World War II; 3,400 in the Korean conflict; and, 610 in the Vietnam era.

The following VA health care services are provided former POWs:

- Special POW protocol examinations.
- Inpatient treatment for both service-connected and nonservice-connected conditions.
- Dental care for any condition for former POWs interned for 90 days or more; and dental care for service-connected conditions for former POWs interned for less than 90 days.

As of the close of FY 1989, nearly 30,000 former POWs had been examined with the special POW protocol examinations. Of these, nearly 60 percent were receiving some form of VA medical care at time of examination—nearly 43 percent were receiving outpatient care only, nearly 3 percent were receiving inpatient care only, and more than 13 percent were receiving both outpatient and inpatient care. As a result of this special medical evaluation program, almost 42 percent of the total number of former POWs were recommended for some form of health care.

<sup>1</sup> Included in compliance with 38 U.S.C. S. 654.

<sup>2</sup> Included in compliance with 38 U.S.C. S. 221.

The Advisory Committee on Former Prisoners of War, established by Public Law 97-37, advised the Secretary on health care and benefits delivery to former POWs. Staff from the Veterans Benefits Administration and Veterans Health Services and Research Administration provided briefings and other assistance to the committee.

## Therapeutic and Rehabilitation Activities<sup>1</sup>

The Incentive Therapy and Compensated Work Therapy programs provide therapeutic work rehabilitation for inpatients and outpatients to induce motivation, heighten self-esteem, create new interests, and break regressive institutional patterns.

A major focus in FY 1989 was the development of work-for-pay and therapeutic housing programs targeted primarily for the homeless, substance abusers, and chronically mentally ill patients. This is an effort to build on current VA work-for-pay programs and expand their scope of activities to incorporate an inexpensive yet more comprehensive rehabilitation program that emphasizes employment, socialization, independent living, and behavior modification.

In FY 1989, more than 5,500 patients at 40 VA medical centers were provided services through the Compensated Work Therapy program. These patients received pay totaling nearly \$2 million (out of the Therapeutic and Rehabilitation Activities Fund) and worked more than 750,000 hours.

Incentive Therapy programs at 81 VA medical centers provided earnings of nearly \$5.3 million for more than 25,000 veterans during FY 1989. These programs involved the assignment of patients to in-hospital work situations such as grounds maintenance, laundry and kitchen help, and escorting patients.

## Integrated Hospital System

In December 1987, steps were taken to expand the test of the Integrated Hospital Systems (IHS) from three to five permanent test hospitals. The two additional sites, VA Medical Centers (VAMCs) Brooklyn, NY and Chicago (Lakeside), IL are tertiary care facilities. With the original IHS facilities (VAMCs Philadelphia, PA, Saginaw, MI, and Big Spring, TX), these VAMCs will serve as an ongoing test of hospital information system technology offered by the commercial sector. In conjunction with this initiative, VHS&RA prepared a functionally oriented solicitation that combines the optimal features of the existing IHS applications with those of the VA Decentralized Hospital Computer Program (DHCP). The solicitation also provides for the examination and installation of future information system innovations.

The request for proposals for acquisition of new systems was released in FY 1989 and award is expected in FY 1990. It is anticipated that all of the functionality in the DHCP systems will be operational in the new IHS systems.

In conjunction with the IHS pilots, VHS&RA has developed a methodology for conducting a permanent assessment of emerging hospital information systems technology. Five VAMCs have been designated as DHCP Centers for Innovation. These are VAMCs Minneapolis, MN, Miami, FL, Milwaukee, WI, Prescott, AZ, and Altoona, PA. These facilities are similar to the IHS hospitals in size, workload, and other characteristics and will be used to determine whether promising technological developments are transportable to DHCP sites.

## 1989 Associate and Assistant Directors Forum

The 1989 Associate and Assistant Directors Forum was held April 24-28, 1989, in Reno, NV. This major educational event is held biennially for all associate and assistant directors and those who have been trained as associate directors but hold other positions such as those in VA regional offices. This year, 182 participants benefited from a variety of speakers and panel members who covered topics such as the major political forces impacting VA, the difficult balance of cost containment and quality care, and the future of health care.

Featured at the forum were management innovations from 39 VA facilities representing progressive ideas to make the most of existing resources. Three of the management initiatives were recognized by peer vote. First place was awarded to VA Medical Center (VAMC) Dayton, OH for the "Formation of a Government/Private Sector Health Care Joint Venture"; second place was awarded to VAMC Iowa City, IA for the "Self-Directed Team Concept—A Staffing Alternative"; and, third place was awarded to VAMC, Memphis, TN for "Cost Awareness."

## Development of Clinical Executives

The Office of Clinical Affairs, in conjunction with the Offices of Academic Affairs and Management Support, the Regional Medical Education Center in Cleveland, OH, and the Continuing Education Center in St. Louis, MO has launched the first year of an executive leadership training program for new VA Chiefs of Staff. The developmental program consists of three 1-week training experiences distributed over a 10-month period. Between the core weeks, the Chiefs of Staff follow individualized development plans to assist them in enhancing their management and leadership skills. The plan is developed with the assistance of a senior advisor who is identified by the Chief of Staff and who receives special training in this role. Twenty-one Chiefs of Staff participated in the first training session held in Colorado

<sup>1</sup> Included in compliance with 38 U.S.C. S. 618(c)(3).

Springs, CO in September 1989. The Office of Clinical Affairs plans to continue the program for all new VA Chiefs of Staff.

## **New National Equal Employment Opportunity Training Program for Managers and Supervisors**

A new national Equal Employment Opportunity (EEO) training program for managers and supervisors was launched during the fourth quarter of FY 1989. This national course was adapted from a program developed by the Regional Medical Education Center and VA medical center (VAMC) staff in Northport, NY. Approximately 1,000 VAMC managers and supervisors in all regions received training at their local facilities. The one-day course acquainted participants with their roles and responsibilities in EEO and affirmative employment. Regional teams of EEO personnel traveled to 16 VAMCs to conduct training in EEO perspectives, the discrimination complaints process, the prevention of sexual harassment, and reasonable accommodation. Participants' evaluations of the program reflect that it was well received.

Plans have been finalized to offer seven additional sessions during FY 1990. Invitations have been extended to other VA organizational elements to enroll employees in the sessions when programs are held in their locations.

## **Medical Ethics**

Ethics have always had a role in the practice of medicine; however, in the last decade it has become an area of increased attention and controversy largely because of technologic advances and the increased sophistication of medical diagnosis and care. Other contributing factors have been the rising costs of health care and the high expectations of a more educated health care consumer. These developments, in turn, have led to the establishment of bioethics committees in health care institutions as one mechanism of assisting hospital staffs in dealing with bioethical matters. The American Medical Association, American Hospital Association, and National Hospice Organization, among others, have endorsed this trend.

VA's Office of Clinical Affairs has sponsored annual meetings for the last four years to explore VA's role in bioethical matters. These meetings have brought together VA Central Office staff, VA field personnel, and distinguished individuals from outside VA who are experts in the field of bioethics.

Meetings have focused on the role of VA Central Office in bioethics; the role of, and survey results from, bioethics committees in VAMCs; ways to enhance education and training of health care personnel in bioethics; and, bioethical matters related to care of AIDS patients, informed consent, living wills, "Do Not Resuscitate"

orders, withholding or withdrawing of life support, and surrogate decisionmaking.

Approximately 75 percent of VA health care facilities in the field have bioethics committees and others have plans to establish them. Field facility committees provide consultation to physicians, patients and families about individual treatment decisions, especially those involving matters of life and death; provide a focus for interdisciplinary participation in value-type decisions; and, educate hospital staff about issues in ethical decisionmaking and the role of the hospital bioethics committee.

VA's Central Office clinical affairs staff will continue to encourage the establishment of bioethics committees at field facilities and to support educational activities that will assist VA clinicians in providing leadership and decisionmaking in this area.

## **VA Voluntary Service Program Growth**

A new milestone was reached in FY 1989 with the donation of more than 13 million hours by 87,000 VA volunteers. Growth has been observed in many community activities that help VA patients remain in their communities without the need of further acute hospital care. A 20 percent growth occurred during FY 1989 in both the number of persons volunteering and the hours volunteered by community members.

## **Disabled American Veterans Transportation Network**

The Disabled American Veterans (DAV) transportation network continues to provide effective transportation alternatives to those veterans who would otherwise not have available means to get to VAMCs for treatment. During FY 1989, DAV donations of vans reached a total of 112 and their network provided transportation to nearly 160,000 veteran patients with volunteer drivers traveling more than 8 million miles.

There is no question that this partnership with the DAV and volunteers from other veteran and community groups have contributed substantially to effective treatment of veteran patients. The transportation networks have greatly improved veterans' access to VA care, particularly for those veterans residing in rural areas remote from VA health care facilities.

## **VA's Employee Child Care Program**

Public Law 100-322 authorized VA to establish and administer an employee child care program to aid in the recruitment and retention of employees; the program must be, at a minimum, self-supporting.

A VA working group on child care was established in October 1988 to develop VA policy on child care and

explore alternatives for onsite child care centers. As part of the implementation effort, the working group initiated a nationwide survey of all VA facilities to identify existing and proposed child care activities. This survey should provide a framework for planning VA child care programs and also assist facilities in determining the best approach to address the child care needs of their employees.

Existing VA child care centers are in operation under lease arrangements at some VA medical centers and regional offices. Based on site visits and reviews of existing VA child care centers and other Federal child care programs, VA has developed broad guidelines that will be used to establish several pilot sites.



# Veterans Benefits

## Compensation and Pension

### Summary

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

1. Disability Compensation (38 U.S.C., ch. 11). A veteran is entitled to compensation for disability incurred or aggravated while on active duty. The amount of compensation is based on the degree of disability.
2. Dependency and Indemnity Compensation (DIC) (38 U.S.C., ch. 13) and Death Compensation (38 U.S.C., ch. 11). Dependents of a veteran who died of service-connected causes or while on active duty on or after January 1, 1957, are entitled to DIC. Dependents of a veteran who died prior to January 1, 1957, are entitled to death compensation or may elect to receive DIC.
3. Disability Pension (38 U.S.C., ch. 15). 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.
4. Death Pension (38 U.S.C., ch. 15). 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 Benefits (38 U.S.C., ch. 23). 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.

During FY 1989, expenditures for compensation and pension benefits totaled \$15.2 billion, an increase of \$357 million since the previous fiscal year. (See Table 1.)

**TABLE 1. – Comparative highlights for compensation and pension programs**

Description	FY 1989	FY 1988	Percent change
Expenditures (billions) <sup>1</sup> .....	\$15.2	\$14.8	+2.7
Disability cases on rolls .....	2,775,616	2,804,426	-1.0
Service-connected .....	2,191,549	2,198,857	-0.3
Nonservice-connected .....	584,037	605,527	-3.5
Special acts and retired officers .....	30	42	-28.6
Death cases on rolls .....	878,074	920,613	-4.6
Service-connected .....	322,969	325,246	-0.7
Nonservice-connected .....	555,101	595,363	-6.8
Special acts .....	4	4	0.0

<sup>1</sup> Includes burial benefits.

### Compensation

The number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1989 due to the decline among World War I, World War II, and Korean conflict cases. (See Table 2.)

**TABLE 2. – Disability compensation cases**

Period of service	FY 1989		FY 1988		Percent change
	Cases	Percent of total <sup>1</sup>	Cases	Percent of total <sup>1</sup>	
World War I .....	4,631	0.2	6,106	0.3	-24.2
World War II .....	911,791	41.6	946,767	43.1	-3.7
Korean conflict .....	211,804	9.7	214,981	9.8	-1.5
Vietnam era .....	642,642	29.3	633,068	28.8	+1.5
Peacetime .....	420,679	19.2	<sup>2</sup> 397,937	18.1	+5.7
Mexican Border period .....	2	( <sup>3</sup> )	1	( <sup>3</sup> )	+100.0
Total .....	2,191,549	100.0	2,198,860	100.0	-0.3

<sup>1</sup> May not add to 100.0 percent due to rounding.

<sup>2</sup> Data in the 1988 Annual Report were adjusted.

<sup>3</sup> Less than 0.05 percent.

For the 17th consecutive year, the number of service-connected death cases for which compensation payments were made to dependents of deceased veterans has declined; however, the number of Korean conflict and Vietnam era veteran cases showed increases since FY 1988. (See Table 3.)

**TABLE 3. – Dependency and indemnity compensation and death compensation**

Period of service	FY 1989		FY 1988		Percent change
	Cases	Percent of total <sup>1</sup>	Cases	Percent of total <sup>1</sup>	
World War I .....	15,399	4.8	17,162	5.3	-10.3
World War II .....	143,441	44.4	145,588	44.8	-1.5
Korean conflict .....	38,035	11.8	37,920	11.7	+0.3
Vietnam era .....	74,919	23.2	73,176	22.5	+2.4
Peacetime .....	51,123	15.8	51,345	15.8	-0.4
Spanish-American Wars .....	50	( <sup>2</sup> )	55	( <sup>2</sup> )	-9.1
Mexican Border period .....	1	( <sup>2</sup> )	1	( <sup>2</sup> )	0.0
Civil War .....	1	( <sup>2</sup> )	1	( <sup>2</sup> )	0.0
Total .....	322,969	100.0	325,248	100.0	-0.7

<sup>1</sup> May not add to 100.0 percent due to rounding.  
<sup>2</sup> Data in the 1988 Annual Report were adjusted.  
<sup>3</sup> Less than 0.05 percent.

**Pension**

In FY 1989, the maximum annual rates for improved pension were adjusted. (See Table 4.)

**TABLE 4. – Maximum annual rate of payments by class of beneficiary, effective December 1, 1989**

Class of beneficiary	Rate of pension
<b>Veteran</b>	
Alone .....	\$6,767
One dependent .....	8,864
Alone, aid and attendance allowance <sup>1</sup> .....	10,824
One dependent, aid and attendance allowance <sup>1</sup> .....	12,922
Alone, housebound .....	8,271
One dependent, housebound .....	10,368
<b>Surviving Spouse</b>	
Alone .....	\$4,535
One child .....	5,941
Alone, aid and attendance allowance <sup>1</sup> .....	7,254
One child, aid and attendance allowance <sup>1</sup> .....	8,656
Alone, housebound .....	5,544
One child, housebound .....	6,947

<sup>1</sup> Allowance paid to meet the needs toward the regular aid and attendance of another person.

The overall decrease in the number of veterans on the nonservice-connected disability pension rolls continued during FY 1989; however, three periods of service showed increases during the year: the Korean conflict, the Vietnam era, and the Mexican Border period. (See Table 5.)

**TABLE 5. – Disability pension cases**

Period of service	FY 1989		FY 1988		Percent change
	Cases	Percent of total <sup>1</sup>	Cases	Percent of total <sup>1</sup>	
World War I .....	19,550	3.3	25,899	4.3	-24.5
World War II .....	440,137	75.4	460,449	76.0	-4.4
Korean conflict .....	94,296	16.1	91,557	15.1	+3.0
Vietnam era .....	29,989	5.1	27,563	4.6	+8.8
Mexican Border period .....	65	( <sup>2</sup> )	59	( <sup>2</sup> )	+10.2
Total .....	584,037	100.0	605,527	100.0	-3.5

<sup>1</sup> May not add to 100.0 percent due to rounding.  
<sup>2</sup> Less than 0.05 percent.

The number of nonservice-connected death pension cases decreased in six of eight periods of service. (See Table 6.)

**TABLE 6. – Death pension cases**

Period of service	FY 1989		FY 1988		Percent change
	Cases	Percent of total <sup>1</sup>	Cases	Percent of total <sup>1</sup>	
World War I .....	188,434	33.9	211,379	35.5	-10.9
World War II .....	301,236	54.3	316,433	53.1	-4.8
Korean conflict .....	46,709	8.4	47,104	7.9	-0.8
Vietnam era .....	14,398	2.6	15,619	2.6	-7.8
Spanish-American Wars .....	3,710	0.7	4,271	0.7	-13.1
Mexican Border period .....	554	0.1	491	0.1	+12.8
Indian Wars .....	9	( <sup>2</sup> )	9	( <sup>2</sup> )	0.0
Civil War .....	51	( <sup>2</sup> )	57	( <sup>2</sup> )	-10.5
Total .....	555,101	100.0	595,363	100.0	-6.8

<sup>1</sup> May not add to 100.0 percent due to rounding.  
<sup>2</sup> Less than 0.05 percent.

**Period of Service**

**World War I**

The advanced age of World War I veterans (the median age is higher than 92 years) and surviving dependents corresponds to sharp decreases in all World War I categories.

**World War II**

Veterans of World War II constituted the largest single group receiving compensation for service-connected disabilities, although their numbers continued to decline. (See Table 2.)

**Korean Conflict**

The number of Korean conflict veterans receiving disability compensation decreased to 211,804 during FY 1989. (See Table 2.) The high mark on the rolls, 240,756, was reached in June 1973, 18 years after the Korean conflict ended.

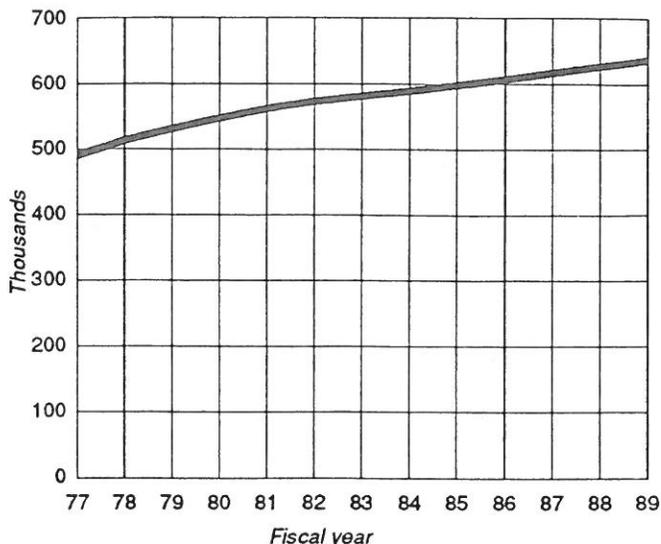
**Vietnam Era**

The total number of Vietnam era veterans receiving disability compensation continues to increase and, with new cases exceeding losses, this trend is expected to continue. (See graph, next page.)

**Peacetime**

Peacetime veterans primarily include veterans who served after the Korean conflict and the Vietnam era. The third largest group receiving disability compensation, peacetime veterans were the fastest growing group in FY 1989, gaining more than 22,700 compensation beneficiaries. (See Table 2.)

### Vietnam era veterans receiving disability compensation



### Other Periods

As of September 30, 1989, the Mexican Border period reflected 2 veterans in receipt of disability compensation, 1 dependent in receipt of death compensation, 65 veterans in receipt of disability pension, and 554 dependents in receipt of death pension. (See Tables 2, 3, 5, and 6.)

Although no living veterans from the Spanish-American, Indian, or Civil Wars received benefits, their beneficiaries received death benefits. The death compensation and death pension beneficiaries of the Spanish-American War veterans were 50 and 3,710, respectively. (See Tables 3 and 6.) From the Indian Wars, 9 beneficiaries received death pension benefits, unchanged from the previous fiscal year. (See Table 6.) From the Civil War, 1 helpless child received service-connected death benefits with Civil War entitlement while 51 beneficiaries received death pension. (See Tables 3 and 6.)

### Burial Allowance

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

VA paid in FY 1989 the basic burial allowance of \$300 to help cover burial and funeral expenses for veterans whose death occurred while under VA care or who were entitled to disability compensation or pension. Transportation charges were payable when veterans died while patients in a VA medical center. An additional allowance of \$150 was payable for a burial plot when veterans were not buried in a national cemetery or a State veterans cemetery. An award of \$1,500 in lieu of these allowances was authorized for eligible veterans who died of service-connected disabilities.

In FY 1989, the basic burial allowance was paid for 116,955 claims amounting to \$43.4 million. Cemetery plot allowances amounting to nearly \$48.3 million were paid to 325,756 claimants; service-connected burial benefits amounting to nearly \$11.2 million were paid to 8,918 claimants.

A total of 350,920 burial flags were issued, a decline of approximately 22,100 since FY 1988. The cost of each flag was approximately \$29.35, totaling \$10.3 million. Reimbursements in lieu of Government headstones or markers were paid to 57,021 claimants for a total of \$4.3 million.

Burial benefits totaled \$137.4 million in FY 1989.

## Educational Benefits

### Summary

The Vocational Rehabilitation and Education Service administers a number of basic programs for veterans, servicepersons, and eligible dependents seeking assistance for education or training. These programs include:

- (1) Post-Korean conflict GI Bill, commonly termed "GI Bill" (38 U.S.C., ch. 34);
- (2) Montgomery GI Bill—Selected Reserve (10 U.S.C., ch. 106);
- (3) Montgomery GI Bill—Active Duty (38 U.S.C., ch. 30);
- (4) Dependents' Educational Assistance Program (38 U.S.C., ch. 35);
- (5) Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) (38 U.S.C., ch. 32);
- (6) Educational Assistance Pilot Program, commonly referred to as "Noncontributory VEAP," (P.L. 96-342 S. 903, 10 U.S.C. S. 2141 note);
- (7) Educational Assistance Test Program (P.L. 96-342 S. 901, 10 U.S.C. Ss. 2141-2149); and
- (8) Veterans' Job Training Act (VJTA) (P.L. 98-77, 29 U.S.C. S.1721 note).

Expenditures for FY 1989 totaled \$789 million. (See Table 1.)

### Veterans' Educational Assistance

Nearly 164,000 veterans and active duty personnel received educational benefits in FY 1989 under the Post-Korean conflict GI Bill. This figure is 19.2 percent less than that for FY 1988. As of September 30, 1989, the total number of veterans and servicepersons ever trained under the current GI Bill exceeded 8.2 million.

At the end of FY 1989, cumulative expenditures for veterans' educational assistance for post-Korean conflict

trainees exceeded \$41.5 billion, as compared with expenditures of \$4.5 billion for the Korean conflict program and \$14.5 billion for the World War II program.

**TABLE 1. – Comparative highlights for educational benefits**

Description	FY 1989	FY 1988	Percent change
Education benefit expenditures (millions) .....	\$789	\$881	-10.4
Post-Korean trainees <sup>1</sup> .....	163,912	202,769	-19.2
Montgomery GI Bill			
Reservist trainees <sup>2</sup> .....	90,584	72,846	+24.3
Active duty trainees <sup>3</sup> .....	23,830	5,599	+325.6
Survivors and dependents <sup>4</sup>			
Sons and daughters .....	38,673	40,871	-5.4
Spouses .....	4,626	4,972	-7.0
Post-Vietnam trainees <sup>5</sup> .....	83,334	87,486	-4.7

<sup>1</sup> As defined in 38 U.S.C., ch. 34.  
<sup>2</sup> As defined in 10 U.S.C., ch. 106.  
<sup>3</sup> As defined in 38 U.S.C., ch. 30.  
<sup>4</sup> As defined in 38 U.S.C., ch. 35.  
<sup>5</sup> As defined in 38 U.S.C., ch. 32.

### Montgomery GI Bill—Selected Reserve

About 90,600 reservists received educational assistance in FY 1989. (See Table 2.) A steady increase in the number of trainees is anticipated in future fiscal years.

**TABLE 2. – Montgomery GI Bill—Selected Reserve trainee data, FY 1989**

Service	Trainees	Percent
Army Reserve .....	22,263	24.6
Navy Reserve .....	9,626	10.6
Air Force Reserve .....	6,028	6.7
Marine Corps Reserve .....	7,213	8.0
Coast Guard Reserve .....	1,195	1.3
Army National Guard .....	34,906	38.5
Air National Guard .....	9,353	10.3
Total .....	90,584	100.0

### Montgomery GI Bill—Active Duty

More than 23,800 persons received educational assistance in FY 1989. (See Table 3.) The number of persons receiving educational assistance under this program should rise substantially in the future.

**TABLE 3. – Montgomery GI Bill—Active Duty trainee data, FY 1989**

Service	Trainees	Veterans	Servicepersons
Army .....	18,588	17,965	623
Navy .....	2,829	2,616	213
Air Force .....	1,541	1,095	446
Marine Corps .....	743	693	50
Coast Guard .....	96	76	20
National Oceanic and Atmospheric Administration .....	1	0	1
Public Health Service .....	32	29	3
Total .....	23,830	22,474	1,356

### Dependents' Educational Assistance

More than 40,800 children and nearly 5,000 surviving spouses took advantage of the program during FY 1989. Approximately 88 percent used their entitlement to acquire college-level training. (See Table 1.)

### Post-Vietnam Era Veterans' Educational Assistance

At the end of FY 1989, more than 72,000 individuals actively participated (in-service contributions) in the post-Vietnam era veterans' educational assistance fund. Of the 1.2 million persons who have contributed, approximately 780,000 have disenrolled, and more than 408,000 who have remaining eligibility have ceased their contributions. The number of trainees during FY 1989 exceeded 83,000, a 4.7 percent decrease since the previous fiscal year; of these, 45,235 veterans and servicepersons were in training. (See Table 4.)

**TABLE 4. – Post-Vietnam era veterans' educational assistance**

Description	FY 1989	FY 1988	Percent change
Accounts established .....	1,153,804	1,153,621	( <sup>1</sup> )
Gross contributions .....	\$1,542,756,971	\$1,492,684,711	+3.4
Active participants .....	72,029	119,108	-39.5
Trained during year .....	83,334	87,486	-4.7
Benefits paid during year .....	\$202,787,919	\$210,680,811	-3.7

<sup>1</sup> Less than 0.05 percent.

### Noncontributory Educational Assistance Programs

The Department of Defense Authorization Act of 1981 (Public Law 96-342) provided for two educational assistance incentive programs for persons who enlisted or reenlisted in the Army, Navy, Air Force, or Marine Corps after November 30, 1980, and before October 1, 1981.

During FY 1989, 629 persons trained under the program commonly referred to as the Educational Assistance Test Program (also known as the Section 901 Program).

Data for the Educational Assistance Pilot Program, commonly referred to as Noncontributory VEAP (also known as the Section 903 Program) are included in the Post-Vietnam era Educational Assistance Program data. (See Table 4.)

### Veterans' Job Training Act

While the Veterans' Job Training Act is administered by VA, the law also assigns responsibility for promoting the development of employment and job training opportunities to the Department of Labor.

At the end of FY 1989, nearly 464,000 applications for certificates of eligibility have been received from veterans, and more than 402,000 certificates have been issued. More than 65,780 job matches have been made, with more than \$205 million obligated for payments.

## State Approving Agencies

State Approving Agencies (SAAs) were originally created as a vehicle for States to disqualify poor-quality training establishments when abuses of the GI Bill occurred following World War II. Programs of education and training for veterans and other eligible persons must be approved by the SAA in the State where the training facility is located, or, when no SAA has been designated, by the Secretary. A number of States have designated two or more agencies to carry out this function.

In FY 1989, VA negotiated contracts with 67 SAAs at a cost of approximately \$11.7 million.

## Commission to Assess Veterans' Education Policy

The Commission to Assess Veterans' Education Policy submitted a preliminary report to both the House and Senate Committees on Veterans' Affairs and to the Secretary on August 29, 1988.

In response to questions regarding the preliminary report, VA submitted an interim report expressing its views to the Congress in April 1989.

As a result of the commission's recommendations and VA's response, several legislative proposals were introduced in the Congress. Two proposals that became law, Public Laws 100-689 and 101-189, and House Resolution 901 included numerous education technical amendments such as the abolition of the absence reporting requirement for noncollege degree programs and the inclusion of survivors, dependents, and reservists in the workstudy program.

The commission submitted its final report to the Congress on July 27, 1989.

As part of VA's evaluation of the commission's recommendations, an education task force was established during FY 1989. This task force is composed of regional office claims examiners, education liaison representatives, and members of the Education Program Administration staff in VA Central Office.

## Vocational Rehabilitation

### Summary

The Vocational Rehabilitation and Education Service provides the services and assistance necessary to enable veterans with service-connected disabilities to become employable as well as to obtain and maintain suitable employment (38 U.S.C., ch. 31). It also assists those found infeasible for training to achieve maximum independence in daily living.

Vocational Rehabilitation and Counseling divisions provide an initial evaluation for all veterans requesting vocational rehabilitation services who incurred a compensable service-connected disability on or after September 16, 1940.

During FY 1989, 30,905 initial evaluations were completed and 26,979 eligible and entitled veterans were provided with 1 or more specialized services. (See table.)

### Comparative highlights for vocational rehabilitation and counseling

Description	Number of veterans		Percent change
	FY 1989	FY 1988	
Counseling services <sup>1</sup> .....	45,442	43,223	+5.1
Initial evaluations <sup>2</sup> .....	30,905	32,637	-5.3
Training and specialized services <sup>3</sup> .....	26,979	24,692	+9.3
Employment services <sup>3</sup> .....	7,648	7,826	-2.3
Vocational and educational counseling <sup>4</sup> .....	3,302	5,512	-40.1

<sup>1</sup> Discrete counseling interventions, including initial evaluation, personal adjustment, and vocational counseling, authorized by 38 U.S.C., ch. 31; and evaluations authorized by 38 U.S.C., ch. 15.

<sup>2</sup> Includes eligibility determinations. Authorized by 38 U.S.C., chs. 15 and 31.

<sup>3</sup> Authorized by 38 U.S.C., ch 31.

<sup>4</sup> Authorized by 38 U.S.C., chs. 30, 32, 34, and 35; 10 U.S.C., ch. 106; and Public Law 98-77, as amended.

## Employment Services

Disabled veterans who complete the education and training phase of their rehabilitation programs and others who are found to have suitable job skills are offered specialized employment services and assistance.

In FY 1989, 2,867 service-connected disabled veterans obtained suitable and stable employment.

## Staff Training

Under a memorandum of agreement with VA, the Department of Labor contracted to provide professional skills training for 120 vocational rehabilitation and counseling staff members from the VA regional offices as well as staff members from the Department of Labor and the State Employment Service. The program focused on staff members with direct job placement responsibilities.

## Pilot Programs for Severely Disabled Veterans

The Veterans' Benefits Improvement Act of 1988 (Public Law 100-687) modified and extended until January 30, 1992, the two 4-year pilot programs established February 1, 1985, by the Veterans' Benefits Improvement Act of 1984 (Public Law 98-543) for severely disabled veterans.

The first pilot program, addressing the vocational training program for VA pension recipients, was broadened to permit any veteran in receipt of a VA pension to request an evaluation to determine the potential for employment and whether achievement of a vocational goal is feasible, if provided a full range of training assistance and

services. During FY 1989, 2,750 evaluations were completed, a decrease from the 3,060 evaluations completed the previous fiscal year.

The second pilot program provides services and assistance to service-disabled veterans who have been awarded total disability ratings by VA based on individual unemployability (IU). The Veterans Benefits Amendments of 1989 (Public Law 101-237) eliminated the requirement that all new IU recipients participate in an initial evaluation. A total of 403 veterans with IU ratings were evaluated for vocational rehabilitation during FY 1989.

### **Program of Independent Living Services**

This program provides services and assistance to severely disabled veterans otherwise eligible to receive vocational rehabilitation assistance under chapter 31 of 38 U.S.C. for whom VA determines that the achievement of a vocational goal is not reasonably feasible.

During FY 1989, 20 veterans were approved for participation in the program.

### **Educational and Vocational Counseling**

Comprehensive counseling and assessment services are provided upon request to veterans, servicepersons, and other eligible persons who plan to use benefits under chapters 30, 32, 34, or 35 of 38 U.S.C. or educational benefits under chapter 106 of 10 U.S.C.

The Veterans' Benefits Improvement Act of 1988 (Public Law 100-687) increased funding under these chapters and directed that contract funds for counseling come from the Readjustment Benefits Account.

During FY 1989, 3,302 veterans and other beneficiaries received counseling and evaluation services. (See table, previous page.)

### **Veterans' Advisory Committee on Rehabilitation**

The Veterans' Advisory Committee on Rehabilitation, established by the Veterans' Rehabilitation and Education Amendments of 1980 (Public Law 96-466), assesses the rehabilitation needs of veterans, reviews the programs and activities of VA designed to meet those needs, and offers recommendations to the Secretary concerning the administration of veterans' rehabilitation programs under 38 U.S.C. The eight

appointed members of the committee include service disabled persons; persons distinguished in the fields of rehabilitation medicine, vocational guidance, vocational rehabilitation, and employment and training programs; and members of the general public. The appointment of five ex-officio members is specifically designated in the law.

During FY 1989, the committee members followed up their two-year study of case management services in the Veterans Benefits Administration and Veterans Health Services and Research Administration by visiting the VA medical center and regional office in Little Rock, AR to review aspects of case management and benefits delivery functions.

In addition, the committee reviewed the legislative revisions to the pilot program for VA pension recipients for the fourth program year and compared these changes to rehabilitation policy in the public and private sectors.

## **Housing Assistance**

### **Summary**

The loan guaranty program (38 U.S.C., ch. 37) provides housing credit assistance whereby mortgage credit needs of veterans and servicepersons 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 the use of 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 that the veteran already owns.

More than 193,000 veterans were assisted in home ownership during FY 1989. VA guaranteed 189,705 home and manufactured home loans in the amount of \$14.4 billion; made 422 grants for specially adapted housing totaling more than \$12.6 million; and approved 2,974 substitutions of entitlement. (See table, next page.)

## Comparative highlights for housing assistance

Description	FY 1989	FY 1988	Percent change
Number of loans guaranteed			
Home .....	188,871	232,638	-18.8
Manufactured home .....	834	2,071	-59.7
Average loan amount			
Home .....	\$76,223	\$74,168	+2.8
Manufactured home .....	\$23,758	\$23,207	+2.4
Maximum interest rate (percent) <sup>1</sup>			
Home .....	10.5	11.0	-
Manufactured home .....	13.0	13.5	-
Minimum interest rate (percent) <sup>1</sup>			
Home .....	9.5	9.5	-
Manufactured home .....	12.0	12.0	-
Loans outstanding <sup>2</sup> .....	3,937,986	4,025,856	-2.2
Loans in default <sup>2</sup> .....	130,276	139,400	-6.5
As a percent of loans outstanding .....	3.31	3.46	-4.3
Substitutions of entitlement .....	2,974	1,798	+65.4
Properties on hand <sup>2</sup> .....	16,157	21,161	-23.6

<sup>1</sup> During the fiscal year.

<sup>2</sup> End of the fiscal year.

## Loan Guaranty Program

During FY 1989, VA guaranteed 188,871 home loans. In addition to loans for the purchase of the traditional single-family home, this total includes refinancing loans, condominium loans, and alteration and repair loans.

More than 80 percent of veterans purchasing a home with VA benefits were able to obtain no-downpayment loans. Loans to finance the purchase of previously occupied homes accounted for 78 percent of the total purchases. These loans, averaging \$73,562, financed homes with an average purchase price of \$74,882. On newly constructed homes, the average loan was \$87,780, and the average purchase price was \$90,020.

A total of 15,938 guaranteed home loans were for refinancing purposes, accounting for 8 percent of the total activity. Of these refinancing loans, 9,655 were specifically for the purpose of reducing monthly mortgage payments by refinancing an existing VA loan at a lower interest rate. The average loan amount on refinancing loans was \$70,932.

Of the total home loans guaranteed, 13 percent represented veterans whose entitlement had been previously restored to enable purchase of another residence.

Of the total number of home loans guaranteed during FY 1989, approximately 37.0 percent went to Vietnam era veterans; 30.0 percent to post-Vietnam era veterans; 22.0 percent to servicepersons; 6.0 percent to post-Korean conflict veterans; 2.5 percent to World War II veterans; and 2.3 percent to post-World War II, Korean conflict, and peacetime veterans. Unmarried surviving spouses accounted for just under 0.3 percent of the total. Nine loans were guaranteed for spouses of servicepersons classified as prisoners of war or missing in action.

Between June 22, 1944, and September 30, 1989, veterans obtained 12.75 million home loans totaling \$330.5 billion under the home loan program.

## Foreclosures<sup>1</sup>

During FY 1989, 74 percent of the home loan foreclosures involved original veteran-borrowers experiencing the following problems: (1) extensive obligations (51 percent); (2) curtailment of income (29 percent); (3) illness (10 percent); and (4) marital difficulties (6 percent). The remaining four percent involved miscellaneous reasons such as difficulties in selling after a distant job transfer, death of a borrower, and a general dissatisfaction with the property.

Of the total home loan foreclosures, 26 percent involved transferee-owners and were for essentially the same reasons: (1) extensive obligations (54.0 percent); (2) curtailment of income (33.0 percent); (3) illness (6.5 percent); (4) marital difficulties (3.5 percent). Miscellaneous reasons accounted for three percent.

## Manufactured Home Loans<sup>2</sup>

Since the inception of the manufactured home loan program in 1971, VA has guaranteed 112,249 manufactured home loans, thereby assisting lenders in providing \$2 billion in loans to veterans who probably would have been unable to afford a home in the conventional market.

During FY 1989, 834 manufactured home loans amounting to \$19.8 million were guaranteed. Of these loans, 25 percent were made by nonsupervised lenders who were approved for automatic processing, as provided by the Veterans Housing Act of 1974. (See table.)

Of the total number of loans guaranteed during FY 1989, 687 were for the purchase of new manufactured homes while 147 were for used units. Loans for the purchase of single-wide manufactured homes accounted for 65 percent of the total. The average loan amount for single-wide units was \$21,206 while for double-wide units, \$28,520.

## Manufactured Housing Plant Inspections

Since 1981, VA has used the results of the HUD inspections and reports related to the monitoring of the fabrication process for manufactured homes; inspections involve all manufactured home factories, that is, those producing products that are sold to veterans and nonveterans. Complaints from veterans (discussed in the section entitled "Compliance with Warranty") did not warrant VA inspections of manufacturing facilities in addition to the HUD inspection program and followup procedures.

HUD continues to be involved in efforts to improve quality control in the manufacturing process. Through

<sup>1</sup> Included in compliance with 38 U.S.C. S. 1833(c)(2).

<sup>2</sup> Included in compliance with 38 U.S.C. S. 1812.

contract, HUD provides testing and collection of data on manufactured home systems and components, unannounced monitoring visits to manufacturing plants, and followup audits of in-plant inspection agencies.

In its enforcement activities, HUD continues to seek civil penalties against manufactured home dealers who have not met the HUD requirement to post on each unit a health notice regarding urea-formaldehyde emissions.

## Manufactured Home Onsite Inspections

During FY 1989, VA randomly selected for inspection 128 manufactured homes secured by G/I (guaranteed and insured) loans. Each inspection covered the home and its site. Results show that:

- the average size was 1,180 square feet.
- 71.1 percent had skirting.
- 90.6 percent had tiedowns installed.
- 64.1 percent were connected to community or public water facilities while 35.9 percent were connected to private systems.
- 50.8 percent disposed sewage through public or community disposal systems while 49.2 percent disposed sewage through private systems.
- 69.5 percent were located in manufactured home parks while 30.5 percent were located on individual sites.
- 97.0 percent remained at original locations, as specified in loan applications.
- 66.4 percent were rated as "satisfactory," 33.6 percent as "excellent," and none as "poor."

## Compliance With Warranty

Every new manufactured home financed by a guaranteed and insured (G/I) loan must include, in a written warranty from the manufacturer to the purchaser, a specific statement stipulating that the unit meets standards prescribed by VA.

During FY 1989, VA field stations reported six complaints from veterans expressing dissatisfaction with their manufactured home units. The complaints, all under warranty and justified, reflected minor and severe defects. Four concerned flawed construction while two addressed both the construction and furnishings of the units. By the end of the fiscal year, all but one of the complaints had been resolved.

Complaints continue to be widely distributed among manufacturers and models, with no single manufacturer accounting for a significant percentage of the total.

## Defaults

With the establishment of the manufactured home loan program, VA anticipated that the incidence of defaults would exceed that experienced for loans on conventional homes.

During FY 1989, 82 percent of manufactured home loan defaults involved original veteran-borrowers under the following circumstances: (1) extensive obligations (58 percent); (2) curtailment of income (31 percent); (3) marital difficulties (4 percent); and (4) inability to sell due to military transfer (3 percent). The remaining four percent involved miscellaneous reasons such as illness, death of the obligor, dissatisfaction with the property, and distant civilian job transfers.

Of the total manufactured home loan defaults, 18 percent involved transferee-owners and reflected essentially the same reasons: (1) extensive obligations (62 percent); (2) curtailment of income (29 percent); (3) inability to sell due to military transfer (3 percent); and (4) marital difficulties (2 percent). Miscellaneous reasons constituted the remaining four percent.

## Direct Loans

In 1950, Public Law 81-475 enacted the direct loan program as a supplement to the guaranteed loan program to address the general unavailability of private financing in rural areas. A review in 1980 revealed that private sector funding was generally available in all areas of the country. As a result, in FY 1981, Congress suspended the program with the exception of loans to severely disabled veterans.

No direct loan activity occurred during FY 1989.

## Funding Operations

For the sixth time since the inception of the Loan Guaranty Revolving Fund, appropriations were necessary to meet program expenditures. The continued depressed level of economic activity in the energy and agriculture sectors of the economy contributed to a high level of home loan foreclosures for VA home loan programs as well as for Federal Housing Administration and conventional home loans. Many homeowners, unemployed for long periods of time, were unable to meet their home loan obligations. As a result, VA paid claims under the VA guaranty contract. To meet these claims, a total of \$778.1 million was appropriated to the fund, \$138.3 million less than in FY 1988.

During FY 1989, VA collected \$234 million in principal and interest payments with the interest portion amounting to \$137 million. Loan sales from VA's own portfolio of loans netted \$433 million.

## Specially Adapted Housing Assistance

Severely disabled veterans declared eligible for grants for specially adapted housing (38 U.S.C., ch. 21) have

distinctive housing needs such as wide doorways to accommodate wheelchairs, ramps instead of steps, and oversized and specially equipped bathrooms.

Ensuring that structural requirements are met is only one aspect of the specially adapted housing program. Frequently, VA representatives escort or take the veteran's place during contacts with builders, lenders, and architects. VA extends whatever help is required, as determined on an individual basis.

During FY 1989, 362 severely disabled veterans, some wheelchair-bound, received grants totaling \$13.5 million to buy, build, or modify homes specially adapted for their use.

The Veterans' Disability Compensation and Housing Benefits Amendments of 1980 (Public Law 96-385) authorized separate specially adapted housing grants for disabled veterans who are either blind in both eyes or who have lost, or lost the use of, both hands. These veterans can receive up to \$6,500 to make minor adaptations to their houses. During FY 1989, VA provided 60 grants of this type, totaling \$372,500.

## Fair Housing Program

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

Minority veterans, constituting 13.6 percent of the veteran population, continued their strong participation in the home loan program as they obtained 17.7 percent of VA guaranteed loans closed during FY 1989. Black veterans obtained 11.7 percent, Hispanic veterans 3.4 percent, Asian/Pacific Islander veterans 1.6 percent, and American Indian/Alaskan Native veterans 1 percent of the total number of loans.

Veterans overall continued their strong reliance on spouses' incomes to qualify for home loans. Fifty-one percent of VA guaranteed loans closed in FY 1989 were approved using the supplemental income of spouses. Spouses' incomes were especially important for minority buyers; 60 percent of the Asian/Pacific Islanders, 58 percent of the American Indian/Alaskan Natives, and 54 percent of the blacks and Hispanics who obtained VA guaranteed home loans relied upon spouses' incomes to qualify for loans.

The no-downpayment provision was particularly beneficial to minority home buyers using VA-guaranteed loans to finance home purchases. VA loans covering the full purchase price of the home were obtained by 84 percent of the minority and 80 percent of nonminority veterans in FY 1989.

VA's fair housing program includes an ongoing effort to increase minority business participation in the loan guaranty program, that is, in assigning appraisers and

compliance inspectors and in engaging the services of repair contractors and management brokers. During FY 1989, minority businesses received \$24.2 million, or 20 percent, of all commissions and fees paid and assignments made by VA. The dollar breakdown consisted of: \$14.1 million to minority repair and maintenance contractors, \$6.4 million to minority fee appraisers and compliance inspectors, and \$3.7 million to minority management brokers.

Another important aspect of VA's fair housing program is its home counseling service, located in 23 cities nationwide, to provide veterans with advice and assistance in practical aspects of home buying and home ownership. Minority veterans constituted 5,363 (51 percent) of the 10,524 veterans counseled in FY 1989. Since the inception of the program in 1973, more than 98,000 minority veterans and 179,000 veterans overall have been assisted.

## Veterans Assistance

### Summary

The Veterans Assistance Program ensures that timely and appropriate assistance is provided to aid and encourage all eligible veterans and dependents to apply for and obtain benefits and services.

Veterans Assistance personnel in VA regional offices made about 10,698,000 public contacts during FY 1989; of this number, 80.8 percent were interviews conducted via telephone. Correspondence actions totaled about 448,800, while interviews with patients at VA medical facilities totaled 362,384. (See table.)

Equal opportunity compliance surveys of establishments approved for the education or training of veterans totaled 180. (See table.)

### Comparative highlights for veterans assistance

Description	FY 1989	FY 1988	Percent change
<b>Public contacts</b>			
Public telephone calls answered .....	8,644,120	8,981,555	-3.8
Interviews away from office .....	89,514	101,156	-11.5
Interviews at office .....	1,153,237	1,238,054	-6.9
Patient interviews .....	362,384	391,299	-7.4
Correspondence .....	448,841	441,401	+1.7
<b>Equal opportunity</b>			
Compliance reviews .....	180	133	+35.3
Complaints of discrimination .....	19	16	+18.8
<b>Fiduciary activities</b>			
Cases under supervision .....	122,822	123,437	-0.5
Field examinations (program) .....	75,355	76,775	-1.8
Field examinations (nonprogram) .....	11,419	11,610	-1.6
Special investigations .....	385	832	-53.7
Fiduciary account audits .....	31,998	33,557	-4.6
Legal actions prepared .....	9,499	10,974	-13.4
Court appearances .....	1,255	1,419	-11.6
Miles traveled .....	4,156,000	4,291,000	-3.1
Workstudy agreements .....	14,853	17,336	-14.3
Hours worked .....	1,220,000	2,750,000	-55.6

## Outreach<sup>1</sup>

The emphasis for outreach (38 U.S.C., ch.3, subch. IV) in FY 1989 has been on homeless persons, active military persons pending separation, and older persons. Special telephone facilities ensure equal accessibility regardless of geographical distribution or population density.

Since the elderly as a group encounter problems with transportation due to rising costs, limited income, and physical ailments, the Veterans Assistance Service continues to emphasize the use of the toll-free telephone service.

## Special Telephone Facilities

Currently, telephone access to VA regional offices is available in all 50 States, the District of Columbia, and the Commonwealth of Puerto Rico. During FY 1989, more than 80 percent of the 10.7 million contacts with Veterans Assistance regional office personnel were via telephone interviews.

Installation of automatic call distributors with management information systems at 10 VA regional offices was completed in FY 1989. This equipment allows for more efficient handling of calls with a lower ratio of staff to lines. Managers are better able to evaluate services provided, utilize available resources, and focus on improving telephone service.

## Homeless Veterans Outreach

During FY 1989, the Veterans Assistance Service, in conjunction with the Veterans Health Services and Research Administration, developed and released a videotape entitled "Reaching Out to Homeless Veterans" to provide insight into the plight of homeless veterans and to describe the various VA programs available to assist them.

An outreach program of service to homeless veterans, to include those who are elderly and/or ill, has been initiated by the Veterans Benefits Administration in cooperation with the Veterans Health Services and Research Administration's Social Work and Readjustment Counseling Services.

## Outreach to Military Personnel

In FY 1989, VA continued communication efforts with military departments to assist the Department of Defense in disseminating accurate information on veterans benefits and services to personnel who are separating or retiring from the military. Strong emphasis is placed on reaching those with severe physical and mental disabilities.

The Veterans Assistance Service negotiated an agreement with the Department of the Army to pay for the production of a new poster that is targeted primarily at the military in order to inform and remind military personnel of the existence and availability of earned entitlements for veterans. The poster was designed by VA's Audio Visuals Service.

Negotiations proceeded for placing one or more word processing terminals with electronic-mailing capability in Europe to allow military personnel in Europe to directly communicate with VA personnel or offices in the continental United States. This initiative will be particularly useful in processing benefits and education claims received directly from military personnel and should reduce the workload now carried by United States consulates.

The Veterans Assistance Service and the Office of Public Affairs jointly developed a software disc containing veterans benefits information. Final copies of the disc have been disseminated to both the United States Army and Navy. Further dissemination includes other military services and organizations with a need to distribute veterans benefits information.

## National Prisoner of War/Missing in Action Recognition Day

In FY 1989, the Veterans Assistance Service coordinated the overall VA effort to support the observance of the National Prisoner of War/Missing in Action (POW/MIA) Recognition Day. By Joint Congressional Resolution and Presidential Proclamation, the observance was held on September 15, 1989.

The Veterans Assistance Service ensured that all VA facilities in the continental United States and overseas conducted suitable recognition ceremonies. Emphasis was placed on identifying former POWs who were patients, staff members, or residents nearby as well as their families to include them as guests of honor at VA and Department of Defense ceremonies.

The Veterans Assistance Service and the Office of Administration combined efforts to design, produce, and distribute 112,000 full-color national posters commemorating the POW/MIA Recognition Day. These posters were distributed to all VA facilities, all Department of Defense field commands, other Federal agencies, the Congress, the White House, Governors, State and local government agencies, veterans organizations, and other private sector groups and individuals. Moreover, these posters were distributed to and displayed in approximately 12,000 of the most widely-used post offices in the United States Postal Service.

Finally, the Veterans Assistance Service assisted the White House and the Department of Defense in organizing and conducting the national ceremony, which was hosted by the Secretary of Defense at the Pentagon.

<sup>1</sup> Included in compliance with 38 U.S.C. S. 245.

## Outreach to Aging Veterans

Concentrated efforts to improve services to elderly veterans and their families grew out of VA's participation in the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies, established in 1974. Regional office coordinators continue to serve on local and State task forces that deal extensively with problems of the elderly.

The VA pamphlet "Veterans Benefits for Older Americans" was given wide distribution at the President's Committee on Employment of People with Disabilities, the National Council on Aging conferences, and VA regional offices.

A special listing of aged beneficiaries was furnished to Veterans Assistance personnel in regional offices for individualized outreach. Since many elderly beneficiaries are unaware of the impact of unreimbursed medical expenses on pension eligibility, veterans and dependents are being contacted and provided with information and claims assistance on any additional VA benefits that may be applicable to them.

In January 1989, a listing of long-term care facilities and updated rosters of State Area Agencies on Aging (AAAs) and State Long-Term Care Ombudsmen were forwarded to Veterans Assistance Service personnel in regional offices. Moreover, a letter was sent to non-VA nursing home directors nationwide to solicit their support in identifying potential VA beneficiaries in their nursing home facilities.

## Fiduciary and Field Examination Program

During FY 1989, VBA completed, for the Fiduciary and Field Examination Program (38 U.S.C., ch. 55), development of a new automated system that replaces the Automated Diary and Information System. The new system, the Fiduciary-Beneficiary System, provides automated online management support to all 58 VA regional offices and an enhanced diary system offering improved, more efficient service to the 123,000 incompetent beneficiaries supervised by VA.

Early in FY 1989, representatives from VBA and the Social Security Administration (SSA) began discussions regarding the possibility of formulating an agreement that would give VA the authority to take the lead for purposes of selecting, appointing, and monitoring fiduciaries for those individuals who concurrently receive SSA and VA benefits. Subsequently, legislation was introduced that would require SSA to perform a feasibility study regarding the designation of VA as the lead Agency for such cases. As of the close of FY 1989, legislation was still pending and discussions between VA and SSA were continuing.

## Foreign Services

VA maintains strong relations with the Department of State and the SSA, which are responsible for the administration of Federal benefits programs in foreign jurisdictions, except in the Commonwealth of Puerto Rico and the Republic of the Philippines, where VA field stations are located. In Canada, the Canadian Department of Veterans Affairs provides assistance.

Special communication and training programs ensure that VA benefits information and assistance are readily available worldwide.

During FY 1989, briefings were hosted for dignitaries from Australia, Japan, France, Korea, Canada, Finland, Hungary, Israel, Indonesia, Syria, Mexico, and the Marshall Islands. Of particular note was an extensive visit by the Australian Minister of Veterans' Affairs.

During FY 1989, \$450 million of the more than \$15 billion in total compensation and pension benefit payments was paid to foreign beneficiaries.

## Life Insurance

### Summary

Life insurance protection for the Nation's veterans and servicepersons is provided under eight programs. (See Tables 1 and 2.)

Five programs administered by VA provide up to \$10,000 in coverage:

- United States Government Life Insurance (USGLI) (38 U.S.C., ch. 19, subch. II);
- National Service Life Insurance (NSLI) (38 U.S.C., ch. 19, subch. I) also including:
- Veterans Special Life Insurance (VSLI);
- Service-Disabled Veterans Insurance (S-DVI); and
- Veterans Reopened Insurance (VRI).

One program administered by VA provides up to \$40,000 in mortgage protection life insurance coverage:

- Veterans Mortgage Life Insurance (VMLI) (38 U.S.C. S. 806).

Two programs supervised by VA and administered by a contractor provide up to \$50,000 in coverage:

- Servicemen's Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) (38 U.S.C., ch. 19, subch. III).

At the end of FY 1989, these 8 programs provided coverage of nearly \$213 billion to 7.2 million insureds.

**TABLE 1. – Comparative highlights for life insurance programs for veterans and servicepersons**

(Numbers of policies and monetary figures in thousands)

Program	FY 1989	FY 1988	Percent change
<b>U.S. Government Life Insurance</b>			
Policies .....	43	48	-10.4
Amount .....	\$159,144	\$177,731	-10.5
Death benefits .....	\$15,129	\$18,184	-16.8
<b>National Service Life Insurance<sup>1</sup></b>			
Policies .....	2,737	2,824	-3.1
Amount .....	\$21,025,337	\$21,316,923	-1.4
Death benefits .....	\$501,071	\$486,111	+3.1
<b>Veterans Special Life Insurance<sup>1</sup></b>			
Policies .....	306	327	-6.4
Amount .....	\$2,838,746	\$2,988,817	-5.0
Death benefits .....	\$26,604	\$24,862	+7.0
<b>Service-Disabled Veterans Insurance</b>			
Policies .....	173	176	-1.7
Amount .....	\$1,571,833	\$1,598,926	-1.7
Death benefits .....	\$23,532	\$22,515	+4.5
<b>Veterans Reopened Insurance<sup>1</sup></b>			
Policies .....	124	127	-2.4
Amount .....	\$847,373	\$868,985	-2.5
Death benefits .....	\$20,418	\$21,228	-3.6
<b>Veterans Mortgage Life Insurance</b>			
Policies .....	5	5	0.0
Amount .....	\$171,101	\$185,466	-7.7
Death benefits .....	\$5,386	\$5,106	+5.5
<b>Servicemen's Group Life Insurance</b>			
Policies .....	3,475	3,509	-1.0
Amount .....	\$172,855,935	\$174,537,115	-1.0
Death benefits .....	\$172,317	\$186,829	-7.8
<b>Veterans Group Life Insurance</b>			
Policies .....	299	282	+6.0
Amount .....	\$13,335,680	\$12,066,785	+10.5
Death benefits .....	\$32,857	\$32,160	+2.2

<sup>1</sup> Includes paid-up additional insurance purchased by dividends.

**TABLE 2. – Life insurance programs for veterans and servicepersons**

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

**Government-Administered Programs**

Except for VRI, which comprises whole life policies only, all Government-administered life insurance programs contain both term and whole life policies.

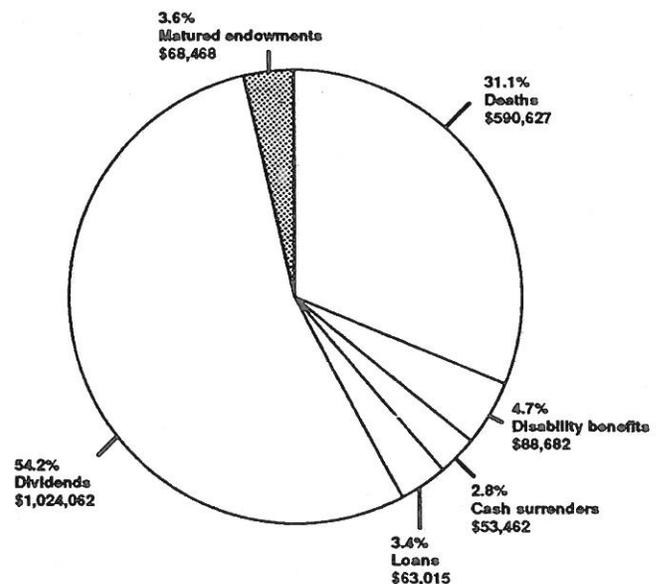
Generally, term policies renew every five years at the current attained age, causing premiums to increase with each renewal. As policyholders grow older, the premiums can become prohibitive, causing many to drop their policies or reduce the amount of coverage. To help alleviate this problem, certain term plans incorporate premium-capping.

Policyholders may use dividends to buy more insurance as paid-up additions (PUAs) to their policies. PUAs are whole life policies that earn dividends and have cash and loan values.

Moreover, policyholders of whole life coverage may borrow up to 94 percent of the cash value of their policies.

Government-administered insurance programs disbursed nearly \$1.9 billion to policyholders and beneficiaries in FY 1989. These disbursements were in the form of dividends, death benefits, disability benefits, policy loans issued, proceeds paid to insureds who surrendered their policies for cash, and proceeds paid to insureds whose endowment policies matured. (See graph.)

**VA-administered insurance disbursements  
FY 1989  
(in thousands)**



**United States Government Life Insurance**

USGLI, established in 1917, is the oldest Government-administered insurance program still active.

## Insurance "800" Toll-Free Service

Since April 1988, the Insurance Service has offered toll-free telephone service for Government life insurance policyholders and their beneficiaries. Call volume has increased steadily since the program's inception to the point where the Insurance Service is now answering more than 51,000 calls each month.

The program is self-supporting except for administrative expenses and the rare claims that are traceable to the extra hazards of military service.

Since USGLI fund reserves were adequate to meet all future liabilities of the program, premium payments were no longer required on USGLI policies as of January 1, 1983.

The FY 1989 dividend for USGLI policies averaged \$257 per insured.

At the close of FY 1989, 43,266 USGLI policies remained in force. The steady decline in the number of policyholders will continue to accelerate, as the average age of these insureds was nearly 79 years as of September 30, 1989.

### National Service Life Insurance

NSLI was established to serve the insurance needs of World War II service personnel.

The program is self-supporting except for administrative expenses and claims that are traceable to the extra hazards of military service.

In September 1984, term premiums were capped at the age 70 rate, which is \$6.18 per month per \$1,000 of insurance coverage. Since the inception of the term-capping program, 108,500 term policies have been capped at the age 70 rate. In 1989, approximately 29 percent of policies were term plans.

Dividend payments from the surplus earnings of the trust fund averaged nearly \$350 per insured in 1989, as compared with \$325 in 1988.

By the end of FY 1989, 2.7 million policies with a face value of \$21.0 billion remained in force.

In 1989, a total of 652,105 policies, with a face value of \$4.08 billion, had PUAs. This represented an increase of 9.1 percent since 1988.

NSLI loans applied for or exchanged on or after November 2, 1987, carry a variable interest rate that is tied to the movement of an economic indicator, the June interest rate for U.S. Treasury securities, "10-year constant maturities." Any adjustments in the interest rate are to be effective each October 1. Based on the performance of the economic indicator for June 1989, the 8 percent rate will remain in effect at least through September 30, 1990.

### Veterans Special Life Insurance

VSLI was established as post-service Government life insurance for Korean conflict veterans.

The average FY 1989 dividend payment was \$310 per insured, as compared with \$268 in FY 1988.

As of September 30, 1989, 306,030 policies with a face value of \$2.8 billion remained in force, while a total of 79,810 policies had PUAs with a face value of nearly \$296 million.

Nearly 10 percent of all VSLI policies are "RS" term plans. (See Table 2.) Effective February 7, 1989, VSLI "RS" policy premiums were capped at the age 70 rate. Insureds whose "RS" policies renew at an insurance age of 70 or older will never have to pay a higher premium.

### Service-Disabled Veterans Insurance

S-DVI, the only Government-administered insurance program open to new issues, provides eligible service-disabled veterans with life insurance at standard rates.

Since S-DVI insures disabled veterans at standard premium rates, it requires periodic appropriations to meet its costs.

In FY 1989, approximately 3,700 new S-DVI policies were issued. At the close of 1989, the total number of policies in force, 173,000 policies with a face value of nearly \$1.6 billion, reflected a decrease of 1.7 percent since the previous year.

### Veterans Reopened Insurance

VRI was a limited reopening of NSLI for certain disabled World War II and Korean conflict veterans who, due to disability, would be unable to obtain commercial life insurance or could not obtain it at a reasonable cost.

Premiums on individual VRI policies are determined by the health of individual veterans.

Of the total 210,000 policies issued, approximately 124,000 with a face value of \$847 million remained in force at the end of FY 1989.

The 1989 dividend payments averaged \$284 per policyholder as compared with \$279 in 1988.

In addition to regular annual dividends, termination dividends were paid to veterans with JR and JS policies upon maturity or cash surrender of their policies, or, upon death of policyholders, to beneficiaries.

(See Table 2.) Nearly \$250,000 in termination dividends were paid in FY 1989.

### **Veterans Mortgage Life Insurance**

VMLI provides mortgage life insurance protection to veterans who receive VA grants for specially adapted housing. Coverage ends when the mortgage is paid off, the home is sold, or the veteran reaches age 70.

Premiums are the same as those for nondisabled persons and, therefore, insufficient to cover a higher rate of claims. The Government pays the extra costs and administrative expenses by transferring funds from the Veterans Insurance and Indemnities appropriation.

As of September 30, 1989, approximately 5,200 policyholders accounted for more than \$171 million in coverage.

Death benefits paid during FY 1989 totaled more than \$5.4 million.

### **Government-Supervised Programs**

#### **Servicemen's Group Life Insurance**

SGLI provides coverage for members of the uniformed services.

The program is supervised by VA but administered by a primary contractor with other commercial companies participating on a reinsurer/converter or converter-only basis.

By the end of FY 1989, 3.5 million active duty service personnel and reservists were insured in the amount of \$173 billion; death benefits paid during FY 1989 amounted to \$172 million, as compared with \$187 million for FY 1988.

#### **Veterans Group Life Insurance**

VGLI is principally a post-separation program that provides low-cost protection by converting a SGLI policy to a five-year term policy.

At the end of the term period, an insured has the right to convert the coverage to an individual commercial life insurance policy with any one of approximately 264 participating commercial insurance companies, or, in the case of individuals who are members of the Individual Ready Reserves or Inactive National Guard to renew VGLI coverage for successive five-year periods.

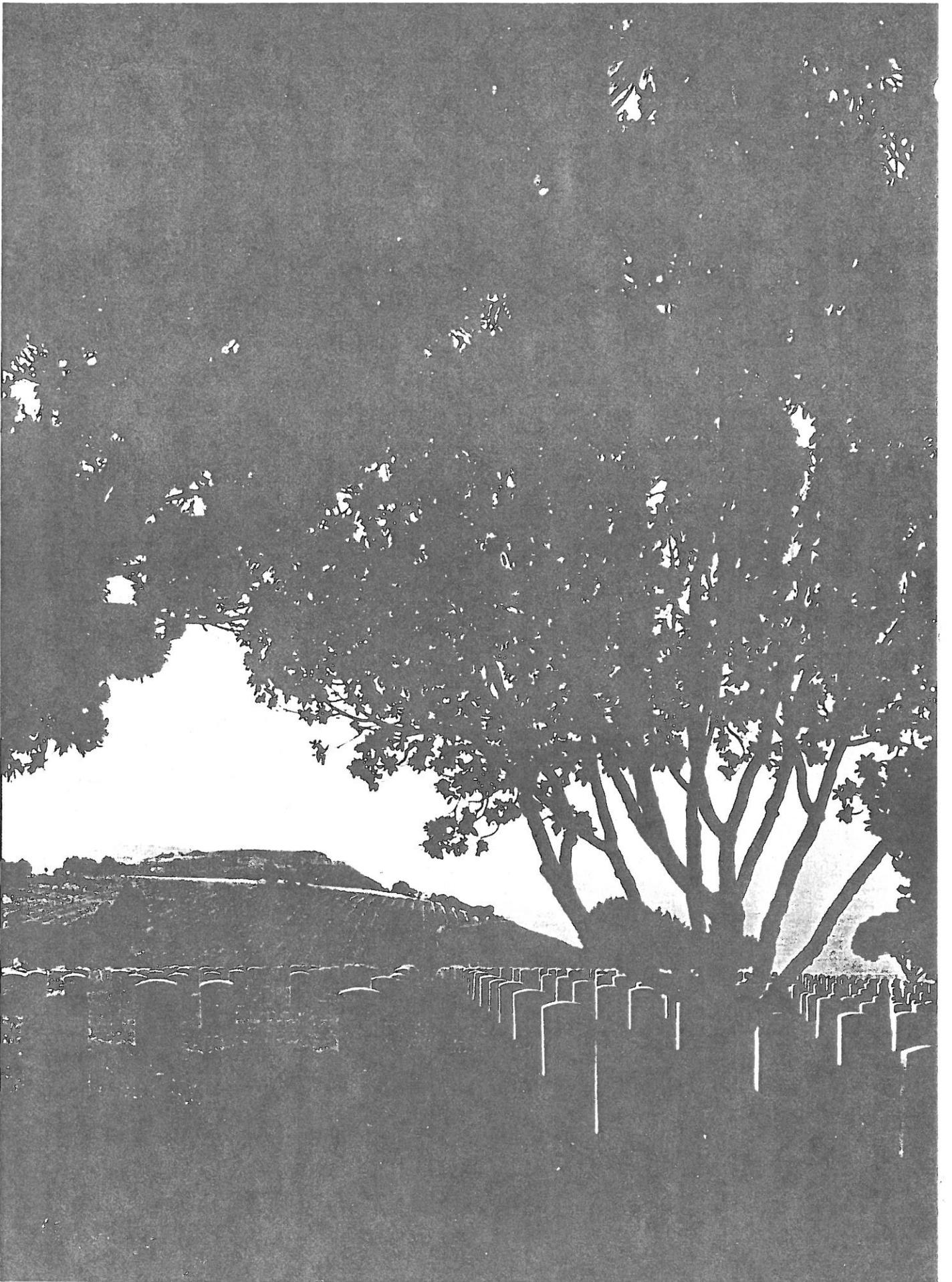
As of September 30, 1989, 298,552 veterans were insured under the VGLI program for more than \$13.3 billion in coverage.

### **Paid-up Additions**

In 1986, the Insurance Service, with the Administrator's approval, increased the interest basis on paid-up additions (PUAs) from 3.5 percent to 4.5 percent. On June 19, 1989, the Secretary approved an Insurance Service proposal to once again increase PUAs.

The most recent PUA update, PUA II, will increase the interest basis on PUAs in certain programs from 4.5 percent to 5 percent and change the mortality basis from the 1958 Commissioners' Standard Ordinary Table of Mortality (CSO Table) to the 1980 CSO Table. Policyholders of V, RS, W and J policies with existing paid-up additional coverage will experience, on average, a 10 percent increase in the value of their existing coverage. The actual increase for each individual policy will depend on the policyholder's age and type of coverage. This action will increase the purchasing power of the annual dividend by approximately 10 percent as well as result in more than \$470 million of additional insurance protection that is automatically added to existing PUAs.





# Cemeteries and Memorials

## Summary

The National Cemetery System (NCS) provides several services to veterans and their families by operating national cemeteries; furnishing headstones and markers for the graves of U.S. veterans worldwide; awarding grants to aid States in developing, improving, and expanding veterans cemeteries; and serving as the operations element for the Presidential Memorial Certificate Program.

At the end of FY 1989, NCS comprised 113 national cemeteries in 38 States and the Commonwealth of Puerto Rico. Sixty-six were open to burials. Forty-seven were closed to the casketed interment of a first family member; however, in closed cemeteries, burials took place for spouses and other eligible relatives of the first family member already interred there.

The 58,354 interments in FY 1989 represent a 3.8 percent increase (see Table 1) as compared with the number of interments in FY 1988 and a 24.1 percent increase as compared with the number conducted five years earlier. With the aging of the veteran population, the number of interments and gravesites maintained is expected to continue to increase at approximately three percent annually until the early part of the next century. During FY 1989, 11,591 interments, or 19.9 percent of the total, were cremated remains. The proportion of cremation burials has increased in recent years and the trend is expected to continue.

Increasing demands for service require that NCS's first priority be the identification of as much grave space as possible for veterans and their eligible dependents.

The NCS budget for FY 1989 totaled \$46.6 million, not including the State Cemetery Grants Program or the Headstone and Marker Program.

NCS program responsibilities were accomplished in FY 1989 with 1,199 full-time employee equivalents (FTEE). Staffing was distributed as follows:

- VA Central Office (Headquarters, Monument Service, Director of Field Operations, and State Cemetery Grants Program): 155 FTEE.

- National Cemetery Area Offices (Atlanta, GA, Philadelphia, PA, and Denver, CO): 28 FTEE.
- National Cemeteries: 1,016 FTEE.

TABLE 1. – Activities profile

Description	FY 1989	FY 1988	Percent change
Interments .....	58,354	56,216	+3.8
Applications received for headstones/markers .....	289,582	287,205	+0.8
Grants awarded for State cemeteries .....	\$3.2 million (10 grants)	\$1.6 million (2 grants)	+100.0

## Initiatives

The first Director of the National Cemetery System to be appointed by the President identified the following initiatives for improving NCS service to veterans:

- Increases in personnel and reductions in the replacement backlog of heavy equipment will constitute major objectives.
- Volunteerism will become a key theme, partly to enhance cemetery directors' capabilities. Not only will individual volunteers be utilized more extensively, but corporate volunteerism will also be considered.
- The use of cemeteries in conjunction with schools and other interested groups will be promoted to help impart to American youth an understanding of our history and the contributions made by previous generations to preserving our way of life.
- NCS will increase public awareness of veterans' entitlement to burial in a national cemetery, to a marker for a gravesite anywhere in the world, and to a Memorial Certificate from the President.

## Highlights

As a result of Public Law 100-322, enacted May 20, 1988, NCS gained its 113th national cemetery, located in Phoenix, AZ. The legislation transferred the former State-owned Arizona Veterans Memorial Cemetery to

VA. NCS assumed operation of the newly named National Memorial Cemetery of Arizona on April 1, 1989.

The Department of the Army transferred to VA approximately 8.5 acres of land for expansion of the Fort Sam Houston National Cemetery in San Antonio, TX.

NCS hired consultants to prepare environmental impact statements on potential sites for national cemeteries in four geographic areas: Chicago, IL, Cleveland, OH, Seattle/Tacoma, WA, and Albany/Utica, NY. These are 4 of the 10 areas identified in the June 1987 "Report on the National Cemetery System" (required by Public Law 99-576) as having the largest number of veterans not served by accessible veterans cemeteries.

The new national site under development in northern California was named the San Joaquin Valley National Cemetery and VA received title to the donated land.

The Zachary Taylor National Cemetery, located in Louisville, KY, was closed to the casketed interment of first family members.

A total of 15 maintenance-related construction projects were completed at 13 national cemeteries and 25 such projects were begun at 23 national cemeteries.

The Secretary announced in August 1989 a new policy that allows veterans, their families, and funeral directors to arrange, during a weekend or holiday, burials to take place in national cemeteries during the following week. Telephone calls to cemeteries after close of business on Fridays and during holidays are referred to one of three staffed national cemeteries, where eligibility for burial is confirmed and a date is agreed upon for burial in a local national cemetery. This expanded service eases the burden that families face when death occurs by preventing delays in making burial arrangements and public notices.

In June 1989, NCS dedicated a memorial marker to Revolutionary War patriot Nathan Hale at Calverton National Cemetery, located on Long Island, NY. Hale's historic mission, to gather military intelligence for General George Washington, took him to Long Island, where he is believed to have been captured. Hale was executed in New York City, and his remains were never recovered.

Members of the Edson's Raiders Association, a group that recognizes the Marine Corps survivors of a successful 1942-43 American forces campaign against the Japanese in the Solomon Islands, dedicated a memorial at Quantico National Cemetery in August 1989. The Commandant, U.S. Marine Corps, and Director, NCS, officiated at the dedication ceremony.

The Memorial Day ceremony at the national cemetery in Beaufort, SC gained national media attention. The remains of 19 Union soldiers, members of a black regi-

ment from Massachusetts, were reburied following a program with military honors and tributes from the Governor of Massachusetts. Construction workers had discovered the remains in Folly Island, SC. Moreover, cast members of a historical Civil War movie filmed in the area staged reenactments and served as pallbearers for a symbolic burial service.

Since many national cemeteries contain historic structures and amenities, NCS is a significant cultural resource for future generations. To preserve this resource, NCS entered into an agreement in 1989 with the President's Advisory Council on Historic Preservation and the National Conference of State Historic Preservation Officers. As a result, VA is developing a plan to inventory and prescribe the treatment of all historic structures and records in the national cemeteries. Another aspect of cultural significance of NCS is design. In FY 1989, VA received a Federal Design Achievement Award for Fort Custer National Cemetery, located near Battle Creek, MI. The Fort Custer design was one of only 68 to receive the award from among more than 500 submissions.

NCS continued the development of an information systems program begun in FY 1985. Four years of computer procurement have resulted in the acquisition of 120 personal computers for 72 sites in national cemeteries, area offices, and VA Central Office to provide information exchange among NCS and VA data bases. Development was completed on the Management and Decision Support System, which permits online data entry and retrieval, queries, and report generation at the national cemeteries. A prototype was completed for automated processing of Presidential Memorial Certificates, which numbered more than 250,000 in FY 1989. NCS held an automation planning conference with attendees from field sites, area offices, and VA Central Office to set goals and priorities for the advancement of automated data processing objectives throughout NCS.

## Headstones and Markers

Since taking responsibility for the monument program in FY 1974, NCS has provided 3.8 million monuments to mark the graves of veterans in this country and overseas. This is the largest activity of its kind in the world.

Monument procurement and transportation costs for FY 1989 totaled \$18 million. These costs, plus salaries and administrative expenses, are the basis for the FY 1990 reimbursement of \$85 to each next of kin who purchases a monument for a veteran's gravesite rather than requests a Government monument.

During FY 1989, the quality and timeliness of service improved significantly. The time required to process a monument request was reduced by 41.8 percent, from an average of 19.4 days in FY 1988 to an average of 11.3 days in FY 1989. Processing time, which comprises validating eligibility as well as ensuring the accu-

racy and completeness of inscription information, is measured from the time the request is entered into the data base to the time the monument is ordered from a manufacturer.

Flat bronze monuments accounted for 52 percent of all monuments ordered in 1989, followed by flat granite (28 percent), upright marble (17 percent), and flat marble and niche markers (3 percent).

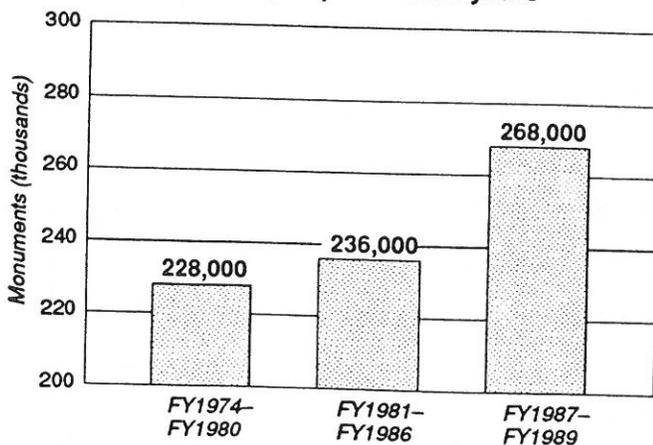
Replacement monuments are provided at Government expense when the inscription contains an error or when the original monument becomes severely deteriorated or illegible. During FY 1989, 9,410 replacement monuments were provided. (See Table 2.)

TABLE 2. – Headstones and markers

Description	FY 1989	FY 1988	Percent change
Applications received for monuments	289,582	287,205	+0.8
Monuments ordered	255,799	293,039	-12.7
National cemeteries	59,208	65,232	-9.2
All other cemeteries	196,591	227,807	-13.7
Replacement monuments	9,410	6,608	+42.4

A dramatic increase has occurred in the number of monuments provided in recent years. The average of 268,000 monuments provided yearly in the last 3 fiscal years, FY 1987 to FY 1989, reflects an average annual increase of 32,000 when compared with the 236,000 monuments provided yearly during the previous 6 fiscal years, FY 1981 to FY 1986. This increase is due both to greater public awareness of the monument program and the increased deaths among the World War II veteran population.

Average annual number of monuments ordered for selected groups of fiscal years



## Presidential Memorial Certificates

In FY 1989, NCS assumed the administration of the Presidential Memorial Certificate Program from the Veterans Benefits Administration. This program has been continued by all Presidents since its initiation in 1962 to honor the memory of honorably-discharged deceased

veterans. In most cases, VA regional offices initiate the process of providing a certificate based on a notice of death without a request from the next of kin. More than one certificate may be provided, if requested.

## State Cemetery Grants Program

VA's support of State veterans cemeteries is based on a Federal assistance program to aid any State in the establishment, expansion, or improvement of veterans cemeteries owned by the State. The purpose of the program is to encourage States to assist in meeting the burial needs of veterans by providing gravesites for veterans in those areas not adequately served by national cemeteries.

Twelve requests for grants were received in FY 1989. A total of \$10.4 million was obligated in FY 1989. (See Table 3.) Ten grants, totaling \$3.2 million, were awarded to the States of Hawaii, Maine (2), Maryland, Montana, Nevada (2), Utah, Wisconsin, and Wyoming.

In FY 1989, P.L. 100-687 extended authorization of the State Cemetery Grants Program through FY 1994.

TABLE 3. – Grants program activity, FY 1989

Location	Description	Grant funds obligated (thousands)
Delaware New Castle Co.	Establishment (including administrative/maintenance building & chapel)	\$1,585
Guam Piti	Phase II (completion of increments II/III/IV)	1,597
Hawaii Kauai Island	Expansion/improvement	118
Oahu Island	Establishment (including combined administrative/committal service and maintenance area)	1,350
Maine Augusta	Crypt and 10-acre expansion	330
Maryland Cheltenham	Well and irrigation system	(pending)
Crownsville	Phase II expansion	(pending)
Garrison Forest	Improvement (soil erosion/pond project)	31
Rocky Gap	Addition to maintenance building	69
Missouri Higginsville	Establishment (including support buildings)	900
Nevada Boulder City	Establishment (including administrative/maintenance building and chapel)	699
Ferrley	Establishment (including administrative/maintenance building and chapel)	550
North Carolina Black Mountain	Establishment of 3 cemeteries	1,350
Fort Bragg		
Camp Lejuene		
Rhode Island Exeter	Improvement (including maintenance complex)	436
Tennessee Knoxville	Establishment	500
Memphis	Establishment	(pending)
Utah Bluffdale	Establishment (including administrative and maintenance buildings)	675
Wyoming Evansville	Improvements (including potable water)	190
Total		\$10,380



# Administration and Management

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## Office of the Inspector General

The Office of the Inspector General (OIG) is an independent organization established by Public Law 95-452, the Inspector General Act of 1978, to conduct audits and investigations of VA programs and operations; to provide leadership and recommend policies designed to promote economy, effectiveness, and efficiency; to deter and detect fraud and abuse; and to keep the Secretary and Congress fully informed about problems in VA programs and operations.

During FY 1989, the OIG continued to have significant impact on VA programs and operations. The Office focused its efforts on those major Department programs and operations most vulnerable to fraud, waste, and mismanagement. The 252 audits completed during FY 1989 resulted in recommendations for strengthened internal controls and quality program management and identified opportunities for potential recoveries and cost efficiencies totaling more than \$600 million. In addition, the Office closed 739 investigative cases. These cases together with OIG hotline activities resulted in 209 criminal convictions as well as 229 administrative sanctions, both which served as a deterrent to future abuses.

In accordance with the Inspector General Act of 1978, the OIG issued two semiannual reports of operations that summarized for the Secretary and Congress the significant audits, investigations, and other activities of the Office for FY 1989. The November 1989 semiannual report was the first issued under the expanded audit reporting requirements contained in the Inspector General Act Amendments of 1988, Public Law 100-504.

During FY 1989, the OIG continued the implementation of a significant piece of legislation, the Veterans Benefits and Services Act of 1988, Public Law 100-322. This act assigned to the OIG the responsibility for overseeing, monitoring, and evaluating VA medical quality assurance programs and the Office of the Medical Inspector. To further the implementation of this act, the OIG in FY 1989 staffed the Quality Assurance Review Division with a physician and health care specialists, staffed a quality assurance audit desk officer position, significantly expanded its audits of VA medical quality assurance

programs, and refined its Medical Inspector oversight activities.

## Reference Publications

Inspector General semiannual reports (October 1, 1988 – March 31, 1989 – #21; April 1, 1989 – September 30, 1989 – #22) are available from VA Central Office, Office of the Inspector General (53E), 810 Vermont Avenue, NW, Washington, DC 20420.

## Office of the General Counsel

The Office of the General Counsel serves as the chief legal officer on all matters of law, litigation, and legislation; interprets all laws pertaining to the Department; and provides all necessary legal services.

In FY 1989, a significant development affecting the Office was the establishment of the Court of Veterans Appeals (CVA), pursuant to the Veterans' Judicial Review Act, Public Law 100-687. The Office will represent the Department in proceedings before the court. CVA will have authority to review decisions of the Board of Veterans Appeals (BVA), which is the final administrative level of review for claims involving benefits administered by the Department. BVA's findings of fact will be subject to a "clearly erroneous" standard of review and BVA's conclusions of law also will be subject to review. Judicial review in the CVA will be on the record of the administrative proceedings and will be limited to individuals filing a notice of disagreement with the VA regional office originating the decision on or after November 18, 1988, the date of enactment of Public Law 100-687.

In addition, the legislation includes provision for payment of a reasonable fee to an attorney or agent for representation of a claimant or appellant before the Department subsequent to a BVA decision, subject to certain conditions, including BVA approval of any fee agreement.

CVA decisions may be appealed by either party to the United States Court of Appeals for the Federal Circuit, which may review conclusions of law but not findings of fact except where constitutional issues are presented. Provision exists for direct challenge to Department regulations and interpretations in the Court of Appeals for the Federal Circuit in accordance with standards contained

in the Administrative Procedure Act. Ultimate review of any case in the Federal Circuit resides with the United States Supreme Court.

In anticipation of commencement of operations by CVA, an ad hoc advisory committee convened at the request of the Chief Judge of the court to assist the new court in prescribing its rules of practice and procedure. The ad hoc group included representatives of the Office of the General Counsel, BVA, American Bar Association, District of Columbia Bar, and major veterans organizations. The Chief Judge has indicated a desire that a formal CVA rules advisory committee be appointed after the court commences operations.

In preparation for its representation of VA before the new court, the Office has devoted considerable time and effort to the analysis and evaluation of issues and problems that might arise in connection with the institution of judicial review and has also coordinated the overall Department approach through an informal VA working group of staff members from major elements of the Department.

During FY 1989, the Office was involved in litigation affecting a number of Department programs.

In *Nehmer v. Veterans Administration*, a Federal district court in California ruled invalid a key provision of a Veterans Benefits Administration regulation, 38 C.F.R. S. 3.311a, governing adjudication of compensation claims based upon exposure in Vietnam to herbicides containing dioxin. In its ruling, the court concluded that the Department had impermissibly used a "cause and effect" standard in evaluating scientific evidence in determining, pursuant to the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, Public Law 98-542, which, if any, diseases should be service-connected if suffered by veterans exposed to herbicides. The court also found that the Department must give veterans the benefit of the doubt in evaluating the scientific evidence in this area. Following the Secretary's announcement that the Department would not seek to appeal this decision, the Office assisted in preparing proposed regulations to implement the court's order.

The Office actively participated in briefing and oral argument on cross motions for summary judgment concerning a challenge in the United States District Court for the Eastern District of Virginia to the Department's interpretation of the statutory limit on attorneys' fees in veterans benefits matters. The Department interprets the fee limit as applying in administrative debt-collection proceedings before VA arising out of veterans benefits programs. In granting the Government's motion for summary judgment and dismissing the case, the court concluded that the fee limitation, both in its prior form and as amended by Public Law 100-687, applies to debt-collection proceedings at the administrative level but does not apply when

VA seeks legal remedies beyond the administrative context.

The Office, working with the Department of Justice, continues to defend VA in seven class actions that challenge VA's right to collect an indemnity debt from veterans whose guaranteed home loans have been foreclosed. In 1961, the United States Supreme Court in *United States v. Shimer* upheld the Department's regulation which provides for indemnity debts. Although the Supreme Court stated that the regulation was intended to displace inconsistent State law, veterans have argued that more recent decisions involving other Federal programs make VA subject to State laws that restrict a creditor's right to recover a deficiency following foreclosure. In FY 1989, the Federal district court in Oregon upheld the Department's position. VA has also prevailed at the district court level in California and Utah but lost in Washington State; the Washington, California, and Oregon decisions have been appealed.

The Office continued to work closely with the Veterans Benefits Administration in reviewing all legal issues associated with the sale of Department vendee loans without recourse. The Office was instrumental in the drafting and negotiation of essential terms and documents which facilitated the sale of \$700 million in loans to investors during FY 1989.

In *Minnesota Department of Jobs and Training, Services for the Blind and Visually Handicapped v. Veterans Administration*, the Office continued to defend a complaint under the Randolph-Sheppard Act, alleging that the Veterans Canteen Service's (VCS) refusal to grant a permit to provide vending machines to a State-licensed vendor at the VCS canteen in St. Cloud, Minnesota, violated the Act and implementing regulations. A decision by an arbitration panel adopted major elements of VA's argument that VA was not bound by regulations conflicting with VCS' enabling statute and is under no obligation to confer on the State a permit to do business without some financial return to the VCS. VCS sought to have the panel reconsider other aspects of its order, including its directive that VCS cease charging the blind vendor a commission until a rate is established through negotiations or a determination is made by the panel based on a hearing. Notwithstanding its stated objections to aspects of the panel order, VA sought to negotiate an agreement with the State in accordance with the panel's order. As of the end of FY 1989, the parties had failed to reach an agreement, largely because the State had absolutely refused to negotiate over a commission rate. VA, consequently, asked the panel to reconvene to conduct a hearing to determine an "equitable" commission rate and to amend its order to provide VCS with a commission on products sold until a final order can be entered.

The Office assisted the Veterans Health Services and Research Administration in issuing policy guidance to all VA medical centers on establishing nonprofit research corporations, as authorized under Public Law 100-322,

as a flexible funding mechanism to further VA-approved research. District counsels worked with medical centers in incorporating these entities, obtaining tax-exempt status, and providing advice on other legal issues such as liability and employment.

The Office provided litigation services and support in a variety of personnel and labor relations matters. In *Brothers v. Custis*, the United States Court of Appeals for the Tenth Circuit reversed a lower court's decision holding VA officials liable for money damages for their alleged interference with an employee's exercise of her constitutional rights. The plaintiff claimed that the officials' refusal to appoint her to a permanent position was in reprisal for her criticism of the Department. The court noted that though actions for damages are allowed where federal agents, under color of their authority, engage in unconstitutional conduct, such so-called *Bivens* actions may not be brought where Congress has fashioned an administrative remedy providing some measure of relief. Citing *Bush v. Lucas*, 462 U.S. 367 (1983), the court noted that it would be inappropriate for it to fashion a new remedy where alleged violations by federal officials arise from employment relationships governed by administrative remedies. Because Congress had provided a measure of relief from adverse employment actions (in the plaintiff's case, the right to petition the Office of Special Counsel), the court held that the plaintiff could not bring a *Bivens* action.

The Office wrote and filed 28 briefs or pleadings with the Federal Labor Relations Authority on negotiability and arbitration cases. Decisions from a number of administrative proceedings involving more than 40 controversies were reviewed to determine whether appeal would be appropriate. More than 20 major litigation reports were provided to the Department of Justice.

The Office handled a substantial number of bid protests and contract appeals. Ninety-nine protests were filed with the General Accounting Office (GAO) and 40 protests were filed with the Department. Also 13 protests were filed with the General Services Administration (GSA) Board of Contract Appeals on matters relating to the acquisition of automated data processing (ADP) equipment and services. The Office's responsibilities in regard to the bid protests consisted of preparing bid protest reports, which represent the Department's legal position on challenges to procurement actions on those protests filed with the Comptroller General, and reviewing and concurring in those prepared by the Department's Office of Acquisition and Materiel Management on Department-level protests. The Office also assisted United States Attorneys in defending contract actions brought in the United States district courts and the United States Claims Court.

During FY 1989, the Supreme Court of the United States agreed to review a major State court decision, *Cruzan v. Harmon*, 760 S.W.2d 408 (Mo. 1988), which did not

involve the Department directly but dealt with an issue of extreme sensitivity to all health care providers: the withholding or withdrawal of life-sustaining therapy. The Office successfully urged the Department of Justice to participate in *Cruzan as amicus curiae* and made VA legal expertise available to the Department of Justice for the preparation of briefing and argument before the Supreme Court.

The Office continued to participate extensively in the implementation of the President's Drug Free Workplace Program. During FY 1989, efforts focused principally on the defense of two lawsuits in the United States District Court, Northern District of California that challenge the constitutionality of testing provisions of VA's "anti-drug" program and on the implementation of elements of the program that are not enjoined.

In negotiating the impact of its smoke-free initiative on bargaining unit employees, the Veterans Health Services and Research Administration and the American Federation of Government Employees reached an impasse over whether a smoking ban or continuation of designated smoking areas, separately ventilated to the outside, should be adopted. The impasse was referred to the Federal Service Impasses Panel for resolution. The Office of the General Counsel provided legal support in connection with a fact-finding hearing.

VA continued to implement fully the standards and requirements of the Ethics in Government Act and also the Department's conduct regulations on the annual filing, review, and maintenance of both public and confidential financial disclosure reports that must be submitted by senior employees and those who have contracting responsibilities. The Assistant General Counsel who serves as the Department's designated ethics official reviewed and signed more than 300 public financial disclosure reports of senior employees during FY 1989 and coordinated the review of more than 800 confidential reports.

The activities of the Office in carrying out its responsibility in the ethics area significantly increased. First, the Office expanded its education and training of employees on the laws and regulations on ethical conduct and avoidance of conflicts of interests. Education included 22 ethics training sessions for employees in Central Office and at the data processing centers. District counsels also provided ethics training and advice to medical facilities and regional office employees. Second, the law establishing VA as a Cabinet Department gave rise to additional ethics support and advisory tasks, particularly concerning conflict-of-interest or financial disclosure issues relating to newly created high-level positions. Third, in conjunction with the Office of Acquisition and Materiel Management, the Office coordinated the training required for all Department employees considered "procurement officials" on the provisions of the procurement integrity law. Inquiries from managers and employees for written or informal advice on conduct-related issues

and on the legal restrictions on former employees also increased, especially from physicians and other health care providers. Finally, the Office continued its close relationship with the Office of Government Ethics (OGE), the agency with oversight responsibility for the conduct of executive branch employees, through active participation in the OGE Director's Advisory Council.

The Office continued to work closely with and provide legal services to the Office of the Inspector General under the memorandum of understanding between the two offices. The Office represented the Inspector General on the Governmentwide Council of Counsels to the Inspectors General.

In FY 1989, the Office presented more than 300 VA employees with four and one-half days of instruction on the Freedom of Information Act (FOIA), the Privacy Act, the Department's confidentiality statutes, reporting of former health care employees to State licensing boards, and quality assurance confidentiality.

The Office also provided legal advice and training regarding computer security, an area of increasing attention in the Department.

The cost of medical care furnished for nonservice-connected disabilities is recovered from liable third party tort-feasors, workers compensation plans, crime victims programs and no-fault automobile insurance. Collections from these sources amounted to \$12,171,145 in FY 1989. Additional authority to recover costs from health insurance plans provided by Public Law 99-171 resulted in recoveries of more than \$133 million, representing a 33 percent increase since the end of FY 1988.

The number of medical malpractice claims under the Federal Tort Claims Act decreased, with 692 new claims received during FY 1989 as compared to 844 new claims in FY 1988. The total amount paid on settlements and judgments of malpractice claims and suits in FY 1989 was \$26 million. Virtually all of this amount was paid out of the Department of Treasury judgment fund. Department funds paid out in settlement of administrative claims not exceeding \$2,500 each totaled \$272,540, a 2 percent increase since the close of FY 1988.

## 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, it sends the appellant a statement of the case. This statement outlines the issue, the evidence of record, the pertinent laws and regulations, and the reason for the decision. If the appellant, after reading the statement of the case, still disagrees with the field office, he or she may submit an appeal to the Board of Veterans Appeals (BVA). The field office

again reviews the case, and, if still unable to resolve the appeal to the satisfaction of the claimant, certifies the case to the BVA for review and final decision.

During FY 1989, the BVA produced a total of 38,673 appellate decisions. The accompanying table breaks down the dispositions of appellate decisions by category of appeal. (See Table 1.)

TABLE 1. – Disposition of appellate decisions by category of appeal, FY 1989

Appellate category	Total	Allowed	Remanded	Denied	Other
All decisions .....	38,673	5,580	24,204	8,564	325
Disability compensation ...	29,594	4,397	18,662	6,309	226
Disability pension .....	2,105	192	1,528	369	16
Medical .....	493	51	324	102	16
Insurance .....	68	5	56	7	0
Death .....	2,224	189	1,546	482	7
Training .....	423	51	240	127	5
Waivers .....	1,643	260	788	570	25
Loan guaranty .....	1,512	354	617	535	6
Reconsiderations .....	282	34	225	12	11
Character of discharge ....	71	12	48	11	0
Miscellaneous .....	258	35	170	40	13

Timely action on appeals is a major objective of the BVA. To measure timeliness, the Board employs two separate and distinct indicators. The first of these two indicators, processing time, is a simple measure of all time that elapses between the time an appellant first files a notice of disagreement and the time a BVA decision is entered. Included in this time period are various appeals processing stages accomplished at the field station level and also procedural steps that are the responsibility of the individual appellant. Processing time is strictly a historical measure that shows the average length of time required to process a given group of appeals from inception to completion.

The second measure of the Board's timeliness is BVA response time on appeals, which is a future-oriented timeliness indicator limited in scope to the appeals processing steps that are the responsibility of the BVA. Response time on appeals is a reflection of the following two critical indicators: (1) the rate at which the Board is able to decide appeals; and (2) the rate at which appeals are being received, as evidenced in the volume of appeals pending before the Board. By taking into account the Board's most recent appeals processing rate and the current pending volume of appeals before the Board, BVA response time predicts the average time that will be required to render decisions on that same group of pending appeals.

The total VA appellate system average processing time on appeals at the end of FY 1989 was 463 days, an increase from 419 days at the end of FY 1988. Of this overall processing time, the average BVA portion was 167 days. BVA response time on appeals was 210 days as of the end of FY 1989, an increase from the FY 1988 end-of-year response time of 146 days. BVA response time rose during FY 1989 primarily as a result of the large number of appeals received at the Board during the

past two fiscal years. This increase in response time indicates that a continued rise in average BVA processing time can be expected throughout FY 1990.

New appeal filings or Notices of Disagreement (NODs) for FY 1989 were an estimated 74,300. The number of NOD receipts, significantly higher than in any recent year, exceeded the FY 1988 level by more than 10 percent. This growth in new appeal filings appears consistent with the increase in appeal receipts experienced at the BVA. Comparative workload statistics for FY 1989 appellate activities are provided in the accompanying tables. (See Tables 2 and 3.)

**TABLE 2. – Workload for appellate activities**

<i>Appellate processing</i>	<i>FY 1989</i>	<i>FY 1988</i>
<b>BVA appellate processing actions</b>		
Appeals pending at BVA, start of period	16,642	14,457
Appeals received by BVA	44,229	43,792
Appeals decided by BVA	38,673	41,607
Allowed	5,580	5,623
Denied	24,204	27,473
Remanded	8,564	8,047
Withdrawn and other	325	464
Appeals pending at BVA, end of period	22,198	16,642
<b>Field appellate processing actions<sup>2</sup></b>		
Appeals pending in field stations, start of period <sup>3</sup>	48,111	46,625
New notices of disagreement received	74,291	67,089
Appeals pending in field stations end of period <sup>3</sup>	48,540	48,111

<sup>1</sup> Data in the 1988 Annual Report were adjusted.

<sup>2</sup> Portions of field appeals workload data were estimated.

<sup>3</sup> Appeals pending in field stations include both substantive appeals and notices of disagreement.

**TABLE 3. – Processing time for appellate activities, in calendar days**

<i>Processing categories</i>	<i>Processing time</i>	
	<i>FY 1989</i>	<i>FY 1988</i>
All Activities	463	419
Notice of disagreement to statement of the case	60	56
Statement of the case to substantive appeal	60	59
Substantive appeal to BVA	176	168
Processing time through BVA	167	136

Interest in formal personal hearings before the Board continued to be high in FY 1989. A total of 1,904 formal hearings were conducted during the past year. Of these, 1,304 were held in Washington, D.C. and 600 before traveling sections of the Board at 48 different field stations. In addition, the Board rendered decisions on nearly 8,500 appealed cases held in the field with regional office personnel acting on behalf of the BVA.

When a formal hearing is not practicable, an appellant may elect to have an informal hearing entered on his or her behalf. Informal hearings consist of written briefs presented in Washington, D.C. by appellant representatives who most frequently are affiliated with veterans service organizations. A total of 31,293 informal hearings were entered during the past year.

The percentage of appellants who chose to be represented by one of the veterans service organizations

remained at a high level. Of the appellants for whom decisions were entered during FY 1989, 86.9 percent chose to be represented by one of the accredited service organizations, 1.7 percent elected to be represented by attorneys or agents, and the remaining 11.4 percent pursued their appeals without representation.

Appellants, veterans service organizations, Members of Congress, and other case advocates continued their high levels of interest in claims for disabilities involving "Agent Orange," exposure to ionizing radiation, post-traumatic stress disorder (PTSD), and incarceration as prisoners of war. The BVA 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 and coordination with organizations both internal and external to VA that are involved with research in the special category appeal areas. In addition, Board members and key senior attorneys attend conferences and symposiums on "Agent Orange" and PTSD to maintain expertise in these sensitive areas and to ensure consistency in the application of laws and regulations.

The Freedom of Information Act requires the BVA to produce an index of final decisions on appeals and to make those decisions available to the public. Produced quarterly with an annual cumulative index, the microfilmed BVA Decisions Index I-01-1 contains BVA decisions stripped of personal identifiers. At the end of FY 1989, the BVA Decisions Index covered the period July 1, 1977, through September 30, 1989, and included more than 460,000 decisions.

The Board's Research Center utilizes a system for locating reference documents called VADEX/CITATOR. All documents received by the Research Center since January 1980 that are of interest to the Board's professional staff are indexed in Part I of VADEX/CITATOR. Part I includes public laws, VA regulations, VA circulars, VA administrative issues, unpublished and published Office of General Counsel opinions, BVA subject files, Agent Orange and radiation files, and miscellaneous VA and non-VA materials. Part II of VADEX/CITATOR includes chronological histories of hundreds of VA regulations in the areas of compensation and pension, waivers and compromises, education, loan guaranty, health care, and memorial affairs. In conjunction with Part II of VADEX/CITATOR, the Board preserves the historical text versions of these regulations on microfiche to allow the researching of a regulation back to its origins.

Title 38 U.S.C. S. 4001(c)(3) directs the Secretary to provide an annual report indicating, in terms of full-time employee equivalents (FTEE), the number of temporary Board members and acting Board members designated by the BVA. During FY 1989, 55 attorneys served in the capacity of acting Board member for a total of 3.8 FTEE and 6 physicians served as acting Board members for a total of 3.5 FTEE. No temporary Board members were appointed. Total employment at the BVA averaged

414 FTEE during the fiscal year. The procedural controls requiring the chairperson's written quarterly designation of acting Board members remain in effect to ensure adherence to the statutory requirements in this topical area.

Professional support obtained from within VA included advisory medical opinions from the Office of the Chief Medical Director and legal opinions from the Office of the General Counsel. In addition, under the authority of 38 U.S.C. S. 4009 the Board requested 77 opinions from independent medical experts who were not VA employees. The accompanying table shows a breakout of the medical specialties covered by these opinions. (See Table 4.)

**TABLE 4. – Medical opinions requested from experts external to VA**

Medical specialty	Number requested	
	FY 1989	FY 1988
All specialties .....	77	140
Appellate consideration .....	64	134
Reconsideration .....	13	6
Internal medicine:		
General .....	3	8
Cardiovascular .....	10	25
Gastroenterology .....	0	6
Pulmonary diseases .....	4	7
Surgery:		
General .....	2	3
Orthopedic .....	7	13
Thoracic .....	0	0
Otolaryngology & ophthalmology .....	2	4
Psychiatry .....	13	23
Neurology (medical and/or surgical) .....	8	9
Pathology (medical and/or surgical) .....	7	10
Other .....	21	32

## Board of Contract Appeals

The Board of Contract Appeals was established under the provisions of the Contract Disputes Act of 1978. The Board is a statutory, quasi-judicial tribunal that affords contractors and the Government, in a manner consistent with due process, an administrative forum for the resolution of contract disputes. It hears and decides appeals from decisions of VA contracting officers on claims that relate to contracts awarded by VA. The Board's workload is composed principally of appeals relating to construction contracts. Decisions of the Board are final within the Department but are subject to review by the United States Court of Appeals for the Federal Circuit.

In FY 1989, the Board was composed of six administrative judges and eight legal, administrative, and secretarial support persons.

The Board received 269 new appeals and disposed of 187 appeals during FY 1989. At the close of the fiscal year there were 225 appeals pending.

## Office of Small and Disadvantaged Business Utilization

The Office of Small and Disadvantaged Business Utilization (OSDBU) was established in compliance with the requirements of the Small Business Act, as amended by Public Law 95-507.

The Office serves as the Department's advocate for the participation of small businesses, small disadvantaged businesses, Vietnam era- and disabled veteran-owned businesses, businesses owned by women, and labor surplus area businesses in VA contracts and subcontracts awarded by prime contractors.

OSDBU specifically directs its efforts toward the planning, implementation, and coordination of VA programs for small businesses and small disadvantaged businesses. The Office evaluates the effectiveness of current procurement policy and procedures and also, in promoting these programs, plans for implementation throughout VA. In addition, the Office establishes, negotiates, and maintains the goals for each program. OSDBU actively conducts outreach and liaison efforts to small businesses wishing to do business with VA.

An integral aspect of OSDBU's outreach program is assisting VA acquisition offices to effectively and efficiently implement VA's socioeconomic program. The Office conducts training seminars for VA personnel regarding the socioeconomic program; provides assistance in achieving the objectives of the program; and acts as liaison with the small business community, VA procurement officials, the Small Business Administration, and the Defense Contract Audit Agency.

OSDBU advises and assists small businesses in matters concerning the VA socioeconomic procurement program to increase their participation in VA procurement. In FY 1989, nearly a billion dollars was awarded to small businesses. In addition, the Office provides guidance to firms seeking to be added to bidders lists for the marketing of services or products to VA directly or through VA prime contractors.

Public Law 95-507 requires large businesses that have been awarded contracts exceeding \$500,000 to agree to provide small businesses and small disadvantaged businesses the maximum opportunity to participate as subcontractors. During FY 1989, OSDBU placed increased emphasis on subcontracting opportunities. Small business and small disadvantaged business workshops have been conducted at pre-bid conferences for major construction projects. These workshops have allowed small businesses to market their capabilities to large prime contractors. The workshops also provide prime contractors with the opportunity to meet with prospective small business representatives in order to determine specific subcontracting opportunities.

The VA socioeconomic achievement awards program provides an incentive to VA procuring activities to

increase performance in achieving established procurement preference goals. VA contracting activities were recognized for superior socioeconomic program accomplishments for the first time during FY 1989. First place winners for reaching the highest percentage above assigned goals for contract awards in FY 1988 were the Dallas VAMC (small business category); Ft. Meade VAMC (minority business); Philadelphia VAMC (veteran-owned business); and Chicago (Lakeside) VAMC [Section 8(a) of the Small Business Act, as amended]. These activities were each awarded with a Secretary's plaque. Second- and third-place winners and those who accomplished activities that met or exceeded assigned goals were recognized with a Secretary's certificate of commendation.

### **Veterans Doing Business with VA**

On May 24, 1989, the Secretary of Veterans Affairs issued a policy statement mandating that VA increase business opportunities to veterans. Consistent with that mandate, VA continued to increase the participation of these firms in the procurement process.

Since the inception of the VA Vietnam era and Disabled Veteran-owned Small Business Outreach Program in October 1983, more than 56,000 contracts with a value exceeding \$151 million have been awarded to veteran-owned firms.

VA procurement facilities actively seek veterans in business to assist them in competing for VA acquisition opportunities. Business opportunities such as professional services, building construction, maintenance, and medical equipment and supplies are available with VA.

OSDBU administers an ongoing veteran-owned assistance program that not only provides informational assistance but also monitors the acquisition activities directed to veterans by VA procurement facilities. OSDBU coordinates outreach activities with national service organizations, sponsors business workshops at veterans conferences, and mails business informational packages to VA Vet Centers and contracting facilities.

### **Office of the Assistant Secretary for Finance and Planning**

The Office of the Assistant Secretary for Finance and Planning was established in FY 1989 to provide executive management of the Office of the Deputy Assistant Secretary for Financial Management, the Office of the Deputy Assistant Secretary for Planning and Management Analysis, and the Office of the Deputy Assistant Secretary for Budget.

The Office of the Assistant Secretary for Finance and Planning ensures proper stewardship of VA resources by integrating budgetary, fiduciary, and analytical efforts, including internal controls and planning.

The Assistant Secretary advises the Secretary and Deputy Secretary on all Department-level financial management, budget, planning, management analysis and control, and statistical research. The Assistant Secretary also serves as the Chief Financial Officer, as mandated by Public Law 100-527.

### **Office of the Deputy Assistant Secretary for Financial Management**

The Office of the Deputy Assistant Secretary for Financial Management establishes financial policy, systems, and operating procedures for all financial requirements fulfilled by VA entities.

The Office enhances its delivery of financial services by coordinating activities with Federal and non-Federal organizations. First, an increase in the number of electronic transfers of funds by the VA Finance Center in Austin, TX has eliminated checks, increased VA's capability of taking prompt payment discounts, and assured vendors that payments are received in a timely manner. In FY 1989, more than \$530 million in payments was electronically transferred to vendors. Second, negotiations with the Department of the Treasury and the Federal Reserve System have resulted in guaranteed one-day processing of VA payments. Third, the VA Finance Center coordinated two conferences to inform the vendor community of payment policies and procedures and to learn of vendors' problems that need to be addressed.

The Office continued to move aggressively on 14 cash management initiatives overseen by the Department of the Treasury. Interest savings for 11 initiatives based upon either an accelerated collection flow or a deferred disbursement flow amounted to almost \$6 million and were calculated on a cash flow of \$4.3 billion. These initiatives included lockbox collections, preauthorized debits, money management of vendor payments, and the use of credit cards for employee advances. The remaining initiatives were based upon standard cost-savings-per-item formulas and amounted to \$10.4 million in savings, the majority of which was realized through the use of electronic funds transfer for payment of veterans compensation and VA employee salaries.

The Office continued efforts to develop an integrated VA-wide Financial Management System (FMS) by the end of FY 1992. During FY 1989, VA procured an off-the-shelf financial software package, the Federal Financial System (FFS), which, with VA adaptations, will become the core of the Department's financial management system by replacing nine existing applications and interfacing with several dozen other systems. FFS will provide for both overnight and online entry of transactions and permit online inquiries to replace many existing reports. VA also obtained a variety of optional support services which include FFS software customization, training, maintenance, interface with other systems, and

documentation. VA also signed contracts to assist in acceptance testing, integration, and planning efforts.

The Personnel Accounting and Integrated Data (PAID) Redesign Project, a reengineering of the existing PAID system, is a major management initiative to improve VA's system for processing payroll and maintaining personnel information. During FY 1989, the Office completed detailed requirements and a significant portion of the technical design for the first phase of the project, the online data entry phase. An important objective of the first phase was addressed with the conversion of key punch to terminal entry of payroll transactions at nearly 110 of the 220 field stations, with the balance scheduled for conversion in the early part of FY 1990.

### **Office of the Deputy Assistant Secretary for Planning and Management Analysis**

The Office of the Deputy Assistant Secretary for Planning and Management Analysis develops and coordinates Department-level strategic planning efforts; provides statistical and management analysis as well as engineering support for VA policy formulation, budgeting, and program management review; and directs execution of VA's management and internal controls program as well as VA efforts in quality management.

In FY 1989, in response to Department direction and requirements imposed by the Inspector General Act Amendments of 1988, this Office developed and implemented new procedures to strengthen the internal controls process. A management controls staff was established to handle Department tracking and reporting requirements mandated not only by the Inspector General Act Amendments but also by the Financial Act and Office of Management and Budget Circular A-123 (Internal Control Systems). The staff also provided analytic support to the newly created Senior Management Review Council during deliberations on internal controls issues.

The Office continued to enhance the Planning Resource Information System for Management (PRISM), a productivity-based cost accounting system that tracks full-time equivalent employment, dollar, and workload relationships in major Department cost centers. In FY 1989, PRISM was made available through a computer communications network to all VA medical center fiscal officers. Also, a PRISM application at the VA Finance Center in Austin, TX was developed to assist in tracking performance.

The Office also continued to administer the Department's participation in the Federal Productivity Measurement Project, a Governmentwide productivity measurement system administered by the Bureau of Labor Statistics and the Office of Management and Budget.

During FY 1989, work concluded on a major population-based study, the 1987 Survey of Veterans (SOV III), and

neared completion on two others, the 1988 Survey of Disabled Veterans (SDV) and the 1988 Survey of Medical System Users (SMSU). SOV III is a nationally representative survey of 9,400 veterans in the general population; SDV is a nationally representative survey of 9,900 veterans receiving compensation for service-connected disabilities or conditions; and SMSU is a nationally representative study of 2,800 veterans who stayed overnight in a VA medical facility during FY 1987. These surveys are expected to be used as major planning tools for the Department for the next several years.

The Office produced estimates and projections of the veteran population for the period 1980 to 2040. The new projections incorporated updated estimates of mortality, separations from the Armed Forces, and interstate migration.

For the third consecutive year, the Office served as a consultant to the Office of Personnel and Labor Relations in the planning and conduct of a survey to assess nationwide VA staffing situations of selected health care professionals. The data will be used to plan strategies for recruitment and retention of personnel in various health occupations.

The Office also completed for the Office of the Associate Chief Medical Director for Geriatric and Extended Care the data collection phase of a project designed to provide program planning information on geriatric evaluation units.

Demographic and statistical support was provided to other VA elements on a broad range of topics, including analysis of various factors which affect the determination of profitability components for VA medical center cafeterias. In addition, staff provided projections of insurance company collections for nonservice-connected veteran patients at VA medical centers.

Internally, the Office developed a prototype database of VA strategic information. Contents of the prototype include selected veteran population data, numbers of VA hospital beds by bed section, numbers of inpatients and outpatients by primary service area and sex, veteran deaths by primary service area and age, and tables of geographic relationships. An expanded version of the prototype could provide a convenient means for accessing current VA data.

### **Office of the Deputy Assistant Secretary for Budget**

The Deputy Assistant Secretary for Budget is responsible for overseeing VA budget formulation, analyzing resource requirements, preparing and justifying budget submissions, and monitoring budget execution.

On January 9, 1989, the Office submitted VA's 1990 budget to Congress.

On January 9, 1989, the Office submitted VA's 1990 budget to Congress.

## **Office of the Assistant Secretary for Information Resources Management**

The Office of the Assistant Secretary for Information Resources Management was established in FY 1989 to ensure that information management functions within VA adhere to title 44 U.S.C. S. 3506.

The Assistant Secretary serves as the Chief Information Resources Officer of the Department; functions as the principal advisor to the Secretary and Deputy Secretary on plans, policies, and operations related to the Department's information resources management (IRM) activities; and is the focal point for coordinating, developing, and integrating these activities Departmentwide.

The Office of the Assistant Secretary for IRM provides executive management to the Office of the Deputy Assistant Secretary for Information Resources Plans and Policies and to the Office of the Deputy Assistant Secretary for Information Resources Operations.

In FY 1989, the Office provided representation on the President's Council on Management Improvement and other senior-level policy groups established to address Governmentwide management improvement initiatives. The Office also provided representation on the Interagency Committee on Federal Information Resources Management, the National Communications System, and the Federal Information Resource Management Regulation Interagency Advisory Council.

During FY 1989, a representative from the Office served as the chairperson of VA's Systems Integration Review Board (SIRB), which oversees the development of a fully integrated Department information system.

## **Office of the Deputy Assistant Secretary for Information Resources Plans and Policies**

The Office of the Deputy Assistant Secretary for Information Resources Plans and Policies coordinates and guides the development and execution of plans, policies, and programs for Department information resources activities. These responsibilities are accomplished through an IRM planning, programming, and budgeting process; reviews of systems acquisitions; IRM audits; quality assurance controls; and security activities.

## **Office of Information Management and Statistics**

During FY 1989, progress toward the long-term goal of meeting the critical information needs of VA executives, managers, and analysts was made through use of a prototype Executive Information System (EIS) development approach. An initial prototype using actual data on

trends in nursing staffing was created using a commercial EIS software package. Additional prototypes will be created. Also, incorporation of EIS capability in the redesign of existing systems and in the development of new initiatives will be encouraged.

Significant advancements were made during FY 1989 regarding the quality, timeliness, and accessibility of Automated Management Information System (AMIS) data. Of primary importance was the development and implementation of an online data base at the Austin Data Processing Center (DPC) updated on a monthly basis. This data base provides users in VA Central Office and field facilities with immediate access to more than 200 workload, timeliness, and quality measures of various VA programs. Improvements in the quality and timeliness of AMIS data were achieved through three additional efforts: (1) initiation of a pilot project to test the data input capabilities of AMIS; (2) extension of the data input cycle and an increase in the frequency of error messages to field facilities; and (3) enhanced communication between VA Central Office and field facilities regarding various operational issues.

The Office continued to prepare a wide variety of reports that provide information on the delivery of services to veterans and their families. During FY 1989, the first "Annual Report" of the Secretary of Veterans Affairs was released. The third edition of "VA Today" was also published along with other reports that addressed in-depth specific program operations, for example "Summary of Medical Programs" and "Loan Guaranty Highlights."

The Office produced the "Program Indicators Report," a quarterly publication showing a variety of national-level workload, timeliness, and quality measures of the various VA programs.

The time required to evaluate and process requests for lists of names and addresses of veterans was reduced by two-thirds during FY 1989 to an average of 25 days. The bulk of the time savings was achieved through electronic transmittal of programming specifications for processing to either the Hines or Austin DPC. A total of 111 lists were processed and released during FY 1989.

A cataloging scheme was developed for a corporate VA data and information resources directory. When implemented, the directory will serve as a single source of information as to the availability, location, accessibility, and characteristics of data within VA.

The Office prepared the annual "Information Resources Management (IRM) Program Report" for the General Services Administration. The FY 1989 report synopsis 77 reviews of IRM activities; these analyses, studies, and evaluations identified cost-avoidances, efficiencies, and actual savings.

During FY 1989, the Office conducted several significant internal projects, including the Directives Modernization Project to automate the distribution of and access to VA

directives; a review of VA directives, resulting in the rescission of 41 obsolete or outdated VA-wide directives; and the automation of the "VA Organizational Manual" to permit electronic transmission.

The Office submitted to the Office of Management and Budget the Department's Information Collection Budget, as required by the Paperwork Reduction Act of 1980 (Public Law 96-511 and its reauthorization in 1986) and 5 CFR 1320; VA's portion of the "Unified Agenda of Federal Regulations," which was submitted electronically; and the annual "VA Regulatory Program."

During FY 1989, 2,571 forms and form letters were eliminated, 266 were created to meet new requirements, and 369 were revised to reflect the current needs of VA.

During FY 1989, VA continued to operate a full-service vital records depository at Neosho, MO for VA elements and the Army, Air Force, and Navy Finance Centers. The Air Force in FY 1989 converted its records from reel to cartridge computer tapes and changed the way in which those records were previously serviced. Similarly, the VA Austin DPC also converted its records to cartridges and is now shipping vital records in cartridge form.

VA released approximately 36,000 military personnel records located at the National Personnel Records Center in St. Louis, MO to a VA contractor by agreement with the Department of Defense, the military services, and the Office of Federal Records Centers in order to update the Vietnam Veterans Mortality Study and other related projects.

VA was instrumental in effecting a change to National Archives and Records Administration policy that enables former U.S. Merchant Marines or their surviving dependents to obtain copies of captains' logbooks without cost. Documents needed to obtain financial benefits from the Government are available free of charge to veterans and their dependents.

During FY 1989, VA implemented the provisions of Public Law 100-503, the Computer Matching and Privacy Protection Act of 1988. VA's Data Integrity Board reviews and approves computer matches.

In FY 1989, VA's reimbursement to the U.S. Postal Service for FY 1988 postage expenses totaled nearly \$44 million. The use of presorting at many VA facilities has effected considerable savings in postage. For example, the use of private presort service companies to presort letter-size mail at 33 VA regional offices around the country results in savings of almost \$500,000 annually.

VA continues to participate in the Department of Justice effort to use official mail to assist in the recovery of missing and exploited children by inserting photographs and

biographical information into approximately 4.8 million items of first-class mail generated at VA DPCs.

## **Office of Systems Planning, Policy, and Acquisition Control**

The Office of Systems Planning, Policy, and Acquisition Control (OSPPAC) serves as VA's focal point for the coordination, development and integration of information systems plans, policies, and standards for electronic systems.

The Office published in FY 1989 the "VA Information Systems Plan (ISP) for 1988-1994," which integrates the automation efforts of each VA organization into a single VA plan. In FY 1989, OSPPAC placed a major emphasis on identifying in the ISP the total cost to VA for developing, operating, and maintaining its information systems. In addition, OSPPAC published the "Information Resources Acquisition Handbook" to identify procedures for acquiring information resources totaling more than \$50,000.

OSPPAC prepared a request for proposal for the Nationwide Office Automation for Veterans Affairs (NOAVA) procurement. The contract, when awarded, will provide a replacement acquisition vehicle for office automation in the 1990s.

OSPPAC established a Departmentwide policy and standards program. The program focuses on the integration and interoperability of automated data processing systems to allow intercommunication among VA organizations and to position VA to take advantage of emerging automated data processing technology during the next five years.

## **ADP Security**

VA developed a computer security awareness film entitled "People are the Key" to assist VA in complying with the training requirements of the Computer Security Act of 1987. The film was selected by the American Society for Industrial Security for a distinguished achievement award.

## **Reference Publications**

VA Information Systems Plan — Fiscal Years 1988 — 1994; available from VA Central Office, Office of the Deputy Assistant Secretary for Information Resources Plans and Policies (71), 810 Vermont Avenue, NW, Washington, DC 20420.

## **Office of the Deputy Assistant Secretary for Information Resources Operations**

The Office of the Deputy Assistant Secretary for Information Resources Operations (OIRO) provides automated information systems and telecommunications support to all VA organizational elements. Operational support is provided at three large-scale data processing

centers (DPCs) located in Austin, TX, Hines, IL, and Philadelphia, PA as well as at one small facility in Washington, DC.

During FY 1989, OIRO continued to focus on improving the quality and timeliness of user services as well as on assisting VA organizational elements in improving distributed automation efforts.

### **Computer Systems Analysis, Design, Development, and Programming**

The A-76 Tracking System was developed and installed during the second quarter of FY 1989. The system provides consolidated data collection of A-76 study data that has interconnectivity to the Office of Management and Budget's automated reporting system. The task was completed in accordance with Executive Order No. 12615, requiring agencies to report A-76 studies to the Office of Management and Budget on a quarterly basis.

A software management program was developed for VA's nationwide office automation (OA) network. Features of the OA network consist of electronic messaging, word processing, and intersystem communications among VA Central Office, VA regional offices, VA DPCs, and VA medical centers.

Activities continued in FY 1989 to eliminate the use of keypunched cards in VA applications due to the increasing unavailability of commercial sources of punched card readers together with the availability of alternative methods brought about by improved telecommunication technologies. The Austin DPC modified the Personnel Accounting and Integrated Data (PAID) System to allow for electronic input from various sources and also began conversion of the Social Work Automated Reporting System. At the close of FY 1989, 121 VA medical centers and VA regional offices used electronic data input.

Applications were developed to provide OA as well as information management and reporting support for the Office of Personnel and Labor Relations. The Personnel Tracking System was developed to monitor early retirement and hiring limitation data. The existing Job Classification Tracking System was upgraded for additional features and faster processing.

OIRO and the Veterans Health Services and Research Administration (VHS&RA) completed initial testing of a prototype system that utilizes relational data base management technology for the Integrated Patient Data Base (IPDB). Based on the success of the initial test that integrated frozen FY 1987 Patient Treatment File (PTF) and outpatient clinic data, the IPDB data base was expanded to include FY 1988 PTF and outpatient clinic data for additional testing and evaluation of the technological features.

In response to a request from VHS&RA's Medical Administration Service, OIRO completed eight new congressional reports that are mandated by Public Law 100-322.

The requirements definition and functional design of a spinal cord injury registry system were accomplished in cooperation with VHS&RA and the Paralyzed Veterans of America. The registry will capture demographic characteristics and health care utilization trends for those spinal cord injury veterans who obtain part or all of their health care from VA. Beyond its benefits to VA, the system is expected to propel VA into a leadership role in monitoring nationwide a major public health area.

OIRO significantly restructured the National Cemetery System's Automated Monument Application System to provide for future system enhancements in accordance with the Department's five-year automated data processing (ADP) plan.

Employees from the Office of Finance and Planning and OIRO staff at the Hines DPC developed a new method for preparing finance vouchers (schedule of payments) for vendor/miscellaneous payments. The method for submitting these vouchers was automated by using personal computer (PC) programs to pre-process vouchers and eliminate an optical scanning process performed by the Department of the Treasury in Chicago.

The Hines DPC initiated for the Veterans Benefits Administration the processing of a new application called the Payment History File, an online system accessible by all VA regional offices via the benefits delivery network. The new application is used in place of data previously provided on microfilm by the Department of the Treasury.

The automation of an order and delivery system of selected drugs was completed for the Office of Acquisition and Materiel Management. The system, titled "FASTRAC," provides 24-hour delivery of selected drugs from VA supply depots to VA medical centers in addition to other automation processes.

Within the Office, effective concurrent terminal emulation and speech synthesis functions were demonstrated using a PC connected in interactive sessions with the OA mini computer system. With a similar PC-based hardware and software configuration, a visually-impaired employee can use electronic mail and word processing services as well as any other telecommunication services available through VA's national OA network. This development resulted as an offshoot of research to improve the audio terminals used by sight-impaired veterans benefits counselors.

### **Office Automation and Local Area Network Support**

Nationwide OA in VA is a major procurement effort to recomplete the VA's present OA contract. OIRO

provided a major portion of the technical specifications within the contract as well as extensive technical consultations and evaluations of vendor responses.

OIRO installed an interconnected network that is composed of more than 10 PC local area networks currently in operation in Central Office. The network has the capacity to connect to other local area networks.

Technical support for interconnectivity was provided to allow messaging and document transfer capability between VA's national OA network-based facilities and Decentralized Hospital Computer Program-based facilities. This installation gave a greater number of users access to VA's OA network without the expense of procuring additional terminals and brought VA one step closer to its goal of connectivity to all nationwide information resources via one terminal.

### **Operation of Mainframe Computer Systems**

OIRO upgraded the National Cemetery System's computer environment. The upgrade provided the potential for increased batch processing efficiency and reduced batch execution times from 13 to 6 hours.

The Hines DPC consolidation of its warehousing operations resulted in a 55 percent reduction in space requirements. In addition, improved internal controls have increased the inventory turnover rate, increased security, and decreased waste due to obsolescence.

Further, the Hines DPC conducted equipment utilization studies that cut hardware maintenance costs by more than \$114,000 per year.

### **Management and Financial Control Systems**

A long-range goal of VA is to modernize and improve the accessibility and usefulness of the vast accumulation of data maintained within automated applications. In support of this goal, a request for proposal was released to industry to acquire a relational data base management environment for a three-year test period.

OIRO initiated the modernization of procedures for National Cemetery System data input to the Automated Management Information System (AMIS). This menu-driven online data entry solution provides the National Cemetery System with an automated linkage to AMIS, eliminating manual code sheet preparation.

The Austin DPC made several enhancements to the Office of Acquisition and Materiel Management's inventory management system, titled LOG I. These enhancements improved access to current management information and eliminated time and cost in mailing or shipping the reports.

Three modifications were made to the PAID system in addition to the change that allows for the electronic input of data. First, modifications resulted in the direct mailing of weekly earnings and leave statements to employees or to the appropriate agent cashier when a valid mailing address was not available. Second, the installation of the Alltax software package radically changed the method of applying tax revisions to the payroll system. Third, automation of the calculation of special pay for physicians and dentists eliminated erroneous overpayments.

### **Technical Training**

OIRO provided extensive microcomputer training nationwide to auditors and investigators of the Office of the Inspector General. This cost-effective effort enabled the Office of the Inspector General to avoid the commercial costs of individually training their personnel.

More than 1,400 VA Central Office employees received ADP training in areas such as microliteracy and PC communications. This in-house program, when compared to similar vendor courses, resulted in an estimated cost savings of more than \$400,000.

The Philadelphia DPC Information Center broadened its customer base to include personnel at the VA medical center in Philadelphia, PA. More than 500 VA employees were trained in the information center this year. Cost avoidances resulting from this training amounted to approximately \$90,000.

### **Telecommunications**

The Office developed an automation technology plan for telecommunications connectivity and local area network support to the new VA medical center under construction in Houston, TX. The cost savings to VA for this effort is in excess of \$300,000.

The VA Data Transmission System (VADATS) network continued to grow rapidly during FY 1989. VADATS now serves VA facilities in all 50 States, the District of Columbia, Puerto Rico, and the Republic of the Philippines. The network experienced an approximate 70 percent growth in the number of characters processed since the end of FY 1988.

On June 1, 1989, VA awarded a contract for the Integrated Data Communications Utility (IDCU), which will ultimately replace VADATS. The award culminated a six-year effort to acquire a telecommunications network specifically designed to meet VA's wide area data communications requirements during the 1990s.

Technical assistance and project management was provided by OIRO in the awarding of communications equipment contracts totaling more than \$40.6 million. Funds expended were in support of complete telephone system replacements or upgrades at 15 VA medical centers and outpatient clinics as well as automatic call distributors at 2 VA regional offices. In addition, direct technical

assistance was provided for the procurement of nurse call and other essential medical communications systems.

Technical assistance was also provided in the approval of more than 537 new radio frequency actions for VA systems requiring the use of the radio spectrum for operation.

Technical support and assistance continued to be provided to the General Services Administration and its contractor for the installation of the Federal Telecommunications System 2000. The fiber optic totally digital network will enhance all aspects of Federal telecommunications usage and provide an increased range of services to all users. All VA sites will be connected to the new network by the end of FY 1990.

### **Emergency Preparedness**

The Austin DPC completed the majority of a comprehensive disaster recovery plan to permit the DPC to continue operating in the event of a major catastrophe. All applications processed at the Austin DPC are covered by the plan. Alternate processing sites with comparable ADP equipment and files necessary for disaster recovery have been identified.

## **Office of the Assistant Secretary for Human Resources and Administration**

The Office of the Assistant Secretary for Human Resources and Administration was established in FY 1989 to oversee the management of the Office of the Deputy Assistant Secretary for Personnel and Labor Relations, the Office of the Deputy Assistant Secretary for Equal Employment Opportunity, and the Office of the Deputy Assistant Secretary for Administration.

The Assistant Secretary is the principal advisor to the Secretary, Deputy Secretary, and other top management officials on the plans, policies, and program operations relating to the Department's human resources and administration programs. The Assistant Secretary also serves as the Department's Designated Agency Safety and Health Official (DASHO) and oversees the work of the occupational safety and health staff.

### **Office of the Deputy Assistant Secretary for Personnel and Labor Relations**

The Office of the Deputy Assistant Secretary for Personnel and Labor Relations (OP&LR) is committed to ensuring that VA employees receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition. The Office of Personnel Management (OPM) has rated VA's personnel management program as first in overall effectiveness among the 22 larg-

est Federal agencies. OPM found that VA's personnel staff-to-employee ratio of 1:107 compared favorably with the Governmentwide average of 1:68. VA's cost of providing personnel service of \$251 per employee was one-half the Governmentwide average.

In FY 1989, OP&LR, in cooperation with the Veterans Health Services and Research Administration (VHS&RA), continued efforts to develop policies and procedures to ensure that only well-qualified and suitable health care professionals are employed by VHS&RA. A revised proficiency rating system was developed for physicians, dentists, nurses, and other health care personnel. A criterion-based nurse evaluation system that complies with standards established by the Joint Commission on Accreditation of Healthcare Organizations was also developed. OP&LR provided direct training to VA personnel specialists nationwide, conducted a conference for VA personnel officers, and coordinated VA participation in a variety of management and executive development programs conducted by OPM, the Brookings Institution, Harvard University, and other educational institutions. Its primary executive development effort was Leadership VA, a 3-week program for 60 competitively selected mid-level employees. OP&LR also coordinated the VA Senior Executive Service (SES) candidate development program.

During FY 1989, 17 unions represented approximately 164,000 VA employees. In addition to representing employees on individual local levels, the four largest unions have consolidated their activities into "national-level" bargaining units. By law, these four unions have collective bargaining rights over policies and issues of Departmentwide concern. The four unions continue to be especially active in ensuring safe working conditions, monitoring Department plans to implement a drug-free workplace and smoke-free environments in health care facilities nationwide, and monitoring the staffing and retention of nurses.

OP&LR completed Federal Wage System (FWS) surveys in 25 wage areas and issued pay schedules applying to FWS employees in those areas. OP&LR obtained approval for new as well as revised increased minimum wage rates for selected FWS occupations in six wage areas.

OP&LR conducted personnel management evaluation reviews at 15 VA field facilities. All major personnel management programs were reviewed during site visits to ensure general program effectiveness. Special emphasis was placed on the administration of the workers compensation program for job-related injuries and illnesses, the unemployment compensation program, and the employee assistance program.

### **Staffing**

During FY 1989, OP&LR, in cooperation with VHS&RA, continued to intensify VA national recruitment program

activities. These efforts focused on filling vacancies in shortage-category occupations vital to the Department's medical care programs; occupations include nursing, physical therapy, and occupational therapy.

Efforts to reach prospective employees included enlarging the number of national conventions and job fairs as well as State and local recruitment events attended by Department staff. For the first time at these events, OP&LR featured software that provides information about medical facilities and up-to-date pay data, including locality-based salary rates.

The frequency of advertising in major professional journals and career guides was increased. Additionally, a contract was competitively awarded to a private sector advertising firm to help OP&LR enhance the effectiveness of efforts to promote VA as a preferred employer. To assist personnel specialists and nurse recruiters at VA facilities to become more effective, OP&LR staff expanded the course "Techniques for Staffing Hard-to-Fill Positions." The course was well received and will be further expanded for presentation in FY 1990.

OP&LR's Delegated Examining Unit (DEU) was responsible for the selection of 1,300 new employees in 16 health care occupations during FY 1989. The DEU, located in Richmond, VA provides information to prospective employees through advertising, convention exhibitions, and toll-free information lines. The DEU issues, usually in five or fewer days, lists of qualified persons to facilities with vacancies. During FY 1989, the DEU extended its occupational coverage to include vocational rehabilitation specialist positions.

In its continuing effort to compile information assessing recruitment and retention trends in selected health care occupations, OP&LR conducted the Survey of Health Occupational Staff for the third consecutive year. This survey, which generated comprehensive data on local staffing conditions at VA medical centers and outpatient clinics for FY 1988, reflects expanded occupational coverage and simplified data collection procedures. Further refinements are expected for a similar survey to collect data for the Department's FY 1989 staffing experience.

## **Employment of Veterans**

VA has consistently been a leader among Federal agencies in the employment of veterans. In FY 1989, 22 percent of the 55,725 individuals hired by VA had veteran status.

At the close of FY 1989, veterans comprised nearly 28 percent of the total VA workforce, and disabled veterans comprised 5 percent. Moreover, of the total workforce, 19 percent of employees were Vietnam era veterans and, of these, 18 percent were disabled.

The Department is also a leader among Federal agencies in the employment of women with military experience. At the end of FY 1989, VA employed 7,581 female veterans and women with veteran preference.

During FY 1989, VA exercised a number of special appointing authorities to recruit and train veterans to meet the Department's staffing needs. VA appointed 2,626 Vietnam era veterans under the Veterans Readjustment Appointment authority. VA also appointed on a noncompetitive basis 613 individuals, including 368 from the Vietnam era, with service-connected disabilities of 30 percent or more to positions for which they qualified.

## **Employee Recognition**

Recognition of employee efforts beyond job requirements is essential to improving productivity. VA managers continue to make excellent use of the formal awards program structure to reward employees for overall superior performance, innovative ideas, and one-time acts, services, or achievements.

During FY 1989, the Department granted performance awards to 53,026 employees for high-level performance, as evidenced by the annual appraisal process. Awards were given to 122 employees with SES status, 3,609 employees with Performance Management and Recognition System (PMRS) status, and 49,295 employees with Performance Management System (PMS) status. Another 3,147 PMS employees received quality step increases for overall outstanding performance. More than 25,000 employees received, either individually or as part of a group, monetary special contribution awards for one-time special acts or services that benefitted VA. In the area of employee creativity, nearly 1,900 employees received recognition for ideas that saved the Department more than \$16 million in total. Approximately one out of every three employee suggestions processed during FY 1989 was adopted and rewarded.

## **Office of the Deputy Assistant Secretary for Administration**

The Office of the Deputy Assistant Secretary for Administration is responsible for providing a broad range of administrative services to all Central Office elements and field facilities. Services include the areas of contract support and building management for Central Office as well as printing, publication, and audiovisuals for all facilities. In FY 1989, the Office obtained responsibility for emergency preparedness, as required by Executive Order No. 12656; travel policy; and forms design.

The Deputy Assistant Secretary for Administration serves as the Department liaison with the Joint Committee on Printing of the U.S. Congress; the National Audiovisuals Center; and the General Services Administration with regard to Federal printing policy, audiovisual

innovations, space acquisition, telephone service, and other general support functions within the national capital region.

In FY 1989, the Office responded to 8,204 requests for printing, including the composition, artwork, printing, storage, and distribution of printed materials, and corrected 6,033 maintenance and repair problems in Central Office. The VA mailroom in FY 1989 processed approximately 3.9 million pieces of mail.

During FY 1989, the Office produced about 25 video presentations. Training tapes covered diverse areas such as computer security and effective management of medical diagnostic testing. High points included videos that marked the official elevation of VA to Cabinet status, a video that presented the defects and planned renovation of the Central Office building, and a one and one-half minute video news release on the planned renovation made available nationwide via satellite.

### Program Initiatives

Planning for the prospectus-level GSA renovation project for Central Office accelerated during FY 1989. Plans include refurbishing or replacing the major building systems such as the electrical, plumbing, heating, ventilation, and air conditioning systems as well as addressing various fire and safety issues. Planning activities currently underway are being handled cooperatively with GSA. The Director, Office of Administration, serves as project director and is provided technical assistance by the Office of Facilities, the Office of Information Resources Operations, and the Office of Budget. Construction is scheduled to begin in FY 1991.

The Office implemented an automated management engineering system that electronically tracks the repair and operation of the Central Office building.

To enhance productivity and cost efficiency, the Office installed an electronic publishing and computer graphics system, which has become fully operational. Pre-press work of printed material can now be performed on the system with most of the input received through VA's wide area network.

The FY 1989 reorganization of VA resulted in the reassignment of space within Central Office to accommodate newly organized and redefined elements. The Office spearheaded the formation of the Space Management Working Group. With the assistance of a contract architect/engineering firm, the Space Management Working Group developed a recommendation for the reallocation of space that was approved by the VA Space Management Committee and by the Assistant Secretary for Human Resources and Administration. The final reconfiguration of space for those elements affected by the reorganization is scheduled for completion by the end of the second quarter of FY 1990.

### Office of the Deputy Assistant Secretary for Equal Employment Opportunity

During FY 1989, the Office of Equal Opportunity (OEO) continued several initiatives designed to improve the processing of equal employment opportunity (EEO) complaints and to enhance the employment and promotional opportunities for minorities, women, and persons with disabilities. All major workload productivity indicators such as discrimination complaints closed, affirmative action plans reviewed, and formal training sessions conducted, increased during FY 1989. Moreover, the percentage of minority employment in the VA workforce increased.

Innovative use of EEO and affirmative employment programs, coupled with sound managerial and supervisory support, has enabled VA to maintain a positive image as an equal opportunity employer. Overall, VA employment of minorities, women, and persons with disabilities exceeds or compares very favorably with that of other Agencies and with relevant civilian labor force (CLF) data. VA's FY 1989 discrimination complaint rate of 4.2 complaints per 1,000 employees compares favorably with the Governmentwide average of 5.5 complaints per 1,000 employees.

### Affirmative Employment

VA continued to have an enviable record among Departments and larger Agencies in terms of representation of minorities, women, disabled veterans, and disabled persons. In FY 1989:

- Representation of women continued to increase, reaching 55.1 percent of VA employment, compared with women's availability in the CLF of 42.5 percent.
- Women comprised 31.0 percent of VA employees at and above the GS-12 level, an increase from 29.1 percent in FY 1988. Participation by women in upward mobility training programs continued to rise, reaching 64.6 percent.
- With the exception of Hispanics, VA's representation of minorities exceeded minority representation in the CLF. However, Hispanic representation in VA has increased from 4.8 percent in FY 1988 to 4.9 percent in FY 1989. (See Table 1.)
- Representation of employees with targeted severe disabilities increased slightly to 1.8 percent, up 0.05 percent from FY 1988.
- Even with an overall decline in the total veteran population, VA increased its hiring of veterans. Of the 9,441 veterans hired in FY 1989, 1,726, or 18.3 percent, had service-connected disabilities while 852, or 9.0 percent, had service-connected disabilities of 30 percent or more.
- VA's overall representation of veterans with service-connected disabilities exceeded the

Government's overall representation (excluding U.S. Postal Service) both for the service-connected group in total and for those with disability ratings of 30 percent or more.

**TABLE 1. – VA minority representation, as of September 30, 1989**

	VA percent	CLF <sup>1</sup> percent
Blacks .....	24.8	9.8
Hispanics .....	4.9	6.4
Asian Americans and Pacific Islanders .....	3.5	1.6
Native Americans and Alaskan Natives .....	0.6	0.5

<sup>1</sup> CLF data obtained from 1980 Census of Population and Housing, Department of Commerce, U.S. Bureau of the Census.

The Office in FY 1989 placed emphasis on the prevention of sexual harassment in the workplace. Efforts included training for executives and managers at VA Central Office and in the field, issuance of VA policy, and dissemination of literature throughout VA. Every effort has been made to ensure that all VA employees recognize sexual harassment and acknowledge its unacceptability in any form.

Training efforts continued to ensure that a sufficient number of adequately trained EEO counselors and investigators are available and to emphasize resolution of complaints at the earliest practicable stage. A prototype training module was developed as a cooperative effort between the Veterans Health Services and Research Administration and OEO to improve training for managers and supervisors.

The Office continued to expand and increase the success of the national Historically Black Colleges and Universities Program. In April 1989, with the signing of Executive Order No. 12677, the President mandated additional efforts by Agencies in support of the program.

In the area of civil rights, the Office issued regulations implementing the Rehabilitation Act in the "Federal Register" under 38 CFR 15.

Further, the Office increased participation in conferences that have relative success in outreach efforts toward minority, women, and disabled persons.

### Discrimination Complaints

In FY 1989, the Office concentrated on:

- Reducing complaint processing time at all stages of the complaint process;
- Improving the quality of investigative reports through comprehensive review and feedback on all reports; and
- Providing technical guidance and assistance to field facilities and monitoring their performance to ensure correct as well as timely processing.

FY 1989 data displayed a significant reduction in the average number of days required to process complaints. Complaint activity continued to increase, as did the number of decisions finding discrimination. (See Table 2.) The number of settlements decreased while backpay and attorney fee awards increased. (See Tables 2 and 3.)

**TABLE 2. – Discrimination complaints**

Category	Number	
	FY 1989	FY 1988
Employees counseled .....	4087	3470
Formal complaints received .....	870	725
Closures .....	846	917
Rejections .....	204	155
Cancellations .....	110	80
Withdrawals .....	150	137
Settlements .....	183	238
Department decisions .....	199	307
Findings of no discrimination .....	188	299
Findings of discrimination .....	11	8
Recommended decisions from EEOC .....	142	128
Average number of days to closure .....	476	641
Cases closed with corrective action <sup>1</sup> .....	921	468
Cases closed with backpay awarded <sup>1</sup> .....	21	66

<sup>1</sup> Data include complaints closed both in counseling and in the formal complaints stage.

**TABLE 3. – Monetary relief, in dollars**

Category	Amount	
	FY 1989	FY 1988
Backpay awarded <sup>1</sup> .....	\$351,568	\$277,777
Attorney fees and other costs <sup>1</sup> .....	71,733	39,831

<sup>1</sup> Includes reported data only. Data include complaints closed both in counseling and in the formal complaints stage.

## Office of the Assistant Secretary for Veterans Liaison and Program Coordination

The Office of the Assistant Secretary for Veterans Liaison and Program Coordination was established to provide executive management of the Office of the Deputy Assistant Secretary for Veterans Liaison and the Office of the Deputy Assistant Secretary for Program Coordination and Evaluation.

The Consumer Affairs Service and the Office of Intergovernmental Affairs were transferred to the Office of the Deputy Assistant Secretary for Veterans Liaison. Similarly, the Program Evaluation Service and the Federal Advisory Committee Coordinator functions were transferred to the Deputy Assistant Secretary for Program Coordination and Evaluation.

The Assistant Secretary advises and represents the Secretary in matters concerning veterans organizations and in veterans' activities and interests at the Federal, State, and local levels of government as well as in the private sector; and responds to veterans' concerns.

### Office of the Deputy Assistant Secretary for Veterans Liaison

The Office of the Deputy Assistant Secretary for Veterans Liaison ensures that veterans' concerns are

effectively addressed at the highest Department levels and serves as the focal point for issues dealing with veterans organizations, including special veterans groups such as Native American, female, and incarcerated veterans. The Office coordinates National Veterans Day activities at Arlington National Cemetery and at selected regional sites.

During FY 1989, the Deputy Assistant Secretary attended most of the veterans service organization conventions around the country and served as guest speaker before numerous bodies, including several female veteran groups.

The Consumer Affairs Service responds to individual veterans' concerns with assistance and information and develops programs to enhance VA delivery of services to veterans.

The Office in FY 1989 provided Department participation in the nationwide observance of National Consumers Week, joined other Federal agencies in providing information to Congress during the biennial Constituent Resource Exposition on Capitol Hill, and conducted consumer training for VA employees in conjunction with the annual conference of the National Society for Patient Representation and Consumer Affairs.

The Office of Intergovernmental Affairs, as required by Executive Order No. 12372, serves as the principal point of contact and liaison with Federal, State, and local government officials on intergovernmental affairs issues within VA.

During FY 1989, the Office continued to develop and strengthen the positive, proactive, and cooperative working relationship of VA with Federal, State, and local government officials and with key state associations; to work in partnership with other government offices to support their programs and outreach efforts; and to ensure VA awareness of Federal regulations affecting intergovernmental affairs activities.

In addition, strong efforts were made to promote positive relationships with State veterans officials and the National Governors Association, the U.S. Conference of Mayors, the American Legislative Exchange Council, the National Association of State Directors of Veterans Affairs, the National Conference of State Legislatures, the National Association of State Veterans Home Administrators, the National Association of Towns and Townships, and other special interest groups.

The Office supported "Stand Down '89," an annual event providing services to homeless veterans in San Diego,

CA which, in FY 1989, included a message of support from President Bush.

The Office coordinated in FY 1989 more than 4,000 Presidential birthday greetings to octogenarian VA medical center patients and State veterans home residents. It also assisted the White House in preparing more than 200 special Presidential messages to national and state veterans organizations and VA facilities as well as for state veterans events such as the dedication of a new State veterans home.

Further, in FY 1989 the Office coordinated the successful participation of all Department facilities nationwide in "Operation Care and Share," an effort which raised more than \$26,500 and collected more than 232,400 pounds of food, clothing, toys, and personal care items for the needy.

## **Office of the Deputy Assistant Secretary for Program Coordination and Evaluation**

The Office of the Deputy Assistant Secretary for Program Coordination and Evaluation coordinates and evaluates Department programs and activities to ensure that veterans' needs are addressed in the most effective and efficient manner possible and that unified and cohesive programs are in operation to meet those needs.

### **Program Evaluation**

As mandated by title 38 U.S.C. section 219, the Office conducts for the Secretary and Congress program evaluations to assess the effectiveness and efficiency of VA programs in meeting their goals and impacting on their target populations as well as on other related programs. Emphasis is placed on broad programs that may cross organizational lines and encompass specifically defined programs. The Office also coordinates and supplements the evaluation efforts of other elements within VA.

In FY 1989, the Office completed two evaluations, "VA, State, and Contract Nursing Home Care," and "Chapter 30 All-Volunteer Force Education Assistance."

In addition, in FY 1989 the Office managed and evaluated the Management Efficiency Pilot Program (MEPP). (See shadowed box, next page.)

### **VA Advisory Committees**

The Office manages VA's advisory committees, which provide information and recommendations on VA programs and operations. At the close of FY 1989, VA had 35 advisory committees, 10 of which are statutory.

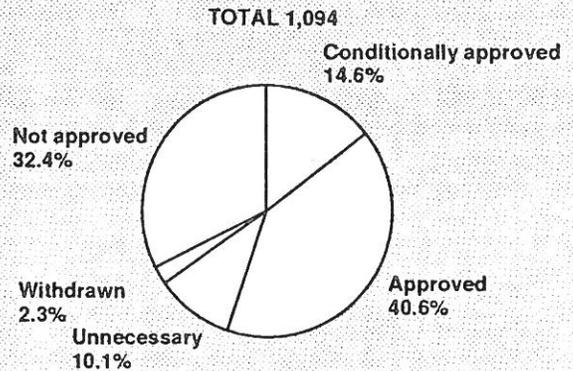
## Management Efficiency Pilot Program

The Management Efficiency Pilot Program (MEPP) is an innovative three-year test program to allow field managers and staff greater flexibility in operating their facilities by removing selected legal and administrative constraints. MEPP gives directors at 11 selected pilot sites the authority to seek waivers of law, regulations, procedures, and policies applicable to the administration of their facilities. Top VA managers approve, conditionally approve, or disapprove the waiver requests.

Evaluation of the pilot program at the end of the three-year period will determine whether MEPP improved management efficiency or provided more timely and responsive services to veterans. The first-year evaluation report was published in July 1989.

MEPP ended its second year of operation with the close of FY 1989. In the past two fiscal years, more than 1,000 waiver requests were submitted by the pilot sites of the Veterans Benefits Administration, the Veterans Health Services and Research Administration, and the Office of Information Resources Operations. Fifty-six percent were approved or conditionally approved. (See graph.)

### Disposition of MEPP Waivers Processed to Completion as of September 30, 1989



## Office of the Assistant Secretary for Acquisition and Facilities

The Office of the Assistant Secretary for Acquisition and Facilities provides policy-level management and oversight of VA acquisition and materiel management programs, capital facilities, real property programs, and environmental affairs programs.

The Assistant Secretary for Acquisition and Facilities is responsible to the Secretary for the executive management of the Office of the Deputy Assistant Secretary for Acquisition and Materiel Management and the Office of the Deputy Assistant Secretary for Facilities. Other major responsibilities include serving as VA's Senior Procurement Executive and as the Department's Director of Environmental Affairs. The Assistant Secretary also serves as Department liaison with the Interagency Council on Metric Policy, the Office of Federal Procurement Policy, the Real Property Executives Advisory Committee, the Federal Interagency Energy Policy Committee ("656" Committee), and the General Services Administration.

Further, the Assistant Secretary provides administrative support to the Office of Small and Disadvantaged Business Utilization (OSDBU). While the Director of OSDBU reports directly to the Deputy Secretary, the Assistant Secretary for Acquisition and Facilities provides policy review of OSDBU operations.

In FY 1989, the Office initiated innovative approaches to the management of VA's capital facilities, real property, and acquisition and materiel management program delivery. These innovative approaches in creative financing, project delivery, and total asset management include capital leases, colocations, lease/lease back options,

joint ventures, design/build concepts, and construction management.

## Office of the Deputy Assistant Secretary for Facilities

The Office of the Deputy Assistant Secretary for Facilities (O/F) provides the real property and facilities required by major VA operating units and staff offices to carry out their vital missions. Specialized facilities such as hospitals, outpatient clinics, research centers, nursing homes, and domiciliaries for the Veterans Health Services and Research Administration (VHS&RA) are acquired by purchase, donation, lease, or direct Federal construction. Regional office space for the Veterans Benefits Administration, district counsel offices, supply depots, and data processing centers are acquired by negotiating leases with the General Services Administration (GSA) or by direct construction. Cemeteries and their support facilities are constructed, and land for the National Cemetery System is acquired by either purchase or donation. In executing all of these program responsibilities, O/F ensures compliance with all national, State, and local environmental policies and laws.

The Office provides technical advice and support to the 172 VA medical centers (VAMCs) and to other VA field facilities in the areas of operation and maintenance of physical plant systems, energy conservation, fire and safety, biomedical engineering disciplines, and hazardous materials management.

During FY 1989, \$618.7 million was obligated for the major (costing more than \$2 million) and minor construction appropriations and the parking revolving fund appropriations. These obligations encompassed 333 awards for project design or construction. At the close of

FY 1989, the Office was administering the planning, design, and construction stages of more than 3,500 major, minor, and minor miscellaneous projects totaling more than \$10 billion. Moreover, at the close of FY 1989, O/F was overseeing 74 active major projects under construction valued at approximately \$1.5 billion. Primary among these projects are the replacement hospitals in Houston, TX, Baltimore, MD, and Augusta (Lenwood Division), GA; hospital modernization in Dayton, OH; a new outpatient clinic and a clinical addition in New York City, NY; and a new clinical addition as well as nursing home renovation in Philadelphia, PA.

### Major Construction Projects Completed

During FY 1989, the Office completed a variety of major construction projects, including significant portions of projects with several phases. (See table.)

Nursing home care projects were completed in Northport, NY, Durham, NC, Murfreesboro, TN, and Prescott, AZ.

A \$16 million spinal cord injury addition was completed at VAMC Palo Alto, CA.

Clinical additions and ambulatory care facilities were completed at the following VAMCs: Castle Point, NY, Clarksburg, WV, Pittsburgh (University Drive), PA, Brockton/West Roxbury (West Roxbury Division), MA, Alexandria, LA, Lexington, KY, Louisville, KY, Chicago (Westside), IL, Iowa City, IA, and Grand Junction, CO.

Projects that were designed to improve the patient environment and correct serious fire/safety deficiencies were accomplished at VAMCs in Syracuse, NY, East Orange, NJ, Topeka, KA, and Hampton, VA.

Additional major construction projects included a parking structure in San Francisco, CA; a 408-bed replacement

domiciliary facility in Temple, TX; and a new dietetics building in Waco, TX. Two energy production and con-

servation projects were completed at VAMCs in Boise, ID and San Diego, CA.

### Architect-Engineer Contracts

During FY 1989, O/F awarded 26 architect/engineer (A/E) contracts totaling \$26.3 million, including the largest A/E design contract in VA history. This contract concerned the working drawing design phase of the Allen Park/Detroit Replacement/Modernization project and totaled more than \$10.8 million. Other significant design awards included the working drawing contracts for the new VAMC in Palm Beach, FL and the new national cemetery in San Joaquin Valley, CA; and the preliminary design contracts for the modernization of VAMC Fort Howard, MD, the renovation of the nursing units at VAMC Muskogee, OK, and the outpatient addition at VAMC Brooklyn, NY.

### Real Property Management

During FY 1989, O/F completed acquisition of 69.2 acres of land through purchase and 33.4 acres through donation. VA obtained a contractual agreement with the City of Detroit for an 18.0 acre site for construction of a new hospital. Moreover, VA issued approximately 65 leases, licenses, and permits to public and private interests for the use of Department-owned real property.

In compliance with the requirements of Executive Order No. 12512, O/F initiated 37 land utilization surveys at VAMCs; as a result, VA reported to GSA that 8 acres at VAMC Topeka, KS and one building consisting of 7,500 gross square feet at VAMC East Orange, NJ are not being optimally utilized.

O/F completed 34 economic-cost analyses (8 new and 26 updated) for projects. Four leases were awarded for new VA programs and nine leases were awarded for relocation, expansion, renewal, or extension of VA program activities. VA paid GSA \$91 million for rental of 7.2 million net usable square feet of office and nonoffice space. An additional \$24 million was paid for 2.4 million square feet of medically related space directly leased by VA.

### Construction Status, FY 1989

Description	Total		Completed		Under construction		Authorized but not under construction	
	Number	Estimated construction cost (in millions)	Number	Estimated construction cost (in millions)	Number	Estimated construction cost (in millions)	Number	Estimated construction cost (in millions)
Replacement and relocation hospitals .....	12	\$1,574.88	0	\$0	10	\$1,152.10	2	\$422.78
Modernizations .....	8	590.81	0	0	5	394.58	3	196.23
National cemeteries .....	97	39.45	28	3.23	32	10.00	37	26.22
Nursing home care units .....	23	117.67	3	17.49	8	47.02	12	53.16
Domiciliaries .....	5	68.46	1	13.97	3	26.18	1	28.31
Research and Education .....	16	47.90	3	5.24	6	30.52	7	12.14
Parking revolving fund .....	6	44.90	1	4.30	3	17.77	2	22.83
Other improvements .....	688	1,420.02	128	308.26	277	755.89	283	355.87
Total .....	855	3,904.09	164	352.49	344	2,434.06	347	1,117.54

NOTE - Totals may not add due to rounding.

The VA ridesharing program, designed to minimize the number of single occupant employee parking spaces required at VA facilities, realized an overall employee ridesharing rate of 30 percent in FY 1989.

O/F conducted 62 VA parking analyses to determine the existing and projected number of parking spaces required at certain field facilities. In accordance with VA pay parking implementing regulations and Public Law 99-576, pay parking commenced at VAMC Chicago (Lakeside), IL. Fee collection will begin at other affected medical facilities as the garages are activated.

During FY 1989, the Foundation Information for Real Property Management (FIRM) system was converted from a single-user environment to a multi-user computer system.

### Facility Development Plans

In FY 1989, significant progress continued in the implementation of VA's Facility Development Plans (FDPs), written comprehensive integrated plans which depict the conceptual approach to the development of a medical center over a specific long-range planning horizon.

Preparation for full-scale implementation of the FDP initiative in FY 1989 included completion of four pilot FDPs and an independent evaluation of the pilot plans. Full-scale implementation commenced with the preparation of the first 80 FDPs by private sector consultants and with the selection of private consultants for another 40 FDPs. Further action on the FDP initiative included the implementation of a computerized FDP scheduling system, the completion of the "FDP Style Guide," the initiation of an update and maintenance methodology, and the streamlining of the VAMC five-year plan to implement FDPs. The FDPs will be used as the basis for all facility planning activities in VA.

### Criteria and Planning Support

Progress continued in FY 1989 on developing automation for space planning criteria through the Interactive Medical Facilities Planning System (IMFP). Based on the necessary staffing and workload inputs, IMFP provides a room-by-room listing of space requirements for a given facility. The system will be used for facility comparative analysis and for testing of planning alternatives.

A new management tool, the Criteria Management Plan, was implemented in FY 1989 to better control the scheduling of updates as well as the initiating of new chapters of criteria.

### Historic Preservation Program

In FY 1989, the historic preservation program initiated several planning efforts, including a cultural resources

management plan for the National Cemetery System and a historic preservation plan for VAMC Salem, VA.

VAMC Perry Point, MD was determined eligible for listing in the "National Register of Historic Places."

### Value Engineering

Value engineering (VE) is an effort to remove anything that adds cost but not value to the required function. Savings attained through VE for FY 1989 exceeded \$8 million.

Savings included \$1.58 million for the hospital renovation/expansion in Muskogee, OK; \$2.33 million for clinical improvements in Indianapolis, IN; and \$745,000 for the bed replacement building in Temple, TX.

Other savings consisted of \$1.2 million on the hospital renovation/expansion in Palm Beach, FL; \$895,000 on the geropsychiatric facility in Marion, IN; \$539,000 on the nursing home addition in San Francisco, CA; \$395,000 on the parking garage in New Orleans, LA; \$233,000 on the outpatient addition in Brooklyn, NY; and \$188,000 on the addition to the new hospital in Detroit, MI.

### State Veterans Homes

O/F provided technical assistance to the Office of the Assistant Chief Medical Director for Geriatrics and Extended Care for State domiciliaries and nursing home facilities in 22 states. During FY 1989, 11 states received 17 obligations and awards, totaling \$49.4 million. In addition, 17 new requests, totaling \$34.1 million, have been reviewed.

### Barrier-Free Design

Accessibility for disabled persons to all VA facilities is designed into all O/F projects for new construction, renovations, and new leases. In addition to O/F projects, all designs for State veterans homes that receive construction funding through VA grants must comply with accessibility requirements. The results of a Department-wide survey for identifying accessibility deficiency in all VA facilities are being analyzed.

### Capital Facilities Studies

First initiated in 1984, Capital Facilities Studies (CFSs) are comprehensive, systemwide technical evaluations of the physical plant systems of medical facilities built prior to 1970. The CFS data are used to evaluate the viability and priority of proposed projects and are one of the foundations for the development of facility development plans. In FY 1989, O/F requested funding to include in the CFS all medical facilities built after 1970 as well as selected national cemeteries.

### Design Process Improvements

In FY 1989, work continued on implementing a new design process that resembles the private sector process

and eliminates past confusion over terminology. Key elements of this new design process, design guides (graphic consolidations of VA criteria) and design programs (statements of project goals), will link the facility development plans with the design phases of major projects in order to add clarity and early definition to the design process. More extensive use of automated data processing and computer-aided drafting and design will help to organize and expedite the results.

### **Improvements to Project Management**

A two-year initiative to improve project management and productivity at construction project sites was accomplished at 39 sites. Each site received a multi-user work-system that provides local administrative and management capabilities as well as telecommunications with Central Office project managers. Moreover, the architect/engineer worksystem provided firms with the capability to improve project administration.

### **Nationwide Engineering Operations**

The Office offered a cost-estimating project administration course VA-wide. Other important initiatives included the (1) implementation of the hospital startup "Operations and Maintenance Manual" for newly constructed or renovated facilities, (2) development of an enhanced management training program for chief engineers and graduate engineer trainees, and (3) generation of a systemwide database for the Environmental Protection Agency reports of asbestos surveys, the graduate engineer career program, and the Department's fleet management program.

### **Fire Protection**

O/F completed in FY 1989 two significant fire protection program activities. One, a collaborative effort with VHS&RA and other VA Central Office elements, resulted in the modification of VA policy to limit flame-resistant bed clothing and linens to smoking-risk patients only. Upholding VHS&RA's smoke-free hospital initiative, this action allows significant cost savings without lowering the level of fire safety. The second initiative took advantage of a new fire sprinkler technology, the quick response sprinkler head. These fire suppression devices provide a higher level of fire safety than do smoke detectors and allow substantial construction and maintenance cost savings to VA.

### **Energy Management**

Since 1975, VA has seen more than \$160 million in net utility cost-avoidance. Thirty-four VAMCs already have attained more than 100 percent of their FY 1995 established target goals while 66 other VAMCs have achieved more than 80 percent of their goals. Due to the long-range nature of cost-effective retrofit projects, \$320 million in benefits is estimated over the next 6 years. VAMC Martinsburg, WV in FY 1989 received 1 of the

15 awards designated for organizations from the Federal Interagency Energy Policy Committee and the Department of Energy for energy reduction efforts in FY 1988.

### **Biomedical Engineering**

VA's medical equipment inventory now approaches \$1.7 billion based on acquisition costs. Biomedical engineering sections at individual VAMCs combine in-house medical equipment maintenance with judicious use of private sector sources. According to the latest available data, actual FY 1988 expenditures illustrate an annual cost avoidance of \$37 million.

The VA Facilities Engineering Service computer project, known as Automated Engineering Management System/ Medical Equipment Reporting System (AEMS/MERS), provides equipment histories, preventive maintenance scheduling, project tracking, and other facility engineering management functions. The integration of AEMS/MERS with VA's Decentralized Hospital Computer Program (DHCP) provides access for Engineering Service staff to VA's nationwide telecommunications network. Software has been developed to allow electronic transmission of construction project data from individual VAMCs to the Construction Management Information System in VA Central Office.

### **Hazardous Materials Management**

The hazardous materials management program deals with environmental technology and regulatory matters, including the areas of asbestos, radon, solid and hazardous waste management, underground storage tanks, and medical waste incinerators.

Approximately two-thirds of VA facilities have performed asbestos assessments. A number of current asbestos issues are under evaluation, including use of glovebagging, non friable asbestos removal, and asbestos in crawl spaces.

A radon testing protocol established in FY 1989 requires that all VA facilities test for radon to determine if remedial action is necessary to reduce radon levels.

### **Office of the Deputy Assistant Secretary for Acquisition and Materiel Management**

During FY 1989, the Office of the Deputy Assistant Secretary for Acquisition and Materiel Management (OA&MM) made significant progress in its effort to replace the present automation system. Award for the software, the Integrated Supply Management System (ISMS), is scheduled for FY 1990. Focusing on the consolidation and standardization of supplies and services acquired through the OA&MM network, ISMS will enable VA to make more cost-efficient purchasing decisions and thus increase funds for health care.

In the spring of 1988, a new rapid-delivery system called FASTRAC was instituted at the Hines, IL, Somerville,

NJ, and Bell, CA distribution points. FASTRAC guarantees delivery of depot-stocked pharmaceuticals within 24 hours. Tremendous growth in the addition of selected medical supplies, followed the expansion of this service to all VA medical facilities on October 1, 1988. The popularity of FASTRAC allowed VA to realize a cost avoidance of approximately \$20 million during FY 1989. In addition to serving VA facilities, FASTRAC also serves many other Government agencies.

The Veterans Health Services and Research Administration's (VHS&RA) medical facilities strongly support OA&MM's District Consolidated Procurement Program. Innovative efforts in this program assist VHS&RA in providing appropriate medical care within budgetary constraints. For FY 1989, VA medical facilities achieved cost avoidance in excess of \$6.7 million in procurement and associated administrative costs.

The VA/Department of Defense (DoD)/Public Health Service (PHS) Shared Procurement Program continues to make significant progress towards decreasing duplication in contracting for medical products. At the close of FY 1989, the VA/DoD/PHS program contained 681 shared procurement contracts. In FY 1989, the volume of these contracts increased from 2,443 to 2,606 line items, exceeding \$785.9 million; and VA, DoD, and PHS realized cost containment of \$139.1 million. The cumulative cost avoidance realized by the program since implementation exceeds \$353.2 million. Future goals and challenges include further expansion of the number of items to be procured under the shared procurement concept, and expanding the use of multi-year contracts and Federal supply schedule contracts.

The first competitively awarded contract to one manufacturer for intravenous (IV) solutions became effective during FY 1989. This contract, awarded for a one-year period with four option years, has an estimated value of \$66 million. For the five-year period, the cost avoidance is estimated to be \$75 million, based on maximum use of the contract by VA facilities.

Recognizing the potential savings associated with this IV solution contract, the Defense Personnel Support Center, located in Philadelphia, PA has indicated interest in utilizing this contract in upcoming years. If DoD uses this contract, VA will realize additional cost avoidance due to increased volume.

The VA Marketing Center succeeded in awarding multiple contracts for rental of acute care beds during FY 1989. Unique in design and extremely expensive to procure and maintain, these beds are required at most medical facilities for short-term use. The contracts resulted in an annual estimated cost containment of \$750,000.

During FY 1989, the VA Marketing Center provided emergency procurement support in the amount of

approximately \$17 million to the Agency for International Development (AID).

A contract for data communication systems, valued at \$85 million over the 10-year life cycle, was awarded to provide service for more than 500 VA locations. This replacement contract for the previous VA Data Transmission System was negotiated substantially under the Government estimate.

As recommended in the August 1988 Inspector General study of VA depot semi-perishable subsistence operations, OA&MM has actively attempted to determine the feasibility of transferring VA's semi-perishable subsistence program to the Defense Logistics Agency, which has the largest Federal Government subsistence contracting activity. This initiative would allow VA to purchase food at a lower cost and, thus, to focus on purchasing additional pharmaceuticals for cost-efficient distribution to VA facilities and other Government agencies.

## Office of the Assistant Secretary for Congressional and Public Affairs

The Office of the Assistant Secretary for Congressional and Public Affairs was established in FY 1989 to coordinate operations and policy in the areas of congressional and public affairs and to provide executive management of the Office of the Deputy Assistant for Congressional Affairs and the Office of the Deputy Assistant for Public Affairs.

The Assistant Secretary serves as the chief advisor to the Secretary and Deputy Secretary on Departmental communications missions and goals. The Assistant Secretary is also responsible for maintaining the flow of accurate information between the Department and Congress and for providing liaison to communications media.

## Office of the Deputy Assistant Secretary for Congressional Affairs

In FY 1989, the Office of Congressional Affairs (OCA) supported the VA mission through active liaison with VA program officials, Members of Congress, and congressional committees and their staffs.

The Deputy Assistant Secretary for Congressional Affairs serves as the focal point within VA for the conduct of congressional relations; provides advice and assistance to the Secretary and other Department officials with respect to specific legislation and policy issues; and ensures responsiveness to inquiries or requests for information, reports, or assistance from Members of Congress or their staffs. The Deputy Assistant Secretary also has responsibility for providing executive direction to the Office staffs and for setting guidelines and program policy.

## Congressional Relations Staff

The Congressional Relations Staff is responsible for liaison and coordination in matters concerning the

Department's relationship with Congress, congressional committees, and individual Members of Congress. The Staff provides congressional offices with information about VA issues and activities.

The Congressional Relations Staff monitors the progress of all proposed or pending legislative matters regarding the Department. During the first session of the 101st Congress, the Staff tracked 277 pieces of legislation that impacted VA programs.

The Staff, in cooperation with the Office of the General Counsel, assists in furnishing technical guidance to Members of Congress and committee staffs in the preparation of legislative initiatives affecting VA. Assistance is also provided in the preparation and presentation of VA witnesses and testimony at Congressional hearings.

In FY 1989, the OCA assisted in the preparation of 43 legislative and oversight hearings, including 6 field hearings, conducted by the House Veterans Affairs Committee. Similarly, the OCA assisted in the preparation of 21 hearings convened by the Senate Veterans Affairs Committee, including the confirmation hearings for the first Secretary of Veterans Affairs and the first Chief Judge of the newly-established Court of Veterans Appeals.

During FY 1989, Congressional Relations Staff also monitored hearings conducted by the House and Senate Appropriations Committees, the House and Senate Budget Committees, the House and Senate Armed Services Committees, the Senate Finance Committee, the Senate Committee on the Judiciary, the Senate Select Committee on Indian Affairs, the Senate Special Committee on Aging, the House Committee on Merchant Marines and Fisheries, and the House Committee on Post Office and Civil Service.

### **House and Senate Congressional Liaison Staffs**

The House Congressional Liaison Staff provides personalized constituent casework for Members of the U.S. House of Representatives and their staffs. The Staff is conveniently located in the Rayburn House Office Building on Capitol Hill to ensure timely service as well as a constant VA presence on Capitol Hill.

Similarly, the Senate Congressional Liaison Staff functions as a contact for Members of the U.S. Senate and their staffs. The Staff is located in the Hart Senate Office Building on Capitol Hill.

During FY 1989, the House and Senate Congressional Liaison Staffs provided approximately 178,000 written and telephonic responses to constituent inquiries.

### **Office of the Deputy Assistant Secretary for Public Affairs**

The Office of the Deputy Assistant Secretary for Public Affairs (OPA) upholds the Department's mission

and goals by ensuring that VA communicates with its various publics in a responsive, clear, and consistent manner.

OPA is VA's principal activity for the collection and dissemination of information concerning veterans issues to America's veterans, the news media, and the general public. The Office directs programs at the mass and specialty media, produces internal publications, and responds to consumer concerns of veterans and dependents. In FY 1989, OPA also provided staff support to VA's 35 Federal advisory committees.

OPA supports the delivery of VA benefits and health care through information programs aimed at veterans, dependents, veterans organizations, employees, and the general public.

During FY 1989, the Office prepared more than 100 speeches for the Secretary, Deputy Secretary, and other top Department officials as well as field speeches, public service announcements, and Presidential messages for special events.

The Office continued to increase its capacity to use modern technological support to obtain, reproduce, and distribute news media accounts and summaries.

### **News Service**

The establishment of VA as a Cabinet Department clearly dominated and influenced OPA's news media liaison activities during FY 1989. In response to a record number of media inquiries stimulated by this event, OPA generated numerous informational materials concerning VA history, programs, and guidelines for style and usage of new VA titles.

Major media activities included the coordination of several news conferences for the Secretary, highlighted by the first appearance in more than 40 years by a VA head at the National Press Club. The Office was significantly involved in communication activity surrounding changes to VA regulations that govern Agent Orange-related claims.

OPA disseminated news materials detailing VA's first billion dollar life insurance dividend payout and provided a series of reminders leading to the December 1989 expiration of Vietnam era GI bill education benefits.

### **Field Operations**

A key element of the mission of VA's seven regional public affairs offices is to provide guidance to local facilities for dealing with media and public issues precipitated by events occurring at the national level.

During FY 1989, VA field managers received public affairs support for such issues as fiscal pressures on the VA health care system, a study of mortality rates at all 172 medical centers, pending establishment of the new

Court of Veterans Appeals, and interest following a GAO review of physician-credentialing procedures.

Each regional office provided continuing public affairs training programs for facility managers and public affairs contacts. Portions of the training were in conjunction with VHS&RA regional medical education centers and staffs, the Vet Center program, and VA nurse recruiters.

VA public affairs regional offices continued to expand the use of interactive computer networking with operational facilities to expedite the transmission of information, guidance, and public affairs products to the local level.

OPA was instrumental in nationwide publicity surrounding the annual National Salute to Hospitalized Veterans and the selection and involvement of its 1989 chairman, screen and television actor Kevin Dobson.

A National Salute to Hospitalized Veterans column, written by syndicated columnist Ann Landers at the request of OPA, gave the program international visibility and generated more than 1.5 million valentines and letters to VA hospital patients in February.

OPA also coordinated support for other national recognition events, including Veterans Day, National Consumers

Week, POW-MIA Day, and the National Veterans Wheelchair Games.

## Internal Communications

OPA launched the Department's first internal news video, "VA Report." Four issues of this regularly scheduled TV news magazine covering VA activities and related events were circulated to VA facilities nationwide for employee viewing.

OPA issued the annual "Federal Benefits for Veterans and Dependents," which, again, became one of the top-selling Federal Government consumer information publications.

"Vanguard," the Department's employee publication, remains the primary medium for reaching the entire VA "family" with regular news and features emphasizing individual and organizational achievements.

OPA continued the publication "Strictly Speaking" to provide senior Department staff with excerpts from speeches, presentations, media interviews, and congressional testimony by VA officials.

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September 30, 1989  
(In thousands)

Age Group (in years)	Total Veterans	Wartime Veterans							Peacetime Veterans			
		Total <sup>1</sup>	Vietnam Era		Korean Conflict		World War II <sup>4</sup>	World War I	Total	Post- Vietnam Era <sup>5</sup>	Service Between Korean Conflict and Vietnam Era Only	Other Peace- time <sup>6</sup>
			Total <sup>2,3</sup>	No Prior Wartime Service	Total <sup>2,3,4</sup>	No Prior Wartime Service <sup>2</sup>						
All Ages ...	27,105#	20,943#	8,295	7,697	4,893	3,999	9,147	100	6,161	2,873	2,953	335
Under 20 .....	1	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....
20-24 .....	285	.....	.....	.....	.....	.....	.....	.....	285	285	.....	.....
25-29 .....	1,017	.....	.....	.....	.....	.....	.....	.....	1,017	1,017	.....	.....
30-34 .....	1,596	471	471	471	.....	.....	.....	.....	1,126	1,126	.....	.....
35-39 .....	2,075	1,752	1,752	1,752	.....	.....	.....	.....	323	323	.....	.....
40-44 .....	3,560	3,420	3,420	3,420	.....	.....	.....	.....	139	68	71	.....
45-49 .....	2,584	1,597	1,597	1,597	.....	.....	.....	.....	987	27	960	.....
50-54 .....	2,487	951	441	363	588	588	.....	.....	1,536	17	1,512	7
55-59 .....	3,151	2,696	286	70	2,558	2,521	105	.....	456	8	369	79
60-64 .....	3,461	3,361	173	18	1,174	823	2,520	.....	100	1	29	70
65-69 .....	3,426	3,386	96	6	329	40	3,340	.....	40	.....	6	34
70-74 .....	2,043	2,003	44	1	161	15	1,988	.....	40	.....	3	36
75-79 .....	853	809	12	*	56	7	802	.....	44	.....	2	42
80-84 .....	354	318	3	-	21	3	314	.....	37	.....	1	36
85 & over ...	212	180	1	-	7	1	78	100	32	.....	*	32
Median age <sup>7</sup> ...	54.9	59.3	42.7	42.3	58.8	58.0	67.8	92.5	46.7	30.5	51.3	66.6

<sup>1</sup> Veterans who served in more than one wartime period are counted only once. Total wartime equals the sum of Vietnam era (no prior wartime service), Korean conflict (no prior wartime service), World War II, and World War I.

<sup>2</sup> Includes 335 (thousand) who served in both the Korean conflict and the Vietnam era.

<sup>3</sup> Includes 262 (thousand) who served in the Vietnam era, Korean conflict, and World War II.

<sup>4</sup> Includes 632 (thousand) who served in both World War II and the Korean conflict.

<sup>5</sup> Service only after May 7, 1975.

<sup>6</sup> 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.

<sup>7</sup> Computed from data by single year of age.

\* There is also 1 living Spanish-American War veteran and an estimated 67 living Mexican Border conflict veterans.

\* Less than 0.5 (thousand).

NOTE: Excluded are 544,857 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.

VETERAN POPULATION

TABLE 2

Estimated Number of Veterans Living in the U.S. and Puerto Rico, by State and Period of Service  
September 30, 1989  
(In thousands)

State	Total Veterans	Veterans per 1,000 Civilian Pop. Age 18 and Over	Wartime Veterans							Peacetime Veterans			
			Total <sup>1</sup>	Vietnam Era		Korean Conflict		World War II <sup>3,4</sup>	World War I	Total	Post-Vietnam Era <sup>5</sup>	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime <sup>6</sup>
				Total <sup>2,3</sup>	No Prior Wartime Service	Total <sup>2,3,4</sup>	No Prior Wartime Service <sup>7</sup>						
Total .....	27,105#	X	20,943#	8,295	7,697	4,893	3,999	9,147	100	6,161	2,873	2,953	335
State Total .....	26,981	149.7	20,851	8,260	7,664	4,859	3,968	9,119	100	6,130	2,854	2,942	335
Alabama .....	403	136.1	311	124	111	82	66	133	1	92	43	43	6
Alaska .....	63	190.3	48	30	28	10	8	12	*	15	7	8	*
Arizona .....	422	168.1	330	134	119	76	57	153	1	92	47	40	5
Arkansas .....	251	144.7	190	78	69	44	34	86	1	61	31	26	4
California .....	2,812	137.1	2,233	918	836	562	423	964	11	579	228	311	40
Colorado .....	394	165.1	304	153	139	73	57	108	1	90	43	43	3
Connecticut .....	383	155.8	301	104	100	71	61	139	1	82	32	46	4
Delaware .....	80	163.0	60	25	23	14	11	26	*	19	10	9	1
District of Columbia ..	56	118.4	43	15	14	11	9	21	*	13	7	5	1
Florida .....	1,532	162.3	1,227	425	362	290	205	652	8	305	147	132	26
Georgia .....	667	148.3	502	241	217	120	94	190	1	165	86	70	9
Hawaii .....	100	132.4	78	36	32	20	15	31	*	22	10	10	1
Idaho .....	108	155.6	83	36	34	19	16	33	*	25	12	12	1
Illinois .....	1,215	141.7	934	341	332	209	186	411	5	281	123	144	15
Indiana .....	636	155.5	468	189	183	106	94	189	2	168	87	74	7
Iowa .....	323	152.5	247	102	99	54	49	96	2	76	40	33	3
Kansas .....	280	154.3	222	89	83	50	42	96	2	58	26	30	3
Kentucky .....	356	131.1	276	109	102	64	55	116	2	80	36	40	5
Louisiana .....	415	134.6	319	131	121	72	58	139	1	95	45	44	6
Maine .....	153	171.6	118	48	44	27	23	51	1	35	18	16	1
Maryland .....	541	158.1	415	171	155	104	81	177	1	126	58	61	6
Massachusetts .....	661	145.4	518	169	161	120	100	254	3	143	63	73	7
Michigan .....	1,018	150.3	759	309	301	164	148	305	3	259	132	116	11
Minnesota .....	493	154.8	376	157	153	84	74	146	2	117	53	60	4
Mississippi .....	229	125.9	176	66	58	44	35	82	1	53	26	24	4
Missouri .....	627	164.2	482	188	177	114	96	207	3	144	69	68	7
Montana .....	100	172.5	76	32	31	16	14	31	*	24	12	12	1
Nebraska .....	177	151.5	136	54	50	33	29	56	1	41	20	19	1
Nevada .....	146	187.4	114	51	45	30	23	46	*	32	13	18	1
New Hampshire .....	146	180.8	112	49	46	26	21	44	1	34	17	16	1
New Jersey .....	869	148.0	680	215	205	159	138	334	3	189	74	103	12
New Mexico .....	170	163.8	131	59	53	31	23	53	*	40	22	16	2
New York .....	1,784	131.9	1,370	436	426	307	275	662	7	413	189	199	25
North Carolina .....	680	143.3	528	208	188	125	104	234	2	152	73	69	10
North Dakota .....	62	131.9	48	20	20	11	10	18	*	14	6	8	*
Ohio .....	1,287	160.5	971	366	354	210	186	427	4	316	160	142	14
Oklahoma .....	376	161.6	297	128	117	69	54	124	2	79	35	39	5
Oregon .....	354	170.3	276	122	116	57	46	112	2	79	36	39	4
Pennsylvania .....	1,499	164.0	1,163	391	377	254	220	561	5	336	149	169	17
Rhode Island .....	118	155.7	94	33	30	22	17	46	*	24	11	11	2
South Carolina .....	354	143.9	272	119	104	68	52	115	1	82	41	36	5
South Dakota .....	76	150.6	59	22	21	15	13	24	1	18	9	9	*
Tennessee .....	528	145.8	404	171	159	91	76	167	2	124	61	56	7
Texas .....	1,746	149.0	1,344	624	565	310	241	533	5	402	195	185	22
Utah .....	139	132.0	112	48	45	26	21	46	1	27	10	16	1
Vermont .....	64	153.1	47	20	19	11	9	19	*	17	9	7	1
Virginia .....	663	151.4	507	226	191	139	101	214	2	155	77	69	9
Washington .....	597	175.7	465	224	203	110	82	178	2	132	59	66	6
West Virginia .....	215	153.7	166	63	59	36	30	76	1	49	24	21	3
Wisconsin .....	558	156.0	416	169	165	90	81	168	2	142	67	70	5
Wyoming .....	54	160.8	42	21	21	8	7	13	*	12	5	6	*
Puerto Rico .....	124	X	92	35	33	34	31	28	*	32	19	11	1

Refer to the footnotes at the end of the Table 1, titled "Estimated Number of Veterans Living in the U.S. and Puerto Rico, by Age and Period of Service."  
X Not applicable.

NOTE: Veterans per 1,000 civilian population age 18 and over are based on civilian population estimates for July 1, 1988, provided by the U.S. Department of Commerce, Bureau of the Census.

## Hospital and Extended Care by Type of Facility—Fiscal Year 1989

Facility	Average Operating Beds <sup>1,2</sup>	Occupancy Rate % <sup>3</sup>	Average Daily Census <sup>4</sup>	Admissions <sup>5</sup>	Discharges and Deaths <sup>5</sup>	Patients Treated <sup>6</sup>	Patients Remaining September 30, 1989
Total .....	91,251	....	89,894	1,064,554	1,064,857	1,151,848	86,991
Total hospital care .....	.....	....	49,977	1,009,120	1,007,534	1,053,942	46,408
VA total .....	71,311	68.8	49,040	983,611	981,889	1,027,581	45,692
Medical .....	37,310	71.8	26,792	542,400	528,627	553,519	24,892
Surgical .....	12,614	55.6	7,018	267,091	266,564	272,630	6,066
Psychiatric .....	21,388	71.2	15,231	174,120	186,698	201,432	14,734
Non-VA .....	.....	....	475	23,283	23,381	23,655	274
State home .....	.....	....	462	2,226	2,264	2,706	442
Total domiciliary care .....	.....	....	10,148	4,101	14,368	24,825	10,457
VA .....	7,538	83.8	6,315	11,030	11,152	17,822	6,670
State home .....	.....	....	3,833	3,071	3,216	7,003	3,787
Total nursing home care .....	.....	....	29,769	41,333	42,955	73,081	30,126
VA .....	12,402	92.5	11,468	15,008	14,582	26,561	11,979
Community .....	.....	....	9,305	20,606	23,175	32,209	9,034
State home .....	.....	....	8,996	5,719	5,198	14,311	9,113

<sup>1</sup> Monthly average based on the number of operating beds as of the last day of 13 consecutive months, September prior fiscal year through September current fiscal year. Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.

<sup>2</sup> Operating beds not reported for non-VA hospitals, State home care facilities, and community nursing homes.

<sup>3</sup> Average daily census as a percent of average operating beds.

<sup>4</sup> Total patient days during the year divided by the number of days in the year.

<sup>5</sup> Excludes inter- and intra-VA hospital admissions and discharges (transfers).

<sup>6</sup> Discharges and deaths plus patients remaining.

NOTE: Non-VA hospital excludes State home hospitals and includes hospital care authorized and paid by VA.

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1989

TABLE 4

Location of VA Facility	Inpatient Care—Patients Treated <sup>1</sup>										Ambulatory Care			Net Cases Authorized <sup>7</sup>
	Hospitals		Nursing Homes			Domiciliaries		Medical Visits		Dental Care		Fee Basis		
	VAMC Hospital Care Component	Non-VA <sup>2,3</sup>	State Home <sup>4</sup>	VAMC Nursing Home Care Component	Community <sup>5,6</sup>	State Home <sup>4</sup>	VAMC Dom. Component	State Home <sup>4</sup>	VA Staff	VA Staff	Treatment Cases Completed			
Total All Stations	1,027,581	23,655	2,706	26,561	32,209	14,311	17,822	7,003	21,025,887	1,603,456	789,146	142,576	14,605	
Alabama:														
Birmingham	8,277	.....	.....	.....	219	.....	.....	.....	137,485	.....	13,124	2,118	.....	
Montgomery	2,881	176	.....	.....	52	.....	.....	.....	36,386	37,527	3,505	538	268	
Tuscaloosa	4,652	9	.....	159	105	.....	.....	.....	57,448	.....	1,455	562	.....	
Tuskegee	6,847	4	.....	166	82	.....	.....	.....	61,971	.....	2,707	718	.....	
Alaska: Anchorage (RO-OC)	.....	3,237	.....	.....	111	.....	.....	.....	19,199	31,541	.....	.....	.....	
Arizona:														
Phoenix	10,585	121	.....	340	269	.....	.....	.....	189,228	29,527	5,430	1,827	257	
Prescott	3,544	12	.....	.....	141	.....	941	.....	69,735	.....	1,475	305	6	
Tucson	6,726	19	.....	81	332	.....	.....	.....	164,833	.....	4,409	772	.....	
Arkansas:														
Fayetteville	3,709	.....	.....	.....	60	.....	.....	.....	46,144	.....	2,827	723	2	
Little Rock <sup>8</sup>	19,438	364	.....	295	546	88	255	147	216,605	52,533	6,788	1,259	388	
California:														
Fresno	5,203	28	.....	250	89	.....	.....	.....	98,681	.....	3,132	947	.....	
Livermore	1,522	.....	.....	173	38	.....	.....	.....	37,316	.....	1,819	365	.....	
Loma Linda	8,378	80	.....	308	254	.....	.....	.....	187,242	.....	12,634	2,118	.....	
Long Beach	15,271	80	.....	436	287	.....	.....	.....	318,205	.....	6,483	1,014	.....	
Los Angeles (OC)	.....	360	.....	.....	.....	.....	.....	.....	174,550	48,981	4,144	1,085	.....	
Martinez	8,172	160	.....	.....	153	.....	.....	.....	241,105	.....	8,352	1,372	134	
Palo Alto <sup>9</sup>	11,819	61	.....	816	301	.....	201	.....	228,309	.....	4,688	1,154	.....	
San Diego	8,740	54	.....	175	192	.....	.....	.....	215,029	12,327	7,870	2,328	12	
San Francisco	8,490	521	601	.....	185	1,206	.....	1,133	174,462	48,880	9,490	1,358	561	
Sepulveda	6,820	.....	.....	445	162	.....	.....	.....	223,879	.....	7,707	1,407	.....	
West Los Angeles <sup>8</sup>	16,120	25	.....	97	585	.....	694	.....	389,105	.....	9,305	1,432	23	
Colorado:														
Denver	8,377	122	.....	293	188	328	.....	115	203,994	17,870	8,916	1,060	22	
Fort Lyon	1,215	9	.....	132	89	.....	.....	.....	34,313	.....	822	262	.....	
Grand Junction	2,891	3	.....	103	68	.....	.....	.....	34,201	.....	790	218	.....	
Connecticut:														
Newington	2,305	94	825	.....	56	.....	.....	804	63,417	15,491	3,227	497	86	
West Haven	6,527	7	.....	151	121	.....	.....	.....	131,821	.....	4,189	690	.....	
Delaware: Wilmington	3,554	21	.....	168	124	475	.....	.....	69,093	526	4,477	841	1	
District of Columbia: Washington	9,529	161	.....	198	204	189	.....	169	209,405	352	10,405	1,117	372	
Florida:														
Bay Pines	12,710	1,924	.....	707	719	.....	611	.....	230,340	80,693	13,040	2,725	1,176	
Gainesville	10,216	70	.....	178	235	.....	.....	.....	216,518	.....	13,033	1,987	.....	
Lake City	6,849	8	.....	235	66	.....	.....	.....	51,816	.....	1,569	439	.....	
Miami	12,364	339	.....	526	454	.....	.....	.....	369,837	.....	18,456	3,329	.....	
Tampa	11,874	109	.....	304	640	.....	.....	.....	325,116	.....	11,187	2,035	.....	

See footnotes at end of table.

TABLE 4—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1989

HEALTH CARE

Location of VA Facility	Inpatient Care—Patients Treated <sup>1</sup>										Ambulatory Care		
	Hospitals		Nursing Homes			Domiciliaries		Medical Visits			Dental Care		Fee Basis
	VAMC Hospital Care Component	Non-VA <sup>2,3</sup>	VAMC Nursing Home Component	State Home <sup>2,4</sup>	Communitiy <sup>2,3</sup>	State Home <sup>2,4</sup>	VAMC Dom. Care Component	State Home <sup>2,4</sup>	VA Staff	VA Staff <sup>6</sup>	Treatment Cases Completed	Net Cases Authorized <sup>7</sup>	
Georgia:													
Atlanta	9,908	245	216	373	373	344	.....	.....	168,854	9,745	2,322	1,827	
Augusta*	11,184	11	75	403	403	344	.....	.....	123,457	4,379	1,103	.....	
Dublin	5,301	.....	119	292	292	234	659	220	58,379	1,606	367	.....	
Hawaii: Honolulu (RO-OC)	.....	2,351	.....	89	89	.....	.....	.....	59,272	3,217	593	75	
Idaho: Boise	3,250	95	254	13	13	121	.....	94	69,204	3,129	667	247	
Illinois:													
Chicago (Lakeside)	7,243	11	.....	240	240	.....	.....	.....	182,098	5,279	706	.....	
Chicago (West Side)	10,249	185	402	402	402	.....	.....	.....	252,033	15,912	2,980	405	
Danville	6,002	19	331	124	124	.....	.....	114,599	3,154	796	.....		
Hines	16,683	26	677	714	714	370	.....	.....	259,247	11,140	988	.....	
Marion	5,164	3	174	218	218	.....	.....	61,392	1,784	552	.....		
North Chicago	5,826	.....	249	393	393	.....	195	.....	148,372	1,689	262	.....	
Indiana:													
Fort Wayne	3,209	4	112	127	127	.....	.....	.....	26,699	1,559	517	.....	
Indianapolis*	8,709	155	253	90	90	424	.....	78	147,530	7,231	1,406	223	
Marion	2,886	.....	91	144	144	.....	.....	.....	55,190	1,232	232	.....	
Iowa:													
Des Moines	5,180	37	.....	91	91	857	.....	169	81,769	3,082	710	524	
Iowa City	6,414	55	241	118	118	752	.....	137	73,152	4,064	479	.....	
Knoxville	2,866	.....	359	73	73	.....	.....	.....	40,039	399	124	.....	
Kansas:													
Leavenworth	5,108	4	67	176	176	.....	1,078	.....	115,455	2,884	250	.....	
Topeka	5,407	10	103	119	119	.....	.....	.....	125,500	3,875	702	.....	
Wichita	3,950	115	144	299	299	106	.....	98	72,790	2,783	703	139	
Kentucky:													
Lexington*	9,091	41	197	272	272	.....	.....	.....	125,832	7,105	1,410	.....	
Louisville	10,027	96	.....	325	325	.....	.....	.....	124,221	6,134	1,095	66	
Louisiana:													
Alexandria	6,150	.....	338	185	185	.....	.....	.....	80,395	1,704	425	.....	
New Orleans	9,203	77	.....	210	210	179	.....	115	233,014	7,106	1,445	.....	
Shreveport	9,814	99	.....	380	380	.....	.....	.....	112,231	6,766	1,133	67	
Maine: Togus	4,714	260	118	115	115	120	.....	.....	92,584	3,017	834	437	
Maryland:													
Baltimore	6,253	111	.....	168	168	.....	.....	.....	187,816	4,852	1,185	174	
Baltimore (OCMC)	6,253	111	.....	168	168	.....	.....	.....	115,096	2,756	681	.....	
Fort Howard	1,871	2	62	41	41	.....	.....	.....	72,720	2,096	504	174	
Perry Point	3,786	11	117	128	128	.....	.....	.....	32,650	574	95	.....	
Massachusetts:													
Bedford	2,899	20	170	145	145	.....	.....	.....	104,821	4,124	685	.....	

See footnotes at end of table.

Location of VA Facility	Inpatient Care—Patients Treated <sup>1</sup>										Ambulatory Care			
	Hospitals		Nursing Homes		Domiciliaries		Medical Visits		Dental Care		Fee Basis	Net Cases Authorized <sup>7</sup>		
	VAMC Hospital Care Component	Non-VA <sup>3</sup>	VAMC Nursing Home Care Component	Communit <sup>2,3</sup>	State Home <sup>4</sup>	VAMC Dom. Care Component	State Home <sup>4</sup>	VA Staff	VA Staff	Treat-ment Cases Com-pleted				
Boston	7,725	.....	.....	165	.....	.....	.....	182,296	5,107	774	.....	.....		
Boston (OC)	.....	135	609	.....	97	527	50,524	169,711	6,958	660	42	.....		
Brockton <sup>6</sup>	8,082	.....	235	231	.....	.....	.....	211,948	9,442	977	.....	.....		
Northampton	3,245	31	142	146	340	44	.....	109,093	1,887	593	.....	.....		
Michigan:														
Allen Park	9,070	303	.....	219	698	167	19,070	212,892	4,352	535	.....	.....		
Ann Arbor	6,790	22	.....	192	.....	.....	.....	144,819	7,098	1,543	.....	.....		
Battle Creek	6,278	71	.....	269	.....	.....	.....	120,758	3,010	900	.....	.....		
Iron Mountain	3,373	30	.....	68	184	105	2,016	32,292	1,093	262	104	.....		
Saginaw	2,510	.....	.....	129	.....	.....	.....	49,275	772	323	.....	.....		
Minnesota:														
Minneapolis	16,361	1,256	.....	887	425	407	50,048	272,072	7,007	699	1,007	.....		
St. Cloud	3,541	80	.....	145	.....	.....	.....	66,197	1,200	250	.....	.....		
Mississippi:														
Biloxi <sup>8</sup>	6,522	.....	.....	199	.....	.....	.....	187,990	5,212	1,491	.....	.....		
Jackson	11,287	39	.....	270	195	.....	28,362	118,880	5,596	1,299	281	.....		
Missouri:														
Columbia	7,207	2	.....	101	.....	.....	.....	80,103	2,140	394	.....	.....		
Kansas City	8,038	222	.....	344	.....	.....	39,375	132,076	5,413	911	16	.....		
Poplar Bluff	3,317	.....	.....	99	.....	.....	.....	35,944	1,915	561	.....	.....		
St. Louis <sup>6</sup>	13,442	19	.....	140	612	69	9,230	243,721	8,579	1,492	.....	.....		
Montana:														
Fort Harrison	3,456	44	.....	95	122	61	18,446	31,496	1,184	198	368	.....		
Miles City	2,221	28	.....	44	.....	.....	.....	20,038	298	56	.....	.....		
Nebraska:														
Grand Island	2,334	1	.....	2	727	115	.....	27,528	969	229	.....	.....		
Lincoln	3,695	38	.....	41	.....	.....	10,381	46,402	1,737	280	.....	.....		
Omaha	7,159	26	.....	178	.....	.....	.....	103,566	4,206	539	91	.....		
Nevada:														
Las Vegas (OC)	.....	171	.....	.....	.....	.....	2,055	69,649	3,709	925	119	.....		
Reno	3,858	264	.....	109	.....	.....	3,275	75,630	1,463	478	2	.....		
New Hampshire: Manchester	2,978	43	.....	91	102	.....	5,113	81,659	3,653	752	.....	.....		
New Jersey:														
East Orange	10,727	174	.....	294	506	42	22,609	184,033	9,554	1,452	.....	.....		
Newark (OCMC)	10,727	174	.....	.....	506	42	22,609	183,899	9,554	1,452	.....	.....		
Lyons	4,524	9	.....	80	.....	.....	.....	59,945	3,191	616	.....	.....		
New Mexico: Albuquerque	9,789	55	.....	118	224	25	8,043	231,722	7,158	874	397	.....		
New York:														
Albany	6,695	156	.....	138	.....	.....	12,043	156,793	6,537	974	114	.....		
Batavia	1,284	1	.....	18	.....	.....	.....	64,081	2,170	254	.....	.....		

See footnotes at end of table.

TABLE 4—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1989

HEALTH CARE

Location of VA Facility	Inpatient Care—Patients Treated <sup>1</sup>										Ambulatory Care			
	Hospitals		Nursing Homes			Domiciliaries		Medical Visits			Dental Care		Net Cases Authorized <sup>2,7</sup>	
	VAMC Hospital Care Component	Non-VA <sup>3</sup>	State Home <sup>4</sup>	VAMC Nursing Home Care Component	Community <sup>5</sup>	State Home <sup>4</sup>	VAMC Dorn. Care Component	State Home <sup>4</sup>	VA Staff	Fee Basis <sup>6</sup>	Visits	VA Staff <sup>8</sup>		Treatment Cases Completed
Bath	2,523	3	.....	266	108	.....	904	.....	49,766	.....	1,350	.....	105	1
Bronx	7,192	.....	.....	197	134	.....	.....	.....	203,923	.....	5,666	.....	444	.....
Brooklyn <sup>8</sup>	10,587	.....	.....	392	149	.....	69	.....	339,928	.....	11,543	.....	1,515	.....
Buffalo	10,456	42	.....	92	196	.....	.....	.....	187,732	7,655	8,672	.....	1,894	28
Canandaigua	2,661	1	.....	137	39	.....	.....	.....	55,889	.....	2,237	.....	445	1
Castle Point	2,961	1	.....	244	63	.....	.....	.....	43,077	.....	3,618	.....	479	.....
Montrose	4,260	1	.....	186	77	.....	289	.....	68,971	.....	2,555	.....	193	.....
New York	8,568	237	.....	.....	80	.....	.....	.....	286,013	16,688	14,146	.....	2,193	38
New York (OCMC)	8,568	237	.....	.....	80	.....	.....	.....	182,514	16,688	14,146	.....	2,193	38
Northport	8,536	.....	.....	.....	.....	.....	.....	.....	103,499	.....	.....	.....	.....	.....
Syracuse	4,839	84	.....	41	92	.....	.....	.....	207,076	.....	9,129	.....	997	.....
North Carolina:	.....	.....	.....	.....	.....	.....	.....	.....	96,655	22,455	4,502	.....	530	131
Asheville	7,482	6	.....	115	282	.....	.....	.....	88,376	.....	3,894	.....	905	.....
Durham	8,816	93	.....	62	240	.....	.....	.....	111,347	.....	4,506	.....	735	.....
Fayetteville	6,144	8	.....	124	176	.....	.....	.....	85,660	.....	6,546	.....	879	.....
Salisbury	6,348	238	.....	147	223	.....	.....	.....	80,303	69,881	3,113	.....	1,114	.....
Salisbury	6,348	238	.....	147	223	.....	.....	.....	58,364	69,881	3,113	.....	1,114	.....
Winston-Salem (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	21,939	.....	.....	.....	.....	.....
North Dakota: Fargo	4,238	223	.....	327	42	.....	.....	.....	44,932	21,023	2,190	.....	581	32
Ohio:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chillicothe	6,973	.....	.....	226	550	.....	.....	.....	77,852	.....	2,884	.....	483	.....
Cincinnati	6,729	38	.....	297	138	.....	.....	.....	145,782	8,331	3,571	.....	600	.....
Cleveland <sup>8</sup>	11,940	135	.....	372	271	.....	868	.....	278,780	9,084	10,598	.....	1,814	40
Columbus (OC)	.....	299	.....	.....	.....	.....	.....	.....	116,653	7,784	5,957	.....	1,606	51
Dayton	8,219	8	.....	387	233	.....	967	.....	152,145	.....	5,524	.....	755	.....
Oklahoma:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Muskogee	4,436	299	.....	.....	212	.....	.....	.....	134,143	32,682	5,308	.....	1,453	172
Oklahoma City	9,559	60	3	.....	432	1,546	.....	.....	184,180	.....	4,633	.....	938	.....
Oregon:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Portland <sup>8</sup>	11,852	284	.....	457	456	.....	171	.....	203,873	30,696	6,336	.....	922	.....
Portland (OCMC)	.....	.....	.....	.....	.....	.....	.....	.....	64,358	.....	.....	.....	.....	.....
Roseburg	4,301	22	.....	139	185	.....	.....	.....	60,484	.....	960	.....	232	.....
White City (Ind. Dom.)	.....	63	.....	.....	29	.....	1,901	.....	17,762	.....	687	.....	112	.....
Pennsylvania:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Altoona	2,276	88	.....	86	68	.....	.....	.....	41,954	13,585	1,095	.....	349	44
Butler	2,530	8	.....	189	121	.....	182	.....	54,648	3,795	1,236	.....	442	7
Coatesville	4,474	36	.....	187	347	.....	190	.....	72,884	1,041	732	.....	140	.....
Erie	2,792	33	.....	97	71	.....	68	.....	53,823	1,163	1,603	.....	293	.....
Lebanon	3,919	99	.....	258	267	.....	.....	.....	75,235	15,584	2,385	.....	440	192
Philadelphia	6,635	287	.....	.....	374	.....	.....	.....	233,212	14,391	8,912	.....	1,668	140

See footnotes at end of table.

Location of VA Facility	Inpatient Care—Patients Treated <sup>1</sup>						Ambulatory Care				
	Hospitals		Nursing Homes		Domiciliaries		Medical Visits		Dental Care		Fee Basis
	VAMC Hospital Care Component	Non-VA <sup>2,3</sup>	VAMC Nursing Home Component	Community <sup>2,3</sup>	State Home <sup>2,4</sup>	VAMC Dom. Care Component	State Home <sup>2,4</sup>	VA Staff	State Home <sup>2,4</sup>	VA Staff	
Pittsburgh (Highland Dr.)	3,859	34	.....	284	.....	.....	79,729	3,155	3,971	642	15
Pittsburgh (Univ. Dr.) <sup>5</sup>	8,407	10	394	277	.....	.....	123,741	11,347	5,579	759	.....
Wilkes-Barre	7,756	151	170	179	.....	.....	167,810	19,603	8,765	1,130	25
Philippines: Manila (RO-OC)	.....	1,261	.....	.....	.....	.....	7,830	485	.....	.....	.....
Puerto Rico: San Juan	13,273	461	.....	169	.....	.....	359,992	45,664	13,337	2,495	320
Rhode Island: Providence	4,773	37	.....	213	305	48	147,293	14,861	5,443	1,233	106
South Carolina:											
Charleston	6,799	31	.....	154	.....	.....	88,472	.....	4,033	289	.....
Columbia	8,265	238	219	205	185	.....	146,912	21,661	5,927	1,332	5
South Dakota:											
Fort Meade	3,728	1	91	71	.....	.....	42,411	.....	965	349	.....
Hot Springs	2,400	.....	.....	21	39	77	69,627	.....	420	42	.....
Sioux Falls	3,874	10	200	44	.....	.....	50,520	9,256	1,147	378	124
Tennessee:											
Memphis	12,747	.....	612	267	.....	.....	192,184	.....	7,636	1,325	.....
Mountain Home	7,226	9	108	309	.....	.....	136,422	.....	3,512	437	.....
Murfreesboro	5,101	39	72	118	.....	.....	95,024	.....	3,811	713	.....
Nashville	8,310	159	.....	260	.....	.....	138,862	26,316	8,538	2,671	649
Texas:											
Amarillo	3,495	156	.....	169	.....	.....	90,936	12,754	1,627	175	292
Big Spring	2,813	.....	99	131	.....	.....	26,386	.....	1,577	189	.....
Bonham	2,319	1	155	184	.....	514	42,906	.....	1,495	364	.....
Dallas	15,499	118	348	586	.....	.....	239,359	27,542	7,949	1,435	371
El Paso (OC)	.....	1,067	.....	.....	.....	.....	71,369	9,331	3,399	730	725
Houston	17,944	18	310	223	.....	.....	314,861	5,100	12,513	2,532	63
Kernville	3,906	3	165	101	.....	.....	34,626	.....	1,317	574	.....
Marlin	1,998	.....	.....	29	.....	.....	13,596	.....	827	210	.....
San Antonio	14,907	219	246	341	.....	.....	252,685	8,106	10,551	1,114	79
Temple	9,767	11	253	238	.....	1,016	134,107	.....	6,899	1,288	.....
Waco	4,234	75	106	219	.....	.....	80,700	12,902	2,900	828	65
Utah: Salt Lake City	8,280	68	70	325	.....	.....	140,259	5,179	4,699	1,134	49
Vermont: White River Junction	3,298	66	115	82	311	55	65,925	19,757	2,217	374	46
Virginia:											
Hampton	6,178	27	311	159	.....	1,151	155,318	.....	7,093	607	.....
Richmond	11,583	25	186	166	.....	.....	236,214	.....	5,872	865	.....
Salem	7,721	234	171	152	.....	.....	135,717	31,331	2,543	728	290
Washington:											
American Lake (Tacoma)	3,581	213	79	167	.....	258	117,654	.....	3,764	897	9
Seattle	9,064	387	84	645	423	.....	193,514	38,658	4,687	974	330
Spokane	3,309	24	215	144	.....	.....	60,712	.....	2,372	394	.....
Walla Walla	2,522	14	.....	119	.....	.....	34,399	.....	794	210	12

See footnotes at end of table.

TABLE 4—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1989

HEALTH CARE

Location of VA Facility	Inpatient Care—Patients Treated <sup>1</sup>						Ambulatory Care					
	Hospitals		Nursing Homes		Domiciliaries		Medical Visits		Dental Care		Fee Basis	
	VAMC Hospital Care Component	Non-VA <sup>2,3</sup>	VAMC Nursing Home Care Component	Community <sup>2,3</sup>	VAMC Dom. Care Component	State Home <sup>2,4</sup>	VA Staff	Fee Basis <sup>2,5</sup>	VA Staff <sup>6</sup>	Treatment Cases Completed		Net Cases Authorized <sup>2,7</sup>
West Virginia:												
Beckley .....	3,303	4	54	92	.....	.....	.....	34,269	.....	1,974	195	.....
Clarksburg .....	4,785	5	.....	363	.....	.....	.....	51,842	.....	1,747	227	.....
Huntington .....	4,689	101	.....	341	.....	.....	322	66,040	15,157	1,902	603	13
Martinsburg .....	5,948	14	173	257	.....	.....	.....	164,153	2,357	4,630	146	6
Wisconsin:												
Madison .....	5,671	.....	.....	113	.....	513	180	68,010	.....	3,098	378	.....
Milwaukee .....	10,296	176	478	273	.....	.....	.....	265,461	23,564	8,606	1,184	59
Tomah .....	3,055	5	143	226	.....	.....	.....	52,657	.....	778	130	.....
Wyoming:												
Cheyenne .....	2,080	26	69	56	.....	.....	.....	27,433	9,557	1,006	171	42
Sheridan .....	2,104	20	.....	32	.....	.....	81	21,789	.....	269	15	.....

<sup>1</sup> Based on the number of discharges and deaths during FY 1989, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1989. Excludes interhospital transfers.

<sup>2</sup> As reported by VA authorizing facility.

<sup>3</sup> Authorized and paid for by VA.

<sup>4</sup> Supported by VA.

<sup>5</sup> Medical visits to private physicians authorized by VA on a fee-for-service basis.

<sup>6</sup> Includes terminations for treatment cases completed. Visits represent a count of patients receiving dental care (exam/treatment) for a service-connected or adjunct dental condition. One visit per day.

<sup>7</sup> Net number of dental cases authorized by VA to private dentists on a fee-for-service basis.

<sup>8</sup> Includes data for two divisions of the VA medical center.

NOTE: The following abbreviations are used to denote type of facility: OC (outpatient clinic—dependent); OCMC (outpatient clinic—under jurisdiction of medical center, but not physically located in a medical center); RO-OC (regional office outpatient clinic); and Ind. Dom. (independent domiciliary). Data previously reported for OCS (outpatient clinic satellite or substation) are now included in the parent station.

## Applications For Medical Care (Means Test)—Fiscal Year 1989

Item	Total Applications Received <sup>1</sup>	Disposition					
		Total	Hospital	Nursing Home Care	Domiciliary	Outpatient Care	All Others <sup>2</sup>
Total applications .....	3,343,812	.....	.....	.....	.....	.....	.....
Veterans total .....	3,310,341	3,330,984	685,235	7,708	9,083	2,426,839	202,119
Category A total .....	3,157,246	3,175,507	659,559	7,354	8,848	2,316,494	183,252
Service-connected .....	1,323,185	1,330,808	252,337	3,099	3,015	1,001,001	71,356
Low income .....	1,396,442	1,405,276	296,798	2,830	4,630	1,012,057	88,961
Other Category A <sup>3</sup> .....	437,619	439,423	110,424	1,425	1,203	303,436	22,935
Category B .....	89,557	90,506	15,673	198	149	66,058	8,428
Category C .....	63,538	64,971	10,003	156	86	44,287	10,439
Not agreeing to deductible .....	368	.....	.....	.....	.....	.....	.....
Nonveterans .....	33,471	.....	.....	.....	.....	.....	.....

<sup>1</sup> Applications received does not equal total disposition due to pending beginning of FY.

<sup>2</sup> Medically examined, no further care required; cancelled; ineligible; modality not available; referred to other facility; and pending evaluation.

<sup>3</sup> Includes former POWs, veterans exposed to Agent Orange/Ionizing Radiation, World War I and Spanish American Veterans, VA Pensioners, and Medicaid recipients.

## Total Health Care: Obligations by Program and Appropriation—Fiscal Year 1989

Item	Obligations (in thousands)	
	FY 1989	FY 1988
Total .....	\$11,281,330	\$10,540,428
Medical care .....	10,949,032	10,229,745
Inpatient care .....	7,196,297	6,805,343
Hospitals .....	6,091,794	5,711,583
VA hospitals <sup>1</sup> .....	5,918,605	5,517,161
Contract hospitals .....	169,163	190,226
State home hospitals .....	4,026	4,196
Nursing homes .....	950,323	953,641
VA nursing homes <sup>1</sup> .....	598,588	534,514
Community nursing homes .....	281,487	353,484
State nursing homes .....	70,248	65,643
Domiciliaries .....	154,180	140,119
VA domiciliaries <sup>1</sup> .....	138,867	124,840
State domiciliaries .....	15,313	15,279
Outpatient care (staff and fee) .....	2,555,539	2,318,071
Civilian Health & Medical Program of Veterans Affairs (CHAMPVA) .....	78,004	100,058
Education and training .....	608,529	543,506
Miscellaneous benefits and services .....	510,663	462,767
Medical administration and miscellaneous operating expenses .....	47,909	46,619
Medical administration .....	39,718	39,635
Health professional scholarship .....	8,191	6,984
Medical and prosthetic research .....	234,697	215,315
Medical research .....	206,171	186,037
Rehabilitative research .....	19,148	20,485
Health services research .....	9,378	8,793
Other medical programs <sup>2</sup> .....	49,692	48,749

<sup>1</sup> Excludes education and training, which is separately identified.

<sup>2</sup> Does not include revolving or trust funds.

NOTE: Totals may not add due to rounding.

TABLE 7

## VA and Non-VA Facilities: Average Obligations—Fiscal Years 1988–1989

Type of Facility	Average Obligations per Patient Treated		Average Obligations per Patient Day	
	FY 1989	FY 1988	FY 1989	FY 1988
VA hospitals				
All bed sections .....	\$5,760	\$5,078	\$330.65	\$289.27
Medical bed sections .....	5,092	4,373	437.18	365.91
Surgical bed sections .....	5,983	5,139	636.81	525.19
Psychiatric bed sections .....	5,695	5,029	206.34	184.32
Intermediate bed sections .....	11,206	11,925	149.52	156.43
Non-VA (contract) hospitals <sup>1</sup> .....	7,151	6,697	940.54	877.84
VA nursing home care units .....	22,536	19,637	143.00	128.74
Community nursing homes <sup>1</sup> .....	8,739	7,615	73.89	70.83
VA domiciliaries .....	7,792	7,517	60.24	56.28
State homes <sup>1</sup>				
Hospital care <sup>2</sup> .....	1,488	1,209	20.35	20.35
Nursing home care <sup>2</sup> .....	4,909	4,359	20.35	20.35
Domiciliary care <sup>2</sup> .....	2,187	1,744	8.70	8.70

<sup>1</sup> Data for Non-VA care for this table are based on direct obligations and exclude support costs.

<sup>2</sup> Per diems impacted by statutory limitations.

**VA Medical Centers (Hospital Care Component), Non-VA and State Home Hospitals:  
Admissions, Discharges and Deaths, and Remaining by Bed Section—Fiscal Year 1989**

Item	Total	Type of Bed Section <sup>1</sup>		
		Medical	Surgical	Psychiatric
<b>ADMISSIONS<sup>2</sup></b>				
All hospitals <sup>1</sup> .....	1,009,120	559,222	269,646	178,026
VA medical centers—total .....	983,611	542,400	267,091	174,120
Non-VA hospitals—total .....	23,283	16,822	2,555	3,906
Federal Government hospitals—total .....	2,634	1,522	611	501
Army .....	2,250	1,156	596	498
Air Force .....	317	308	6	3
Navy .....	58	50	8	.....
Public Health Service .....	9	8	1	.....
State and local Government hospitals .....	7,359	4,886	778	1,695
Non-public hospitals .....	13,290	10,414	1,166	1,710
State home hospitals .....	2,226	NA	NA	NA
<b>DISCHARGES AND DEATHS</b>				
All hospitals <sup>1</sup> .....	1,007,534	545,501	269,133	190,636
VA medical centers—total .....	981,889	528,627	266,564	186,698
Non-VA hospitals—total .....	23,381	16,874	2,569	3,938
Federal Government hospitals—total .....	2,622	1,505	621	496
Army .....	2,240	1,138	607	495
Air Force .....	317	308	8	1
Navy .....	55	50	5	.....
Public Health Service .....	10	9	1	.....
State and local Government hospitals .....	7,360	4,885	772	1,703
Non-public hospitals .....	13,399	10,484	1,176	1,739
State home hospitals .....	2,264	NA	NA	NA
<b>BED OCCUPANTS REMAINING</b>				
Total occupants remaining on September 30, 1989 <sup>1</sup> .....	46,189	25,003	6,084	14,660
VA medical centers—total .....	45,474	24,852	6,042	14,580
Non-VA hospitals—total .....	273	151	42	80
Federal Government hospitals—total .....	80	46	19	15
Army .....	67	36	16	15
Air Force .....	10	10	.....	.....
Navy .....	3	.....	3	.....
Public Health Service .....	.....	.....	.....	.....
State and local Government hospitals .....	106	50	17	39
Non-public hospitals .....	87	55	6	26
State home hospitals .....	442	NA	NA	NA
<b>ABSENT BED OCCUPANTS REMAINING</b>				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1989 .....	219	40	25	154
VA medical centers—total .....	218	40	24	154
All other hospitals .....	1	.....	1	.....

<sup>1</sup> Bed section totals exclude data by bed section for State home hospitals, which are not available.

<sup>2</sup> Excludes interhospital transfers for VA medical centers; includes transfers for all other hospitals.

NOTE: Non-VA hospitals excludes State home hospitals and includes hospital care authorized and paid by VA.

VA Medical Centers—Hospital Care Component and Non-VA Hospitals:  
Patient Movement By Type of Bed Section—Fiscal Year 1989

Item	VA Medical Centers				Non-VA Hospitals						
	Total	Type of Bed Section <sup>1</sup>			Total	Type of Bed Section			Type of Hospital		
		Medical <sup>2</sup>	Surgical	Psychiatric		Medical	Surgical	Psychiatric	Federal <sup>3</sup>	State & Local	Non-Public <sup>4</sup>
Gains—total	1,214,727	685,370	319,984	209,373	23,352	16,844	2,592	3,916	2,679	7,372	13,301
Admissions	983,611	542,400	267,091	174,120	23,283	16,822	2,555	3,906	2,634	7,359	13,290
Transfers in from other hospitals <sup>5</sup>	29,298	15,443	7,635	6,220	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )
Changes in bed sections	201,818	127,527	45,258	29,033	69	22	37	10	45	13	11
Losses—total	1,218,785	687,611	321,044	210,130	23,445	16,916	2,590	3,939	2,667	7,369	13,409
Discharges—total	939,565	491,197	261,823	186,545	22,797	16,358	2,509	3,930	2,545	7,163	13,089
To ambulatory care	600,747	332,560	198,409	69,778	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )
Other	338,818	158,637	63,414	116,767	22,797	16,358	2,509	3,930	2,545	7,163	13,089
Deaths	42,324	37,430	4,741	153	584	516	60	8	77	197	310
Transfers out to other hospitals <sup>5</sup>	34,992	21,307	8,118	5,567	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )	( <sup>7</sup> )
Changes in bed sections	201,904	137,677	46,362	17,865	64	42	21	1	45	9	10
Remaining on September 30, 1988—total	45,692	24,892	6,066	14,734	274	151	44	80	80	106	88
Bed occupants	45,474	24,852	6,042	14,580	273	151	43	80	80	106	87
On leave of absence	218	40	24	154	1	.....	1	.....	.....	.....	1
Patients treated											
System-wide (net total) <sup>8</sup>	1,027,581	553,519	272,630	201,432	23,655	17,025	2,612	4,018	2,702	7,466	13,487
Sum of hospitals <sup>9</sup>	1,062,573	574,826	280,748	206,999	.....	.....	.....	.....	.....	.....	.....
Sum of bed sections <sup>10</sup>	1,264,477	712,503	327,110	224,864	.....	.....	.....	.....	.....	.....	.....
Average daily census <sup>11</sup>											
Total	49,040	26,792	7,018	15,231	475	305	67	104	69	168	239
Total—excluding days while patients on authorized leave of absence of 96 hours or less	48,258	26,469	6,893	14,895	.....	.....	.....	.....	.....	.....	.....

<sup>1</sup> 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.

<sup>2</sup> Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.

<sup>3</sup> Includes Department of Defense and Public Health Service hospitals.

<sup>4</sup> Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.

<sup>5</sup> Includes only patients transferred as VA beneficiaries.

<sup>6</sup> Included with admissions.

<sup>7</sup> Included with "other" discharges.

<sup>8</sup> The number of discharges and deaths during FY 1989, plus the number of patients remaining on September 30, 1989.

<sup>9</sup> The number of discharges and deaths during FY 1989, plus the number of patients remaining on September 30, 1988, and the number of patients transferred to other hospitals.

<sup>10</sup> The number of discharges and deaths during FY 1989, plus the number of patients remaining on September 30, 1989, plus the number of patients transferred to other hospitals, and the number of changes in bed sections (patients transferred from one bed section to another within same hospital).

<sup>11</sup> The number of patient days divided by the number of days in the fiscal year.

NOTE: Totals may not add due to rounding. Non-VA hospitals excludes State home hospitals and includes hospital care authorized and paid by VA.

VA Medical Centers (Hospital Care Component): Selected Data—Fiscal Year 1989

Location	Average Operating Beds <sup>1</sup>				Patients Treated Sum of All Hospitals <sup>2</sup>	Patients Treated <sup>3</sup>			Average Daily Census <sup>4</sup>
	Total	Bed Section <sup>5</sup>				Bed Section <sup>5</sup>			
		Medical <sup>6</sup>	Surgical	Psychiatric		Medical <sup>6</sup>	Surgical	Psychiatric	
All hospitals .....	71,311	37,310	12,614	21,388	71,062,573	574,826	280,748	206,999	49,040
Alabama:									
Birmingham .....	398	200	198	.....	8,277	4,431	3,846	.....	209
Montgomery .....	200	160	40	.....	2,881	1,992	889	.....	135
Tuscaloosa .....	582	229	.....	353	4,652	1,650	.....	3,002	508
Tuskegee .....	725	356	44	325	6,847	3,259	655	2,933	560
Arizona:									
Phoenix .....	466	206	124	136	10,585	4,884	3,166	2,535	328
Prescott .....	150	120	.....	30	3,544	3,044	.....	500	111
Tucson .....	324	170	113	41	6,726	3,797	2,356	573	169
Arkansas:									
Fayetteville .....	167	123	20	24	3,709	2,640	510	559	92
Little Rock <sup>7</sup> .....	1,049	447	188	414	19,438	10,420	5,400	3,618	766
California:									
Fresno .....	170	97	39	35	5,203	2,875	1,437	891	123
Livermore .....	132	132	.....	.....	1,522	1,522	.....	.....	77
Loma Linda .....	394	220	118	56	8,378	4,990	2,413	975	222
Long Beach .....	1,005	719	151	135	15,271	8,506	3,989	2,776	578
Martinez .....	379	190	127	62	8,172	4,685	2,472	1,015	249
Palo Alto <sup>7</sup> .....	1,308	424	119	765	11,819	4,201	2,833	4,785	953
San Diego .....	551	262	188	101	8,740	4,270	3,051	1,419	259
San Francisco .....	344	121	173	50	8,490	3,700	3,985	805	203
Sepulveda .....	517	261	66	190	6,820	3,330	1,561	1,929	252
West Los Angeles <sup>7</sup> .....	1,154	549	162	443	16,120	7,361	3,789	4,970	741
Colorado:									
Denver .....	291	111	99	80	8,377	4,110	2,868	1,399	240
Fort Lyon .....	259	135	.....	124	1,215	603	.....	612	240
Grand Junction .....	115	59	26	30	2,891	1,569	912	410	67
Connecticut:									
Newington .....	177	106	38	33	2,305	1,479	463	363	91
West Haven .....	556	291	115	150	6,527	3,324	1,537	1,666	314
Delaware: Wilmington .....	235	160	67	8	3,554	2,237	1,157	160	141
District of Columbia: Washington .....	589	293	125	171	9,529	5,326	2,302	1,901	383
Florida:									
Bay Pines .....	666	370	140	157	12,710	7,738	2,797	2,175	447
Gainesville .....	438	183	165	90	10,216	4,412	4,538	1,266	341
Lake City .....	333	245	65	23	6,849	4,999	1,494	356	242
Miami .....	627	328	100	199	12,364	6,840	2,728	2,796	484
Tampa .....	587	300	144	143	11,874	5,625	3,888	2,361	387
Georgia:									
Atlanta .....	396	224	98	75	9,908	5,455	2,728	1,725	289
Augusta <sup>7</sup> .....	1,020	475	122	423	11,184	5,511	2,653	3,020	749
Dublin .....	314	223	31	60	5,301	3,422	795	1,084	249
Idaho: Boise .....	130	71	29	30	3,250	2,012	742	496	75
Illinois:									
Chicago (Lakeside) .....	369	196	133	40	7,243	4,363	2,094	786	219
Chicago (West Side) .....	484	218	182	84	10,249	5,423	3,357	1,469	332
Danville .....	860	541	60	259	6,002	3,296	1,078	1,628	584
Hines .....	1,145	651	254	240	16,683	9,280	3,282	4,121	667
Marion .....	149	111	38	.....	5,164	4,332	832	.....	113
North Chicago .....	1,018	399	70	549	5,826	2,970	754	2,102	705
Indiana:									
Fort Wayne .....	161	113	33	15	3,209	2,312	656	241	88
Indianapolis <sup>7</sup> .....	344	133	116	96	8,709	4,585	3,149	975	258
Marion .....	693	401	.....	292	2,886	1,398	.....	1,488	448
Iowa:									
Des Moines .....	273	187	86	.....	5,180	3,491	1,689	.....	112
Iowa City .....	277	142	92	44	6,414	3,500	2,298	616	172
Knoxville .....	357	115	.....	242	2,866	1,266	.....	1,600	262
Kansas:									
Leavenworth .....	403	246	35	122	5,108	3,313	842	953	238
Topeka .....	808	388	57	363	5,407	2,849	856	1,702	503
Wichita .....	162	83	67	12	3,950	2,339	1,371	240	101

See footnotes at end of table.

TABLE 10—Continued

## INPATIENT CARE

## VA Medical Centers (Hospital Care Component): Selected Data—Fiscal Year 1989

Location	Average Operating Beds <sup>1</sup>				Patients Treated Sum of All Hospitals <sup>2</sup>	Patients Treated <sup>3</sup>			Average Daily Census <sup>4</sup>
	Total	Bed Section <sup>5</sup>				Bed Section <sup>5</sup>			
		Medical <sup>6</sup>	Surgical	Psychiatric		Medical <sup>6</sup>	Surgical	Psychiatric	
Kentucky:									
Lexington <sup>7</sup>	894	535	130	229	9,091	5,329	2,976	786	597
Louisville	334	180	91	63	10,027	5,684	2,904	1,439	252
Louisiana:									
Alexandria	244	127	68	49	6,150	3,534	2,128	488	189
New Orleans	361	166	108	87	9,203	4,138	3,410	1,655	287
Shreveport	335	175	108	52	9,814	6,072	2,918	824	220
Maine: Togus									
	316	156	26	134	4,714	2,439	800	1,475	248
Maryland:									
Baltimore	182	92	64	26	6,253	3,939	1,851	463	148
Fort Howard	204	187	.....	17	1,871	1,572	.....	299	170
Perry Point	686	347	.....	339	3,786	2,225	.....	1,561	577
Massachusetts:									
Bedford	739	350	.....	389	2,899	1,297	.....	1,602	528
Boston	646	351	209	86	7,725	4,090	2,767	868	340
Brockton <sup>7</sup>	768	370	76	323	8,082	4,112	1,318	2,652	620
Northampton	444	202	.....	242	3,245	1,523	.....	1,722	413
Michigan:									
Allen Park	481	259	102	120	9,070	4,322	2,810	1,938	350
Ann Arbor	248	97	93	58	6,790	2,863	3,050	877	195
Battle Creek	754	298	.....	456	6,278	2,145	.....	4,133	603
Iron Mountain	200	108	62	30	3,373	2,031	1,175	167	76
Saginaw	155	122	33	.....	2,510	2,113	397	.....	65
Minnesota:									
Minneapolis	686	351	245	90	16,361	8,813	6,010	1,538	464
St. Cloud	538	195	.....	343	3,541	1,337	.....	2,204	350
Mississippi:									
Biloxi <sup>7</sup>	799	340	65	394	6,522	2,688	2,397	1,437	499
Jackson	443	247	126	70	11,287	6,820	2,875	1,592	308
Missouri:									
Columbia	280	135	96	50	7,207	3,607	2,902	698	168
Kansas City	389	157	142	90	8,038	3,945	2,863	1,230	253
Poplar Bluff	176	131	29	16	3,317	2,166	818	333	103
St. Louis <sup>7</sup>	723	344	151	228	13,442	6,218	3,846	3,378	551
Montana:									
Fort Harrison	122	73	28	21	3,456	2,153	860	443	82
Miles City	91	72	19	.....	2,221	1,639	582	.....	41
Nebraska:									
Grand Island	120	71	28	20	2,334	1,379	755	200	62
Lincoln	173	63	52	58	3,695	1,172	1,296	1,227	100
Omaha	362	176	118	68	7,159	3,559	2,543	1,057	226
Nevada: Reno									
	168	100	36	32	3,858	2,234	955	669	96
New Hampshire: Manchester									
	164	102	45	17	2,978	1,660	1,080	238	93
New Jersey:									
East Orange	614	384	124	105	10,727	6,090	2,851	1,786	518
Lyons	1,168	427	.....	741	4,524	2,088	.....	2,436	772
New Mexico: Albuquerque									
	407	213	100	94	9,789	5,321	2,800	1,668	273
New York:									
Albany	405	218	95	92	6,695	3,379	2,139	1,177	312
Batavia	150	150	.....	.....	1,284	1,284	.....	.....	117
Bath	208	182	.....	26	2,523	2,005	.....	518	190
Bronx	655	357	228	70	7,192	3,666	2,483	1,043	371
Brooklyn <sup>7</sup>	911	600	209	102	10,587	6,803	2,146	1,638	553
Buffalo	614	392	115	107	10,456	5,835	2,930	1,691	510
Canandaigua	748	457	.....	291	2,661	1,184	.....	1,477	604
Castle Point	201	157	44	.....	2,961	2,161	800	.....	171
Montrose	747	328	.....	420	4,260	1,126	.....	3,134	606
New York	662	331	184	147	8,568	4,229	2,669	1,670	479
Northport	723	305	97	321	8,536	3,699	2,400	2,437	585
Syracuse	223	123	66	34	4,839	2,605	1,755	479	183
North Carolina:									
Asheville	373	269	74	30	7,482	4,691	2,235	556	278
Durham	352	118	158	76	8,816	3,415	4,033	1,368	254

See footnotes at end of table.

VA Medical Centers (Hospital Care Component): Selected Data—Fiscal Year 1989

Location	Average Operating Beds <sup>1</sup>				Patients Treated Sum of All Hospitals <sup>2</sup>	Patients Treated <sup>3</sup>			Average Daily Census <sup>4</sup>
	Total	Bed Section <sup>5</sup>				Bed Section <sup>5</sup>			
		Medical <sup>6</sup>	Surgical	Psychiatric		Medical <sup>6</sup>	Surgical	Psychiatric	
Fayetteville	314	188	71	55	6,144	3,500	1,628	1,016	227
Salisbury	740	355	40	345	6,348	2,293	781	3,274	666
North Dakota: Fargo	150	87	32	31	4,238	2,832	1,033	373	98
Ohio:									
Chillicothe	835	372	.....	463	6,973	4,420	.....	2,553	539
Cincinnati	342	141	126	75	6,729	2,535	2,742	1,452	190
Cleveland <sup>7</sup>	1,169	394	252	523	11,940	5,773	2,785	3,382	523
Dayton	495	327	117	51	8,219	4,959	2,374	886	377
Oklahoma:									
Muskogee	138	87	51	.....	4,436	2,878	1,558	.....	112
Oklahoma City	379	171	113	95	9,559	4,981	3,188	1,390	245
Oregon:									
Portland <sup>7</sup>	552	315	160	77	11,852	6,773	3,905	1,174	330
Roseburg	261	121	21	119	4,301	2,315	593	1,393	152
Pennsylvania:									
Altoona	102	78	24	.....	2,276	1,565	711	.....	82
Butler	214	214	.....	.....	2,530	2,530	.....	.....	182
Coatesville	698	357	.....	341	4,474	1,343	.....	3,131	635
Erie	131	96	35	.....	2,792	1,876	916	.....	90
Lebanon	825	398	29	398	3,919	2,307	436	1,176	455
Philadelphia	412	193	170	49	6,635	2,944	2,714	977	292
Pittsburgh (Highland Drive)	707	352	.....	355	3,859	1,164	.....	2,695	483
Pittsburgh (University Drive) <sup>7</sup>	541	392	148	.....	8,407	5,184	3,223	.....	388
Wilkes-Barre	405	253	68	84	7,756	4,062	1,615	2,079	316
Puerto Rico: San Juan	681	291	150	240	13,273	5,728	4,094	3,451	547
Rhode Island: Providence	218	146	35	37	4,773	2,754	1,340	679	161
South Carolina:									
Charleston	280	130	82	68	6,799	3,189	2,552	1,058	216
Columbia	417	267	90	60	8,265	4,632	2,648	985	307
South Dakota:									
Fort Meade	271	101	22	148	3,728	1,429	918	1,381	197
Hot Springs	169	114	16	39	2,400	1,538	408	454	106
Sioux Falls	246	163	50	33	3,874	2,357	987	530	142
Tennessee:									
Memphis	836	473	183	180	12,747	7,084	3,539	2,124	540
Mountain Home	455	253	129	73	7,226	3,817	2,002	1,407	320
Murfreesboro	575	280	44	250	5,101	2,262	847	1,992	518
Nashville	385	197	142	46	8,310	4,897	2,620	793	259
Texas:									
Amarillo	167	87	50	30	3,495	1,955	1,279	261	105
Big Spring	209	134	30	45	2,813	1,638	838	337	107
Bonham	78	63	.....	15	2,319	2,115	.....	204	57
Dallas	680	321	189	170	15,499	8,273	5,221	2,005	477
Houston	875	419	175	281	17,944	9,448	5,118	3,378	673
Kerrville	251	218	33	.....	3,906	3,172	734	.....	154
Marlin	202	202	.....	.....	1,998	1,998	.....	.....	116
San Antonio	653	265	208	180	14,907	8,505	4,347	2,055	430
Temple	512	297	125	90	9,767	5,936	2,690	1,141	340
Waco	764	531	.....	233	4,234	2,180	.....	2,054	596
Utah: Salt Lake City	370	174	109	87	8,280	3,829	3,182	1,269	234
Vermont: White River Junction	153	87	40	26	3,298	1,877	1,062	359	95
Virginia:									
Hampton	411	244	56	111	6,178	3,251	1,433	1,494	260
Richmond	623	400	145	78	11,583	6,882	3,207	1,494	469
Salem	657	292	71	293	7,721	3,774	1,419	2,528	534
Washington:									
American Lake	423	132	.....	291	3,581	2,090	.....	1,491	190
Seattle	391	201	109	82	9,064	5,045	2,858	1,161	271
Spokane	128	88	40	.....	3,309	2,642	667	.....	79
Walla Walla	119	62	20	37	2,522	1,351	519	652	71
West Virginia:									
Beckley	170	120	50	.....	3,303	2,232	1,071	.....	106
Clarksburg	179	104	38	37	4,785	2,939	1,191	655	139

See footnotes at end of table.

TABLE 10—Continued

INPATIENT CARE

## VA Medical Centers (Hospital Care Component): Selected Data—Fiscal Year 1989

Location	Average Operating Beds <sup>1</sup>				Patients Treated Sum of All Hospitals <sup>2</sup>	Patients Treated <sup>3</sup>			Average Daily Census <sup>4</sup>
	Total	Bed Section <sup>5</sup>				Bed Section <sup>5</sup>			
		Medical <sup>6</sup>	Surgical	Psychiatric		Medical <sup>6</sup>	Surgical	Psychiatric	
Huntington .....	178	123	55	.....	4,689	3,573	1,116	.....	116
Martinsburg .....	377	240	57	80	5,948	2,947	1,163	1,838	269
Wisconsin:									
Madison .....	285	149	111	24	5,671	3,147	2,216	308	180
Milwaukee .....	641	365	174	102	10,296	5,072	3,046	2,178	397
Tomah .....	798	333	.....	465	3,055	1,396	.....	1,659	476
Wyoming:									
Cheyenne .....	97	54	27	17	2,080	1,335	475	270	49
Sheridan .....	339	127	.....	212	2,104	968	.....	1,136	228

<sup>1</sup> The number of operating beds at the end of each month for 13 consecutive months (September of the prior fiscal year through September of the current fiscal year).

<sup>2</sup> The number of discharges and deaths during the fiscal year, plus the patients remaining on September 30, 1989, plus the number of interhospital transfers. NOTE: This is a change from what has been reported in this table in previous years. Previously, interhospital transfers were excluded from the overall total.

<sup>3</sup> Excludes count of transfers between bed sections.

<sup>4</sup> The total of patient days during the fiscal year divided by the number of days in the fiscal year.

<sup>5</sup> 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.

<sup>6</sup> Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.

<sup>7</sup> Includes data for two divisions of the VA medical center.

Non-VA Hospitals<sup>1</sup>: Selected Data—Fiscal Year 1989

Location of Authorizing VA Facility	Average Daily Census <sup>2</sup>	Admissions	Discharges and Deaths	Patients Treated <sup>3</sup>				Patients Remaining on Sept. 30, 1989 <sup>4</sup>
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Total .....	475	23,283	23,381	23,655	2,702	7,466	13,487	274
Medical Bed Section Total ..	305	16,822	16,874	17,025	1,551	4,935	10,539	151
Surgical Bed Section Total ..	67	2,555	2,569	2,612	640	789	1,183	43
Psychiatric Bed Section Total	104	3,906	3,938	4,018	511	1,742	1,765	80
Alabama:								
Montgomery .....	2	175	176	176	.....	80	96	.....
Tuscaloosa .....	.....	9	9	9	.....	9	.....	.....
Tuskegee .....	.....	4	4	4	.....	4	.....	.....
Alaska: Anchorage (RO-OC) ..	66	3,109	3,199	3,237	143	149	2,945	38
Arizona:								
Phoenix .....	2	117	121	121	.....	13	108	.....
Prescott .....	.....	12	12	12	.....	.....	12	.....
Tucson .....	.....	19	19	19	.....	11	8	.....
Arkansas: Little Rock .....	4	364	364	364	.....	112	252	.....
California:								
Fresno .....	.....	28	28	28	.....	28	.....	.....
Loma Linda .....	1	80	79	80	.....	80	.....	1
Long Beach .....	.....	80	80	80	.....	2	78	.....
Los Angeles (OC) .....	4	354	358	360	.....	58	302	2
Martinez .....	2	159	160	160	.....	103	57	.....
Palo Alto .....	1	61	61	61	.....	61	.....	.....
San Diego .....	1	54	54	54	.....	13	41	.....
San Francisco .....	8	521	521	521	.....	412	109	.....
West Los Angeles .....	.....	25	25	25	.....	.....	25	.....
Colorado:								
Denver .....	1	122	122	122	.....	31	91	.....
Fort Lyon .....	.....	9	9	9	.....	9	.....	.....
Grand Junction .....	.....	3	3	3	.....	3	.....	.....
Connecticut:								
Newington .....	2	94	94	94	.....	11	83	.....
West Haven .....	.....	8	7	7	.....	.....	7	.....
Delaware: Wilmington .....	.....	20	20	21	.....	2	19	1
District of Columbia:								
Washington .....	3	158	157	161	38	21	102	4
Florida:								
Bay Pines .....	25	1,895	1,918	1,924	.....	639	1,285	6
Gainesville .....	.....	70	68	70	.....	.....	70	2
Lake City .....	.....	8	8	8	.....	8	.....	.....
Miami .....	5	334	337	339	.....	339	.....	2
Tampa .....	1	108	109	109	.....	.....	109	.....
Georgia:								
Atlanta .....	7	245	245	245	.....	245	.....	.....
Augusta .....	.....	11	11	11	.....	11	.....	.....
Hawaii: Honolulu (RO-OC) .....	63	2,299	2,293	2,351	1,305	429	617	58
Idaho: Boise .....	1	95	95	95	.....	49	46	.....
Illinois:								
Chicago (Lake Side) .....	.....	11	11	11	.....	4	7	.....
Chicago (West Side) .....	7	185	185	185	.....	78	107	.....
Danville .....	.....	18	19	19	.....	.....	19	.....
Hines .....	.....	30	24	26	.....	.....	26	2
Marion .....	.....	3	3	3	.....	.....	3	.....
Indiana:								
Fort Wayne .....	.....	4	4	4	.....	4	.....	.....
Indianapolis .....	3	154	155	155	.....	60	95	.....
Iowa:								
Des Moines .....	3	37	36	37	.....	4	33	1
Iowa City .....	.....	55	55	55	.....	51	4	.....
Kansas:								
Leavenworth .....	.....	4	3	4	.....	4	.....	1
Topeka .....	.....	10	10	10	.....	10	.....	.....
Wichita .....	1	115	115	115	.....	39	76	.....
Kentucky:								
Lexington .....	.....	42	41	41	.....	27	14	.....
Louisville .....	1	96	96	96	.....	77	19	.....

See footnotes at end of table.

TABLE 11—Continued

## INPATIENT CARE

Non-VA Hospitals<sup>1</sup>: Selected Data—Fiscal Year 1989

Location of Authorizing VA Facility	Average Daily Census <sup>2</sup>	Admissions	Discharges and Deaths	Patients Treated <sup>3</sup>				Patients Remaining on Sept. 30, 1989 <sup>4</sup>
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Louisiana:								
New Orleans .....	2	77	77	77	.....	3	74	.....
Shreveport .....	1	99	99	99	.....	.....	99	.....
Maine: Togus .....	2	260	260	260	.....	.....	260	.....
Maryland:								
Baltimore .....	4	107	108	111	.....	15	96	3
Fort Howard .....	.....	2	1	2	.....	.....	2	1
Perry Point .....	.....	11	11	11	.....	.....	11	.....
Massachusetts:								
Bedford .....	.....	19	20	20	.....	.....	20	.....
Boston (OC) .....	2	134	135	135	.....	7	128	.....
Northampton .....	.....	31	29	31	.....	.....	31	2
Michigan:								
Allen Park .....	3	302	303	303	.....	139	164	.....
Ann Arbor .....	.....	22	22	22	.....	20	2	.....
Battle Creek .....	1	71	70	71	.....	71	.....	1
Iron Mountain .....	.....	30	30	30	.....	30	.....	.....
Minnesota:								
Minneapolis .....	15	1,256	1,256	1,256	.....	562	694	.....
St. Cloud .....	1	80	79	80	.....	28	52	1
Mississippi: Jackson .....	1	39	39	39	.....	27	12	.....
Missouri:								
Columbia .....	.....	2	2	2	.....	2	.....	.....
Kansas City .....	3	222	222	222	.....	.....	222	.....
St. Louis .....	1	19	19	19	3	.....	16	.....
Montana:								
Fort Harrison .....	1	44	44	44	.....	.....	44	.....
Miles City .....	.....	28	28	28	.....	.....	28	.....
Nebraska:								
Grand Island .....	.....	1	1	1	.....	1	.....	.....
Lincoln .....	1	39	36	38	.....	11	27	2
Omaha .....	.....	26	24	26	.....	10	16	2
Nevada:								
Las Vegas (OC) .....	4	173	169	171	5	56	110	2
Reno .....	3	263	264	264	.....	44	220	.....
New Hampshire: Manchester ..	.....	43	43	43	.....	.....	43	.....
New Jersey:								
East Orange .....	4	174	174	174	.....	2	172	.....
Lyons .....	.....	8	9	9	.....	7	2	.....
New Mexico: Albuquerque .....	.....	55	55	55	.....	.....	55	.....
New York:								
Albany .....	2	156	156	156	.....	.....	156	.....
Batavia .....	.....	1	1	1	.....	1	.....	.....
Bath .....	.....	3	3	3	.....	.....	3	.....
Buffalo .....	1	42	41	42	.....	11	31	1
Canandaigua .....	.....	1	1	1	.....	.....	1	.....
Castle Point .....	.....	1	1	1	.....	.....	1	.....
Montrose .....	.....	1	.....	1	.....	1	.....	1
New York .....	11	236	237	237	.....	47	190	.....
Syracuse .....	2	84	84	84	.....	.....	84	.....
North Carolina:								
Asheville .....	.....	6	6	6	.....	.....	6	.....
Durham .....	1	93	93	93	.....	.....	93	.....
Fayetteville .....	.....	8	8	8	.....	8	.....	.....
Salisbury .....	6	238	238	238	.....	70	168	.....
North Dakota: Fargo .....	4	218	219	223	164	4	55	4
Ohio:								
Cincinnati .....	1	38	38	38	.....	13	25	.....
Cleveland .....	1	135	135	135	.....	5	130	.....
Columbus (OC) .....	5	293	298	299	.....	108	191	1
Dayton .....	.....	8	8	8	.....	.....	8	.....
Oklahoma:								
Muskogee .....	9	294	299	299	2	297	.....	.....
Oklahoma City .....	.....	59	60	60	.....	34	26	.....

See footnotes at end of table.

Non-VA Hospitals<sup>1</sup>: Selected Data—Fiscal Year 1989

Location of Authorizing VA Facility	Average Daily Census <sup>2</sup>	Admissions	Discharges and Deaths	Patients Treated <sup>3</sup>				Patients Remaining on Sept. 30, 1989 <sup>4</sup>
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Portland .....	3	284	284	284	.....	24	260	.....
Roseburg .....	.....	22	22	22	.....	22	.....	.....
White City (Ind. Dom.) .....	1	63	63	63	.....	.....	63	.....
Pennsylvania:								
Altoona .....	1	88	88	88	.....	.....	88	.....
Butler .....	.....	8	8	8	.....	8	.....	.....
Coatesville .....	.....	36	36	36	.....	36	.....	.....
Erie .....	.....	33	33	33	.....	33	.....	.....
Lebanon .....	1	97	99	99	.....	6	93	.....
Philadelphia .....	6	285	284	287	.....	39	248	3
Pittsburgh (Highland Dr.) .....	1	34	33	34	.....	.....	34	1
Pittsburgh (Univ. Dr.) .....	.....	10	10	10	.....	.....	10	.....
Wilkes-Barre .....	2	151	150	151	.....	5	146	1
Philippines: Manila (RO-OC) ..	56	1,218	1,202	1,261	.....	1,227	34	59
Puerto Rico: San Juan .....	28	426	430	461	.....	184	277	31
Rhode Island: Providence .....	.....	36	37	37	.....	2	35	.....
South Carolina:								
Charleston .....	.....	31	31	31	.....	11	20	.....
Columbia .....	4	236	235	238	.....	137	101	3
South Dakota:								
Fort Meade .....	.....	1	1	1	.....	1	.....	.....
Sioux Falls .....	.....	10	10	10	.....	.....	10	.....
Tennessee:								
Mountain Home .....	.....	9	9	9	.....	.....	9	.....
Murfreesboro .....	.....	39	38	39	.....	.....	39	1
Nashville .....	2	159	159	159	.....	89	70	.....
Texas:								
Amarillo .....	2	154	156	156	20	16	120	.....
Bonham .....	.....	1	1	1	.....	1	.....	.....
Dallas .....	2	118	118	118	.....	31	87	.....
El Paso (OC) .....	27	1,047	1,045	1,067	769	171	127	22
Houston .....	.....	18	18	18	.....	2	16	.....
Kerrville .....	.....	3	3	3	.....	3	.....	.....
San Antonio .....	4	211	212	219	91	63	65	7
Temple .....	.....	11	10	11	.....	.....	11	1
Waco .....	4	74	75	75	1	7	67	.....
Utah: Salt Lake City .....	.....	68	68	68	.....	.....	68	.....
Vermont: White River Junction ..	1	66	66	66	.....	2	64	.....
Virginia:								
Hampton .....	.....	26	27	27	.....	.....	27	.....
Richmond .....	.....	25	24	25	.....	25	.....	1
Salem .....	3	233	233	234	.....	2	232	1
Washington:								
American Lake .....	3	209	209	213	161	10	42	4
Seattle .....	5	386	387	387	.....	197	190	.....
Spokane .....	.....	24	24	24	.....	16	8	.....
Walla Walla .....	.....	14	14	14	.....	1	13	.....
West Virginia:								
Beckley .....	.....	4	4	4	.....	4	.....	.....
Clarksburg .....	.....	5	5	5	.....	1	4	.....
Huntington .....	1	103	101	101	.....	101	.....	.....
Martinsburg .....	.....	14	14	14	.....	14	.....	.....
Wisconsin:								
Milwaukee .....	3	176	176	176	.....	.....	176	.....
Tomah .....	.....	5	5	5	.....	5	.....	.....
Wyoming:								
Cheyenne .....	.....	26	26	26	.....	26	.....	.....
Sheridan .....	.....	20	20	20	.....	20	.....	.....

<sup>1</sup> Excludes State Home hospitals and includes hospital care authorized and paid by VA.

<sup>2</sup> Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year rounded to the nearest whole number.

<sup>3</sup> Discharges and deaths during the fiscal year plus the number of patients remaining at the end of the fiscal year.

<sup>4</sup> The total of bed occupants plus the patients on authorized leave of absence.

TABLE 12

## INPATIENT CARE

## VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence—September 30, 1989

Reported State of Residence	All Patients			Type of Patient					
	Total	Hospitalized in Same State		Total	Percent Hospitalized in Same State	Psychotic		Other Psychiatric	
		Number	Percent			Total	Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State
Total .....	44,424	38,792	87.3	24,983	87.2	12,390	88.8	7,051	85.3
United States .....	43,978	38,362	87.2	24,739	87.1	12,213	88.6	7,026	85.3
Alabama .....	1,165	1,011	86.8	527	84.6	429	91.6	209	82.3
Alaska .....	8	.....	.....	5	.....	.....	.....	3	.....
Arizona .....	602	541	89.9	412	91.3	58	74.1	132	92.4
Arkansas .....	729	624	85.6	455	81.3	166	93.4	108	91.7
California .....	3,150	3,089	98.1	1,763	98.3	603	98.1	584	97.3
Colorado .....	503	425	84.5	214	84.6	167	95.2	122	69.7
Connecticut .....	455	361	79.3	221	88.7	137	57.7	97	88.7
Delaware .....	107	49	45.8	66	74.2	27	.....	14	.....
District of Columbia .....	269	211	78.4	161	93.2	69	43.5	39	79.5
Florida .....	1,829	1,582	86.5	1,253	91.1	314	69.7	262	84.7
Georgia .....	1,168	866	74.1	636	75.0	329	76.6	203	67.5
Hawaii .....	4	.....	.....	1	.....	1	.....	2	.....
Idaho .....	112	57	50.9	78	51.3	16	43.8	18	55.6
Illinois .....	2,443	2,202	90.1	1,368	87.6	690	94.3	385	91.4
Indiana .....	932	683	73.3	426	60.1	365	86.8	141	78.0
Iowa .....	505	393	77.8	293	77.1	91	81.3	121	76.9
Kansas .....	645	566	87.8	303	83.5	215	94.9	127	85.8
Kentucky .....	855	691	80.8	504	78.0	236	86.0	115	82.6
Louisiana .....	662	551	83.2	447	91.1	123	57.7	92	79.3
Maine .....	231	210	90.9	110	87.3	71	91.5	50	98.0
Maryland .....	960	710	74.0	491	67.2	307	87.3	162	69.1
Massachusetts .....	1,724	1,631	94.6	764	91.8	690	98.1	270	93.7
Michigan .....	1,214	1,134	93.4	559	91.6	432	96.1	223	92.8
Minnesota .....	630	553	87.8	334	82.6	152	91.4	144	95.8
Mississippi .....	616	476	77.3	381	75.9	152	84.9	83	69.9
Missouri .....	867	634	73.1	571	77.8	177	63.8	119	64.7
Montana .....	214	125	58.4	128	72.7	31	3.2	55	56.4
Nebraska .....	336	254	75.6	235	80.4	46	65.2	55	63.6
Nevada .....	137	65	47.4	97	44.3	18	38.9	22	68.2
New Hampshire .....	133	51	38.3	79	36.7	20	10.0	34	58.8
New Jersey .....	1,270	1,087	85.6	613	82.2	492	91.5	165	80.6
New Mexico .....	226	184	81.4	144	95.8	34	55.9	48	56.3
New York .....	4,291	4,192	97.7	2,412	97.8	1,325	98.0	554	96.4
North Carolina .....	1,297	1,200	92.5	682	90.3	376	97.3	239	91.2
North Dakota .....	78	42	53.8	48	75.0	9	11.1	21	23.8
Ohio .....	1,506	1,309	86.9	865	83.0	444	93.0	197	90.4
Oklahoma .....	413	322	78.0	304	82.9	46	47.8	63	76.2
Oregon .....	375	333	88.8	260	88.1	52	94.2	63	87.3
Pennsylvania .....	2,557	2,396	93.7	1,340	93.3	892	94.8	325	92.3
Rhode Island .....	139	104	74.8	92	88.0	20	55.0	27	44.4
South Carolina .....	648	356	54.9	421	64.1	138	21.7	89	62.9
South Dakota .....	370	324	87.6	198	81.3	90	93.3	82	96.3
Tennessee .....	1,162	1,120	96.4	689	98.1	319	93.1	154	95.5
Texas .....	2,848	2,693	94.6	1,724	94.5	707	96.3	417	91.8
Utah .....	175	144	82.3	92	94.6	38	60.5	45	75.6
Vermont .....	57	39	68.4	33	78.8	22	59.1	2	.....
Virginia .....	1,173	957	81.6	694	81.8	297	86.5	182	72.5
Washington .....	542	482	88.9	320	88.4	103	93.2	119	86.6
West Virginia .....	513	377	73.5	375	85.6	85	28.2	53	60.4
Wisconsin .....	960	824	85.8	474	83.8	330	90.6	156	82.1
Wyoming .....	173	132	76.3	77	62.3	62	85.5	34	91.2
Outside the United States .....	446	430	96.4	244	94.7	177	99.4	25	92.0
Puerto Rico .....	436	430	98.6	236	97.9	177	99.4	23	100.0
Others .....	10	.....	.....	8	.....	.....	.....	2	.....

NOTE: Annual Patient Census. This table as well as others in this hospital inpatient series includes all patients remaining in VA medical centers on the last day of the fiscal year. Approximately 2.8 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group—September 30, 1989

Diagnostic Composition of Patients <sup>1</sup>	Period of Service										Age					
	All Patients	Post Viet. nam. <sup>2</sup>	Viet. nam Era	Post Korean <sup>3</sup>	Korean Con-flict <sup>4</sup>	WW II	WW I	All Others	Average Age	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All Diseases and Conditions	44,424	2,964	9,979	2,881	6,370	20,916	636	678	58.6	3,227	7,215	4,532	10,854	13,324	4,267	1,005
I. Infectious and parasitic diseases	641	69	181	40	84	246	12	9	55.9	75	132	72	144	132	63	23
Pulmonary tuberculosis (011)	89	4	33	5	8	36	1	2	( <sup>5</sup> )	4	28	8	17	21	10	1
Tuberculosis, other (010, 012-018)	17	2	4	3	2	4	...	2	( <sup>5</sup> )	3	3	3	4	3	1	...
Tuberculosis, late effects (137)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other infectious and parasitic diseases (001-009, 020-136)	535	63	144	32	74	206	11	5	56.0	68	101	61	123	108	52	22
Late effects of other infectious and parasitic diseases (138-139)	3,494	40	270	201	593	2,279	45	66	65.3	35	82	267	1,127	1,505	398	80
II. Neoplasms	267	1	30	18	57	157	1	3	62.9	1	7	38	103	96	19	3
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0)	639	4	33	31	120	429	8	14	66.4	1	9	35	225	260	92	17
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	830	3	50	57	168	532	5	15	65.1	1	9	63	298	376	77	6
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	180	1	16	11	34	115	...	3	63.8	...	3	18	77	67	13	2
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	259	10	30	13	37	156	7	6	63.3	13	12	23	65	112	26	8
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	533	4	25	13	54	420	12	5	68.9	4	4	10	115	290	91	19
Malignant neoplasm of genitourinary organs (179-189, 233)	639	12	71	52	100	380	10	14	63.8	11	30	68	196	252	64	18
Malignancies of all other systems (170-175, 190-199, 232, 234)	78	5	7	6	13	44	...	3	( <sup>6</sup> )	4	2	9	25	25	10	3
Neoplasms, benign (210-229)	69	...	8	...	10	46	2	3	( <sup>6</sup> )	...	6	3	23	27	6	4
Neoplasms of unspecified nature (235-239)	1,007	15	138	58	184	580	17	15	63.1	14	79	97	306	379	103	29
III. Endocrine, nutritional and metabolic diseases and immunity disorders	662	10	96	44	133	362	5	12	61.8	9	54	74	224	243	50	8
Diabetes mellitus (250)	70	3	10	2	9	45	1	...	( <sup>6</sup> )	3	5	7	16	27	11	1
Diseases of the endocrine glands (240-246, 251-259)	15	...	...	3	1	11	...	...	( <sup>6</sup> )	...	...	1	5	7	2	...
Gout (274)	12	...	3	1	3	5	...	...	( <sup>6</sup> )	...	2	3	3	3	1	...
Obesity (278.0-278.1)	247	2	28	8	38	157	11	3	67.0	2	18	11	58	99	39	20
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	1	...	1	...	...	...	...	...	( <sup>6</sup> )	...	...	1	...	...	...	...
Disorders involving the immune mechanisms (279)	190	10	18	11	36	108	4	3	63.9	8	13	16	52	60	31	10
IV. Diseases of the blood and blood-forming organs	128	4	11	4	24	78	4	3	66.1	4	6	9	34	39	28	8
Anemias (280-282.4, 282.7-285)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	62	6	7	7	12	30	...	...	( <sup>6</sup> )	4	7	7	18	21	3	2
Other diseases of the blood and blood-forming organs (286-289)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

See footnote at end of table.

TABLE 13—Continued

INPATIENT CARE

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group—September 30, 1989

Diagnostic Composition of Patients <sup>1</sup>	Period of Service										Age					
	All Patients	Post-Viet-nam <sup>2</sup>	Viet-nam Era	Post-Korean <sup>3</sup>	Korean Con-flict <sup>4</sup>	WW II	WW I	All Others	Average Age	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
V. Mental disorders	19,441	2,273	6,846	1,476	2,485	5,977	152	232	52.1	2,533	5,483	2,435	3,866	3,760	1,120	244
Alcohol psychosis (291)	677	20	93	40	117	392	2	13	62.3	25	55	49	208	270	64	6
Drug psychosis (292)	66	22	33	2	1	6	...	2	( <sup>b</sup> )	28	27	1	5	5	...	...
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	2,089	25	158	83	238	1,465	84	36	68.5	29	70	114	393	904	453	126
Schizophrenic disorders (295)	6,585	745	2,202	650	1,024	1,876	10	78	51.1	842	1,801	969	1,574	1,215	170	14
Other psychoses (296-299)	2,973	257	759	214	423	1,248	31	41	56.7	262	586	341	677	780	271	56
Neurotic disorders (300)	404	46	157	31	62	100	3	5	51.3	44	122	58	91	68	18	3
Personality disorders (301)	166	33	86	15	14	18	...	...	44.0	36	72	22	21	12	2	1
Alcohol dependence or abuse (303, 305.0)	3,485	571	1,745	330	424	384	...	31	45.0	656	1,367	612	610	220	19	1
Drug dependence or abuse (304, 305.1-305.9)	1,184	467	647	24	25	10	...	11	36.2	515	583	56	27	3	...	...
Other nonpsychotic mental disorders (302, 306-319)	1,812	87	966	87	157	478	22	15	51.6	96	800	213	260	283	123	37
VI. Diseases of the nervous system and sense organs	2,777	72	320	167	379	1,748	41	50	64.2	77	205	224	671	1,102	422	76
Quadriplegia (344.0)	164	10	36	20	34	54	1	9	54.3	15	25	36	42	38	7	1
Paraplegia (344.1)	53	5	9	9	6	20	2	2	( <sup>b</sup> )	7	7	8	9	16	4	2
Epilepsy (345)	180	8	41	12	32	80	3	4	58.1	9	29	24	48	57	10	3
Disorders of the peripheral nervous system (350-359)	148	6	24	8	26	82	...	2	61.3	4	17	18	41	46	20	2
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	2,061	37	194	106	255	1,408	29	32	65.8	38	117	125	486	886	352	57
Glaucoma (365)	11	...	1	3	...	6	1	...	( <sup>b</sup> )	...	...	1	4	4	1	1
Cataract (366)	48	...	3	3	6	36	...	...	( <sup>b</sup> )	...	...	3	12	21	11	1
Blindness (369)	12	...	1	...	1	9	1	...	( <sup>b</sup> )	...	1	...	2	5	1	3
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	76	4	9	3	16	42	2	...	( <sup>b</sup> )	3	7	7	19	23	14	3
Diseases of the ear and mastoid process (380-389)	24	2	2	3	3	11	2	1	( <sup>b</sup> )	1	2	2	8	6	2	3
VII. Diseases of the circulatory system	4,708	53	461	243	745	3,031	94	81	65.5	36	171	347	1,474	1,919	623	138
Chronic rheumatic heart disease (393-398)	21	...	4	1	4	12	...	...	( <sup>b</sup> )	...	3	2	8	7	1	...
Hypertensive disease without heart involvement (401, 403, 405)	156	4	25	13	22	84	4	4	61.9	2	18	16	52	51	12	5
Hypertensive heart disease (402, 404)	35	...	2	3	5	24	1	...	( <sup>b</sup> )	1	1	3	8	15	6	1
Acute myocardial infarction (410)	304	2	32	16	59	185	7	3	64.8	...	8	26	110	124	27	9
Other ischemic heart disease (411-414)	810	6	101	47	155	487	5	9	63.8	1	29	83	296	315	78	8
Other forms of heart disease (391, 392.0, 420-429)	1,250	15	107	53	178	830	45	22	66.7	12	39	74	363	515	182	65
Cerebrovascular diseases (430-438)	1,140	6	85	58	157	783	23	28	67.0	4	22	67	323	512	178	34
Atherosclerosis (440)	81	...	6	3	16	55	...	1	( <sup>b</sup> )	...	2	6	24	33	14	2
Other diseases of arteries, arterioles, and capillaries (441-448)	550	8	38	31	87	375	5	6	65.5	4	14	34	187	229	76	6
Varicose veins of lower extremities (454)	77	2	8	5	8	52	...	2	( <sup>b</sup> )	1	4	7	17	26	20	2
Hemorrhoids (455)	13	1	5	2	3	2	...	...	( <sup>b</sup> )	2	3	4	1	2	1	...
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	271	9	48	11	51	142	4	6	61.3	9	28	25	85	90	28	6

See footnotes at end of table.

INPATIENT CARE

TABLE 13—Continued  
 VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service, Average Age and Age Group—September 30, 1989

Diagnostic Composition of Patients <sup>1</sup>	Period of Service										Age					
	All Patients	Post Viet-nam <sup>2</sup>	Viet-nam Era	Post Korean <sup>3</sup>	Korean Conflict <sup>4</sup>	WW II	WW I	All Others	Average Age	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
VIII. Diseases of the respiratory system. . .	2,434	41	194	75	381	1,654	66	23	66.5	35	81	118	673	1,068	359	100
Acute respiratory infections (460-466) . . . . .	83	...	4	2	16	58	2	1	( <sup>6</sup> )	...	2	4	25	45	4	3
Pneumonia and influenza (480-487) . . . . .	649	20	69	24	90	403	36	7	66.7	20	37	33	150	248	107	54
Chronic bronchitis (491) . . . . .	88	1	1	12	71	7	...	2	( <sup>6</sup> )	...	...	3	22	49	14	...
Empysema (492) . . . . .	64	...	5	1	10	47	1	...	( <sup>6</sup> )	...	1	3	19	33	7	1
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519) . . . . .	1,550	20	115	47	253	1,075	27	13	66.4	15	41	75	457	693	227	42
IX. Diseases of the digestive system . . . . .	2,042	55	356	144	363	1,075	25	24	61.5	59	210	222	623	677	213	38
Diseases of oral cavity, salivary glands, and jaws (520-529) . . . . .	36	4	8	1	7	15	...	1	( <sup>6</sup> )	1	6	6	10	9	4	...
Ulcers of the digestive system (530.2, 531-534) . . . . .	159	4	21	12	35	82	3	2	62.4	1	13	16	61	53	11	4
Other diseases of the esophagus, stomach, and duodenum (530.0-530.1, 530.3-530.9, 535-537) . . . . .	161	6	24	12	24	92	2	1	62.2	7	15	14	52	50	20	3
Hernia of the abdominal cavity (550-553) . . . . .	187	2	23	6	31	119	5	1	64.6	3	14	10	55	72	26	7
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579) . . . . .	797	17	115	52	115	476	12	10	63.4	23	61	72	209	303	110	19
Alcohol-related liver disorders (571.0-571.3) . . . . .	222	6	56	29	47	84	...	...	56.9	5	31	40	85	56	5	...
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577) . . . . .	480	16	109	32	104	207	3	9	59.0	19	70	64	151	134	37	5
X. Diseases of the genitourinary system. . .	1,156	27	144	51	144	730	45	15	65.8	22	78	84	254	464	187	67
Nephritis, nephrotic syndrome, and nephrosis (580-589) . . . . .	262	3	42	16	37	154	6	4	64.2	2	22	24	69	97	39	9
Other diseases of the urinary system (590-599) . . . . .	593	18	72	30	65	365	35	8	66.2	16	44	45	113	224	105	46
Diseases of the prostate (600-602) . . . . .	217	1	11	3	27	170	4	1	69.2	...	2	4	47	118	37	9
Other diseases of the male genital organs (603-608) . . . . .	68	1	15	1	14	36	...	1	( <sup>6</sup> )	...	6	10	22	21	6	3
Disorders of the breast and gynecological diseases (610-629) . . . . .	16	4	4	1	1	5	...	1	( <sup>6</sup> )	4	4	1	3	4	...	...
XI. Complications of pregnancy, childbirth, and puerperium (630-676) . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XII. Diseases of the skin and subcutaneous tissue. . . . .	1,041	57	219	71	158	505	18	13	59.7	48	155	127	256	325	103	27
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698) . . . . .	364	16	79	27	57	173	8	4	59.8	16	48	44	107	106	34	9
Other diseases of skin and subcutaneous tissue (700-709) . . . . .	677	41	140	44	101	332	10	9	59.7	32	107	83	149	219	69	18
XIII. Diseases of the musculoskeletal system and connective tissue . . . . .	1,225	66	208	85	196	640	16	14	60.6	61	126	151	322	421	119	25
Osteoarthritis and allied disorders (715) . . . . .	213	3	23	11	30	140	3	3	65.5	2	11	15	52	99	27	7
Other arthropathies and related disorders (710-714, 716-719) . . . . .	170	12	29	14	21	90	1	3	60.1	11	16	29	33	55	25	1
Dorsopathies (720-724) . . . . .	392	32	85	25	63	178	5	4	58.0	28	56	55	97	119	32	5
Rheumatism, excluding the back (725-729) . . . . .	100	7	10	7	22	54	...	...	( <sup>6</sup> )	5	4	12	43	27	5	4

See footnotes at end of table.

TABLE 13—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Group, Period of Service,  
Average Age and Age Group—September 30, 1989

INPATIENT CARE

Diagnostic Composition of Patients <sup>1</sup>	All Patients	Period of Service					Average Age	Age							
		Post-Vietnam <sup>2</sup>	Vietnam Era	Post-Korean <sup>3</sup>	Korean Conflict <sup>4</sup>	WW II		WW I	All Others	Under 35	35-44	45-54	55-64	65-74	75-84
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739) .....	350	12	61	28	60	178	7	4	15	39	40	97	121	30	8
XIV. Congenital deformities (740-759) .....	32	3	9	2	6	12	...	...	3	4	7	6	12	...	...
XVI. Symptoms, signs, and ill-defined conditions (780-799) .....	1,156	41	139	71	181	682	26	16	32	90	100	287	442	164	41
XVII. Injury and poisoning .....	1,414	76	216	94	203	717	44	64	109	154	116	351	451	172	61
Fracture of skull (800-804) .....	16	8	6	...	...	2	...	...	7	6	...	1	1	1	...
Fracture of neck and trunk (805-809) .....	106	7	18	6	10	43	3	19	25	14	5	20	25	13	4
Fracture of upper and lower limb (810-829) .....	436	12	42	27	52	267	26	10	16	24	28	105	146	80	37
Dislocations, sprains, and strains of joints and adjacent muscles (830-848) .....	60	3	14	10	8	22	...	3	7	8	8	18	13	6	...
Intracranial injury, excluding those with skull fracture (850-854) .....	76	9	14	5	10	25	6	7	14	13	7	12	20	4	6
Internal injury of chest, abdomen, and pelvis (860-869) .....	14	1	3	...	5	4	...	1	1	3	1	4	4	1	...
Open wounds (870-897) .....	61	10	20	5	10	14	...	2	7	20	9	17	7	1	...
Burns (940-949) .....	30	2	5	4	4	14	1	...	...	4	5	6	12	1	2
Poisoning by drugs, medicinal, and biological substances (960-979) .....	37	2	11	2	6	15	1	...	2	8	6	4	11	5	1
Toxic effects of substances chiefly nonmedical as to source (980-989) .....	2	...	...	...	...	2	...	...	...	...	...	1	1	...	...
All other injuries (900-904, 910-939, 950-959, 990-995) .....	108	6	19	9	20	40	2	12	13	16	14	31	23	9	2
Complications of surgical and medical care, NEC (996-999) .....	468	16	64	26	78	269	5	10	17	38	33	132	188	51	9
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) .....	1,666	66	260	92	232	932	31	53	80	152	149	442	607	190	46

<sup>1</sup> 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 Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table.

<sup>2</sup> Service on or after May 8, 1975.

<sup>3</sup> Service between February 1, 1955 and August 4, 1964.

<sup>4</sup> Service between June 27, 1950 and January 31, 1955.

<sup>5</sup> Average age not calculated for totals of less than 100 cases.

NOTE: Annual Patient Census. This table as well as others in this hospital inpatient series includes all patients remaining in VA medical centers on the last day of the fiscal year. Approximately 2.8 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Group—September 30, 1989

Diagnostic Composition of Patients <sup>1</sup>	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	44,424	75.3	24.7	13.6	8.8	4.1	1.8	0.5
Psychotic	12,390	49.7	50.3	32.6	22.3	11.1	5.5	1.7
Alcohol psychoses (291)	677	45.3	54.7	38.0	22.7	8.3	2.1	.1
Drug psychoses (292)	66	90.9	9.1	3.0	1.5	1.5	.....	.....
Other psychoses (290, 293-299)	11,647	49.7	50.3	32.4	22.4	11.3	5.7	1.8
Other psychiatric	7,051	88.4	11.6	5.6	3.6	1.9	.8	.1
Alcohol dependence and abuse (303, 305.0)	3,485	97.3	2.7	.5	.1	.1	.....	.....
Drug dependence and abuse (304, 305.1-305.9)	1,184	94.2	5.8	.7	.1	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	2,382	72.5	27.5	15.5	10.4	5.5	2.3	.3
Medical and surgical	24,983	84.2	15.8	6.4	3.5	1.3	.3	.....
All infectious and parasitic diseases (001-139)	641	86.7	13.3	2.2	1.1	.2	.2	.2
Malignant neoplasms (140-208, 230-234)	3,347	92.4	7.6	1.1	.4	.1	.....	.....
Benign and unspecified neoplasm (210-229, 235-239)	147	92.5	7.5	.7	.....	.....	.....	.....
Diabetes mellitus (250)	662	87.9	12.1	3.2	.8	.3	.....	.....
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	344	84.3	15.7	6.1	3.5	1.2	.6	.....
Disorders involving the immune mechanisms (279)	1	100.0	.....	.....	.....	.....	.....	.....
Disorders of the blood and blood-forming organs (280-289)	190	96.8	3.2	.5	.....	.....	.....	.....
Quadriplegia (344.0)	164	27.4	72.6	45.7	34.1	24.4	8.5	1.2
Paraplegia (344.1)	53	26.4	73.6	45.3	28.3	17.0	5.7	.....
Other diseases of the nervous system (320-343, 344.2-359)	2,389	41.7	58.3	36.6	22.3	7.9	1.7	.....
Diseases of the sense organs (360-389)	171	94.7	5.3	2.9	2.9	1.8	.....	.....
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	2,420	96.2	3.8	1.0	.3	.....	.....	.....
Cerebrovascular diseases (430-438)	1,140	80.8	19.2	7.2	3.3	1.1	.4	.1
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,148	90.9	9.1	1.9	.7	.1	.1	.1
Acute respiratory diseases (460-466, 480-487)	732	92.2	7.8	2.9	1.0	.3	.1	.....
Chronic bronchitis and emphysema (491-492)	152	80.3	19.7	9.2	3.3	.7	.....	.....
Other respiratory diseases (470-478, 490, 493-519)	1,550	82.3	17.7	5.8	2.3	.7	.1	.....
Diseases of the oral cavity, salivary glands, and jaws (520-529)	36	97.2	2.8	.....	.....	.....	.....	.....
Hernia of the abdominal cavity (550-553)	187	98.4	1.6	.5	.5	.....	.....	.....
Alcohol-related liver diseases (571.0-571.3)	222	93.2	6.8	.9	.5	.....	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	1,597	94.8	5.2	.4	.3	.1	.....	.....
Diseases of the male genital organs (600-608)	285	97.5	2.5	.4	.4	.....	.....	.....
Other diseases of the genitourinary system (580-599)	855	90.4	9.6	3.7	1.2	.4	.....	.....
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	16	100.0	.....	.....	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,041	78.3	21.7	5.3	1.9	.3	.1	.....
Diseases of the musculoskeletal system and connective tissue (710-739)	1,225	86.1	13.9	5.3	3.2	1.6	.3	.1
Congenital anomalies (740-759)	32	84.4	15.6	9.4	6.3	3.1	3.1	.....
Symptoms, signs, and ill-defined conditions (780-799)	1,156	91.5	8.5	2.3	1.1	.8	.3	.....
Injuries and poisonings (800-904, 910-999)	1,414	88.6	11.4	2.8	1.6	.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)	1,666	84.2	15.8	3.2	1.3	.4	.2	.2
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....

<sup>1</sup> The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.

NOTE: Annual Patient Census. This table as well as others in this hospital inpatient series includes all patients remaining in VA medical centers on the last day of the fiscal year. Approximately 2.8 percent of the records were incomplete and therefore unavailable for inclusion in this table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group  
September 30, 1989

Diagnostic Composition of Patients <sup>1</sup>	Age Group															
	Total		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	44,424	100.0	3,227	100.0	7,215	100.0	4,532	100.0	10,854	100.0	13,324	100.0	4,267	100.0	1,005	100.0
Psychotic	12,390	27.9	1,186	36.8	2,539	35.2	1,474	32.5	2,857	26.3	3,174	23.8	958	22.5	202	20.1
Alcohol psychoses (291)	677	1.5	25	.8	55	.8	49	1.1	208	1.9	270	2.0	64	1.5	6	.6
Drug psychoses (292)	66	.2	28	.9	27	.4	1	( <sup>2</sup> )	5	.1	5	( <sup>2</sup> )	.....	.....	.....	.....
Other psychoses (290, 293-299)	11,647	26.2	1,133	35.1	2,457	34.1	1,424	31.4	2,644	24.4	2,899	21.8	894	21.0	196	19.5
Other psychiatric	7,051	15.9	1,347	41.7	2,944	40.8	961	21.2	1,009	9.3	586	4.4	162	3.8	42	4.2
Alcohol dependence and abuse (303, 305.0)	3,485	7.8	656	20.3	1,367	19.0	612	13.5	610	5.6	220	1.7	19	.5	1	.1
Drug dependence and abuse (304, 305.1-305.9)	1,184	2.7	515	16.0	583	8.1	56	1.2	27	.3	3	( <sup>2</sup> )	.....	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	2,382	5.4	176	5.5	994	13.8	293	6.5	372	3.4	363	2.7	143	3.4	41	4.1
Medical and surgical	24,983	56.2	694	21.5	1,732	24.0	2,097	46.3	6,988	64.4	9,564	71.8	3,147	73.8	761	75.7
All infectious and parasitic diseases (001-139)	641	1.4	75	2.3	132	1.8	72	1.6	144	1.3	132	1.0	63	1.5	23	2.3
Malignant neoplasms (140-208, 230-234)	3,347	7.5	31	1.0	74	1.0	255	5.6	1,079	9.9	1,453	10.9	382	9.0	73	7.3
Benign and unspecified neoplasms (210-229, 235-239)	147	.3	4	.1	8	.1	12	.3	48	.4	52	.4	16	.4	7	.7
Diabetes mellitus (250)	662	1.5	9	.3	54	.8	74	1.6	224	2.1	243	1.8	50	1.2	8	.8
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	344	.8	5	.2	25	.4	22	.5	82	.8	136	1.0	53	1.2	21	2.1
Disorders involving the immune mechanisms (279)	1	( <sup>2</sup> )	.....	.....	.....	.....	1	( <sup>2</sup> )	.....	.....	.....	.....	.....	.....	.....	.....
Disorders of the blood and blood-forming organs (280-289)	190	.4	8	.3	13	.2	16	.4	52	.5	60	.5	31	.7	10	1.0
Quadriplegia (344.0)	164	.4	15	.5	25	.4	36	.8	42	.4	38	.3	7	.2	1	.1
Paraplegia (344.1)	53	.1	7	.2	7	.1	8	.2	9	.1	16	.1	4	.1	2	.2
Other diseases of the nervous system (320-343, 344.2-359)	2,389	5.4	51	1.6	163	2.3	167	3.7	575	5.3	989	7.4	382	9.0	62	6.2
Diseases of the sense organs (360-389)	171	.4	4	.1	10	.1	13	.3	45	.4	59	.4	29	.7	11	1.1
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	2,420	5.5	14	.4	80	1.1	188	4.2	785	7.2	976	7.3	294	6.9	83	8.3
Cerebrovascular diseases (430-438)	1,140	2.6	4	.1	22	.3	67	1.5	323	3.0	512	3.8	178	4.2	34	3.4
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	1,148	2.6	18	.6	69	1.0	92	2.0	366	3.4	431	3.2	151	3.5	21	2.1
Acute respiratory diseases (460-466, 480-487)	732	1.7	20	.6	39	.5	37	.8	175	1.6	293	2.2	111	2.6	57	5.7
Chronic bronchitis and emphysema (491-492)	152	.3	.....	.....	1	( <sup>2</sup> )	6	.1	41	.4	82	.6	21	.5	1	.1
Other respiratory diseases (470-478, 490, 493-519)	1,550	3.5	15	.5	41	.6	75	1.7	457	4.2	693	5.2	227	5.3	42	4.2
Diseases of the oral cavity, salivary glands, and jaws (520-529)	36	.1	1	( <sup>2</sup> )	6	.1	6	.1	10	.1	9	.1	4	.1	.....	.....
Hernia of the abdominal cavity (550-553)	187	.4	3	.1	14	.2	10	.2	55	.5	72	.5	26	.6	7	.7
Alcohol-related liver diseases (571.0-571.3)	222	.5	5	.2	31	.4	40	.9	85	.8	56	.4	5	.1	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	1,597	3.6	50	1.6	159	2.2	166	3.7	473	4.4	540	4.1	178	4.2	31	3.1
Diseases of the male genital organs (600-608)	285	.6	.....	.....	8	.1	14	.3	69	.6	139	1.0	43	1.0	12	1.2
Other diseases of the genitourinary system (580-599)	855	1.9	18	.6	66	.9	69	1.5	182	1.7	321	2.4	144	3.4	55	5.5
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	16	( <sup>2</sup> )	4	.1	4	.1	1	( <sup>2</sup> )	3	( <sup>2</sup> )	4	( <sup>2</sup> )	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,041	2.3	48	1.5	155	2.2	127	2.8	256	2.4	325	2.4	103	2.4	27	2.7

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Group  
September 30, 1989

Diagnostic Composition of Patients <sup>1</sup>	Total		Age Group													
	Number	Percent	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
Diseases of the musculoskeletal system and connective tissue (710-739) .....	1,225	2.8	61	1.9	126	1.8	151	3.3	322	3.0	421	3.2	119	2.8	25	2.5
Congenital anomalies (740-759) .....	32	.1	3	.1	4	.1	7	.2	6	.1	12	.1	.....	.....	.....	.....
Symptoms, signs, and ill-defined conditions (780-799) .....	1,156	2.6	32	1.0	90	1.3	100	2.2	287	2.6	442	3.3	164	3.8	41	4.1
Injuries and poisonings (800-904, 910-999) .....	1,414	3.2	109	3.4	154	2.1	116	2.6	351	3.2	451	3.4	172	4.0	61	6.1
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health service (V01-V82) .....	1,666	3.8	80	2.5	152	2.1	149	3.3	442	4.1	607	4.6	190	4.5	46	4.6
Supplementary classification of external causes of injury and poisoning (E800-E999) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

<sup>1</sup> 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.

<sup>2</sup> Less than .05 percent.

NOTE: Annual Patient Census. This table as well as others in this hospital inpatient series includes all patients remaining in VA medical centers on the last day of the fiscal year. Approximately 2.8 percent of the records were incomplete and therefore unavailable for inclusion in this table.

TABLE 16

## INPATIENT CARE

VA Medical Centers—Hospital Care Component: Patients Remaining, by Age and State—September 30, 1989

Location	Total	Age						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Total .....	44,424	3,227	7,215	4,532	10,854	13,324	4,267	1,005
Alabama:								
Birmingham .....	186	4	21	26	52	64	16	3
Montgomery .....	123	2	3	8	26	45	29	10
Tuscaloosa .....	448	39	74	44	100	140	45	6
Tuskegee .....	556	33	117	73	120	144	56	13
Arizona:								
Phoenix .....	308	16	72	36	74	75	29	6
Prescott .....	102	6	18	9	18	37	11	3
Tucson .....	137	8	11	12	38	47	16	5
Arkansas:								
Fayetteville .....	88	3	5	11	20	32	14	3
Little Rock (Little Rock) .....	265	6	18	22	82	101	33	3
Little Rock (North Little Rock) .....	413	61	99	56	72	86	31	8
California:								
Fresno .....	116	9	23	13	23	39	8	1
Livermore .....	71	2	3	5	10	32	15	4
Loma Linda .....	202	12	35	25	50	54	19	7
Long Beach .....	485	43	82	61	129	117	42	11
Martinez .....	188	15	29	26	42	52	20	4
Palo Alto (Palo Alto) .....	532	52	94	47	119	157	44	19
Palo Alto (Menlo Park) .....	361	69	163	39	47	35	7	1
San Diego .....	238	24	44	27	58	67	15	3
San Francisco .....	154	18	21	22	30	42	19	2
Sepulveda .....	231	15	50	27	53	53	22	11
West Los Angeles (Brentwood) .....	356	68	129	50	48	44	14	3
West Los Angeles (Wadsworth) .....	303	17	29	36	88	91	29	13
Colorado:								
Denver .....	229	16	37	20	68	65	19	4
Fort Lyon .....	231	18	51	26	52	65	17	2
Grand Junction .....	59	6	6	12	14	15	6	.....
Connecticut:								
Newington .....	84	5	3	5	25	32	14	.....
West Haven .....	310	33	69	37	68	73	24	6
Delaware: Wilmington .....								
134	5	15	12	38	53	7	4	
District of Columbia: Washington .....								
367	45	74	39	84	92	23	10	
Florida:								
Bay Pines .....	380	24	74	39	94	95	39	15
Gainesville .....	315	15	65	35	80	83	34	3
Lake City .....	198	6	19	16	45	76	29	7
Miami .....	462	44	119	57	95	96	39	12
Tampa .....	331	26	49	37	95	90	31	3
Georgia:								
Atlanta .....	246	24	41	20	69	72	18	2
Augusta (Downtown) .....	220	14	24	20	61	84	16	1
Augusta (Uptown) .....	442	28	121	52	89	110	37	5
Dublin .....	235	13	31	23	50	86	23	9
Idaho: Boise .....								
69	6	12	4	13	24	8	2	
Illinois:								
Chicago (Lakeside) .....	236	16	21	19	69	75	32	4
Chicago (West Side) .....	323	34	49	33	76	103	26	2
Danville .....	562	19	63	39	120	210	82	29
Hines .....	587	60	102	70	146	160	40	9
Marion .....	101	2	3	8	30	38	15	5
North Chicago .....	681	51	137	95	151	167	71	9
Indiana:								
Fort Wayne .....	92	3	14	7	21	35	12	.....
Indianapolis (W. Tenth St.) .....	140	7	11	12	37	54	15	4
Indianapolis (Cold Spr. Dr.) .....	67	20	27	6	10	4	.....	.....
Marion .....	432	39	80	56	91	118	35	13
Iowa:								
Des Moines .....	98	.....	4	6	27	43	14	4
Iowa City .....	157	2	16	17	49	53	15	5
Knoxville .....	244	28	46	33	63	51	18	5
Kansas:								
Leavenworth .....	229	20	23	21	49	83	24	9
Topeka .....	464	41	133	59	84	101	38	8
Wichita .....	76	2	6	5	23	30	9	1
Kentucky:								
Lexington (Leestown) .....	351	4	23	24	95	133	51	21
Lexington (Cooper Drive) .....	196	6	22	13	58	67	25	5
Louisville .....	204	12	34	26	55	59	17	1

INPATIENT CARE

TABLE 16—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, by Age and State—September 30, 1989

Location	Total	Age						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Louisiana:								
Alexandria .....	200	9	26	18	65	62	13	7
New Orleans .....	263	18	51	39	80	63	11	1
Shreveport .....	178	12	25	13	45	63	18	2
Maine: Togus .....	216	14	45	22	61	53	18	3
Maryland:								
Baltimore .....	146	10	26	15	42	42	9	2
Fort Howard .....	163	12	21	10	41	52	20	7
Perry Point .....	552	48	71	57	152	164	54	6
Massachusetts:								
Bedford .....	505	35	63	37	135	169	50	16
Boston .....	313	19	55	31	84	83	33	8
Brockton (Brockton) .....	478	22	73	60	149	130	37	7
Brockton (West Roxbury) .....	118	7	8	9	30	54	8	2
Northampton .....	409	25	95	36	96	119	30	8
Michigan:								
Allen Park .....	305	23	53	35	85	90	13	6
Ann Arbor .....	182	10	34	18	47	54	14	5
Battle Creek .....	589	96	187	82	109	99	14	2
Iron Mountain .....	70	4	4	6	15	25	15	1
Saginaw .....	67	4	4	4	24	19	11	1
Minnesota:								
Minneapolis .....	399	22	48	27	111	144	41	6
St. Cloud .....	271	40	61	41	58	52	17	2
Mississippi:								
Biloxi (Biloxi) .....	196	4	8	21	74	71	15	3
Biloxi (Gulfport) .....	230	33	61	33	50	48	5	.....
Jackson .....	246	7	33	23	64	86	28	5
Missouri:								
Columbia .....	138	3	12	10	49	50	12	2
Kansas City .....	182	19	25	19	56	53	9	1
Poplar Bluff .....	72	1	5	4	20	29	9	4
St. Louis (John J. Cochran) .....	213	9	32	22	70	58	21	1
St. Louis (Jefferson Barracks) .....	234	41	62	30	40	42	16	3
Montana:								
Fort Harrison .....	108	7	12	11	27	28	21	2
Miles City .....	22	.....	1	1	6	9	5	.....
Nebraska:								
Grand Island .....	53	3	5	3	12	19	8	3
Lincoln .....	69	9	9	5	17	22	7	.....
Omaha .....	193	15	25	21	56	52	20	4
Nevada: Reno .....	84	4	12	8	22	26	9	3
New Hampshire: Manchester .....	60	6	8	8	13	16	9	.....
New Jersey:								
East Orange .....	458	33	65	48	115	142	38	17
Lyons .....	695	36	106	66	189	245	47	6
New Mexico: Albuquerque .....	210	10	45	22	57	53	19	4
New York:								
Albany .....	281	14	39	29	76	81	31	11
Batavia .....	116	.....	3	5	18	51	32	7
Bath .....	200	.....	16	13	35	66	54	16
Bronx .....	321	18	62	39	75	95	27	5
Brooklyn (Brooklyn) .....	452	30	60	44	102	136	59	21
Brooklyn (St. Albans) .....	72	1	3	2	16	29	19	2
Buffalo .....	464	15	61	19	106	178	65	20
Canandaigua .....	589	26	64	49	121	223	82	24
Castle Point .....	169	2	16	11	35	65	30	10
Montrose .....	546	52	156	68	110	132	21	7
New York .....	468	36	82	39	115	119	67	10
Northport .....	502	36	75	41	135	159	48	8
Syracuse .....	173	9	16	13	39	64	25	7
North Carolina:								
Asheville .....	257	5	10	18	84	96	34	10
Durham .....	208	9	26	24	63	73	13	.....
Fayetteville .....	196	15	26	11	45	73	24	2
Salisbury .....	664	61	80	69	151	228	60	15
North Dakota: Fargo .....	90	.....	6	9	22	37	11	5
Ohio:								
Chillicothe .....	448	35	66	50	108	143	37	9
Cincinnati .....	198	19	31	20	50	55	23	.....
Cleveland (Wade Park) .....	229	29	21	16	71	73	17	2
Cleveland (Brecksville) .....	218	40	70	26	40	31	7	4
Dayton .....	332	25	36	19	87	128	31	6

TABLE 16—Continued

## INPATIENT CARE

VA Medical Centers—Hospital Care Component: Patients Remaining, by Age and State—September 30, 1989

Location	Total	Age						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Oklahoma:								
Muskogee .....	122	3	10	8	31	51	17	2
Oklahoma City .....	215	14	33	23	63	64	12	6
Oregon:								
Portland (Portland) .....	252	15	24	31	62	89	18	13
Roseburg .....	146	18	34	14	28	40	9	3
Pennsylvania:								
Altoona .....	94	4	3	3	31	31	17	5
Butler .....	165	1	12	4	40	70	33	5
Coatesville .....	577	58	131	49	115	163	56	5
Erie .....	91	2	4	4	20	44	14	3
Lebanon .....	436	36	44	40	104	152	51	9
Philadelphia .....	269	14	38	22	73	94	24	4
Pittsburgh (Highland Drive) .....	463	35	71	50	124	137	42	4
Pittsburgh (University Drive) .....	274	7	9	20	80	110	41	7
Pittsburgh (U. Dr. Aspinwall) .....	54	1	1	3	10	24	13	2
Wilkes-Barre .....	304	14	26	19	79	111	49	6
Puerto Rico: San Juan .....	434	29	108	58	97	119	15	8
Rhode Island: Providence .....	155	9	18	7	35	62	18	6
South Carolina:								
Charleston .....	61	4	21	16	11	6	3	.....
Columbia .....	318	19	42	33	68	111	34	11
South Dakota:								
Fort Meade .....	202	20	45	18	45	46	20	8
Hot Springs .....	107	4	12	11	33	30	13	4
Sioux Falls .....	144	5	16	7	36	60	16	4
Tennessee:								
Memphis .....	482	60	78	54	121	124	37	8
Mountain Home .....	278	8	26	24	70	105	38	7
Murfreesboro .....	513	29	81	57	120	157	61	8
Nashville .....	230	12	19	37	72	74	13	3
Texas:								
Amarillo .....	91	3	7	6	27	29	17	2
Big Spring .....	86	7	21	7	22	22	5	2
Bonham .....	44	3	5	7	14	12	3	.....
Dallas .....	440	39	75	52	128	112	30	4
Houston .....	624	57	132	72	169	145	38	11
Kerrville .....	118	.....	9	6	29	48	18	8
Marlin .....	117	2	6	12	24	42	25	6
San Antonio .....	392	27	55	47	108	117	34	4
Temple .....	300	15	37	25	77	100	39	7
Waco .....	584	39	114	64	133	156	68	10
Utah: Salt Lake City .....	220	19	38	34	45	65	13	6
Vermont: White River Junction .....	74	2	8	3	18	35	7	1
Virginia:								
Hampton .....	250	26	47	28	57	69	19	4
Richmond .....	377	35	50	42	86	114	39	11
Salem .....	498	31	72	45	131	164	41	14
Washington:								
American Lake .....	179	14	44	22	29	53	11	6
Seattle .....	256	24	43	34	61	72	14	8
Spokane .....	63	2	3	4	20	25	6	3
Walla Walla .....	51	4	13	7	9	13	2	3
West Virginia:								
Beckley .....	96	1	9	4	23	51	6	2
Clarksburg .....	137	1	9	11	31	52	28	5
Huntington .....	111	.....	6	5	33	42	22	3
Martinsburg .....	234	7	18	14	54	98	34	9
Wisconsin:								
Madison .....	140	4	8	12	39	62	7	8
Milwaukee .....	345	30	51	29	94	108	25	8
Tomah .....	454	20	94	65	111	123	37	4
Wyoming:								
Cheyenne .....	43	5	6	6	8	12	4	2
Sheridan .....	219	26	64	30	43	39	13	4

NOTE: Annual Patient Census. This table as well as others in this hospital inpatient series includes all patients remaining in VA medical centers on the last day of the fiscal year. Approximately 2.8 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Manner of Disposition, Diagnostic Group—Fiscal Year 1989

Diagnostic Composition of Patients <sup>1</sup>	Total Discharges	Disposition			
		Regular	Irregular	Deaths	Transfers to VA or Non-VA Hospitals
All Discharges .....	1,014,795	893,748	43,730	42,258	35,059
Psychotic .....	92,701	73,657	13,042	1,145	4,857
Alcohol psychoses (291) .....	7,108	5,714	1,126	74	194
Drug psychoses (292) .....	1,525	1,138	356	2	29
Other psychoses (290, 293–299) .....	84,068	66,805	11,560	1,069	4,634
Other psychiatric .....	141,211	117,469	19,838	271	3,633
Alcohol dependence and abuse (303, 305.0) .....	85,918	71,987	12,048	74	1,809
Drug dependence and abuse (304, 305.1–305.9) .....	22,288	17,772	4,081	1	434
Other nonpsychotic mental disorders (300–302, 306–319) .....	33,005	27,710	3,709	196	1,390
Medical and surgical .....	780,883	702,622	10,850	40,842	26,569
All infectious and parasitic diseases (001–139) .....	16,526	12,747	339	3,075	365
Malignant neoplasms (140–208, 230–234) .....	85,962	69,128	726	12,663	3,445
Benign and unspecified neoplasms (210–229, 235–239) .....	14,130	13,514	101	105	410
Diabetes mellitus (250) .....	17,608	16,656	330	323	299
Other endocrine, nutritional, and metabolic diseases (240–246, 251–278) ...	11,887	10,952	160	569	206
Disorders involving the immune mechanisms (279) .....	161	155	1	2	3
Disorders of the blood and blood-forming organs (280–289) .....	9,012	8,447	159	212	194
Quadriplegia (344.0) .....	359	306	3	7	43
Paraplegia (344.1) .....	249	211	7	8	23
Other diseases of the nervous system (320–343, 344.2–359) .....	24,159	21,720	366	1,093	980
Diseases of the sense organs (360–389) .....	27,486	26,772	86	18	610
Heart diseases (391–392.0, 393–398, 402, 404, 410–414, 420–429) .....	107,173	93,987	1,700	5,186	6,300
Cerebrovascular diseases (430–438) .....	19,707	16,810	212	1,717	968
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415–417, 440–459) .....	37,186	34,353	466	1,197	1,170
Acute respiratory diseases (460–466, 480–487) .....	25,100	21,572	362	2,803	363
Chronic bronchitis and emphysema (491–492) .....	6,552	6,147	62	284	59
Other respiratory diseases (470–478, 490, 493–519) .....	46,071	40,260	581	4,337	893
Diseases of the oral cavity, salivary glands, and jaws (520–529) .....	4,230	4,104	28	6	92
Hernia of the abdominal cavity (550–553) .....	17,954	17,609	88	43	214
Alcohol-related liver diseases (571.0–571.3) .....	5,791	4,649	216	812	114
Other diseases of the digestive system (530–543, 555–570, 571.4–579) ...	60,536	55,478	1,040	2,412	1,606
Diseases of the male genital organs (600–608) .....	20,639	20,283	65	23	268
Other diseases of the genitourinary system (580–599) .....	29,945	27,086	283	1,157	1,419
Diseases of the breast, gynecological disorders, and complications of pregnancy (610–676) .....	1,597	1,563	7	.....	27
Diseases of the skin and subcutaneous tissue (680–709) .....	19,030	17,687	481	344	518
Diseases of the musculoskeletal system and connective tissue (710–739) ...	40,445	38,689	440	226	1,090
Congenital anomalies (740–759) .....	1,604	1,500	15	17	72
Symptoms, signs, and ill-defined conditions (780–799) .....	46,964	42,932	1,369	1,039	1,624
Injuries and poisonings (800–904, 910–999) .....	39,590	35,861	680	802	2,247
Late effects of injuries, poisonings, toxic effects, and other external causes (905–909) .....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health service (V01–V82) .	43,230	41,444	477	362	947
Supplementary classification of external causes of injury and poisoning (E800–E999) .....	.....	.....	.....	.....	.....

<sup>1</sup> 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. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

INPATIENT CARE

TABLE 18

VA Medical Centers—Hospital Care Component: Diagnostic Group by Age—Patients Discharged—Fiscal Year 1989

Diagnostic Group <sup>1</sup>	Total Diagnoses	Principal Diagnosis <sup>2</sup>	Associated Diagnoses <sup>3</sup>	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis						
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions .....	4,104,130	1,014,795	3,089,335	58.3	78,993	160,701	108,799	281,541	291,186	75,573	18,012
I. Infectious and parasitic diseases .....	106,236	16,526	89,710	55.2	2,125	3,633	1,823	3,536	3,638	1,298	473
Pulmonary tuberculosis (011) .....	3,146	1,360	1,786	57.3	75	230	203	445	317	78	12
Tuberculosis, other (010, 012-018) .....	554	247	307	53.2	27	70	28	52	55	12	3
Tuberculosis, late effects (137) .....	419	.....	419	( <sup>4</sup> )	.....	.....	.....	.....	.....	.....	.....
All other infectious and parasitic diseases (001-009, 020-136) .....	101,975	14,919	87,056	55.1	2,023	3,333	1,592	3,039	3,266	1,208	458
Late effects of other infectious and parasitic diseases (138-139) .....	142	.....	142	( <sup>4</sup> )	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms .....	216,749	100,092	116,657	64.6	1,285	3,779	7,923	35,017	40,472	9,915	1,701
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0) .....	7,975	5,085	2,890	62.1	8	264	676	2,179	1,631	284	43
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9) .....	19,317	13,363	5,954	65.6	36	349	1,036	4,690	5,557	1,386	309
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2) .....	32,769	21,177	11,592	64.7	21	408	1,708	8,502	8,671	1,731	136
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9) .....	4,918	3,315	1,603	63.1	21	105	348	1,421	1,222	160	38
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208) .....	14,254	7,395	6,859	61.3	382	635	680	2,381	2,576	649	92
Malignant neoplasm of genitourinary organs (179-189, 233) .....	29,049	16,986	12,063	68.1	160	239	596	4,666	8,071	2,718	536
Malignancies of all other systems (170-175, 190-199, 232, 234) .....	80,193	18,641	61,552	64.0	321	881	1,709	6,559	7,043	1,724	404
Neoplasms, benign (210-229) .....	22,137	11,356	10,781	63.2	274	702	962	3,735	4,602	982	99
Neoplasms of unspecified nature (235-239) .....	6,137	2,774	3,363	63.6	62	196	208	884	1,099	281	44
III. Endocrine, nutritional, and metabolic diseases and immunity diseases disorders .....	309,327	29,656	279,671	61.4	882	3,019	3,559	9,671	9,420	2,410	695
Diabetes mellitus (250) .....	142,561	17,608	124,953	59.8	582	2,002	2,382	6,162	5,342	1,019	119
Diseases of the endocrine glands (240-246, 251-259) .....	20,396	2,904	17,492	61.6	111	299	345	838	960	317	44
Gout (274) .....	12,721	945	11,776	64.1	12	63	77	319	357	88	29
Obesity (278.0-278.1) .....	22,330	341	21,989	56.4	9	59	72	119	72	10	.....
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8) .....	110,817	7,697	103,120	65.3	154	567	640	2,191	2,669	973	503
Disorders involving the immune mechanisms (279) .....	502	161	341	51.0	14	39	43	42	20	3	.....

See footnotes at end of table.

INPATIENT CARE  
 TABLE 18—Continued  
 VA Medical Centers—Hospital Care Component: Diagnostic Group by Age—Patients Discharged—Fiscal Year 1989

Diagnostic Group <sup>1</sup>	Total Diagnoses	Principal Diagnosis <sup>2</sup>	Associated Diagnoses <sup>3</sup>	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis						85 and Over
					Under 35	35-44	45-54	55-64	65-74	75-84	
IV. Diseases of the blood and blood-forming organs .....	97,831	9,012	88,819	63.5	329	840	752	2,451	3,137	1,172	331
Anemias (280-282.4, 282.7-285) .....	71,656	6,056	65,600	64.8	172	467	471	1,627	2,146	890	283
Sickle-cell trait and sickle-cell anemia (282.5-282.6) .....	690	194	496	41.4	41	111	22	12	7	1	.....
Other diseases of the blood and blood-forming organs (286-289) .....	25,485	2,762	22,723	62.1	116	262	259	812	984	281	48
V. Mental disorders .....	621,783	233,912	387,871	45.9	48,907	91,097	32,792	34,409	20,525	4,922	1,260
Alcohol psychosis (291) .....	39,338	7,108	26,230	52.1	711	1,966	1,233	1,805	1,176	206	11
Drug psychosis (292) .....	6,448	1,525	4,923	42.5	457	682	111	113	119	36	7
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294) .....	22,907	8,725	14,182	68.2	282	511	401	1,535	3,303	2,023	670
Schizophrenic disorders (295) .....	65,890	47,038	18,852	43.4	12,121	19,261	6,486	5,916	2,846	365	43
Other psychoses (296-299) .....	51,675	28,305	23,370	50.0	4,468	8,828	4,069	5,387	4,046	1,046	259
Neurotic disorders (300) .....	35,741	7,075	28,666	49.5	1,042	2,422	966	1,309	1,070	217	49
Personality disorders (301) .....	38,871	3,352	35,519	39.9	1,135	1,531	316	227	118	21	4
Alcohol dependence or abuse (303, 305.0) .....	192,308	85,918	106,390	45.7	15,925	32,866	15,665	15,391	5,604	438	29
Drug dependence or abuse (304, 305.1-305.9) .....	110,720	22,288	88,432	36.5	9,983	10,529	1,211	448	99	5	13
Other nonpsychotic mental disorders (302, 306-319) .....	63,885	22,578	41,307	45.8	2,783	12,501	2,334	2,278	1,942	565	175
VI. Diseases of the nervous system and sense organs .....	217,261	52,253	165,008	62.1	2,293	4,861	4,755	15,255	18,675	5,428	986
Quadriplegia (344.0) .....	5,101	359	4,742	49.4	75	86	52	70	62	11	3
Paraplegia (344.1) .....	6,319	249	6,070	50.3	33	71	43	52	45	5	.....
Epilepsy (345) .....	27,380	5,407	21,973	54.2	669	1,079	734	1,459	1,150	275	41
Disorders of the peripheral nervous system (350-359) .....	23,050	6,260	16,790	58.3	327	924	830	1,977	1,815	348	39
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349) .....	74,320	12,492	61,828	61.2	761	1,461	1,238	3,024	4,295	1,454	259
Glaucoma (365) .....	11,037	1,392	9,645	66.0	11	50	77	431	634	162	27
Cataract (366) .....	20,262	15,379	4,883	67.5	22	267	786	4,781	6,748	2,334	441
Blindness (369) .....	5,011	117	4,894	65.9	2	7	14	27	40	19	8
Disorders of the eye and adnexa (360-364, 367-368, 370-379) .....	29,023	7,474	21,549	63.5	189	481	614	2,421	2,950	686	133
Diseases of the ear and mastoid process (380-389) .....	15,758	3,124	12,634	58.2	204	435	367	1,013	936	134	35
VII. Diseases of the circulatory system .....	863,402	164,066	699,336	64.1	1,551	7,991	15,483	58,007	62,287	15,261	3,486
Chronic rheumatic heart disease (393-398) .....	4,498	869	3,629	62.6	21	53	92	313	310	69	11

See footnotes at end of table.

INPATIENT CARE

TABLE 18—Continued

VA Medical Centers—Hospital Care Component: Diagnostic Group by Age—Patients Discharged—Fiscal Year 1989

Diagnostic Group <sup>1</sup>	Total Diagnoses	Principal Diagnosis <sup>2</sup>	Associated Diagnoses <sup>3</sup>	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis					85 and Over	
					Under 35	35-44	45-54	55-64	65-74		75-84
Hypertensive disease without heart involvement (401, 403, 405) .....	205,831	8,617	197,214	60.8	191	893	1,093	2,989	2,786	600	65
Hypertensive heart disease (402, 404) .....	7,299	2,090	5,209	65.4	4	78	169	696	866	230	47
Acute myocardial infarction (410) .....	18,570	11,759	6,811	64.0	40	598	1,197	4,347	4,239	1,128	210
Other ischemic heart disease (411-414) .....	220,472	45,278	175,194	62.5	135	2,275	5,852	18,572	15,509	2,595	340
Other forms of heart disease (391, 392.0, 420-429) .....	223,082	47,177	175,905	66.2	441	1,656	3,110	14,755	19,400	5,969	1,846
Cerebrovascular diseases (430-438) .....	68,894	19,707	49,187	66.1	86	482	1,383	6,587	8,332	2,274	563
Atherosclerosis (440) .....	13,584	1,922	11,662	65.5	4	33	145	713	820	178	29
Other diseases of arteries, arterioles, and capillaries (441-448) ..	49,731	13,627	36,104	64.9	75	404	1,026	4,994	5,769	1,180	179
Varicose veins of lower extremities (454) .....	4,651	1,414	3,237	62.5	35	140	142	435	467	170	25
Hemorrhoids (455) .....	11,267	2,756	8,511	56.2	186	519	386	867	675	103	20
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459) .....	35,523	8,850	26,673	61.7	333	860	888	2,739	3,114	765	151
VIII. Diseases of the respiratory system .....	307,409	77,723	229,686	64.6	2,013	4,575	5,541	23,909	30,187	8,942	2,556
Acute respiratory infections (460-466) .....	20,057	5,371	14,686	62.8	220	367	457	1,710	2,013	499	105
Pneumonia and influenza (480-487) .....	42,917	19,729	23,188	65.9	581	1,512	1,319	4,827	7,148	2,930	1,412
Chronic bronchitis (491) .....	14,378	4,519	9,859	65.6	26	94	271	1,623	1,989	462	54
Empysema (492) .....	11,574	2,033	9,541	66.2	12	24	124	674	961	219	19
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519) .....	218,483	46,071	172,412	64.1	1,174	2,578	3,370	15,075	18,076	4,832	966
IX. Diseases of the digestive system .....	310,458	88,511	221,947	60.2	4,022	10,915	10,245	27,805	27,129	6,850	1,545
Diseases of oral cavity, salivary glands, and jaws (520-529) .....	41,378	4,230	37,148	56.3	417	632	551	1,294	1,111	184	41
Ulcers of the digestive system (530.2, 531-534) .....	32,134	7,459	24,675	61.6	248	777	816	2,385	2,422	650	161
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537) .....	44,692	9,134	35,558	60.9	335	1,072	988	2,932	2,895	756	156
Hernia of the abdominal cavity (550-553) .....	36,244	17,954	18,290	61.3	674	1,693	1,821	6,041	6,100	1,422	203
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579) .....	94,054	29,233	64,821	61.5	1,475	3,175	2,774	8,475	9,610	2,893	831
Alcohol-related liver disorders (571.0-571.3) .....	22,100	5,791	16,309	56.1	140	1,046	1,176	2,163	1,151	102	13
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577) .....	39,856	14,710	25,146	57.7	733	2,520	2,119	4,515	3,840	843	140
X. Diseases of the genitourinary system .....	194,585	52,154	142,431	63.7	1,729	3,783	4,107	15,339	19,847	5,812	1,537
Nephritis, nephrotic syndrome, and nephrosis (580-589) .....	32,827	6,217	26,610	61.5	211	667	678	1,918	1,996	587	160
Other diseases of the urinary system (590-599) .....	109,646	23,728	85,918	63.8	855	2,098	2,054	6,329	8,282	3,007	1,103
Diseases of the prostate (600-602) .....	34,363	14,686	19,677	67.6	26	86	401	4,667	7,444	1,847	215

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Diagnostic Group by Age—Patients Discharged—Fiscal Year 1989

Diagnostic Group <sup>1</sup>	Total Diagnoses	Principal Diagnosis <sup>2</sup>	Associated Diagnoses <sup>3</sup>	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis						85 and Over
					Under 35	35-44	45-54	55-64	65-74	75-84	
Other diseases of the male genital organs (603-608) .....	14,084	5,953	8,131	59.4	255	630	816	2,153	1,745	306	48
Disorders of breast and gynecological diseases (610-629) .....	3,665	1,570	2,095	50.7	382	302	158	272	380	65	11
XI. Complications of pregnancy, childbirth, and puerperium (630-676) .....	61	27	34	( <sup>4</sup> )	22	4	1	.....	.....	.....	.....
XII. Diseases of the skin and subcutaneous tissue .....	77,823	19,030	58,793	57.5	1,443	3,203	2,392	5,444	4,990	1,235	323
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698) .....	38,262	11,504	26,758	56.7	943	2,085	1,481	3,273	2,871	684	167
Other diseases of skin and subcutaneous tissue (700-709) .....	39,561	7,526	32,035	58.8	500	1,118	911	2,171	2,119	551	156
XIII. Diseases of the musculoskeletal system and connective tissue .....	159,737	40,445	119,292	56.7	3,653	6,622	5,127	11,600	10,930	2,128	385
Osteoarthritis and allied disorders (715) .....	35,564	5,774	29,790	63.4	140	405	452	1,830	2,347	513	87
Other arthropathies and related disorders (710-714, 716-719) .....	32,360	7,280	25,080	52.8	1,302	1,365	831	1,746	1,691	297	48
Dorsopathies (720-724) .....	46,876	13,447	33,429	55.4	1,044	2,662	2,119	3,865	3,060	606	91
Rheumatism, excluding the back (725-729) .....	18,645	6,383	12,262	57.6	468	954	771	1,989	1,844	302	55
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739) .....	26,292	7,561	18,731	56.7	699	1,236	954	2,170	1,988	410	104
XIV. Congenital deformities (740-759) .....	6,941	1,604	5,337	56.9	157	251	185	440	446	105	20
XVI. Symptoms, signs, and ill-defined conditions (780-799) .....	217,578	46,964	170,614	60.4	2,157	5,740	5,479	14,397	14,365	3,739	1,087
XVII. Injury and poisoning .....	122,329	39,590	82,739	57.2	4,105	6,434	4,322	10,626	10,335	2,863	905
Fracture of skull (800-804) .....	2,358	1,304	1,054	44.5	344	491	164	177	99	20	9
Fracture of neck and trunk (805-809) .....	4,197	1,537	2,660	59.0	133	233	164	387	405	152	63
Fracture of upper and lower limb (810-829) .....	13,280	7,755	5,525	59.8	658	1,157	784	1,916	1,989	837	414
Dislocations, sprains, and strains of joints and adjacent muscles (830-848) .....	6,384	3,315	3,069	50.7	683	700	375	854	605	83	15
Intracranial injury, excluding those with skull fracture (850-854) .....	2,651	1,431	1,220	54.4	251	273	159	273	307	107	61
Internal injury of chest, abdomen, and pelvis (860-869) .....	1,193	463	730	54.3	62	90	69	109	95	32	6
Open wounds (870-897) .....	7,864	2,367	5,497	49.4	458	684	303	485	319	92	26
Burns (940-949) .....	2,079	775	1,304	55.2	85	144	100	229	165	43	9

See footnotes at end of table.

INPATIENT CARE

TABLE 18—Continued  
VA Medical Centers—Hospital Care Component: Diagnostic Group by Age—Patients Discharged—Fiscal Year 1989

Diagnostic Group <sup>1</sup>	Total Diagnoses	Principal Diagnosis <sup>2</sup>	Associated Diagnoses <sup>3</sup>	Average Age (Principal Diagnosis)	Age Group of Principal Diagnosis						
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
Poisoning by drugs, medicinal, and biological substances (960-979) .....	6,678	2,059	4,619	54.5	267	472	204	476	475	145	20
Toxic effects of substances chiefly nonmedical as to source (980-989) .....	972	295	677	49.9	51	81	47	67	42	4	3
All other injuries (900-904, 910-939, 950-959, 990-995) .....	15,283	3,492	11,791	57.5	371	540	380	906	944	277	74
Complications of surgical and medical care, NEC (996-999) .....	47,869	14,797	33,072	60.4	742	1,569	1,573	4,747	4,890	1,071	205
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) .....	11,521	.....	11,521	( <sup>4</sup> )	.....	.....	.....	.....	.....	.....	.....
XVIII. Factors influencing health status and contact with health services (V01-V82) .....	274,620	43,230	231,390	61.0	2,310	3,954	4,313	13,635	14,803	3,493	722

<sup>1</sup> 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 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.

<sup>2</sup> Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.

<sup>3</sup> Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.

<sup>4</sup> Average age not calculated for totals of less than 100 cases.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay  
Fiscal Year 1989

Type of Patient and Age Group	Total			Short Term <sup>2</sup>		Length of Stay (Days)											731-Plus	Total Days	
	Patients	Average Days	Median Days <sup>1</sup>	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
All Patients .....	1,014,795	18.4	7.6	12.1	98.2	92,812	206,257	230,138	204,008	97,602	77,627	68,036	16,930	13,085	3,348	1,536	1,909	1,507	18,627,833
Under 25 .....	6,477	15.0	6.2	11.1	98.0	912	1,568	1,361	860	583	570	392	83	98	24	15	7	4	97,173
25-29 .....	22,551	16.4	8.6	13.6	98.6	2,551	4,085	4,300	3,512	2,601	2,932	2,932	330	260	63	25	26	8	370,453
30-34 .....	49,855	17.0	9.4	14.0	98.6	5,256	8,122	9,824	8,324	5,931	6,588	4,206	780	562	125	69	47	21	847,070
35-39 .....	75,981	17.4	9.1	14.0	98.4	7,693	12,753	15,465	12,908	8,466	9,324	6,592	1,359	986	252	82	86	41	1,319,634
40-44 .....	84,720	17.7	8.6	13.6	98.3	8,335	15,469	17,303	14,703	8,955	9,428	7,106	1,542	1,170	252	100	120	57	1,501,866
45-49 .....	49,442	16.8	7.4	12.2	98.4	4,946	10,228	11,035	10,475	4,540	4,501	3,473	766	588	138	61	67	54	828,299
50-54 .....	59,357	16.6	7.2	11.5	98.5	5,595	12,922	13,938	11,477	5,293	4,437	3,758	876	658	169	72	85	77	907,819
55-59 .....	110,649	16.5	7.2	11.2	98.5	9,955	24,559	26,157	22,494	10,010	7,184	6,707	1,613	1,202	329	135	174	130	1,829,907
60-64 .....	170,892	16.8	7.2	11.1	98.4	15,140	37,837	41,033	36,164	15,265	9,949	9,767	2,620	1,871	490	243	284	229	2,873,169
65-69 .....	180,085	18.7	7.2	11.2	98.2	16,146	38,993	42,899	38,692	16,086	10,202	10,374	2,906	2,246	577	282	349	333	3,363,967
70-74 .....	111,101	20.3	7.6	11.7	97.8	9,386	23,084	25,899	24,227	10,423	6,373	6,892	2,038	1,606	441	205	279	248	2,249,894
75-79 .....	54,082	23.2	8.3	12.6	97.0	4,172	10,216	12,096	12,097	5,950	3,450	3,773	1,111	1,025	305	134	200	153	1,254,360
80-84 .....	21,491	25.8	9.1	13.1	96.5	1,561	3,765	4,662	5,044	2,151	1,406	1,613	462	459	120	68	100	80	554,270
85 and over .....	18,012	30.5	9.8	13.9	96.8	1,164	2,656	4,066	4,371	1,948	1,283	1,435	444	354	89	45	85	72	549,950
Psychotic .....	92,701	54.5	17.2	20.7	93.0	4,942	6,867	13,106	17,441	12,770	12,336	13,906	4,079	3,669	1,162	632	893	898	5,055,913
Under 25 .....	927	22.3	14.7	18.7	97.6	74	65	140	192	151	110	139	28	20	6	2	.....	.....	20,705
25-29 .....	5,053	24.1	14.2	18.4	97.0	366	465	795	1,017	689	663	717	164	113	38	10	13	3	121,661
30-34 .....	12,059	25.3	14.0	18.2	96.6	926	930	2,029	2,478	1,682	1,580	1,555	403	323	63	43	33	14	304,712
35-39 .....	16,574	26.7	14.7	18.7	96.6	1,147	1,364	2,696	3,259	2,411	2,255	2,265	559	424	110	226	50	27	442,926
40-44 .....	14,674	32.1	15.4	19.2	95.8	845	1,223	2,260	2,886	2,126	2,048	2,064	500	455	106	53	65	43	470,860
45-49 .....	6,790	37.1	16.6	20.2	94.9	320	561	1,000	1,292	947	1,039	934	308	232	31	31	33	32	251,714
50-54 .....	5,510	51.2	18.4	21.4	92.7	270	371	781	987	782	791	865	251	234	77	39	49	52	282,365
55-59 .....	7,156	63.7	20.5	23.3	91.4	286	435	862	1,195	1,009	1,020	1,286	375	343	113	61	91	80	455,682
60-64 .....	7,600	85.4	21.1	23.8	88.8	255	514	855	1,319	963	936	1,350	449	407	154	96	148	134	648,865
65-69 .....	7,316	116.8	22.9	24.8	86.5	226	455	760	1,215	912	899	1,292	484	467	173	96	140	197	854,419
70-74 .....	4,376	127.0	23.4	24.6	84.0	110	265	487	711	531	498	738	293	234	77	70	109	149	555,888
75-79 .....	2,560	129.2	23.9	24.8	82.0	65	138	254	467	296	282	396	159	210	70	35	91	88	330,739
80-84 .....	1,116	126.0	22.8	23.9	81.2	33	76	106	219	114	110	171	63	84	43	24	29	44	140,598
85 and over .....	990	176.5	20.5	22.5	83.2	19	44	121	204	137	105	134	48	64	21	16	42	35	174,779
Other Psychiatric .....	141,211	20.6	14.2	17.0	98.6	10,090	15,554	25,142	22,225	20,208	27,498	15,800	2,308	1,663	340	146	138	99	2,909,182
Under 25 .....	1,756	17.6	14.5	16.1	98.3	116	201	335	241	297	385	151	13	11	4	.....	1	1	30,939
25-29 .....	8,652	19.3	16.6	17.8	98.1	617	752	1,313	1,294	1,513	2,025	924	111	78	14	8	2	1	166,955
30-34 .....	20,460	18.5	15.2	16.9	98.3	1,510	2,126	3,373	3,117	3,358	4,451	2,089	244	134	37	15	4	2	377,902
35-39 .....	30,119	19.1	14.4	17.0	98.7	2,375	3,352	5,126	4,603	4,321	5,995	3,333	531	368	75	22	14	4	574,579
40-44 .....	29,730	20.4	15.0	17.9	98.5	2,267	3,176	4,890	4,493	4,171	5,820	3,680	649	461	66	20	25	3	605,357
45-49 .....	11,299	19.0	13.7	16.7	98.7	859	1,304	2,107	1,697	1,451	2,227	1,318	153	134	25	14	9	1	214,301
50-54 .....	9,193	18.7	12.7	16.0	99.1	598	1,167	1,878	1,418	1,204	1,720	987	114	75	15	5	7	4	171,818
55-59 .....	10,403	20.8	13.0	16.2	98.8	645	1,267	2,049	1,713	1,387	1,882	1,184	127	96	26	7	12	8	216,572
60-64 .....	9,250	21.8	12.2	15.8	98.6	545	1,088	2,018	1,608	1,199	1,523	972	147	91	28	8	9	14	201,360
65-69 .....	6,345	28.8	12.3	15.9	97.4	370	761	1,287	1,214	764	975	680	113	85	25	19	22	30	182,526
70-74 .....	2,488	32.8	13.1	16.7	96.1	126	251	499	498	349	312	292	54	69	10	7	9	12	81,579
75-79 .....	948	39.5	14.5	19.0	94.1	41	76	179	191	121	116	127	30	40	5	7	8	7	37,446
80-84 .....	298	73.6	16.8	20.2	89.3	13	14	40	71	44	31	34	16	16	6	1	7	5	21,924
85 and over .....	270	96.0	14.4	17.4	89.3	8	19	47	67	20	36	29	6	5	4	4	9	7	25,924
Medical and Surgical .....	780,883	13.7	6.7	10.2	98.7	77,780	183,836	191,890	164,342	64,624	37,793	36,330	10,543	7,753	1,846	758	878	510	10,662,738
Under 25 .....	3,794	12.0	3.8	6.9	97.5	722	1,302	886	427	135	75	102	42	67	14	13	6	3	45,529
25-29 .....	8,846	9.3	4.0	6.8	98.0	1,568	2,868	2,192	1,201	399	244	217	55	69	11	7	11	4	81,837
30-34 .....	17,436	9.4	4.7	7.6	99.3	2,820	5,066	4,522	2,729	891	557	562	133	105	25	11	10	5	164,456

See footnotes at end of table.

TABLE 19—Continued  
 VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay  
 Fiscal Year 1988

Type of Patient and Age Group	Total		Short Term <sup>2</sup>		Length of Stay (Days)													Total Days	
	Patients	Average Days	Median Days <sup>1</sup>	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
35-39	29,288	10.3	5.2	8.2	99.2	4,171	8,037	7,683	5,046	1,734	1,074	994	269	194	41	13	22	10	302,129
40-44	40,316	10.6	5.5	8.5	99.1	5,223	11,070	10,153	7,414	2,658	1,560	1,452	393	254	80	18	30	11	425,651
45-49	31,353	11.6	5.8	8.9	99.1	3,767	8,363	7,928	6,056	2,142	1,235	1,221	305	222	52	16	25	21	362,284
50-54	44,654	12.0	6.2	9.4	99.0	4,727	11,423	11,278	9,072	3,307	1,926	1,906	511	349	77	28	29	21	533,636
55-59	93,090	12.4	6.5	9.8	99.0	9,024	22,857	23,246	19,586	7,614	4,282	4,237	1,111	763	190	67	71	42	1,157,653
60-64	154,042	13.1	6.8	10.2	98.9	14,340	36,235	38,160	33,237	13,083	7,490	7,445	2,024	1,373	308	139	127	81	2,022,944
65-69	166,424	14.0	6.9	10.5	98.7	15,550	37,777	40,852	36,263	14,410	8,328	8,402	2,309	1,694	379	167	187	106	2,327,022
70-74	104,237	15.5	7.2	11.1	98.4	9,150	22,568	24,913	23,018	9,543	5,563	5,862	1,696	1,244	313	119	161	87	1,612,427
75-79	50,574	17.5	7.8	12.0	97.8	4,066	10,002	11,663	11,439	4,933	3,052	3,250	922	775	221	92	101	58	886,175
80-84	20,077	19.5	8.4	12.5	97.5	1,515	3,675	4,516	4,754	1,993	1,265	1,408	383	359	71	43	64	31	391,748
85 and over	16,752	20.8	9.3	13.5	97.8	1,137	2,593	3,898	4,100	1,782	1,142	1,272	390	285	64	25	34	30	349,247

<sup>1</sup> One-half of the discharges in the given category have length of stay greater than the median; the other half less than the median.  
<sup>2</sup> Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.  
 NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Group—Fiscal Year 1989

TABLE 20

Diagnostic Composition of Patients <sup>1</sup>	Age Group							Marital Status					Unknown <sup>2</sup>	
	Total	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Never Married	Married	Separated	Widowed		Divorced
All discharges	1,014,795	78,983	160,701	108,799	281,541	291,186	75,573	18,012	131,900	506,289	68,831	75,882	226,240	5,653
Psychotic	92,701	18,039	31,248	12,300	14,756	11,892	3,676	990	29,892	26,164	8,510	3,846	23,471	818
Alcohol psychoses (291)	7,108	711	1,966	1,233	1,805	1,176	206	11	1,275	1,850	769	439	2,727	48
Drug psychoses (282)	1,525	457	682	111	113	119	36	7	431	483	191	39	372	0
Other psychoses (290, 293-299)	84,068	16,871	28,600	10,956	12,837	10,397	3,434	972	28,186	23,831	7,550	3,368	20,372	761
Other psychiatric	141,211	30,868	59,849	20,482	19,653	8,833	1,246	270	27,173	40,771	17,995	4,824	49,993	465
Alcohol dependence and abuse (303, 305.0)	85,918	15,925	32,866	15,665	15,391	5,604	438	29	16,165	21,148	10,644	3,385	34,359	217
Drug dependence and abuse (304, 305.1-305.9)	22,288	9,983	10,529	1,211	448	99	5	13	6,118	5,879	4,032	271	5,873	115
Other nonpsychotic mental disorders (300-302, 306-319)	33,005	4,960	16,454	3,616	3,814	3,130	803	228	4,890	13,744	3,309	1,168	9,761	133
Medical and surgical	780,883	30,076	69,604	76,007	247,132	270,651	70,651	16,752	74,835	438,354	42,336	67,212	152,776	4,370
All infectious and parasitic diseases (001-139)	16,526	2,125	3,638	1,823	3,536	3,638	1,293	473	3,776	6,556	1,510	1,261	3,311	112
Malignant neoplasms (140-208, 230-234)	85,962	949	2,881	6,753	30,398	34,771	8,652	1,558	7,180	49,334	4,385	8,281	16,376	406
Benign and unspecified neoplasms, (210-229, 235-239)	14,130	336	898	1,170	4,619	5,701	1,263	143	1,173	8,724	625	1,032	2,519	57
Diabetes mellitus (250)	17,608	582	2,002	2,382	6,162	5,342	1,019	119	1,772	9,739	1,070	1,388	3,554	85
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278)	11,887	286	978	1,134	3,467	4,058	1,388	576	1,276	6,220	701	1,313	2,301	76
Disorders involving the immune mechanisms (279)	161	14	39	43	42	20	3	.....	3	117	19	4	18	.....
Diseases of the blood and blood-forming organs (280-289)	9,012	329	840	752	2,451	3,137	1,172	331	1,165	4,744	591	895	1,593	24
Quadruplegia (344.0)	359	75	86	52	70	62	11	3	78	163	17	17	72	12
Paraplegia (344.1)	249	33	71	43	52	45	5	.....	49	112	16	6	57	9
Other diseases of the nervous system (320-343, 344.2-359)	24,159	1,757	3,464	2,802	6,460	7,260	2,077	339	2,597	14,078	1,263	1,589	4,455	177
Diseases of the sense organs (360-389)	27,486	428	1,240	1,858	6,673	11,308	3,335	644	2,237	16,168	1,357	2,617	4,899	208
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	107,173	641	4,660	10,420	38,683	40,324	9,991	2,454	6,944	67,814	4,774	9,239	17,905	497
Cerebrovascular diseases (430-438)	19,707	86	482	1,383	6,587	8,332	2,274	563	1,286	12,147	864	1,899	3,393	118
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	37,186	824	2,849	3,680	12,737	13,631	2,996	469	3,265	21,016	1,971	3,237	7,502	195
Acute respiratory diseases (460-466, 480-487)	25,100	801	1,879	1,776	6,537	9,161	3,429	1,517	2,576	12,910	1,426	3,068	4,957	163
Chronic bronchitis and emphysema (491-492)	6,552	38	118	395	2,297	2,950	681	73	471	3,640	343	725	1,351	22
Other respiratory diseases (470-478, 490, 493-519)	46,071	1,174	2,578	3,370	15,075	18,076	4,832	966	3,956	25,072	2,359	4,677	9,762	245
Diseases of the oral cavity, salivary glands, and jaws (520-529)	4,230	417	632	551	1,294	1,111	184	41	516	2,235	316	268	863	32
Hernia of the abdominal cavity (550-553)	17,954	674	1,693	1,821	6,041	6,100	1,422	203	1,822	9,950	997	1,345	3,762	78
Alcohol-related liver diseases (571.0-571.3)	5,795	140	1,046	1,176	2,163	1,151	102	13	676	2,166	448	439	2,028	34
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	60,536	2,791	7,544	6,697	18,307	18,767	5,142	1,288	6,270	32,607	3,583	4,914	12,858	304
Diseases of the male genital organs (600-608)	20,639	281	716	1,217	6,820	9,189	2,153	263	1,475	13,116	969	1,596	3,357	126
Other diseases of the genitourinary system (580-599)	29,945	1,066	2,765	2,732	8,247	10,278	3,594	1,263	2,921	17,444	1,458	2,811	5,120	191
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676)	1,597	404	306	159	272	380	65	11	244	698	134	128	386	7
Diseases of the skin and subcutaneous tissue (680-709)	19,030	1,443	3,203	2,392	5,444	4,990	1,235	323	2,760	8,657	1,394	1,514	4,577	128
Diseases of the musculoskeletal system and connective tissue (710-739)	40,445	3,653	6,622	5,127	11,600	10,930	2,128	385	3,655	23,777	2,123	2,416	8,250	224
Congenital anomalies (740-759)	1,604	157	251	185	440	446	105	20	179	885	105	109	315	11
Symptoms, signs, and ill-defined conditions (780-799)	46,964	2,157	5,740	5,479	14,397	14,365	3,739	1,087	4,471	26,321	2,684	3,798	9,451	239
Injuries and poisonings (800-904, 910-999)	39,590	4,105	6,434	4,322	10,626	10,335	2,863	905	5,203	19,013	2,597	3,053	9,412	312
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health services (V01-V82)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Supplementary classification of external causes of injury and poisoning (E800-E999)	43,230	2,310	3,954	4,313	13,635	14,803	3,493	722	4,839	23,931	2,237	3,573	8,372	278

<sup>1</sup>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 Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.  
<sup>2</sup>Includes all records for which data are unavailable or unknown.  
 NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

TABLE 21

## INPATIENT CARE

VA Medical Centers—Hospital Care Component: Patients Remaining,  
Type of Patient, Compensation and Pension Status,  
Age—September 30, 1989

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non-Veterans <sup>2</sup>
		Total	10% or More	Less Than 10%	NSC With SC <sup>1</sup>	Total	Pension	No Claim Pending	
All Patients .....	44,424	15,120	6,631	340	8,149	29,133	6,905	22,228	171
Under 35 .....	3,227	1,026	647	12	367	2,072	55	2,017	129
35-44 .....	7,215	3,028	1,761	62	1,205	4,168	435	3,733	19
45-54 .....	4,532	1,458	797	29	632	3,067	299	2,768	7
55-64 .....	10,854	3,058	1,345	61	1,652	7,787	2,307	5,480	9
65-74 .....	13,324	4,816	1,626	115	3,075	8,504	2,627	5,877	4
75-84 .....	4,267	1,472	394	33	1,045	2,792	896	1,896	3
85 and over .....	1,005	262	61	28	173	743	286	457	.....
Psychotic .....	12,390	5,585	3,911	98	1,576	6,785	2,000	4,785	20
Under 35 .....	1,186	631	498	4	129	539	30	509	16
35-44 .....	2,539	1,421	1,114	18	289	1,117	223	894	1
45-54 .....	1,474	663	499	12	152	810	115	695	1
55-64 .....	2,857	1,117	800	25	292	1,740	703	1,037	.....
65-74 .....	3,174	1,354	841	22	491	1,818	672	1,146	2
75-84 .....	958	348	145	10	193	610	191	419	.....
85 and over .....	202	51	14	7	30	151	66	85	.....
Other psychiatric .....	7,051	1,934	796	51	1,087	5,091	448	4,643	26
Under 35 .....	1,347	192	58	3	131	1,133	6	1,127	22
35-44 .....	2,944	1,007	426	31	550	1,933	64	1,869	4
45-54 .....	961	220	95	6	119	741	32	709	.....
55-64 .....	1,009	245	98	2	145	764	169	595	.....
65-74 .....	586	212	96	6	110	374	118	256	.....
75-84 .....	162	47	20	2	25	115	43	72	.....
85 and over .....	42	11	3	1	7	31	16	15	.....
Medical and surgical .....	24,983	7,601	1,924	191	5,486	17,257	4,457	12,800	125
Under 35 .....	694	203	91	5	107	400	19	381	91
35-44 .....	1,732	600	221	13	366	1,118	148	970	14
45-54 .....	2,097	575	203	11	361	1,516	152	1,364	6
55-64 .....	6,988	1,696	447	34	1,215	5,283	1,435	3,848	9
65-74 .....	9,564	3,250	689	87	2,474	6,312	1,837	4,475	2
75-84 .....	3,147	1,077	229	21	827	2,067	662	1,405	3
85 and over .....	761	200	44	20	136	561	204	357	.....

<sup>1</sup> Veterans with compensable service-connected disabilities but treated for nonservice-connected disabilities only.

<sup>2</sup> 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 classified as a nonveteran.

NOTE: Annual Patient Census. This table as well as others in this hospital inpatient series includes all patients remaining in VA medical centers on the last day of the fiscal year. Approximately 2.8 percent of the records were incomplete and, therefore, unavailable for inclusion in this table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age—Fiscal Year 1989

Type of Patient and Age Group	All Patients	Service-Connected				Nonservice-Connected			Non-veterans <sup>2</sup>
		Total	10% or More	Less Than 10%	NSC With SC <sup>1</sup>	Total	Pension	No Claim Pending	
All patients	1,014,795	332,166	99,251	8,916	223,999	676,556	139,561	536,995	6,073
Under 35	78,983	24,927	12,243	495	12,189	50,982	1,284	49,698	3,074
35-44	160,701	62,130	27,421	1,115	33,594	97,584	6,949	90,635	987
45-54	108,799	31,734	11,765	640	19,329	76,573	6,580	69,993	492
55-64	281,541	74,280	18,992	1,979	53,309	206,585	50,069	156,516	676
65-74	291,186	107,325	22,640	3,227	81,458	183,213	52,942	130,271	648
75-84	75,573	27,068	5,198	884	20,986	48,337	15,999	32,338	168
85 and over	18,012	4,702	992	576	3,134	13,282	5,738	7,544	28
Psychotic	92,701	43,995	28,815	701	14,479	48,303	10,008	38,295	403
Under 35	18,039	9,528	6,951	130	2,447	8,239	438	7,801	272
35-44	31,248	16,924	11,577	210	5,137	14,255	2,223	12,032	69
45-54	12,300	5,339	3,731	69	1,539	6,945	982	5,963	16
55-64	14,756	5,527	3,339	106	2,082	9,211	3,192	6,019	18
65-74	11,692	5,069	2,672	125	2,272	6,605	2,147	4,458	18
75-84	3,676	1,325	466	38	821	2,344	732	1,612	7
85 and over	990	283	79	23	181	704	294	410	3
Other psychiatric	141,211	36,418	12,383	741	23,294	103,638	8,471	95,167	1,155
Under 35	30,868	5,033	1,263	78	3,692	24,912	280	24,632	923
35-44	59,849	19,461	7,701	385	11,375	40,234	1,312	38,922	154
45-54	20,492	4,274	1,310	88	2,876	16,176	796	15,380	42
55-64	19,653	4,119	1,042	98	2,979	15,510	3,580	11,930	24
65-74	8,833	3,026	924	72	2,030	5,800	2,117	3,683	7
75-84	1,246	444	129	13	302	801	305	496	1
85 and over	270	61	14	7	40	205	81	124	4
Medical and surgical	780,883	251,753	58,053	7,474	186,226	524,615	121,082	403,533	4,515
Under 35	30,076	10,366	4,029	287	6,050	17,831	566	17,265	1,879
35-44	69,604	25,745	8,143	520	17,082	43,095	3,414	39,681	764
45-54	76,007	22,121	6,724	483	14,914	53,452	4,802	48,650	434
55-64	247,132	64,634	14,611	1,775	48,248	181,864	43,297	138,567	634
65-74	270,661	99,230	19,044	3,030	77,156	170,808	48,678	122,130	623
75-84	70,651	25,299	4,603	833	19,863	45,192	14,962	30,230	160
85 and over	16,752	4,358	899	546	2,913	12,373	5,363	7,010	21

<sup>1</sup> Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.

<sup>2</sup> All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran who is admitted as an Office of Workers Compensation Program case is classified as a nonveteran.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Gender—Fiscal Year 1989

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 . . . . .	1,014,795	92,701	141,211	780,883	22,732	3,557	2,417	16,758	992,063	89,144	138,794
Service-connected . . . . .	108,167	29,516	13,124	65,527	3,310	1,286	291	1,733	104,857	28,230	12,833	63,794
10% or more . . . . .	99,251	28,815	12,383	58,053	3,132	1,258	282	1,592	96,119	27,557	12,101	56,461
Less than 10% . . . . .	8,916	701	741	7,474	178	28	9	141	8,738	673	732	7,333
Non-service-connected												
(NSC) with SC <sup>1</sup> . . . . .	223,999	14,479	23,294	186,226	4,433	464	425	3,544	219,566	14,015	22,869	182,682
NSC with pension . . . . .	139,561	10,008	8,471	121,082	2,558	389	117	2,052	137,003	9,619	8,354	119,030
NSC no claim pending . . . . .	536,995	38,295	95,167	403,533	10,610	1,360	1,450	7,800	526,385	36,935	93,717	395,733
Nonveterans <sup>2</sup> . . . . .	6,073	403	1,155	4,515	1,821	58	134	1,629	4,252	345	1,021	2,886

<sup>1</sup> Veterans with compensable service-connected disabilities but treated for non-service-connected disability only.

<sup>2</sup> This group includes all patients other than veterans, such as active duty military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran admitted as an Office of Workers Compensation Program case is coded as a nonveteran.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

VA Medical Centers—Hospital Care Component: Patients Discharged,  
Type of Patient, Percent Hospitalized in Reported State of Residence—Fiscal Year 1989

Reported State of Residence	All Discharges			Type of Patient						
	Total	Hospitalized in Same State		Total	Medical and Surgical		Psychotic		Other Psychiatric	
		Number	Percent		Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State	Total	Percent Hospitalized in Same State	
Total	1,014,795	895,351	88.2	780,883	88.1	92,701	90.3	141,211	87.4	
United States	1,001,991	882,970	88.1	771,412	88.0	89,943	90.0	140,636	87.3	
Alabama	20,022	17,798	88.9	14,143	89.3	2,777	91.9	3,102	84.3	
Alaska	191	.....	.....	173	.....	1	.....	17	.....	
Arizona	20,785	19,978	96.1	16,448	96.5	1,344	94.5	2,993	94.7	
Arkansas	22,554	19,539	86.6	18,116	85.8	1,977	91.5	2,461	88.7	
California	86,335	84,607	98.0	66,313	98.3	9,829	97.7	10,193	96.2	
Colorado	11,684	10,392	88.9	8,763	91.2	984	93.3	1,937	76.6	
Connecticut	8,409	7,783	92.6	6,052	94.0	776	90.3	1,581	88.2	
Delaware	2,334	1,743	74.7	1,855	87.8	166	35.5	313	17.6	
District of Columbia	5,092	4,836	95.0	3,879	97.5	375	88.3	838	86.4	
Florida	52,364	49,017	93.6	42,099	94.4	4,117	88.9	6,148	91.2	
Georgia	26,805	21,076	78.6	20,514	79.0	2,409	73.3	3,882	79.8	
Hawaii	57	.....	.....	30	.....	6	.....	21	.....	
Idaho	4,912	2,898	59.0	4,166	57.6	290	80.7	456	58.1	
Illinois	50,324	42,796	85.0	38,595	84.0	4,567	88.7	7,162	88.4	
Indiana	19,390	12,908	66.6	15,231	65.1	1,497	68.9	2,662	73.9	
Iowa	13,894	11,249	81.0	11,005	79.7	953	85.8	1,936	85.8	
Kansas	13,646	10,895	79.8	10,479	78.1	1,321	87.9	1,846	84.1	
Kentucky	21,503	16,205	75.4	18,002	75.5	1,296	77.2	2,205	73.3	
Louisiana	22,150	20,592	93.0	18,248	94.5	1,482	84.9	2,420	86.6	
Maine	4,760	4,341	91.2	2,955	87.9	611	96.2	1,194	96.7	
Maryland	15,731	10,294	65.4	10,937	62.7	1,249	73.9	3,545	71.0	
Massachusetts	20,216	18,041	89.2	13,084	86.7	2,155	94.0	4,977	93.8	
Michigan	25,547	24,314	95.2	17,694	95.1	3,512	96.9	4,341	94.2	
Minnesota	19,402	16,477	84.9	15,472	83.4	1,740	90.3	2,190	91.2	
Mississippi	17,267	13,910	80.6	14,295	80.9	1,224	80.6	1,748	78.0	
Missouri	28,503	24,211	84.9	22,766	85.7	1,982	84.3	3,755	80.4	
Montana	6,881	5,197	75.5	5,558	77.8	298	55.0	1,025	69.1	
Nebraska	12,182	10,723	88.0	9,571	87.7	1,176	92.8	1,435	86.1	
Nevada	4,859	2,951	60.7	3,970	58.9	289	53.3	600	76.7	
New Hampshire	4,696	2,535	54.0	3,820	52.6	233	53.2	643	62.2	
New Jersey	16,264	13,220	81.3	10,748	80.5	1,925	82.4	3,591	83.1	
New Mexico	7,292	6,695	91.8	5,599	94.0	407	84.0	1,286	84.8	
New York	65,350	63,789	97.6	49,630	97.9	5,738	97.4	9,982	96.6	
North Carolina	26,642	24,743	92.9	19,814	93.0	1,914	92.3	4,914	92.7	
North Dakota	2,658	1,912	71.9	2,119	76.9	222	66.7	317	42.3	
Ohio	34,373	29,750	86.6	24,439	84.2	4,885	94.5	5,049	90.4	
Oklahoma	15,431	13,257	85.9	13,037	88.7	748	70.1	1,646	70.7	
Oregon	14,639	13,289	90.8	12,011	90.9	1,046	93.2	1,582	88.1	
Pennsylvania	36,993	34,609	93.6	25,741	93.0	4,820	96.5	6,432	93.6	
Rhode Island	3,734	3,302	88.4	2,819	91.6	241	86.7	674	76.0	
South Carolina	18,909	14,093	74.5	15,795	75.5	1,122	70.9	1,992	68.5	
South Dakota	7,971	7,014	88.0	5,832	86.1	724	94.5	1,415	92.5	
Tennessee	24,485	23,577	96.3	19,057	97.2	2,010	93.6	3,418	92.8	
Texas	76,087	71,659	94.2	61,684	94.2	6,359	96.0	8,044	92.9	
Utah	6,030	5,756	95.5	4,774	97.2	513	85.2	743	91.3	
Vermont	2,043	1,794	87.8	1,730	90.9	116	89.7	197	59.4	
Virginia	26,028	21,495	82.6	19,551	82.9	2,531	89.1	3,946	76.9	
Washington	17,506	15,492	88.5	13,629	88.1	1,463	91.7	2,414	89.0	
West Virginia	15,012	12,442	82.9	12,238	84.7	889	70.6	1,885	76.9	
Wisconsin	18,659	15,350	82.3	14,346	80.3	1,397	86.5	2,916	89.6	
Wyoming	3,390	2,426	71.6	2,586	66.4	237	90.7	567	87.3	
Outside the United States	12,804	12,381	96.7	9,471	96.2	2,758	98.7	575	95.0	
Canal Zone	1	.....	.....	1	.....	.....	.....	.....	.....	
Guam	8	.....	.....	.....	.....	4	.....	4	.....	
Puerto Rico	12,491	12,381	99.1	9,206	99.0	2,734	99.6	551	99.1	
Others	304	.....	.....	264	.....	20	.....	20	.....	

<sup>1</sup> There were no discharges reported in the Republic of the Philippines.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

INPATIENT CARE

TABLE 25

VA Medical Centers—Hospital Care Component: Patients Discharged, Length of Stay—Fiscal Year 1989

Principal Diagnoses <sup>1</sup>	Total			Short Term <sup>2</sup>		Length of Stay (Days)											Total Days		
	Average Days	Median Days <sup>2</sup>	Average Days	Percent of Total Discharges <sup>3</sup>	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	1,014,795	18.4	7.6	12.1	98.1	92,812	206,257	230,138	204,008	97,602	77,627	68,036	16,930	13,085	3,348	1,536	1,909	1,507	18,627,833
I. Infectious and parasitic diseases	16,526	19.6	9.9	14.0	97.6	2,004	2,147	3,134	3,678	1,964	1,315	1,433	405	302	75	21	30	18	324,037
Pulmonary tuberculosis (011)	1,360	22.8	13.7	17.7	97.5	30	91	226	414	237	134	138	52	27	7	2	1	1	30,941
Tuberculosis, other (010, 012-018)	247	34.3	17.2	21.9	91.4	5	24	34	49	37	24	38	10	18	6	2	.....	.....	8,464
Tuberculosis, late effects (137)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other infectious and parasitic diseases (001-009, 020-136)	14,919	19.1	9.3	13.6	97.7	1,969	2,032	2,874	3,215	1,690	1,157	1,257	343	257	62	17	29	17	284,632
Late effects of other infectious and parasitic diseases (138-139)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
II. Neoplasms	100,092	15.4	8.3	13.2	98.6	10,794	20,486	18,051	19,584	10,869	7,839	8,513	2,231	1,335	214	79	66	11	1,545,744
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	5,085	23.7	11.4	18.0	96.2	297	906	946	827	572	447	559	274	219	22	7	7	2	120,590
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	13,363	19.9	13.0	17.1	98.1	918	1,469	2,212	2,963	1,926	1,487	1,686	404	236	43	11	6	2	266,151
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	21,177	17.5	11.7	15.6	98.8	1,347	3,153	3,518	4,857	2,938	2,275	2,230	541	246	46	13	12	1	370,405
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	3,315	22.2	11.2	16.9	96.5	210	716	467	585	370	291	409	130	107	20	5	4	1	73,471
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	7,395	14.2	7.6	12.4	98.9	1,051	1,453	1,352	1,439	729	487	653	138	70	11	4	7	1	105,034
Malignant neoplasm of genitourinary organs (178-189, 233)	16,986	13.8	7.6	11.6	98.7	1,314	3,647	3,888	3,742	1,763	1,068	1,069	250	178	34	16	14	3	234,771
Malignancies of all other systems (170-175, 190-199, 232, 234)	18,641	15.9	8.6	13.6	98.5	1,771	3,570	3,683	3,638	2,072	1,483	1,657	448	250	33	22	13	1	296,661
Neoplasms, benign (210-229)	11,356	4.6	1.9	4.3	98.8	3,375	4,871	1,437	1,003	303	180	141	25	16	4	.....	1	.....	52,575
Neoplasms of unspecified nature (235-239)	2,774	9.4	5.3	8.6	98.5	511	701	548	530	216	121	109	21	13	1	1	2	.....	26,086
III. Endocrine, nutritional, and metabolic diseases and immunity disorders	29,656	14.1	7.3	10.5	98.5	1,928	5,792	8,744	7,132	2,447	1,325	1,362	418	342	88	30	37	11	418,910
Diabetes mellitus (250)	17,608	15.1	8.0	11.7	98.2	742	2,934	5,160	4,666	1,623	866	962	293	247	64	23	24	4	265,027
Diseases of the endocrine glands (240-246, 251-259)	2,904	11.2	6.3	8.5	99.1	289	671	868	647	181	107	96	19	18	4	1	2	1	32,517
Gout (274)	945	7.7	6.0	7.5	99.8	51	238	360	175	48	28	17	7	1	.....	.....	.....	.....	7,239
Obesity (278.0-278.1)	341	18.4	7.7	13.5	97.0	33	48	97	84	22	8	21	14	10	3	.....	1	.....	6,261
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	7,697	13.9	6.3	9.2	98.8	689	1,885	2,230	1,553	573	313	265	85	65	17	6	10	6	107,343
Disorders involving the immune mechanisms (279)	161	3.2	.....	2.4	99.3	124	16	9	7	.....	3	1	.....	1	.....	.....	.....	.....	523
IV. Diseases of the blood and blood-forming organs	9,012	7.7	4.4	7.1	99.6	2,202	2,120	1,860	1,687	558	310	192	44	34	1	2	2	.....	69,209
Anemias (280-282.4, 282.7-285)	6,056	7.3	3.6	6.7	99.7	1,701	1,505	1,076	1,037	373	196	120	26	18	.....	2	2	.....	43,943
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	194	6.0	5.5	6.0	100.0	20	51	71	42	6	4	.....	.....	.....	.....	.....	.....	.....	1,155
Other diseases of the blood and blood-forming organs (286-289)	2,762	8.7	5.9	8.1	99.4	481	564	713	608	179	110	72	18	16	1	.....	.....	.....	24,111

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay—Fiscal Year 1989

Principal Diagnoses <sup>1</sup>	Total			Short Term <sup>2</sup>		Length of Stay (Days)											Total Days		
	Patients	Average Days	Median Days <sup>2</sup>	Average Days	Percent of Total Discharges <sup>3</sup>	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
V. Mental disorders . . . . .	233,912	34.1	15.4	18.4	96.3	15,032	22,421	38,248	39,666	32,978	39,834	29,706	6,387	5,332	1,502	778	1,031	997	7,965,095
Alcohol psychosis (291) . . . . .	7,108	44.0	6.6	10.4	94.5	531	1,476	2,425	1,108	374	304	341	136	151	68	51	72	71	312,548
Drug psychosis (292) . . . . .	1,525	11.2	7.0	9.9	99.1	147	229	516	328	138	79	61	13	11	2	1	.....	.....	17,121
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294) . . . . .	8,725	113.0	21.0	22.8	83.0	236	481	1,000	1,713	1,090	931	1,239	441	578	266	171	281	298	986,022
Schizophrenic disorders (295) . . . . .	47,038	59.0	18.2	21.2	93.0	2,533	3,163	5,930	8,863	6,846	6,698	7,209	2,134	1,875	592	306	425	464	2,774,541
Other psychoses (296-299) . . . . .	28,305	34.1	19.1	22.3	95.2	1,495	1,518	3,235	5,429	4,322	4,324	5,056	1,355	1,054	234	103	115	65	965,681
Neurotic disorders (300) . . . . .	7,075	22.0	13.0	16.8	97.6	674	707	1,096	1,493	962	925	838	194	131	25	15	7	8	155,352
Personality disorders (301) . . . . .	3,352	20.7	10.5	14.7	97.5	369	426	630	725	404	269	333	81	54	16	10	11	4	69,344
Alcohol dependence or abuse (303, 305.0) . . . . .	85,918	17.4	14.1	16.3	99.3	5,913	10,268	16,367	11,996	12,095	18,578	9,226	758	553	94	37	33	.....	1,491,431
Drug dependence or abuse (304, 305.1-305.9) . . . . .	22,288	19.2	16.3	17.7	99.1	1,296	1,786	3,490	3,855	4,121	4,971	2,207	330	139	57	31	5	.....	428,178
Other nonpsychotic mental disorders (302, 306-319) . . . . .	22,578	33.9	14.0	19.1	95.8	1,838	2,367	3,559	4,156	2,626	2,735	3,196	945	786	148	53	82	87	764,877
VI. Diseases of the nervous system and sense organs . . . . .	52,253	23.4	3.8	7.6	97.1	4,920	22,471	10,123	7,021	2,488	1,422	1,589	609	666	248	162	267	267	1,254,916
Quadriplegia (344.0) . . . . .	359	140.0	19.5	21.9	79.9	29	28	41	63	29	23	47	21	39	11	9	10	9	50,260
Paraplegia (344.1) . . . . .	249	72.1	18.4	19.7	83.5	36	33	21	22	26	24	31	13	21	7	5	8	2	17,965
Epilepsy (345) . . . . .	5,407	11.2	6.8	8.9	99.1	447	1,105	1,641	1,376	411	188	148	41	37	6	3	1	3	60,503
Disorders of the peripheral nervous system (350-359) . . . . .	6,260	9.3	3.4	6.7	99.0	1,077	2,416	1,115	894	328	170	154	37	36	14	6	9	4	58,205
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349) . . . . .	12,492	74.3	12.1	16.2	89.9	843	1,548	2,203	2,835	1,308	846	1,105	461	516	206	137	235	248	927,781
Glaucoma (365) . . . . .	1,392	7.0	4.0	5.5	99.9	196	504	410	195	47	21	9	6	2	.....	1	.....	1	9,742
Cataract (366) . . . . .	15,379	3.0	2.4	2.9	99.9	850	11,660	2,328	437	59	19	14	4	5	1	.....	2	.....	46,477
Blindness (369) . . . . .	117	24.2	4.7	16.9	96.5	27	28	20	8	4	1	11	13	3	1	.....	1	.....	2,835
Disorders of the eye and adnexa (360-364, 367-368, 370-379) . . . . .	7,474	4.8	3.0	4.6	99.9	1,015	3,656	1,658	798	188	93	50	7	6	2	1	.....	.....	35,505
Diseases of the ear and mastoid process (380-389) . . . . .	3,124	5.0	3.1	4.8	99.9	400	1,493	686	393	87	37	20	6	1	.....	.....	1	.....	15,643
VII. Diseases of the circulatory system . . . . .	164,066	11.8	7.4	10.0	99.1	11,562	33,681	44,184	42,190	15,373	7,503	6,446	1,529	1,123	248	98	90	39	1,940,363
Chronic rheumatic heart disease (393-398) . . . . .	869	13.3	9.3	12.7	99.6	50	177	172	208	114	74	55	15	2	2	.....	.....	.....	11,568
Hypertensive disease without heart involvement (401, 403, 405) . . . . .	8,617	9.4	5.6	7.5	99.3	752	2,552	2,580	1,702	502	232	197	41	40	6	2	5	6	80,707
Hypertensive heart disease (402, 404) . . . . .	2,090	11.5	7.9	10.0	99.2	65	324	678	632	213	85	56	20	11	2	1	3	.....	24,103
Acute myocardial infarction (410) . . . . .	11,759	11.5	10.0	10.9	99.6	880	1,041	2,627	4,592	1,581	570	371	54	35	3	.....	5	.....	135,056
Other ischemic heart disease (411-414) . . . . .	45,278	7.5	5.7	7.2	99.8	3,624	13,393	13,237	9,830	3,080	1,251	690	102	57	5	5	4	.....	338,043
Other forms of heart disease (391, 392.0, 420-429) . . . . .	47,177	11.3	7.4	9.8	99.3	3,157	6,316	14,430	12,462	4,286	2,089	1,766	339	226	55	27	17	7	533,110
Cerebrovascular diseases (430-438) . . . . .	19,707	20.2	10.2	14.1	97.3	860	2,619	4,710	5,299	2,289	1,305	1,531	490	400	103	40	41	20	398,977
Atherosclerosis (440) . . . . .	1,922	21.2	11.1	16.2	97.2	99	371	313	406	219	180	198	63	50	12	2	1	.....	40,683
Other diseases of arteries, arterioles, and capillaries (441-448) . . . . .	13,627	17.1	10.7	14.0	98.2	880	2,507	2,150	3,370	1,900	1,155	1,104	279	218	38	11	10	5	233,009
Varicose veins of lower extremities (454) . . . . .	1,414	20.5	10.9	16.2	97.3	68	204	293	340	153	104	151	53	34	9	3	2	.....	28,952
Hemorrhoids (455) . . . . .	2,756	4.3	3.2	4.3	100.0	550	1,033	815	269	55	24	8	2	.....	.....	.....	.....	.....	11,898
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 455-459) . . . . .	8,850	11.8	9.3	10.8	99.3	577	1,144	2,179	3,080	981	434	319	71	50	13	1	1	.....	104,257

See footnotes at end of table.

INPATIENT CARE

TABLE 25—Continued

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay—Fiscal Year 1989

Principal Diagnoses <sup>1</sup>	Total			Length of Stay (Days)											731 Plus	Total Days			
	Patients	Average Days	Median Days <sup>2</sup>	Short Term <sup>3</sup>		1	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180			181-270	271-365	366-730
				Average Days	Percent of Total Discharges														
VIII. Diseases of the respiratory system	77,723	14.6	7.6	10.5	98.6	4,483	14,054	22,536	20,406	7,005	3,746	3,342	922	714	214	96	138	67	1,132,473
Acute respiratory infections (460-466) ...	5,371	8.7	6.5	7.6	99.6	302	1,139	1,995	1,421	280	118	80	16	10	5	.....	3	2	46,478
Pneumonia and influenza (480-487) ...	19,729	15.5	10.1	12.4	98.7	617	1,701	5,577	6,682	2,384	1,260	985	245	167	43	22	33	13	306,725
Chronic bronchitis (491) ...	4,519	13.5	7.0	9.3	98.7	211	826	1,626	1,169	284	143	152	42	28	16	5	13	4	60,839
Emphysema (492) ...	2,033	22.9	9.2	12.2	97.2	72	246	597	599	212	117	87	42	24	11	8	11	7	46,457
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519) ...	46,071	14.6	7.0	10.2	98.4	3,281	10,142	12,741	10,535	3,845	2,108	2,038	577	485	139	61	78	41	671,974
IX. Diseases of the digestive system ...	88,511	9.4	6.0	8.5	99.5	8,651	23,720	24,383	18,207	6,213	3,247	2,960	652	356	73	22	15	12	835,525
Diseases of oral cavity, salivary glands, and jaws (520-528) ...	4,230	5.4	3.1	5.1	99.7	542	2,026	988	446	101	45	45	28	4	5	.....	.....	.....	23,032
Ulcers of the digestive system (530.2, 531-534) ...	7,459	10.0	6.7	9.2	99.5	672	1,555	2,229	1,776	546	298	281	60	31	8	1	1	1	74,770
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537) ...	9,134	8.2	5.1	7.3	99.6	1,383	2,546	2,419	1,702	523	266	207	51	28	4	3	.....	2	74,980
Hernia of the abdominal cavity (550-553)	17,954	5.2	3.9	5.1	99.9	1,386	7,802	5,606	2,363	453	185	131	18	8	1	.....	1	.....	93,160
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579) ...	29,233	10.0	6.1	8.6	99.4	3,558	7,056	7,688	6,256	2,181	1,080	1,006	210	144	33	7	8	6	292,046
Alcohol-related liver disorders (571.0-571.3) ...	5,791	15.1	10.4	13.3	98.9	311	790	1,249	1,603	769	471	438	84	50	6	7	3	1	87,368
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577) ...	14,710	12.9	8.8	11.9	99.4	799	1,936	4,204	4,061	1,640	902	852	201	91	16	4	2	2	190,169
X. Diseases of the genitourinary system. Nephritis, nephrotic syndrome, and nephrosis (580-589) ...	6,217	16.5	8.0	12.4	98.1	605	1,142	1,379	1,300	654	445	442	111	88	26	8	14	3	102,888
Other diseases of the urinary system (590-599) ...	23,728	10.7	6.3	8.7	99.3	2,104	5,726	7,042	5,241	1,642	846	776	180	109	29	10	12	11	254,296
Diseases of the prostate (600-602)	14,686	6.7	5.8	6.5	99.8	1,698	2,777	6,351	2,789	614	265	136	22	26	5	1	2	.....	98,976
Other diseases of the male genital organs (603-608) ...	5,853	5.5	3.9	5.2	99.7	590	2,468	1,902	725	117	64	56	17	13	.....	.....	1	.....	32,889
Disorders of breast and gynecological diseases (610-629) ...	1,570	4.4	2.8	4.2	99.9	335	639	375	167	29	13	11	.....	.....	.....	.....	1	.....	6,982
XI. Complications of pregnancy, childbirth, and puerperium (630-676)	27	2.4	0.3	2.4	100.0	13	8	5	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	66
XII. Diseases of the skin and subcutaneous tissue ...	19,030	20.6	8.0	12.7	96.5	1,349	3,285	4,962	4,345	1,616	1,021	1,204	480	482	147	56	64	19	392,487
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698) ...	11,504	10.9	7.4	9.9	99.4	520	1,965	3,834	3,135	959	520	411	77	62	13	3	3	2	125,289
Other diseases of skin and subcutaneous tissue (700-709) ...	7,526	35.5	10.9	17.3	92.0	829	1,320	1,128	1,210	657	501	793	403	420	134	53	61	17	267,208
XIII. Diseases of the musculoskeletal system and connective tissue ...	40,445	11.6	6.3	9.5	99.1	4,508	10,804	8,473	8,570	3,781	1,908	1,629	362	283	65	22	24	16	470,640
Osteoarthritis and allied disorders (715)	5,774	12.5	10.5	11.3	99.3	491	974	784	1,813	1,052	418	173	23	29	12	3	.....	2	72,421
Other arthropathies and related disorders (710-714, 716-719) ...	7,280	10.9	5.5	8.8	99.0	825	2,152	1,754	1,317	527	265	287	64	54	17	6	11	1	79,591
Dorsopathies (720-724) ...	13,447	11.5	6.5	8.9	99.4	1,572	3,384	2,849	3,229	1,185	625	433	87	56	10	3	5	9	155,282

See footnotes at end of table.

TABLE 25—Continued  
VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Length of Stay—Fiscal Year 1989

Principal Diagnoses <sup>1</sup>	Total										Short Term <sup>2</sup>										Total Days
	Patients	Average Days	Median Days <sup>2</sup>	Average Days	Percent of Total Discharges	Length of Stay (Days)															
						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			
Rheumatism, excluding the back (725-728) .....	6,383	6.2	3.4	5.8	99.7	1,009	2,546	1,528	759	269	128	90	29	20	5	.....	.....	.....	.....	39,545	
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739) .....	7,561	16.4	7.7	12.9	98.2	611	1,748	1,558	1,452	748	472	646	159	124	21	10	8	4	.....	123,801	
XIV. Congenital deformities (740-759) .....	1,604	9.4	4.5	7.4	99.0	255	510	316	293	108	57	39	10	12	3	.....	.....	.....	.....	15,005	
XVI. Symptoms, signs, and ill-defined conditions (760-799) .....	46,964	8.8	5.0	7.3	99.3	6,963	13,417	12,416	8,572	2,526	1,256	1,128	316	250	63	28	21	8	.....	412,307	
XVII. Injury and poisoning .....	39,590	13.9	6.8	10.8	98.4	4,724	8,807	9,200	7,813	3,347	2,032	2,276	668	506	131	42	32	12	.....	551,536	
Fracture of skull (800-804) .....	1,304	9.7	5.7	7.3	99.1	159	337	378	287	69	31	26	6	5	1	3	1	1	.....	12,708	
Fracture of neck and trunk (805-809) .....	1,537	24.8	9.7	14.7	94.9	125	246	325	307	160	106	127	52	57	15	9	7	1	.....	38,095	
Fracture of upper and lower limb (810-829) .....	7,755	19.6	10.5	14.7	97.4	675	1,060	1,508	1,846	924	605	690	213	169	44	8	10	3	.....	152,040	
Dislocations, sprains, and strains of joints and adjacent muscles (830-848) .....	3,315	6.4	4.2	5.8	99.6	458	1,171	939	496	130	56	44	10	7	3	1	.....	.....	21,081		
Intracranial injury, excluding those with skull fracture (850-854) .....	1,431	25.4	6.0	11.5	96.9	319	291	215	240	107	74	98	41	23	9	5	3	6	.....	36,368	
Internal injury of chest, abdomen, and pelvis (860-869) .....	463	9.5	7.0	9.3	99.7	40	82	149	113	42	19	13	1	4	.....	.....	.....	.....	4,406		
Open wounds (870-887) .....	2,367	7.5	4.0	6.3	99.1	520	669	605	340	107	48	46	9	19	3	1	.....	.....	17,847		
Burns (940-949) .....	775	19.3	10.8	15.0	97.5	59	106	151	181	97	55	87	17	12	7	3	.....	.....	14,991		
Poisoning by drugs, medicinal, and biological substances (960-979) .....	2,059	6.7	4.7	6.5	99.8	381	541	600	343	94	47	46	3	3	1	.....	.....	.....	.....	13,827	
Toxic effects of substances chiefly nonmedical (980-989) .....	295	5.9	2.7	5.5	99.6	93	81	68	30	9	4	7	2	1	.....	.....	.....	.....	1,734		
All other injuries (900-904, 910-939, 950-959, 990-995) .....	3,492	8.9	4.2	7.0	98.9	718	992	856	512	172	90	83	27	30	6	2	4	.....	.....	31,021	
Complications of surgical and medical care, NEC (996-999) .....	14,797	14.0	7.5	11.9	98.7	1,177	3,231	3,406	3,118	1,436	897	1,009	287	176	42	10	7	1	.....	207,418	
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) .....	43,230	19.3	6.3	14.2	97.1	8,092	9,782	6,454	4,622	3,252	3,179	4,796	1,567	1,112	216	81	62	15	.....	833,479	

<sup>1</sup> 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 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 portion of the patient's length of stay.  
<sup>2</sup> One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.  
<sup>3</sup> Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.  
 NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

TABLE 26

## INPATIENT CARE

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Group, Period of Service  
Fiscal Year 1989

Diagnostic Composition of Patients	Total	Period of Service						
		Post Vietnam <sup>1</sup>	Vietnam Era	Post Korea <sup>2</sup>	Korean Conflict <sup>3</sup>	World War II	World War I	All Other
All discharges .....	1,014,795	68,037	236,214	62,738	151,534	466,746	12,202	17,324
Psychotic								
Alcohol psychoses (291) .....	7,108	557	2,651	702	1,149	1,966	2	81
Drug psychoses (292) .....	1,525	327	852	57	73	196	3	17
Other psychoses (290, 293-299) .....	84,068	14,017	36,097	5,983	8,843	17,641	647	840
Other psychiatric								
Alcohol dependence and abuse (303, 305.0) .....	85,918	12,581	42,335	8,420	11,175	10,543	7	857
Drug dependence and abuse (304, 305.1-305.9) .....	22,288	7,802	13,099	562	405	230	3	187
Other nonpsychotic mental disorders (300-302, 306-319) .....	33,005	3,799	19,376	1,398	2,398	5,101	154	779
Medical and surgical								
All infectious and parasitic diseases (001-139) .....	16,526	1,888	4,828	1,013	2,006	6,189	329	273
Malignant neoplasms (140-208, 230-234) .....	85,962	1,273	7,802	4,636	14,848	55,048	995	1,360
Benign and unspecified neoplasms (210-229, 235-239) .....	14,130	352	1,853	705	2,303	8,623	79	215
Diabetes mellitus (250) .....	17,608	613	3,479	1,273	3,412	8,534	59	238
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278) .....	11,887	305	1,686	654	1,811	6,741	423	267
Disorders involving the immune mechanisms (279) .....	161	9	49	40	35	28	.....	.....
Diseases of the blood and blood-forming organs (280-289) .....	9,012	344	1,359	431	1,266	5,243	226	143
Quadriplegia (344.0) .....	359	68	109	29	48	95	.....	10
Paraplegia (344.1) .....	249	34	79	26	30	73	.....	7
Other diseases of the nervous system (320-343, 344.2-359) .....	24,159	1,596	5,129	1,557	3,505	11,589	207	576
Diseases of the sense organs (360-389) .....	27,486	480	2,809	1,234	4,239	17,934	399	391
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429) .....	107,173	1,077	12,270	6,372	19,281	64,498	1,701	1,974
Cerebrovascular diseases (430-438) .....	19,707	158	1,683	958	3,267	12,921	385	335
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459) .....	37,186	886	5,403	2,359	6,479	21,127	296	636
Acute respiratory diseases (460-466, 480-487) .....	25,100	748	3,198	1,135	3,337	15,119	1,126	437
Chronic bronchitis and emphysema (491-492) .....	6,552	38	485	270	1,056	4,536	49	118
Other respiratory diseases (470-478, 490, 493-519) .....	46,071	1,157	5,041	2,206	7,493	28,750	666	758
Diseases of the oral cavity, salivary glands, and jaws (520-529) .....	4,230	410	989	294	695	1,745	27	70
Hernia of the abdominal cavity (550-553) .....	17,954	659	2,847	1,039	3,193	9,798	114	304
Alcohol-related liver diseases (571.0-571.3) .....	5,791	162	1,577	662	1,280	2,021	6	83
Other diseases of the digestive system (530-543, 555-570, 571.4-579) .....	60,536	2,755	11,873	3,799	9,722	30,616	872	899
Diseases of the male genital organs (600-608) .....	20,639	320	1,869	826	3,136	14,049	169	270
Other diseases of the genitourinary system (580-599) .....	29,945	1,068	4,604	1,608	4,274	16,955	933	503
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676) .....	1,597	400	345	86	174	514	5	73
Diseases of the skin and subcutaneous tissue (680-709) .....	19,030	1,234	4,708	1,378	3,049	8,171	228	262
Diseases of the musculoskeletal system and connective tissue (710-739) .....	40,445	3,462	10,135	2,755	6,474	16,657	239	723
Congenital anomalies (740-759) .....	1,604	148	363	104	239	699	10	41
Symptoms, signs, and ill-defined conditions (780-799) .....	46,964	2,085	9,032	3,138	7,780	23,193	751	985
Injuries and poisonings (800-904, 910-999) .....	39,590	3,466	9,340	2,550	5,940	16,783	605	906
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909) .....	.....	.....	.....	.....	.....	.....	.....	.....
Factors influencing health status and contact with health service (V01-V82) .....	43,230	1,759	6,860	2,479	7,119	22,820	487	1,706
Supplementary classification of external causes of injury and poisoning (E800-E999) .....	.....	.....	.....	.....	.....	.....	.....	.....

<sup>1</sup> Service on or after May 8, 1975.<sup>2</sup> Service between February 1, 1955 and August 4, 1964.<sup>3</sup> Service between June 27, 1950 and January 31, 1955.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from Tables 3, 4, and 8 through 10, which are based on AMIS data. This is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge. AMIS totals exclude transfers from the total discharges.

VA Medical Centers—Hospital Care Component: Surgical Procedures Performed by Hospital Affiliation  
Fiscal Year 1989

<i>Total Surgical Procedures<sup>1</sup></i>	<i>Total</i>	<i>Affiliated Hospitals<sup>2</sup></i>	<i>Non-Affiliated Hospitals</i>
Surgical Procedures (01–86) .....	402,029	376,893	25,136
Operations on the nervous system (01–05) .....	9,446	9,085	361
Incision and excision of skull, brain, and cerebral meninges (01) .....	1,726	1,716	10
Other operations on skull, brain, and cerebral meninges (02) .....	774	769	5
Other operations on spinal cord and spinal canal structures (03) .....	2,398	2,376	22
Operations on cranial and peripheral nerves (04) .....	4,337	4,049	288
Operations on sympathetic nerves or ganglia (05) .....	211	175	36
Operations on the endocrine system (06–07) .....	1,135	1,079	56
Operations on thyroid and parathyroid glands (06) .....	893	841	52
Operations on other endocrine glands (07) .....	242	238	4
Operations on the eye (08–16) .....	42,052	41,100	952
Operations on eyelids (08) .....	3,842	3,731	111
Operations on lacrimal system (09) .....	217	214	3
Operations on conjunctiva (10) .....	422	417	5
Operations on cornea (11) .....	918	897	21
Operations on iris, ciliary body, sclera, and anterior chamber (12) .....	2,239	2,207	32
Operations on lens (13) .....	30,622	29,860	762
Operations on retina, choroid, vitreous, and posterior chamber (14) .....	2,884	2,874	10
Operations on extraocular muscles (15) .....	309	309	.....
Operations on orbit and eyeball (16) .....	599	591	8
Operations on the ear (18–20) .....	3,747	3,623	124
Operations on external ear (18) .....	1,404	1,309	95
Reconstructive operations on middle ear (19) .....	1,200	1,185	15
Other operations on middle ear and inner ear (20) .....	1,143	1,129	14
Operations on the nose, mouth, and pharynx (21–29) .....	19,264	18,305	959
Operations on nose (21) .....	5,103	4,903	200
Operations on nasal sinuses (22) .....	2,053	2,011	42
Removal and restoration of teeth (23) .....	2,796	2,591	205
Other operations on teeth, gums, and alveoli (24) .....	2,452	2,169	283
Operations on tongue (25) .....	1,404	1,366	38
Operations on salivary glands and ducts (26) .....	927	870	57
Other operations on mouth and face (27) .....	2,525	2,431	94
Operations on tonsils and adenoids (28) .....	782	767	15
Operations on pharynx (29) .....	1,222	1,197	25
Operations on the respiratory system (30–34) .....	27,232	25,927	1,305
Excision of larynx (30) .....	1,836	1,795	41
Other operations on larynx and trachea (31) .....	10,434	10,194	240
Excision of lung and bronchus (32) .....	2,511	2,394	117
Other operations on lung and bronchus (33) .....	7,952	7,245	707
Operations on chest wall, pleura, mediastinum, and diaphragm (34) .....	4,499	4,299	200
Operations on the cardiovascular system (35–39) .....	48,420	47,507	913
Operations on valves and septa of heart (35) .....	1,045	1,044	1
Operations on vessels of heart (36) .....	7,079	7,079	.....
Other operations on heart and pericardium (37) .....	6,055	5,932	123
Incision, excision, and occlusion of vessels (38) .....	11,421	10,985	436
Other operations on vessels (39) .....	22,820	22,467	353
Operations on the hemic and lymphatic system (40–41) .....	7,049	6,705	344
Operations on lymphatic system (40) .....	6,294	5,990	304
Operations on bone marrow and spleen (41) .....	755	715	40
Operations on the digestive system (42–54) .....	79,921	71,713	8,208
Operations on esophagus (42) .....	5,502	5,196	306
Incision and excision of stomach (43) .....	2,852	2,561	291
Other operations on stomach (44) .....	3,544	3,227	317
Incision, excision, and anastomosis of intestine (45) .....	22,755	19,621	3,134

See footnotes at end of table.

TABLE 27—Continued

## INPATIENT CARE

VA Medical Centers—Hospital Care Component: Surgical Procedures Performed by Hospital Affiliation  
Fiscal Year 1989

<i>Total Surgical Procedures<sup>1</sup></i>	<i>Total</i>	<i>Affiliated Hospitals<sup>2</sup></i>	<i>Non-Affiliated Hospitals</i>
Other operations on intestine (46) .....	3,906	3,655	251
Operations on appendix (47) .....	1,638	1,478	160
Operations on rectum and perirectal tissue (48) .....	3,540	3,202	338
Operations on anus (49) .....	4,215	3,742	473
Operations on liver (50) .....	1,380	1,309	71
Operations on gallbladder and biliary tract (51) .....	6,523	5,951	572
Operations on pancreas (52) .....	853	806	47
Repair of hernia (53) .....	17,026	15,251	1,775
Other operations on abdominal region (54) .....	6,187	5,714	473
Operations on the urinary system (55–59) .....	49,144	44,629	4,515
Operations on kidney (55) .....	2,044	1,972	72
Operations on ureter (56) .....	2,558	2,434	124
Operations on urinary bladder (57) .....	36,466	32,763	3,703
Operations on urethra (58) .....	4,841	4,346	495
Other operations on urinary tract (59) .....	3,235	3,114	121
Operations on the male genital organs (60–64) .....	29,464	26,819	2,645
Operations on prostate and seminal vesicles (60) .....	19,187	17,460	1,727
Operations on scrotum and tunica vaginalis (61) .....	793	703	90
Operations on testes (62) .....	2,641	2,420	221
Operations on spermatic cord, epididymis, and vas deferens (63) .....	3,206	2,826	380
Operations on penis (64) .....	3,637	3,410	227
Operations on the female genital organs (65–71) .....	926	865	61
Operations on ovary (65) .....	237	226	11
Operations on fallopian tubes (66) .....	39	38	1
Operations on cervix (67) .....	82	68	14
Other incision and excision of uterus (68) .....	256	247	9
Other operations on uterus and supporting structures (69) .....	203	183	20
Operations on vagina and cul-de-sac (70) .....	82	78	4
Operations on vulva and perineum (71) .....	27	25	2
Obstetrical procedures (72–75) .....	1	1	.....
Forceps, vacuum, and breech delivery (72) .....	.....	.....	.....
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) .....	56,432	53,818	2,614
Operations on facial bones and joints (76) .....	2,481	2,447	34
Incision, excision, and division of other bones (77) .....	6,578	6,280	298
Other operations on bones, except facial bones (78) .....	3,797	3,644	153
Reduction of fracture and dislocation (79) .....	5,661	5,402	259
Incision and excision of joint structures (80) .....	10,699	10,221	478
Repair and plastic operations on joint structures (81) .....	10,850	10,473	377
Operations on muscle, tendon, and fascia of hand (82) .....	2,905	2,699	206
Operations on muscle, tendon, fascia and bursa, except hand (83) .....	4,719	4,456	263
Other procedures on musculoskeletal system (84) .....	8,742	8,196	546
Operations on the integumentary system (85–86) .....	27,796	25,717	2,079
Operations on the breast (85) .....	1,335	1,228	107
Operations on skin and subcutaneous tissue (86) .....	26,461	24,489	1,972

<sup>1</sup> The procedures included in this table are 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.

<sup>2</sup> Affiliated facilities include 139 VA medical centers and independent outpatient clinics with a Dean's Committee.

Operating Costs of VA Inpatient Facilities—Fiscal Year 1989

Activity	Total (in thousands)	Hospital Care					Nursing Home Care	Domiciliary Care
		Total	Bed Section					
			Medical	Surgical	Psychiatric	Intermediate		
Total cost <sup>1</sup>	\$7,023,955	\$6,277,661	\$2,757,934	\$1,746,546	\$1,178,081	\$595,100	\$607,058	\$139,236
Professional and ancillary:								
Other medical services .....	1,604,167	1,358,190	567,658	382,700	241,813	166,019	187,422	58,555
Medical services .....	237,624	225,071	166,475	29,269	8,198	21,129	9,718	2,835
Surgical services .....	153,930	152,279	12,981	136,673	1,170	1,455	1,129	522
Psychiatry services .....	93,154	91,121	5,827	1,119	80,923	3,252	799	1,234
Ambulatory care services .....	5,181	4,132	2,430	613	573	516	444	605
Pharmacy services .....	309,265	287,437	140,281	95,860	27,335	23,961	19,077	2,751
Nursing services .....	1,643,588	1,493,986	591,280	393,415	307,099	202,192	144,061	5,541
Direct care, total .....	4,046,909	3,612,216	1,486,932	1,039,649	667,111	418,524	362,650	72,043
Administrative support .....	760,726	670,649	307,486	166,631	150,494	46,038	68,801	21,276
Engineering support .....	694,672	593,163	249,138	152,339	126,726	64,960	72,671	28,838
Building management <sup>2</sup> .....	335,658	288,811	120,978	73,272	64,451	30,110	42,250	4,597
Research support .....	254,816	247,198	149,343	51,123	40,863	5,869	6,901	717
Education and training support .....	474,726	456,154	240,601	136,519	65,685	13,349	16,381	2,191
Asset acquisitions <sup>3</sup> .....	456,448	409,470	203,456	127,013	62,751	16,250	37,404	9,574
Support, total .....	2,977,046	2,665,445	1,271,002	706,897	510,970	176,576	244,408	67,193

<sup>1</sup> Includes inpatient education and training support.

<sup>2</sup> Includes operation of laundry.

<sup>3</sup> Asset acquisitions reflect obligations.

NOTE: Totals may not add due to rounding.

EXTENDED CARE

VA Nursing Homes, Community Nursing Homes, and VA Domiciliaries: Patient Movement—Fiscal Year 1989

Item	VA Nursing Homes	Community Nursing Homes	VA Domiciliaries
Gains, total .....	24,548	26,713	16,006
Direct Gains—total .....	15,008	20,606	11,030
Admissions after rehospitalization .....	1,661	21,528	307
Other admissions .....	14,347	19,078	10,723
Transfers in from similar facilities <sup>3</sup> .....	71	516	121
Returns from absent sick in hospital status .....	9,469	5,591	4,855
Losses, total .....	24,605	29,240	16,046
Discharges and deaths while in bed occupant or authorized leave of absence status—total .....	11,719	17,499	9,358
Discharges .....	9,347	14,454	9,311
Deaths .....	2,372	3,045	47
Losses to absent sick in hospital status .....	12,424	11,235	6,662
(Discharges and deaths while in absent sick in hospital status—total) .....	2,863	5,676	1,794
Discharges .....	1,549	4,355	1,722
Deaths .....	1,314	1,321	72
Transfers out to other similar facilities <sup>3</sup> .....	462	506	26
Remaining on September 30, 1989—total .....	11,979	9,034	6,670
Bed occupants .....	11,578	8,756	6,354
On authorized leave of absence .....	39	12	102
Absent sick in hospital .....	362	266	214
Patients treated <sup>4</sup> .....	26,561	32,209	17,822
Average daily census <sup>5</sup> .....	11,468	9,305	6,315

<sup>1</sup> Admissions after rehospitalization of more than 30 days.

<sup>2</sup> Admissions after rehospitalization of more than 15 days.

<sup>3</sup> Includes only patients transferred as VA beneficiaries.

<sup>4</sup> Discharges and deaths during the fiscal year plus the number of patients remaining at the end of the fiscal year.

<sup>5</sup> Based on the number of patient days during the fiscal year divided by the number of calendar days in the fiscal year.

TABLE 30

State Home Hospitals, State Nursing Homes, and State Domiciliary Homes<sup>1</sup>: Patient Movement—Fiscal Year 1989

EXTENDED CARE

Item	State Home Hospitals	State Nursing Homes	State Domiciliary Homes
Gains, Total .....	2,363	11,414	7,736
Direct gains—Total .....	2,226	5,719	3,071
Admissions from state facilities .....	1,690	1,888	1,312
Other admissions .....	536	3,831	1,759
Returns from leave of absence status .....	137	5,695	4,665
Losses, Total .....	2,404	11,053	7,946
Discharges and deaths—Total .....	2,264	5,198	3,216
Discharges to state facilities .....	1,573	1,620	1,787
Other discharges .....	483	1,939	1,317
Deaths .....	208	1,639	112
Losses to leave of absence status .....	140	5,855	4,730
Bed occupants remaining on September 30, 1989 .....	442	9,113	3,787
Patients treated <sup>2</sup> .....	2,706	14,311	7,003
Average daily census <sup>3</sup> .....	462	8,996	3,833

<sup>1</sup> Data include only VA patients.<sup>2</sup> Discharges and deaths during the fiscal year plus the number on the rolls at the end of the fiscal year.<sup>3</sup> Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.

TABLE 31

## VA Medical Centers (Domiciliary Care Component): Selected Data—Fiscal Year 1989

EXTENDED CARE

Facility	Average Operating Beds <sup>1</sup>	Bed Occupancy Rate(%) <sup>2</sup>	Average Daily Census <sup>3</sup>	Admissions <sup>4</sup>	Discharges and Deaths <sup>4</sup>	Patients Treated <sup>4,5</sup>	Members Remaining on Sept. 30, 1989
Total .....	7,538	83.8	6,315	11,030	11,152	17,822	6,670
Arizona: Prescott .....	214	87.4	187	700	722	941	219
Arkansas: Little Rock .....	60	85.0	51	214	200	255	55
California:							
Palo Alto .....	40	105.0	42	164	157	201	44
West Los Angeles .....	278	79.9	222	456	439	694	255
Florida: Bay Pines .....	200	89.0	178	421	414	611	197
Georgia: Dublin .....	344	74.1	255	378	358	659	301
Illinois: North Chicago .....	55	96.4	53	143	139	195	56
Kansas: Leavenworth .....	554	76.4	423	583	645	1,078	433
Mississippi: Biloxi .....	273	75.8	207	460	450	677	227
New Jersey: Lyons .....	40	157.5	63	154	155	220	65
New York:							
Bath .....	525	81.0	425	476	474	904	430
Brooklyn .....	31	61.3	19	69	19	69	50
Montrose .....	60	86.7	52	234	232	289	57
Ohio:							
Cleveland .....	106	108.5	115	778	706	868	162
Dayton .....	660	76.7	506	418	462	967	505
Oregon:							
Portland .....	40	92.5	37	135	137	171	34
White City .....	917	88.2	809	1,096	1,067	1,901	834
Pennsylvania:							
Butler .....	41	90.2	37	145	143	182	39
Coatesville .....	40	90.0	36	149	150	190	40
South Dakota: Hot Springs .....	400	76.0	304	496	541	838	297
Tennessee: Mountain Home .....	554	93.0	515	637	621	1,171	550
Texas:							
Bonham .....	225	81.8	184	305	330	514	184
Temple .....	510	76.9	392	576	621	1,016	395
Virginia: Hampton .....	400	88.3	353	782	772	1,151	379
Washington: American Lake .....	60	91.7	55	205	196	258	62
West Virginia: Martinsburg .....	520	85.0	442	424	475	906	431
Wisconsin: Milwaukee .....	392	89.8	352	553	553	922	369

<sup>1</sup> Based on the number of operating beds at the end of each month for 13 consecutive months (September 1988—September 1989).<sup>2</sup> Average daily census as a percent of the average operating beds. In some instances, domiciliary care patients may be placed in hospital care beds when there are more patients than available beds. This can result in an occupancy rate greater than 100%.<sup>3</sup> Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.<sup>4</sup> Transfers included in individual facility totals, but excluded from overall total.<sup>5</sup> Discharges and deaths during the fiscal year plus the number of members remaining at the end of the fiscal year.

VA Medical Centers—Nursing Home Care Component:  
Selected Data—Fiscal Year 1989

Location	Average Operating Beds <sup>1</sup>	Bed Occupancy Rate(%) <sup>2</sup>	Average Daily Census <sup>3</sup>	Admissions <sup>4</sup>	Discharges and Deaths <sup>4</sup>	Patients Treated <sup>5</sup>	Patients Remaining on Sept.30,1989
Total .....	12,402	92.5	11,468	15,008	14,582	26,561	11,979
Alabama:							
Tuscaloosa .....	120	96.7	116	42	40	159	119
Tuskegee .....	112	96.4	108	53	54	166	112
Arizona:							
Phoenix .....	120	93.3	112	219	223	340	117
Tucson .....	41	92.7	38	40	40	81	41
Arkansas: Little Rock .....	200	94.0	188	100	100	295	195
California:							
Fresno .....	60	86.7	52	207	202	250	48
Livermore .....	120	76.7	92	63	86	173	87
Loma Linda .....	120	78.3	94	203	216	308	92
Long Beach .....	180	97.8	176	248	248	436	188
Palo Alto .....	150	94.7	142	664	673	816	143
San Diego .....	60	65.0	39	113	144	175	31
Sepulveda .....	171	88.9	152	252	303	445	142
West Los Angeles .....	120	69.2	83	11	15	97	82
Colorado:							
Denver .....	60	96.7	58	232	232	293	61
Fort Lyon .....	85	96.5	82	44	49	132	83
Grand Junction .....	42	95.2	40	64	62	103	41
Connecticut: West Haven .....	90	97.8	88	62	60	151	91
Delaware: Wilmington .....	60	91.7	55	110	109	168	59
District of Columbia: Washington .....	118	94.1	111	83	85	198	113
Florida:							
Bay Pines .....	240	93.3	224	455	477	707	230
Gainesville .....	109	93.6	102	67	90	178	88
Lake City .....	120	98.3	118	115	115	235	120
Miami .....	240	93.3	224	290	300	526	226
Tampa .....	111	102.7	114	183	188	304	116
Georgia:							
Atlanta .....	120	95.0	114	100	96	216	120
Augusta .....	40	92.5	37	37	38	75	37
Dublin .....	86	95.3	82	33	33	119	86
Idaho: Boise .....	60	93.3	56	201	194	254	60
Illinois:							
Danville .....	120	94.2	113	204	213	331	118
Hines .....	239	92.1	220	435	443	677	234
Marion .....	60	100.0	60	107	111	174	63
North Chicago .....	190	93.2	177	63	81	249	168
Indiana:							
Fort Wayne .....	54	94.4	51	61	58	112	54
Indianapolis .....	60	91.7	55	194	193	253	60
Marion .....	69	97.1	67	23	23	91	68
Iowa: Knoxville .....	255	99.6	254	153	91	359	268
Kansas:							
Leavenworth .....	45	93.3	42	24	24	67	43
Topeka .....	79	93.7	74	26	31	103	72
Wichita .....	60	96.7	58	81	83	144	61
Kentucky: Lexington .....	100	94.0	94	100	99	197	98
Louisiana: Alexandria .....	183	91.8	168	143	146	338	192
Maine: Togus .....	60	96.7	58	59	58	118	60
Maryland:							
Fort Howard .....	47	95.7	45	15	15	62	47
Perry Point .....	80	95.0	76	34	44	117	73
Massachusetts:							
Bedford .....	162	66.7	108	52	51	170	119
Brockton .....	172	91.9	158	73	72	235	163
Northampton .....	50	96.0	48	32	32	82	50
Michigan:							
Allen Park .....	72	93.1	67	72	74	146	72
Ann Arbor .....	109	89.0	97	293	308	406	98
Battle Creek .....	205	94.6	194	133	136	337	201
Iron Mountain .....	40	95.0	38	133	133	172	39
Saginaw .....	30	100.0	30	182	180	210	30

See footnotes at end of table.

TABLE 32—Continued

EXTENDED CARE

VA Medical Centers—Nursing Home Care Component:  
Selected Data—Fiscal Year 1989

Location	Average Operating Beds <sup>1</sup>	Bed Occupancy Rate(%) <sup>2</sup>	Average Daily Census <sup>3</sup>	Admissions <sup>4</sup>	Discharges and Deaths <sup>4</sup>	Patients Treated <sup>5</sup>	Patients Remaining on Sept. 30, 1989
Minnesota:							
Minneapolis .....	83	43.4	36	171	166	206	40
St. Cloud .....	130	134.6	175	212	142	346	204
Mississippi:							
Biloxi .....	36	91.7	33	15	14	49	35
Jackson .....	120	95.8	115	152	152	270	118
Missouri:							
Columbia .....	54	92.6	50	38	37	91	54
Poplar Bluff .....	49	89.8	44	44	46	93	47
St. Louis .....	153	92.2	141	412	421	566	145
Montana: Miles City .....	26	96.2	25	6	6	32	26
Nebraska: Grand Island .....	73	75.3	55	248	234	302	68
Nevada: Reno .....	60	96.7	58	277	276	336	60
New Hampshire: Manchester .....	120	84.2	101	227	225	334	109
New Jersey:							
East Orange .....	60	95.0	57	47	40	99	59
Lyons .....	148	83.8	124	133	62	229	167
New Mexico: Albuquerque .....	44	95.5	42	183	191	230	39
New York:							
Albany .....	99	92.9	92	207	205	303	98
Batavia .....	70	94.3	66	71	69	137	68
Bath .....	167	97.6	163	97	96	266	170
Bronx .....	120	90.8	109	81	74	197	123
Brooklyn .....	300	96.7	290	104	92	392	300
Buffalo .....	36	94.4	34	56	56	92	36
Canandaigua .....	100	97.0	97	37	38	137	99
Castle Point .....	146	95.9	140	104	97	244	147
Montrose .....	122	93.4	114	62	68	186	118
Northport .....	30	86.7	26	129	10	129	119
Syracuse .....	13	69.2	9	8	41	41	.....
North Carolina:							
Asheville .....	82	96.3	79	39	37	115	78
Durham .....	23	47.8	11	62	29	62	33
Fayetteville .....	39	94.9	37	84	85	124	39
Salisbury .....	93	97.8	91	55	56	147	91
North Dakota: Fargo .....	50	90.0	45	277	276	327	51
Ohio:							
Chillicothe .....	90	96.7	87	136	138	226	88
Cincinnati .....	188	87.8	165	96	147	297	150
Cleveland .....	195	94.4	184	171	171	372	201
Dayton .....	284	95.8	272	109	108	387	279
Oregon:							
Portland .....	120	94.2	113	339	341	457	116
Roseburg .....	90	98.9	89	32	32	139	107
Pennsylvania:							
Altoona .....	32	93.8	30	67	53	86	33
Butler .....	106	93.4	99	85	100	189	89
Coatesville .....	120	95.0	114	66	68	187	119
Erie .....	40	95.0	38	57	57	97	40
Lebanon .....	120	90.0	108	141	142	258	116
Pittsburgh (Univ. Dr.) .....	228	92.1	210	163	195	394	199
Wilkes-Barre .....	120	95.8	115	49	51	170	119
South Carolina: Columbia .....	120	93.3	112	105	102	219	117
South Dakota:							
Fort Meade .....	55	98.2	54	91	32	91	59
Sioux Falls .....	75	97.3	73	123	123	200	77
Tennessee:							
Memphis .....	120	91.7	110	494	500	612	112
Mountain Home .....	58	96.6	56	51	48	108	60
Murfreesboro .....	52	96.2	50	29	12	72	60
Texas:							
Big Spring .....	40	95.0	38	58	58	99	41
Bonham .....	100	94.0	94	57	63	155	92
Dallas .....	120	93.3	112	231	235	348	113
Houston .....	103	91.3	94	203	214	310	96
Kerrville .....	120	96.7	116	45	45	165	120

See footnotes at end of table.

**VA Medical Centers—Nursing Home Care Component:  
Selected Data—Fiscal Year 1989**

Location	Average Operating Beds <sup>1</sup>	Bed Occupancy Rate(%) <sup>2</sup>	Average Daily Census <sup>3</sup>	Admissions <sup>4</sup>	Discharges and Deaths <sup>4</sup>	Patients Treated <sup>5</sup>	Patients Remaining on Sept.30,1989
San Antonio .....	120	59.2	71	172	169	246	77
Temple .....	120	92.5	111	137	138	253	115
Waco .....	84	96.4	81	22	23	106	83
Utah: Salt Lake City .....	10	50.0	5	65	66	70	4
Vermont: White River Junction .....	18	72.2	13	84	93	115	22
Virginia:							
Hampton .....	120	94.2	113	189	204	311	107
Richmond .....	120	94.2	113	72	71	186	115
Salem .....	100	97.0	97	75	74	171	97
Washington:							
American Lake .....	76	80.3	61	6	24	79	55
Seattle .....	25	72.0	18	84	55	84	29
Spokane .....	60	96.7	58	152	154	215	61
West Virginia:							
Beckley .....	42	95.2	40	12	12	54	42
Martinsburg .....	120	98.3	118	52	52	173	121
Wisconsin:							
Milwaukee .....	200	91.5	183	277	300	478	178
Tomah .....	100	98.0	98	43	43	143	100
Wyoming: Cheyenne .....	50	98.0	49	18	19	69	50

<sup>1</sup> Based on the number of operating beds at the end of each month for 13 consecutive months (September 1988–September 1989).

<sup>2</sup> Average daily census as a percent of the average operating beds. In some instances, nursing home care patients may be placed in hospital beds when there are more patients than available beds. This can result in an occupancy rate greater than 100%.

<sup>3</sup> Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.

<sup>4</sup> Transfers included in individual facility totals excluded from overall total.

<sup>5</sup> Discharges and deaths during the fiscal year plus the number of patients remaining at the end of the fiscal year.

TABLE 33

EXTENDED CARE

## Community Nursing Homes: Selected Data—Fiscal Year 1989

Location of Authorizing VA Facility	Average Daily Census <sup>1</sup>	Admissions <sup>2</sup>	Discharges and Deaths <sup>2</sup>	Patients Treated <sup>3</sup>	Patients Remaining on Sept. 30, 1989
Total .....	9,305	20,606	23,175	32,209	9,034
Alabama:					
Birmingham .....	47	156	178	219	41
Montgomery .....	18	34	33	52	19
Tuscaloosa .....	32	58	79	105	26
Tuskegee .....	36	36	56	82	26
Alaska: Anchorage .....	21	84	91	111	20
Arizona:					
Phoenix .....	58	147	228	269	41
Prescott .....	32	83	109	141	32
Tucson .....	78	286	243	332	89
Arkansas:					
Fayetteville .....	13	47	47	60	13
Little Rock .....	140	396	403	546	143
California:					
Fresno .....	27	46	63	89	26
Livermore .....	15	11	27	38	11
Loma Linda .....	90	176	199	254	55
Long Beach .....	89	205	203	287	84
Martinez .....	54	92	84	153	69
Palo Alto .....	133	181	167	301	134
San Diego .....	44	140	159	192	33
San Francisco .....	42	159	142	185	43
Sepulveda .....	82	81	101	162	61
West Los Angeles .....	175	354	450	585	135
Colorado:					
Denver .....	51	100	159	188	29
Fort Lyon .....	38	34	49	89	40
Grand Junction .....	13	46	52	68	16
Connecticut:					
Newington .....	29	32	24	56	32
West Haven .....	36	47	80	121	41
Delaware: Wilmington .....	33	89	104	124	20
District of Columbia: Washington .....	61	137	152	204	52
Florida:					
Bay Pines .....	151	580	581	719	138
Gainesville .....	67	151	180	235	55
Lake City .....	20	50	48	66	18
Miami .....	85	197	378	454	76
Tampa .....	139	519	494	640	146
Georgia:					
Atlanta .....	118	247	274	373	99
Augusta .....	134	256	301	403	102
Dublin .....	69	216	215	292	77
Hawaii: Honolulu .....	22	65	73	89	16
Idaho: Boise .....	8	.....	8	13	5
Illinois:					
Chicago (Lakeside) .....	58	142	191	240	49
Chicago (West Side) .....	97	275	321	402	81
Danville .....	48	68	83	124	41
Hines .....	163	535	529	714	185
Marion .....	56	167	144	218	74
North Chicago .....	195	152	194	393	199
Indiana:					
Fort Wayne .....	20	65	105	127	22
Indianapolis .....	23	46	77	90	13
Marion .....	54	47	98	144	46
Iowa:					
Des Moines .....	19	40	84	91	7
Iowa City .....	27	37	99	118	19
Knoxville .....	14	38	70	73	3

See footnotes at end of table.

## Community Nursing Homes: Selected Data—Fiscal Year 1989

<i>Location of Authorizing VA Facility</i>	<i>Average Daily Census<sup>1</sup></i>	<i>Admissions<sup>2</sup></i>	<i>Discharges and Deaths<sup>2</sup></i>	<i>Patients Treated<sup>3</sup></i>	<i>Patients Remaining on Sept. 30, 1989</i>
Kansas:					
Leavenworth .....	47	102	128	176	48
Topeka .....	66	17	61	119	58
Wichita .....	52	166	176	239	63
Kentucky:					
Lexington .....	69	195	205	272	67
Louisville .....	87	274	238	325	87
Louisiana:					
Alexandria .....	48	136	135	185	50
New Orleans .....	53	156	148	210	62
Shreveport .....	75	272	323	380	57
Maine: Togus .....	46	57	73	115	42
Maryland:					
Baltimore .....	35	117	142	168	26
Fort Howard .....	11	31	29	41	12
Perry Point .....	49	70	86	128	42
Massachusetts:					
Bedford .....	67	79	73	145	72
Boston .....	82	113	84	165	81
Brockton .....	107	96	128	231	103
Northampton .....	84	70	56	146	90
Michigan:					
Allen Park .....	65	120	159	219	60
Ann Arbor .....	45	121	153	192	39
Battle Creek .....	128	130	156	269	113
Iron Mountain .....	14	51	57	68	11
Saginaw .....	34	62	101	129	28
Minnesota:					
Minneapolis .....	196	614	698	887	189
St. Cloud .....	57	78	85	145	60
Mississippi:					
Biloxi .....	77	54	124	199	75
Jackson .....	55	200	217	270	53
Missouri:					
Columbia .....	22	61	56	101	45
Kansas City .....	58	251	272	344	72
Poplar Bluff .....	27	77	74	99	25
St. Louis .....	31	36	103	140	37
Montana:					
Fort Harrison .....	26	48	82	95	13
Miles City .....	13	26	38	44	6
Nebraska:					
Grand Island .....	1	.....	2	2	.....
Lincoln .....	10	15	33	41	8
Omaha .....	33	127	150	178	28
Nevada: Reno .....	23	83	80	109	29
New Hampshire: Manchester .....	28	55	63	91	28
New Jersey:					
East Orange .....	91	203	185	294	109
Lyons .....	31	39	53	80	27
New Mexico: Albuquerque .....	43	39	64	118	54
New York:					
Albany .....	45	65	100	138	38
Batavia .....	9	5	9	18	9
Bath .....	36	77	77	108	31
Bronx .....	30	97	98	134	36
Brooklyn .....	35	123	94	149	55
Buffalo .....	58	117	144	196	52
Canandaigua .....	25	12	16	39	23
Castle Point .....	19	43	43	63	20
Montrose .....	25	30	49	77	28

See footnotes at end of table.

## Community Nursing Homes: Selected Data—Fiscal Year 1989

<i>Location of Authorizing VA Facility</i>	<i>Average Daily Census<sup>1</sup></i>	<i>Admissions<sup>2</sup></i>	<i>Discharges and Deaths<sup>2</sup></i>	<i>Patients Treated<sup>3</sup></i>	<i>Patients Remaining on Sept. 30, 1989</i>
New York .....	23	73	55	80	25
Northport .....	76	109	148	210	62
Syracuse .....	34	64	59	92	33
North Carolina:					
Asheville .....	87	174	213	282	69
Durham .....	54	169	195	240	45
Fayetteville .....	45	124	135	176	41
Salisbury .....	62	137	147	223	76
North Dakota: Fargo .....	17	9	26	42	16
Ohio:					
Chillicothe .....	192	341	348	550	202
Cincinnati .....	28	87	101	138	37
Cleveland .....	147	112	126	271	145
Dayton .....	82	119	145	233	88
Oklahoma:					
Muskogee .....	48	139	169	212	43
Oklahoma City .....	68	310	362	432	70
Oregon:					
Portland .....	77	410	385	456	71
Roseburg .....	45	116	148	185	37
White City .....	5	23	20	29	9
Pennsylvania:					
Altoona .....	20	30	50	68	18
Butler .....	31	76	77	121	44
Coatesville .....	166	169	170	347	177
Erie .....	18	51	55	71	16
Lebanon .....	94	148	168	267	99
Philadelphia .....	121	233	251	374	123
Pittsburgh (Highland Drive) .....	118	145	169	284	115
Pittsburgh (University Drive) .....	64	193	200	277	77
Wilkes-Barre .....	49	120	131	179	48
Puerto Rico: San Juan .....	40	131	119	169	50
Rhode Island: Providence .....	66	110	138	213	75
South Carolina:					
Charleston .....	41	111	108	154	46
Columbia .....	66	169	136	205	69
South Dakota:					
Fort Meade .....	9	67	60	71	11
Hot Springs .....	4	18	19	21	2
Sioux Falls .....	9	23	40	44	4
Tennessee:					
Memphis .....	67	172	236	267	31
Mountain Home .....	107	183	208	309	101
Murfreesboro .....	44	36	80	118	38
Nashville .....	55	179	207	260	53
Texas:					
Amarillo .....	32	107	151	169	18
Big Spring .....	40	73	108	131	23
Bonham .....	42	138	146	184	38
Dallas .....	124	466	407	586	179
Houston .....	77	133	147	223	76
Kerrville .....	30	61	75	101	26
Marlin .....	11	8	20	29	9
San Antonio .....	87	210	250	341	91
Temple .....	63	161	174	238	64
Waco .....	101	116	137	219	82
Utah: Salt Lake City .....	63	251	258	325	67
Vermont: White River Junction .....	25	55	58	82	24
Virginia:					
Hampton .....	44	105	106	159	53

See footnotes at end of table.

## Community Nursing Homes: Selected Data—Fiscal Year 1989

<i>Location of Authorizing VA Facility</i>	<i>Average Daily Census<sup>1</sup></i>	<i>Admissions<sup>2</sup></i>	<i>Discharges and Deaths<sup>2</sup></i>	<i>Patients Treated<sup>3</sup></i>	<i>Patients Remaining on Sept. 30, 1989</i>
Richmond .....	49	110	115	166	51
Salem .....	68	115	91	152	61
Washington:					
American Lake .....	72	89	108	167	59
Seattle .....	117	442	533	645	112
Spokane .....	34	111	109	144	35
Walla Walla .....	23	92	95	119	24
West Virginia:					
Beckley .....	14	69	83	92	9
Clarksburg .....	97	313	249	363	114
Huntington .....	87	247	243	341	98
Martinsburg .....	83	185	166	257	91
Wisconsin:					
Madison .....	29	66	100	113	13
Milwaukee .....	68	186	194	273	79
Tomah .....	81	133	140	226	86
Wyoming:					
Cheyenne .....	8	31	48	56	8
Sheridan .....	15	9	17	32	15

<sup>1</sup> The number of patient days during the fiscal year divided by the number of days in the fiscal year.

<sup>2</sup> Includes interhospital transfers.

<sup>3</sup> Discharges and deaths during the fiscal year plus the number of patients remaining at the end of the fiscal year.

TABLE 34

## State Domiciliary Homes: Selected Data—Fiscal Year 1989

EXTENDED CARE

Location of State Home Domiciliary	Location of Authorizing VA Facility	Average Daily Census <sup>1</sup>	Admissions	Discharges and Deaths	Patients Treated <sup>2</sup>	Remaining on Sept. 30, 1989 <sup>3</sup>
Total		3,833	3,071	3,216	7,003	3,787
Arkansas: Little Rock	Little Rock, AR	55	75	106	147	41
California: Yountville	San Francisco, CA	618	493	475	1,133	658
Colorado: Homelake	Denver, CO	54	61	60	115	55
Connecticut: Rocky Hill	Newington, CT	289	509	516	804	288
Georgia: Milledgeville	Dublin, GA	151	81	81	220	139
Idaho: Boise	Boise, ID	47	42	50	94	44
Illinois: Quincy	Iowa City, IA	79	77	56	137	81
Indiana: Lafayette	Indianapolis, IN	60	16	22	78	56
Iowa: Marshalltown	Des Moines, IA	100	67	65	169	104
Kansas: Fort Dodge	Wichita, KS	69	23	30	98	68
Louisiana: Jackson	New Orleans, LA	78	37	39	115	76
Maryland: Charlotte Hall	Washington, DC	104	58	64	169	105
Massachusetts:						
Chelsea	Boston, MA (OC)	279	244	250	527	277
Holyoke	Northampton, MA	28	14	17	44	27
Michigan:						
Grand Rapids	Allen Park, MI	121	39	63	167	104
Marquette	Iron Mountain, MI	49	25	54	105	51
Minnesota:						
Hastings	Minneapolis, MN	125	65	66	196	130
Minneapolis	Minneapolis, MN	139	66	75	211	136
Missouri: St. James	St. Louis, MO	32	37	40	69	29
Montana: Columbia Falls	Fort Harrison, MT	40	18	24	61	37
Nebraska: Grand Island	Grand Island, NE	82	25	36	115	79
New Jersey: Menlo Park	East Orange, NJ	35	6	6	42	36
New Mexico:						
Truth or Consequences	Albuquerque, NM	9	10	15	25	10
New York: Oxford	Syracuse, NY	61	32	33	95	62
North Dakota: Lisbon	Fargo, ND	98	50	52	146	94
Ohio: Sandusky	Cleveland, OH	188	143	157	340	183
Oklahoma:						
Ardmore	Oklahoma City, OK	25	49	49	74	25
Clinton	Oklahoma City, OK	20	28	29	46	17
Sulphur	Oklahoma City, OK	22	37	40	62	22
Pennsylvania:						
Erie	Erie, PA	55	18	12	68	56
Holidaysburg	Altoona, PA	142	110	119	251	132
Spring Center	Coatesville, PA	42	87	23	89	66
Rhode Island: Bristol	Providence, RI	35	10	19	48	29
South Dakota: Hot Springs	Hot Springs, SD	41	33	43	77	34
Vermont: Bennington	White River Jct., VT	22	33	33	55	22
Washington:						
Orting	Seattle, WA	54	30	34	88	54
Retsil	Seattle, WA	76	60	63	140	77
West Virginia: Barboursville	Huntington, WV	133	202	207	322	115
Wisconsin: King	Madison, WI	120	21	72	180	108
Wyoming: Buffalo	Sheridan, WY	56	40	21	81	60

See footnotes at bottom of page.

TABLE 35

## State Home Hospitals: Selected Data—Fiscal Year 1989

EXTENDED CARE

Location of State Home Hospital	Location of Authorizing VA Facility	Average Daily Census <sup>1</sup>	Admissions	Discharges and Deaths	Patients Treated <sup>2</sup>	Remaining on Sept. 30, 1989 <sup>3</sup>
Total		462	2,226	2,264	2,706	442
California: Yountville	San Francisco, CA	19	586	580	601	21
Connecticut: Rocky Hill	Newington, CT	284	531	564	825	261
Illinois: Quincy	Iowa City, IA	9	227	239	241	2
Iowa: Marshalltown	Des Moines, IA	19	264	264	285	21
Massachusetts:						
Chelsea	Boston, MA (OC)	120	489	486	609	123
Holyoke	Northampton, MA	11	127	128	142	14
Oklahoma: Sulphur	Oklahoma City, OK	1	2	3	3	....

<sup>1</sup>Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.<sup>2</sup>Discharges and deaths during the fiscal year plus the number of patients remaining at the end of the fiscal year.<sup>3</sup>Bed occupants only.

## State Nursing Care Homes: Selected Data—Fiscal Year 1989

Location	Location of Authorizing VA Facility	Average Daily Census <sup>1</sup>	Admissions	Discharges and Deaths	Patients Treated <sup>2</sup>	Remaining on Sept. 30, 1989 <sup>3</sup>
Total		8,996	5,719	5,198	14,311	9,113
Arkansas: Little Rock	Little Rock, AR	29	89	36	88	52
California: Yountville	San Francisco, CA	534	684	659	1,206	547
Colorado:						
Florence	Denver, CO	110	64	62	172	110
Homelake	Denver, CO	25	28	35	55	20
Rifle	Denver, CO	59	55	34	101	67
Georgia:						
Augusta	Augusta, GA	177	167	167	344	177
Milledgeville	Dublin, GA	213	34	26	234	208
Idaho: Boise	Boise, ID	83	42	25	121	96
Illinois:						
Manteno	Hines, IL	283	111	79	370	291
Quincy	Iowa City, IA	417	400	328	752	424
Indiana: Lafayette	Indianapolis, IN	324	108	96	424	328
Iowa: Marshalltown	Des Moines, IA	503	392	312	857	545
Kansas: Fort Dodge	Wichita, KS	74	35	31	106	75
Louisiana: Jackson	New Orleans, LA	126	48	55	179	124
Maine: Augusta	Togus, ME	94	27	24	120	96
Maryland: Charlotte Hall	Washington, DC	132	56	52	189	137
Massachusetts:						
Chelsea	Boston, MA (OPC)	49	54	47	97	50
Holyoke	Northampton, MA	229	120	119	340	221
Michigan:						
Grand Rapids	Allen Park, MI	555	146	150	698	548
Marquette	Iron Mountain, MI	136	90	46	184	138
Minnesota: Minneapolis	Minneapolis, MN	305	113	108	425	317
Missouri:						
Mexico	St. Louis, MO	136	92	88	222	134
Mt. Vernon	St. Louis, MO	93	74	72	165	93
St. James	St. Louis, MO	121	111	104	225	121
Mississippi: Jackson	Jackson, MS	71	200	55	195	140
Montana: Columbia Falls	Fort Harrison, MT	82	41	41	122	81
Nebraska: Grand Island	Grand Island, NE	553	165	185	727	542
New Hampshire: Tilton	Manchester, NH	79	27	20	102	82
New Jersey:						
Menlo Park	East Orange, NJ	300	65	81	373	292
Paramus	East Orange, NJ	93	41	38	133	95
Vineland	Wilmington, DE	247	226	247	475	228
New Mexico:						
Truth or Consequences	Albuquerque, NM	120	121	95	224	129
New York: Oxford	Syracuse, NY	66	52	47	117	70
Ohio: Sandusky	Cleveland, OH	318	102	96	420	324
Oklahoma:						
Ardmore	Oklahoma City, OK	137	150	149	288	139
Clinton	Oklahoma City, OK	140	149	151	291	140
Norman	Oklahoma City, OK	189	94	97	283	186
Sulphur	Oklahoma City, OK	138	141	146	281	135
Talihina	Oklahoma City, OK	188	232	202	403	201
Pennsylvania:						
Erie	Erie, PA	72	25	25	98	73
Holidaysburg	Altoona, PA	177	135	172	329	157
Rhode Island: Bristol	Providence, RI	235	71	78	305	227
South Carolina: Columbia	Columbia, SC	120	55	96	185	89
South Dakota: Hot Springs	Hot Springs, SD	25	16	16	39	23
Vermont: Bennington	White River Jct., VT	138	177	178	311	133
Washington:						
Orting	Seattle, WA	101	41	41	141	100
Retsil	Seattle, WA	202	95	75	282	207
Wisconsin: King	Madison, WI	394	158	112	513	401

<sup>1</sup>Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.<sup>2</sup>Discharges and deaths during the fiscal year plus the number of patients remaining at the end of the fiscal year.<sup>3</sup>Bed occupants only.

TABLE 37

## AMBULATORY CARE

Outpatient Medical Care: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis  
Fiscal Years 1985–1989

Fiscal Year	Total Visits	Category of Visit				Total Fee Visits
		Visits to VA Staff				
		Total	Service- Connected Veterans	Nonservice- Connected Veterans	Nonveterans	
1989 .....	22,629,343	21,025,887	9,590,760	10,623,025	812,102	1,603,456
1988 .....	23,232,895	21,473,403	9,396,760	10,805,912	1,270,731	1,759,492
1987 .....	21,634,757	19,837,424	8,759,011	10,104,380	974,033	1,797,333
1986 .....	20,188,132	18,457,747	8,236,854	9,396,221	824,672	1,730,385
1985 .....	19,600,849	17,789,582	7,985,300	8,988,252	816,030	1,811,267

TABLE 38

## PHARMACY

## Pharmacy Activity – Fiscal Years 1988–1989

Activity	FY 1989	FY 1988
VA pharmacies		
Prescriptions dispensed—total .....	59,526,948	58,030,027
Inpatient .....	937,133	993,801
Ambulatory—total .....	58,589,815	57,036,226
Methadone .....	1,049,675	1,095,985
All other (including fee-basis filled by VA pharmacies) .....	57,540,140	55,940,241
Unit doses dispensed .....	163,952,947	167,793,390
Primary intravenous admixtures .....	2,067,015	2,033,841
Secondary intravenous admixtures ("piggy-backs") .....	9,845,880	10,029,342
Hyperalimentation .....	345,344	374,771
Fluids and sets .....	16,036,267	11,764,006
Fee-basis		
Prescriptions filled by VA pharmacies .....	4,212,418	4,693,496
Prescriptions filled by participating pharmacies .....	186,445	224,531

Replacement and Relocation Hospital Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Number of Beds</i>	<i>Estimated Construction Cost<sup>2</sup></i>	<i>Value of Work in Place</i>	<i>Percent Complete<sup>3</sup></i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total .....	12	7,593	\$1,574,878,988	\$728,940,619	46	
A. Projects completed, total .....	0					
B. Projects under construction, total .	10	6,390	1,152,098,988	728,940,619	63	
Georgia : Augusta (LD) ...		750	90,101,650	68,659,828	76	August 1988 (A)
Maryland : Baltimore .....		324	123,816,495	12,825,846	10	June 1988 (A)
Minnesota : Minneapolis ....		845	180,163,000	164,429,285	91	August 1982 (A)
Ohio : Dayton .....		618	77,042,000	17,495,995	23	March 1988 (A)
Oregon : Portland/ Vancouver .....		610	141,226,013	107,226,013	76	August 1982 (A)
Pennsylvania: Philadelphia ....		776	111,034,303	77,958,635	70	November 1985 (A)
: Pittsburgh (AD) .		400	57,867,388	4,814,614	08	September 1988 (A)
Tennessee : Mountain Home .		530	57,406,000	41,303,853	72	March 1985 (A)
Texas : Houston .....		1,047	202,323,139	140,400,164	69	April 1986 (A)
Washington : Seattle .....		490	111,119,000	93,826,386	84	May 1980 (A)
C. Projects authorized—not under construction, total .....	2	1,203	422,780,000			
Florida : Palm Beach Co..		400	127,000,000			
Michigan : Allen Park/ Detroit. ....		803	295,780,000			

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

CONSTRUCTION

TABLE 40

Modernization Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Number of Projects	Description	Estimated Construction Cost <sup>2</sup>	Value of Work In Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
Total .....	8		\$590,811,806	\$169,311,959	29	
A. Projects completed, total .....	0					
B. Projects under construction, total .....	5		394,577,806	169,311,959	43	
Alabama		Ambulatory Care/Clinical Addition	54,033,672	50,877,357	94	September 1983 (A)
California		Remodel Buildings #2, 4, & 200	35,580,500	21,856,571	61	June 1983 (A)
Illinois		Environmental Improvements	113,435,000	19,652,858	17	September 1988 (A)
New Mexico		Clinical Improvements	67,422,634	60,338,847	89	July 1983 (A)
New York		OP/Clinical Addition & Alterations	124,106,000	16,586,326	13	September 1985 (A)
C. Projects authorized—not under construction, total .....	3		196,234,000			
Connecticut		Medical Center Modernization	51,845,000			
Georgia		Clinical Addition	64,989,000			
Indiana		Clinical Improvements	79,400,000			

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

Nursing Home Care Units Construction Projects<sup>1</sup>—Fiscal Year 1989  
 Completions and Year-End Status

Location	Number of Projects	Number of Nursing Home Care Beds	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Per-cent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
Total .....	23	1,975	\$117,667,846	\$46,275,575	39	
A. Projects completed, total .....	3	300	17,487,455	17,487,455	100	
Arizona : Prescott .....		60	4,920,119	4,920,119	100	May 1989 (C)
New York : Northport .....		120	7,506,255	7,506,255	100	May 1989 (C)
Tennessee : Murfreesboro		120	5,061,081	5,061,081	100	May 1989 (C)
B. Projects under construction, total .	8	769	47,016,853	28,788,120	61	
Arizona : Tucson .....		120	6,290,518	893,032	14	April 1989 (A)
California : West Los Angeles		120	7,884,352	7,732,667	98	July 1987 (A)
Colorado : Fort Lyon .....		37	1,541,561	1,367,405	89	September 1988 (A)
Florida : Tampa .....		120	5,487,112	.....	...	September 1989 (A)
North Carolina : Durham .....		120	8,178,457	8,012,558	98	September 1986 (A)
Puerto Rico : San Juan .....		120	8,381,861	7,596,699	91	September 1986 (A)
Texas : Amarillo .....		120	7,543,692	3,185,759	42	October 1988 (A)
Virginia : Richmond .....		12	1,709,300	.....	...	September 1989 (A)
C. Projects authorized—not under construction, total .....	12	906	53,163,538	.....	...	
Projects \$1,000,000 and over, total	11	856	52,252,900	.....	...	
California : San Francisco ..		120	8,515,000	.....	...	
Colorado : Fort Lyon .....		40	1,507,900	.....	...	
Louisiana : New Orleans ....		120	14,700,000	.....	...	
Michigan : Saginaw .....		120	10,414,500	.....	...	
New York : Batavia .....		35	1,350,000	.....	...	
North Dakota : Fargo .....		50	1,250,000	.....	...	
Ohio : Cleveland (BR) ..		95	1,593,500	.....	...	
Pennsylvania : Butler .....		36	1,290,000	.....	...	
: Pittsburgh (HD) .		60	1,203,000	.....	...	
: Wilkes-Barre ....		60	4,133,000	.....	...	
Tennessee : Mountain Home .		120	6,296,000	.....	...	
Projects under \$1,000,000, total ....	1	50	910,638	.....	...	

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

Research and Education Construction Projects,<sup>1</sup> Fiscal Year 1989  
Completions and Year-End Status

Location	Number of Projects	Description	Estimated Construction Cost <sup>2</sup>	Value of Work In Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
Total .....	16		\$47,894,778	\$18,342,970	38	
A. Projects completed, total .....	3		5,242,806	5,242,806	100	
Illinois : Danville .....		Construct Learning Resource Center	1,742,731	1,742,731	100	January 1989 (C)
Pennsylvania : Pittsburgh .....		Renovate B-6 for Animal Research	878,672	878,672	100	April 1989 (C)
Texas : Dallas .....		Renovate B-3, Research	2,621,403	2,621,403	100	December 1988 (C)
B. Projects under construction, total .....	6		30,515,648	13,100,164	43	
Projects \$1,000,000 and over, total .....	5		29,562,143	12,993,785	44	
California : Palo Alto (PAD) .....		Animal Research Operatory	1,625,871	201,491	12	May 1988 (A)
New York : Buffalo .....		Research Bldg./Clinical Expansion	16,114,720	10,379,819	64	May 1988 (A)
Oklahoma : Oklahoma City .....		Expand Animal Facility	1,873,913	679,898	36	December 1988 (A)
South Carolina : Columbia .....		Addition to Bldg. 9 (Research)	1,967,639	1,732,577	88	September 1987 (A)
Vermont : White River Junction .....		Research and Education Building	7,980,000	.....	..	September 1989 (A)
Projects under \$1,000,000, total .....	1		953,505	106,379	11	
C. Projects authorized—not under construction, Total .....	7		12,136,324	.....	..	
Projects \$1,000,000 and over, total .....	7		12,136,324	.....	..	
California : Palo Alto (PAD) .....		Exp. Rehab. Engr. & Res. Ctr. (PH3)	1,269,000	.....	..	
San Diego : San Diego .....		AIDS Research Center	1,318,000	.....	..	
Idaho : Boise .....		Construct Research Facility	1,569,874	.....	..	
Illinois : Hines .....		New Animal Research Bldg.	1,477,000	.....	..	
Hines : Hines .....		Renovate Research Labs Bldg. 1	1,654,050	.....	..	
New Jersey : East Orange .....		Reloc./Consol. Res. Exp. Clin. Lab	3,207,000	.....	..	
New York : New York .....		RCAMI Laboratories	1,641,400	.....	..	
Projects Under \$1,000,000, total .....	0					

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, awarded, including contingencies.

<sup>3</sup> Based on general construction only.

Other Improvements Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Description	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)	
TOTAL .....	688 Projects	\$1,420,021,244	\$727,485,190	51		
A. Projects completed, Total .....	128 Projects	308,258,392	308,258,392	100		
California	: Fresno .....	Reconst MICU/CCU & Stpdwn	1,937,012	1,937,012	100	January 1989 (C)
	: Fresno .....	DHCP Site Prep	378,146	378,146	100	May 1989 (C)
	: Livermore .....	Renovate Ground Floor	170,094	170,094	100	December 1988 (C)
	: Loma Linda .....	Revise Amscar Washer/Routing	197,700	197,700	100	July 1989 (C)
	: Long Beach .....	Install Lithotripper, B-128	207,439	207,439	100	October 1988 (C)
	: Palo Alto .....	Animal Res Fac Alterations	178,643	178,643	100	June 1989 (C)
	: Palo Alto .....	Blind Center Living Quarters	455,470	455,470	100	March 1989 (C)
	: Palo Alto .....	Female Patient Privacy	302,879	302,879	100	March 1989 (C)
	: Palo Alto .....	SCI Addition	15,902,117	15,902,117	100	August 1989 (C)
	: San Diego .....	Computer Room Expansion	265,945	265,945	100	May 1989 (C)
	: San Diego .....	Emerg Gener/Energy Conserv	3,893,984	3,893,984	100	April 1989 (C)
	: San Diego .....	Emergency Water Storage	581,817	581,817	100	September 1989 (C)
	: San Diego .....	Geropsychiatric Unit	417,419	417,419	100	January 1989 (C)
	: San Diego .....	Research Expansion, 6E	425,968	425,968	100	November 1988 (C)
	: San Diego .....	Site Prep CAT Scan	221,500	221,500	100	November 1988 (C)
	: San Francisco .....	Nuclear Magnetic Resonance	1,386,278	1,386,278	100	October 1988 (C)
	: Sepulveda .....	Radiology Upgrade	125,772	125,772	100	October 1988 (C)
	: West Los Angeles .....	Remodel Gastroenterology	264,471	264,471	100	December 1988 (C)
Colorado	: Grand Junction .....	Outpatient/Clinical Addn	9,181,804	9,181,804	100	December 1988 (C)
Connecticut	: West Haven .....	Neuro-Radiology Suite	242,667	242,667	100	January 1989 (C)
Florida	: Bay Pines .....	Additional Elevator B-2	181,790	181,790	100	December 1988 (C)
	: Bay Pines .....	DHCP Space Renovation	382,509	382,509	100	December 1988 (C)
	: Gainesville .....	Install Diagnostic MRI	1,580,683	1,580,683	100	April 1989 (C)
	: Miami .....	Convert B-8 & 9 to Research	457,259	457,259	100	October 1988 (C)
	: Tampa .....	DHCP Site Upgrade	327,121	327,121	100	August 1989 (C)
Georgia	: Dublin .....	Improve/Mod Recreation Facility	351,569	351,569	100	November 1988 (C)
Idaho	: Boise .....	Geothermal Conversion	3,515,961	3,515,961	100	November 1988 (C)
Illinois	: Chicago (LS) .....	Reloc Dish Mchne & Dining Rms	449,321	449,321	100	February 1989 (C)
	: Chicago (WS) .....	OP Addn/Renov of B-11 A/B	20,371,332	20,371,332	100	October 1988 (C)
	: Danville .....	Phone Replace Equip/Site Prep	372,478	372,478	100	May 1989 (C)
	: Danville .....	Relocate Dir Suite & MAS Ofc	397,057	397,057	100	April 1989 (C)
	: Hines .....	Construct/Install Elevator	246,307	246,307	100	October 1988 (C)
	: Hines .....	Relocate Research Lab C B-1	389,559	389,559	100	November 1988 (C)
	: Hines .....	Renovate B-12, 13/Blind Center	501,342	501,342	100	February 1989 (C)
	: Marion .....	Expand Dietetics/SPD	1,676,243	1,676,243	100	June 1989 (C)
Indiana	: Indianapolis .....	Expand Medical Records	234,443	234,443	100	June 1989 (C)
	: Indianapolis .....	Warehouse/Laundry Cnsl Fac	2,047,324	2,047,324	100	February 1989 (C)
	: Marion .....	Phone System Modernization	2,070,722	2,070,722	100	May 1989 (C)
Iowa	: Knoxville .....	Fire & Safety Improvements	1,857,287	1,857,287	100	March 1989 (C)
Kansas	: Leavenworth .....	Install Elevator, B-153	241,847	241,847	100	August 1989 (C)
	: Wichita .....	Remodel B-5 for Research	447,282	447,282	100	October 1988 (C)
Kentucky	: Louisville .....	Clinical/Education Addn	11,140,257	11,140,257	100	June 1989 (C)
Louisiana	: Alexandria .....	Clinical Improvement	21,630,592	21,630,592	100	June 1989 (C)
	: New Orleans .....	Renovate 2CW for ADP Equip	359,545	359,545	100	December 1988 (C)
	: New Orleans .....	Upgrade Linen Chute Shafts	281,198	281,198	100	December 1988 (C)
Maryland	: Fort Howard .....	Replace A/C In Clinical Lab	509,235	509,235	100	October 1988 (C)
	: Perry Point .....	Elev B-11, 13, 14, 15, 22, 80, 82	1,563,036	1,563,036	100	March 1989 (C)
	: Perry Point .....	New Bldg/Filter Plant	412,071	412,071	100	March 1989 (C)
Michigan	: Allen Park .....	DHCP Site Prep	212,021	212,021	100	January 1989 (C)
	: Allen Park .....	Renovate Canteen Kitchen	534,832	534,832	100	February 1989 (C)
	: Allen Park .....	Modular Research Bldg	574,602	574,602	100	August 1989 (C)
	: Battle Creek .....	Basement Ceilings B-4, 13 & 39	166,427	166,427	100	April 1989 (C)
	: Battle Creek .....	Nuclear Medicine	1,209	1,209	100	February 1989 (C)
Mississippi	: Jackson .....	Install Sprinklers	1,589,045	1,589,045	100	April 1989 (C)
Missouri	: Kansas City .....	Modify Loading Dock, B-1	424,838	424,838	100	October 1988 (C)
	: St. Louis .....	Install Central A/C B-3 & 4	271,946	271,946	100	July 1989 (C)
	: St. Louis .....	Laundry Replacement	1,969,119	1,969,119	100	September 1989 (C)
	: St. Louis .....	Renovate Ward 7B	1,197,050	1,197,050	100	May 1989 (C)
Montana	: Fort Harrison .....	Renovate Dietetics	974,865	974,865	100	March 1989 (C)
	: Fort Harrison .....	New Supply Warehouse	474,029	474,029	100	May 1989 (C)
New Jersey	: East Orange .....	Improve/Correct Environ Def	34,868,504	34,868,504	100	October 1988 (C)
New Mexico	: Albuquerque .....	G.I. Suite Relocation	182,115	182,115	100	February 1989 (C)
New York	: Canandaigua .....	Elevate Water Tank Strndpipe	880,632	880,632	100	February 1989 (C)
	: Canandaigua .....	Install Addition to Garage	243,735	243,735	100	October 1988 (C)
	: Canandaigua .....	Laundry Complex Renovation	516,267	516,267	100	December 1988 (C)
	: Castle Point .....	Building Addition	7,966,210	7,966,210	100	July 1989 (C)
	: Castle Point .....	Laboratory Addition	1,748,373	1,748,373	100	February 1989 (C)
	: Montrose .....	Additional Elevator-Ph 2	1,062,324	1,062,324	100	June 1989 (C)
	: Montrose .....	Modernize Dietetics	400,000	400,000	100	November 1988 (C)

See footnotes at end of table.

Other Improvements Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Description	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
: New York	Pat Prv, Ward 8N, 9N, 10N	485,039	485,039	100	May 1989 (C)
: Northport	10-Bed SICU	1,929,689	1,929,689	100	May 1989 (C)
: Northport	Install Elevator, B-1, 10, 12	502,687	502,687	100	March 1989 (C)
: Syracuse	F&S, Pat Prv/Sup Sys HVAC	34,562,733	34,562,733	100	May 1989 (C)
North Dakota : Fargo	Telephone Instl VAMC/ROC	390,250	390,250	100	November 1988 (C)
Ohio : Cincinnati	Remodel Morgue/Loading Dock	1,297,371	1,297,371	100	February 1989 (C)
: Cincinnati	Renovate 8th Floor/Psych Ward	1,454,961	1,454,961	100	March 1989 (C)
: Cleveland	Clinical Imprv/Reloc Surgery	8,334,761	8,334,761	100	August 1989 (C)
: Dayton	12KV Distribution System	1,810,229	1,810,229	100	September 1989 (C)
: Dayton	ADP Site Expansion	151,112	151,112	100	August 1989 (C)
: Dayton	F&S Various Buildings	1,369,261	1,369,261	100	November 1988 (C)
Oregon : Roseburg	Relocate ICU	517,054	517,054	100	June 1989 (C)
: Roseburg	Update/Spot Cool Laundry	547,309	547,309	100	September 1989 (C)
Pennsylvania : Coatesville	Water Main Feed/Elec Equipment	458,338	458,338	100	October 1988 (C)
: Pittsburgh	OPC Addition	24,518,561	24,518,561	100	May 1989 (C)
: Pittsburgh	Renovate Canteen	597,886	597,886	100	January 1989 (C)
: Wilkes-Barre	Alcohol Treatment Unit	1,253,983	1,253,983	100	December 1988 (C)
: Wilkes-Barre	Hemodialysis	246,149	246,149	100	November 1988 (C)
South Carolina : Charleston	Radiology Renovation	285,290	285,290	100	November 1988 (C)
: Columbia	Cardiac CATH Lab	102,751	102,751	100	November 1988 (C)
South Dakota : Hot Spring	Construct Fire Station	721,671	721,671	100	October 1988 (C)
: Hot Spring	Renovate B2A, ADTP	438,647	438,647	100	November 1988 (C)
: Hot Spring	Renovate Dietetics, B-52	1,382,298	1,382,298	100	April 1989 (C)
Tennessee : Memphis	Relocate Cardiac A/C Plant	352,807	352,807	100	June 1989 (C)
: Memphis	Replace Radiology Room	379,477	379,477	100	July 1989 (C)
: Murfreesboro	Life Safety Code Defic	1,390,872	1,390,872	100	January 1989 (C)
Texas : Austin (DPC)	Closed Circuit Video Surv System	83,518	83,518	100	June 1989 (C)
: Bonham	Construct Central A/C Plant	1,362,347	1,362,347	100	March 1989 (C)
: Bonham	Expand Warehouse	509,563	509,563	100	March 1989 (C)
: Bonham	Renovate Ward Areas, B-1	563,375	563,375	100	March 1989 (C)
: Dallas	ADP Site Preparation	380,000	380,000	100	May 1989 (C)
: Dallas	Convert HVAC System to VAV	906,423	906,423	100	December 1988 (C)
: Dallas	Expand Laundry for NHCU	1,411,242	1,411,242	100	October 1988 (C)
: Dallas	F&S Improvements	1,512,000	1,512,000	100	October 1988 (C)
: Kerrville	Renovate SPD	904,217	904,217	100	March 1989 (C)
: San Antonio	Expand ADP	468,000	468,000	100	May 1989 (C)
: San Antonio	FSES Corrections	568,941	568,941	100	May 1989 (C)
: San Antonio	Modify Unit 2A for SCI	434,768	434,768	100	May 1989 (C)
: Waco	New Dietetics Building	4,319,959	4,319,959	100	December 1988 (C)
Utah : Salt Lake City	Cardiology Research Addition	424,006	424,006	100	December 1988 (C)
: Salt Lake City	Construct Research Lab B-2	452,000	452,000	100	April 1989 (C)
: Salt Lake City	DHCP Addition	307,381	307,381	100	March 1989 (C)
: Salt Lake City	Electrical Improvements	859,804	859,804	100	May 1989 (C)
: Salt Lake City	Expand Radiology	1,528,079	1,528,079	100	May 1989 (C)
: Salt Lake City	Remodel Building 3, Ph 1	619,403	619,403	100	January 1989 (C)
: Salt Lake City	Remodel Building 13	290,970	290,970	100	February 1989 (C)
: Salt Lake City	Research Program, B-2	429,400	429,400	100	January 1989 (C)
: Salt Lake City	MRI Addition	911,153	911,153	100	July 1989 (C)
Virginia : Hampton	Electrical System Modernization	1,586,031	1,586,031	100	April 1989 (C)
: Hampton	F&S Improvements	4,469,416	4,469,416	100	August 1989 (C)
Washington : American Lake	Laundry Replacement	2,930,563	2,930,563	100	December 1988 (C)
: Spokane	Additional HVAC Plant	1,446,776	1,446,776	100	March 1989 (C)
: Spokane	Renovate/Expand OPT Modular	381,000	381,000	100	February 1989 (C)
West Virginia : Clarksburg	Clinical Addition, Alterations	22,221,532	22,221,532	100	March 1989 (C)
: Huntington	Second Entrance Road	453,939	453,939	100	February 1989 (C)
Wisconsin : Milwaukee	Corr Elec Defl/Prim Pwr(Dom)	1,710,365	1,710,365	100	July 1989 (C)
: Milwaukee	Install TV Outlets, B-111	214,797	214,797	100	April 1989 (C)
: Milwaukee	Phone System Replace Site Prep	1,022,822	1,022,822	100	April 1989 (C)
Wyoming : Sheridan	Relocate Building 10 Ph 1	102,778	102,778	100	June 1989 (C)
B. Projects under construction, Total	277 Projects	755,891,291	419,226,798	55	
Projects \$1,000,000 and over, Total	96 Projects	684,735,804	372,898,487	54	
Alabama : Montgomery	OP and Ward Renovations	23,703,946	5,631,528	24	September 1988 (A)
: Tuskegee	Correct Fire Deficiencies	1,580,277	1,502,995	95	March 1988 (A)
Arizona : Tucson	Renovate 1st Floor Building 3	1,316,815	598,238	45	September 1988 (A)
California : Livermore	F&S, Svc Elev, Expand Amb Cr	8,693,000	0	0	September 1989 (A)
: Long Beach	Correct Fire Protection Defic	1,862,984	493,766	27	September 1988 (A)
: Long Beach	Relocate/Consolidate Hemod	1,498,640	781,431	52	December 1988 (A)
: Long Beach	Upgrade Secondary Elec Dist	4,869,747	4,629,706	95	September 1987 (A)
: Los Angeles	Outpatient Clinic Building	46,457,000	3,372,529	7	April 1989 (A)

See footnotes at end of table.

Other Improvements Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Description	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
: San Diego	F&S Improvements	1,722,076	1,501,035	85	September 1988 (A)
: West Los Angeles	Safety Improvements B-304	1,044,000	483,648	46	September 1988 (A)
Connecticut : West Haven	F&S Improvements	5,425,000	133,250	2	May 1989 (A)
Dist. of Col. : Washington	Additional Sprinklers	1,369,249	995,538	73	August 1987 (A)
: Washington	Enclose C Roof	1,717,550	873,500	51	July 1988 (A)
Florida : Miami	Smoke Control System/Fire Alarm	1,638,366	1,287,697	79	July 1987 (A)
Idaho : Boise	Connecting Corridor B-27-29	1,253,304	1,211,094	97	September 1988 (A)
Illinois : Chicago (LS)	Modernize Wards 11th Floor	1,436,953	560,097	39	September 1988 (A)
: Chicago (WS)	Remodel Surgical Suite (OR)	1,876,529	1,736,504	93	September 1985 (A)
: Hines	40-Bed Long Term SCI Unit	4,667,873	3,714,911	80	September 1987 (A)
: Hines	180-Bed Psych Replace Fac	22,293,689	16,899,416	76	November 1987 (A)
: Hines	New Linear Acc Facility	1,682,527	1,575,585	94	June 1987 (A)
: Hines (DPC)	2nd Floor Addition, B-215	1,564,714	1,484,277	95	September 1987 (A)
: Marion	Correct Seismic Defic	3,667,159	1,117,442	30	September 1988 (A)
Indiana : Indianapolis (TSD)	Backfill, Alter, Wing Addition	1,393,276	715,926	51	September 1988 (A)
: Indianapolis (TSD)	F&S Improvements (WT&CS)	6,164,091	3,827,996	62	September 1988 (A)
: Marion	Addition to Laundry	1,497,333	1,273,235	85	November 1986 (A)
Iowa : Iowa City	Amb Care/Clinical Addition	19,754,688	18,579,082	94	September 1986 (A)
: Knoxville	Connect Corridors (W Campus)	1,786,678	1,330,796	74	September 1988 (A)
Kansas : Topeka	F&S/Pat Prv/Elec Imprv	15,932,275	15,795,277	99	December 1986 (A)
Kentucky : Lexington (LD)	Renovate Kitchen Building 3	1,748,900	0	0	September 1989 (A)
: Lexington (UD)	Clinical Addition	27,406,408	25,907,513	95	July 1986 (A)
Maine : Togus	Clinical Improvements	23,195,187	9,547,209	41	July 1988 (A)
Maryland : Fort Howard	Multi-Purpose Building	1,770,284	347,177	20	June 1988 (A)
: Fort Howard	Renovate 1st & 2nd Floors B-6	1,358,378	1,329,978	98	March 1988 (A)
Massachusetts : Boston	F&S Improvements Sprinklers	3,382,487	2,837,104	84	September 1987 (A)
: Brockton	Modernize Buildings 2 & 7	19,669,899	15,644,375	80	September 1985 (A)
: Brockton	Relocate MICU	1,035,067	974,842	94	September 1988 (A)
: Brockton (WR)	OPC, Res/Educ, Admin Svc	36,242,138	31,521,428	87	September 1986 (A)
: Northampton	Replace Telephone System	1,629,334	1,452,888	89	September 1988 (A)
Michigan : Allen Park	Install Sprinklers—Patient Areas	1,597,424	1,520,956	95	September 1986 (A)
: Ann Arbor	Linear Accelerator	1,750,002	1,279,411	73	September 1988 (A)
Mississippi : Jackson	Clinical Addition	32,812,251	8,970,400	27	September 1988 (A)
: Jackson	Upgrade Elec Distr System	1,604,006	1,183,368	74	September 1988 (A)
Missouri : Kansas City	Renovate Dietetics	1,303,948	548,739	42	September 1988 (A)
: St. Louis (JB)	Clinical Addition/Wd Renovate/Amb Cr	27,132,088	26,335,175	97	July 1983 (A)
: St. Louis (JB)	Remodel 1st Floor	1,681,169	1,482,232	88	September 1988 (A)
: St. Louis (JB)	Remodel Building 53	7,829,997	0	0	June 1989 (A)
: St. Louis (JB)	Renovate Ward 5N Building 1	1,238,459	124,081	10	January 1989 (A)
: St. Louis (JB)	Seismic Corrections	12,591,969	8,386,060	67	November 1987 (A)
Nebraska : Omaha	Corr Elec F&S Defic	3,255,308	2,241,312	69	July 1987 (A)
New Jersey : East Orange	Upgrade MICU	1,309,167	1,234,123	94	January 1988 (A)
: Lyons	F&S Improvements	4,236,006	2,675,822	63	September 1987 (A)
: Lyons	Renovate Buildings 7 & 57	14,957,974	2,646,983	18	February 1989 (A)
New Mexico : Albuquerque	MRI Facility	1,101,350	0	0	September 1989 (A)
: Albuquerque	Renovations—Building 4	1,866,646	820,748	44	September 1988 (A)
New York : Albany	Modify Wards	20,206,460	6,327,948	31	December 1987 (A)
: Albany	Renovate 1C Clinics	1,241,591	375,295	30	September 1988 (A)
: Brooklyn	Renovate Ground Floor B-1	1,447,000	0	0	September 1989 (A)
: Brooklyn	Centralize Tray Service	1,623,000	0	0	September 1989 (A)
: Brooklyn	Linear Accelerator Building	1,153,893	491,100	43	March 1989 (A)
: Canandaigua	Total Sprinkler System	1,640,000	0	0	September 1989 (A)
: Northport	Correct F&S Deficiencies	1,424,000	0	0	September 1989 (A)
North Carolina : Asheville	Dietetic Kitchen Renovation	1,298,028	656,179	51	August 1988 (A)
: Durham	Boiler Plant Replacement	2,911,869	2,901,176	99	September 1986 (A)
: Salisbury	F&S Standpipes/Fire Pumps	1,792,734	1,494,718	83	November 1986 (A)
: Salisbury	Geropsychiatric Building	15,827,258	15,506,418	98	September 1987 (A)
Ohio : Cleveland (B)	Replace Fire Alarm System	1,088,757	1,055,359	97	September 1983 (A)
: Cleveland (WP)	F&S Improvements	4,946,369	2,045,955	41	October 1988 (A)
: Dayton	Steam System B-307, 310, 315, 143	1,662,555	1,463,796	88	December 1987 (A)
Pennsylvania : Coatesville	A/C Remaining Work	3,053,063	2,183,732	72	June 1986 (A)
: Coatesville	F&S Improvements	9,849,155	7,785,122	79	June 1986 (A)
: Coatesville	New Kitchen & Dining Hall	6,432,164	4,647,096	72	November 1987 (A)
: Erie	Construct Warehouse/Prime Elec	1,960,946	1,910,838	97	August 1987 (A)
: Philadelphia	Modernize Ward 5 West	1,145,661	454,345	40	February 1989 (A)
: Philadelphia	Sprinkler Hosp, B-(034APF)	1,361,222	1,324,276	97	September 1987 (A)
: Pittsburgh (HD)	Mod HVAC, F/Smoke Det/Elec	27,889,674	24,329,882	87	September 1986 (A)
Puerto Rico : San Juan	Linear Accelerator Building	1,168,929	311,920	27	March 1989 (A)
Rhode Island : Providence	Renovate Ward 4A	1,678,596	1,026,354	61	February 1989 (A)
South Dakota : Fort Meade	Medical Support Svc Exp	1,182,035	864,724	73	September 1988 (A)
: Fort Meade	Renovate Surgical Suite	1,765,911	1,492,182	84	September 1988 (A)
Tennessee : Memphis	Establish MRI	1,153,539	0	0	September 1989 (A)
Texas : Dallas	Expand Cobalt Therapy	1,761,832	1,639,979	93	April 1988 (A)

See footnotes at end of table.

TABLE 43—Continued

CONSTRUCTION

Other Improvements Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Description	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)	
Utah	: San Antonio ..... : Temple ..... : Waco ..... : Salt Lake City ..... : Salt Lake City ..... : Salt Lake City .....	30-Bed SCI Unit Main Kitchen Renovation Renovate Buildings 10 & 90 Egress Improvements Electrical Improvements F&S Improvements Sprinklers	6,570,062 1,670,500 7,792,885 1,516,102 3,007,379 1,084,966	0 0 7,560,768 1,241,420 2,964,782 965,470	0 0 97 82 99 89	September 1989 (A) August 1989 (A) September 1987 (A) April 1988 (A) November 1987 (A) April 1988 (A)
Virginia	: Salem .....	OPC, Nursing Unit (Ph 1A)	50,579,527	16,919,664	33	May 1988 (A)
Washington	: American Lake .....	New Rehabilitation Med Fac	1,803,241	1,692,420	94	November 1988 (A)
West Virginia	: Spokane .....	Primary Electrical Improvements	1,006,769	930,509	92	September 1987 (A)
Wisconsin	: Huntington .....	Clinical Improvements/Addn	41,102,893	3,212,546	8	October 1988 (A)
	: Milwaukee .....	MRI System	1,898,620	0	0	September 1989 (A)
	: Milwaukee .....	Emergency Generator B-111	1,194,818	1,182,870	99	August 1985 (A)
	: Tomah .....	Modernize Building 433 & 404	5,779,970	4,807,216	83	October 1987 (A)
Wyoming	: Cheyenne .....	Expand/Renovate B-1/Clin Func	11,996,746	10,014,005	83	March 1988 (A)
	: Sheridan .....	Outpatient Clinic Addition	7,489,500	0	0	September 1989 (A)
Projects under \$1,000,000, Total .....		181 Projects	71,155,487	46,328,311	65	
C. Projects authorized—not under construction, Total .....		283 Projects	355,871,561	.....	.....	
Projects \$1,000,000 and over, Total .....		91 Projects	283,745,509	.....	.....	
Alabama	: Tuskegee .....	Correct Handicapped Barriers	1,461,000	.....	.....	
	: Tuskegee .....	F&S Improvements	1,318,000	.....	.....	
	: Tuskegee .....	F&S Improvements	1,737,000	.....	.....	
Arizona	: Phoenix .....	Remodel Building 21	1,000,000	.....	.....	
California	: Fresno .....	Upgrade Electrical Dist	1,085,000	.....	.....	
	: Livermore .....	Widen Bridge & Entrance RD	1,140,002	.....	.....	
	: Long Beach .....	Expand/Renovate Radiation	1,726,000	.....	.....	
	: Long Beach .....	Underground Water Storage	1,142,400	.....	.....	
	: Long Beach .....	Replace Elevators	1,746,712	.....	.....	
	: Martinez .....	Fire & Safety Corrections	1,684,000	.....	.....	
	: San Diego .....	Non-Struct Seismic Corr	5,053,000	.....	.....	
	: San Diego .....	Remodel MICU/CCU	1,385,600	.....	.....	
	: San Francisco .....	Non-Struct Seismic Defic	1,583,000	.....	.....	
	: Sepulveda .....	Outpatient Clinic B-2	1,674,000	.....	.....	
	: West Los Angeles .....	B-300, 2N, Remodel Canteen	1,546,000	.....	.....	
	: West Los Angeles .....	Correct Safety Defic	1,425,500	.....	.....	
Connecticut	: West Haven .....	Telephone Conduit System	1,348,900	.....	.....	
Delaware	: Wilmington .....	Patient Privacy	1,548,000	.....	.....	
	: Wilmington .....	Renovation of Dietetics	1,660,000	.....	.....	
Florida	: Miami .....	Modify 10AB for AIDS	1,566,100	.....	.....	
	: Miami .....	Renovate MICU/CCU	1,583,000	.....	.....	
	: Miami .....	Relocate radiation Therapy	1,053,148	.....	.....	
Georgia	: Dublin .....	Patient Privacy, B-13	1,593,400	.....	.....	
Illinois	: Chicago (WS) .....	F&S/Pat Privacy Improvements	5,359,000	.....	.....	
	: Chicago (WS) .....	Renovate B-11A & 11B	14,672,000	.....	.....	
	: Danville .....	Relocate Amb Cr, Nuc Med, Rad	1,554,000	.....	.....	
Indiana	: Indianapolis .....	Modernize Wards	1,442,000	.....	.....	
	: Marion .....	Correct Elec Defic (Ph 3)	1,641,284	.....	.....	
Kansas	: Leavenworth .....	Patient Privacy	5,815,000	.....	.....	
	: Wichita .....	Construct Regional Office	4,799,000	.....	.....	
Kentucky	: Lexington .....	Radiation Therapy	1,600,000	.....	.....	
Maine	: Togus .....	Clinical Improvements	7,560,000	.....	.....	
Maryland	: Perry Point .....	Clinical Addition	10,818,000	.....	.....	
Massachusetts	: Bedford .....	Correct Egress Defic	1,250,000	.....	.....	
	: Bedford .....	Install Elevators	1,355,000	.....	.....	
	: Bedford .....	Sprinklers B-70, 78 & 80	1,316,768	.....	.....	
	: Northampton .....	Sprinklers B-3, 6, 7, & 36	1,675,260	.....	.....	
Michigan	: Battle Creek .....	Sprinkler Buildings	1,574,468	.....	.....	
Minnesota	: St. Cloud .....	Renovate Wards 1st Floor B-50	1,452,000	.....	.....	
Mississippi	: Biloxi (BD) .....	New Boiler Plant	1,752,230	.....	.....	
Missouri	: Columbia .....	Upgrade Sprinklers	1,409,511	.....	.....	
	: Kansas City .....	New Telephone System	1,107,000	.....	.....	
	: Poplar Bluff .....	Electrical Distr System Improvements	2,782,000	.....	.....	
	: St. Louis (JB) .....	Energy Recovery System	1,285,600	.....	.....	
	: St. Louis (JB) .....	Renovate Ward 4N Building 1	1,170,000	.....	.....	
Montana	: Fort Harrison .....	Renovate Ward 3	1,177,000	.....	.....	
	: Miles City .....	Remodel Ward 4	1,141,894	.....	.....	
New Hampshire	: Manchester .....	Clinical Upgrade & Warehouse	1,330,400	.....	.....	
New Jersey	: East Orange .....	Replace Phone Switchboard	1,319,000	.....	.....	
	: Lyons .....	Renovate Intermediate Care	5,215,000	.....	.....	
	: Lyons .....	Replace Primary Elec Distr	1,718,200	.....	.....	

See footnotes at end of table.

Other Improvements Construction Projects,<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Description	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
New Mexico : Albuquerque	Renovate Chiller Connection	1,531,915	.....	.....	
New York : Albany	Install Sprinkler System	1,645,300	.....	.....	
: Albany	Renovate 1D Admitting	1,393,074	.....	.....	
: Albany	Renovate Chemistry Lab	1,533,953	.....	.....	
: Albany	Telephone Site Prep	1,284,850	.....	.....	
: Bronx	Therapeutic Pool Addition	1,072,000	.....	.....	
: Brooklyn	District Counsel Relocation	1,353,066	.....	.....	
: Brooklyn	Renovate Wards (8W & 13W)	1,482,000	.....	.....	
: Brooklyn (SA)	Mod Kit/Sat Dining Areas	3,346,000	.....	.....	
: Montrose	Additional Elevators	1,157,000	.....	.....	
: Montrose	Patient Privacy Building 4	1,274,000	.....	.....	
: Montrose	Emergency Generators	1,817,300	.....	.....	
: Montrose	Renovate B-53	6,181,000	.....	.....	
: New York	Fire Alarm System	1,541,000	.....	.....	
North Carolina : Durham	Clinical Addition (Part 2)	8,727,000	.....	.....	
Ohio : Cleveland (B)	F&S Improvements	2,218,000	.....	.....	
Oklahoma : Oklahoma City	Renovate Ward 4E	1,850,400	.....	.....	
Oregon : Roseburg	Relocate Surgery to 3N	1,717,000	.....	.....	
Pennsylvania : Altoona	Warehouse Building	1,347,500	.....	.....	
: Erie	OPC Modernization/Expansion	1,647,307	.....	.....	
: Philadelphia	Modernize Ward 6 South	1,266,000	.....	.....	
: Pittsburgh (UD)	Dead Corridor, Pat Prv/Bathrooms	1,656,000	.....	.....	
: Pittsburgh (UD)	Rad Therapy Suite (UD)	1,413,467	.....	.....	
: Pittsburgh	Additional Smoke Dampers, Sprinklers	1,709,800	.....	.....	
South Carolina : Columbia	Vertical Ext, 4th Floor, S	1,736,000	.....	.....	
South Dakota : Hot Springs	Renovate E Wing B-12, Ground, 1st	1,553,000	.....	.....	
Tennessee : Memphis	F&S Improvements	1,803,200	.....	.....	
: Nashville	Clinical Improvements	44,139,000	.....	.....	
Texas : Amarillo	Expand Dietetics	1,470,000	.....	.....	
: Dallas	MRI Facility	1,338,000	.....	.....	
: Waco	Renovate Buildings 91 & Chiller	6,700,000	.....	.....	
: Waco	Renovate Building 92 (Ph 2)	4,400,000	.....	.....	
Utah : Salt Lake City	Patient Privacy, Building 3	1,594,000	.....	.....	
Virginia : Salem	OPC, Nursing Unit (Ph 1B)	10,036,000	.....	.....	
West Virginia : Beckly	A/C System Replacement	1,700,000	.....	.....	
: Beckly	Clinical Addition	13,636,000	.....	.....	
: Clarksburg	Ward Renovation (4A)	1,585,000	.....	.....	
: Martinsburg	Water Treatment Plant	1,456,000	.....	.....	
Wisconsin : Madison	Central Air Conditioning	11,600,000	.....	.....	
: Milwaukee	F&S Improvements	6,483,000	.....	.....	
Projects under \$1,000,000, Total	192 Projects	72,126,052	.....	.....	

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

TABLE 44

## CONSTRUCTION

National Cemetery Projects,<sup>1</sup> Fiscal Year 1989  
Completions and Year-End Status

Location	Number of Projects	Description	Estimated Construction Cost <sup>2</sup>	Value of Work In Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
Total .....	97		\$39,449,158	\$7,775,675	19	
A. Projects completed, total .....	28		3,231,444	3,231,444	100	
California : Fort Rosecrans National		Road & Curb Repairs	126,552	126,552	100	March 1989 (C)
Colorado : Fort Logan National		Asbestos Removal - Lodge & Serv. Bldg.	18,058	18,058	100	March 1989 (C)
		Repair & Slurry Seal Roads	130,999	130,999	100	March 1989 (C)
Florida : Barrancas National		Demolish & Tree Removal	159,064	159,064	100	October 1988 (C)
		Install Flagpole & Lights	41,802	41,802	100	May 1989 (C)
Indiana : Marion National		Paint Ext, Repair Gutters Etc.	35,603	35,603	100	December 1988 (C)
		Renovate Rostrum	38,270	38,270	100	January 1989 (C)
Kansas : Leavenworth National		Service Yard Drainage	23,657	23,657	100	November 1988 (C)
Louisiana : Baton Rouge National		Storm Drainage Repair	13,173	13,173	100	August 1989 (C)
		Storm Drainage Repair	19,996	19,996	100	December 1988 (C)
Maryland : Annapolis National		Asbestos Removal in Buildings	8,200	8,200	100	October 1988 (C)
Michigan : Fort Custer National		Tree Work in Com Loop Area	2,350	2,350	100	December 1988 (C)
Minnesota : Fort Snelling National		Asphalt Road Repair	96,905	96,905	100	November 1988 (C)
		Emergency Disaster Funds	36,133	36,133	100	February 1989 (C)
		Detention Pond Reconstruction	197,993	197,993	100	February 1989 (C)
Missouri : Jefferson National		New Curbs & Concrete Work	200,117	200,117	100	December 1988 (C)
New Jersey : Beverly National		Renovate Elec. Dist. Sys—Ldge	6,973	6,973	100	October 1988 (C)
New York : Calverton National		Irrigation System Exp (11 & 16)	271,500	271,500	100	October 1988 (C)
		Install Heat & Pumps at Bk Flw PVTR	9,997	9,997	100	January 1989 (C)
N. Carolina : Salisbury National		Design & Dev 2,000 Gravesites	122,008	122,008	100	July 1989 (C)
Oregon : Willamette National		Add Svc B./RR, Com. Shltr. Wshrk	404,963	404,963	100	October 1988 (C)
		Overhaul Deep Well #2	96,231	96,231	100	January 1989 (C)
Puerto Rico : Puerto Rico National		Improve Security for Maint Building	10,400	10,400	100	December 1988 (C)
South Dakota : Black Hill National		Railroad Crossing Signals	47,315	47,315	100	December 1988 (C)
Tennessee : Mount Home National		Repair Administration/Service Building	52,981	52,981	100	March 1989 (C)
Texas : Fort Sam Houston Ntnl		Convert Lodge to Office	39,878	39,878	100	March 1989 (C)
		Irrigation Exp & Other Improvements	1,007,526	1,007,526	100	August 1989 (C)
Virginia : Alexandria National		Asbestos Removal—Service Building	12,800	12,800	100	December 1988 (C)
B. Projects under construction, total .....	32		10,001,428	4,544,231	45	
Projects \$1,000,000 & over, total .....	3		4,607,041	3,100,265	67	
Hawaii : National Memorial		Overlook, Admn. Bldg, Veh ST/Util Bldg.	1,932,327	1,559,702	81	August 1988 (A)
New York : Long Island National		Grounds Renovation	1,247,450	534,752	43	October 1987 (A)
Tennessee : Chattanooga National		Administration Bldg. & RD Relocation	1,427,264	1,005,811	70	July 1988 (A)
Projects under \$1,000,000, Total .....	29		5,394,387	1,443,966	27	
C. Projects authorized—not under Construction, total .....	37		26,216,286			
Projects \$1,000,000 & over, total .....	5		20,779,707			
California : San Joaquin National		New National Cemetery Phase 1	9,240,000			
Colorado : Fort Logan National		New Service Building Complex	1,741,000			
Kansas : Leavenworth National		Roads, Drainage, Gravesites	1,711,000			
New York : Calverton National		Develop 90,000 Gravesites	7,012,000			
Wisconsin : Milwaukee National		Administration/Service Building	1,075,707			
Projects under \$1,000,000, total .....	32		5,436,579			

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

Domiciliary Construction Projects<sup>1</sup> Fiscal Year 1989  
 Completions and Year-End Status

Location	Projects	Number of Beds	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
Total .....	5	1,708	\$68,461,216	\$30,606,494	45	
A. Projects completed, total .....	1	408	13,974,414	13,974,414	100	
Texas : Temple .....		408	13,974,414	13,974,414	100	July 1989 (C)
B. Projects under construction, total .....	3	700	26,175,802	16,632,080	64	
Arizona : Prescott .....		208	9,817,600	6,139,987	63	August 1988 (A)
California : West Los Angeles .....		300	10,639,684	5,004,809	47	September 1987 (A)
Wisconsin : Milwaukee .....		192	5,718,518	5,487,284	96	August 1987 (A)
C. Projects authorized—not under construction, total .....	1	600	28,311,000			
Tennessee : Mountain Home .....		600	28,311,000			

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

Parking Revolving Fund Construction Projects<sup>1</sup> Fiscal Year 1989  
 Completion and Year-End Status

Location	Number of Projects	Descriptions	Estimated Construction Cost <sup>2</sup>	Value of Work in Place	Percent Complete <sup>3</sup>	Date Construction Completed (C) or Contract Awarded (A)
Total .....	6	.....	\$44,895,697	\$17,604,770	39	.....
A. Projects completed, total .....	1	.....	4,297,815	4,297,815	100	
California : San Francisco .....		Parking Structure	4,297,815	4,297,815	100	August 1989 (C)
B. Projects under construction, total .....	3	.....	17,771,717	13,306,955	75	
New York : Syracuse .....		Parking Structure	7,126,146	5,672,649	80	September 1988 (A)
North Carolina : Durham .....		Parking Structure	6,897,000	4,485,722	65	July 1988 (A)
West Virginia : Huntington .....		Parking Structure	3,748,571	3,148,584	84	October 1988 (A)
C. Projects authorized—not under construction, total .....	2	.....	22,826,165	.....	.....	.....
Georgia : Atlanta .....		Parking Garage	5,826,165	.....	.....	.....
Louisiana : New Orleans .....		Parking Garage	17,000,000	.....	.....	.....

<sup>1</sup> Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

<sup>2</sup> Construction anticipated, issued, or awarded, including contingencies.

<sup>3</sup> Based on general construction only.

TABLE 47

## NATIONAL CEMETERY SYSTEM

National Cemeteries—Location, Interments, and Status of Gravesites  
September 30, 1989

National Cemetery	FY 1989 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year) <sup>a</sup>
		Used Cumulative <sup>1</sup>	Reserved	Set-Aside (Adjacent)	Cremaint <sup>2</sup>	Casket <sup>3</sup>	
Total .....	58,354	1,783,240	55,038	46,196	56,562	284,939	
Alexandria, LA .....	149	7,108	136	.....	41	397	1993
Alexandria, VA .....	7	4,066	23	.....	72	.....	Closed
Alton, IL .....	4	509	32	.....	9	.....	Closed
Annapolis, MD .....	1	2,930	25	.....	.....	1	Closed
Balls Bluff, VA .....	.....	25	.....	.....	.....	.....	Closed
Baltimore, MD .....	311	34,917	2,609	.....	617	4	Closed
Barrancas, FL .....	641	17,100	515	1,213	447	933	2003
Bath, NY .....	145	9,940	.....	.....	37	4,718	2030
Baton Rouge, LA .....	10	5,041	39	.....	2	1	Closed
Bay Pines, FL .....	531	8,446	.....	1,059	2,396	8	Closed
Beaufort, SC .....	200	12,834	155	.....	58	3,759	2013
Beverly, NJ .....	333	38,051	3,100	.....	356	1	Closed
Biloxi, MS .....	393	5,248	489	615	190	708	1993
Black Hills, SD .....	425	8,952	383	.....	335	7,898	2030+
Calverton, NY .....	6,917	68,586	.....	25,125	4,608	31,279	2030+
Camp Butler, IL .....	390	10,701	237	.....	161	5,233	2000
Camp Nelson, KY .....	188	7,354	58	.....	214	1,648	2009
Cave Hill, KY .....	.....	5,635	3	.....	12	18	Closed
Chattanooga, TN .....	602	27,468	444	.....	59	13,507	2020
City Point, VA .....	7	5,514	71	.....	.....	.....	Closed
Cold Harbor, VA .....	.....	971	.....	.....	.....	.....	Closed
Corinth, MS .....	31	6,443	16	.....	40	7,017	2030+
Crown Hill, IN .....	.....	795	.....	.....	.....	.....	Closed
Culpeper, VA .....	152	6,017	12	.....	14	2,647	2015
Cypress Hills, NY .....	36	18,583	51	.....	48	21	Closed
Danville, IL .....	115	7,087	.....	.....	245	7,935	2030+
Danville, KY .....	.....	393	1	.....	9	2	Closed
Danville, VA .....	2	2,157	23	.....	27	.....	Closed
Dayton, OH .....	575	29,204	1	.....	612	4,340	1998
Eagle Point, OR .....	328	3,346	.....	.....	57	764	2030+
Fayetteville, AR .....	114	4,134	74	.....	13	84	1990
Finn's Point, NJ .....	6	2,714	.....	.....	140	2	Closed
Florence, SC .....	132	5,276	55	.....	2	888	1997
Florida, FL .....	1,434	1,850	.....	.....	327	552	2030+
Fort Bayard, NM .....	57	2,202	.....	.....	40	2,422	2030+
Fort Bliss, TX .....	999	21,306	1,042	.....	7	12,168	2005
Fort Custer, MI .....	659	3,515	18	961	227	5,928	2030+
Fort Gibson, OK .....	309	9,517	98	.....	184	736	2006
Fort Harrison, VA .....	5	1,109	2	.....	.....	.....	Closed
Fort Leavenworth, KS .....	129	18,765	469	.....	1,913	3	Closed
Fort Logan, CO .....	1,942	37,196	600	.....	1,750	2,168	2030+
Fort Lyon, CO .....	38	1,185	.....	.....	45	926	2030+
Fort McPherson, NE .....	141	4,490	60	.....	381	1,064	2022
Fort Meade, SD .....	.....	188	.....	.....	.....	.....	Closed
Fort Mitchell, AL .....	187	424	.....	.....	732	5,302	2030+
Fort Richardson, AK .....	108	1,796	.....	.....	226	952	2030+
Fort Rosecrans, CA .....	1,238	49,289	1,844	.....	2,800	1	Closed
Fort Sam Houston, TX .....	2,516	53,383	2,635	.....	2,244	3,686	1994
Fort Scott, KS .....	70	3,387	72	119	10	2,144	2020
Fort Smith, AR .....	247	6,899	177	.....	.....	1,608	1998
Fort Snelling, MN .....	3,539	93,398	10,930	4,321	2,503	5,088	2023
Glendale, VA .....	3	1,301	.....	.....	.....	.....	Closed
Golden Gate, CA .....	1,510	103,329	6,754	.....	142	6	Closed
Grafton, WV .....	5	2,090	41	.....	.....	.....	Closed
Hampton, (VA Cemetery) VA .....	.....	22	.....	.....	.....	.....	Closed
Hampton, VA .....	510	22,899	410	693	70	1,503	1992
Hot Springs, SD .....	.....	1,481	.....	.....	.....	1	Closed
Houston, TX .....	1,627	22,966	29	.....	195	6,671	2030+
Indiantown Gap, PA .....	837	4,429	.....	.....	836	7,253	2030+
Jefferson Barracks, MO .....	3,051	82,073	1,699	.....	259	4,362	2005
Jefferson City, MO .....	3	1,590	47	.....	19	.....	Closed
Keokuk, IA .....	68	2,962	44	.....	24	2,271	2030+
Kerrville, TX .....	.....	460	.....	.....	.....	.....	Closed
Knoxville, TN .....	116	7,970	177	.....	121	134	1990

See footnotes at end of table.

National Cemeteries—Location, Interments, and Status of Gravesites  
September 30, 1989

National Cemetery	FY 1989 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year) <sup>4</sup>
		Used Cumulative <sup>1</sup>	Reserved	Set-Aside (Adjacent)	Cremain <sup>2</sup>	Casket <sup>3</sup>	
Leavenworth, KS	623	18,049	2	.....	539	1,530	2030+
Lebanon, KY	29	2,216	25	.....	52	990	2030+
Lexington, KY	.....	1,389	.....	.....	.....	.....	Closed
Little Rock, AR	375	18,578	231	.....	4	58	Closed
Long Island, NY	2,576	236,787	11,379	.....	5,646	74	Closed
Los Angeles, CA	680	73,471	.....	.....	1,563	3	Closed
Loudon Park, MD	5	6,494	.....	.....	132	5	Closed
Marietta, GA	88	16,725	332	.....	103	4	Closed
Marion, IN	133	5,514	.....	.....	5	805	2027
Massachusetts, MA	1,282	8,193	.....	3,290	1,846	9,835	2030+
Memphis, TN	909	34,491	486	.....	449	1,401	1991
Mill Springs, KY	45	1,995	23	.....	57	380	1999
Mobile, AL	18	3,641	214	.....	4	4	Closed
Mound City, IL	45	7,065	54	.....	24	1,167	2025
Mountain Home, TN	214	7,499	.....	.....	78	2,361	2030+
Nashville, TN	591	29,088	332	1,180	264	3,290	1996
Natchez, MS	80	5,355	43	.....	44	129	1991
National Memorial Cemetery Arizona (NMCA), AZ <sup>5</sup>	651	8,808	14	.....	662	3,567	2030+
National Memorial Cemetery of the Pacific, HI	861	32,663	607	.....	4,824	1,092	1992
New Albany, IN	164	5,243	128	.....	161	582	1993
New Bern, NC	136	6,256	84	.....	107	408	1993
Philadelphia, PA	46	10,398	33	.....	191	1	Closed
Port Hudson, LA	218	7,650	28	.....	7	251	1991
Prescott, AZ	4	2,966	.....	.....	.....	.....	Closed
Puerto Rico, PR	1,088	18,839	1,139	.....	17	13,078	2030+
Quantico, VA	688	3,802	.....	.....	3,434	37,362	2030+
Quincy, IL	7	522	1	.....	13	56	1997
Raleigh, NC	198	4,921	74	187	104	75	1990
Richmond, VA	18	7,319	170	.....	.....	1	Closed
Riverside, CA	5,842	47,796	.....	6,431	5,745	24,330	2030+
Rock Island, IL	450	13,553	185	1,002	355	1,434	1993
Roseburg, OR	9	2,379	.....	.....	.....	2	Closed
St. Augustine, FL	2	1,197	15	.....	10	1	Closed
Salisbury, NC	188	15,435	55	.....	93	1,803	2010
San Antonio, TX	2	3,011	25	.....	23	291	Closed
San Francisco, CA	480	25,154	455	.....	484	5	Closed
Santa Fe, NM	869	17,893	356	.....	377	2,728	1994
Seven Pines, VA	2	1,135	.....	.....	.....	.....	Closed
Sitka, AK	20	747	1	.....	35	294	2030+
Springfield, MO	298	9,277	170	.....	101	1,773	1998
Staunton, VA	1	843	4	.....	9	3	Closed
Togus, ME	.....	5,371	.....	.....	.....	.....	Closed
West Virginia, WV	74	144	.....	.....	.....	2,562	2030+
Willamette, OR	2,814	68,158	1,713	.....	2,688	6,285	2001
Wilmington, NC	53	5,041	54	.....	13	1	Closed
Winchester, VA	10	5,079	32	.....	80	1	Closed
Wood, WI	984	27,374	.....	.....	267	4,123	1995
Woodlawn, NY	91	6,419	187	.....	7	32	2007
Zachary Taylor, KY	300	10,281	687	.....	69	.....	Closed

<sup>1</sup> Includes all types of gravesites including columbaria niches.

<sup>2</sup> In-ground sites suitable for cremated remains and columbaria niches.

<sup>3</sup> Gravesites available excluding reserved and adjacent set-aside.

<sup>4</sup> Cemeteries indicated as "closed" may continue to inter eligible family members in already occupied gravesites, previously reserved gravesites, and in gravesites suitable for cremated remains.

<sup>5</sup> The Department of Veterans Affairs assumed operation of the National Memorial Cemetery of Arizona (NMCA) on April 1, 1989.

TABLE 48

## COMPENSATION AND PENSION

## Disability, Death: Number of Cases, Expenditures by Period of Service, Fiscal year 1989

Period of Service	Number of Cases as of Sept. 30, 1989	Total Expenditures <sup>1</sup> (In thousands)	Estimated Average Annual Expenditure Per Case <sup>2</sup>
		Fiscal Year 1989	Fiscal Year 1989
Grand total .....	3,653,690	\$15,019,991	\$4,111
Living veterans .....	2,775,616	11,453,172	4,126
Service-connected .....	2,191,549	8,936,619	4,078
Retired emergency officers .....	28	300	10,717
Nonservice-connected .....	584,037	2,516,253	4,308
Special acts .....	2	( <sup>4</sup> )	192
Deceased veterans .....	878,074	3,566,820	4,062
Service-connected .....	322,969	2,258,058	6,992
Nonservice-connected .....	555,101	1,308,761	2,358
Special acts .....	4	1	246
Prior periods <sup>3</sup> .....	4,445	10,616	2,388
Living veterans .....	67	564	8,411
Service-connected .....	2	56	28,106
Nonservice-connected .....	65	507	7,805
Deceased veterans .....	4,378	10,052	2,296
Service-connected .....	52	353	6,791
Nonservice-connected .....	4,324	9,699	2,243
Special acts .....	2	( <sup>4</sup> )	240
World War I .....	228,042	725,369	3,181
Living veterans .....	24,209	152,905	6,316
Service-connected .....	4,631	23,879	5,156
Retired emergency officers .....	28	300	10,717
Nonservice-connected .....	19,550	128,726	6,584
Deceased veterans .....	203,833	572,464	2,808
Service-connected .....	15,399	108,745	7,062
Nonservice-connected .....	188,434	463,719	2,461
World War II .....	1,796,605	6,919,060	3,851
Living veterans .....	1,351,928	5,320,682	3,936
Service-connected .....	911,791	3,613,317	3,963
Nonservice-connected .....	440,137	1,707,365	3,879
Deceased veterans .....	444,677	1,598,379	3,594
Service-connected .....	143,441	934,208	6,513
Nonservice-connected .....	301,236	664,170	2,205
Korean Conflict .....	390,844	1,889,962	4,836
Living veterans .....	306,100	1,485,240	4,852
Service-connected .....	211,804	985,560	4,653
Nonservice-connected .....	94,296	499,680	5,299
Deceased veterans .....	84,744	404,722	4,776
Service-connected .....	38,035	265,199	6,973
Nonservice-connected .....	46,709	139,523	2,987
Peacetime .....	471,806	1,906,843	4,042
Living veterans .....	420,681	1,523,277	3,621
Service-connected .....	420,679	1,523,276	3,621
Special acts .....	2	( <sup>4</sup> )	192
Deceased veterans .....	51,125	383,566	7,503
Service-connected .....	51,123	383,566	7,503
Special acts .....	2	1	252
Vietnam era .....	761,948	3,568,141	4,683
Living veterans .....	672,631	2,970,505	4,416
Service-connected .....	642,642	2,790,531	4,342
Nonservice-connected .....	29,989	179,974	6,001
Deceased veterans .....	89,317	597,637	6,691
Service-connected .....	74,919	565,986	7,555
Nonservice-connected .....	14,398	31,650	2,198

<sup>1</sup> Totals may not add due to rounding.<sup>2</sup> Averages based on unrounded expenditures for veterans on the rolls at the end of the fiscal year.<sup>3</sup> Includes the Spanish-American War, Mexican Border Service, Indian Wars, and the Civil War periods.<sup>4</sup> Less than \$1,000.

Disability Cases: By Age Group, by Period of Service—September 1989

Age Group	All Periods <sup>1</sup>			World War I and Earlier <sup>1</sup>			World War II		
	Total <sup>1,2</sup>	Service-Connected	Non-Service-Connected	Total <sup>2</sup>	Service-Connected	Non-Service-Connected	Total	Service-Connected	Non-Service-Connected
Median Age ..	63	61	68	93	93	93	69	69	69
Total veterans ..	2,775,616	2,191,549	584,037	24,248	4,633	19,615	1,351,928	911,791	440,137
Under 20 .....	120	120	.....	.....	.....	.....	.....	.....	.....
20 to 24 .....	12,299	12,299	.....	.....	.....	.....	.....	.....	.....
25 to 29 .....	41,195	41,195	.....	.....	.....	.....	.....	.....	.....
30 to 34 .....	80,638	79,315	1,323	.....	.....	.....	.....	.....	.....
35 to 39 .....	139,358	132,438	6,920	.....	.....	.....	.....	.....	.....
40 to 44 .....	296,507	283,373	13,134	.....	.....	.....	.....	.....	.....
45 to 49 .....	159,680	152,719	6,961	.....	.....	.....	.....	.....	.....
50 to 54 .....	146,811	136,815	9,996	.....	.....	.....	.....	.....	.....
55 to 59 .....	260,254	205,888	54,366	.....	.....	.....	688	138	550
60 to 64 .....	360,163	257,059	103,104	.....	.....	.....	204,939	130,776	74,163
Under 65 .....	1,497,025	1,301,221	195,804	.....	.....	.....	205,627	130,914	74,713
65 to 69 .....	597,823	439,905	157,918	.....	.....	.....	541,626	385,888	155,738
70 to 74 .....	393,680	286,737	106,943	.....	.....	.....	359,679	253,403	106,276
75 to 79 .....	174,575	112,828	61,746	.....	.....	.....	162,869	101,357	61,512
80 to 84 .....	71,447	39,007	32,439	10	.....	10	67,328	34,970	32,358
85 to 89 .....	14,586	5,798	8,787	1,308	313	995	11,795	4,020	7,775
90 to 94 .....	18,165	4,413	13,734	15,443	3,162	12,281	2,338	889	1,449
95 and over .....	8,315	1,640	6,666	7,487	1,158	6,329	666	350	316
65 and over .....	1,278,591	890,328	388,233	24,248	4,633	19,615	1,146,301	780,877	365,424

Age Group	Korean Conflict			Vietnam Era			Peacetime Service-Connected <sup>3</sup>
	Total	Service-Connected	Non-Service-Connected	Total	Service-Connected	Non-Service-Connected	
Median Age .....	59	59	58	43	43	42	47
Total veterans .....	306,100	211,804	94,296	672,631	642,642	29,989	420,679
Under 20 .....	.....	.....	.....	.....	.....	.....	120
20 to 24 .....	.....	.....	.....	.....	.....	.....	12,299
25 to 29 .....	.....	.....	.....	.....	.....	.....	41,195
30 to 34 .....	.....	.....	.....	13,120	11,797	1,323	67,518
35 to 39 .....	.....	.....	.....	104,493	97,573	6,920	34,865
40 to 44 .....	.....	.....	.....	269,931	256,797	13,134	26,576
45 to 49 .....	.....	.....	.....	101,558	94,597	6,961	58,122
50 to 54 .....	16,733	8,095	8,638	54,844	53,486	1,358	75,234
55 to 59 .....	159,850	106,231	53,619	57,018	56,821	197	42,698
60 to 64 .....	93,593	64,706	28,887	36,158	36,104	54	25,473
Under 65 .....	270,176	179,032	91,144	637,122	607,175	29,947	384,100
65 to 69 .....	19,223	17,064	2,159	21,482	21,461	21	15,492
70 to 74 .....	10,529	9,872	657	10,998	10,988	10	12,474
75 to 79 .....	4,092	3,862	230	2,519	2,515	4	5,094
80 to 84 .....	1,499	1,429	70	406	405	7	2,203
85 to 89 .....	416	400	16	104	98	.....	1,015
90 to 94 .....	110	106	4	.....	.....	.....	208
95 and over .....	55	39	16	.....	.....	.....	93
65 and over .....	35,924	32,772	3,152	35,509	35,467	42	36,579

<sup>1</sup> Includes 2 Mexican Border service-connected and 65 nonservice-connected veterans.

<sup>2</sup> Includes 28 retired emergency officers and 2 special acts which are not identified by period of service.

COMPENSATION AND PENSION

TABLE 50

Reasons for Terminations of Disability and Death Awards, By Period of Service—Fiscal Year 1989

Reasons for Terminations	Grand Total	Total		World War I and Earlier <sup>1</sup>		World War II		Korean Conflict		Vietnam Era		Peacetime Service-Connected
		Service-Connected	Non-service-Connected	Service-Connected	Non-service-Connected	Service-Connected	Non-service-Connected	Service-Connected	Non-service-Connected	Service-Connected	Non-service-Connected	
Disability total .....	173,457	78,828	94,629	1,395	11,009	38,490	75,662	5,011	6,877	10,840	1,081	23,092
Death of a veteran .....	110,820	54,123	56,697	1,328	8,397	37,274	45,087	4,689	2,985	5,576	228	5,256
Disability less than 10 percent .....	670	670	.....	.....	.....	24	.....	5	.....	139	.....	502
Disability less than permanent and total .....	115	.....	115	.....	.....	.....	19	.....	77	.....	19	.....
Estate in excess of \$1,500 .....	46	23	23	1	.....	9	23	4	.....	4	.....	5
Excessive corpus of estate .....	489	.....	489	.....	110	.....	351	.....	28	.....	.....	.....
Failure to cooperate .....	1,753	1,124	629	.....	104	7	422	3	81	270	22	844
Income provisions .....	26,548	5	26,543	.....	1,163	1	22,284	.....	2,657	2	439	2
Person entitled is incarcerated .....	142	5	137	.....	.....	2	78	.....	49	3	10	.....
Veterans on active duty or in receipt of retirement pay .....	4,203	4,203	.....	.....	.....	25	.....	33	.....	1,138	.....	3,007
Failure to return questionnaire .....	5,075	4	5,071	.....	598	2	3,836	.....	518	1	119	1
Miscellaneous <sup>2</sup> .....	23,596	18,671	4,925	66	637	1,146	3,562	277	482	3,707	244	13,475
Death total .....	119,604	23,752	95,852	1,953	38,749	8,632	40,037	2,355	8,983	7,642	8,083	3,170
Death of payee .....	46,960	12,250	34,710	1,705	23,650	6,668	10,656	1,471	360	1,141	44	1,265
Dependency not established or discontinued .....	16,757	4,838	11,919	5	32	323	4,638	293	3,888	3,524	3,361	693
Excessive corpus of estate .....	419	27	392	.....	256	16	124	9	7	.....	5	2
Income provisions .....	30,971	404	30,567	3	7,244	38	16,594	21	3,301	245	3,428	97
Payee incarcerated .....	65	3	62	.....	16	1	46	.....	.....	.....	.....	2
Person entitled (surviving spouse, child, parent) married .....	3,461	1,334	2,127	6	153	271	1,280	117	317	564	377	376
Failure to return questionnaire .....	10,584	991	9,593	8	4,572	324	3,781	133	656	363	584	163
Miscellaneous <sup>2</sup> .....	10,387	3,905	6,482	226	2,826	991	2,918	311	454	1,805	284	572

<sup>1</sup> Includes all wartime periods prior to World War I. Disability includes three nonservice-connected veterans. Death includes six service-connected and 440 nonservice-connected veterans.  
<sup>2</sup> Includes temporary terminations.

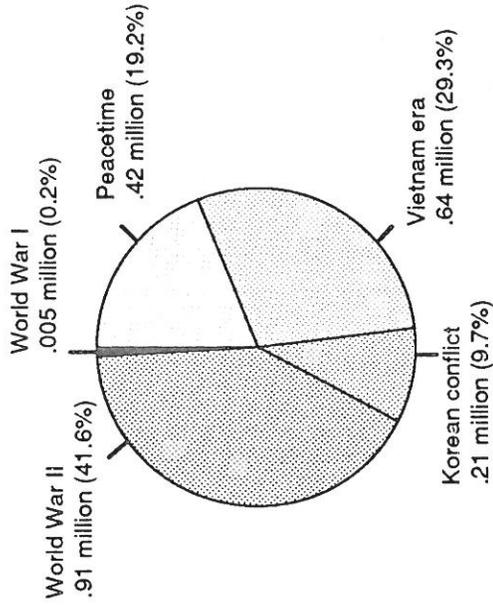
Disability: Class of Dependent, Period of Service—September 1989

Class of Dependent	Total		World War I and Earlier <sup>1</sup>		World War II		Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total veteran recipients	2,191,549	\$741,588,914	4,633	\$1,928,583	911,791	\$297,951,026	211,804	\$81,955,416	642,642	\$231,646,255	420,679	\$128,107,634
Veterans less than 30 percent disabled (no dependency benefit)	1,248,619	114,360,997	2,245	289,209	505,617	45,697,732	112,933	10,344,683	355,002	33,068,395	272,822	24,960,978
Veterans 30 percent or more disabled	942,930	627,227,917	2,388	1,639,374	406,174	252,253,294	98,871	71,610,733	287,640	198,577,860	147,857	103,146,656
Without dependents	260,561	161,001,950	1,260	834,962	115,246	65,482,596	27,595	18,574,651	65,727	42,321,256	50,733	33,788,485
With dependents	682,369	466,225,967	1,128	804,412	290,928	186,770,698	71,276	53,036,082	221,913	156,256,604	97,124	69,358,171
Spouse only	475,146	315,260,710	1,105	785,573	276,142	175,592,395	58,703	43,132,043	87,380	58,517,576	51,816	37,233,123
Spouse, child or children	170,199	120,753,303	12	8,454	11,934	8,682,471	10,210	7,608,725	111,427	79,285,993	36,616	25,167,660
Spouse, child or children, and parent or parents	1,421	1,807,750	.....	.....	103	100,878	81	115,214	999	1,297,297	238	294,361
Spouse, parent or parents	1,089	1,279,672	.....	.....	359	375,088	277	353,535	280	342,843	173	206,206
Child or children only	30,855	22,185,981	11	10,385	1,828	1,317,723	1,496	1,099,988	20,157	14,578,648	7,363	5,179,237
Child or children and parent or parents	424	516,791	.....	.....	14	15,017	22	27,019	298	353,752	90	121,003
Parent or parents only	3,235	4,421,760	.....	.....	548	687,126	487	699,558	1,372	1,880,495	828	1,154,581
Total dependents on whose account additional compensation was being paid	1,029,329	.....	1,144	.....	307,449	.....	86,517	.....	465,515	.....	168,704	.....
Spouses	647,855	.....	1,117	.....	288,538	.....	69,271	.....	200,086	.....	88,843	.....
Children	374,524	.....	27	.....	17,864	.....	16,313	.....	261,963	.....	78,357	.....
Parents	6,950	.....	.....	.....	1,047	.....	933	.....	3,466	.....	1,504	.....

<sup>1</sup> Includes special monthly compensation, where applicable.

NOTE: All Numbers and Monthly Values are as of September 1989. Detail may not add to totals shown due to rounding. Chart percentages may not add to 100% due to rounding.

**Veterans Receiving Compensation By Period of Service September 1989**



**Monthly Value of Compensation Payments By Period of Service September 1989**

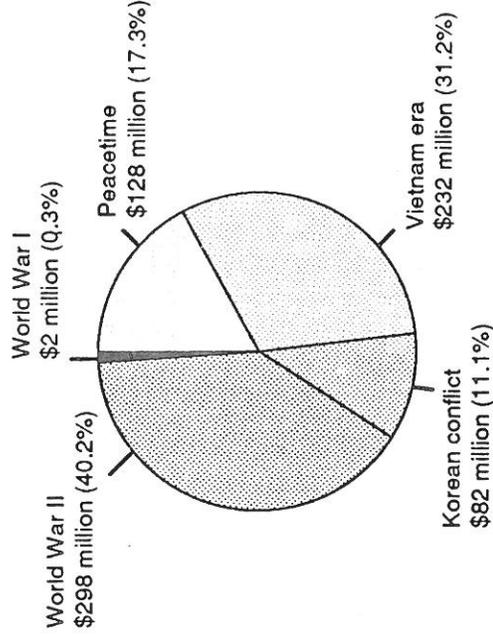


TABLE 52

## COMPENSATION

## Death: Class of Beneficiary, Period of Service—September 1989

Class of Beneficiary	All Periods		World War I and Earlier <sup>1</sup>		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total cases .....	322,969	\$189,085,042	15,451	\$9,061,697	143,441	\$80,111,132
Compensation .....	16,331	1,327,646	6	510	11,053	910,872
Dependency and indemnity compensation .....	305,730	187,146,809	15,445	9,061,187	131,799	78,808,658
Dependency and indemnity compensation and compensation .....	908	610,587	.....	.....	589	391,602
Surviving spouse alone .....	249,958	161,150,670	14,714	8,660,451	119,800	73,146,513
Surviving spouse and children .....	17,550	13,522,754	176	155,006	2,277	1,839,055
Surviving spouse, children, and mother .....	563	507,629	.....	.....	12	13,777
Surviving spouse, children, and father .....	66	57,815	.....	.....	2	1,814
Surviving spouse, children, mother, and father .....	127	116,037	.....	.....	1	1,248
Surviving spouse and mother .....	4,013	3,187,670	.....	.....	1,167	935,119
Surviving spouse and father .....	338	261,350	.....	.....	92	73,902
Surviving spouse, mother, and father .....	330	253,034	.....	.....	35	29,205
Children alone .....	9,528	3,388,404	548	241,411	1,473	620,765
Children and mother .....	385	187,062	.....	.....	16	9,502
Children and father .....	36	17,300	.....	.....	.....	.....
Children, mother, and father .....	57	27,920	.....	.....	.....	.....
Mother alone .....	34,394	5,483,223	13	4,829	16,840	3,055,237
Father alone .....	2,900	495,726	.....	.....	1,289	285,253
Mother and father .....	2,724	428,448	.....	.....	437	99,742
Total survivors .....	362,084	.....	15,666	.....	148,053	.....
Surviving spouses .....	272,923	.....	14,890	.....	123,368	.....
Children .....	39,991	.....	763	.....	4,321	.....
Mothers .....	41,615	.....	13	.....	18,048	.....
Fathers .....	7,555	.....	.....	.....	2,316	.....

Class of Beneficiary	Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total cases .....	38,035	\$21,987,120	74,919	\$46,022,123	51,123	\$31,902,880
Compensation .....	4,466	353,548	2	150	804	62,566
Dependency and indemnity compensation .....	33,308	21,457,547	74,910	46,016,671	50,268	31,802,746
Dependency and indemnity compensation and compensation .....	261	176,115	7	5,302	51	37,568
Surviving spouse alone .....	28,810	19,635,817	50,284	34,942,073	36,350	24,765,816
Surviving spouse and children .....	1,013	795,118	8,299	6,368,844	5,785	4,364,731
Surviving spouse, children, and mother .....	7	6,008	273	243,676	271	244,168
Surviving spouse, children, and father .....	2	1,271	32	29,039	30	25,691
Surviving spouse, children, mother, and father .....	.....	.....	72	65,618	54	49,171
Surviving spouse and mother .....	474	365,498	1,707	1,351,637	665	535,416
Surviving spouse and father .....	28	21,090	164	124,921	54	41,437
Surviving spouse, mother, and father .....	23	17,269	210	156,439	62	50,121
Children alone .....	442	173,096	4,022	1,313,487	3,043	1,039,645
Children and mother .....	12	6,712	206	95,490	151	75,358
Children and father .....	.....	.....	17	7,627	19	9,673
Children, mother, and father .....	.....	.....	31	13,902	26	14,018
Mother alone .....	6,254	839,341	7,466	1,019,798	3,821	564,018
Father alone .....	534	66,136	726	90,608	351	53,729
Mother and father .....	436	59,854	1,410	198,964	441	69,888
Total survivors .....	40,349	.....	94,072	.....	63,944	.....
Surviving spouses .....	30,357	.....	61,039	.....	43,269	.....
Children .....	1,763	.....	18,997	.....	14,147	.....
Mothers .....	7,021	.....	11,146	.....	5,387	.....
Fathers .....	1,208	.....	2,890	.....	1,141	.....

<sup>1</sup> Includes the Spanish-American War, Mexican Border Service, and Civil War periods.

NOTE: All Numbers and Monthly Values are as of September 1989.

Disability, Degree of Impairment, Type of Major Disability, Period of Service—September 1989

Degree of Impairment	Total		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions <sup>1</sup>	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total All Periods .....	2,191,549	\$741,588,917	432,584	\$264,557,652	1,758,965	\$477,031,265
Zero percent (statutory award) .....	22,167	1,482,755	.....	.....	22,167	1,482,755
10 percent .....	873,570	64,093,812	121,715	8,894,048	751,855	55,199,764
20 percent .....	351,457	48,676,411	23,821	3,298,250	327,636	45,378,161
30 percent .....	304,601	71,205,079	72,226	16,780,453	232,375	54,424,626
40 percent .....	180,116	60,928,612	26,220	8,803,873	153,896	52,124,739
50 percent .....	107,143	51,096,587	39,956	18,823,039	67,187	32,273,548
60 percent .....	108,685	90,354,507	18,741	13,808,606	89,944	76,545,901
70 percent .....	62,717	62,210,564	24,643	23,219,486	38,074	38,991,078
80 percent .....	35,629	41,552,615	9,842	11,717,147	25,787	29,835,468
90 percent .....	14,424	18,864,600	4,020	5,404,431	10,404	13,460,169
100 percent .....	131,040	231,123,375	91,400	153,808,319	39,640	77,315,056
World War I <sup>2</sup> .....	4,633	1,928,583	841	543,622	3,792	1,384,961
Zero percent (statutory award) .....	55	3,585	.....	.....	55	3,585
10 percent .....	978	84,810	79	7,308	899	77,502
20 percent .....	1,206	200,202	144	25,114	1,062	175,088
30 percent .....	688	162,299	117	28,149	571	134,150
40 percent .....	409	139,230	66	22,943	343	116,287
50 percent .....	291	138,208	119	57,441	172	80,767
60 percent .....	322	283,138	41	27,288	281	255,850
70 percent .....	156	154,315	48	40,518	108	113,797
80 percent .....	125	133,769	24	22,058	101	111,711
90 percent .....	23	27,886	1	883	22	27,003
100 percent .....	380	601,141	202	311,920	178	289,221
World War II .....	911,791	297,951,027	205,908	105,811,455	705,883	192,139,572
Zero percent (statutory award) .....	12,128	813,308	.....	.....	12,128	813,308
10 percent .....	358,635	26,258,676	68,437	4,999,971	290,198	21,258,705
20 percent .....	134,386	18,587,939	10,913	1,507,330	123,473	17,080,609
30 percent .....	135,475	30,862,029	37,737	8,583,603	97,738	22,278,426
40 percent .....	77,240	25,440,063	12,762	4,170,891	64,478	21,269,172
50 percent .....	49,118	22,990,444	18,267	8,460,373	30,851	14,530,071
60 percent .....	50,452	43,045,162	8,846	6,425,472	41,606	36,619,690
70 percent .....	26,633	27,081,792	9,866	9,979,876	16,767	17,101,916
80 percent .....	16,367	18,722,615	4,314	5,124,138	12,053	13,598,477
90 percent .....	5,933	7,589,329	1,405	1,820,184	4,528	5,769,145
100 percent .....	45,424	76,559,670	33,361	54,739,617	12,063	21,820,053
Korean Conflict .....	211,804	81,955,417	38,059	30,530,562	173,745	51,424,855
Zero percent (statutory award) .....	6,288	420,528	.....	.....	6,288	420,528
10 percent .....	74,060	5,438,544	7,951	581,008	66,109	4,857,536
20 percent .....	32,185	4,457,553	1,645	227,451	30,540	4,230,102
30 percent .....	29,149	6,700,150	5,303	1,220,256	23,846	5,479,894
40 percent .....	18,164	6,082,325	2,152	719,284	16,012	5,363,041
50 percent .....	10,520	4,984,835	3,254	1,529,590	7,266	3,455,245
60 percent .....	12,606	11,015,023	2,018	1,555,797	10,588	9,459,226
70 percent .....	7,125	7,387,758	2,449	2,413,967	4,676	4,973,791
80 percent .....	4,052	4,859,464	1,082	1,322,896	2,970	3,536,568
90 percent .....	1,633	2,111,162	454	605,384	1,179	1,505,778
100 percent .....	16,022	28,498,075	11,751	20,354,929	4,271	8,143,146

See footnotes at end of table.

TABLE 53—Continued

## COMPENSATION

Disability, Degree of Impairment, Type of Major Disability, Period of Service—September 1989

Degree of Impairment	Total		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions <sup>1</sup>	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Vietnam Era .....	642,642	\$231,646,256	118,301	\$81,638,192	524,341	\$150,008,064
Zero percent (statutory award) .....	906	59,470	.....	.....	906	59,470
10 percent .....	245,992	18,054,952	27,057	1,976,864	218,935	16,078,088
20 percent .....	107,893	14,935,549	6,491	898,442	101,402	14,037,107
30 percent .....	88,352	21,486,694	18,379	4,473,809	69,973	17,012,885
40 percent .....	57,013	19,945,419	7,377	2,590,004	49,636	17,355,415
50 percent .....	32,553	16,013,406	11,859	5,775,154	20,694	10,238,252
60 percent .....	30,067	23,418,919	5,528	4,056,215	24,539	19,362,704
70 percent .....	20,720	20,050,503	8,366	7,449,738	12,354	12,600,765
80 percent .....	11,182	13,303,338	3,180	3,801,949	8,002	9,501,389
90 percent .....	5,219	7,023,116	1,603	2,239,692	3,616	4,783,424
100 percent .....	42,745	77,354,890	28,461	48,376,325	14,284	28,978,565
Peacetime <sup>3</sup> .....	420,679	128,107,634	69,475	46,033,821	351,204	82,073,813
Zero percent (statutory award) .....	2,790	185,864	.....	.....	2,790	185,864
10 percent .....	193,905	14,256,830	18,191	1,328,897	175,714	12,927,933
20 percent .....	75,787	10,495,168	4,628	639,913	71,159	9,855,255
30 percent .....	50,937	11,993,907	10,690	2,474,636	40,247	9,519,271
40 percent .....	27,290	9,321,575	3,863	1,300,751	23,427	8,020,824
50 percent .....	14,661	6,969,694	6,457	3,000,481	8,204	3,969,213
60 percent .....	15,238	12,592,265	2,308	1,743,834	12,930	10,848,431
70 percent .....	8,083	7,536,196	3,914	3,335,387	4,169	4,200,809
80 percent .....	3,903	4,533,429	1,242	1,446,106	2,661	3,087,323
90 percent .....	1,616	2,113,107	557	738,288	1,059	1,374,819
100 percent .....	26,469	48,109,599	17,625	30,025,528	8,844	18,084,071

<sup>1</sup> Includes tuberculosis (lung and pleura).<sup>2</sup> Includes two Mexican Border service-connected veterans and excludes 28 retired emergency officers.<sup>3</sup> Excludes two Special Acts.

NOTE: Includes special monthly compensation, allowance to dependents, unemployables receiving compensation at the 100 percent rate but appearing as less than totally impaired (60%–90%), and other special awards, where applicable.

All Numbers and Monthly Values are as of September 1989.

Disability: Type of Major Disability and Pension by Period of Service—September 1989

Type of Disability and Pension	Total		World War I and Earlier <sup>1</sup>		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total cases .....	584,037	\$197,286,752	19,615	\$9,598,549	440,137	\$132,689,754
Type of disability						
Psychiatric and neurological diseases .....	138,092	57,140,712	2,501	1,651,256	87,916	34,696,035
Psychoses .....	38,602	14,975,254	159	109,051	19,151	7,287,252
Other psychiatric and neurological diseases .....	99,490	42,165,458	2,342	1,542,205	68,765	27,408,783
General medical and surgical conditions <sup>2</sup> .....	311,237	105,084,130	13,104	5,611,186	222,669	65,571,939
Considered permanently and totally disabled at age 65 .....	134,708	35,061,910	4,010	2,336,107	129,552	32,421,780
Type of pension						
P.L. 95-588 .....	436,505	177,295,276	12,868	8,705,993	319,084	116,448,051
Sec. 306 .....	144,550	19,743,611	5,296	776,128	119,729	16,127,527
Old Law .....	2,982	247,865	1,451	116,428	1,324	114,176

Type of Disability and Pension	Korean Conflict		Vietnam Era	
	Number	Monthly Value	Number	Monthly Value
Total cases .....	94,296	\$40,353,331	29,989	\$14,645,118
Type of disability				
Psychiatric and neurological diseases .....	31,650	13,417,270	16,025	7,376,151
Psychoses .....	10,586	3,964,065	8,706	3,614,886
Other psychiatric and neurological diseases .....	21,064	9,453,205	7,319	3,761,265
General medical and surgical conditions <sup>2</sup> .....	61,566	26,650,753	13,898	7,250,252
Considered permanently and totally disabled at age 65 .....	1,080	285,308	66	18,715
Type of pension				
P.L. 95-588 .....	77,377	37,955,795	27,176	14,185,437
Sec. 306 .....	16,712	2,380,275	2,813	459,681
Old Law .....	207	17,261	.....	.....

<sup>1</sup> Includes Mexican Border period.

<sup>2</sup> Includes tuberculosis (lungs and pleura).

NOTE: All Numbers and Monthly Values are as of September 1989.

Death: Class of Beneficiary, Period of Service—September 1989

Class of Beneficiary	Total		World War I and Earlier <sup>1</sup>		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total cases .....	555,101	\$105,774,151	192,758	\$38,044,995	301,236	\$53,213,203
Surviving spouse alone .....	501,067	99,198,082	181,832	36,887,819	275,486	50,026,433
Surviving spouse and children .....	19,844	4,237,101	2,533	578,658	10,547	2,170,870
Children alone .....	34,190	2,338,968	8,393	578,518	15,203	1,015,900
Total dependents .....	584,705	.....	195,879	.....	314,868	.....
Surviving spouses .....	520,910	.....	184,365	.....	286,032	.....
Children .....	63,795	.....	11,514	.....	28,836	.....

Class of Beneficiary	Korean Conflict		Vietnam Era	
	Number	Monthly Value	Number	Monthly Value
Total cases .....	46,709	\$11,838,631	14,398	\$2,677,322
Surviving spouse alone .....	38,163	10,672,599	5,586	1,611,231
Surviving spouse and children .....	3,402	816,147	3,362	671,426
Children alone .....	5,144	349,885	5,450	394,665
Total dependents .....	51,934	.....	22,024	.....
Surviving spouses .....	41,565	.....	8,948	.....
Children .....	10,369	.....	13,076	.....

<sup>1</sup> Includes Spanish-American War, Mexican Border, Indian Wars, and the Civil War periods.

NOTE: All Numbers and Monthly Values are as of September 1989.

TABLE 56

EDUCATIONAL ASSISTANCE

Persons in Training by Entitlement and Type of Training—Fiscal Year 1989

Program	Total	Institutions of Higher Learning	Resident Schools Other Than College	On-Job Training	Other <sup>1</sup>
Post-Korean Conflict Educational Assistance Program (Title 38, U.S.C., Chapter 34) .....	163,912	144,163	13,288	3,275	3,186
Educational Assistance for Children of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35) .....	38,673	36,211	2,392	63	7
Educational Assistance for Spouses of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35) .....	4,626	4,083	521	5	17
Vocational Rehabilitation Program for Disabled Veterans (Title 38, U.S.C., Chapter 31) .....	26,979	9,608	2,408	192	14,771
Post-Vietnam Era Veterans' Educational Assistance Program (Title 38, U.S.C., Chapter 32) .....	83,787	79,743	4,044	.....	.....
Montgomery GI Bill—Active Duty (Title 38, U.S.C., Chapter 30)	23,830	22,593	1,237	NA	NA
Montgomery GI Bill—Selected Reserve (Title 10, U.S.C., Chapter 106) .....	90,584	90,584	.....	.....	.....
Section 901—Educational Assistance Test Program .....	629	NA	NA	NA	NA
Veterans' Job Training Program .....	(2)	NA	NA	NA	NA
Hostage Relief Act .....	NA	NA	NA	NA	NA

<sup>1</sup> Other for Chapter 34 and Chapter 35 Spouses is Correspondence Training; for Chapter 35 Children, Other is Special Restorative Training.  
<sup>2</sup> Emergency Veterans Job Training Program: Veteran Applications—Received 2,091.  
 NA—Not available. No breakout by type of training is presently available.

TABLE 57

HOUSING ASSISTANCE

Guaranteed or Insured Loans, Direct Loans, and Property Management

Item	Cumulative through Sept. 30, 1989 <sup>1,2</sup>	Fiscal Year	
		1989	1988
<b>Guaranteed or Insured Loans</b>			
Number of loans, total .....	12,863,406	189,705	234,709
Home .....	12,751,157	188,871	232,638
Manufactured home .....	112,249	834	2,071
Amount of loans, total <sup>3</sup> .....	\$332,613,809	\$14,416,164	\$17,302,354
Home .....	\$330,574,343	\$14,396,350	\$17,254,292
Manufactured home .....	\$2,039,466	\$19,814	\$48,062
Amount of guaranty and insurance, total <sup>3</sup> .....	\$144,661,298	\$5,210,866	\$6,172,212
Home .....	\$143,685,092	\$5,202,616	\$6,148,912
Manufactured home .....	\$976,206	\$8,250	\$23,300
Defaults and claims total:			
Defaults reported .....	4,431,761	171,295	176,503
Loans in default—end of period .....	.....	126,877	133,600
Claims pending—end of period .....	.....	3,399	5,800
Defaults disposed of, total .....	4,301,485	180,419	182,015
Cured or withdrawn .....	3,626,499	132,238	129,357
Percent .....	84.3	73.3	71.1
Claims vouchered for payment .....	674,986	48,181	52,658
Percent of loans outstanding .....	.....	1.21	1.30
Average number of loans outstanding .....	.....	3,986,766	4,063,240
<b>Direct Loans<sup>2</sup></b>			
Number of loans fully disbursed .....	333,186	0	1
Amount of loans fully disbursed <sup>3</sup> .....	\$3,440,201	\$0	\$33
<b>Property Management</b>			
Number acquired .....	691,228	38,060	39,430
Number sold .....	667,923	42,796	40,630
Number redeemed .....	7,148	268	272
Number on hand—end of period .....	.....	16,157	21,161

<sup>1</sup> Since beginning of program.

<sup>2</sup> Cumulative data in the 1988 "Annual Report" were adjusted.

<sup>3</sup> Dollar amounts rounded to nearest thousand.

NOTE: Detail may not add due to rounding.

Insurance in Force—Fiscal Year 1989

Item	Participating										Nonparticipating	
	U.S. Government Life Insurance		National Service Life Insurance <sup>1</sup>		Veterans Special Life Insurance <sup>1</sup>		Veterans Reopened Insurance <sup>1</sup>		Service-Disabled Veterans Insurance		Number of Policies	Amount of Insurance <sup>2</sup>
	Number of Policies	Amount of Insurance <sup>2</sup>	Number of Policies	Amount of Insurance <sup>2</sup>	Number of Policies	Amount of Insurance <sup>2</sup>	Number of Policies	Amount of Insurance <sup>2</sup>	Number of Policies	Amount of Insurance <sup>2</sup>		
In force at beginning of year	47,671	\$177,731	2,821,093	\$17,565,588	326,992	\$2,734,187	126,696	\$801,870	176,337	\$1,598,926		
Insurance issued during year	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3,711	34,570
Insurance reinstated during year	.....	.....	15,382	60,382	598	4,684	1,806	7,326	80	735		
Insurance terminated during year by:												
Death	3,576	15,129	71,949	416,157	2,953	24,508	3,280	18,804	2,679	23,532		
Maturity at endowment	578	2,603	5,847	37,101	1,099	8,003	867	6,204	234	1,373		
Permanent total disability	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
Lapse, expiry, and net changes	(16)	(158)	15,993	191,280	15,758	148,837	291	11,898	2,529	24,856		
Cash surrender	267	1,013	8,114	45,217	1,750	14,486	407	2,620	1,413	12,637		
Total terminated	4,405	18,587	101,903	689,755	21,560	195,834	4,845	39,526	6,855	62,398		
In force at end of year	43,266	159,144	2,734,572	16,936,215	306,030	2,543,037	123,657	769,670	173,273	1,571,833		
Selected year-end items:												
In force on five-year term plan	302	1,959	780,815	6,170,579	31,013	280,648	.....	.....	77,614	748,620		
In force on all other plans	42,964	157,185	1,953,757	10,765,636	275,017	2,262,389	123,657	769,670	95,659	829,213		
In force with disability income rider	413	2,671	160,489	1,245,961	43,410	379,966	4,959	37,216	.....	.....		
In force under disability premium waiver	151	980	127,336	845,673	9,971	86,275	10,946	62,932	40,640	382,584		

<sup>1</sup> Excludes paid-up additional insurance purchased by dividends.

<sup>2</sup> Amounts are in thousands.

TABLE 59

## INSURANCE

## Servicemen's and Veterans' Group Life Insurance Statement of Operations (Accrual Basis)

<i>Item</i>	<i>Policy Year Ending June 30, 1989</i>	<i>Cumulative from Sept. 29, 1965</i>
<b>Income</b>		
Premiums .....	\$193,379,639	\$3,088,659,319
Extra hazard payments .....	.....	513,046,301
Interest earned .....	28,590,022	360,505,480
<b>Total</b> .....	<b>221,969,661</b>	<b>3,962,211,100</b>
<b>Disposition of Income</b>		
Death claims .....	211,049,881	3,425,605,778
Net cost of extra mortality on conversions .....	1,144,398	47,044,556
Expense of administration .....	8,034,085	105,780,125
Taxes and fees .....	(435,297)	60,032,111
Term to age 60 reserve (Retired Reserves) .....	(2,351,133)	26,067,083
Five-Year term and conversion cost reserve (VGLI) .....	4,446,817	47,912,678
Contingency reserve .....	(7,248,090)	87,820,769
Premium Stabilization Reserve .....	7,329,000	161,948,000
<b>Total</b> .....	<b>221,969,661</b>	<b>3,962,211,100</b>

## EMPLOYMENT

TABLE 60

## Employment: Full-time, Part-time, and Intermittent by Facility Type

Facility Type	Sept. 30, 1989	Sept. 30, 1988
Total .....	245,992	245,467
Central Office .....	4,289	4,481
Field .....	241,703	240,986
Medical centers (separate) <sup>1</sup> .....	172,380	174,750
Co-located domiciliaries and medical centers <sup>1,2</sup> .....	46,954	43,871
Regional offices <sup>3</sup> .....	11,042	11,092
Co-located regional office and medical centers .....	5,516	5,476
Co-located regional office and insurance centers .....	1,250	1,354
Independent outpatient clinics .....	1,316	1,280
Data processing centers .....	1,474	1,512
National cemeteries .....	1,034	981
Supply depots and marketing center .....	379	382
Miscellaneous <sup>4</sup> .....	358	288

<sup>1</sup> Reflects categorical change due to additions of domiciliary operations during the fiscal year.

<sup>2</sup> Includes independent domiciliary at White City, Oregon.

<sup>3</sup> Includes independent outpatient clinics staffed by the regional offices: Manila, Philippines; Honolulu, Hawaii; and Anchorage, Alaska.

<sup>4</sup> Includes national cemetery area offices, records processing center, prosthetic Assessment Information Center, prosthetic distribution center, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Center, and veterans canteen service finance center.

## EMPLOYMENT

TABLE 61

## Employment: Full-time, Part-time, and Intermittent by Pay System

Pay System	Sept. 30, 1989	Sept. 30, 1988
Total .....	245,992	245,467
General Schedule/Merit Pay .....	137,773	137,465
Title 38 (excludes canteen) .....	66,494	65,946
Wage system .....	36,996	37,249
Canteen .....	3,268	3,435
Non-U.S. citizens—Manila .....	185	177
Senior Executive Service (SES) <sup>1</sup> .....	304	144
Others <sup>2</sup> .....	972	1,051

<sup>1</sup> Includes 156 medical centers directors converted from Title 38 to Senior Executive Service during FY 1989.

<sup>2</sup> Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.

## EMPLOYMENT

TABLE 62

Employment: Gender and Veteran Preference  
September 30, 1989

Veteran Preference	Total Number	Male Number	Female Number
Total .....	245,992	110,496	135,496
With preference <sup>1</sup> .....	70,007	62,426	7,851
Without preference .....	175,985	48,070	127,915

<sup>1</sup> Includes mother, spouse, widow, widower of veteran.

TABLE 63

## EMPLOYMENT

Employment: Minority Groups by Grade—Full-Time and Part-Time with Permanent Appointments  
September 30, 1989

Grade or Supervisory Level	Total Employment <sup>1</sup>	Percent Minority Employment	Minority Groups			
			Black	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
Total, all pay plans .....	208,937	33.79	51,753	10,251	7,302	1,291
GS/GM and equivalent .....	172,756	31.15	37,918	8,037	6,833	1,030
GS-1 through GS-4 .....	29,773	43.64	10,592	1,639	484	277
GS-5 through GS-8 .....	58,543	37.80	17,934	2,690	1,071	434
GS-9 through GS-12 .....	64,451	23.62	8,545	2,892	3,516	269
GS/GM-13 through GS/GM-15 .....	19,976	17.40	847	816	1,762	50
GS/GM-16 through GS/GM-18 <sup>2</sup> .....	13	0.00	0	0	0	0
Other pay systems <sup>3</sup> .....	579	11.74	43	13	7	5
Wage system .....	35,602	46.94	13,792	2,201	462	256
Non-supervisory .....	31,689	47.39	12,343	1,999	436	240
Leader .....	581	46.82	229	35	6	2
Supervisory .....	3,332	42.65	1,220	167	20	14

<sup>1</sup> Excludes Philippine nationals at Manila.<sup>2</sup> Previously included non-medical directors who are now included in other pay systems.<sup>3</sup> Includes Senior Executive Service, statutory pay plans, veterans canteen officers, assistant veterans canteen officers, and non-medical directors.

TABLE 64

## EMPLOYMENT

## Employment of Women by Pay Category—Full-Time, Part-Time, and Intermittent—September 30, 1989

Pay Category	Total Employment	Women	
		Number	Percent
Total .....	245,992	135,496	55.08
GS/GM total .....	137,773	83,762	60.80
GS-1 through GS-6 .....	83,294	59,316	71.21
GS-7 through GS-12 .....	47,141	23,012	48.82
GS/GM-13 and above .....	7,338	1,434	19.54
Title 38 (excludes canteen) .....	66,494	40,191	60.44
Wage system .....	36,996	8,671	23.44
Canteen .....	3,268	2,444	74.79
Non-U.S. Citizens—Manila .....	185	88	47.57
Senior Executive Service <sup>1</sup> .....	304	27	8.88
Other <sup>2</sup> .....	972	313	32.20

<sup>1</sup> Includes non-medical directors.<sup>2</sup> Includes purchase and hire, executive pay, hospital administration residents, and experts/consultants.

TABLE 65

## EMPLOYMENT

Employment of Handicapped Individuals with Targeted Disabilities by Pay Category—  
Full-Time, Part-Time, and Intermittent with Permanent Appointments—September 30, 1989

Pay Category	Total Employment <sup>1</sup>	Handicapped Individuals with Targeted Disabilities	
		Number	Percent
Total, all pay categories .....	210,313	3,829	1.82
Total, white collar .....	175,696	2,743	1.56
GS-1 through GS-4 .....	29,843	1,051	3.52
GS-5 through GS-8 .....	57,406	769	1.34
GS-9 through GS-11 .....	26,193	459	1.75
GS-12 through GS/GM-13 .....	11,421	206	1.80
GS/GM-14 through GS/GM-15 .....	2,139	28	1.31
GS/GM-16 through GS/GM-18 and SES .....	294	3	1.02
Other <sup>2</sup> .....	48,400	227	.47
Wage System .....	34,617	1,086	3.14
WG-1 through WG-3 .....	17,469	831	4.76
WG-4 through WG-6 .....	4,791	80	1.67
WG-7 through WG-9 .....	2,940	46	1.56
WG-10 through WG-12 .....	3,946	39	.99
WG-13 through WG-15 .....	1	0	0.0
Other <sup>3</sup> .....	5,470	90	1.65

<sup>1</sup> Excludes Philippine nationals at Manila.<sup>2</sup> Includes Title 38, executive pay, hospital administration residents, and expert/consultants.<sup>3</sup> Includes leaders and supervisory personnel as well as purchase and hires.

Account Categories	Appropriations	Expenditures		Nonexpenditure Transfers	Restored or (Covered) into U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1989	Cumulative through September 30, 1989 <sup>1</sup>				
<b>General and Special Funds:</b>							
Compensation and pension .....	\$290,754,308,003	\$15,815,853,088	\$290,463,190,754	(\$119,378,031)	\$0	\$0	\$171,739,218
Readjustment benefits .....	71,402,561,904	663,431,119	71,087,019,165	(276,677,000)	0	0	38,865,739
Veterans insurance and indemnities .....	439,486,036	13,831,838	493,067,310	53,996,500	0	0	415,226
Medical care, current year .....	10,882,671,000	9,354,529,351	9,354,529,351	5,000,000	(1,679,433)	0	1,531,462,216
Medical care, 1954-88 <sup>2</sup> .....	123,872,765,086	1,160,009,272	122,572,007,188	(29,633,861)	(1,109,481,487)	0	161,642,549
Medical and prosthetic research .....	2,929,412,060	184,939,986	2,872,878,678	20,000,000	(21,545,915)	0	54,987,467
Assistance for health manpower training institutions, 1973-88 <sup>2</sup> .....	296,693,000	1,852	295,848,382	0	(843,344)	0	1,274
Medical administration and miscellaneous operating expenses, current year .....	47,909,000	36,062,155	36,062,155	0	(391)	0	11,846,454
Medical administration and miscellaneous operating expenses, 1954-88 <sup>2</sup> .....	1,162,905,172	9,032,018	1,110,348,106	0	(46,417,827)	0	6,139,239
General operating expenses, current year .....	784,216,000	705,719,981	705,719,981	15,000,000	(551,612)	0	92,944,407
General operating expenses, 1954-88 <sup>2</sup> .....	13,312,334,990	60,741,313	13,110,761,848	0	(192,600,156)	0	8,972,986
Construction of hospital and domiciliary facilities .....	1,042,596,863	0	1,032,915,863	(9,681,000)	0	0	0
Construction, major projects .....	6,097,747,000	524,991,798	4,478,907,536	(26,265,240)	0	0	1,592,574,224
Construction, minor projects .....	1,793,897,092	161,322,458	1,593,519,212	(48,964,557)	(4,000)	0	151,409,323
Construction, minor projects (Corps of Engineers) .....	0	0	2,126,796	2,126,796	0	0	0
Grants for construction of State extended care facilities, 1966-89 <sup>2</sup> .....	349,082,000	41,085,778	251,070,936	0	(2,374,317)	0	95,636,747
Grants to the Republic of the Philippines, no year .....	863,000	0	861,054	0	(1,946)	0	0
Grants to the Republic of the Philippines, current year .....	500,000	0	0	0	0	0	500,000
Grants to the Republic of the Philippines, 1950-88 <sup>2</sup> .....	55,424,037	593,952	41,821,332	0	(13,479,628)	0	123,077
Grants for the construction of State veterans cemeteries, 1980-89 <sup>2</sup> .....	32,339,000	2,412,781	12,423,266	0	(3,880,600)	0	16,035,134
Parking garage revolving fund .....	55,936,000	16,703,718	27,188,069	4,000,000	0	0	32,747,931
Loan guaranty revolving fund .....	2,611,790,742	897,761,727	4,849,809,114	2,358,140,457	0	0	120,122,085
Direct loan revolving fund .....	1,733,055,599	(19,942,766)	(1,299,114,412)	(2,933,263,576)	0	0	98,906,435
Canteen service revolving fund .....	4,965,000	14,838,797	(48,627,113)	0	(12,068,086)	40,000,000	1,524,027
Rental, maintenance, and repair of quarters .....	0	0	(97,127)	0	(97,127)	0	0
Service-disabled veterans insurance fund .....	4,500,000	2,428,293	(6,289,879)	0	0	0	10,789,879
Soldiers' and sailors' civil relief .....	3,528,000	0	2,011,031	(16,969)	(1,500,000)	0	0
Veterans reopened insurance fund .....	0	(6,151,826)	(493,663,649)	0	0	493,590,000	73,649
Special therapeutic and rehabilitation activities fund .....	0	(196,440)	(1,180,502)	0	0	0	1,180,502
Vocational rehabilitation revolving fund .....	3,447,000	115,144	613,795	0	(1,600,000)	0	1,233,205
Education loan fund .....	0	(5,901,880)	12,430,650	12,822,000	0	0	391,350
Servicemen's Group Life Insurance fund .....	0	(13,728,609)	(161,779,547)	0	0	161,731,999	47,548
Supply fund .....	130,000,000	(25,261,750)	(61,185,152)	(71,400)	(15,677,579)	0	175,436,173
Reinstated entitlement program for survivors .....	51,000,000	638,822	36,370,865	0	(6,474,975)	0	8,154,160
Emergency veterans job training .....	160,000,000	14,810,842	198,175,452	45,500,000	0	0	7,324,548
Total: Appropriation and funds .....	530,015,933,584	29,610,672,812	522,569,740,508	(927,365,881)	(1,430,278,424)	695,321,999	4,393,226,772
Deduct proprietary receipts from the public .....	0	430,268,818	0	0	0	0	0
Total: Federal funds .....	530,015,933,584	29,180,403,994	522,569,740,508	(927,365,881)	(1,430,278,424)	695,321,999	4,393,226,772
<b>Trust Funds:</b>							
Post Vietnam era veterans education .....	1,748,899,451	287,911,359	1,795,728,730	514,799,188	0	0	467,969,909
General post fund, national homes .....	228,316,699	24,524,528	198,414,972	0	(386)	27,630,000	2,271,341
National Service Life Insurance fund .....	43,498,436,142	1,173,524,395	32,797,789,736	0	(89)	10,693,989,000	6,657,317
U.S. Government Life Insurance fund .....	4,136,523,647	34,149,838	3,952,470,546	0	(1,811,199)	182,010,000	231,902
Veterans Special Life Insurance fund .....	250,000	(64,882,688)	(1,288,752,882)	(51,150,000)	(4,250,000)	1,233,161,000	441,882
Sub-total: Trust funds .....	49,612,425,939	1,455,227,432	37,455,651,102	463,649,188	(6,061,674)	12,136,790,000	477,572,350
Deduct: Proprietary receipts from the public .....	0	460,353,105	0	0	0	0	0
Total: Trust funds .....	49,612,425,939	994,874,327	37,455,651,102	463,649,188	(6,061,674)	12,136,790,000	477,572,350
Deduct: Intragovernmental transactions .....	0	134,597,712	0	0	0	0	0
Total: Department of Veterans Affairs .....	579,628,359,523	30,040,680,609	560,025,391,610	(463,716,693)	(1,436,340,098)	12,832,111,999	4,870,799,123
<b>Appropriations and funds not included above:</b>							
Personal funds of patients .....	0	0	(51,352,210)	0	0	0	51,352,210
Funds due incompetent beneficiaries .....	0	0	(15,218)	0	0	0	15,218
Miscellaneous administrative and construction expenses .....	10,855,083,789	0	10,476,102,823	0	(378,980,966)	0	0
Miscellaneous benefit and insurance expenses .....	25,110,301,012	0	24,621,740,653	0	(488,560,359)	0	0
Miscellaneous trust funds .....	4,700,842,392	0	4,658,621,658	0	(42,220,734)	0	0
Miscellaneous transfer appropriations and working funds .....	38,634,996	0	31,269,691	0	(7,365,305)	0	0
Total: Other appropriations and funds .....	40,704,862,189	0	39,736,367,397	0	(917,127,364)	0	51,367,428

<sup>1</sup> Cumulative from the beginning of the programs.

<sup>2</sup> Expenditures from funds appropriated prior to fiscal year 1989.

NOTE: Totals may not add due to rounding.

Net Outlays—FY 1989 and FY 1988  
(Dollars in Thousands)

Outlays	FY 1989	FY 1988 <sup>1</sup>
Grand Total .....	\$30,040,681	\$29,270,978
Total Medical Programs .....	10,800,897	10,292,167
Medical Care .....	10,514,538	10,045,310
Medical and Prosthetic Research .....	184,940	197,330
Medical Administration and Miscellaneous Operating Expenses .....	45,094	40,463
Grants for Construction of State Extended Care Facilities .....	41,086	27,616
Grants to the Republic of the Philippines .....	594	666
Assistance for Health Manpower Training Institutions .....	2	(7)
Canteen Service Revolving Fund .....	14,839	(19,160)
Special Therapeutic and Rehabilitative Activities Fund .....	(196)	(51)
Total Benefits Programs .....	17,363,146	17,188,486
Compensation .....	11,690,817	11,251,859
Pension .....	3,825,015	3,934,821
Burial Benefits and Miscellaneous Assistance .....	300,021	141,674
Veterans Job Training .....	14,811	25,252
Readjustment Benefits .....	663,431	700,006
Reinstated Entitlement Program for Survivors .....	639	(755)
Loan Guaranty Revolving Fund .....	897,762	1,218,842
Vocational Rehabilitation Revolving Fund .....	115	105
Direct Loan Revolving Fund .....	(19,942)	<sup>1</sup> (79,804)
Education Loan Fund .....	(5,902)	(6,336)
Veterans Insurance and Indemnities .....	13,832	13,866
Service Disabled Veterans Insurance .....	2,428	(3,093)
Veterans Reopened Insurance Fund .....	(6,152)	(5,041)
Servicemen's Group Life Insurance Fund .....	(13,729)	(2,910)
Construction Programs .....	703,018	<sup>1</sup> 649,456
Trust Funds (Net) .....	564,606	523,352
Post-Vietnam Era Veterans Education Account .....	287,911	303,305
General Post Fund .....	24,525	16,700
National Service Life Insurance .....	1,173,524	1,096,293
U.S. Government Life Insurance .....	34,150	137,476
Veterans Special Life Insurance .....	(64,883)	(75,900)
Proprietary Receipts from the Public .....	(890,621)	(854,522)
Intragovernmental Transactions .....	(134,598)	(184,197)
General Operating Expenses and Miscellaneous .....	743,612	801,714
General Operating Expenses .....	766,461	780,581
Grants for the Construction of State Veterans Cemeteries .....	2,413	370
Supply Fund .....	(25,262)	20,763

<sup>1</sup> Data in the 1988 Annual Report were adjusted.

Estimated Selected Expenditures by State—Fiscal Year 1989<sup>1</sup>

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 Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Number Trained During Year		Amount
				Sons and Daughters of Deceased or Totally Disabled Service-connected Veterans	Widows Widowers and Spouses of Deceased or Totally Disabled Service-connected Veterans			
World Totals	\$30,202,772,005	234,190	\$596,565,430	163,912	\$328,849,272	38,673	4,626	\$97,977,191
Philippines	123,813,011	1,719	7,018,030	1,071	5,816,762	613	35	1,131,872
Other foreign areas	77,538,910	187	330,457	106	.....	78	3	330,457
Puerto Rico	395,674,757	1,903	6,635,021	374	1,023,324	1,040	112	2,661,743
Other U.S. areas	7,435,905	259	383,801	233	295,652	23	3	43,332
Total U.S.	29,598,309,422	226,794	582,198,121	162,128	321,713,534	36,919	4,473	93,809,787
Alabama	604,210,284	7,302	19,302,692	5,173	11,652,086	1,244	184	3,221,050
Alaska	85,435,050	1,350	2,272,101	1,180	1,400,197	51	7	102,830
Arizona	490,395,532	5,922	15,221,997	4,210	8,359,316	948	119	2,189,338
Arkansas	464,048,705	2,629	7,660,764	1,572	3,873,139	686	80	1,787,402
California	2,655,161,219	27,257	66,202,402	21,831	46,554,602	3,397	477	8,422,183
Colorado	405,283,384	5,575	16,928,223	4,325	9,938,319	698	105	1,987,061
Connecticut	278,447,888	1,263	3,232,216	913	1,431,197	193	23	481,650
Delaware	78,758,933	684	1,664,495	418	673,433	87	13	201,030
District of Columbia	971,038,496	1,409	1,363,692	1,146	341,470	165	12	238,964
Florida	1,808,539,699	14,365	35,021,918	10,705	21,407,108	2,599	342	6,397,941
Georgia	794,899,031	7,272	19,565,135	5,458	12,661,128	1,303	142	3,527,690
Hawaii	104,751,538	2,543	4,076,520	2,216	2,774,359	149	23	431,651
Idaho	101,211,206	1,062	3,306,233	718	1,708,066	159	18	409,320
Illinois	1,100,807,754	5,648	12,853,487	4,418	6,566,158	688	76	1,675,222
Indiana	461,132,025	3,167	9,952,832	1,882	4,230,631	556	62	1,429,655
Iowa	329,049,786	1,079	4,214,670	690	1,660,287	277	19	761,822
Kansas	307,400,541	2,795	7,122,909	2,014	4,127,422	409	37	1,008,987
Kentucky	491,491,078	3,309	10,181,638	2,000	4,659,852	703	76	1,880,932
Louisiana	545,555,507	3,355	9,101,658	2,306	5,461,584	679	67	1,749,597
Maine	179,960,543	1,234	3,521,135	785	1,387,957	250	27	636,403
Maryland	437,263,744	8,658	8,757,451	7,542	4,314,974	573	71	1,281,067
Massachusetts	893,975,908	3,142	7,605,848	2,010	2,659,728	787	38	1,684,819
Michigan	731,468,243	4,168	10,757,399	2,517	4,657,980	916	69	2,212,986
Minnesota	512,075,246	2,199	7,731,092	1,266	3,352,910	450	40	1,217,837
Mississippi	422,246,192	2,071	6,096,923	1,258	3,102,262	508	45	1,348,073
Missouri	660,460,555	4,807	12,241,841	3,578	7,152,870	637	79	1,665,855
Montana	97,104,478	691	1,950,719	474	1,121,545	100	15	295,187
Nebraska	210,391,740	2,208	4,734,575	1,733	2,887,205	307	34	869,955
Nevada	134,197,939	1,630	3,964,175	1,178	1,865,382	132	24	262,314
New Hampshire	125,444,756	1,160	2,898,269	809	1,167,666	176	13	385,189
New Jersey	601,392,079	2,325	6,591,772	1,393	2,275,926	410	42	1,287,775
New Mexico	240,425,180	2,637	7,338,179	1,948	4,242,235	392	55	1,091,414
New York	1,974,774,917	5,725	15,463,068	3,353	5,565,037	1,419	125	3,311,132
North Carolina	787,174,705	7,394	21,944,459	4,797	12,277,082	1,600	232	4,436,999
North Dakota	74,057,893	955	2,282,846	698	1,047,448	117	2	317,406
Ohio	1,083,221,674	5,720	15,685,228	3,802	6,700,187	1,060	111	2,753,029
Oklahoma	507,325,972	5,723	15,432,074	3,764	7,961,315	1,005	140	2,610,833
Oregon	403,717,164	2,386	8,189,539	1,423	3,641,326	392	63	1,072,698
Pennsylvania	1,395,615,491	5,272	13,699,881	3,219	4,699,888	1,137	86	2,677,253
Rhode Island	142,470,123	1,031	2,503,602	713	1,086,063	200	15	426,972
South Carolina	393,827,878	5,460	13,742,460	4,041	9,025,072	867	122	2,335,969
South Dakota	148,760,638	914	2,732,839	580	1,003,593	118	9	315,888
Tennessee	716,343,576	4,030	13,699,881	2,438	6,817,746	814	89	2,088,033
Texas	2,095,731,134	23,074	56,601,373	16,608	33,672,269	3,831	527	9,155,262
Utah	172,931,773	1,693	5,562,057	939	2,408,384	340	33	924,529
Vermont	79,562,858	312	1,196,430	126	201,023	74	7	149,024
Virginia	784,627,676	10,917	26,025,405	8,360	16,145,117	1,483	221	4,029,551
Washington	587,910,144	7,152	22,013,978	5,567	15,262,839	933	172	2,756,712
West Virginia	323,298,710	1,014	3,225,786	428	1,047,085	304	37	743,582
Wisconsin	525,747,204	2,467	7,732,582	1,209	2,614,830	518	39	1,344,395
Wyoming	77,185,633	639	1,826,288	397	868,236	78	9	217,321

<sup>1</sup> Readjustment Benefits and Compensation for the 50 States, D.C., Puerto Rico, and Other U.S. Areas were derived from the Federal Assistance Awards Data System (FAADS). Data for the Philippines and other foreign areas were obtained from VA cost reports. Information for Insurance and Indemnities for the 50 States and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.

<sup>2</sup> Estimated data. Includes 3,328 not identified by location. Data not available for Philippines, other foreign areas, and other U.S. areas.

NOTE: Table excludes post-Vietnam era training, emergency job training, new GI bill, burial benefits, and various other VA funds and expenditures. Some Readjustment Benefits amounts data not available for Philippines, and/or other foreign areas, other U.S. areas.

Estimated Selected Expenditures by State—Fiscal Year 1989<sup>1</sup>

State	Readjustment Benefits—Continued						Insurance and Indemnities	Hospital, Domiciliary and Other Construction	Medical Services and Administrative Costs
	Vocational Rehabilitation		Automobiles and other Conveyances for Disabled Veterans	Specially Adapted Housing for Disabled Veterans	Total Number Who Trained During Year	Amount			
	Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)								
	Total Number Who Trained During Year	Amount							
World Totals .....	26,979	\$142,208,722	\$19,090,628	\$8,439,617		\$1,813,049,322	\$686,670,548	\$11,806,408,780	
Philippines .....	.....	69,396	.....	.....	.....	1,340,113	28,042	3,811,717	
Other foreign areas .....	.....	.....	.....	.....	.....	4,027,886	.....	.....	
Puerto Rico .....	377	2,836,713	113,241	.....	.....	2,538,903	4,760,527	112,216,291	
Other U.S. areas .....	.....	42,319	2,498	.....	.....	358,420	.....	.....	
Total U.S. ....	23,274	139,260,294	18,974,889	8,439,617		1,804,784,000	681,881,979	11,690,380,772	
Alabama .....	701	3,774,771	411,509	243,276		21,177,758	14,466,218	211,699,252	
Alaska .....	112	724,256	6,818	38,000		2,431,200	49,824	57,449,836	
Arizona .....	645	4,099,603	573,740	.....		34,678,035	10,349,311	166,446,943	
Arkansas .....	291	1,351,230	344,993	304,000		18,612,954	1,349,197	171,413,470	
California .....	1,552	7,765,788	2,034,579	1,425,250		213,089,474	43,314,161	1,096,175,636	
Colorado .....	447	4,418,433	356,410	228,000		30,674,662	2,458,882	148,825,012	
Connecticut .....	134	1,056,603	224,766	38,000		26,904,709	542,710	119,758,418	
Delaware .....	166	780,142	9,890	.....		5,138,449	66,690	38,053,331	
District of Columbia .....	86	772,990	10,268	.....		4,596,113	50,139,885	862,238,269	
Florida .....	719	3,731,577	1,718,911	1,766,381		108,626,002	14,286,903	524,126,340	
Georgia .....	369	2,839,665	536,652	.....		39,419,983	31,262,886	237,851,198	
Hawaii .....	155	779,129	53,381	38,000		10,699,655	1,665,681	34,964,419	
Idaho .....	167	1,098,849	89,998	.....		4,949,645	2,009,753	33,191,780	
Illinois .....	466	3,871,730	392,923	347,454		80,365,876	39,428,352	568,107,247	
Indiana .....	667	3,770,789	325,257	196,500		32,057,425	8,084,398	161,889,366	
Iowa .....	93	1,491,186	143,369	158,006		22,297,140	7,855,824	152,778,174	
Kansas .....	335	1,897,558	88,942	.....		13,803,235	7,787,104	137,993,647	
Kentucky .....	530	3,275,209	208,405	157,240		24,178,980	7,608,469	169,069,559	
Louisiana .....	303	1,568,219	290,508	31,750		28,182,667	5,390,258	204,541,829	
Maine .....	172	1,301,225	195,550	.....		9,150,178	8,659,158	50,685,757	
Maryland .....	472	2,786,821	336,589	38,000		40,715,259	10,706,868	139,107,089	
Massachusetts .....	307	2,403,803	470,998	386,500		56,128,402	16,743,337	353,326,963	
Michigan .....	666	3,561,428	325,005	.....		48,118,436	6,166,665	280,947,347	
Minnesota .....	443	2,605,940	436,264	118,141		32,409,698	4,832,917	226,719,635	
Mississippi .....	260	1,323,225	176,863	146,500		18,814,111	12,476,502	142,377,728	
Missouri .....	513	3,078,307	344,809	.....		41,098,292	16,204,337	278,039,925	
Montana .....	102	514,727	19,260	.....		5,275,444	1,034,479	33,872,775	
Nebraska .....	134	879,155	98,260	.....		11,712,705	2,255,369	95,560,275	
Nevada .....	296	1,669,238	122,741	44,500		6,197,302	223,057	49,851,186	
New Hampshire .....	162	1,241,518	103,896	.....		11,646,533	52,719	34,967,420	
New Jersey .....	480	2,579,466	448,605	.....		58,133,479	7,825,767	195,025,939	
New Mexico .....	242	1,775,863	185,050	42,617		10,386,209	2,528,616	86,421,396	
New York .....	828	5,814,253	772,646	.....		127,216,503	46,225,236	897,339,938	
North Carolina .....	765	4,272,685	615,693	342,000		43,753,660	11,212,124	242,045,941	
North Dakota .....	138	846,298	33,694	38,000		5,216,829	421,294	32,943,149	
Ohio .....	747	4,782,477	1,139,035	310,500		77,827,812	31,638,094	379,047,325	
Oklahoma .....	814	4,440,918	275,154	143,854		24,336,248	5,315,664	128,200,914	
Oregon .....	508	3,106,776	268,237	100,502		22,936,797	3,072,145	176,255,126	
Pennsylvania .....	830	5,476,054	846,686	.....		105,008,836	78,470,931	532,302,336	
Rhode Island .....	103	876,885	66,682	47,000		9,963,549	1,051,080	54,373,291	
South Carolina .....	430	1,777,576	311,353	292,490		24,383,406	2,309,713	123,789,039	
South Dakota .....	207	1,325,353	88,005	.....		9,365,359	4,084,514	80,582,458	
Tennessee .....	689	3,428,497	568,990	.....		26,901,004	20,212,920	304,445,688	
Texas .....	2,108	11,951,600	1,245,742	576,500		100,132,654	81,934,367	722,069,579	
Utah .....	381	2,079,343	149,801	.....		7,259,885	6,953,300	84,211,120	
Vermont .....	105	817,531	28,852	.....		3,965,612	276,005	37,495,708	
Virginia .....	853	4,710,074	684,663	456,000		51,969,748	18,337,414	247,161,644	
Washington .....	480	3,275,900	409,871	308,656		38,353,380	6,238,050	192,285,383	
West Virginia .....	245	1,306,127	128,992	.....		11,638,298	7,591,935	140,837,251	
Wisconsin .....	701	3,453,069	244,288	76,000		37,550,569	9,306,954	215,209,907	
Wyoming .....	155	730,435	10,296	.....		5,333,841	9,403,932	36,307,814	

<sup>1</sup> Readjustment Benefits and Compensation for the 50 States, D.C., Puerto Rico, and other U.S. areas were derived from the Federal Assistance Awards Data System (FAADS). Data for the Philippines and other foreign areas were obtained from VA cost reports. Information for Insurance and Indemnities for the 50 States and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.

<sup>2</sup> Estimated data. Includes 3,328 not identified by location. Data not available for Philippines, other foreign areas, and other U.S. areas.

NOTE: Table excludes post-Vietnam era training, emergency job training, new G.I. bill, burial benefits, and various other VA funds and expenditures. Some Readjustment Benefits amounts data not available for Philippines, and/or Other Foreign Areas, Other U.S. Areas.

Estimated Selected Expenditures by State—Fiscal Year 1989<sup>1</sup>

State	Compensation and Pension							
	All Periods of Service							
	Living and Deceased Veterans						Living Veterans	
	Total		Service-Connected		Nonservice-Connected		Total	
Number	Amount	Number	Amount	Number	Amount	Number	Amount	
World Totals .....	3,653,656	\$15,300,077,925	2,514,518	\$11,375,749,648	1,139,138	\$3,924,328,277	2,775,586	\$11,665,982,850
Philippines .....	27,042	111,615,109	20,031	80,243,851	7,011	31,371,258	10,767	50,438,042
Other foreign areas .....	15,724	73,180,567	8,337	52,268,958	7,387	20,911,609	6,941	34,770,613
Puerto Rico .....	47,382	269,524,015	21,430	166,079,988	25,952	103,444,027	35,304	224,455,743
Other U.S. areas .....	3,826	6,693,684	3,456	5,567,864	370	1,125,820	3,177	4,740,697
Total U.S. ....	3,559,682	14,839,064,550	2,461,264	11,071,588,987	1,098,418	3,767,475,563	2,719,397	11,351,577,755
Alabama .....	83,146	337,564,364	49,572	220,964,978	33,574	116,599,386	58,104	238,783,528
Alaska .....	5,718	23,232,089	5,321	21,613,498	397	1,618,591	5,266	20,501,816
Arizona .....	57,172	263,699,246	45,940	224,767,634	11,232	38,931,612	46,817	208,857,456
Arkansas .....	55,831	265,012,320	31,621	182,401,414	24,210	82,610,906	39,842	203,177,253
California .....	305,420	1,236,379,546	230,045	1,000,841,332	75,375	235,538,214	239,756	916,000,704
Colorado .....	47,041	206,396,605	38,063	173,479,140	8,978	32,917,465	37,935	158,274,804
Connecticut .....	34,785	128,009,835	27,841	107,474,509	6,944	20,535,326	28,558	103,552,849
Delaware .....	8,966	33,835,968	6,665	27,036,144	2,301	6,799,824	6,993	25,956,083
District of Columbia .....	10,916	52,700,537	7,039	39,047,341	3,877	13,653,196	8,053	38,383,049
Florida .....	242,809	1,126,478,536	188,328	936,535,288	54,481	189,943,248	194,546	880,720,229
Georgia .....	107,198	466,799,829	70,249	345,986,873	36,949	120,812,956	77,512	339,650,109
Hawaii .....	12,196	53,345,263	10,565	47,681,838	1,631	5,663,425	10,198	42,124,594
Idaho .....	13,934	57,753,795	10,253	45,289,936	3,681	12,463,859	11,247	46,331,579
Illinois .....	107,150	400,052,792	66,745	252,107,860	40,405	147,944,932	80,235	306,460,673
Indiana .....	63,481	249,148,004	42,016	174,720,689	21,465	74,427,315	47,771	191,876,113
Iowa .....	34,001	141,903,978	21,805	93,894,555	12,196	48,009,423	25,354	107,253,139
Kansas .....	33,151	140,693,646	22,834	101,219,899	10,317	39,473,747	25,116	105,685,243
Kentucky .....	66,866	280,452,432	37,893	180,625,034	28,973	99,827,398	47,893	212,969,238
Louisiana .....	71,662	298,339,085	36,916	170,499,449	34,746	127,839,636	48,528	209,523,420
Maine .....	24,223	107,944,315	16,259	82,158,292	7,964	25,786,023	18,794	87,114,674
Maryland .....	59,587	237,977,077	44,173	189,747,161	15,414	48,229,916	45,676	177,120,029
Massachusetts .....	109,091	460,171,358	85,863	362,197,080	23,228	97,974,278	88,729	368,543,804
Michigan .....	107,384	385,478,396	77,056	313,456,972	30,328	72,021,424	84,183	313,712,140
Minnesota .....	57,365	240,381,904	39,962	156,974,065	17,403	83,407,839	44,934	183,347,662
Mississippi .....	55,020	242,480,928	27,565	146,741,092	27,455	95,739,836	37,681	176,917,167
Missouri .....	74,817	312,876,160	45,528	205,267,617	29,289	107,608,543	54,477	233,302,969
Montana .....	12,937	54,971,061	9,194	41,477,050	3,743	13,494,011	10,590	45,191,867
Nebraska .....	21,341	96,128,816	14,670	68,114,107	6,671	28,014,709	16,386	73,412,103
Nevada .....	18,756	73,962,219	14,800	60,140,058	3,956	13,822,161	15,866	59,240,263
New Hampshire .....	17,856	75,879,815	14,267	63,470,018	3,589	12,409,797	14,819	62,075,814
New Jersey .....	94,041	333,815,122	73,469	281,168,221	20,572	52,646,901	75,692	269,369,687
New Mexico .....	28,836	133,750,780	20,858	106,827,261	7,978	26,923,519	22,923	107,091,864
New York .....	225,272	888,530,172	156,494	649,696,767	68,778	238,833,405	175,148	700,549,343
North Carolina .....	111,615	468,218,521	68,058	327,401,610	43,557	140,816,911	79,355	341,776,400
North Dakota .....	8,251	33,193,775	5,584	22,514,888	2,667	10,678,887	6,612	26,786,164
Ohio .....	146,786	579,023,215	100,836	412,686,924	45,950	166,336,291	113,523	455,694,802
Oklahoma .....	67,996	334,041,072	43,619	231,490,563	24,377	102,550,509	51,069	258,118,009
Oregon .....	43,335	193,263,557	30,191	143,622,678	13,144	49,640,879	34,646	155,767,425
Pennsylvania .....	176,832	666,133,507	120,723	496,715,025	56,109	169,418,482	133,491	519,005,819
Rhode Island .....	17,867	74,578,601	13,507	60,156,192	4,360	14,422,409	14,138	58,831,460
South Carolina .....	58,284	229,603,260	34,423	156,295,440	23,861	73,307,820	40,062	158,511,689
South Dakota .....	11,656	51,995,468	7,114	33,458,323	4,542	18,537,145	8,941	40,937,639
Tennessee .....	85,632	351,880,698	47,602	223,871,229	38,030	128,009,466	60,066	257,294,264
Texas .....	258,084	1,134,993,161	179,464	875,944,744	78,620	259,048,417	193,032	847,137,413
Utah .....	15,950	68,945,411	12,534	54,925,163	3,416	14,020,248	13,111	55,176,046
Vermont .....	8,120	36,629,103	5,602	28,884,109	2,518	7,744,994	6,362	30,034,425
Virginia .....	100,872	441,133,465	72,477	352,083,331	28,395	89,050,134	75,993	323,819,009
Washington .....	75,265	329,019,353	60,599	269,702,386	14,666	59,316,967	61,632	256,140,686
West Virginia .....	37,532	160,005,440	21,557	103,844,332	15,975	56,161,108	27,388	124,629,814
Wisconsin .....	61,801	255,947,192	43,059	185,158,423	18,742	70,788,769	49,474	208,624,613
Wyoming .....	5,835	24,313,758	4,446	19,210,455	1,389	5,103,303	4,880	20,220,533

<sup>1</sup> Readjustment Benefits and Compensation for the 50 States, D.C., Puerto Rico, and other U.S. areas were derived from the Federal Assistance Awards Data System (FAADS). Data for the Philippines and other foreign areas were obtained from VA cost reports. Information for Insurance and Indemnities for the 50 States and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.

NOTE: Excludes burial benefits and various other VA funds and expenditures.

Estimated Selected Expenditures by State—Fiscal Year 1989<sup>1</sup>

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 .....	2,191,549	\$9,080,637,101	584,037	\$2,585,345,749	878,070	\$3,634,095,075	322,969	\$2,295,112,547	555,101	\$1,338,982,528
Philippines .....	8,304	30,573,516	2,463	19,864,526	16,275	61,177,067	11,727	49,670,335	4,548	11,506,732
Other foreign areas .....	5,156	28,119,863	1,785	6,650,750	8,783	38,409,954	3,181	24,149,095	5,602	14,260,859
Puerto Rico .....	18,646	148,373,500	16,658	76,082,243	12,078	45,068,272	2,784	17,706,488	9,294	27,361,784
Other U.S. areas .....	3,043	4,052,856	134	687,841	649	1,952,987	413	1,515,008	236	437,979
Total U.S. ....	2,156,400	8,869,517,366	562,997	2,482,060,389	840,285	3,487,486,795	304,864	2,202,071,621	535,421	1,285,415,174
Alabama .....	41,967	168,527,596	16,137	70,255,932	25,042	98,780,836	7,605	52,437,382	17,437	46,343,454
Alaska .....	5,025	19,290,963	241	1,210,853	452	2,730,273	296	2,322,535	156	407,738
Arizona .....	40,123	180,048,271	6,694	28,809,185	10,355	54,841,790	5,817	44,719,363	4,538	10,122,427
Arkansas .....	26,540	148,212,124	13,302	54,965,129	15,989	61,835,067	5,081	34,189,290	10,908	27,645,777
California .....	198,041	752,546,362	41,715	163,454,342	65,664	320,378,842	32,004	248,294,970	33,660	72,083,872
Colorado .....	33,301	136,493,821	4,634	21,780,983	9,106	48,121,801	4,762	36,985,319	4,344	11,136,482
Connecticut .....	25,460	90,585,073	3,098	12,967,776	6,227	24,456,986	2,381	16,889,436	3,846	7,567,550
Delaware .....	5,910	21,427,715	1,083	4,528,368	1,973	7,879,885	755	5,608,429	1,218	2,271,456
District of Columbia .....	5,962	28,603,464	2,091	9,779,585	2,863	14,317,488	1,077	10,443,877	1,786	3,873,611
Florida .....	164,231	751,030,126	30,315	129,690,103	48,263	245,758,307	24,097	185,505,162	24,166	60,253,145
Georgia .....	58,772	263,764,455	18,740	75,885,654	29,686	127,149,720	11,477	82,222,418	18,209	44,927,302
Hawaii .....	9,260	37,860,753	938	4,263,841	1,998	11,220,669	1,305	9,821,085	693	1,399,584
Idaho .....	9,136	37,332,927	2,111	8,998,832	2,687	11,422,036	1,117	7,957,009	1,570	3,465,027
Illinois .....	59,669	205,068,906	20,566	101,391,767	26,915	93,592,119	7,076	47,038,954	19,839	46,553,165
Indiana .....	37,481	144,264,649	10,290	47,611,464	15,710	57,271,891	4,535	30,456,040	11,175	26,815,851
Iowa .....	19,326	76,927,332	6,028	30,325,807	8,647	34,650,839	2,479	16,967,223	6,168	17,683,616
Kansas .....	19,865	80,281,550	5,251	25,403,693	8,035	35,008,403	2,969	20,938,349	5,066	14,070,054
Kentucky .....	32,296	144,340,259	15,597	68,628,979	18,973	67,483,194	5,597	36,284,775	13,376	31,198,419
Louisiana .....	30,986	129,492,962	17,542	80,030,458	23,134	88,815,665	5,930	41,006,487	17,204	47,809,178
Maine .....	14,326	68,804,537	4,468	18,310,137	5,429	20,829,641	1,933	13,353,755	3,496	7,475,886
Maryland .....	38,280	145,500,555	7,396	31,619,474	13,911	60,857,048	5,893	44,246,606	8,018	16,610,442
Massachusetts .....	78,099	305,564,176	10,630	62,979,628	20,362	91,627,554	7,764	56,632,904	12,598	34,994,650
Michigan .....	70,207	268,468,058	13,976	45,244,082	23,201	71,766,256	6,849	44,988,914	16,352	26,777,342
Minnesota .....	36,208	131,103,960	8,726	52,243,702	12,431	57,034,242	3,754	25,870,105	8,677	31,164,137
Mississippi .....	22,778	113,721,838	14,903	63,195,329	17,339	65,563,761	4,787	33,019,254	12,552	32,544,507
Missouri .....	39,436	163,501,215	15,041	69,801,754	20,340	79,573,191	6,092	41,766,402	14,248	37,806,789
Montana .....	8,362	35,555,784	2,228	9,636,083	2,347	9,779,194	832	5,921,266	1,515	3,857,928
Nebraska .....	12,808	54,550,482	3,578	18,861,621	4,955	22,716,713	1,862	13,563,625	3,093	9,153,088
Nevada .....	13,295	48,745,015	2,571	10,495,248	2,890	14,721,956	1,505	11,395,043	1,385	3,326,913
New Hampshire .....	12,936	53,620,390	1,883	8,455,424	3,037	13,804,001	1,331	9,849,628	1,706	3,954,373
New Jersey .....	66,997	235,465,334	8,695	33,904,353	18,349	64,445,435	6,472	45,702,887	11,877	18,742,548
New Mexico .....	18,218	87,430,090	4,705	19,661,774	5,913	26,658,916	2,640	19,397,171	3,273	7,261,745
New York .....	142,280	552,384,517	32,868	148,164,826	50,124	187,980,829	14,214	97,312,250	35,910	90,668,579
North Carolina .....	57,562	254,297,963	21,793	87,478,437	32,260	126,442,121	10,496	73,103,647	21,764	53,338,474
North Dakota .....	5,126	19,470,105	1,486	7,316,059	1,639	6,407,611	458	3,044,783	1,181	3,362,828
Ohio .....	91,121	346,295,802	22,402	109,399,000	33,263	123,328,413	9,715	66,391,122	23,548	56,937,291
Oklahoma .....	37,109	184,959,677	13,960	73,158,332	16,927	75,923,063	6,510	46,530,886	10,417	29,392,177
Oregon .....	26,934	120,000,656	7,712	35,766,769	8,689	37,496,132	3,257	23,622,022	5,432	13,874,110
Pennsylvania .....	108,153	412,533,199	25,338	106,472,620	43,341	147,127,688	12,570	84,181,826	30,771	62,945,862
Rhode Island .....	12,124	49,956,862	2,014	8,874,598	3,729	15,747,141	1,383	10,199,330	2,346	5,547,811
South Carolina .....	28,574	114,151,262	11,488	44,360,427	18,222	71,091,571	5,849	42,144,178	12,373	28,947,393
South Dakota .....	6,358	28,309,577	2,583	12,628,062	2,715	11,057,829	756	5,148,746	1,959	5,909,083
Tennessee .....	40,331	175,224,293	19,735	82,070,071	25,566	94,586,334	7,271	48,646,936	18,295	45,939,398
Texas .....	152,341	673,275,771	40,691	173,861,642	65,052	287,855,748	27,123	202,668,973	37,929	85,186,775
Utah .....	11,264	45,495,456	1,847	9,680,590	2,839	13,769,365	1,270	9,429,707	1,569	4,339,658
Vermont .....	4,968	24,371,402	1,394	5,663,023	1,758	6,594,678	634	4,512,707	1,124	2,081,971
Virginia .....	61,483	264,588,495	14,510	59,230,514	24,879	117,314,456	10,994	87,494,836	13,885	29,819,620
Washington .....	53,543	215,159,146	8,089	40,981,540	13,633	72,878,667	7,056	54,543,240	6,577	18,335,427
West Virginia .....	18,556	85,224,286	8,832	39,405,528	10,144	35,375,626	3,001	18,620,046	7,143	16,755,580
Wisconsin .....	39,224	159,270,385	10,250	49,354,228	12,327	47,322,579	3,835	25,888,038	8,492	21,434,541
Wyoming .....	4,048	16,417,770	832	3,802,763	955	4,093,225	398	2,792,685	557	1,300,540

<sup>1</sup> Readjustment Benefits and Compensation and Pension for the 50 States, D.C., Puerto Rico, and other U.S. areas were derived from the Federal Assistance Awards Data System (FAADS). Data for the Philippines and other foreign areas were obtained from VA cost reports. Information for Insurance and Indemnities for the 50 States and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.

NOTE: Excludes burial benefits and various other VA funds and expenditures.



# Financial Annual Report

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Comptroller General  
of the United States

B-226801

To the Secretary  
Department of Veterans Affairs

We have audited the accompanying consolidated statements of financial position of the Department of Veterans Affairs (VA) as of September 30, 1989 and 1988, and the related consolidated statements of operations and changes in financial position and reconciliation to budget for the fiscal years then ended. These consolidated financial statements are the responsibility of VA's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. Also, in accordance with those standards and as an integral part of our audits, we, with assistance from VA's Inspector General, reviewed VA's internal control structure and its compliance with laws and regulations, and we are reporting separately on the results of these reviews. Our audits included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. Our audits also included assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

#### COSTS OF LAND, BUILDINGS, AND EQUIPMENT

Our opinion on VA's consolidated financial statements remains qualified as to the amounts reported for land, buildings, equipment, and related expense accounts. This qualification could be removed if VA were to establish the missing or undocumented values by appraisal or some other reasonable basis and install and maintain adequate property

accounting records that provide accountability. The 172 medical centers and related facilities which provide medical care to veterans comprise the majority of VA's reported property. We believe that the failure to establish proper accountability is a material internal control weakness which requires correction to ensure adequate financial management of VA's assets, a proper recording of the cost of operating the medical centers, and the preparation of satisfactory consolidated financial statements.

CHANGES IN LIFE INSURANCE  
PROGRAM REPORTING

Our opinion, dated April 14, 1989, on VA's fiscal year 1988 and 1987 consolidated financial statements, was also qualified because the statements presented life insurance policy reserves which were calculated in accordance with statutorily-required assumptions rather than generally accepted accounting principles (GAAP), which would have more fairly presented the amount of reserves needed to pay future insurance policy benefits. As described in note 6, in fiscal year 1989, VA adopted the policy of presenting these reserves in its financial statements in accordance with GAAP and restated its 1988 consolidated financial statements to make the change retroactive to that year. Accordingly, this qualification was removed from our opinion on the 1988 consolidated financial statements as presented herein.

VA changed to GAAP reporting of its life insurance reserves because these principles are the preferred practice in the insurance industry for the public reporting of life insurance transactions and the resulting reserves and liabilities. As a result of this change, VA's reserve for insurance policy benefits, which is now presented in accordance with GAAP, has been reduced by \$2.9 billion. The reduction of this reserve and related changes create a new reserve of approximately \$3.1 billion which, consistent with GAAP, is called "Participating Policyholders' Interest in Accumulated Participating Earnings." However, this \$3.1 billion reserve is not immediately payable by VA under existing statutes. Although VA has adopted the policy of reporting the reserves that are realistically required to pay future insurance policy benefits, it is still required by the applicable statutes to hold the \$3.1 billion in reserve.

VA no longer issues new life insurance policies under the programs associated with the \$3.1 billion. VA presently pays dividends to its policyholders, and provides insurance policy enhancements such as "paid-up" and "reduction-in" policy premiums, which are based upon the amount of its total accumulated premiums and earnings in excess of its statutory reserves. As the number of policies decreases, the reserves required under either GAAP or VA's statutes will gradually decrease to zero. Accordingly, under current VA practices, the \$3.1 billion reserve will eventually be distributed to policyholders in the form of dividends or policy enhancements.

OPINION ON VA'S CONSOLIDATED  
FINANCIAL STATEMENTS

In our opinion, except for the effect of adjustments, if any, that might have been necessary had we been able to perform the necessary auditing procedures to substantiate the asset and related expense accounts, as discussed in paragraph three above, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Department of Veterans Affairs as of September 30, 1989 and 1988, the results of its operations, and the changes in its financial position and reconciliation to budget for the fiscal years then ended, in conformity with generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplemental schedules to the consolidated financial statements are presented for purposes of additional analysis. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, in our opinion, except for the same qualification mentioned above, are fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.

VA'S HOUSING CREDIT PROGRAM

In our fiscal year 1988 and 1987 report on VA's consolidated financial statements (GAO/AFMD-89-69), we expressed concern that, for the loan guaranty fund component of its housing credit program, VA might require increased assistance from the Congress over the next several years if certain

conditions worsened. The conditions did not worsen in 1989. The principal condition, home loan foreclosures, improved in fiscal year 1989, with home loan foreclosures decreasing from about 49,000 in fiscal year 1988, to about 43,000 in 1989. This was the first year that VA experienced a lessening of home loan foreclosures since 1980. Accordingly, only about \$780 million in appropriations was needed to supplement the financing of the loan guaranty fund's operations during fiscal year 1989, versus the approximately \$900 million requested in VA's budget.

VA anticipates that this improvement will continue but that it will still need annual appropriations to operate the fund for several years. For example, VA estimates that it will need about \$558.5 million in appropriations for the loan guaranty fund during fiscal year 1990. VA's fiscal year 1991 budget submission includes a request for \$512.2 million for the fund.

Establishment of an Additional Fund--  
the Guaranty and Indemnity Fund

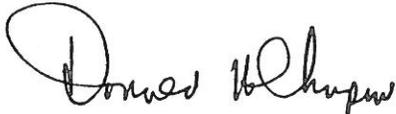
On December 18, 1989, the Veterans Home Loan Indemnity and Restructuring Act of 1989 (Public Law 101-237, Title III) established an additional revolving fund called the Guaranty and Indemnity Fund, which is available to operate VA's programs for guaranteed or insured loans closed on or after January 1, 1990. Among other things, this legislation changed the veteran's loan origination fee on each loan guaranteed, insured, or made by VA from 1 percent to a percentage that varies from zero to 1.25 percent, depending on the veteran's status and amount of downpayment made on a loan. These fees are to be credited to the Fund. The Act also added the requirement for the federal government to credit the Fund with certain amounts for each loan guaranteed, insured, or made through the Fund. A bill introduced in the Congress (S. 2100) would make technical corrections to the amounts the federal government must credit to the Fund.

Both VA and the Congressional Budget Office (CBO) estimate that the fees and credits required by the legislation will not be sufficient to finance the operations of the Fund for the long term. This cash insufficiency will not be apparent for a number of years because outlays for losses will not be required until that time. VA estimates that the Fund will require direct appropriations beginning in fiscal year 1995, while CBO estimates that such appropriations will not be required until fiscal year 1999.

CERTAIN EXPENSES AND  
BENEFIT COMMITMENTS REQUIRE  
CONGRESSIONAL APPROPRIATIONS

VA's consolidated financial statements reflect accrued expenses aggregating approximately \$5 billion at September 30, 1989, that will be funded principally from future appropriations. About one-half of this amount represents losses incurred under the housing credit program referred to in the preceding section of this report. In addition, the present value of commitments for compensation and pension benefits to veterans which will also have to be funded from appropriations in future years aggregated approximately \$135 billion at September 30, 1989.

Payment of these expenses and benefits requires congressional appropriations of future tax revenues or other sources, such as public borrowing. The accounting for these items is explained in notes 1 and 4.



Charles A. Bowsher *for*  
Comptroller General  
of the United States

April 20, 1990

**DEPARTMENT OF VETERANS AFFAIRS**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**As Of September 30, 1989 AND 1988**  
**(Dollars in Thousands)**

	1989	(Restated) 1988
<b>ASSETS:</b>		
Cash with U.S. Treasury and on hand	\$ 4,944,590	\$ 5,386,884
Advances, Accounts, and Loans Receivable, net (note 8)	3,030,615	3,094,018
Investments (note 7)	13,150,114	12,651,054
Foreclosed Property Held for Sale	679,343	818,833
Land, Buildings, and Equipment Net of Accumulated Depreciation (note 9)	8,396,514	7,729,963
Other Assets	154,557	158,865
Future Financing Sources (note 1)	\$ 4,795,035	\$ 5,812,540
<b>TOTAL ASSETS</b>	<b>\$35,150,768</b>	<b>\$35,652,157</b>
<b>LIABILITIES, TRUST FUND BALANCES, AND EQUITY:</b>		
Accounts Payable, Principally to the Public	\$ 1,124,236	\$ 1,099,294
Accrued Compensation and Pension Benefits	56,700	724,086
Accrued Payroll and Payroll Related Liabilities	1,171,729	1,102,511
Dividends on Credit or Deposit (note 6)	867,393	785,238
Insurance Dividends Payable (note 6)	1,030,883	997,184
Other Liabilities	375,214	346,127
Liability for Federal Employees Compensation Act (note 1)	1,211,088	1,024,309
Liability for Losses on Guaranteed Loans (note 5)	2,672,857	3,663,488
Insurance Policy Reserves (note 6)	9,111,844	8,890,318
Reserve for Participating Policyholders Interest	3,069,419	3,128,559
Borrowings from Treasury	1,730,078	1,730,078
<b>TOTAL LIABILITIES</b>	<b>22,421,441</b>	<b>23,491,192</b>
<b>TRUST FUND BALANCES</b>	<b>671,870</b>	<b>746,443</b>
<b>EQUITY OF THE U. S. GOVERNMENT:</b>		
Unrealized Appropriations:		
Invested Capital	8,583,501	8,111,422
Deferred Appropriations	263,850	275,763
Unobligated Balances	1,210,631	1,210,724
Undelivered Orders	1,999,475	1,816,613
<b>TOTAL EQUITY OF THE U. S. GOVERNMENT</b>	<b>12,057,457</b>	<b>11,414,522</b>
<b>TOTAL LIABILITIES, TRUST FUND BALANCES, AND EQUITY</b>	<b>\$35,150,768</b>	<b>\$35,652,157</b>

*The accompanying notes are an integral part of these statements. Supplemental schedules include financial information by major program area.*

**DEPARTMENT OF VETERANS AFFAIRS**  
**CONSOLIDATED STATEMENT OF OPERATIONS**  
**For Fiscal Years 1989 AND 1988**  
**(Dollars in Thousands)**

	1989	(Restated) 1988
<b>OPERATING EXPENSES AND INSURANCE PROVISIONS:</b>		
Operating Expenses by Category:		
Personnel Compensation and Fringe Benefits	\$ 7,901,100	\$ 7,515,281
Veterans Benefits	16,244,282	15,939,277
Claims and Indemnities	1,290,059	3,276,447
Depreciation	687,344	412,099
Supplies and Materials	1,820,715	1,655,902
Contractual Services	1,447,612	1,472,964
Rent, Communications, and Utilities	569,723	532,269
Other	157,130	88,350
<b>Total Operating Expenses</b>	<b>30,117,965</b>	<b>30,892,589</b>
Insurance Provisions		
Dividends to Policyholders	991,022	952,507
Servicemen's Group Life Insurance Reserves	13,761	3,416
<b>Total Insurance Provisions</b>	<b>1,004,783</b>	<b>955,923</b>
	<b>\$31,122,748</b>	<b>\$31,848,512</b>
<b>OPERATING REVENUE AND FINANCING SOURCES:</b>		
Operating Revenues:		
Premium Income	\$ 871,235	\$ 873,912
Interest Income	1,439,742	1,397,700
Loan Origination fees	141,057	135,118
Reimbursements and Other	599,449	545,242
<b>Total Operating Revenue</b>	<b>3,051,483</b>	<b>2,951,972</b>
Financing by Source:		
Appropriations and Financing Sources Realized	28,905,979	27,425,521
Funds to be Provided by Future Financing Sources	(1,017,507)	1,196,272
Transfers, Reimbursements, and Other	182,793	274,747
<b>Total Financing Sources</b>	<b>28,071,265</b>	<b>28,896,540</b>
	<b>\$31,122,748</b>	<b>\$31,848,512</b>

*The accompanying notes are an integral part of this statement. Supplemental schedules include financial information by major program area.*

**DEPARTMENT OF VETERANS AFFAIRS**  
**CONSOLIDATED STATEMENT OF CHANGES IN FINANCIAL**  
**POSITION AND RECONCILIATION TO BUDGET**  
**For Fiscal Years 1989 AND 1988**  
**(Dollars in Thousands)**

	1989	(Restated) 1988
<b>NET USE OF RESOURCES:</b>		
Operating Expenses	\$30,117,965	\$30,892,589
Items Requiring (Providing) Funds:		
Decrease (Increase) in Future Liability Provisions (Note 1)	582,326	(1,336,772)
Depreciation	(687,344)	(412,099)
Decrease in Accounts Receivable	(208,312)	(91,713)
Decrease in Accounts Payable and Accruals	509,010	186,200
Revenues Accounted for as		
Offsetting Collections	(2,155,413)	(2,141,152)
Funds Used By Operations	28,158,232	27,097,053
Non-Operating Uses:		
Dividends (note 6)	991,022	952,507
Acquisitions of Land, Buildings, and Equipment	1,154,466	1,090,664
Purchase of Foreclosed Property Held for Sale	1,483,189	1,630,545
Issuance and Repurchase of Loans and Liens	1,184,918	1,174,472
Other, Net	(50,312)	(23,441)
Financing Activities:		
Sale of Foreclosed Property Held for Sale	(1,714,851)	(1,661,608)
Sale of Loans, without Recourse	(433,331)	(296,683)
Loan/Lien Repayments/Optional Income Settlements	(302,383)	(353,607)
Revenues Collected for Treasury	(430,269)	(338,924)
<b>NET USE OF BUDGETARY RESOURCES (OUTLAYS)</b>	<b>30,040,681</b>	<b>29,270,978</b>
<b>SOURCES OF BUDGETARY RESOURCES PROVIDED</b>		
Current Year Appropriation, Adjusted	29,260,543	28,363,176
Contract Authority and Reappropriation	84,343	(121,192)
Proceeds of Loan Sales With Recourse		389,259
Interest on Government Securities	1,033,241	998,165
Net Transfers, Reimbursements, and Other	(238,492)	(382,838)
Funds Returned to Treasury	(208,040)	(183,882)
<b>TOTAL RESOURCES PROVIDED</b>	<b>29,931,595</b>	<b>29,062,688</b>
<b>DECREASE IN U.S. TREASURY AND IMPREST FUNDS</b>	<b>(109,086)</b>	<b>(208,290)</b>
Funds Exchanged for U.S. Government Securities	(333,208)	(411,469)
<b>NET DECREASE IN U.S. TREASURY AND IMPREST FUNDS</b>	<b>(442,294)</b>	<b>(619,759)</b>
<b>U.S. TREASURY AND IMPREST FUNDS:</b>		
Beginning of Year	5,386,884	6,006,643
End of Year	\$4,944,590	\$5,386,884

*The accompanying notes are an integral part of this statement. Supplemental schedules include financial information by major program area.*

## NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

### Entity and Basis of Consolidation

In fulfilling its mission to provide veterans with care, support, and recognition, the Department of Veterans Affairs maintains 15 general funds, 11 revolving funds, 5 trust funds, 5 deposit funds, and 5 clearing accounts. The financial activities of these funds have been classified into the following functional areas: Medical and Construction; Veterans Benefits; Housing Credit Assistance; Life Insurance; and Administration. Some of the trust and revolving fund activities for the insurance and housing credit assistance programs are augmented by budget appropriations.

The consolidated financial statements account for all funds for which VA is responsible and present on the accrual basis of accounting as required by the GAO Policy and Procedures Manual for Guidance of Federal Agencies: Title 2. All significant intra-agency balances and transactions have been eliminated in consolidation.

### Recognition of Financing Sources

The current congressional budgetary process under which VA operates does not distinguish between capital and operating expenditures. For budgetary purposes, both are recognized as a use of budgetary resources (outlays) as paid; however, for financial reporting purposes under accrual accounting, operating expenses are recognized currently, while expenditures for capital and other long-term assets are capitalized and not recognized as expenses until they are consumed in VA's operations. Financing sources for these expenses, which derive from both current and prior year appropriations and operations, are recognized on this same basis. The consolidated statement of changes in financial position and reconciliation to budget presents a reconciliation of operating expenses on an accrual basis with budgetary expenditures.

For certain accrued expenses (e.g., annual leave earned but not taken, insurance premiums for disabled veterans funded by appropriations, losses on guaranteed loans), current or prior year appropriations are not available to fund the expenses; however, such expenses are customarily financed (funds appropriated, or, for a portion of the loan losses, revenues received) in the year payment is required. An amount due from future financing sources is therefore recognized in operations each year for that year's accrued amount of such expenses. The cumulative amount of these accruals is reflected in the consolidated statement of financial position as an asset, future financing sources. The total amount of the future financing sources account is also reflected in the liability section of this statement as part of various liability accounts, primarily accrued payroll and related liabilities and liabilities for federal employees compensation act and losses on guaranteed loans.

## Operating Revenue And Other Financing Sources Recognition

Interest income, which is earned primarily from the investments of VA's life insurance program, is recognized on the accrual basis. Insurance premiums are recognized as revenue when due. Loan origination fees, which during fiscal year (FY) 1989 were charged to veterans at a rate of one percent of the loan principal, were recognized as revenues at the time of the guaranty.

## Cash With the Department of the Treasury And On Hand

VA does not maintain cash in commercial bank accounts. Cash receipts and disbursements are processed by the Department of the Treasury. The balance in the Treasury represents the right to draw on the Treasury for allowable expenditures. Cash advanced to imprest fund cashiers totaled \$8.8 million as of September 30, 1989, and \$9.0 million as of September 30, 1988.

## Commitments

VA has obligations remaining at the end of each year for goods and services which have been ordered but not yet received (undelivered orders). Aggregate undelivered orders amounted to \$1,999,475,000 and \$1,816,613,000 as of September 30, 1989, and September 30, 1988, respectively. Of these amounts, \$943,535,000 in FY 1989, and \$1,011,475,000 in FY 1988 related to construction projects of both long- and short-term duration. The remainder was principally comprised of obligations for medical supplies and equipment that were incurred by VA in the normal course of fulfilling its mission.

## Property and Equipment

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

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

## Accrued Compensation and Pension Benefits

Compensation and pension benefits are accrued when veterans have satisfied VA's eligibility criteria. This accrual pertains only to benefits due and payable in a particular fiscal year. (See Note 4 for a description of VA's future liability under its compensation and pension program.)

## Losses on Guaranteed Loans

Upon foreclosure of a guaranteed loan, VA may be required to pay the maximum claim, acquire the property, or acquire the property and pay less than the maximum claim pursuant to criteria established in title 38, U.S.C. S. 1816. Thus, when VA acquires the property, the cost is comprised of the claimed amount paid the lender less net proceeds from the sale of the property. VA incurs an additional cost for direct home (vendee) loans, issued upon the sale of foreclosed properties that subsequently default.

Estimated losses on anticipated defaults of guaranteed loans are recorded as expenses when the loans are guaranteed. Simultaneously, a liability provision is established, representing the estimated cost of defaults for those guaranteed loans which experience indicates will default in the future. A portion of this provision is subsequently reclassified as a reduction to (1) direct home loans receivable when such loans are issued (see Note 8); (2) foreclosed property held for sale when property is acquired, in order to record such property at its net realizable value; and (3) investments in subordinate securities to reflect the estimated loss of principal for the securities due to their subservient position. The remainder of the provision for loan losses is classified as a liability for future loan losses.

## Annual, Sick, and Other Types of Leave

Annual leave is accrued as it is earned, and the accrual is reduced as leave is taken. At least once per year, the balance in the accrued annual leave account is adjusted to reflect current pay rates of cumulative annual leave earned but not taken. Sick and other types of leave are expensed as taken.

## Insurance Program Liabilities

Insurance program liabilities are recorded for unpaid claims in process, for experience-based estimates of claims incurred but not reported, and for incurred death and permanent disability installment claims. These liabilities are included in Accounts Payable.

## Dividends Payable

Dividends from VA's insurance programs are recorded as a liability when declared by the Secretary of Veterans Affairs. Dividends are normally declared when fund balances are in excess of statutorily required insurance claim reserves.

## Trust Fund Balances

Trust fund balances are comprised of the Post-Vietnam Educational Assistance Trust Fund, Servicemen's Group Life Insurance (SGLI) Trust Fund, and the General Post Fund. These funds are accounted for separately and can be used only for specified purposes. Since they are not available to fund general purpose governmental activities they are excluded from VA's equity accounts.

## Invested Capital

Invested Capital includes VA's investment in plant, property, and equipment.

## Deferred Appropriations

Deferred Appropriations include benefit overpayment accounts receivable for which outlay authority is not available until collection.

## Workers Compensation

Legal actions brought by employees of VA for on-the-job injuries fall under the Federal Employees Compensation Act (FECA), administered by the Department of Labor (DOL). DOL bills each Agency annually as DOL claims are paid; however, payment on these bills is deferred two years to allow for funding through the budget process. Using actuarial estimates provided by the DOL, VA has recorded FECA liabilities for balances billed to VA by DOL and for estimates of the present value of the long-term payments related to cases on hand at the end of the fiscal year.

## NOTE 2: INTRAGOVERNMENTAL FINANCIAL ACTIVITIES

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

- o VA's consolidated financial statements are not intended to report the Department's proportionate share of the Federal deficit or of public borrowing, including interest thereon. Financing for budget appropriations reported on VA's statement of operations could derive from tax revenues or public borrowing or both; the ultimate source of this financing, whether it be tax revenues or public borrowing, has not been specifically allocated to VA.
- o Financing for major and minor construction projects was obtained through budget appropriations. To the extent that this financing was derived from public borrowing, no interest has been capitalized because such borrowings are recorded in total by the Department of the Treasury and are not allocated to individual Departments and Agencies.
- o Since the Department of the Treasury does not charge Agencies interest on borrowings from the Treasury, VA does not recognize interest costs related to foreclosed property in its financial records. In FY 1989, VA held foreclosed properties for an estimated average of 6.5 months. Based on this estimate and the average interest rate for the public debt (9.0 percent), the holding costs associated with the foreclosed property held for sale were approximately \$59 million in FY 1989.
- o VA's Housing Credit Assistance program has a liability of \$1.7 billion to the Department of the Treasury. These funds were originally provided to support the Direct Loan Fund, but were subsequently transferred to the Loan Guaranty Fund and have since been fully used. The liability which is owed by the Direct Loan Fund bears no interest or specific payment date. Legislation has been proposed in the "Department of Veterans Affairs FY 1991 Budget Submission" consisting of a technical amendment to waive this liability.
- o During FY 1989, many of VA's employees continued to participate in the contributory Civil Service Retirement System (CSRS), to which VA makes matching contributions; however, VA does not report CSRS assets, accumulated plan benefits, or unfunded liabilities, if any, applicable to its employees because this data in total is reported only by the Office of Personnel Management.
- o On January 1, 1987, the new Federal Employees Retirement System (FERS) went into effect pursuant to Public Law 99-335. Employees hired after December 31, 1983, are automatically covered by FERS, while employees hired prior to December 31, 1983 may elect to either join FERS or remain in CSRS. One of the primary differences between FERS and CSRS is that FERS offers a savings plan to which VA will automatically contribute one percent of basic pay, as well as, match employee contributions up to an additional four percent of basic pay.

Employees participating in FERS are covered under the Federal Insurance Contributions Act (FICA) for which VA contributes a matching amount to the Social Security Administration.

VA's total contributions for CSRS and FERS participants, including contributions to the Social Security Administration, during FY 1989 and FY 1988 were as follows:

	<u>1989</u>	<u>1988</u>
CSRS	\$266,504,389	\$274,869,684
FERS	284,554,646	227,139,124
FICA	<u>142,646,157</u>	<u>120,831,572</u>
Total VA contributions	<u>\$693,705,192</u>	<u>\$622,840,380</u>

While VA has no liability for future payments to employees under these programs, the Federal Government is liable for future payments to employees through the various Agencies administering the programs.

- o Certain legal matters to which VA may be a named party are administered and, in some instances, litigated and paid by other Federal agencies. These primarily relate to allegations of medical malpractice but also include other tort claims and contract disputes. Generally, amounts (more than \$2,500 for Federal Tort Claims Act cases) to be paid under any decision, settlement, or award pertaining to these litigations are funded from a special appropriation called the Judgment Fund, which is maintained on deposit with the Department of the Treasury. Since VA, except for contract dispute payments, is not required to reimburse the Judgment Fund for payments made on VA's behalf, the amount of payments from the fund for VA are not reflected in VA's statements. Amounts paid from the Judgment Fund on behalf of VA were \$42 million and \$35 million in FY 1989 and FY 1988, respectively. Amounts requiring reimbursements to the Judgment Fund by VA for contract dispute payments were \$6.1 million and \$.8 million in FY 1989 and FY 1988, respectively.

### NOTE 3: RESTATEMENT OF FISCAL YEAR 1988 STATEMENTS

The FY 1988 consolidated statement of financial position and consolidated statement of operations and changes in financial position and reconciliation to budget have been restated to present VA Life Insurance Reserves on a Generally Accepted Accounting Principles (GAAP) basis. These reserves had been presented on a statutory basis. The principal change was to introduce a new liability entitled Participating Policyholders Interest. (See Note 6 for a complete explanation of this change.)

### NOTE 4: FUTURE LIABILITY FOR COMPENSATION AND PENSIONS

Veterans or their dependents receive compensation benefits if the veteran was disabled or died from military service-connected cause. War veterans or their dependents receive pension benefits if the veteran was disabled or died from nonservice-connected causes or is age 65 or older. Certain pension benefits are subject to specific income limitations.

The compensation and pension benefits for FY 1989 and FY 1988 were:

<u>Fiscal Year</u>	<u>Compensation</u>	<u>Pension</u>
1989	\$11,210,351,000	\$3,845,134,000
1988	\$10,864,549,000	\$3,826,974,000

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

The future liability for compensation and pension benefits represents the present value, using an 9.0 percent discount rate, of projected annual benefit payments. Projected benefit payments were based on assumed cost of living increases ranging from 3.6 percent to 4.7 percent for 1990-1994 and 3.3 percent to 4.0 percent for succeeding years. In addition, the mortality and accession rates used in calculations were based on trends in the current veteran population.

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

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

1990	\$ 14,021,180
1991	12,652,843
1992	11,450,555
1993	10,383,477
1994	9,462,396
1995 and succeeding	77,276,309
	-----
Total	<u>\$135,246,760</u>

No liability for future compensation and pension benefits has been included in the Consolidated Statement of Financial Position.

NOTE 5: HOUSING CREDIT ASSISTANCE PROGRAM - COST OF GUARANTEED  
 LOAN DEFAULTS

Activities under the VA housing credit assistance program primarily involve the partial guaranty of residential mortgage loans issued to eligible veterans by private lenders. In addition, VA originates direct loans to veterans, sells foreclosed property on credit terms (vendee loans) and monitors foreclosure settlements for ultimate claims reimbursement to VA.

Residential loans guaranteed by VA are originated by private lenders and are not recorded in the financial statements of VA. The face amount of such loans outstanding as of September 30, 1989 and September 30, 1988 was \$152 billion and \$150 billion, respectively, and the guaranteed amount of outstanding loans as of both September 30, 1989 and September 30, 1988 was approximately \$60 billion. The guaranty, in effect, transfers some or all of the risk of default from the lender to VA. At the time of default, VA has the option to either pay the guarantee amount or pay a reduced amount and acquire the property from the lender. VA assumes this risk to provide a benefit to the veteran who obtains a mortgage with interest rates that are usually lower than conventional mortgage rates and with no downpayment.

Vendee and Direct Loans

The total amounts of vendee loans and loans of the direct loan program as of September 30, 1989 and 1988, (dollars in thousands) are:

	<u>1989</u>	<u>1988</u>
Vendee loans	\$1,177,452	\$1,056,100
Direct loans	<u>60,343</u>	<u>77,372</u>
	<u>\$1,237,795</u>	<u>\$1,133,472</u>

Provision for Losses

One element of the cost of the mortgage loan benefit that VA provides to veterans is the present value of the cost VA will bear as loans already guaranteed default in the future. This cost is reflected in the financial statements as a liability for losses on guaranteed loans and as an offset to the value of certain related assets. The unfunded portion of this liability is also reported in the Consolidated Statement of Financial Position as an amount due from Future Financing Sources.

The provision for losses on guaranteed loans is based upon historical loan foreclosure results applied to the average loss on defaulted loans. The provision calculation is also based on the use of the average interest rate of the U.S. interest-bearing debt as a discount rate on the assumption that VA's outstanding guaranteed loans will default over a twelve-year period as follows (dollars in thousands):

1990	\$ 837,065
1991	639,024
1992	485,247
1993	351,027
1994	251,600
1995 and succeeding	<u>416,291</u>
	<u>\$2,980,254</u>

The discount rate used in the computation was 8.9 percent for FY 1989 and 8.8 percent for FY 1988.

The components of the provisions are as follows (dollars in thousands):

	<u>Year ended September 30,</u>	
	<u>1989</u>	<u>1988</u>
Offsets against loans receivable	\$ 116,352	\$ 156,077
Offsets against foreclosed property held for sale	100,407	144,081
Offset against investments	90,638	45,824
Liability for losses on guaranteed loans	<u>2,672,857</u>	<u>3,663,488</u>
	<u>\$2,980,254</u>	<u>\$4,009,470</u>

### Impact of Provision on Future Appropriations

The projected cost of guaranteed loan defaults will not necessarily reflect VA's future appropriation requests over the next 12 years, because those requests will also include anticipated inflows and outflows of resources for nonoperating use such as for transfer, purchase and sale of properties, and issuance and repayment of loans, sale of loans, and the receipt of the one percent funding fee.

To the extent that revolving fund revenues are not sufficient to fund future costs, financing will have to be obtained from future appropriations or other congressionally approved sources.

## Recourse loan sales

During FY 1988, VA sold approximately \$379 million in loans with recourse marketing agreements for \$365 million. Under the terms of the agreements, VA will repurchase the loans sold if default occurs. Any losses from defaults of repurchased loans are borne by VA, which has estimated the potential loss on the amount of such loans outstanding and has recorded this loss as a component of the provisions for loan losses at approximately \$568 million and \$647 million as of September 30, 1989 and September 30, 1988, respectively. There were no recourse loan sales during FY 1989.

## Non-recourse loan sales

During FY 1989 and FY 1988, VA conducted five nonrecourse loan sales. The components of the sales are summarized as follows (dollars in thousands):

	-----FY 1988-----		-----FY 1989-----			
	American Housing Trust I	American Housing Trust II	American Housing Trust III	American Trust Trust IV	Whole Loans	Total
Loans receivable sold	\$308,937	\$234,346	\$278,103	\$364,670	\$58,134	\$1,244,190
Proceeds from Sale:						
Cash*	185,557	134,284	171,165	236,208	49,432	776,646
Investment in subordinated certificates of securities	<u>105,059</u>	<u>91,391</u>	<u>94,557</u>	<u>116,695</u>	<u>0</u>	<u>407,702</u>
	<u>290,616</u>	<u>225,675</u>	<u>265,722</u>	<u>352,903</u>	<u>49,432</u>	<u>\$1,184,348</u>
Loss on loans receivable sold	<u>\$ 18,321</u>	<u>\$ 8,671</u>	<u>\$ 12,381</u>	<u>\$ 11,767</u>	<u>\$ 8,702</u>	<u>\$ 59,842</u>

\*Information presented does not reflect the transaction expenses incurred to sell the loans.

## American Housing Trust I

On June 29, 1988 VA completed its first sale of non-recourse loans to the American Housing Trust (AHT I). Under the terms of the sale, VA sold approximately \$309 million of its vendee loans to AHT I, which in turn, sold the loans as mortgage pass-through certificates. The mortgage pass-through certificates consisted of seven senior classes of certificates that were offered to the public and subordinate certificates that were assigned to VA as partial proceeds from the sale of the loans.

The face value of the subordinate certificates at the time of sale was approximately \$105 million. Principal and interest payments on the senior certificates are guaranteed by the American Loan Guarantee Association. Under the securities structure, principal and interest payments to VA are subordinate to payments to the senior certificate holders.

## American Housing Trust II

On September 23, 1988, VA completed its second sale of nonrecourse loans to the American Housing Trust (AHT II). Under the terms of the sale, VA sold approximately \$234 million of its vendee loans to AHT II, which in turn, sold the loans as mortgage pass-through certificates. The mortgage pass-through certificates consisted of two senior classes of certificates that were offered to the public and subordinate certificates that were assigned to VA as partial proceeds from the sale of the loans.

The face value of the subordinate certificates at the time of sale was approximately \$91 million. Principal and interest payments on the senior certificates are guaranteed by the American Loan Guarantee Association. Under the securities structure, principal and interest payments to VA are subordinate payments to to the senior certificate holders.

## American Housing Trust III

On February 23, 1989, VA completed its third sale of non-recourse loans to the American Housing Trust (AHT III). Under the terms of the sale, VA sold approximately \$278 million of its vendee loans to AHT III, which in turn, sold the loans as mortgage pass-through certificates. The mortgage pass-through certificates consisted of four senior classes of certificates that were offered to the public and subordinated certificates that were assigned to VA as partial proceeds from the sale of the loans.

The face value of the subordinate certificates at the time of sale was approximately \$95 million. Principal and interest payments on the senior certificates are guaranteed by the American Loan Guarantee Association. Under the securities structure, principal and interest payments to VA are subordinate payments to to the senior certificate holders.

## American Housing Trust IV

On August 24, 1989, VA completed its fourth sale of nonrecourse loans to the American Housing Trust (AHT IV). Under the terms of the sale, VA sold approximately \$364 million of its vendee loans to AHT IV, which in turn, sold the loans as mortgage pass-through certificates. The mortgage pass-through certificates consisted of three classes of certificates that were offered to the public and subordinated certificates that were assigned to VA as partial proceeds from the sale of the loans.

The face value of the subordinate certificates at the time of sale was approximately \$117 million. Principal and interest payments on the senior certificates are guaranteed by the American Loan Guarantee Association. Under the securities structure, principal and interest payments to VA are subordinate payments to to the senior certificate holders.

## Whole Loans

On March 23, 1989, VA sold more than \$58 million in seasoned vendee loans without recourse.

## Offset For Losses on investments

As of September 30, 1989, and September 30, 1988, an allowance has been recorded to reflect the estimated loss of principal as a result of the subordinated position. The estimated allowance computation was based upon historical loan defaults. The net investment balances are as follows:

	As of September 30, 1989				
	American Housing Trust I	American Housing Trust II	American Housing Trust III	American Trust Trust IV	Total
Investment in subordinated certificates of securities	\$104,887	\$91,391	\$94,557	\$116,695	\$407,530
Allocation of loss provision	<u>24,473</u>	<u>17,221</u>	<u>21,753</u>	<u>27,191</u>	<u>90,638</u>
Net investment	<u>\$ 80,414</u>	<u>\$74,170</u>	<u>\$72,804</u>	<u>\$ 89,504</u>	<u>\$316,892</u>

As of September 30, 1988

	<u>American Housing Trust I</u>	<u>American Housing Trust II</u>	<u>Total</u>
Investment in subordinated certificates of securities	\$105,059	\$91,391	\$196,450
Allocation of loss provision	<u>18,788</u>	<u>27,036</u>	<u>45,824</u>
Net investment	<u>\$ 86,271</u>	<u>\$64,355</u>	<u>\$150,626</u>

The investments are carried at cost, adjusted for the estimated foreclosures, because the fair market value cannot be determined.

### Foreclosed property held for sale

The VA acquires property from homeowners who default on guaranteed or vendee loans. An allowance for losses has been recorded based on historical loss data, as follows (dollars in thousands):

	<u>As of September 30,</u>	
	<u>1989</u>	<u>1988</u>
Foreclosed property held for sale	\$779,750	\$962,914
Allocation of loss provision	<u>100,407</u>	<u>144,081</u>
Net	<u>\$679,343</u>	<u>\$818,833</u>

### Guarantee Commitments

AS of September 30, 1988, VA had outstanding commitments to guarantee loans which will originate in FY 1990. The number of commitments could not be determined, as VA has granted authority to various lenders to originate VA loans that meet established criteria without prior VA approval.

## Participation Certificates

During FY 1988, the final series of Federal Asset Financing Trust (FAFT) Participation Certificates (PCs) matured. A final principal payment of \$146 million was made to the sinking fund administered by the Government National Mortgage Association (GNMA), in order to end VA's involvement in the Participation Sales Act of 1966 (P. L. 89-429).

Over the life of FAFT, VA transferred interest payments to GNMA for coverage of the periodic interest payments on the PCs. GNMA invested funds not needed to meet current interest payments on behalf of VA. When the final series matured in August 1988, VA received \$165 million from GNMA as VA's share of interest income to the investment.

## SUBSEQUENT EVENT - GUARANTY AND INDEMNITY FUND

On December 18, 1989, legislation was enacted (Public Law 101-237) which established a new fund (the Guaranty and Indemnity Fund) to finance the operation of VA's loan guaranty program for loans made on or after January 1, 1990, except manufactured (mobile) home loans and most administrative costs of operating the program. This legislation, which, among other things, also increased the required loan origination fee in cases where there is no downpayment on a loan and decreased the fee for guaranteed loans with a downpayment, will change the operating results and cash flow requirements of not only the direct and loan guaranty funds but also the overall loan guaranty program. This legislation will not change the unfunded loss (about \$2.7 billion) incurred on the outstanding direct and guaranteed loans as of September 30, 1989.

## NOTE 6: INSURANCE PROGRAMS

VA administers the following life insurance programs that provide permanent (whole life) and term coverage: National Service Life Insurance (NSLI); United States Government Life Insurance (USGLI); Veterans Special Life Insurance (VSLI); Veterans Reopened Insurance (VRI); and Service-Disabled Veterans Insurance (SDVI). Data on insurance in force for each of these programs is as follows:

<u>Insurance In Force</u>					
<u>As of September 30, 1989 and 1988</u>					
<u>Program</u>	<u>Number of policies</u> (thousands)		<u>Amount of insurance</u> (millions)		<u>Principal veterans group covered</u>
	<u>1989</u>	<u>1988</u>	<u>1989</u>	<u>1988</u>	
NSLI	2,737	2,824	\$21,025	\$21,317	WW II
USGLI	43	48	159	178	WW I
VSLI	306	327	2,839	2,989	KOREA
VRI	124	127	847	869	WW II/KOREA
SDVI	173	176	1,572	1,599	WW II/KOREA/ VIETNAM
<b>TOTAL</b>	<b><u>3,383</u></b>	<b><u>3,502</u></b>	<b><u>\$26,442</u></b>	<b><u>\$26,952</u></b>	

## Insurance Reserves

In FY 1989, VA adopted the policy of presenting insurance reserves in the financial statements in accordance with generally accepted accounting principles (GAAP) for the federal sector (GAO Policy and Procedures Manual for Guidance of Federal Agencies: Title 2). The FY 1988 financial statements have been restated to make the change retroactive to that year. Prior to this change, the insurance reserves as reflected in the financial statements were based on assumptions prescribed by Federal statute. Thus, the reserves as presented in FY 1988 and earlier statements were based on statutory standards and were called "statutory insurance reserves."

Insurance reserves for NSLI, USGLI, VSLI, VRI, and SDVI are designed to earmark funds that will be required to pay guaranteed policy benefits over future premiums and investment income. The reserves are based on an actuarial computation of the present value of amounts that will be required to pay the guaranteed policy benefits. The two most important factors used to compute these reserves are assumed investment yields and mortality rates. Under statutory standards, which are oriented toward solvency considerations, these factors are generally very conservative, thereby resulting in a higher reserve requirement and smaller profits for distribution to owners or, in VA's case, policyholders prior to claims for the guaranteed policy benefits. For VA's insurance programs, these factors are prescribed by Federal statutes and VA will therefore continue utilizing the statutory determined reserves for policyholder dividend considerations.

GAAP-determined reserves are oriented toward allocation of revenues, costs, and expenses and are computed based on recent mortality experience and interest assumptions. For VA's GAAP insurance reserves, interest rate assumptions ranged from 7.0 percent to 8.5 percent; these percentages are expected to hold true for at least the next 10 years. The GAAP mortality assumptions are based on actual mortality experience of VA's insurance programs, with a provision for adverse deviation. The statutory required interest rates range from 2.3 percent to 4.5 percent, while the statutory mortality assumptions include the American Experience Table, the 1941 Commissioner's Standard Ordinary (CSO) Table, and the 1958 CSO Basic Table. (Actual average investment yield for VA's insurance program securities was 9.69 percent as of September 30, 1989, and 9.67 percent as of September 30, 1988.) As a result of these differences, the insurance policy reserves under GAAP are lower than insurance policy reserves computed with statutory assumptions. The difference in the GAAP insurance reserves and statutory reserves for VA's whole life policies with participating rights (NSLI, USGLI, VSLI, and VRI) represents future benefits (dividends) that inure to program participants based on statutory requirements and practices. This difference is called Participating Policyholders' Interest in Accumulated Participating Earnings, commonly referred to as Participating Policyholders' Interest. Since the difference will inure to policyholders, it is presented in the liability section of the Consolidated Statement of Financial Position as a liability to participating policyholders.

The GAAP insurance reserve balances as of September 30, 1989, are shown below (dollars in thousands):

<u>Program</u>	<u>Death Benefits</u>	<u>Death Benefit Annuities</u>	<u>Disability Income and Waiver of Premium</u>	<u>Other</u>	<u>GAAP Reserve Total</u>
NSLI	\$6,207,685	\$409,994	\$784,965	\$176,144	\$7,578,788
USGLI	92,449	25,963	1,678	981	121,071
VSLI	578,620	3,132	114,546	3,914	700,212
SDVI	273,593	1,486	129,038		404,117
VRI	280,033	1,247	26,376		307,656
<b>TOTAL</b>	<b><u>\$7,432,380</u></b>	<b><u>\$441,822</u></b>	<b><u>\$1,056,603</u></b>	<b><u>\$181,039</u></b>	<b><u>\$9,111,844</u></b>

The GAAP insurance reserve balances as of September 30, 1988, are shown below (dollars in thousands):

<u>Program</u>	<u>Death Benefits</u>	<u>Death Benefit Annuities</u>	<u>Disability Income and Waiver of Premium</u>	<u>Other</u>	<u>GAAP Reserve Total</u>
NSLI	\$5,915,734	\$432,333	\$836,172	\$190,874	\$7,375,113
USGLI	103,629	28,697	2,234	1,090	135,650
VSLI	534,224	3,484	119,481	3,362	660,551
SDVI	266,395	2,294	148,269		416,958
VRI	273,744	1,289	27,013		302,046
<b>TOTAL</b>	<b><u>\$7,093,726</u></b>	<b><u>\$468,097</u></b>	<b><u>\$1,133,169</u></b>	<b><u>\$195,326</u></b>	<b><u>\$8,890,318</u></b>

The Participating Policyholders' Interest as of September 30, 1989, and September 30, 1988, in the five insurance programs are shown below (dollars in thousands):

Participating Policyholders' Interest

<u>Program</u>	<u>9/30/89</u>	<u>9/30/88</u>
NSLI	\$2,445,533	\$2,504,541
USGLI	42,743	46,896
VSLI	424,482	416,462
SDVI		
VRI	<u>156,661</u>	<u>160,660</u>
TOTAL	<u>\$3,069,419</u>	<u>\$3,128,559</u>

The statutory insurance reserve balances as of September 30, 1989, are shown below (dollars in thousands):

<u>Program</u>	<u>Death Benefits</u>	<u>Death Benefit Annuities</u>	<u>Disability Income and Waiver of Premium</u>	<u>Other</u>	<u>Statutory Reserve Total</u>
NSLI	\$8,527,424	\$409,994	\$784,965	\$176,144	\$9,898,527
USGLI	130,221	25,963	1,678	981	158,843
VSLI	954,650	3,132	114,546	3,914	1,076,242
SDVI	273,593	1,486	129,038		404,117
VRI	<u>414,573</u>	<u>1,247</u>	<u>26,376</u>		<u>442,196</u>
TOTAL	<u>\$10,300,461</u>	<u>\$441,822</u>	<u>\$1,056,603</u>	<u>\$181,039</u>	<u>\$11,979,925</u>

The statutory insurance reserve balances as of September 30, 1988, are shown below (dollars in thousands):

<u>Program</u>	<u>Death Benefits</u>	<u>Death Benefit Annuities</u>	<u>Disability Income and Waiver of Premium</u>	<u>Other</u>	<u>Statutory Reserve Total</u>
NSLI	\$8,311,932	\$432,333	\$836,172	\$190,874	\$9,771,311
USGLI	144,998	28,697	2,234	1,090	177,019
VSLI	904,089	3,484	119,481	3,362	1,030,416
SDVI	266,395	2,294	148,269		416,958
VRI	<u>414,978</u>	<u>1,289</u>	<u>27,013</u>		<u>443,280</u>
TOTAL	<u>\$10,042,392</u>	<u>\$468,097</u>	<u>\$1,133,169</u>	<u>\$195,326</u>	<u>\$11,838,984</u>

Operating expenses as reflected in the Schedule of Expenses, Dividends, Revenues, and Financing Sources are also affected by the use of GAAP rather than statutory principles. Under GAAP, the operating expenses were \$103 million higher in FY 1989, and \$104 million higher in FY 1988.

Certain premium items are also accounted for differently under GAAP than under statutory principles. Specifically, the liability for unearned advance premiums and the receivable that is set up for uncollected premiums are all lower under GAAP principles.

## Policy Dividends

The Secretary of Veterans Affairs annually determines the excess funds available for dividend payment. Dividends to be paid are based on an actuarial analysis of the individual programs as of the end of the preceding calendar year. Dividends are declared on a calendar year basis and are paid on policy anniversary dates. Policyholders may receive their dividends in cash, use them to pay premiums in advance, repay loans, purchase paid-up insurance, or place them in an interest bearing account.

Dividends payable shown in the Consolidated Statement of Financial Position represents the amount of dividends potentially payable in the next twelve months. Dividends shown in the Consolidated Statement of Changes in Financial Position and Reconciliation to Budget represents the amount of dividends paid in the last twelve months. Dividends to policyholders shown in the Consolidated Statement of Operations represents the amount of dividends paid in the preceding twelve months plus the change in the SGLI trust fund balance.

A provision for dividends is charged to operations and an insurance dividend payable is established when gains to operations exceed those necessary to maintain the solvency of the insurance programs. These excess earnings are distributed to policyholders in the form of dividends. During FY 1989 and FY 1988, total dividends declared for all insurance programs amounted to \$1,004,930 and \$960,600, respectively.

Dividends paid during FY 1989 and FY 1988 were as follows (dollars in thousands):

<u>Program</u>	<u>Dividends Paid</u>	
	<u>1989</u>	<u>1988</u>
NSLI	\$855,243	\$823,485
USGLI	11,133	12,132
VSLI	91,906	83,769
VRI	32,740	33,121
TOTAL	<u>\$991,022</u>	<u>\$952,507</u>

The payment of termination dividends in the VRI program began in 1985 to ensure that those whose insurance was terminating receive an equitable share of surplus. Termination dividends are included in the above figures and amount to approximately \$250,000 paid in FY 1989 and \$250,000 paid in FY 1988.

## Insurance Cash Surrender Value

All whole life policies build cash surrender values equal to policy reserves plus any dividends held on account. Policyholders may borrow up to 94 percent of the cash surrender value or use it to purchase paid-up insurance at a reduced amount.

## Group Life Insurance Programs

VA supervises the administration of the Servicemen's Group Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI) programs and directly administers the Veterans' Mortgage Life Insurance (VMLI) program. SGLI is supervised by VA but directly administered by Prudential Life Insurance Company of America, which provides group life insurance coverage and pays all claims and expenses associated with the program. This coverage is provided to active members of the Military Services, to cadets attending service academies, and to active members of the Armed Forces Reserves, National Guard, and Reserved Officer Training Corp.

VA's responsibilities are to establish premium rates and to act as the transfer agent for premiums paid by payroll deductions and for extra hazard costs paid by the service organizations involved. VA also determines the adequacy of the SGLI insurance policy reserves maintained by Prudential. If excess reserves exist, VA can both lower premium rates and withdraw excess funds. To date, VA has withdrawn approximately \$94 million from these reserves. These funds, together with investment interest earned, are held in a trust fund, which on September 30, 1989, had a balance a \$165.3 million. On September 30, 1988, this balance was \$151.5 million. This balance is used as a premium stabilization fund to augment premium payments remitted by the insureds.

SGLI Insurance In Force	<u>1989</u>	<u>1988</u>
Number of Policies	3,475,004	3,509,029
Amount (in millions)	\$172,855.9	\$174,537.1

VGLI provides 5-year term insurance to all servicemen separated from active duty, usually at the end of their 120-day free SGLI coverage. At the end of the term period of VGLI insurance, the veteran has the right to obtain an individual life insurance policy at a standard rate from any company participating in the SGLI program.

VGLI Insurance In Force	<u>1989</u>	<u>1988</u>
Number of Policies	298,552	282,195
Amount (in millions)	\$13,335.7	\$12,066.8

The Veterans Mortgage Life Insurance (VMLI) program is administered directly by VA. Under this program, severely disabled veterans can obtain insurance coverage of up to \$40,000 on the outstanding balance of their home mortgage. Coverage ceases at age 70. Premiums are based on standard mortality tables and are deducted from the veteran's monthly compensation payment. Administrative expenses and the additional cost of insuring these medically-impaired lives are borne by the Government through appropriations.

VMLI Insurance In Force	<u>1989</u>	<u>1988</u>
Number of Policies	5,190	5,416
Amount (in millions)	\$171.1	\$185.5

## Insurance Administrative Expenses

Except for the SGLI/VGLI and VRI programs, administrative costs are not charged to VA life insurance programs. Administrative costs charged to the SGLI/VGLI program were \$324,000 in 1989 and \$306,000 in 1988. Administrative costs charged to the VRI program were \$1,156,000 in 1989 and \$1,304,000 in 1988. Administrative costs for the other insurance programs (USGLI, NSLI, VSLI, SDVI) borne by VA appropriations totaled \$27,212,000 in 1989 and \$25,988,000 in 1988.

## NOTE 7: INVESTMENTS

Insurance program investments, which comprise most of VA's investments, are in non-marketable U.S. Treasury special bonds and certificates. Interest rates for Treasury special securities are based on average market yields for similar Treasury issues. The special bonds, which mature during various years through the year 2002, are generally held to maturity unless needed to finance insurance claims and dividends. The certificates are short-term in nature and are either redeemed or replaced at maturity, depending upon the cash needs of the insurance program. As of September 30, 1989, investment securities consist of the following (dollars in thousands):

<u>Security</u>	<u>Interest Range</u>	<u>Insurance Programs</u>	<u>Other Programs</u>	<u>Total</u>
Special Bonds	6.375-13.75%	\$12,764,482		\$12,764,482
Bonds	7.875-8.5%		\$ 2,251	2,251
Notes	6.75-14.25%		26,433	26,433
Treasury Bills	7.9-8.37%		40,000	40,000
Other	Various		316,948	316,948
		<u>\$12,764,482</u>	<u>\$385,632</u>	<u>\$13,150,114</u>

As of September 30, 1988, investment securities consisted of the following (dollars in thousands):

<u>Security</u>	<u>Interest Range</u>	<u>Insurance Programs</u>	<u>Other Programs</u>	<u>Total</u>
Special Bonds	5.875-13.75%	\$12,304,372		\$12,304,372
Certificates	8.75-10%	140,743		140,743
Bonds	7.875-8.5%		\$ 2,251	2,251
Notes	8.375-14.625%		21,006	21,006
Treasury Bills	6.7-7.5%		32,000	32,000
Other	Various		150,682	150,682
		<u>\$12,445,115</u>	<u>\$205,939</u>	<u>\$12,651,054</u>

Other VA programs with investments are Housing Credit and Medical Programs. All Insurance and Medical program investments are in securities issued by the Department of the Treasury. Housing Credit program investments are in trust certificates that were issued by the American Housing Trust, a private entity not associated in any way with the Government.

## NOTE 8: RECEIVABLES

### Accounts

Non-Federal accounts receivable principally represent amounts due from individuals for Education Loan defaults, Compensation and Pension overpayments, and amounts due from third party insurers for health care of veterans. The latter totaled to \$176,758,000 and \$157,224,000 as of September 30, 1989, and September 30, 1988.

Federal accounts receivable are mostly accrued interest payments due on VA investments, from the Department of the Treasury.

Although VA is an active participant in Federal Debt Collection programs such as the IRS Income Tax Refund Offset, Federal Salary Offset, Litigation, Referral to Credit Reporting Agencies, and Referral to Private Collection Agencies, there are still a number of accounts where all possible collection actions will be unsuccessful. Based on VA's experience, an allowance for losses has been established at approximately 50 percent for outstanding Medical and Benefit Program debts from individuals and at 100 percent for Housing Credits debts reported for individuals.

### Advances

Non-Federal advance payments are, principally, advances to VA construction contractors, grant recipients, beneficiaries, and VA employees engaged in official travel. Federal advance payments are mostly to the General Services Administration for the procurement of supplies and equipment.

## Loans

Current loans receivable are amounts due under VA's Housing Credit Assistance Program, including Home Loan Guaranty and Direct Loan defaults, amounting to \$2,511,453,000 and \$1,971,100,000 as of September 30, 1989, and September 30, 1988, respectively. Allowances for loss on these loans receivable resulting from defaults were \$2,508,942,000 and \$1,969,072,000 as of September 30, 1989, and September 30, 1988, respectively. The remaining allowance for loss relates to active home loans and is based on the Provision for Losses computation (see Note 5 for a full disclosure of the Provision for losses computation).

Non-current loans receivable represent amounts due from loans and liens against VA-issued life insurance policies and also amounts owed to VA's Housing Credit Assistance Program beyond the next 12 months. Insurance policy loans do not have a fixed repayment schedule. Home loans have a firm repayment schedule over the life of the loans, which is generally 30 years; however, it is VA practice to sell these home loans rather than hold them to maturity. (See Note 5 for a complete explanation of VA's loan sales.)

Home loans authorized but not closed amounted to \$96,719,000 and \$138,239,000 as of September 30, 1989, and September 30, 1988, respectively.

## RECAP OF THE TYPE OF RECEIVABLES AND RELATED ALLOWANCES

The tables below recap the receivables and allowances after a reclassification of the Housing Credit program defaults from accounts to loans receivable.

The receivables as of September 30, 1989, consist of:

	<u>Current</u>	<u>Non-Current</u>	<u>Total</u>
<u>Accounts:</u>			
Individuals/Corporations	\$ 985,788	\$ - 0 -	\$ 985,788
Federal Government	387,576	- 0 -	387,576
Less: Allowances for Loss	<u>510,041</u>	- 0 -	<u>510,041</u>
Accounts Receivable, net	<u>863,323</u>	- 0 -	<u>863,323</u>
<u>Advances:</u>			
Individuals/Corporations	52,464	- 0 -	52,464
Federal Government	<u>92,681</u>	- 0 -	<u>92,681</u>
Total Advances	<u>145,145</u>	- 0 -	<u>145,145</u>
<u>Loans</u>			
Individuals	2,872,029	1,793,241	4,665,270
Less: Allowances for Loss	<u>2,540,447</u>	<u>102,676</u>	<u>2,643,123</u>
Loans, Net	<u>331,582</u>	<u>1,690,565</u>	<u>2,022,147</u>
Net Receivables	<u>\$1,340,050</u>	<u>\$1,690,565</u>	<u>\$3,030,615</u>

The receivables as of September 30, 1988, consist of:

	<u>Current</u>	<u>Non-Current</u>	<u>Total</u>
<u>Accounts:</u>			
Individuals/Corporations	\$ 940,079	\$ 132	\$ 940,211
Federal Government	368,401	461	368,862
Less: Allowances for Loss	<u>494,048</u>		<u>494,048</u>
Accounts Receivable, net	<u>814,432</u>	<u>593</u>	<u>815,025</u>
<u>Advances:</u>			
Individuals/Corporations	53,432	- 0 -	53,432
Federal Government	<u>133,660</u>	- 0 -	<u>133,660</u>
Total Advances	<u>187,092</u>	- 0 -	<u>187,092</u>
<u>Loans</u>			
Individuals	2,587,658	1,644,686	4,232,344
Less: Allowances for Loss	<u>2,015,799</u>	<u>124,644</u>	<u>2,140,443</u>
Loans, Net	<u>571,859</u>	<u>1,520,042</u>	<u>2,091,901</u>
Net Receivables	<u>\$1,573,383</u>	<u>\$1,520,635</u>	<u>\$3,094,018</u>

## NOTE 9: PROPERTY AND EQUIPMENT

### Fixed Assets

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

Buildings are depreciated using the straight line method over estimated useful lives ranging from 25 to 40 years, based upon the American Hospital Association's estimate of useful lives of hospital assets. Equipment is depreciated using the straight line method over useful lives, which, for most equipment, range from 5 to 20 years. Current year depreciation amounted to \$687,344,000 in FY 1989 and \$412,100,000 in FY 1988.

Property and equipment consisted of the following as of September 30, 1989 (dollars in thousands):

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	\$ 100,624		\$ 100,624
Buildings	6,600,981	1,950,577	4,650,404
Equipment	3,313,322	1,871,124	1,442,198
Other	866,746	337,392	529,354
Construction in Progress	<u>1,673,934</u>		<u>1,673,934</u>
TOTAL	<u>\$12,555,607</u>	<u>\$4,159,093</u>	<u>\$8,396,514</u>

Property and equipment consisted of the following as of September 30, 1988 (dollars in thousands):

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	\$ 91,955	\$	\$ 91,955
Buildings	6,201,962	1,888,078	4,313,884
Equipment	3,059,155	1,543,620	1,515,535
Other	802,186	313,077	489,109
Construction in Progress	<u>1,319,480</u>		<u>1,319,480</u>
TOTAL	<u>\$11,474,738</u>	<u>\$3,744,775</u>	<u>\$7,729,963</u>

## Leases

VA leases facilities, primarily office space and medical facilities, from General Services Administration (GSA). These leases are cancellable without penalty. In addition, VA has operating leases with the public for office, data processing, and other equipment. In FY 1989 and FY 1988, rent expenses for such leases from GSA amounted to approximately \$90 million each year; while leases from the public amounted to \$68 million and \$65 million, respectively.

## Subsequent Events

Hurricane Hugo caused wind, rain, and flood damage to VA Medical Centers on the east coast. Particularly hard hit was the Medical Center in Charleston, South Carolina. The California earthquake caused structural damage to VA Medical Centers in the Northern California area. The Medical Center in Palo Alto, California suffered the most severe damage. Public Law 101-130 brought relief in the form of funds from The President's Unanticipated Needs for Natural Disasters Account. The FY 1990 Medical Care Appropriation received \$16.6 million to offset immediate repairs and emergency operating costs (\$1.0 million for hurricane and \$15.6 million for earthquake relief). The FY 1990 Major Construction Projects Appropriation received \$41.2 million for earthquake related projects.

## NOTE 10: CONTINGENCIES

VA is a party in various administrative proceedings, legal actions, and tort claims brought by or against it, primarily relating to allegations of medical malpractice; however, such legal settlements of tort claims awards in excess of \$2,500, as well as, contract disputes are paid from a Government wide Judgment Fund appropriation maintained by the Department of the Treasury, with an agency having to reimburse the fund for only contract dispute payments (see Note 2). Contract dispute act cases that were pending as of September 30, 1989, and which will ultimately result in payment out of VA appropriations, if the cases are decided against the government, totaled approximately \$12.5 million.

VA is involved in several legal actions, which, if decided against VA, would ultimately be charged to VA Appropriations. Although VA is unable to predict the final outcome of the lawsuits, VA's ultimate liability could be in the tens of millions of dollars. If such judgments were to occur, VA would most likely be required to seek supplemental appropriations from Congress.

In the opinion of VA's management and Office of General Counsel, the ultimate resolution of legal actions still pending as of September 30, 1989, will not materially affect VA's operations or financial position, especially when consideration is given to the availability of the Judgment Fund appropriation to pay some court settled legal cases.

## SUPPLEMENTAL SCHEDULES

The following four schedules provide further detail, by major program area, of (1) assets, liabilities, and Government equity; (2) revenue, financing sources, and expenses; (3) sources and uses of funds by major program area; and (4) budgeted and actual outlays.

- o The medical program area includes financial data for the medical care program, including VA's 172 medical facilities, medical research and administration, and construction. The construction program was included because most of its activities relate to medical facilities.
- o The veterans benefits area includes compensation, pension, and education programs as well as burial and miscellaneous assistance and veterans job training programs.
- o Housing credit assistance includes both VA's loan guaranty and direct loan programs.
- o The administration area includes costs of managing the Department as a whole and the National Cemetery System. Also included are costs of managing the Supply Fund and automated data processing systems.

Except the cost charged to three of the life insurance programs (SGLI/VGLI & VRI) personnel compensation and fringe benefits for employees involved in veterans benefits, housing credit assistance, and life insurance have not been allocated to these major program areas and are included in the Administration and Other section.



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**SCHEDULE OF ASSETS, LIABILITIES, AND EQUITY BY MAJOR PROGRAM**  
**As Of September 30, 1989**  
**(Dollars in Thousands)**

	Medical and Construction	Veterans Benefits	Housing Credit Assistance	Life Insurance	Admin and Other	Consoli- dated
<b>ASSETS:</b>						
Cash with U.S. Treasury and on hand	\$3,644,045	\$695,677	\$219,028	\$18,658	\$367,182	\$4,944,590
Advances, Accounts, and Loans Receivable, Net	335,418	282,611	993,419	1,331,975	87,192	3,030,615
Investments	68,684		316,948	12,764,482		13,150,114
Foreclosed Property Held for Sale			679,343			679,343
Land, Buildings, and Equipment Net of Accumulated Depreciation	8,392,403				4,111	8,396,514
Other Assets	23,341			1,049	130,167	154,557
Future Financing Sources	1,776,732		2,484,717	366,707	166,879	4,795,035
<b>TOTAL ASSET</b>	<b>\$14,240,623</b>	<b>\$978,288</b>	<b>\$4,693,455</b>	<b>\$14,482,871</b>	<b>\$755,531</b>	<b>\$35,150,768</b>
<b>LIABILITIES, TRUST FUND BALANCES, AND EQUITY:</b>						
<b>LIABILITIES:</b>						
Accounts Payable, Principally to the Public	\$644,957	\$15	\$88,541	\$167,242	\$223,481	\$1,124,236
Accrued Compensation and Pension Benefits		56,700				56,700
Accrued Payroll and Payroll Related Liabilities	1,074,471				97,258	1,171,729
Dividends on Credit or Deposit				867,393		867,393
Insurance Dividends Payable				1,030,883		1,030,883
Other Liabilities	240,026		14,225	70,772	50,191	375,214
Liability for Federal Employees Compensation Act	1,102,090				108,998	1,211,088
Liability for Losses on Guaranteed Loans			2,672,857			2,672,857
Insurance Policy Reserves				9,111,844		9,111,844
Reserve for Participating Policyholders Interest				3,069,419		3,069,419
Borrowings from Treasury			1,730,078			1,730,078
<b>TOTAL LIABILITIES</b>	<b>3,061,544</b>	<b>56,715</b>	<b>4,505,701</b>	<b>14,317,553</b>	<b>479,928</b>	<b>22,421,441</b>
<b>TRUST FUND BALANCES</b>	<b>28,782</b>	<b>477,770</b>		<b>165,318</b>		<b>671,870</b>
<b>EQUITY OF THE U.S. GOVERNMENT:</b>						
Unrealized Appropriations:						
Invested Capital	8,427,788				155,713	8,583,501
Deferred Appropriations		263,850				263,850
Unobligated Balances	840,988	174,316	187,753		7,574	1,210,631
Undelivered Orders	1,881,521	5,637	1		112,316	1,999,475
<b>TOTAL EQUITY OF THE U.S. GOVERNMENT</b>	<b>11,150,297</b>	<b>443,803</b>	<b>187,754</b>		<b>275,603</b>	<b>12,057,457</b>
<b>TOTAL LIABILITIES, TRUST FUND BALANCES, AND EQUITY</b>	<b>\$14,240,623</b>	<b>\$978,288</b>	<b>\$4,693,455</b>	<b>\$14,482,871</b>	<b>\$755,531</b>	<b>\$35,150,768</b>



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**SCHEDULE OF ASSETS, LIABILITIES, AND EQUITY BY MAJOR PROGRAM**  
**As Of September 30, 1988**  
**(Dollars in Thousands Restated)**

	<i>Medical and Construction</i>	<i>Veterans Benefits</i>	<i>Housing Credit Assistance</i>	<i>Life Insurance</i>	<i>Admin and Other</i>	<i>Consolidated</i>
<b>ASSETS:</b>						
Cash with U.S. Treasury and on hand	\$ 3,524,877	\$1,213,776	\$ 318,747	\$ 18,328	\$311,156	\$ 5,386,884
Advances, Accounts, and Loans Receivable, Net	325,132	286,020	1,015,793	1,357,825	109,248	3,094,018
Investments	55,257		150,682	12,445,115		12,651,054
Foreclosed Property Held for Sale			818,833			818,833
Land, Buildings, and Equipment Net of Accumulated Depreciation	7,727,083				2,880	7,729,963
Other Assets	23,102			1,225	134,538	158,865
Future Financing Sources	1,751,577	87,259	3,450,553	376,717	146,434	5,812,540
<b>TOTAL ASSETS</b>	<b>\$13,407,028</b>	<b>\$1,587,055</b>	<b>\$5,754,608</b>	<b>\$14,199,210</b>	<b>\$704,256</b>	<b>\$35,652,157</b>
<b>LIABILITIES, TRUST FUND BALANCES, AND EQUITY:</b>						
<b>LIABILITIES:</b>						
Accounts Payable, Principally to the Public	\$ 622,831	\$ 44	\$ 103,351	\$ 172,447	\$ 200,621	\$ 1,099,294
Accrued Compensation and Pension Benefits		724,086				724,086
Accrued Payroll and Payroll Related Liabilities	1,010,436				92,075	1,102,511
Dividends on Credit or Deposit				785,238		785,238
Insurance Dividends Payable				997,184		997,184
Other Liabilities	190,492		34,005	73,954	47,676	346,127
Liability for Federal Employees Compensation Act	932,121				92,188	1,024,309
Liability for Losses on Guaranteed Loans			3,663,488			3,663,488
Insurance Policy Reserve				8,890,318		8,890,318
Reserve for Participation Policyholders Interest				3,128,559		3,128,559
Borrowings from Treasury			1,730,078			1,730,078
<b>TOTAL LIABILITIES</b>	<b>2,755,880</b>	<b>724,130</b>	<b>5,530,922</b>	<b>14,047,700</b>	<b>432,560</b>	<b>23,491,192</b>
<b>TRUST FUND BALANCES</b>	<b>24,108</b>	<b>570,825</b>		<b>151,510</b>		<b>746,443</b>
<b>EQUITY OF THE U.S. GOVERNMENT:</b>						
<b>Unrealized Appropriations:</b>						
Invested Capital	7,941,342				170,080	8,111,422
Deferred Appropriations		275,763				275,763
Unobligated Balances	987,041		223,683			1,210,724
Undelivered Orders	1,698,657	16,337	3		101,616	1,816,613
<b>TOTAL EQUITY OF THE U.S. GOVERNMENT</b>	<b>10,627,040</b>	<b>292,100</b>	<b>223,686</b>		<b>271,696</b>	<b>11,414,522</b>
<b>TOTAL LIABILITIES, TRUST FUND BALANCES, AND EQUITY</b>	<b>\$13,407,028</b>	<b>\$1,587,055</b>	<b>\$5,754,608</b>	<b>\$14,199,210</b>	<b>\$704,256</b>	<b>\$35,652,157</b>



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**SCHEDULE OF EXPENSES, DIVIDENDS, REVENUE,**  
**AND FINANCING SOURCES BY MAJOR PROGRAM**  
**For Fiscal Year 1989**  
**(Dollars in Thousands)**

	<i>Medical and Construction</i>	<i>Veterans Benefits</i>	<i>Housing Credit Assistance</i>	<i>Life Insurance</i>	<i>Admin. and Other</i>	<i>Consoli- dated</i>
<b>OPERATING EXPENSES AND DIVIDENDS:</b>						
Expenses By Category:						
Personnel Compensation and Fringe Benefits	\$ 7,266,797			\$ 1,081	\$633,222	\$ 7,901,100
Veterans' Benefits		\$16,244,282				16,244,282
Claims and Indemnities	274		\$109,956	1,179,586	243	1,290,059
Depreciation	686,525				819	687,344
Supplies and Materials	1,803,554				17,161	1,820,715
Contractual Services	1,370,988			133	76,491	1,447,612
Rent, Communications, and Utilities	418,692			266	150,765	569,723
Other	128,565				28,565	157,130
<b>Total Operating Expenses</b>	<b>11,675,395</b>	<b>16,244,282</b>	<b>109,956</b>	<b>1,181,066</b>	<b>907,266</b>	<b>30,117,965</b>
Insurance Provisions:						
Dividends to Policyholders				991,022		991,022
SGLI Reserve				13,761		13,761
<b>Total Dividends</b>				<b>1,004,783</b>		<b>1,004,783</b>
	<b>\$11,675,395</b>	<b>\$16,244,282</b>	<b>\$109,956</b>	<b>\$2,185,849</b>	<b>\$907,266</b>	<b>\$31,122,748</b>
<b>OPERATING REVENUE AND FINANCING SOURCES:</b>						
Operating Revenues:						
Premium Income				871,235		\$ 871,235
Interest Income			\$165,338	1,274,404		1,439,742
Loan Origination Fees			141,057			141,057
Reimbursements and Other	\$ 302,812	\$ 132,356	6,486	42,464	\$115,331	599,449
<b>Total Operating Revenue</b>	<b>302,812</b>	<b>132,356</b>	<b>312,881</b>	<b>2,188,103</b>	<b>115,331</b>	<b>3,051,483</b>
Financing by Source:						
Appropriations and Financing Sources Realized	11,347,429	16,016,392	762,911	7,756	771,491	28,905,979
Funds to be Provided						
by Future Financing Sources	25,154	(87,259)	(965,836)	(10,010)	20,444	(1,017,507)
Transfers, Reimbursements, and Other		182,793				182,793
<b>Total Financing Sources</b>	<b>11,372,583</b>	<b>16,111,926</b>	<b>(202,925)</b>	<b>(2,254)</b>	<b>791,935</b>	<b>28,071,265</b>
	<b>\$11,675,395</b>	<b>\$16,244,282</b>	<b>\$109,956</b>	<b>\$2,185,849</b>	<b>\$907,266</b>	<b>\$31,122,748</b>



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**SCHEDULE OF EXPENSES, DIVIDENDS, REVENUE,**  
**AND FINANCING SOURCES BY MAJOR PROGRAM**  
**For Fiscal Year 1988**  
**(Dollars in Thousands Restated)**

	<i>Medical and Construction</i>	<i>Veterans Benefits</i>	<i>Housing Credit Assistance</i>	<i>Life Insurance</i>	<i>Admin and Other</i>	<i>Consolidated</i>
<b>OPERATING EXPENSES AND DIVIDENDS:</b>						
Expenses By Category:						
Personnel Compensation and Fringe Benefits	\$ 6,903,251			\$ 1,175	\$610,855	\$ 7,515,281
Veterans' Benefits		\$15,939,277				15,939,277
Claims and Indemnities	124		\$2,031,537	1,244,418	368	3,276,447
Depreciation	411,798				301	412,099
Supplies and Materials	1,639,354				16,548	1,655,902
Contractual Services	1,399,564			145	73,255	1,472,964
Rent, Communications, and Utilities	393,764			290	138,215	532,269
Other	59,560				28,790	88,350
<b>Total Operating Expenses</b>	<b>10,807,415</b>	<b>15,939,277</b>	<b>2,031,537</b>	<b>1,246,028</b>	<b>868,332</b>	<b>30,892,589</b>
Insurance Provisions:						
Dividends to Policyholders				952,507		952,507
SGLI Reserve				3,416		3,416
<b>Total Dividends</b>				<b>955,923</b>		<b>955,923</b>
	<b>\$10,807,415</b>	<b>\$15,939,277</b>	<b>\$2,031,537</b>	<b>\$2,201,951</b>	<b>\$868,332</b>	<b>\$31,848,512</b>
<b>OPERATING REVENUE AND FINANCING SOURCES:</b>						
Operating Revenues:						
Premium Income				\$ 873,912		\$ 873,912
Interest Income			\$ 168,143	1,229,557		1,397,700
Loan Origination Fees			135,118			135,118
Reimbursements and Other	\$ 314,643	\$ 108,133	(66,181)	78,848	\$109,799	545,242
<b>Total Operating Revenue</b>	<b>314,643</b>	<b>108,133</b>	<b>237,080</b>	<b>2,182,317</b>	<b>109,799</b>	<b>2,951,972</b>
Financing by Source:						
Appropriations and Financing Sources Realized	10,211,450	15,509,385	940,194	14,058	750,434	27,425,521
Funds to be Provided by Future Financing Sources	281,322	47,012	854,263	5,576	8,099	1,196,272
Transfers, Reimbursements, and Other		274,747				274,747
<b>Total Financing Sources</b>	<b>10,492,772</b>	<b>15,831,144</b>	<b>1,794,457</b>	<b>19,634</b>	<b>758,533</b>	<b>28,896,540</b>
	<b>\$10,807,415</b>	<b>\$15,939,277</b>	<b>\$2,031,537</b>	<b>\$2,201,951</b>	<b>\$868,332</b>	<b>\$31,848,512</b>



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**SCHEDULE OF SOURCES AND USES**  
**OF RESOURCES AND RECONCILIATION TO BUDGET BY MAJOR PROGRAM**  
**For Fiscal Year 1989**  
**(Dollars in Thousands)**

	<i>Medical and Construction</i>	<i>Veterans Benefits</i>	<i>Housing Credit Assistance</i>	<i>Life Insurance</i>	<i>Admin. and Other</i>	<i>Consoli- dated</i>
<b>NET USE OF RESOURCES:</b>						
Operations:						
Operating Expenses	\$11,675,395	\$16,244,282	\$109,956	\$1,181,066	\$907,266	\$30,117,965
Items Requiring (Providing) Funds:						
(Increase) Decrease in Future						
Liability Provisions	(169,969)		990,631	(221,526)	(16,810)	582,326
Depreciation	(686,525)				(819)	(687,344)
Increase (Decrease) in Accounts Receivable	(15,628)	(6,879)	(167,290)	2,444	(20,959)	(208,312)
Decrease (Increase) in						
Accounts Payable and Accruals	(99,345)	674,399	34,576	(68,698)	(31,922)	509,010
Revenues Accounted for as						
Offsetting Collections	(302,812)	(315,149)	(312,881)	(1,109,240)	(115,331)	(2,155,413)
Resources Used (Provided) by Operations	10,401,116	16,596,653	654,992	(215,954)	721,425	28,158,232
Non-Operating Uses:						
Dividends				991,022		991,022
Acquisitions of Land, Buildings, and Equipment	1,127,907				26,559	1,154,466
Purchase of Foreclosed Property Held for Sale			1,483,189			1,483,189
Issuance and Repurchase of Loans and Liens		(2,588)	1,073,002	114,504		1,184,918
Other, Net	(582)		(45,358)		(4,372)	(50,312)
Financing Activities:						
Sale of Foreclosed Property Held for Sale			(1,714,851)			(1,714,851)
Sale of Loans, without Recourse, Net			(433,331)			(433,331)
Loan/Lien Repayments/Opt Income Settlements			(139,824)	(162,559)		(302,383)
Revenues Collected for Treasury	(146,003)	(284,266)				(430,269)
<b>NET USE OF BUDGETARY RESOURCES (OUTLAYS)</b>	<b>11,382,438</b>	<b>16,309,799</b>	<b>877,819</b>	<b>727,013</b>	<b>743,612</b>	<b>30,040,681</b>
<b>SOURCES OF BUDGETARY RESOURCES PROVIDED</b>						
Intra-agency Transfers	(15,000)	(4,250)		4,250	15,000	0
Current Year Appropriation, Adjusted	11,683,957	15,996,050	778,100	9,220	793,216	29,260,543
Contract Authority		84,343				84,343
Interest on Government Securities				1,033,241		1,033,241
Net Transfers, Reimbursements, and Other	46,215	(284,268)			(439)	(238,492)
Funds Returned to Treasury	(199,726)	(175)			(8,139)	(208,040)
<b>TOTAL RESOURCES PROVIDED</b>	<b>11,515,446</b>	<b>15,791,700</b>	<b>778,100</b>	<b>1,046,711</b>	<b>799,638</b>	<b>29,931,595</b>
<b>INCREASE (DECREASE) IN</b>						
<b>U.S. TREASURY AND IMPREST FUNDS</b>						
Funds Exchanged for U.S. Government Securities	(13,840)	(518,099)	(99,719)	319,698	56,026	(109,086)
				(319,368)		(333,208)
<b>NET INCREASE (DECREASE) IN</b>						
<b>U.S. TREASURY AND IMPREST FUNDS</b>						
	119,168	(518,099)	(99,719)	330	56,026	(442,294)
<b>U.S. TREASURY AND IMPREST FUNDS:</b>						
Beginning of Year	3,524,877	1,213,776	318,747	18,328	311,156	5,386,884
End of Year	\$3,644,045	\$695,677	\$219,028	\$18,658	\$367,182	\$4,944,590



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**SCHEDULE OF SOURCES AND USES OF**  
**RESOURCES AND RECONCILIATION TO BUDGET BY MAJOR PROGRAM**  
**For Fiscal Year 1988**  
**(Dollars in Thousands Restated)**

	<i>Medical and Construction</i>	<i>Veterans Benefits</i>	<i>Housing Credit Assistance</i>	<i>Life Insurance</i>	<i>Admin and Other</i>	<i>Consoli- dated</i>
<b>NET USE OF RESOURCES:</b>						
Operations:						
Operating Expenses	\$10,807,415	\$15,939,277	\$2,031,537	\$1,246,028	\$868,332	\$30,892,589
Items Requiring (Providing) Funds:						
Increase in Future Liability Provisions	(72,274)		(944,590)	(312,759)	(7,149)	(1,336,772)
Depreciation	(411,798)				(301)	(412,099)
Increase (Decrease) in Accounts Receivable	5,643	(23,671)	(109,869)	(1,440)	37,624	(91,713)
Decrease (Increase) in Accounts Payable and Accruals	(133,513)	555,950	(136,871)	(86,080)	(13,286)	186,200
Revenues Accounted for as Offsetting Collections	(314,643)	(382,880)	(237,080)	(1,096,751)	(109,798)	(2,141,152)
Resources Used (Provided) by Operations	9,880,830	16,088,676	603,127	(251,002)	775,422	27,097,053
Non-Operating Uses:						
Dividends				952,507		952,507
Acquisitions of Land, Buildings, and Equipment	1,078,337				12,327	1,090,664
Purchase of Foreclosed Property Held for Sale			1,630,545			1,630,545
Issuance and Repurchase of Loans and Liens		(13,492)	1,080,064	107,900		1,174,472
Other, Net	(844)		(36,562)		13,965	(23,441)
Financing Activities:						
Sale of Foreclosed Property Held for Sale			(1,661,608)			(1,661,608)
Sale of Loans, without Recourse, Net			(296,683)			(296,683)
Loan/Lien Repayments/Opt Income Settlements			(179,845)	(173,762)		(353,607)
Revenues Collected for Treasury	(118,751)	(220,173)				(338,924)
<b>NET USE OF BUDGETARY RESOURCES (OUTLAYS)</b>	<b>10,839,572</b>	<b>15,855,011</b>	<b>1,139,038</b>	<b>635,643</b>	<b>801,714</b>	<b>29,270,978</b>
<b>SOURCES OF BUDGETARY RESOURCES PROVIDED</b>						
Intra-agency Transfers	21,730	(200,000)	178,270			0
Current Year Appropriation, Adjusted	10,932,746	15,724,930	916,400	14,290	774,810	28,363,176
Contract Authority and Reappropriation	(24,849)	(84,343)			(12,000)	(121,192)
Proceeds of Loan Sales With Recourse			389,259			389,259
Interest on Government Securities				998,165		998,165
Net Transfers, Reimbursements, and Other	11,704	(220,173)	(146,046)		(28,323)	(382,838)
Funds Returned to Treasury	(177,323)	(932)			(5,627)	(183,882)
<b>TOTAL RESOURCES PROVIDED</b>	<b>10,764,008</b>	<b>15,219,482</b>	<b>1,337,883</b>	<b>1,012,455</b>	<b>728,860</b>	<b>29,062,688</b>
<b>INCREASE (DECREASE) IN U.S. TREASURY AND IMPREST FUNDS</b>						
Funds Exchanged for U.S. Government Securities	(75,564)	(635,529)	198,845	376,812	(72,854)	(208,290)
	(33,177)			(378,292)		(411,469)
<b>NET INCREASE (DECREASE) IN U.S. TREASURY AND IMPREST FUNDS</b>	<b>(108,741)</b>	<b>(635,529)</b>	<b>198,845</b>	<b>(1,480)</b>	<b>(72,854)</b>	<b>(619,759)</b>
<b>J.S. TREASURY AND IMPREST FUNDS:</b>						
Beginning of Year	3,633,618	1,849,305	119,902	19,808	384,010	6,006,643
End of Year	\$3,524,877	\$1,213,776	\$318,747	\$18,328	\$311,156	\$5,386,884



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**BUDGETED AND ACTUAL OUTLAYS BY FUNCTION AND PROGRAM**  
**For Fiscal Year 1989**  
**(Dollars in Thousands)**

	<i>President's Budget</i>	<i>Budgeted Outlays Enacted Bill</i>	<i>Actual Outlays</i>
<b>HOSPITAL AND MEDICAL CARE:</b>			
Medical Care	\$10,296,229	\$10,384,408	\$10,514,539
Medical and Prosthetic Research	202,154	206,036	184,940
Medical Administration	46,956	46,721	45,094
Construction	544,823	696,180	703,018
Proposed Legislation	23,999		
All Other	(79,958)	(81,596)	(65,153)
Total Hospital and Medical Care	11,034,203	11,251,749	11,382,438
<b>BENEFITS:</b>			
Income Security for Veterans:			
Compensation	10,671,000	10,796,200	11,649,655
Pensions	3,863,600	3,924,300	4,024,002
Burial and Other Benefits	144,800	149,618	142,196
Proposed Legislation	320,433		
Reinstated Entitlement for Survivors		8,789	639
Subtotal Income Security	14,999,833	14,878,907	15,816,492
Education, Training, and Rehabilitation:			
Readjustment Benefits (G.I. Bill)	606,100	375,000	379,165
Post-Vietnam Era Education	88,945	72,530	105,118
Veterans Job Training	4,651	19,585	14,811
All Other	(215,832)	(6,918)	(5,787)
Proposed Legislation	(202)		
Subtotal Education, Training, and Rehabilitation	483,662	460,197	493,307
Total Benefits	15,483,495	15,339,104	16,309,799
<b>HOUSING CREDIT ASSISTANCE:</b>			
Loan Guaranty	683,000	1,111,900	897,762
Proposed Legislation	880,126		
Direct Loans	(26,800)	(23,900)	(19,943)
Total Housing Credit Assistance	1,536,326	1,088,000	877,819
<b>INSURANCE PROGRAMS</b>	671,134	738,190	727,013
Proposed Legislation	4,250		
Total Insurance Programs	675,384	738,190	727,013
<b>ADMINISTRATION</b>			
Other Benefits and Services	776,596	779,354	743,612
Total Administration	776,596	779,354	743,612
<b>TOTAL VETERAN ADMINISTRATION</b>	<b>\$29,506,004</b>	<b>\$29,196,397</b>	<b>\$30,040,681</b>

Where actual outlays exceeded outlays budgeted in the enacted bill, funds were obtained from available unobligated balances. This does not constitute a violation of the Anti-Deficiency Act (31 U.S.C. 1341).



## Supplemental Schedule

**DEPARTMENT OF VETERANS AFFAIRS**  
**BUDGETED AND ACTUAL OUTLAYS BY FUNCTION AND PROGRAM**  
**For Fiscal Year 1988**  
**(Dollars in Thousands)**

	<i>Budgeted Outlays</i>		
	<i>President's Budget</i>	<i>Enacted Bill</i>	<i>Actual Outlays</i>
<b>HOSPITAL AND MEDICAL CARE:</b>			
Medical Care	\$9,847,794	\$10,083,229	\$10,045,310
Medical and Prosthetic Research	207,076	208,703	197,330
Medical Administration	43,981	43,463	40,463
Construction	616,263	571,313	649,456
Proposed Legislation			
All Other	(199,781)	(57,165)	(92,987)
<b>Total Hospital and Medical Care</b>	<b>10,515,333</b>	<b>10,849,543</b>	<b>10,839,572</b>
<b>BENEFITS:</b>			
Income Security for Veterans:			
Compensation	10,369,000	10,357,900	11,251,859
Pensions	3,839,500	3,835,800	3,934,821
Burial and Other Benefits	141,687	141,688	141,674
Proposed Legislation	235,450		
Reinstated Entitlement for Survivors		8,034	(755)
<b>Subtotal Income Security</b>	<b>14,585,637</b>	<b>14,343,422</b>	<b>15,327,599</b>
Education, Training, and Rehabilitation:			
Readjustment Benefits (G.I. Bill)	646,000	654,100	700,006
Post-Vietnam Era Education	17,740	58,800	28,558
Veterans Job Training	5,498	31,737	25,252
All Other	(228,298)	(217,920)	(226,404)
Proposed Legislation	202,134		
<b>Subtotal Education, Training, and Rehabilitation</b>	<b>643,074</b>	<b>526,717</b>	<b>527,412</b>
<b>Total Benefits</b>	<b>15,228,711</b>	<b>14,870,139</b>	<b>15,855,011</b>
<b>HOUSING CREDIT ASSISTANCE:</b>			
Loan Guaranty	253,500	568,100	1,218,842
Proposed Legislation	(389,823)		
Direct Loans	(29,600)	(67,000)	(79,804)
<b>Total Housing Credit Assistance</b>	<b>(165,923)</b>	<b>501,100</b>	<b>1,139,038</b>
<b>INSURANCE PROGRAMS</b>	<b>658,298</b>	<b>599,297</b>	<b>635,643</b>
Proposed Legislation	4,250		
<b>Total Insurance Programs</b>	<b>662,548</b>	<b>599,297</b>	<b>635,643</b>
<b>ADMINISTRATION</b>			
Other Benefits and Services	804,696	803,088	801,714
<b>Total Administration</b>	<b>804,696</b>	<b>803,088</b>	<b>801,714</b>
<b>TOTAL VETERAN ADMINISTRATION</b>	<b>\$27,045,365</b>	<b>\$27,623,167</b>	<b>\$29,270,978</b>

Where actual outlays exceeded outlays budgeted in the enacted bill, funds were obtained from available unobligated balances. This does not constitute a violation of the Anti-Deficiency Act (31 U.S.C. 1341).

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