

Annual Report

ADMINISTRATOR OF VETERANS AFFAIRS



1968

LETTER OF TRANSMITTAL

January 3, 1969

To the President of the Senate and the Speaker of the House of Representatives of the 91st Congress:

Pursuant to the provisions of 38 U.S.C. 214, I have the honor to submit the report of the activities of the Veterans Administration for the fiscal year ending June 30, 1968.

Respectfully,

A handwritten signature in black ink, appearing to read "W. J. Driver". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

W. J. DRIVER,
Administrator.

CONTENTS

Summary

	Page
The Veterans Administration in Fiscal Year 1968.....	1

Department of Medicine and Surgery

Medical Care.....	5
-------------------	---

Department of Veterans Benefits

Compensation and Pension.....	77
Vocational Rehabilitation and Education.....	89
Guaranteed or Insured and Direct Loans to Veterans.....	97
Grants to Disabled Veterans for Specially Adapted Housing.....	115
Insurance.....	117
Guardianship.....	127
Contact.....	131
Foreign Affairs.....	137

Department of Data Management

Data Management.....	139
----------------------	-----

Staff Offices

Appeals.....	151
Construction.....	157
Veteran Population.....	169
Administrative Activities.....	177
Law and Legislation.....	178
Personnel.....	183
Financial Management.....	198
Supply.....	200
Management Engineering and Evaluation.....	209
Office Operations and Administration.....	213
Investigation.....	214
Security.....	214

Appendices

Charts and Illustrations.....	219
Statistical Tables.....	221
Index.....	371

SUMMARY

The Veterans Administration in Fiscal Year 1968

The Veterans Administration an independent agency of the Federal Government created in 1931, completed its 37th year of operation in 1968. As the single agency responsible for relations with veterans and their dependents in the consideration of requests for veterans benefits, the Veterans Administration continued to serve the men and women who have served their country in the Armed Forces.

Programs administered by the Veterans Administration include: compensation for service-connected disability or death; pension for non-service-connected disability or death; dependency and indemnity compensation; vocational rehabilitation for service-connected disability; education and training; war orphans educational assistance; guaranty or insurance of home, farm and business loans, and, under certain conditions direct loans; life insurance; servicemen's indemnity; hospitalization; nursing home care; outpatient medical and dental care for service-connected disability and automobiles or other conveyances for certain disabled veterans.

The agency is organized into three departments and nine staff offices. The departments supervise the activity of the various field stations located in all 50 States, the District of Columbia, the Commonwealth of Puerto Rico and in the Philippines, Mexico and Italy. For the purpose of serving veterans there were in operation 166 hospitals, 57 regional offices, 16 domiciliaries (15 as part of a hospital), 6 independent outpatient clinics, in addition to the 196 clinics located at hospitals and regional offices, 63 nursing home care units, 6 restoration centers and various VA offices, and supply depots.

In the fiscal year just ended four new hospitals were activated three as replacements to existing hospitals.

There was evidence of a growing demand for all types of medical services. Over one million applications for hospital care were received by VA hospitals and outpatient clinics; 44,000 more than the number received a year ago. During the year 647,000 patients were admitted to VA hospitals, 22,000 more than in fiscal year 1967. Veterans with service since the Korean conflict,

including Vietnam, accounted for most of these increases. Over 762,000 patients were treated in VA hospitals; again, an increase of 12,000 from the previous year. And, significantly, 19,000 more patients were discharged, a further indication of improved utilization of VA hospitals. This latter situation is also borne out by the fact that the average monthly turnover rate increased sharply from 51 percent in fiscal year 1967 to 56 percent for fiscal year 1968. Increases occurred in all major bed sections.

The extended care service of the Veterans Administration was further implemented by assignment of the professional aspects of the outpatient program in Central Office. Extended care now involves comprehensive chronic care programs in hospitals, domiciliaries, restoration centers, nursing home care units and State homes, as well as outpatient medical and dental examinations and treatment, prebed and posthospital care, audiology and speech pathology and programs for the blind.

Nursing home care was provided to a daily average of 8,067 patients in the 63 VA nursing home care units, and in community and State nursing homes. The growth of the program is evidenced by the increase in this daily average. A year ago the figure was 6,700 and 2 years ago 3,850. VA nursing home care units provided care for a daily average of 3,468 patients; community nursing homes, 2,805; and State homes, 1,794. Ten States have been given tentative approval for grants to assist in the construction of 13 State nursing care homes under Public Law 88-450 which provided for construction grants to States on a "matching" basis. A total of 1,462 nursing care beds are represented by these projects.

Medical visits by outpatients to VA facilities and to fee-basis physicians rose to 6,564,030; above fiscal year 1967 by almost 300,000.

The Veterans Administration has continued to develop selected areas within its hospitals for special types of treatment. There are now 30 centers for the treatment of renal failure by hemodialysis. Special wards for the treatment of chronic pulmonary insufficiency (chiefly emphysema) with special equipment and staffing have been established. From a start of 26 such units in fiscal year 1966 there are now 67 units in operation. A total of 53 cardiac catheterization units are in operation. Intensive care of patients with serious illness commenced with the establishment of special units in 1966. During fiscal year 1968 there were 278 beds established for intensive care in surgery, 199 in medicine and 166 for coronary care. Radioisotope units are now located in 99 VA hospitals.

The number and variety of clinical laboratory procedures continued to increase. Since fiscal year 1963, the number of procedures increased by 58 percent, contrasted to the 11 percent increase in patients treated. The extensive use of automated laboratory equipment, new methodology and labor-saving devices has aided materially in meeting the increased load. More than 66 percent of all chemistry procedures and 20 percent of all hematology procedures are now performed with automated equipment.

Direct financial assistance to disabled veterans and their dependents rose to \$4.5 billion for the year. Recipients of this assistance included 3.2 million living veterans and the dependents of 1.4 million deceased veterans. Payments were made in the fiscal year at the rate of \$375 million monthly, \$8 million above a year ago and \$25 million above fiscal year 1966. It is currently estimated that one out of every eight wartime veterans is receiving compensation or pension. For the first time veterans of the Vietnam Era (service after August 4, 1964) have been identified. At the end of the fiscal year, 4,700 of these veterans were on the compensation and pension rolls. Their addition, resulted in a slight overall increase in the total number of veterans receiving compensation. The total number of veterans receiving pensions continued to decrease following the pattern of the past 4 years. On the other hand there have been consistent yearly increases in the number of deceased veterans whose dependents were receiving compensation, dependency and indemnity compensation, or pension.

As of June 20, 1968, 2 million dependents were receiving benefit payments. The addition of the 2 million dependents to the 3.2 million living veterans on the compensation and pension rolls, raises to more than 5 million the number of recipients of these financial benefits.

Claims for assistance in the purchase of automobiles and other conveyances for disabled veterans rose sharply in fiscal year 1968 as a result of the passage of legislation extending this benefit to veterans having the requisite disability incurred as a direct result of the performance of military duty after January 31, 1955. A total of 4,700 new claims were filed compared to 898 a year ago. Expenditures rose from \$828,000 to \$3,468,000.

Under the educational assistance program for veterans and servicemen with active duty after January 31, 1955 over 645,300 veterans and 41,600 servicemen were paid an educational assistance allowance of \$428 million. Expansion of the educational assistance provisions of this program authorized apprentice and other on-the-job training, commercial flight training and farm cooperative training. Under the program for educational assistance for sons and daughters of deceased or permanently and totally disabled veterans, 17,100 beneficiaries entered training for the first time compared to 14,800 a year ago. Enrollment in the vocational rehabilitation program remained constant. Almost 5,200 entered training during fiscal year 1968.

The passage of Public Law 90-301 amending existing legislation with respect to the veterans home loan program sparked a revitalization of the loan guaranty program. The number of guaranteed or insured loans to veterans increased 31 percent from 167,450 to 220,051—and this despite the continuing credit squeeze. At the same time, new defaults on guaranteed loans were nearly 12 percent below the previous year and claims paid dropped 21 percent.

Supervision of Servicemen's Group Life Insurance continued to be a major workload factor in the insurance program along with the operation of the five life insurance programs for veterans, servicemen, and their beneficiaries. The total amount of insurance in force under the Servicemen's Group Life Insurance Program rose another billion to almost \$38 billion. During the year 569 commercial companies participated in this program as reinsurers and or converters. The coverage under the program is automatic unless the member elects not to be insured. Currently about 99 percent of those eligible are carrying the insurance. For the other five life insurance programs operated by the Veterans Administration over 5.7 million policies were in force at the end of the year, for a total amount of approximately \$39 billion of insurance.

The establishment of United States Veterans Assistance Centers (USVAC's) to provide an integrated assistance program to separated veterans took place in the last part of fiscal year 1968. By June 30, 21 cities had such centers and plans were underway to extend these services to 70 cities. Procedures for the operation of USVAC's provide that each educationally disadvantaged veteran recently separated from service will be afforded personal assistance and that the information, skills and professional techniques of all agencies and groups concerned with the problems of veterans will be readily accessible at one point. Contact assistance to servicemen in Vietnam was continued during the year and expanded to include assignment of VA representatives to Air Force installations in addition to Army installations.

The upward trend of beneficiaries on the guardianship rolls continued, with minors being the predominate class. Ten years ago the number of these beneficiaries was approaching the 400,000 figure, today it is close to 700,000. During the fiscal year, a loss of 115,000 beneficiaries was more than offset by an intake of 157,000 new beneficiaries.

A major responsibility of the agency is to provide and maintain medical facilities for the care of veterans. In carrying out this responsibility work was completed on 82 projects costing \$40 million. The largest of these was a 1,000-bed replacement hospital. Other completed projects included three modernization projects, 26 nursing home care units, nine research facilities and 43 improvement programs such as air conditioning, hemodialysis units and intensive care units. At the end of the fiscal year, 60 projects with a construction cost of about \$121 million were under construction and 170 projects with a construction cost of about \$340 million were authorized and in various stages of development.

The following pages outline the nature of the VA programs and describe the accomplishments that have been made throughout the fiscal year. The statistical tables section of this report gives further detailed information on each program.

DEPARTMENT OF MEDICINE AND SURGERY



Medical Care

Mission

The mission of the VA medical program is to provide hospital, outpatient, nursing bed, restorative, and domiciliary care to eligible veterans. To accomplish this mission, the Veterans Administration conducts a research program to improve methods of diagnosis, treatment, and management, and engages in an education and training program to improve the professional competence of its staff. The mission is carried out in collaboration with the Nation's medical and dental schools and with the aid and interest of many leading members of the medical and related professions who serve in advisory, consultant, and training capacities.

Highlights

- Opened a new 482-bed general hospital at Gainesville, Fla.
- New general hospitals replaced the old hospitals at Memphis, Tenn., Coral Gables, Fla., and Oteen, N.C.
- Activated an additional blind rehabilitation center at Palo Alto, Calif.
- Treated 854,337 beneficiaries in VA hospitals, non-VA hospitals, VA domiciliaries, State domiciliary homes, VA restoration centers, VA nursing home care units, community nursing homes, and State nursing homes.

- Provided care to outpatients who made 6,563,787 visits to VA clinics or fee-basis physicians.
- Continued to activate selected medical programs, such as intensive and coronary care beds and emphysema treatment units.
- Provided training to almost 12 percent of the Nation's medical residents, as well as a substantial portion of other medical personnel.
- Made further outstanding contributions in medical research.

General

In fiscal year 1968, VA continued to support a system of high-quality patient care. New alltime highs were reached in the number of inpatients treated and in the number of visits by outpatients; the patient turnover rate continued to increase; the number of applicants on the waiting list declined; and the nursing home care program was expanded.

VA continued its program of activating selected medical programs, to provide needed treatment in a variety of specialty areas to eligible veterans, and to increase the quality of medical care.

One blind rehabilitation center was activated in fiscal year 1968, bringing the total to two. These centers are being established on a regional basis to apply specific rehabilitation methods to offer the necessary reorganization to life handicapped by blindness.

VA activated five cardiac catheterization units during this year in response to increased need, bringing to 53 the number of hospitals offering this service.

As demand for open heart surgery grew, VA last year initiated this service in nine hospitals, bringing to 22 the number of hospitals performing open heart surgical procedures.

Pulmonary insufficiency (emphysema) continues at a high level, although the rate of increase during the past year was somewhat less than expected. In fiscal year 1968, VA activated 15 new pulmonary emphysema units to bring the total to 67. Four pulmonary function laboratories, to support treatment units through ventilation studies, blood-gas analyses, diagnosis, etc., were also activated bringing the total to 85.

The VA continued to intensify the use of outplacement programs to provide a more effective transition of psychiatric patients to the community through the expansion of foster home care programs at seven psychiatric hospitals, bringing to 23 the number of these expanded programs.

The clinical application of radioisotope techniques to diagnosis and treatment is an important medical tool. During fiscal year 1968, five radioisotope units were activated on a clinical basis bringing to 68 the total number of clinical units. VA continues to operate radioisotope units on a research basis, and has led the scientific community in developing safe radioactive techniques.

Speech pathology units were initiated at nine hospitals during this year, bringing the VA total to 55. These units provided treatment to patients suffering speech and language disorders from strokes, removal of the larynx due to cancer, and other speech disorders.

Three prosthetic treatment centers were established during the year, bringing the total to five. These centers are being activated to provide constantly improved prosthetic appliances and repairs to the veteran patient, and to realign prosthetic facilities in the field to permit the best possible use of prosthetically trained personnel who are in a shortage category.

Under new programs for sharing medical resources initiated in fiscal year 1968, several VA and community hospitals benefit from sharing costly therapeutic or diagnostic equipment. The objective has been to expand available medical resources through mutual use or exchange of use. Agreements under which sharing activities are conducted, emphasize services which can be rendered on an outpatient, rather than inpatient basis.

At the end of fiscal year 1968, the Veterans Administration had funded 911 intensive and coronary care beds to provide special continuous care to patients who are so severely ill that their medical requirements cannot be met in a general ward environment. The establishment of this type of bed has significantly increased chances of returning these patients to health as well as increasing their comfort during hospitalization.

To provide for veterans who have obtained maximum hospital benefit but who still have need for skilled nursing care, the Veterans Administration operated nursing home care units at 63 VA hospitals, and the community nursing home care program was expanded for veterans in those areas where VA nursing bed care units are not available.

During the year, a redistribution of the total outpatient workload, examinations and treatment, was initiated among all stations with medical facilities. This improves care of veterans by reducing distances traveled and time involved and by providing a broader range of hospital-based services.

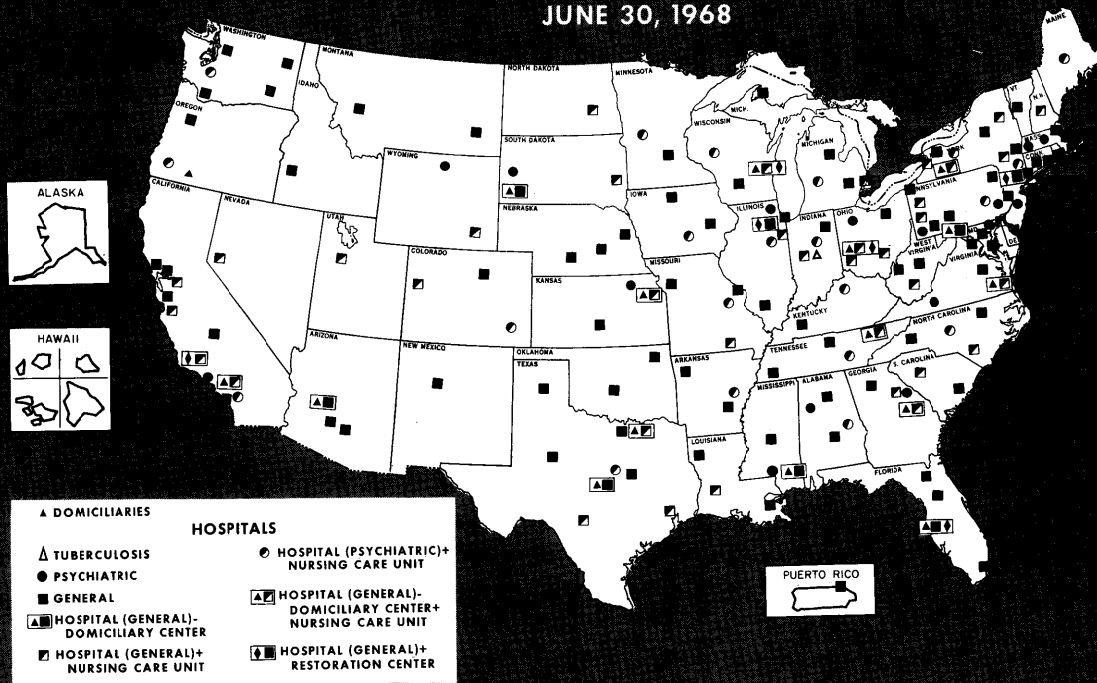
At the close of fiscal year 1968, VA was operating 166 hospitals, 202 outpatient clinics, 16 domiciliaries, six restoration centers, and 63 nursing home care units.

Emphasis continued in VA on cost reduction and management. Accomplished savings at the end of the fiscal year were over \$29 million amounting to about 2 percent of VA's annual medical care budget.

The Veterans Administration's immense hospital system is aimed at providing the veteran patients with a continuing high standard of medical care. The skills of many specialists are coordinated and combined to achieve an effective program for diagnosis, treatment, and rehabilitation.

While VA's medical program exists primarily to serve the veteran patients, its role and impact on the national health scene cannot be overlooked. The Veterans Administration contributes significantly to the training of health manpower and to medical and prosthetic research efforts across the Nation.

LOCATION OF VA HOSPITALS, DOMICILIARIES, NURSING CARE UNITS AND RESTORATION CENTERS IN OPERATION JUNE 30, 1968



Hospital Facilities

At the end of fiscal year 1968, the Veterans Administration was operating 166 hospitals with a total capacity of 115,108 beds. Thirty-eight hospitals were designated as psychiatric.

Four new hospitals were activated during the year. A 482-bed general hospital at Gainesville, Fla., was activated on September 25, 1967. A 984-bed replacement general hospital at Memphis, Tenn., was activated on August 29, 1967. A 494-bed general hospital at Oteen, N.C., was activated on October 26, 1967. This hospital will continue to operate 140 intermediate care beds in the old hospital in addition to those in the new building. A 1,068-bed general hospital at Miami, Fla., was activated on March 1, 1968, as a replacement for the former hospital at Coral Gables, Fla.

A reduction of 576 beds in the total bed capacity of the VA hospitals occurred during the fiscal year. The reduction resulted from the following reasons: rearrangement of patient care space; minor alterations to provide facilities for specialized care such as hemodialysis or intensive care; to relieve overcrowding; and beds not required due to insufficient demand in the geographic area.

The total hospital bed capacity of 115,108 at the end of fiscal year 1968 included 110,363 operating beds, which are staffed, equipped, and available for the daily care of veterans. The table below shows the number of operating beds distributed by type of bed section and type of hospital as of June 30, 1968:

Type of bed section	Operating Beds, June 30, 1968		
	Total	Type of hospital	
		General ¹	Psychiatric
Total.....	110, 363	59, 616	50, 747
Psychiatry.....	52, 132	6, 832	45, 300
Surgery.....	19, 755	18, 530	1, 225
Medicine:			
NP-TB.....	436	78	358
Tuberculosis	3, 844	3, 809	35
Non-TB pulmonary.....	1, 963	1, 963	.....
Intermediate care.....	1, 573	1, 418	155
Other medical.....	23, 798	20, 900	2, 898
Neurology.....	2, 945	2, 349	596
Spinal Cord Injury.....	1, 036	1, 036	.....
Physical medicine and rehabilitation.....	1, 318	1, 138	180
Intermediate care.....	1, 563	1, 563	.....

¹ Includes 185 beds at the tuberculosis hospital, Indianapolis (Cold Spring Rd.), Ind.

The other 4,745 beds in the total hospital bed capacity on June 30, 1968, represented beds not available for the daily care of veterans for the following reasons: in process of activation; bed space undergoing construction or maintenance; difficulty in recruiting professional staff; insufficient patient demand in geographic area; and to reduce overcrowding. Generally, these beds could be returned to operating status on short notice when the occasion warrants.

Hospital Care

During fiscal year 1968, 1,054,700 applications for hospital care were received by VA hospitals and outpatient clinics—approximately 44,000 more than the number received during the previous year. This increase was largely occasioned by the growing demand for admission to hospitals by veterans with service since the Korean conflict, including Vietnam, which more than offset a decline in the number of applications from veterans 65 years of age or older.

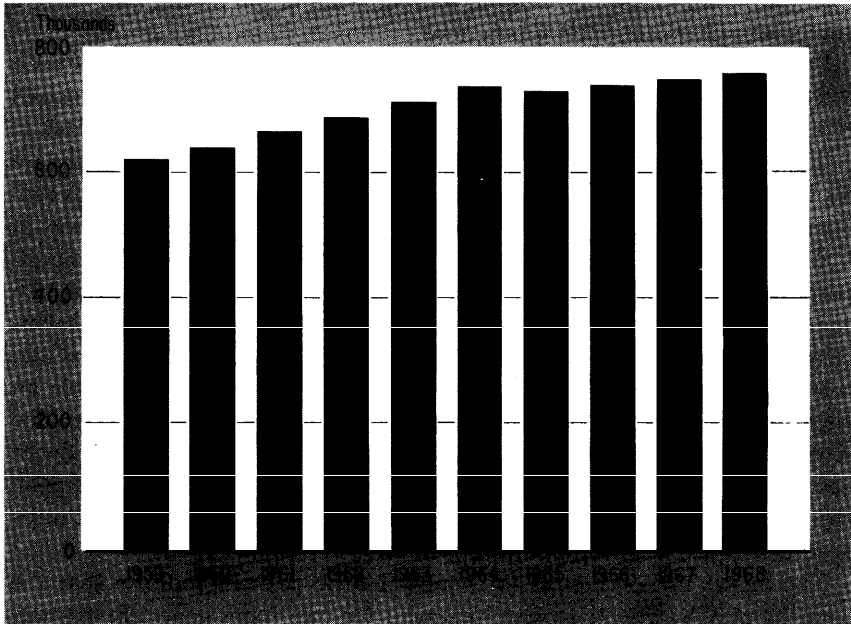
Slightly less than two-thirds of all applicants were found to be medically in need of care and legally entitled. There were 647,241 patients admitted to VA hospitals and 23,359 to non-VA hospitals under VA authorization. The following table compares the number of patients admitted to VA hospitals during fiscal years 1967 and 1968.

Patient group	Admissions to VA hospitals during fiscal year	
	1967	1968
All patients	625, 000	647, 000
Patients 65 years of age or older	147, 000	139, 000
Patients under 65 years of age	478, 000	508, 000
With service since Korea, including Vietnam	35, 000	55, 000
All other	443, 000	453, 000

The decrease in the number of admissions of veterans 65 years of age or older may be attributed, in part, to Medicare which provides veterans with an additional source through which medical care may be obtained. In addition, since the number of living veterans 65 years of age or older is decreasing this also may account for some part of the drop in admissions.

The number of patients treated in VA and non-VA hospitals during fiscal year 1968 (i.e. the number of patients discharged during the fiscal year plus those on the hospital rolls on June 30, 1968) totaled 787,871. The vast majority of these patients (762,426) were treated in VA hospitals. The following table compares the number of patients treated during fiscal year 1968 with the number treated during fiscal year 1967.

PATIENTS TREATED IN VA HOSPITALS



The table shows that although 12,095 more patients were treated during fiscal year 1968 than during fiscal year 1967, 19,235 more patients were discharged. This represents another year of improvement in the utilization of VA hospitals. The increase was accomplished by reducing the length of time patients were confined in hospital during an episode of care. Several factors contributed to this, including (1) improved treatment methods, (2)

Status of patients treated	Number of patients treated in VA hospitals	
	FY 1967	FY 1968
Total patients.....	750, 331	762, 426
Patients on VA hospitals rolls, June 30..	114, 755	107, 743
Remaining in hospital.....	93, 894	91, 735
On trial visit.....	14, 097	11, 451
On leave of absence or clopement.....	6, 764	4, 557
Patients leaving VA hospital rolls—during fiscal year.....	635, 576	654, 683
Discharged.....	591, 725	610, 960
Died.....	43, 851	43, 723

expanded outplacement programs using nursing homes, foster homes, half-way houses, trial visit, etc., and (3) increased use of the prebed care (PBC) and posthospital care (PHC) programs.

During fiscal year 1968, the VA hospitals admitted 45,648 veterans from PBC status (compared with 43,687 in fiscal year 1967), and discharged 283,691 patients to PHC status (compared with 264,089 in fiscal year 1967).

The Veterans Administration provided 36.4 million days of patient care for veterans at VA and non-VA hospitals during fiscal year 1968. This represents an average daily census of 99,450 patients, 97,425 of which was at VA hospitals. Nearly one-half of all VA patients in VA and non-VA hospitals were occupying psychiatric beds during the year. In addition, about 16.6 percent were occupying surgical beds, 3.8 percent were occupying tuberculosis beds, and 30.4 percent were receiving care for all other medical and neurologic conditions. The patient census, of course, does not provide an adequate reflection of the total patient load receiving institutional care. The census contains at anytime a disproportion of those patients receiving longer term care. A more adequate reflection of the total requirements placed upon the VA hospitals may be obtained from an examination of the patient turnover rates. These are shown in the next table.

The higher turnover rates for nonpsychiatric patients indicate that the majority of VA patients receive treatment for conditions generally categor-

Type of bed section	Average monthly turnover rate, fiscal year 1968			
	VA hospitals			Non-VA hospitals
	Total	Psychiatric hospitals	General hospitals	
All bed sections	56.0	13.9	94.3	98.0
Psychiatric	15.4	10.9	48.0	51.4
Surgical	129.5	71.0	132.9	158.9
Medical	78.5	36.3	83.3	142.2
NP-TB	3.3	2.9	7.5	(¹)
Tuberculosis	28.7	27.2	28.7	(¹)
Non-TB, pulmonary	81.1	.....	81.1	(¹)
Intermediate care	13.1	16.9	13.0	(¹)
Internal medicine	104.2	47.7	116.6	(¹)
Neurological	57.3	13.7	68.1	(¹)
Physical medicine and rehabilitation	38.3	21.9	40.1	(¹)
Spinal cord injury	23.8	.....	23.8	(¹)
Intermediate care	12.9	.....	12.9	(¹)

¹Data for non-VA hospitals is reported only by 3 major diagnostic categories: psychiatry, surgery, medicine.

ized as medical or surgical. Four of five patients treated in VA and non-VA hospitals received care for medical and surgical conditions.

During fiscal year 1968, VA hospitals reported a remarkable increase in turnover rate, 56 percent compared with 51.2 percent in fiscal year 1967. Increases occurred in all major bed sections.

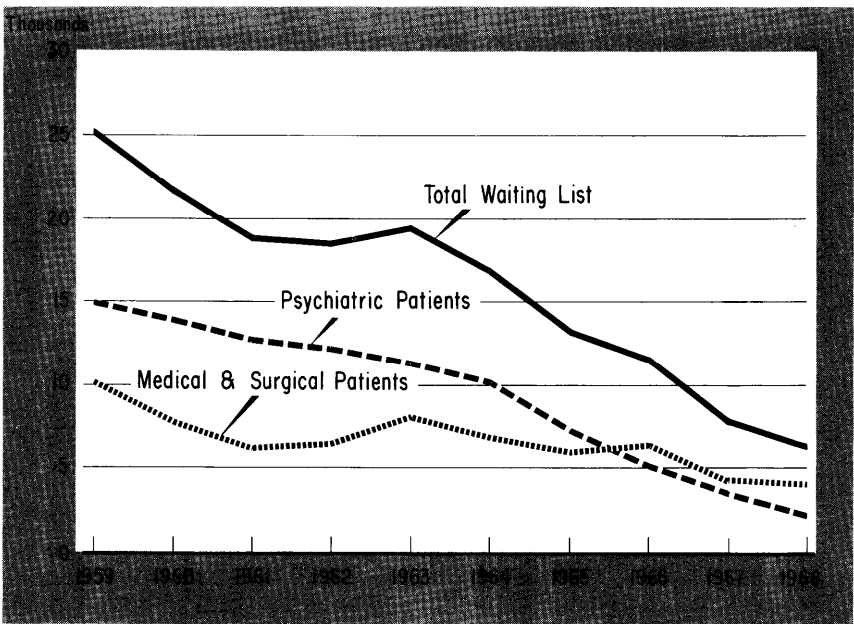
The number of applicants on the waiting list on June 30, 1968, was 6,444, 16.6 percent fewer than at the end of the previous fiscal year. The reduction in the number of patients awaiting care for psychiatric conditions was significant. On June 30, 1967, 3,437 applicants were reported on the psychiatric waiting list; on June 30, 1968, there were only 2,439. Of the number of applicants awaiting care for psychiatric conditions about one-half were receiving care for their conditions in other public or private hospitals at no cost to the Veterans Administration.

There was also a reduction in the number of patients awaiting treatment of medical or surgical conditions. On June 30, 1967, there were 4,288 applicants on the waiting list for treatment of medical or surgical conditions; on June 30, 1968, the number had been reduced to 4,005.

None of the applicants on the waiting list were awaiting hospital care for a service-connected condition.

The chart which follows shows the trend in the waiting list at the end of each year since 1959. It should be noted that year to year reductions in the psychiatric waiting list have been reported since 1959 without interruption.

HOSPITAL WAITING LIST



Characteristics of Hospital Patients

● **Eligibility Status**—The Veterans Administration has responsibility for providing hospital care to veterans with service-connected disabilities and, within the limits of VA facilities, to other veterans with non-service-connected disabilities who cannot defray the cost of hospitalization.

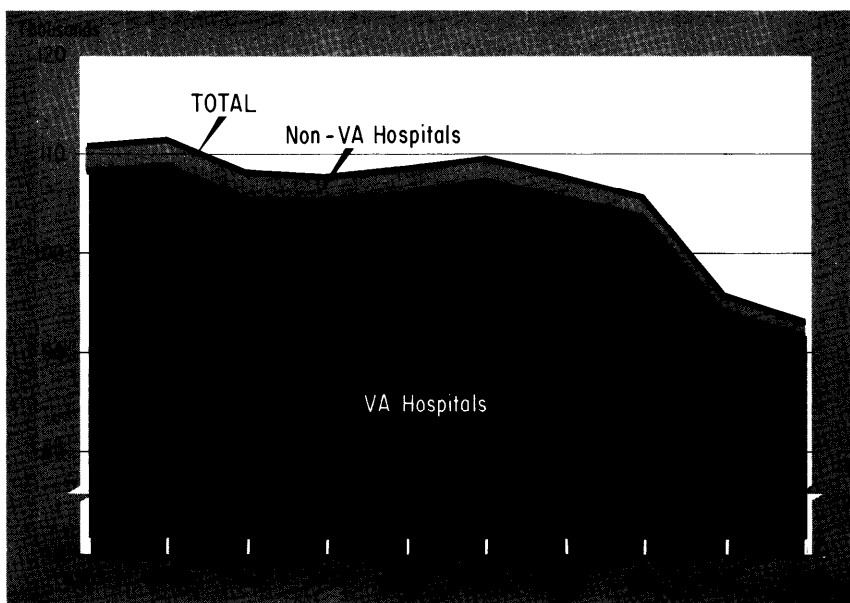
An annual census of patients provides detailed information on the clinical and legal eligibility status of patients under VA care on 1 day. The percentage distribution of patients in hospital on November 30, 1967, the "census" date, may be considered an estimate of the distribution of the 36.4 million patient days of care provided by the Veterans Administration during fiscal year 1968 to the seven categories of patients identified in the table on page 12.

On the day of the census, there were 99,970 VA patients in VA and non-VA hospitals. Of this total, about 645, or 0.6 percent, were nonveterans for whose care the Veterans Administration required reimbursement. Included in this group were military personnel on active duty, Federal employees who were injured or disabled in the course of their employment, and persons requiring emergency hospitalization.

The remaining 99.4 percent of the patients may be classified into three broad eligibility groups as follows:

- (1) 25.9 percent were veterans receiving care for service-connected disabilities. These veterans are unconditionally eligible for VA care.

VA PATIENTS IN VA AND NON-VA HOSPITALS



- (2) 11.0 percent were veterans with service-connected compensable disabilities who were receiving care for non-service-connected disabilities. These veterans are eligible for VA care if a bed is available.
- (3) 62.5 percent were veterans receiving care for non-service-connected disabilities. These veterans are eligible for VA care if a bed is available and they sign an affidavit certifying their inability to defray the cost of hospitalization.

The number of patients with service-connected disabilities under VA care decreased by 2,590 to 25,865 since the previous annual census of November 30, 1966. A downward trend in the proportion of patients in the 1-day census who are service-connected has been observed since 1962 where it was 30.8 percent to the current (1967) figure of 25.9 percent. More than four-fifths of the patients identified as service-connected were under care for a psychiatric condition.

The number of patients receiving VA compensation for service-connected disabilities, who were under care for non-service-connected disabilities only, decreased by 715 since November 30, 1966. Fifty-one percent of the 10,980 patients in this group were being treated for psychiatric, neurological, or tuberculous conditions.

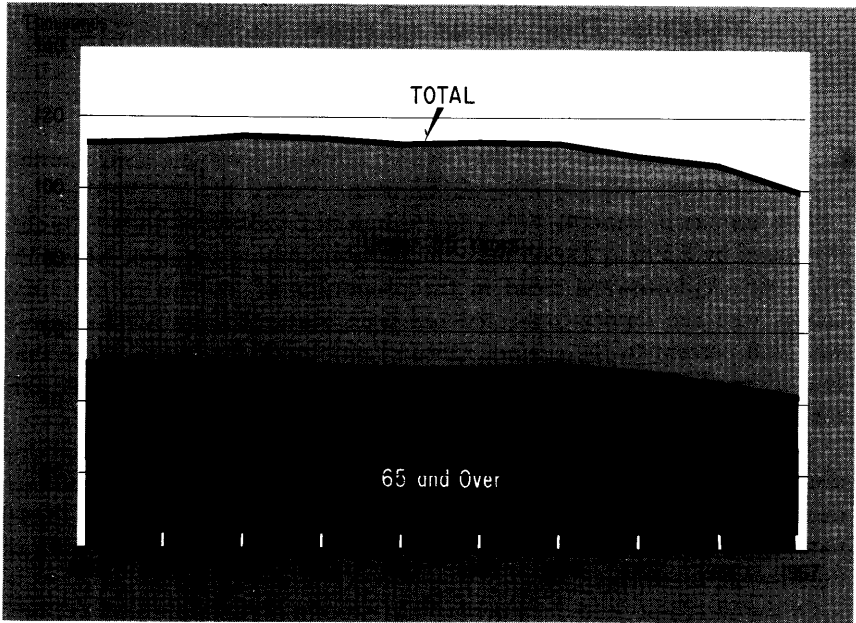
Of the 63,125 patients (comprising 63.1 percent of the entire patient load) who did not have a compensable service-connected disability, approximately 34,605 (34.6 percent of the entire patient load), were receiving care for disabilities which may be classified as "chronic"; i.e., tuberculosis, psychosis, or some other condition that had already required 90 days or more of continuous hospitalization as of the day of the census.

Of the remaining non-service-connected group; i.e., some 28,520 patients, one-half were receiving a VA pension or had applied for a VA pension. About 50 percent of the patients in this group (receiving a VA pension or who had applied for a VA pension), were being treated for one or more of the following chronic diseases: arthritis, cancer, cardiovascular conditions, and neurological disabilities.

Some of the presumed "nonchronic," non-service-connected group, consisting of 350 veterans, had claims for compensable service-connected disabilities pending adjudication.

● **Age and Diagnostic Composition**—The average age of patients in VA and non-VA hospitals has been increasing each year in the past decade. In 1958 the average age of veterans in VA and non-VA hospitals was 52 years. In 1967 it was 53.8 years compared with 53.7 years in 1966. It may reasonably be expected that the increase in the average age of the veteran patient in hospital will reverse itself in future years due to the addition of some 6.4 million younger "post-Korean Conflict" veterans to the hospital care eligibility base, as of June 30, 1966. It is estimated that by 1975 some 10.4 million "cold war" veterans will be added in civil life to the veteran

AGE DISTRIBUTION OF VA PATIENTS



population. These veterans are virtually all under 50 years of age, and very few (about 7,000) will be over 50 years of age in 1975.

The observed increase in the average age of patients hospitalized on the "census" day in the past 10 years has resulted from the increasing age of veterans and the higher admission rates and longer lengths of stay of older veterans. Malignant neoplasms have accounted for about 5 percent of the census for the past 5 years, i.e., between 4,800 and 5,500 cases. However, in the last 3 years a downward trend has been experienced in the number of these cases. The actual figures and their percent of the total census for 1965, 1966, and 1967 was as follows: 1965: 5,360, 5.0 percent; 1966: 5,320, 5.0 percent; 1967: 4,775, 4.8 percent. Heart and vascular system conditions accounted for almost 7,000 of the veterans hospitalized on November 30, 1967, representing a slight decrease from the number hospitalized in the previous year. For functional psychoses, as well as for tuberculosis, the numbers in the census of patients also show a downward trend for the past 5 years and the proportion which these diagnostic categories bear to the total census is likewise decreasing. Thus, for functional psychoses the decrease was from 42,025 cases in 1962 to 33,120 in 1967, a drop of some 8,905 cases in the 1-day census (equivalent to a drop from 37.4 percent of the total patient census in 1962 to 33.1 percent of the total patient census in 1967).

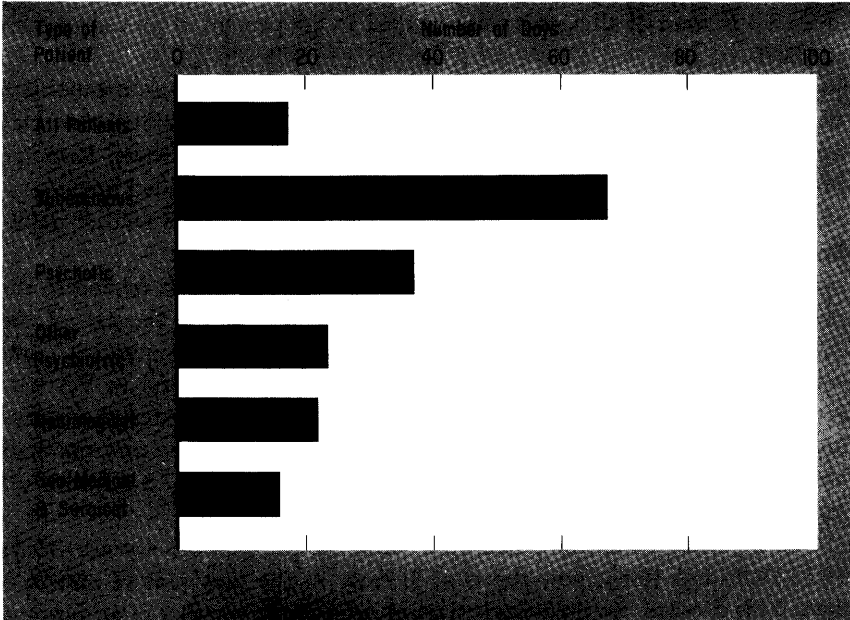
Tuberculosis has shown an even more remarkable drop in the past 6 years, from some 6,000 cases in the 1962 census to about 3,450 in 1967 (or from 5.4 percent of all census cases in 1962 to 3.5 percent of all census cases in 1967).

Many factors in the area of health care will affect the future composition of the VA hospitalized patients—Medicare, Medicaid, nursing home care availability, Comprehensive Community Mental Health Centers, Regional Health Center Operations, sharing of health facilities, expanded home services, and other innovations for delivery of medical care in the field of public health.

● **Length of Stay**—The time patients spend in hospitals is related to the nature of the condition or conditions requiring treatment, the age of the patient, the mode of treatment, the availability of suitable outpatient, and other factors. From a 10 percent sample of patients admitted to VA hospitals during the period January 1–April 30, 1967, it is estimated that about one-half of the patients had slightly less than 18 days of stay and one-half had 18 or more days of stay (median length of stay was 17.8 days for all classes of patients).

This median figure, which had been stable for the previous 4 years (19.8; 19.7; 19.9; and 19.6), now shows a decrease in the past year of almost 2 days. This decrease results from a marked drop in the number of admissions of patients 65 years of age and older, from 70,370 in 1966 to 59,460 in 1967, a difference of almost 11,000 cases in the age group ordinarily responsible for the longest lengths of stay. While this was taking place there was a corresponding increase of some 20,000 in number of admissions of veterans under 65 years of age, where the lengths of stay are ordinarily shorter than in the age group 65 years and over. (See table 15. "Percent of VA patients admitted to VA hospitals who remained in hospitals at least the specified number of days of hospitalization" p. 251.) The median length of stay varied according to disease, as shown in the following chart:

MEDIAN LENGTH OF STAY OF A SAMPLE OF HOSPITAL ADMISSIONS IN CALENDAR YEAR 1967



For patients admitted for treatment of a psychosis, the median was 37.1 days; for patients with tuberculosis the median was 67.8 days; and for general medical and surgical cases the median was 16 days.

Within major diagnostic groups, there were considerable differences in median length of stay, depending on age. Patients treated for general medical and surgical conditions who were under 35 years of age had a median length of stay of 10 days, compared with about 19 days for those 65 years of age or older.

A different pattern is derived from an analysis of the length of stay of patients who are in VA hospitals on a given day. The census of patients represents an accumulation of patients admitted through the years who have not yet been discharged. Consequently, a greater proportion of longer stay patients are included in the census than among the above group of admissions. This is particularly true of psychotic patients. On November 30, 1967, there were 28,000 patients hospitalized for psychotic disorders who had been in the hospital for 90 days or more. This number is 3,000 fewer than in the previous year's census.

That chronic conditions characterize the hard core VA hospital patient load is indicated by the fact that 52.6 percent of all patients in VA hospitals on a given day have been there 80 days or more. (See table 19, "Cumulative percent distribution of length of stay of VA patients remaining in VA

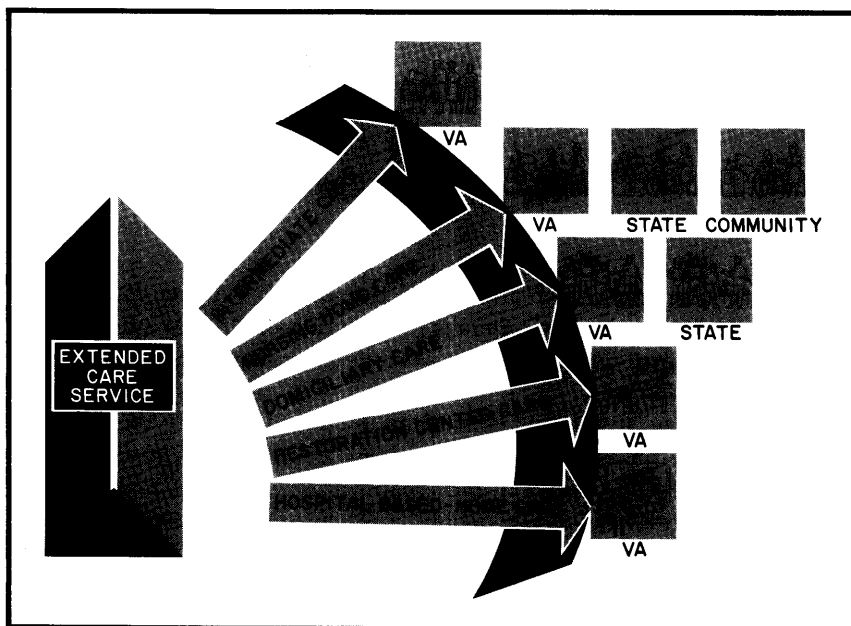
hospitals, by selected diagnostic groupings,” p. 256.) This figure is only 14.8 percent for patients hospitalized for a medical or surgical condition, and is as high as 78.1 percent for patients hospitalized for a psychiatric condition.

Extended Care

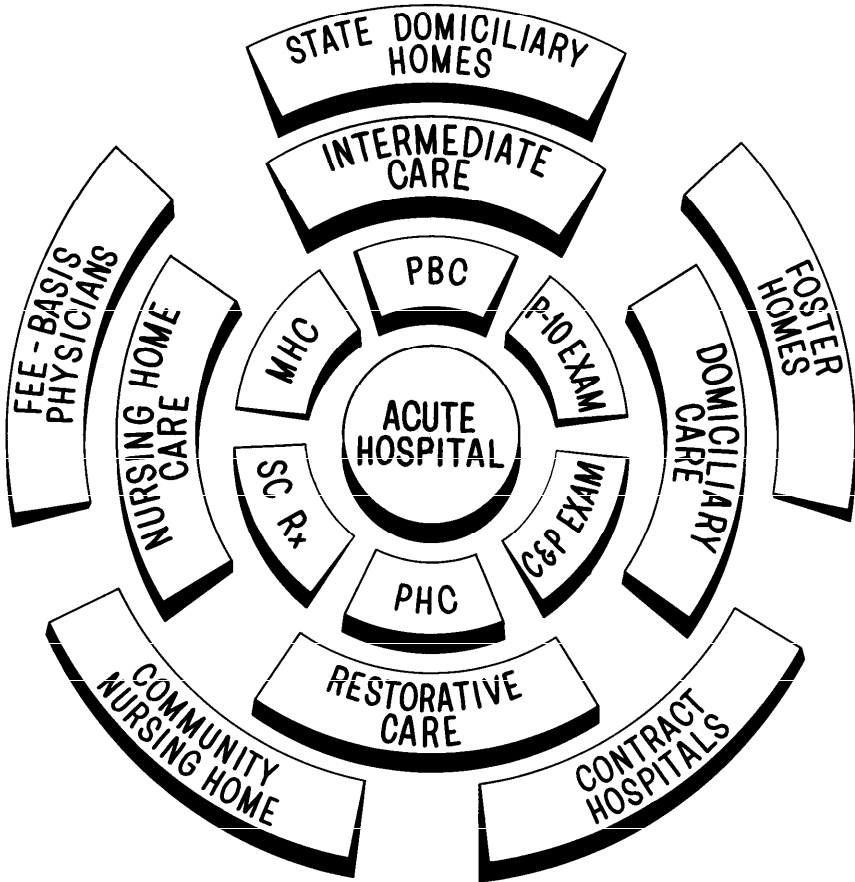
The extended care service encompasses many modalities of care in both inpatient and outpatient circumstances which in addition to acute hospital services, enable the Veterans Administration to provide for a complete spectrum of medical care. The zones of care involve comprehensive chronic care programs in hospitals, domiciliaries, restoration centers, nursing home care units and State homes, as well as outpatient medical and dental examinations and treatment, prebed and posthospital care, audiology and speech pathology, and programs for the blind.

To further implement VA policy on integration of inpatient and outpatient care, the professional aspects of the outpatient program in central office were assigned to the extended care service. This enhances conservation and marshalling of diagnostic and treatment resources in planning for continuing services to extended care inpatients, VA-community contractual patients, and outpatients, thus advancing the development of a program of community medicine.

VA SPECTRUM OF EXTENDED CARE



ZONES OF CARE



● **Restoration care**—The prime objective of the VA restoration care program is to restore disabled veterans to more purposeful and independent living with special attention to the social and economic aspects of illness and disability.

Planning for the restoration of patients to the community requires the team services of qualified experts, including physicians, dentists, nurses, social workers, physical medicine and rehabilitation therapists, and psychologists. The contributions of the public health nurses have taken on a new significance with the emphasis on restorative care. Their value lies in their ability to identify health needs of the veteran, provide preventive and restorative nursing services including health teaching, and create an atmosphere which emphasizes the individual's abilities.

Social work programs and services support the objectives of the restoration centers through direct help to restorees in gaining increased independent living capability. The restoree is encouraged to make appropriate choices among an array of community resources suited to his particular need and to exercise his fullest capacities in moving back into his community as a contributing member.

Recognition of a domiciliary-based restoration program at the VA Center, Bay Pines, Fla., during fiscal year 1968 raised to six the number of VA facilities offering restorative care to eligible veterans. The other locations are Dayton, Ohio; East Orange, N.J.; Hines, Ill.; Los Angeles, Calif.; and Wood, Wis. During the year, 1,479 veterans were admitted and 1,489 were discharged. Of those discharged, 428 were to employment, 23 to academic or vocational training, 271 to independent living, and 136 to planned institutional living. At the end of the year, there were 759 restoration beds in operation.

● **Domiciliary Care**—VA domiciliaries provide the means of caring for those veterans, disabled by virtue of age or disease, who are not in need of hospitalization and who do not need the skilled nursing services provided in a nursing home environment. These veterans are provided care in a sheltered setting that includes an intensive preventive medical program. In addition, a number of domiciliaries offer a program for alcoholic rehabilitation and act as halfway houses to assist in preparing patients about to be discharged from psychiatric hospitals for their return to community living.

Social work assistance is provided at the time of admission, during domiciliation, in the planning and carrying out of the veteran's return to the community, and when needed during furlough and after discharge. Close liaison is maintained by the social workers assigned to the domiciliary with those in VA hospitals and in the outpatient clinics to facilitate the veteran's transition between the treatment facilities needed to insure continuity of care from first application to final establishment in the most suitable living situation—continued domiciliation, nursing home care, or independent living in the community.

Selected members of VA domiciliaries are offered a special therapeutic work program which emphasizes the use of nominal monetary remuneration in combination with such factors as achievement of status, increased responsibility, and recognition of member endeavor. The primary objective of this program is to establish self-reliance in the member in order to assist his return to the community. The member's incentive therapy assignment is prescribed in direct accordance with his treatment and rehabilitation goals. During fiscal year 1968, there were 4,533 members participating in this program who worked a total of 3,490,595 man-hours and earned a total of \$1,320,894. Each member averaged 770 hours of incentive therapy at an average hourly rate of \$0.38.

During fiscal year 1968, there were 790 members receiving incentive therapy at the time of their discharge. Of that number, it is estimated that 361, or 46 percent, were encouraged to take a discharge because of their participation with incentive therapy.

An interagency project on rehabilitation, started 3 years ago at the VA center, Wadsworth, Kans., was concluded in June 1968. The project was conducted with domiciliary members and its purpose was to explore the problems confronting the institutionalized on their return to community living. Initial results indicate the development of guidelines as well as factual data that will be helpful in planning for restoration care.

In addition to VA domiciliaries, eligible veterans are provided domiciliary care in 34 State Soldiers' Homes in 29 States. In November 1967, a new State home, the "Louisiana War Veterans Home" at Jackson, La. was new ognized. The Veterans Administration reimbursed the States for such domiciliary care with payments at a rate not to exceed \$2.50 per day per eligible veteran. In fiscal year 1968, a daily average of 7,466 VA beneficiaries received this type of domiciliary care.

● **Nursing Home Care**—During fiscal year 1968, the Veterans Administration provided nursing home care to a daily average of 8,067 patients in its nursing home care units and in community and State nursing homes.

The VA nursing home care units are designed for veterans who have obtained maximum hospital benefits but still have need for skilled nursing care.

The 4,000 VA nursing home care beds were distributed to 63 VA hospitals. During fiscal year 1968, over 1,260,000 days of care were provided for an average daily nursing census of 3,468; 1,164 patients were discharged into the community, and 3,611 were remaining at the end of the year.

Professional nurses supervise the VA nursing home care units and provide the skilled nursing care services needed to maintain optimum physical and mental health for the patient and to meet his medical treatment needs. They assist the medical staff in assessing the veteran's ability to care for himself; apply nursing measures that prevent further crippling; and teach and supervise veterans in their practice of speech, walking, bathing, grooming, eating, and other activities of daily living.

Social workers are an integral part of the nursing home care unit and provide services which sustain a continuous link between the resident and his community connections. Provisions are made for the medically related social and emotional needs which social work identifies and handles throughout the total nursing home care unit experience. The focus is on helping residents live as fully as possible within the environment and move back into the community as circumstances permit.

The community nursing home care program provides skilled nursing home care, generally not to exceed 6 months to eligible veterans in community nursing homes which meet prescribed standards. The primary pur-

pose is to aid the veteran and his family in making the transition from the hospital to the community by providing time for them to marshal resources for the veteran's continued care.

During fiscal year 1968, almost 8,900 veterans in VA hospitals were placed in community nursing homes resulting in an average daily nursing census of 2,804 for the year. The maximum per diem rate was \$12. The VA has agreements with 2,343 nursing homes throughout the country.

Professional nurses at VA stations participate in this program, assisting with followup visits to the veteran after his admission to the community nursing home to determine his adjustment to the home and insure that adequate nursing measures are taken to provide for the safety and comfort of the patient. They also assist the community nursing home staff whenever needed, to provide the type of skilled nursing care services that VA standards require.

Patients are referred to the social work service for placement, followup and postnursing home planning. The approach is threefold: direct service to patients and their families during the preplacement, placement and followup phases; inspection, coordination and consultation with nursing home staff; and development and use of community resources for the post-nursing home care of veterans. The followup and postnursing home planning has become more complex as States continue to develop Medicaid programs.

The VA was also authorized to reimburse the States, not to exceed \$3.50 per day, for each eligible patient furnished nursing home care in State nursing homes. Nineteen homes with 2,667 approved beds served a daily average of 1,795 nursing home care type patients during the year.

Section IV, Public Law 88-450, provides for construction grants to states on a "matching" basis to construct State home facilities for furnishing nursing home care. Through fiscal year 1968, 10 States have been given tentative VA approval for 13 construction projects of 1,462 nursing care beds at a total estimated cost of about \$22 million.

● **Outpatient Care**—The outpatient program provides the following services to veterans by VA staff or by private physicians and dentists on a fee basis:

- (1) Medical and dental care for service-connected disabilities.
- (2) Medical and dental care to recipients of VA vocational rehabilitation who require treatment to avoid interruption of training; Spanish-American War veterans; pensioners of nations allied with the United States in World Wars I and II; and retired members of the uniformed services on a space available basis.
- (3) For recipients of VA aid and attendance, continued outpatient care of certain chronic non-service-connected disabilities (i.e., cardiovascular renal disease, endocrinopathies, diabetes mellitus, cancer neuropsychiatric diseases, and tuberculosis), following a year of posthospital care for these disabilities.

- (4) Examinations to determine extent of disability for compensation or pension rating; and for VA insurance purposes.
- (5) Examinations to determine need for admission to VA hospital or domiciliary, and
- (6) Prebed care and posthospital care.

The following eligible persons are also provided examination or treatment services:

- (1) Beneficiaries of other Federal agencies such as the Peace Corps; Department of Defense, etc.
- (2) VA employees who become ill or are injured while in performance of their duties, or who are engaged in certain types of patient care, or prospective VA employees, to determine their fitness for duty.
- (3) Persons who require aid in an emergency, for humanitarian reasons.

Outpatient services are provided by 202 VA stations—hospitals, regional offices or independent clinics.

During fiscal year 1968, outpatients made 6,563,787 medical visits, of which 5,369,273 were to VA facilities and 1,194,514 were to fee-basis physicians. The total number of visits was greater than in fiscal year 1967 by 295,731. Visits for service-connected outpatient treatment comprised 41 percent of the visits to VA facilities and 96 percent of the visits to fee-basis physicians.

The chart which follows shows the distribution of the visits made during fiscal year 1968 by purpose of visits.

The following chart shows the trend in the number of outpatient medical visits since fiscal year 1959.

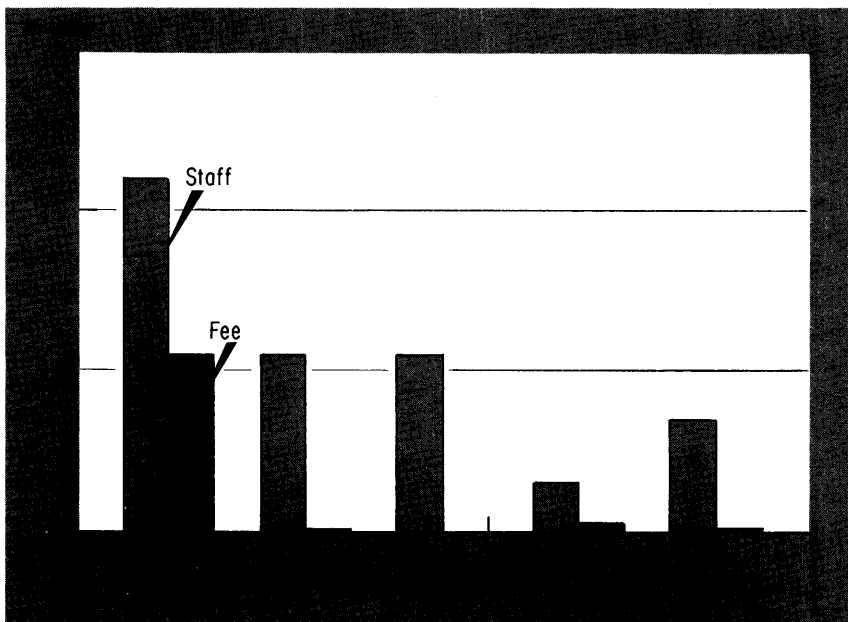
The number of visits made by outpatients to VA mental hygiene clinics and day treatment centers and to fee physicians for psychiatric and neurologic disabilities during fiscal year 1968 amounted to 1,161,053.

The number of such visits has increased steadily since 1959. In fiscal year 1968, there were 68 VA mental hygiene clinics and 36 day treatment centers.

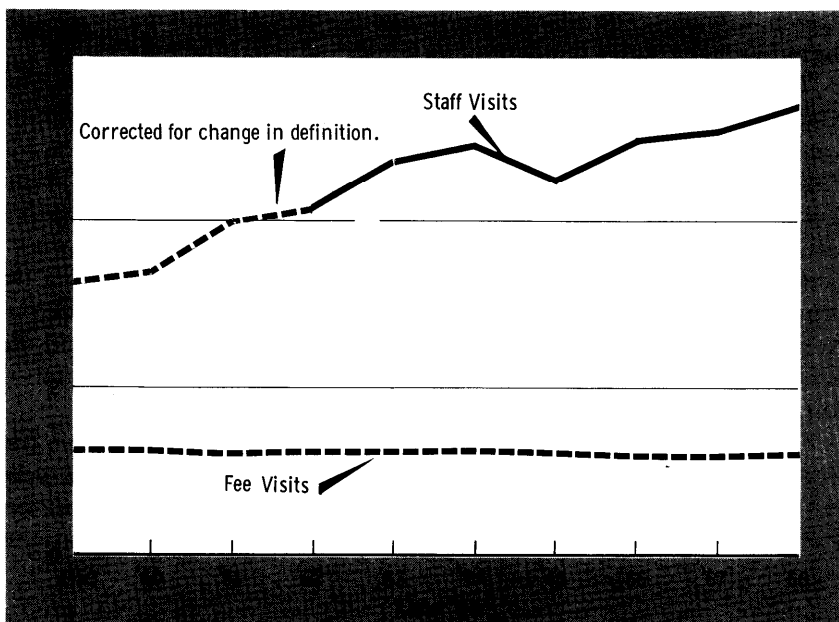
In fiscal year 1968, community nursing agencies throughout the country continued to provide nursing care to service-connected veterans on a fee-basis at the expense of the Veterans Administration. During that period, 22,822 nursing visits were made to veterans in their own homes at a cost of \$7.31 per visit.

The Veterans Administration also provides a nursing referral service for patients with non-service-connected disabilities who are in need of some nursing care in their own homes following discharge from the hospital. Referrals are made to community nursing agencies which provide necessary care to these veterans at no cost to the Veterans Administration. This

PURPOSE OF VISITS FOR OUTPATIENT MEDICAL SERVICES



TREND IN OUTPATIENT MEDICAL VISITS



type of referral plan is a special boon to disabled and aging veteran patients as it provides home nursing care and health supervision that can reduce rehospitalization.

Public Law 89-614, which authorizes the Veterans Administration to provide medical care to retirees of the uniformed services subject to availability of space and facilities, has had minimal impact on the outpatient program. Individual retirees represent approximately 0.3 percent of the total number of individuals receiving outpatient services from the Veterans Administration.

Since July 1, 1967, examinations of veterans in connection with applications for compensation and pension have been referred to the VA station nearest the claimant's home, insofar as is practicable. During fiscal year 1968, plans were implemented to have each VA medical facility give full staff treatment services within their capability, to all service-connected veterans who can report in without hardship, instead of authorizing fee-basis care. This redistribution of the outpatient workload will improve patient care, improve utilization of staff and facilities, and reduce costs of beneficiary travel.

The number of patient visits in audiology and speech pathology during fiscal year 1968 was 9.8 percent higher than the previous year. The Agency's 28 major audiology and speech pathology centers, and 27 smaller units primarily concerned with speech pathology, showed a total of 134,402 patient visits. There were three more smaller units in operation during fiscal year 1968, than in fiscal year 1967. Attention continues to be directed to speech, language, and hearing impairments, which, if left untreated, would be seriously disruptive of physical, social, and economic functioning.

The Western Blind Rehabilitation Center at the VA hospital, Palo Alto, Calif., has completed its first year of operation. During fiscal year 1968, the center provided blind rehabilitation to 44 veterans, while working toward its full treatment capability. During the year, 43 servicemen of the Vietnam era were transferred from military hospitals to the VA blind centers for their rehabilitation. The first full year of operation of the visual impairment services teams at VA outpatient clinics was also completed in fiscal year 1968. The teams are in operation at 68 clinics with the purpose of inviting blinded veterans to have a periodic review of their health, adjustments, and circumstances under blindness. Social workers were assigned as coordinators of the visual impairment services teams.

Outpatient social workers are increasing their efforts in preventive care for patients in the community. Coordination between outpatient social workers based at hospitals, clinics, and over 50 field offices, is receiving close attention by stations to assure the fastest and most economical delivery of services.

Eight requests have been received from other Federal agencies, asking the Veterans Administration to provide occupational health services for their employees at specific locations. Establishment of health units for this purpose have been approved for Honolulu, Hawaii, St. Petersburg, Fla., and Baltimore, Md. It was necessary to disapprove units at San Juan, P.R., Topeka, Kans., and Harrisburg, Pa. because of circumstances over which the Veterans Administration had no control. Active consideration is now being given to requests from agencies in Philadelphia, Pa. and Pittsburgh, Pa.

Instructions were issued to implement the provisions of Public Law 90-77, which extended entitlement to receive drugs and medicines. All veterans in receipt of increased compensation, and all wartime veterans in receipt of increased pension by reason of being in need of regular aid and attendance, may now be furnished such drugs and medicines as may be prescribed by a duly licensed physician.

An identification card was issued to each veteran eligible for outpatient treatment on a fee basis. This identification card provides authority to the hometown physician to render treatment to the veteran for his service-connected disabilities without further VA approval. This system, initiated in fiscal year 1968, has been a major improvement in the VA outpatient program. It is more convenient for the patient, it has resulted in substantial dollar savings, and has improved VA relations with the civilian medical community.

Staffing

● **Extent**—The VA medical program was staffed by 138,270 full-time equivalent employees during fiscal year 1968. Included in this number were part-time personnel who augmented the regular staff where recruitment was difficult or where it was not feasible or economical to employ personnel on a full-time basis.

The number of full- and part-time employees in major categories in the Department of Medicine and Surgery at the end of fiscal years 1967 and 1968 are shown in the following table:

Type of personnel	Number on rolls, June 30	
	1967	1968
Physicians:		
Full time ¹	5, 125	5, 108
Part time:		
Regular	990	1, 041
Residents	3, 227	3, 478
Interns	282	396
Consultants and attendings	10, 464	10, 485
Dentists:		
Full time ²	709	719
Part time:		
Regular	6	6
Residents	48	53
Interns	35	35
Consultants and attendings	770	825
Nurses:		
Full time	14, 722	14, 571
Part time:		
Regular	1, 079	1, 482
Consultants and attendings	113	131
Nurse anesthetists:		
Full time	324	340
Part time	7	6
Full time, other:		
VA supply depots	469	496
VA canteen service	2, 714	2, 833
All other	110, 379	111, 389
Part time, other:		
VA canteen service	642	645
All other	7, 068	7, 369

¹ Includes career residents as follows: 320 on June 30, 1967, and 301 on June 30, 1968.

² Includes career residents as follows: 14 on June 30, 1967, and 21 on June 30, 1968.
Also includes career interns as follows: 13 on June 30, 1967, and 16 on June 30, 1968.

Consultants and attending professional personnel supplemented the full-time staffs of physicians, dentists, and nurses. Consultants were also used in other professional categories such as psychology and social work. Consultants and attendings not only contributed to the direct care of patients but also assisted in the VA medical teaching and research programs. During the fiscal year such personnel provided approximately 1,000 man-years of service.

The recruitment and retention of qualified professional personnel is a continuing problem. However, the Veterans Administration has been able to attract and retain qualified medical personnel largely because of its excellent research and teaching programs.

● **Volunteers**—The utilization of volunteers, especially in new and changing programs, made possible further gains in the extension and expansion of services for the care and treatment of patients both within and outside the hospital setting. Significant trends and developments which have contributed and are contributing to this are the following:

- (1) Greater opportunity for volunteers to contribute more fully and effectively to the care and treatment of patients through the development of new assignments of greater responsibility and more commensurate with their experience and capabilities.
- (2) Marked increase in the participation of volunteers in nursing home care units and in community care programs.
- (3) Team visits by voluntary service and social work service staff to field stations in the interest of accomplishing further development of the program "The Patient Returns to the Community."
- (4) A successful annual meeting of the National VAVS (VA Voluntary Service) Committee, composed of representatives of 43 national voluntary organizations, which centered its workshop explorations on several pilot studies being conducted at selected hospitals.
- (5) Three successful training courses conducted in the field for a total of 60 directors of voluntary service.
- (6) Marked improvement in program leadership in the field brought about by such factors as training courses an increase in the number of full-time directors of voluntary service.
- (7) Promotion and development of the interest and active support of the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO), a new resource, in the VAVS program.
- (8) Revision of several VAVS publications, including the manual and a new publication, "The Hospital VAVS Representative," and
- (9) Recognition of outstanding leadership by VAVS representatives on Hospital VAVS Advisory Committees.

The VAVS program, in terms of magnitude, scope, and depth of utilization of a monthly average of 121,317 volunteers, is considered to be at its peak. To accomplish needed further gains in total volunteer assistance, even to sustain the program at its present high level, the voluntary service staff faces many challenges, including the following:

- (1) Ever-increasing need of field stations for volunteer assistance, especially in new and changing programs.
- (2) Tremendous and keen competition for available volunteer resources by other hospitals and worthy groups that recognize the worth of volunteer assistance in their programs and aggressively solicit volunteers.
- (3) Provision of full-time directors of voluntary service in approximately 27 hospitals where VAVS is the secondary responsibility of other staff.

- (4) Maintaining an ongoing and comprehensive youth volunteer program in light of Federally-sponsored Youth Opportunity Programs which tend to reduce the available supply of volunteer recruits and to fill assignments previously filled by youth volunteers.
- (5) Further extension of the VAVS program into the community to assist discharged or outplacement patients in community care programs, and
- (6) Implementation of a trainee program for director of voluntary service positions in the entering grade where there are presently too few qualified candidates.

Reports from the field indicate that VA's experienced and veteran voluntary service officers have provided considerable guidance and assistance to non-VA hospitals in establishing and developing voluntary service programs and that they have also been similarly active in local association of voluntary service personnel.

Field reports frequently mention that youth volunteers in large numbers have chosen medical and allied field careers as a result of their volunteer experience in the VA hospital. In this respect the VAVS program is making a large contribution to the future health needs of the Nation.

The distribution of volunteer assistance in manhours in the major programs is depicted in the chart below:

VA VOLUNTEER SERVICES FISCAL YEAR 1968



Per Diem Costs

The cost of operating VA hospitals continued to increase during fiscal year 1968, which is consistent with the trend among private and other government hospitals. The increase in per diem cost during the past fiscal year over fiscal year 1967 was \$3.12 or 11.4 percent for all VA hospitals. Of the \$3.12 increase, \$1.44 (46 percent) was due to Congressional pay raises, including wage rate increases.

The increases in the cost of operation of VA hospitals, domiciliaries and restoration centers are primarily attributable to the following:

- (1) Legislated Federal classified (Public Law 90-206) and wage board (Public Law 83-763) employee salary increases.
- (2) Continuing advances in medical treatment and diagnostic techniques and methods, including the establishment of additional new medical services such as hemodialysis centers, open heart surgery centers, pulmonary emphysema units, etc.
- (3) Increased cost and usage of utility services, drugs, medicines, and other materials and supplies.

Type of station	Fiscal year		Change	
	1967	1968	Amount	Percent
All hospitals.....	\$27. 41	\$30. 53	+3. 12	+11. 4
Psychiatric.....	18. 23	19. 72	+1. 49	+8. 2
General.....	36. 02	39. 34	+3. 32	+9. 2
Domiciliaries.....	6. 36	6. 72	+. 36	+5. 7
Restoration centers.....	12. 21	12. 51	+. 30	+2. 5
Nursing home care units.....	15. 30	14. 99	-. 31	-2. 0

Medicine

The changes which have occurred in the practice of internal medicine during fiscal year 1968 have been mostly associated with the increased possibility for instrumentation and the increased ability to interpret the analog forms and data which the instruments produce. Generally, the ability to make such interpretations quickly and accurately increases the ability to apply definitive therapy. This in turn achieves a greater salvage of life especially in those patients who, at the time of admission, are seriously ill.

With this in mind, the Veterans Administration has continued to develop special types of treatment areas within its hospitals. Because these areas require extensive reconstruction and the installation of frequently expensive equipment, special support has been provided. In addition, annualized funds are provided for the support of special staffing.

The treatment of renal failure by hemodialysis has continued to develop. The Veterans Administration now has 30 centers in as many hospitals operated by special teams and there are approximately 268 patients receiving this treatment. The newer developments in this program which will continue to be stressed are the development of renal transplant and of home dialysis. Dialysis centers will continue to be used to support the transplant program both preoperatively and postoperatively. In establishing the home dialysis program, the hospital centers are used as training areas. The patient, his spouse, and usually a local physician are taught the operation of the particular artificial kidney machine that will be used in the home. The patient and his spouse are required to practice under supervision in the hospital center until they develop proficiency and confidence. Once dialysis is begun in the home, it is supervised and the patient returned to the hospital center if the home dialysis proves to be ineffective.

Disease and disability due to chronic pulmonary insufficiency (chiefly emphysema) continues to increase. Approximately 20 percent of all admissions to the VA hospital medical services suffer from emphysema either as a primary or a secondary diagnosis. Special wards for the treatment of this illness with special equipment and staffing have been established. In fiscal year 1966, there were 26 hospitals funded for the operation of these special treatment units; 26 additional units were funded in fiscal year 1967; and 15 more in fiscal year 1968. Further expansion in this program will be accomplished until maximum utilization is reached.

In establishing the diagnosis of chronic pulmonary insufficiency and in controlling the progress of the treatment therefor, it is necessary to have repeated testing of lung function, blood gas levels and blood acidity. This requires the establishment of a pulmonary function laboratory. Because the requirement of pulmonary function laboratories parallels the establishment of special treatment wards for emphysema, these two programs are receiving special support together. Special support for pulmonary function laboratories was initiated for 81 stations in fiscal year 1967, and four more were added in fiscal year 1968, for a total of 85. The present plan is to continue support of these two programs.

The diagnostic studies of arteries and veins by the injection of an X-ray contrast medium plus catheterization of the heart is required in an increasing number of patients. The present long range plan for support of cardiac catheterization units is to continue. There are 53 such units currently operational in a similar number of hospitals.

A program to establish special units for the intensive care of patients with serious illness was begun in 1966 in the VA hospitals. Special funds for these purposes included one-time expenditures for construction and equipment and annualized funding for special staff. The program actually began operation in fiscal year 1967 and will continue to be expanded. In most cases, the units being established within VA hospitals consist of separate units for the intensive care of surgical patients, of medical patients, and of those requiring care for coronary artery disease. During fiscal year 1968, intensive and coronary care beds were established in 49 hospitals. Prior to fiscal year 1968, seven hospitals contained intensive care beds. Owing to the extreme importance to patients and potential patients of the intensive care program, this is the most rapidly expanding program in the VA medical service.

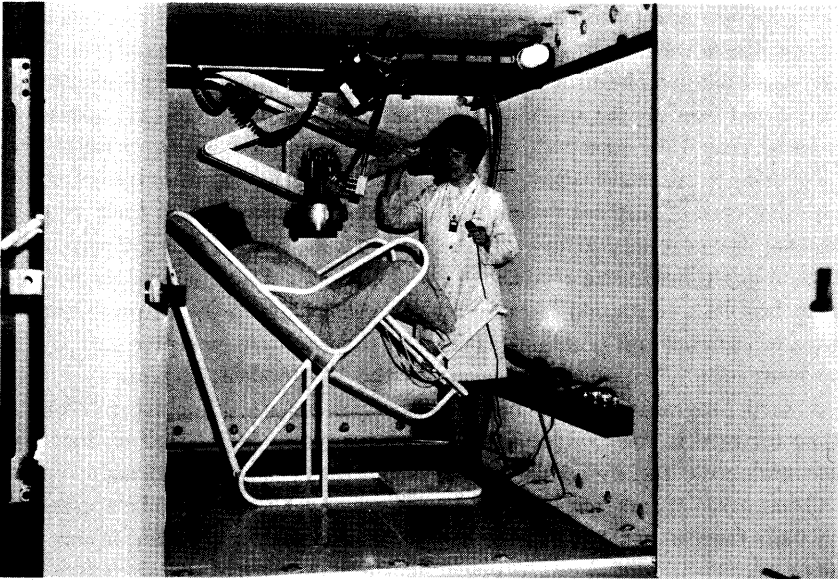
Special programs need to be established in certain other areas. Work is going forward in the development of such programs for gastrointestinal disease, endocrine and metabolic disorders and hematologic problems.

Other areas of research where scientific advances continue to be applied in the daily care of patients include the treatment of arterial hypertension, the use of nerve stimulation by electronic device in the care of stroke victims, the application of computer techniques in diagnosis and treatment of disease, and such new areas as the use of ultrasound.

Another important concept is the application of team work on the special programs which have been described above. Besides the physicians and nurses, those involved include social workers, dietitians, and various types of specially trained technicians. The latter are especially useful in the treatment of patients who require hemodialysis, treatment of emphysema, and the special patients who will be cared for in connection with the recently established Heart Disease, Cancer, and Stroke Program. In most cases, these technicians have to be trained within VA hospitals because of a lack of adequate external sources.

Owing to the decline of the incidence of tuberculosis, it has been necessary over the years to make certain changes in VA's approach to treatment. Patients with tuberculosis are now treated in special wards of VA general hospitals. The Veterans Administration continues to be aware, however, that this is both an infectious and a contagious process. The tuberculosis case finding program continues to be operated among inpatients, outpatients, employees and volunteers using the method of initial and periodic chest X-rays, and tuberculosis skin testing. There has been a notable reduction in the number and rate of newly diagnosed cases in each of these four groups.

The clinical application of radioisotope techniques to diagnosis and treatment is an important medical tool. There are now 68 VA hospitals with clinical radioisotope units. In addition, 31 VA hospitals are engaged in research with radioisotopes. The Veterans Administration is leading the scientific community in developing safe radioactive techniques to aid the physician in diagnosis and treatment of the patient.



Use of the Whole Body Radioactivity Counter

Surgery

During fiscal year 1968, VA's surgical service continued its high level of patient care. Existing programs were reevaluated, several previously planned programs were implemented, and new programs were considered.

In the planning stage, in cooperation with the education service, two new programs were developed which are designed to combat the crucial staffing shortage in anesthesiology. The first, a preceptorship for junior and senior medical students, hopes to focus the attention of the students on the specialty of anesthesiology. The second, a group of schools in VA hospitals, is planned for the training of Registered Nurses as Certified Registered Nurse Anesthetists.

The program for consolidation of selected surgical services continued to develop. This program appears to provide better staffing coverage, particularly in the specialties, thus insuring better patient care in the smaller, more isolated hospitals.

The evaluation of programs by the specialty review committees has continued. Evaluation of the programs in urology, neurosurgery, thoracic surgery, and general surgery was virtually completed. Evaluation of the programs in anesthesiology and orthopedic surgery is still continuing. These reviews are contributing significantly to the store of information pertaining both to patient care and to residency training in these specialties.

The program for open heart surgery was expanded in fiscal year 1968. A total of 22 hospitals have now been specially funded for this program and their geographic location is considered to be satisfactory with one or two exceptions. The general level of technical ability in performance of such surgery is deemed to have been upgraded in the majority of the affiliated hospital programs, so that open heart surgery, as a separate entity, will now pass over into the status of an integral part of the thoracic surgical programs in these hospitals.

One meeting of the National Consultants to the Surgical Service, combined with the VA Participant Surgical Consultants, was held in December 1967. Recommendations from this advisory group continue to be of great value to the surgical service of the Veterans Administration in the direction of improved patient care.

The program of organ transplantation research continues to develop along the lines of the original advice of the consultant group. In fiscal year 1968, six additional stations have become operative in this field. However, the bulk of the work continues to be done in three of the original five stations established.

Social work service provides continuing help to patients and families in the solving of socioeconomic and emotional problems. Special attention is given to the needs of patients and families in the fields of organ transplantation and open heart surgery.

During the year, VA surgeons have continued their attendance at annual meetings of various national surgical societies, for participation in professional courses and presentation of clinical and scientific papers and exhibits.

As of the close of fiscal year 1968, the surgical service was operating 19,755 beds in VA hospitals. During the year, there were 239,747 admissions to the surgical services of all VA hospitals. Major and minor surgical procedures carried out totaled 653,040 and there were 274,094 anesthetics administered.

Psychiatry, Neurology, and Psychology

A better distribution of modern psychiatric facilities through the Southeastern United States, was made possible with the opening of new VA hospitals at Memphis, Tenn.; Miami, Fla., and Gainesville, Fla. With the reduction generally in the number of psychiatric beds, and the further marked decrease in the waiting list, there was increased emphasis on improving the crowded conditions in the psychiatric hospitals.

Outpatient psychiatric activities continued to increase. The first five day hospitals became fully operational; a special study confirmed their value in the treatment of veterans with minimal disruption of community ties. Two additional day treatment centers were activated bringing the total to 36. There were 68 mental hygiene clinics in operation.

Placement in community residences during fiscal year 1968 also increased. There were 12,889 former psychiatric patients living out of hospitals with social work supervision, an increase of almost 19 percent over fiscal year 1967. In the 17 years of the program, more than 39,000 patients without suitable homes have been able to leave the hospitals. The community care program provides a variety of selected, supervised living arrangements, individually selected, for the specific therapeutic needs of the veteran, such as foster homes, halfway houses, nursing homes, and other special supervised living arrangements. These are protected living situations for the veterans who are considered by the hospital staff as able to live outside the hospital but not completely equal to or ready to cope with full independence. Supervision is provided the veteran by social workers after his placement to insure his maximum adjustment and maintenance of his achieved health level. The chronically ill veteran can progress more rapidly toward optimal rehabilitation in this situation than in the hospital.

A most important development was the approval of an agreement with the National Institute of Mental Health, looking toward a better utilization of scarce mental health manpower in community mental health centers for the benefit of both veterans and the community at large.

Neurologists at VA hospitals in various parts of the country are planning an active participating role in the stroke aspects of local regional medical programs for heart disease, cancer, and stroke. Intensive care stroke units, which are being developed in these hospitals, will provide demonstration of, and training in, the highest quality of stroke patient care to medical and paramedical personnel. Concomitantly, the veteran patients being treated in these units will receive extensive and detailed diagnostic studies, intensive nursing care, and the benefits of the latest advances in rehabilitation and treatment.

By the use of radioisotopic brain scanning methods and echoencephalographic equipment, neurologists at these and many other VA hospitals have been able to make earlier diagnoses of space-occupying intracranial lesions, such as blood clots or tumors. This earlier detection provides more opportunity for successful treatment.

VA psychologists broadened the scope of their activities in fiscal year 1968 to include all segments of the VA health care services. They now serve as special consultants to the new community and VA nursing home care units; as directors, or staff, of restoration centers; and as special resource personnel to the newly implemented hospital-based domiciliary care program. In addition, they continue their therapeutic, rehabilitative, training, and research roles in the hospitals, domiciliaries, and clinics. The emphasis in these newer programs has been on modification of maladaptive behavior patterns which interfere with the most effective rehabilitation, restoration, or care of the veteran patient-members. This has involved the conceptualizations of

treatment approaches, working with staff elements, and direct patient approaches.

Innovative programs have been developed to meet the changing needs of the younger Vietnam veterans, special disability groups, and the continuing challenge of the chronically disabled. Screening procedure for all Vietnam veterans is being undertaken in the VA hospitals by psychologists, so that vocational counseling services can be provided quickly with resulting shorter period of hospitalization and decreased readmission. Programs for deconditioning for patients suffering from alcoholism or heavy smokers with respiratory difficulties have been established in many hospitals. For the often confused geriatric patients, special training programs in "reality orientation" have been developed and expanded. Increased emphasis has been placed on the use of behavior therapy methods which reduce treatment time and are adaptable to a wide spectrum of mental and physical disorders.

VA psychology is making a major contribution to the national health picture. It is the largest supplier of trained psychologists to the Veterans Administration and to the country through the psychology training program.

Some of the most successful community social health programs, such as the Houston, Tex., Police-Citizen Program, and the Waco, Tex., Vocational Counseling for Deprived Students, were implemented and developed by VA psychologists. In addition, the Federal Woman of the Year Award was won by a VA psychologist for Outstanding Achievement in Vocational Rehabilitation. Her almost individual efforts led to the development of a single, computer-fed center where all of the various employment opportunities for the handicapped were centralized and made available to the handicapped of a large metropolitan area. The rehabilitation programs developed, especially for the chronic psychiatric patients, such as the Community Outpatient Service Program at the VA hospital, Montrose, N.Y., and the Human Relations Training Laboratory at the VA hospital, Houston, Tex., have served as models for States and other agencies in their development of health service programs. VA Psychology's involvement and leadership in all types of Federal, State, and local programs for the culturally handicapped continue. This year, VA Psychology has provided additional support to the training of master's level vocational rehabilitation counselors by providing the opportunity for required practical experience in VA hospitals. These counselors will bear a large share of eventual work with the deprived groups.

Alcoholism is one of the five most prevalent health problems in the United States, affecting some 4 million adult males and 1 million females. In 1965, alcoholism was the second ranking diagnosis among first admissions to State and county psychiatric hospitals and accounted for 22 percent of the discharges.

The census of psychiatric patients on the rolls of VA hospitals on November 30, 1966, indicated that alcoholism was a factor in 20 percent of the

57,000 patients. Including all 105,000 patients in VA hospitals on that date, 16 percent had a drinking problem.

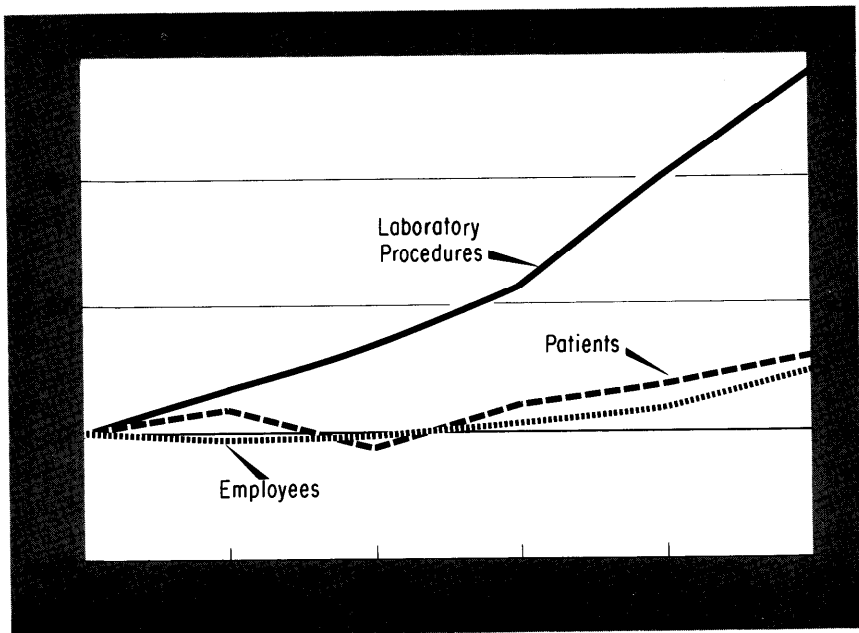
Without an organized program, alcoholic patients usually receive only emergency care of their acute symptoms, with little or no effort made to attack the basic problem. A special Staff for Alcoholism and Related Disorders has been established to lead a VA-wide attack on the problem. Planning has been approved for the establishment of special units for alcoholism treatment and rehabilitation. These units will encompass sections for acute detoxification, psychiatric and medical treatment, outpatient followup care, and vocational and social rehabilitation.

This will be the country's most extensive alcoholism program under one agency, and will help meet the vast national need for facilities for the treatment of this major public health problem.

Pathology and Allied Sciences

Analysis of the past 5 years' data has shown that the number and variety of clinical laboratory procedures continue to increase. This is emphasized by the chart below, which indicates a 58 percent increase in the number of procedures since 1963 as contrasted to the 11 percent increase in patients treated and 10 percent increase in laboratory service personnel (full-time equivalent).

LABORATORY PROCEDURES, PATIENTS AND EMPLOYEES



To a considerable extent, the increasing productivity of the laboratory personnel has been made possible by the extensive use of automatic laboratory equipment, labor-saving devices, simplified equipment and reagents, new methodology, the maximum utilization of skills, and the initiative of laboratory directors and their staffs. In the Veterans Administration there were, by the end of fiscal year 1968, at least seventeen 12-channel chemical automatic analyzers in use with about the same number of multichannel automatic analyzers in hematology. More than 66 percent of all chemistry procedures and 20 percent of all hematology procedures are performed utilizing automatic equipment. While use of automated methods has permitted a greater output of reliable laboratory results than ever before possible, requirements for highly skilled laboratory personnel continue to increase.

Progress is being made in increasing the training of medical technologists and laboratory assistants. Existing programs are being strengthened and expanded and some new programs, mostly in the laboratory assistant category, have been added.

There are several special programs in operation:

- (1) **Electron Microscopes.** This program for diagnostic and training needs was initiated in fiscal year 1966 and continues to expand. By the end of fiscal year 1968, a total of 16 electron microscopes had been installed with 12 completely operational. It is quite apparent that the role of the electron microscopy in diagnostic pathology is now firmly established. The prediction made in fiscal year 1967 that electron microscopy will be part of every comprehensive laboratory service in about 10 years seems to be correct.
- (2) **Reference Laboratory System.** Professional personnel of the nine reference laboratories make consultation and evaluation visits to include affiliated hospitals. The visits provide helpful professional support for the field stations. In addition, they are invaluable in assessing the programs and in providing data on quality of work, personnel requirements, equipment, and space for department-wide planning.
- (3) **Special Reference Laboratories.** At present these are: Memphis, Tenn., performing serological studies for viral rickettsial, mycoplasmal diseases, histoplasmosis, toxoplasmosis, and blastomycosis; Hines, Ill., for staphylococcal phage typing; and San Fernando, Calif., for serologic studies for coccidioidomycosis. In addition, there is a centralized contract with the National Communicable Disease Center, Department of Health, Education, and Welfare, Atlanta, Ga., for viral isolation studies.

There has been some reorganization of services to be provided by the Armed Forces Institute of Pathology (AFIP), Washington, D.C., consonant with VA needs. This has resulted in the redesignation of the AFIP as the Special Reference Laboratory for Anatomic Pathology. The changes emphasize consultation, special reference services for renal brain biopsies, forensic pathology, and micro-radiographic analysis of tissues. In addition, the AFIP will carry out certain mission-oriented studies for the Veterans Administration. Additional special reference laboratory needs have been identified and planned for: (1) adrenal hormone determination; (2) thyroid hormone studies; (3) cytogenetics; (4) immunoelectrophoresis; and (5) tuberculous and other mycobacterial reference service. The locations for these laboratories have been tentatively identified.

- (4) Data Processing and the Clinical Laboratory. Three studies are in progress in the Veterans Administration. VA hospital, Minneapolis, Minn., is exploring a card-oriented off-line system using a nondedicated computer at the VA data processing center, St. Paul, Minn. The VA center, Los Angeles, Calif., is investigating the use of a laboratory-based Data Acquisition System and an off-line nondedicated computer at the VA data processing center, Los Angeles, Calif. In addition, a comprehensive on-line system utilizing a small dedicated laboratory-based computer has been designed and will be installed at the VA hospital, Boston, Mass. The use of automatic data processing systems in clinical laboratories should result in more effective use of scarce health manpower, better control of laboratory operations, and improved transmission of analytical results to the clinical staff.
- (5) VA-wide Laboratory Service Proficiency Survey System for External Quality Control. The Veterans Administration conducts surveys in blood banking, chemistry, microbiology and hemoglobinometry. In addition, all VA hospital and outpatient clinic laboratories participate in laboratory survey programs conducted nationwide by the College of American Pathologists (CAP). Reports from recent CAP surveys indicated that performance in VA laboratories compares favorably with that in hospital and clinic laboratories on a nationwide basis.
- (6) Necropsy Protocol. The third field trial using necropsy forms partially adaptable to automatic data processing was terminated on August 31, 1967. Several aspects of the trial were most successful. The feasibility of developing necessary cross-indices based on autopsy data for individual hospitals by computer, instead of the time-consuming manual method, was demonstrated. Also the practicability of developing a data bank and using it for retrieval and

correlative studies was shown. The source documents, however, were somewhat cumbersome. Basic studies are therefore continuing to determine the most appropriate method for capturing major autopsy diagnoses by electronic data processing.

- (7) Laboratory Workload Reporting System. This system, devised by the Interagency Committee on Laboratory Medicine, has been used in the Veterans Administration since July 1, 1966. The experience of the Veterans Administration, the Public Health Service, the Army, and the Navy with the system has demonstrated very gratifying correlative results in capturing laboratory data. The Air Force hopes to introduce the system soon. The publication of the reporting method in November 1967, VA Monograph 10-3, "A Clinical Laboratory Workload Reporting System," has stimulated great interest both nationally and internationally.

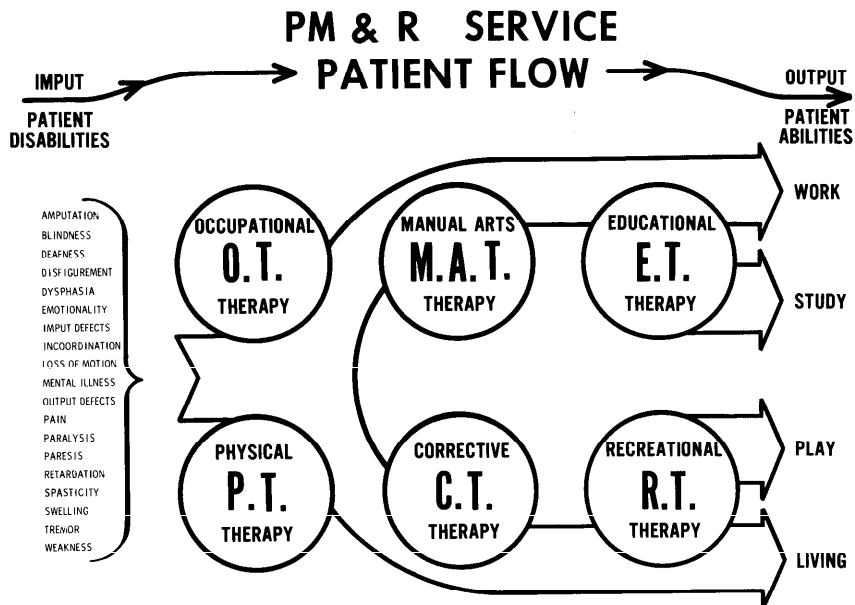
Physical Medicine and Rehabilitation

The physical medicine and rehabilitation service of the Veterans Administration plays an essential role in returning patients to, and supporting their successful stay in, the community.

During fiscal year 1968, the principles of improved manpower utilization were applied to develop new methods to focus the efforts of therapy personnel upon discharge-related and support-related needs of hospitalized veterans.

The first Veterans Administration Physical Medicine and Rehabilitation Service Interprofessional Workshop, held in June 1968, at the VA center, Wadsworth, Kans., presented those new methods for evaluation and discussion by psychiatrists, coordinators, therapists, nurses, social workers, psychologists, audiologists and speech pathologists, and hospital administrators. The most dynamic methods discussed were: to clarify the roles and relationships between treatment personnel; to develop a system of interim communication for dysphasic patients in the various therapy clinics; to utilize group therapy and paid industrial therapy for all types of patients; and to apply patient-flow concepts within and among the therapy sections, in order to facilitate discharge-oriented and support-oriented rehabilitation.

The principle of maximal flexibility of program was demonstrated by the Community Hospital Industrial Rehabilitation Program (CHIRP), at the VA hospital, Brockton, Mass., a representative paid industrial therapy program for which guidelines have been developed. Patients in CHIRP, who either lived in the hospital or in the community and worked in the hospital or in the community, were assured comparability of pay which was so essential to the reestablishment of self-esteem. Continuity of care within the flexible CHIRP program supported and prolonged the successful stay of the patient in community working and living situations by means of background supervision and followup. Patient-flow concepts were developed which recognized



the need for an orderly and purposeful flow of patients from one therapy clinic to another during the progress of medical rehabilitation.

A typical patient began his treatment in physical therapy, where he was afforded relief from pain, loss of motion or weakness. He continued in occupational therapy, where function was improved through kinetic activities and training in the activities of daily living. Substantial relief from pain was afforded and function enhanced before the patient was advanced to other therapy sections. The physical therapists and occupational therapists, therefore, played an essential role in rehabilitation planning and in directing patient flow toward subsequent therapy clinics. The patient who could benefit from improved vocational skills was directed to manual arts therapy where useful skills were sharpened and useful products developed. The patient who needed improved learning or study habits was referred to educational therapy where academic, business or personal learning skills were sharpened.

In like manner the patient who could benefit either from improved physical condition or improved leisure time management was referred respectively to corrective therapy, where mobility, self-care and conditioning activities were provided, and to recreational therapy, where practice in leisure time management enabled the patient to become as independent as possible in meeting his own self-care recreational needs. When all of the therapies were applied in the proper relationship, the patient developed the needed abilities to care for most of his own needs in the situations encountered during employment, study, recreation, and living in the community.

The traditional interest of rehabilitation therapists in effective self-care communication was highlighted by a cooperative effort with the Chief of Audiology and Speech Pathology at the VA hospital, Birmingham, Ala. There, interest was focused upon an analogical interim communication system to meet urgent self-care communication needs of patients who were unable to initiate effective vocal communication. The initial results of the cooperative study were presented to the 1968 meeting of the American Medical Association in a paper entitled "Conceptual Communication by Aphasic Patients." Therein, 12 manual signs were presented for the medical profession to use to enable the hemiplegic patient with expressive dysphasia to communicate his self-care needs to his family or treatment personnel. Such manual signs have already enabled some hospitalized veterans to return home who were unable to do so before they were provided with an effective mode of nonverbal communication.

There were 1,758 physical medicine and rehabilitation beds operating under 230 physiatrists and acting chiefs of service. A total of 370,038 patients were referred to 3,711 therapists and therapy assistants. Those patients were provided with 23,440,671 services and 42,698,055 therapy hours of treatment in the physical medicine and rehabilitation service. As a result, 259,713 patients were discharged, most of them substantially improved. Most significant among those discharged were those patients in the paid industrial therapy programs who were discharged to employment in industry. During September 1967, 34 hospitals which had such programs reached 1,442 in-hospital patients. At the end of that month, approximately 13 percent were discharged to industry. Since that time, the discharge rate to industry has been between 9.7 percent and 10.4 percent monthly.

A new stress on maximal flexibility of program and supporting the successful adjustment of the patient in the community showed promise of reducing recurrence of physical and mental debility throughout the coming years.

The VA medical care focus on optimal rehabilitation of the patient is fostered by a large corps of social workers and social work assistants. Increasingly social workers in the Veterans Administration are focusing on the community support that can be built in to sustain the patient in his continuing rehabilitation efforts following the completion of acute care. Meaningful involvement in the socioeconomic situation of patients whose problems may be compounded by illness is maintained from the point of application for treatment, continuing through the treatment rehabilitation and after care continuum. Emphasis is placed on community living in the patient's own home or in living situations specifically designed to meet the patient's needs at a given point in time. Special living arrangements are made for the severely disabled spinal cord injured in halfway houses and foster homes, and special employment and training opportunities have been developed for a large number of patients on hemodialysis or who have undergone open heart surgery.

Prosthetic and Sensory Aids

Vigorous research and clinical programs in prosthetic and sensory aids continued to make available constantly improved devices for increasing numbers of disabled beneficiaries—amputees, blind, paraplegics, and others. Emphasis continued on individualized services. Through coordinated educational and training programs and widespread dissemination of information, the benefits of these improved devices and techniques were made available not only for veteran beneficiaries but for all disabled people.

In fiscal year 1968, prosthetic appliances and services were furnished to some 465,000 disabled veterans throughout the United States, of whom 5,400 were Vietnam veterans and 1,400 were retired military personnel. While 69 percent of the total patients served were furnished appliances or services for service-connected disabilities, the numbers of non-service-connected veterans receiving prosthetics services continued to increase, primarily due to the provisions of Public Law 90-77. Under that law, a total of 10,000 patients were furnished invalid lifts or other therapeutic devices and supplies.

Approximately \$10,200,000 were spent in fiscal year 1968 for the procurement of prosthetic and related appliances and their repair from commercial suppliers. These expenditures had a significant impact upon the small prosthetics industry.

This has been a pivotal year in efforts to bring research on aids for the blind out of the laboratory and into the hands of users. After long efforts, a well-engineered electronic mobility aid was built, and two types of reading aids for the blind were employed in the start of clinical application studies at the VA hospital, Hines, Ill.

The mobility aid, a long white cane containing three low-energy-laser environment sensing systems, provides the many advantages of the conventional long cane plus reduced tension for the user by probing for hazards beyond and above the cane shaft. Performance with the laser cane was demonstrated in a 1-minute film used by many TV stations throughout the country. A VA research contractor demonstrated this device to a number of groups. The cane evoked considerable interest when shown at an international conference in August 1967, at Stockholm, Sweden. Ten additional units ordered during the past year will provide canes for user trials at the VA blind rehabilitation centers at Hines, Ill., and Palo Alto, Calif. Several types of nonelectronic canes, some made of new boron-reinforced materials and some collapsible, were also ordered during the year for clinical trials under the supervision of VA mobility instructors. A small quantity of an ultrasonic aid developed at the Massachusetts Institute of Technology was also ordered for similar VA evaluations.

The Veterans Administration continues to support the development of a personal reading machine for the blind, capable of recognizing a number

of common book, newspaper, and typewriter type fonts. The output to the blind user is a "spelled-speech" rendition of the letters and ligatures scanned with the unit's hand-held optical probe. During the year, various improvements were made in the first operating version of the machine, and construction of three new machines embodying the changes was commenced.

Small, portable, direct-translation reading aids with audible or tactile outputs, the Visotoner and Visotactor respectively, are byproducts of the recognition unit described above. Thirty additional Visotoners and 10 more Visotactors are currently under construction. An electronic reading specialist was appointed this year at the VA hospital, Hines, Ill. Having demonstrated great skill with existing Visotoners, this employee now devotes much of his time to training blinded subjects, evaluation, development, and research on such reading aids. A school for the blind with specialized experience in correspondence courses for the blind is developing a program of tape-recorded lessons designed to enable veterans in their own homes to assess their skills and motivation before applying for training at Hines. This school has completed drafting a script and recording a 25-lesson course. A number of blind individuals already have volunteered to assist in validating the course material.

Under VA sponsorship, a laboratory in New York has continued its fundamental studies of human speech. The aim is to apply the knowledge gained to the production of acceptable machine-spoken audible outputs usable in high-performance reading machine systems for the blind. A system providing long messages in pronounced words automatically compiled by computer is nearly ready for clinical trials.

Dramatically successful work on immediate postsurgical prosthetic fitting continued at the VA-supported Prosthetics Research Study conducted through the VA hospital, Seattle, Wash. The technique involves fitting a newly amputated patient while still under anesthesia, with a rigid plaster dressing serving as a socket for a temporary prosthesis. Generally, the patient is able to put some weight on the prosthesis by the next day and to walk with rapidly decreasing assistance on later days. Postoperative pain is greatly reduced, presumably because the postoperative edema and swelling encountered with conventional techniques are prevented by the rigid dressing. Great economic benefits compared with conventional procedures result from reduced hospitalization, faster training in walking, and possibility of return to home, independent activity, and job much sooner.

Many more cases with circulatory problems can be safely amputated below the knee than would be considered possible with conventional amputation management. For these cases there are not only the important retention of voluntary muscular control of the knee joint with consequent speed of training and greater function but additional economic benefits because below-knee prostheses typically cost about \$100 less than comparable above-knee artificial limbs. For a bilateral amputee, conservation of at least one knee

joint is especially important. Among the more than 200 amputees treated by this project and the 350 treated in other VA hospitals, there have been a number of cases who have lost both lower limbs. Among the several individuals with first one leg amputated by conventional practices and later, because of the spread of vascular disease, forced to lose the second leg but then treated by immediate postsurgical prosthetics fitting, there is strong approval of the new method with clear evidence of its merits.

Numerous methods were used to disseminate knowledge to this technique, which makes amputation so much more hopeful as a rehabilitative measure instead of a depressing last resort as so many surgeons had previously considered it. Numerous teams visited the VA hospital, Seattle, Wash., for personal observation. Twenty prints of a motion picture have been in great demand. The techniques, including practice in application of rigid plaster dressings, were taught at three interdisciplinary intra-VA courses (including some private practitioners as space permitted) and at the three university prosthetics education programs. A conference arranged by the National Research Council (NRC) reviewed the rapid spread of the technique. More than 10,000 copies of a manual have been sold. A new edition reflecting changes in some details will be prepared, but the NRC conferees agreed that the present manual presents the basic concepts to form an introduction which can then be amplified by teaching notes, lectures, and demonstrations.

During the fiscal year, the Seattle group and the VA Prosthetics Center cooperated to use an instrumented pylon or tube between the socket and the artificial foot to measure the loads applied by the amputee during standing and walking, thus documenting the increasing reliance on the healing stump with successive days after the amputation. Late in the year, the VA prosthetics Center designed and loaned to the VA hospital in Seattle appropriate instrumentation, constituting in effect a "portable laboratory" for the measurement of pressure, temperature, force, and electromyographic signal activity of patients fitted with rigid dressings immediately after amputation. Center personnel installed the equipment and trained clinical personnel to operate the system.

A new but related intramural research program was established at the VA hospital, San Francisco, Calif., to study objective indications for the level of amputation for peripheral vascular diseases and the effects of immediate postsurgical prosthetics fitting in permitting lower levels of amputation. A skilled research prosthetist from the VA research project at the University of California is cooperating.

The University of California completed engineering design and early testing of a pneumatic swing phase control for above-knee prostheses mounted in an improved pylon-type prosthesis. Fifty models were produced commercially for a nationwide clinical application study which will be initiated in fiscal year 1969. The University completely revised an instruction manual. The University also completed a final design report on a dual-

axis ankle brace allowing additional control of motion of the foot to match exactly the normal anatomical joints. Conventional single-axis brace joints not only block completely motion in the second direction but generally are not aligned with the upper anatomical ankle axis, so many patients encounter needless restriction of function and chaffing from the brace cuff.

A conference on the foot and ankle was arranged by the National Research Council. The implications of anatomical features and biomechanical principles for orthopedic shoes, foot supports, braces, and artificial limbs were discussed.

Another conference under the auspices of the National Research Council discussed measurement of pressures between the human body and a device such as an artificial limb socket, a brace, or a shoe. Research techniques and results from the VA project at New York University and from the VA Prosthetics Center were important inputs.

The Mauch swing and stance phase hydraulic knee control system for above-knee prostheses has been very favorably received by amputees and clinic teams during a clinical application study which was nearly completed during the year. This unit not only permits walking at a variety of speeds like other hydraulic legs but allows the amputee to recover safely after stumbling, avoids danger of knee buckling, and permits graceful descent of stairs and hills. Thus, the amputee can walk safely in more relaxed fashion.

The VA prosthetics research project at Northwestern University continued to develop prosthetic devices and techniques, particularly useful for geriatric amputees and for the seriously involved amputee. This project, as well as other VA-sponsored programs at the University of California at Los Angeles, at a small, private laboratory in California, and at the VA Prosthetics Center continued to explore the application of external power in upper-extremity devices and components. Important progress was made on continuously variable electromyographic control signals from skin electrodes, on control theory applicable to simultaneous motions of several joints, and on a variety of artificial elbows and other components. A number of major papers and substantial portions of the VA Prosthetics Center semi-annual reports in the VA's Bulletin of Prosthetics Research were devoted to various aspects of external power.

The VA Prosthetics Center in New York continues to function as the major source of intra-VA research and development efforts in prosthetics and orthotics. As in previous years, essential programs were conducted in fundamental research, development of devices, materials, and techniques, evaluation of new developments encompassing almost the entire spectrum of orthopedic aids, and testing of VA-procured devices to assure compliance with specifications and to establish new standards and specifications where required. All of these programs were initiated in direct support of VA clinical activities and efforts to improve prosthetic and orthotic service. Significant results have been achieved in several areas and additional activities have been undertaken.

A new program has been undertaken to support scientific research in other VA installations by making available specialized instrumentation packages for the use of VA clinicians in their own specialized studies. Cooperation with the Seattle project has already been noted. Instrumentation for sensing and recording pressure under a patient's foot (barographs) are being made available to other clinicians to enable them to test the effects of new devices on patients' gait. This support enables clinicians to conduct significant scientific research in clinical settings without the usual heavy financial outlay. The laboratory equipment is returned to the center on completion of the study, for modification and use elsewhere.

The utility of externally powered prosthetic devices for amputees is being thoroughly investigated. Research on problems of controlling electrically powered devices for arm amputees have resulted in the design and development of a device to control both electrical and body powered hands and elbows by means of easier and more efficient control motions. Studies on the compressive effects of elastic support hose have resulted in a preliminary set of functional specifications for commercially procured elastic hose. An added outcome has been the development of previously unavailable instruments for testing the compliance of elastic hose with the specifications. Fundamental studies on the character of normal human locomotion and its energy consumption have been continued with special relation to the geriatric patient and his special needs.

Major steps have been taken to advance center-developed prosthetic devices to a stage of patient application. A standardized prosthesis for above-knee amputees permitting the easy interchange of various components is now in limited production following recent improvements in the cosmetic appearance of the finished device. Similarly, the development of a procedure for rapidly and economically forming better fitting sockets for leg amputees has also been advanced to more general patient application in other prosthetics facilities. Some problems relating to cosmetic appearance have been solved.

Major steps in orthotic development were taken in the further development of the single-bar brace for both above-knee and below-knee applications improving patient comfort, especially for bilateral bracing. A modular system of interchangeable components was designed to permit either of the two types of braces to utilize several common components, reducing costs. A new family of synthetic materials is being evaluated for use in braces to improve appearance, comfort, and function.

The center has continued to evaluate a wide range of orthopedic devices including lift aids, wheelchairs, crutches, and components for artificial limbs and braces. This effort has assisted developers in this country and abroad with analyses and recommendations for improvement of their products. The evaluation and testing programs have resulted in the development of new functional specifications for lift aids, wheelchairs, artificial knee mechanisms and artificial foot-ankle assemblies. Several newly developed, special purpose

electrically powered wheelchairs are being evaluated to determine their utility for various classes of patients.

Modest research projects dealing with hearing-aid performance and the physical characteristics of hearing aids were sponsored by the Veterans Administration at the Houston Speech and Hearing Center, Northwestern University, the University of Maryland, and the VA Auditory Research Laboratory in Washington, D.C. The goal of these studies is to improve our understanding of the relationships between the physical properties of a hearing aid and its performance for hearing-impaired wearers. The aim is to improve the hearing-aid selection process so as to provide ever higher-level auditory rehabilitation at economical cost.

Dentistry

Owing to the recurrent nature of dental caries and periodontal disease, the early recognition, prompt treatment and prevention of recurrence are primary considerations in the practice of dentistry. This is particularly evident in the health care of VA beneficiaries who require more and more reparative treatment as they grow older and acquire more and more chronic disabilities. The maintenance of good oral health in addition to contributing to the well being and general health of these patients is economically advantageous to the Government. During fiscal year 1968, an Oral Physiology Research Laboratory was established at the VA hospital, Houston, Tex. During the first year of operation, materials and preventive techniques were developed for a VA-wide program in preventive dentistry. The development of an ingestible dentifrice for patients with physical disabilities having difficulty in maintaining good oral hygiene is apparently successful and being made available to many long-term patients. The Veterans Administration is hopeful of providing leadership in many aspects of applying the principles of preventive dentistry to its patient care activities.

The restoration and maintenance of oral and facial function, health, comfort, and appearance is a major responsibility of dentistry in the Veterans Administration. The tissues lost through trauma, developmental abnormalities, and malignancies create many complex social, economic, and physical problems. Realistically, there is a dearth of trained maxillofacial prosthodontists to treat these conditions. The Veterans Administration is in the process of activating three residency programs in maxillofacial prosthodontics to prepare specialists in this field. This training will be accomplished by the addition of a third year to the 2-year prosthodontic residency. These VA programs will be initiated at the VA center, Los Angeles, Calif., and the VA hospitals, Houston, Tex., and New York, N.Y.

About 50 VA field stations sponsored joint dental meetings with their respective professional dental societies during the past year. The number of participants ranged from 30 to 600. In addition, numerous lecture programs

were conducted at VA field stations and local non-VA associates attended as guests. The professional stimulation as well as improved public relations were notable byproducts of these meetings.

The Vietnam war created an unexpected increase in the demand for outpatient dental care. The urgency for military manpower and the type of warfare experienced apparently limited the dental care available while in military service creating an unprecedented demand for dental treatment from the Veterans Administration. This demand was met by diverting more of the caseload to VA hospitals and by providing supplementary funding for the basic requirements to the extent possible within available funds.

The overall caseload for VA dental care during fiscal year 1968 included 655,431 examinations and 265,350 patients treated, of which 7,287 examinations and 9,535 patients treated were provided on a fee basis under the Home-Town Care Program. The number of patients treated was 5 percent higher than in fiscal year 1967. This was accomplished through improved scheduling procedures, use of panoramic X-ray equipment, and other concerted efforts to improve efficiency of operations. There was no increase in staff. The dental examination program was instrumental in the early detection of 493 oral malignancies.

Radiology

During fiscal year 1968, the VA radiology service continued to give support to the clinical services in a wide range of diagnostic and therapeutic procedures. Over 10 million sheets of X-ray film were exposed, and in addition 450,000 feet of cine film were used in diagnostic procedures. Eighteen thousand patients were given 225,000 therapy treatments either by VA radiologists or under fee basis arrangements by radiologists in affiliated hospitals.

The workload in diagnostic radiology continues to increase at the rate of 6 percent a year; however, in the field of special procedures it has advanced over 20 percent. To meet the increased demand for special procedures, the Veterans Administration has upgraded and enlarged its radiographic facilities. The emphasis has been on the acquisition and installation of the more sophisticated types of equipment with image intensification becoming the standard equipment used in fluoroscopy.

In the field of supervoltage therapy, additional units have been installed. The Veterans Administration now has a total of 19 such units in its hospitals with plans for installing an additional unit during the next fiscal year.

Other Services

The VA nursing service efforts to meet the nursing care needs of veteran patients in this era of nurse shortages have resulted in many radical departures from the traditional operational and functional patterns of nursing

care practice. The major challenges have been in the area of utilization and education of personnel, the education and training of all levels of health workers for the Nation, and the development of VA nursing service-university relationships.

The systematic analysis of organizational structures and the proper utilization of nursing personnel has resulted in greater participation of professional nurses in the direct care of patients. To meet this commitment, there has been emphasis on—

- (1) Increased employment and utilization of licensed practical nurses.
- (2) Advanced training of nursing assistants to perform at higher grade levels.
- (3) Reassignment of nursing supervisors to direct patient care responsibilities.
- (4) Realignment of nonclinical duties from professional nurses to appropriate supporting services.
- (5) Assignment of clinical instructors to the patient care areas to provide inservice training and to function as role models by providing direct patient care.
- (6) Career ladder development for the non-professional nursing personnel. In fiscal year 1968, 13 nursing assistants were financially supported to enroll in practical nurse schools.
- (7) Exploration of applicability of educational technology to nursing service education and training programs which resulted in many innovative changes in ongoing programs. Many forms of instrumentation have been applied such as programmed instruction units, television, sound-slide presentations, use of single concept films and audiotapes.
- (8) Increase in services of nurse consultants to provide assistance in clinical practice, administration and evaluation of programs.

Clinical specialization in the VA nursing service is further evidenced by:

(1) the meeting of VA nurses assigned to renal dialysis units at the annual VA Workshop on Chronic Hemodialysis; (2) the increased numbers of public health nurses employed to assist in the extended care program and the outpatient department; and (3) the assignment of 51 nurses as clinical specialists who are called upon for the expertise in the clinical area to give direct care to selected patients and/or assist others rendering the care to patients. The professional nurses in the Veterans Administration are assuming a more significant role in clinical practice leading to clinical specialization consistent with the advances in modern complex medical programs.

Eight deans of university schools of nursing are now members of deans committees at VA affiliated hospitals. This trend is in keeping with current efforts to integrate more closely the resources of the universities and those of the VA nursing service. In addition, 38 professional nurses have partici-

pated as faculty members or guest lecturers in nursing education programs in universities, colleges, and schools of nursing. The desired results are a nursing environment in which the quality of care delivered will reflect the joint planning, teaching, and research efforts of the university faculty and the VA nursing staff.

The expanding role of drugs is reflected by the pharmacy service required for the increasing number and types of medical therapy programs; i.e., emphysema, antineoplastic, hemodialysis units, and direct issue of medications to selected psychiatric or VA nursing home unit patients as part of the overall rehabilitation or self-care program. Expanded outpatient treatment has increased outpatient prescription volume. In addition to service-connected veterans, prescription service is provided eligible patients through prebed and posthospital care visits, to military retirees, and to veterans eligible for aid and attendance benefits. This activity is reflected in the increasing prescription volume (9,900,000 in fiscal year 1967 and 10,100,000 in fiscal year 1968) and an approximate 9 percent increase in expenditures for drugs. Over 700 pharmacists, including a nucleus of residents and interns clinically trained by the Veterans Administration, are on duty to provide complete pharmaceutical service to patients and the professional staff. New Civil Service Classification Standards were developed and issued for use by the Veterans Administration and other Federal agencies employing pharmacists. Recognition was given to higher academic requirements for pharmacists in the standards which now permit initial appointment at GS-9 level.

Investigational drugs are used under controlled protocol to enhance therapy where other agents have been ineffective. Following approval by the executive committee on therapeutic agents, the pharmacological and clinical data on 20 new drugs were studied during fiscal year 1968. Significant interest was expressed in antineoplastic, antiarthritic, and cardiac agents. VA investigators, clinicians, pharmacists, and other allied personnel participate in a nationwide drug reaction reporting system in the interest of drug safety.

Recognizing the role of nutrition in the prevention of disease and increased longevity, the VA dietetic service has given added attention to nutritional requirements of the veteran patient. Regular and modified diet menus are analyzed for nutritional content by computer and periodic food consumption studies are conducted. Results of these analyses and studies are carefully reviewed to assure the adequacy of beneficiaries' diets. Special emphasis has been given to total calories and to kinds and amounts of fats in the VA diet.

Activities in special therapy units, such as hemodialysis, have been increased and more investigative studies with individual as well as groups of patients have been initiated.

Nutrition education for the patient and his family continues to meet his individual physical, emotional, social, and economic needs. Recent advances

in nutrition have been stressed in all phases of extended care programs, including not only intermediate care service, nursing homes, and domiciliarys, but also foster homes, multiple placement homes and concerned community agencies.

Improved organizational planning was emphasized at the field station level. This has resulted in a better balance between the administrative aspects and patient dietary care and has provided a better framework for accomplishing the mission of the dietetic service.

Revised qualification standards for dietitians, dietetic interns and dietetic residents were published. The requirements of the Civil Service Commission superior academic achievement standard criteria were included in the dietetic intern standard—approximately two-thirds of those appointed for the coming year met these criteria.

A new position of dietetic assistant was established for college graduates who have had some courses related to dietetics but who have not met academic requirements necessary to qualify as a professional dietitian. Individuals selected as dietetic assistants will relieve dietitians of some technical duties, thus extending the professional service of dietitians to areas requiring specialized knowledge. This position should open opportunities which have previously not been available to college graduates, and it may after some experience stimulate incumbents to continue their education in order to advance to the professional level.

Periodic analyses of numbers of personnel on duty at all stations were made. These resulted in increased emphasis being placed on full utilization of the technical knowledge and skills, realignment of grades, reassignment of duties, improved scheduling, and elimination of excess positions.

For several years the Veterans Administration has been studying the use of convenience foods to reduce space, equipment, and manpower requirements. The study was furthered on a continuing basis at the VA hospital, Gainesville, Fla., upon activation of the hospital in September 1967, using a minimal cooking concept. The test will provide information on the acceptability, availability, packaging criteria, and cost of convenience foods and labor when used as a complete food service system.

An ongoing program of administrative testing was conducted in the test kitchen at the VA hospital, Washington, D.C. Studies included staffing requirements for tray delivery, methods of improving heat retention of foods during service, and use of electronic equipment to reheat frozen and/or precooked menu items. Nearly 100 new food items were evaluated for VA-wide application. Testing of food and equipment, closely coordinated with the VA supply marketing service, provided data for specification development.



Dietetic Service Test Kitchen

The Veterans Administration cooperated with the Department of Defense and other Government agencies in developing a Federal hospital perishable subsistence guide. The purpose of the guide is to effect optimum economies in Federal hospital feeding through utilization of standard items and specifications.

Veterans in VA hospitals and domiciliaries may purchase at reasonable prices essential merchandise and services for their comfort and well-being. Food service is provided for employees and visitors. The VA canteens include retail stores, cafeterias, snackbars, vending machines, barber shops, and other service activities.

The VA canteen service is operated on an overall self-sustaining basis. Reasonable selling prices for merchandise and fair charges for services are maintained uniformly nationwide. The assortment of merchandise and the purchasing privileges of authorized customers are strictly controlled. Many of the smaller canteens operate at a loss because an attempt is made to provide approximately the same quality and extent of service regardless of where a veteran is hospitalized or domiciled.

The canteen program is integrated with other station programs to assist in maintaining the well-being and morale of the hospitalized veterans. For example, among the many services the program provides are scheduled visits of ward carts to the bedsides of nonambulatory patients, visits to the canteen by psychiatric patients on a supervised basis, and a location where veterans may meet and visit with relatives and friends in an informal, noninstitutionalized atmosphere.

Veterans Administration patients are continuing to receive religious ministration through the chaplain service corps of 302 full-time and 506 part-time chaplains. More and more, the chaplains are welcome members of the total medical team. In accord with established policies of participation in community health programs the chaplains increasingly conducted training seminars for local clergy. The church bodies and ecclesiastical endorsing agencies have continued to assist in the recruitment of chaplains in providing contact pastors when needed and in supplying needed religious literature to VA chaplains.

Education and Training

The affiliation of VA hospitals with America's medical schools, begun in 1946, continues to assure high quality medical care to the Nation's veterans. As the year ended, deans committees representing 79 medical schools were cooperating with 93 VA hospitals in this regard. The Veterans Administration looks forward to the initiation of additional affiliated relationships with developing medical schools. Sixteen VA hospitals in areas without medical schools continued to benefit from the advice and counsel of medical advisory committees. These were constituted of leading physicians of the locality with an interest in the veterans' hospital as a significant component of the community health complex.

VA hospitals participated in 753 individual medical residency programs offering training in 21 specialties of medicine. As of December 31, 1967, VA hospitals reported a total of 3,754 medical residents, representing almost 12 percent of all residents in training in the Nation's hospitals.

The Veterans Administration also offered 38 dental residency programs in five dental specialties and 49 dental internship programs, in affiliation with 44 dental schools and four medical schools. VA hospitals constituted 17 percent of all hospitals in the United States conducting dental graduate training approved by the American Dental Association.

The following table shows the VA resident and intern strength, by specialty, as of December 31, 1967:

Specialty	Number as of Dec. 31, 1967		
	Total	Career	All other
Medical residents, total	3, 754	327	3, 427
Allergy	5		5
Anesthesiology	78	28	50
Cardiology	31		31
Colon and rectal surgery			
Dermatology	80		80
Gastroenterology	33		33
General surgery	777		777
Internal medicine	1, 151		1, 151
Neurology	95	16	79
Neurosurgery	66	1	65
Ophthalmology	131		131
Orthopedic surgery	156		156
Otolaryngology	119		119
Pathology	202	71	131
Physical medicine	50	34	16
Plastic surgery	26		26
Psychiatry	266	139	127
Pulmonary diseases	27		27
Radiology	235	37	198
Thoracic surgery	41		41
Urology	185	1	184
Dental residents, total	80	22	58
Endodontics	3	1	2
Oral pathology	4		4
Oral surgery	47	7	40
Periodontology	9	5	4
Prosthodontics	17	9	8
Medical and dental interns, total	419	18	401
Medical	353		353
Dental	66	18	48

As will be noted in the above table, "career" residencies and internships were offered, as in past years, in fields of critical shortage. Incumbents are paid regular staff rates during their training, and for this reason commit themselves to provide periods of obligated service at VA hospitals when the training is completed.

An average of 859 noncitizens received VA residency training in paid status. Another 154 noncitizen residents were assigned by university hospitals to VA hospitals on a "without compensation" basis. As graduates of foreign medical schools, noncitizens require examination and certification by the Educational Council for Foreign Medical Graduates as a condition of acceptance into residency training. The council is a national organization which works closely with the American Medical Association and American Hospital Association. Thus, the high educational standards of VA hospitals are not jeopardized in the provision of training to foreign physicians which will serve well their later medical practice in their own countries.

The Veterans Administration continued to make its substantial annual contribution to the education of new physicians. During the year, 10,300 students were assigned to VA hospitals by medical schools for varying portions of their M.D. training. The 2,668 students in the first and second year classes were instructed in physical diagnosis and other basic subjects. The 7,632 students in the third and fourth year classes served "clinical clerkships" in such fields as medicine, surgery, and psychiatry, under professional supervision. Fourth (graduating) year students were 3,437 in number, representing about 44 percent of all fourth year students in American medical schools. Additionally, clinical training in VA hospitals was provided to 421 dental students and 150 pharmacy students.

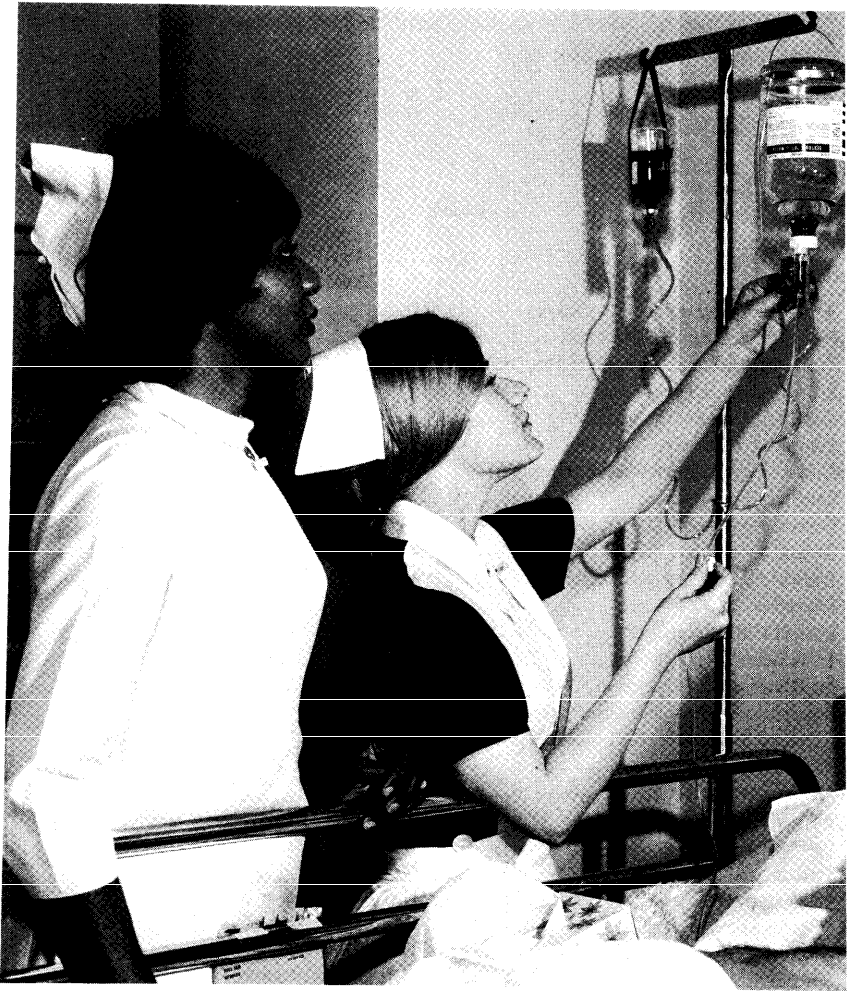
In the further service of the academic institutions of medicine, dentistry, and other health professions, VA personnel have long served as faculty, holding faculty appointment. The following table depicts the extent of this involvement.

Academic title	Number of individuals appointed as of Dec. 31, 1967			
	Total	VA physicians	VA dentists	Other VA staff categories
Total.....	2, 471	1, 909	165	397
Professor.....	126	113	1	12
Clinical professor.....	60	49	7	4
Associate professor.....	299	249	11	39
Associate clinical professor.....	166	133	17	16
Assistant professor.....	557	461	31	65
Assistant clinical professor.....	312	262	26	24
Adjunct professor.....	11			11
Instructor.....	383	291	14	78
Clinical instructor.....	299	208	32	59
Other titles.....	258	143	26	89

The rapidly expanding role of nursing service in the education and training of professional nurses and other health workers in nursing is of significance in demonstrating that the Veterans Administration has become a major educational resource for schools of nursing, institutions of higher learning, and other agencies involved in meeting the health needs of the Nation. During the year, 270 directors or deans of schools of nursing were informed by letter of the availability of VA clinical facilities to meet the educational needs of their students. A total of 10,453 students of nursing in basic professional programs were provided clinical nursing experience at 109 VA hospitals. The students were enrolled in 228 programs, or approximately 18 percent of all basic nursing programs in the country. These programs represented 42.5 percent of all university programs in the United States, 18.5 percent of all associate degree programs, and 9.9 percent of all diploma programs. Further VA accomplishments in nursing education were as follows:

- (1) Twenty-six VA hospitals provided clinical experience for 363 students of nursing in master's degree programs.
- (2) Fifteen VA hospitals provided refresher programs for 392 professional nurses.
- (3) Twenty-nine VA hospitals provided clinical experience for 1,026 students of practical nursing. (This is a consequence of the rapidly increasing number of schools of nursing in the country.)

Clinical training in a wide range of supportive health services has, since 1946, characterized the total VA educational effort. While receiving at VA hospitals varying portions—in some cases all—of the clinical instruction needed for certification or other recognition in their disciplines, trainees receive a stipend for a stipulated number of hours in training, or are paid on a part-time basis, or are assigned in “without compensation” status. These activities effectively require VA staff who do the teaching to keep on gaining advanced knowledge; provide valuable patient care services as a part of the educational process; and contribute in quantity and quality to meeting both the VA's and the Nation's health manpower needs. Most programs are academically affiliated, accredited by professional organizations, and under joint VA-school supervision. Training of an inservice nature in various fields of medical and hospital administration is also provided to regular staff, from newly employed college graduates to career personnel slated for higher administrative duties.



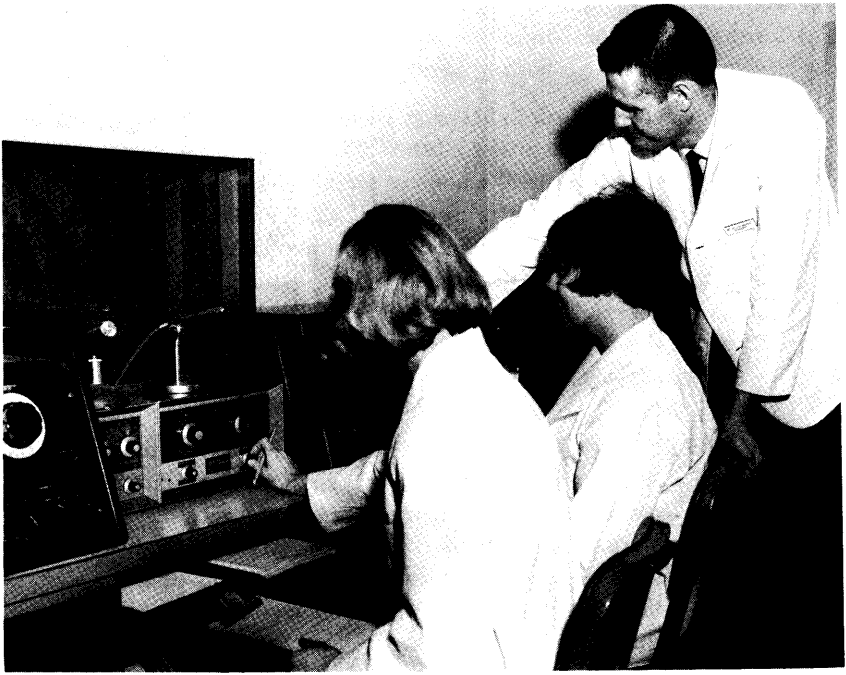
Student Nurse Receiving Clinical Experience

The following table shows the number and distribution by category, of these health service trainees:

<i>Specialty</i>	<i>Number of on-the-job trainees, fiscal year 1968</i>
Total	4, 401
Audiology and speech pathology	163
Bio-engineering (prosthetics)	5
Biological laboratory technician (animal)	1
Blind rehabilitation	23
Certified laboratory assistant	25
Chaplain resident	3
Clinical and counseling psychology	726
Cytotechnologist	4
Dental assistant	230
Dental hygienist	470
Dental laboratory technician	8
Dietetics	435
Hospital librarian	18
Inhalation therapist	59
Medical record librarian	7
Medical rehabilitation therapies	906
Medical student anesthesiology preceptorship	24
Medical technologist	118
Nurse anesthetist	6
Nursing intern	2
Orthotist—prosthetist	11
Pathologist's assistant	1
Pharmacy	28
Physician's assistant	12
Podiatry student	9
Radiologic technician	142
Restoration technician	1
Social work	670
Surgeon's assistant	2
Veterinary medical resident investigator	3
Assistant hospital director	25
Associate chief, nursing service for education	2
Chaplain orientation	16
Chief, nursing service	7
Chief of staff	23
Hospital administration resident	8
Medical and hospital administration (various)	208

Some concept of the many and diverse benefits gained by the Veterans Administration and the Nation through the VA's conduct of this training may be gleaned from the following examples:

- (1) The Veterans Administration provided field instruction for approximately 7 percent of all the full-time case work students in the Nation's 67 accredited schools of social work. Of all the students in the United States performing social work in a clinical setting, over 19 percent were placed in the Veterans Administration for field instruction. About 10 percent of the second year students thus placed were subsequently employed by the agency. Almost 28 percent of the VA chief social workers received field instruction in the agency at some time.
- (2) The Veterans Administration conducted training in clinical and counseling psychology for students from 74 universities approved by the American Psychological Association for graduate training. The agency is currently participating in the training of 21 percent of all graduating clinical and counseling psychology trainees at the Ph. D. level. Sixty-seven percent of VA's present psychology staff have secured training in the VA psychology training program. Of the students completing training in fiscal year 1968, 32 percent accepted VA staff positions as their first full-time placement. In addition, a number of others with training experience in the VA program at other levels also accepted VA staff positions.
- (3) The Veterans Administration participated in training 26 percent of all persons in approved dietetic internships in the United States and Puerto Rico. Of the fiscal year 1968 graduates of VA dietetic internships, 36 percent accepted VA appointments, and 40 percent accepted other positions in dietetics, such as community hospital dietitian, public health nutritionist, consulting dietitian, and food researcher. Approximately 21 percent of the VA's present dietetic staff are VA graduates.
- (4) The VA training program for hospital pharmacy residents has had 78 graduates to date, all of whom have fulfilled master's degree requirements of affiliated universities for clinical experience, through their VA training. Of these, 41 have accepted full-time VA employment. Of the total of 51 pharmacy interns who have completed VA training, 27 have accepted full-time VA employment. VA pharmacy interns and residents constitute about 25 percent of those receiving formal postgraduate hospital pharmacy training in the United States.



Audiology and Speech Pathology Trainees Learning Instrumentation

In addition to the regular training activities of the Veterans Administration indicated above, VA facilities were used, in fiscal year 1968, to provide health service training and work experience to 10,652 persons enrolled in other federally sponsored programs. Among these programs were neighborhood youth corps, manpower development and training, and vocational work-study. This activity was mainly at the aide and helper levels in nursing, housekeeping, food service, clerical-administrative, engineering, supply, and miscellaneous paramedical disciplines.

During the year, recognition from three influential sources was extended to the Veterans Administration as an already significant trainer of health manpower, possessing great capacity to help meet the Nation's shortages in this essential resource. These were: (a) the Division of Medical Sciences of the National Academy of Sciences—National Research Council; (b) the U.S. Veterans Advisory Commission; and (c) the President. In his Special Message on Veterans Affairs of January 30, 1968, the President pointed to the many already being trained each year in VA hospitals, "who take their skills to the communities of this country." To this he added:

"There is room in the VA system to train even more. And there is a pressing need in the Nation for more. I have directed the Administrator of Veterans Affairs to step up the training of medical specialists."

The Veterans Administration is taking appropriate measures to accomplish what is expected of it in health manpower training on behalf of both high quality patient care for veterans and the health needs of the Nation.

Aware that each day brings additions to the armamentarium of knowledge of human biology and human disease, the Veterans Administration concentrates on shortening the time between scientific discovery and widespread application. It is desired that every VA hospital and clinic be a center of medical learning. Through various types of opportunity in continuing education, the ferment of intellectual curiosity and pursuit of excellence is intensified for all staff.

Intra-VA educational assignments to stations with academic affiliations, or otherwise having staff and facilities especially suited for instruction, were of continued effectiveness. Approximately 2,730 VA personnel were so assigned, for short periods of training in all hospital and clinic disciplines.

Another means of joining VA hospital and clinical staff in the acquisition of professional advances is the intra-VA conference. Sixty-five such conferences were conducted, with an estimated attendance of 4,000. Among these were: The 27th Research Conference in Pulmonary Diseases of the VA-Armed Forces; the 16th Annual Spinal Cord Injury Conference; and the 13th Annual Conference, VA Cooperative Studies in Psychiatry. Some of the conferences are of international repute, with foreign personnel in attendance.

Non-VA authorities in many specialties delivered approximately 4,270 lectures to regular staff at VA stations. In addition, peripheral and non-affiliated VA hospitals profited from visits of several days each by senior medical and dental scholars and teachers. There were 59 such visits.

Because certain educational advantages are not available intramurally, extra-VA educational assignments are essential. An estimated 18,000 persons were detailed to extra-VA courses, institutes, seminars, workshops, clinics, conferences, and meetings conducted by professional organizations, universities, and medical centers. Most of these assignments were of short duration, and incurred no cost to the Government other than salary for the time in attendance. Where warranted, a concentrated approach is made in which various disciplines converge on a single medical activity not inherently a part of the curriculum of some of the disciplines. Thus, 206 VA physicians, therapists, and orthotists participated in short-term university courses in prosthetics and orthotics. This participation represented approximately 9 percent of the total student population at these courses.

To meet the increasing specialization in health care, 75 of 356 VA nurses attending extra-VA training were enrolled in courses for coronary care nursing. For the same reason, 20 VA dietitians attended an extra-VA workshop on chronic hemodialysis, in addition to 254 dietetic staff members who were assigned to extra-VA training.

Seventy-eight VA dentists in specialized career training attended educational programs at the Dental Training Center, VA Hospital, Washington, D.C. The center has pioneered in the production of audiovisual aids in dentistry, particularly single-concept instructional films.

VA medical exhibits continued to win awards for interesting design and fine construction. A total of 165 exhibits were presented at 55 professional meetings.

All education and training conducted at VA hospitals and clinics constitutes an exchange of medical information. The bringing into the VA installations of knowledge learned on the outside, and the imparting of knowledge to the outside through VA teachers and research developments, represent a continuing exchange of medical information which is part of the daily VA routine. At affiliated VA hospitals, with many students and trainees from various schools and with VA staff and school staff used interchangeably for teaching, there is much exchange of medical information. The more remote and the less active educationally the VA hospital, the less exchange of medical information exists.

Sustained VA efforts to bring the remote and nonaffiliated hospitals into the orbit of academic medicine through intra-VA and extra-VA educational assignments, intra-VA conferences, lectures, physician-in-residence visits, and the use of audiovisuals have been buttressed by the Exchange of Medical Information provisions of Public Law 89-785, November 7, 1966, the "Veterans Hospitalization and Medical Services Modernization Amendments of 1966."

This statute, while strengthening traditional policy and methods for the creation of an environment of academic medicine at all VA hospitals, incorporates also the development of new exchange of medical information potentials through pilot programs. The concept of the pilot programs encompasses exploration of new exchange of information techniques within existing mechanisms at VA hospitals through VA funds allocated to the hospitals, or through mechanisms made available at community medical installations through VA grants. The Veterans Administration is directed to utilize electronics (though not exclusively) as a means of providing a close link between VA hospitals and major medical centers. The cautious application of rapidly changing electronics technology has been going on within the agency for a number of years. However, Public Law 89-785 has made possible budgetary investment in pilot programs in electronics as well as other media for exchange of medical information.

In fiscal year 1968, pilot programs in the use of closed circuit TV systems, financed through direct allocations to stations or through grants, or through a combination of these, were authorized at VA hospitals: Temple, Tex.; Seattle, Wash.; Tuscaloosa, Ala.; Cincinnati, Ohio; Durham and Oteen, N.C.; and Omaha, Lincoln, and Grand Island, Nebr. Where grant funds were involved, local medical schools and university hospitals were parts of the linkages.

Other pilot programs authorized during the year also focused on audio-visuals. A program was developed to bring a series of 36 selected videotapes and four personally delivered lectures related to four of these videotapes, to each of 30 nonaffiliated hospitals in the Western United States over a period of 52 weeks. There was initiated a VA-CMTN (Veterans Administration-California Medical Television Network) library of tapes on medical and nursing subjects which are available on call from any of the participating hospitals. Through arrangement with the National Medical Audiovisual Center of the National Library of Medicine, a study was begun to determine the most effective methods for distribution of medical information on a nationwide VA basis. Fifty single-concept instructional films were produced by the Dental Training Center, VA hospital, Washington, D.C., for use throughout the VA system and elsewhere. These films cover oral surgery; periodontia, endodontia, oral diagnosis, and preventive dentistry. At the VA hospitals, Lexington, Ky., and San Francisco, Calif., surgical films are being produced, also for distribution within and without the Veterans Administration.

Several pilot programs were not wholly related to audiovisuals. Remote, nonaffiliated, VA hospital, Muskogee, Okla., will be brought into the academic fold of the Oklahoma City Medical Center and affiliated VA hospital, Oklahoma City. This will be accomplished through an intensive educational program which includes rotational educational assignments in both directions, as well as the use of television linkage and computer-assisted instruction. A bus, specially equipped for educational purposes, will be purchased and maintained for the provision of lectures, programed instruction, and the like, to residents and other trainees who commute daily (3 hours both ways) between Jefferson Medical College, Philadelphia, Pa., and VA hospital, Coatesville, Pa.

Medical Research

A major change in administering the VA research program was effected this past year by establishing an Office of Scientific Evaluation and by revamping the mechanisms for evaluation and funding of research. The purpose of these changes is to strengthen VA research by tying the level of research support to the proven merit of individual and institutional programs.

The research funds at a station are comprised of two main portions, one for support of centrally reviewed peer-approved projects (Pt. I: Funds), and the other for projects supported by local decision (unearmarked Basic Institutional Support, Pt. II: Funds). Institutional monies designed as unearmarked part II funds deal with a station's overall wisdom in using its allocated funds. Use of these funds may vary considerably since the intent for this type of funding is to provide the stations with flexibility in managing their research programs. Evaluations are performed at the hospitals by an Institution Research Program Evaluation Committee which is comprised

of outstanding scientists, VA and non-VA, with broad experience in the administration of programs of scientific research, education, or clinical treatment.

Seventeen VA hospitals were evaluated by the end of the fiscal year. An additional 18 are in the process of being evaluated with 20 more scheduled. Plans call for the evaluation of a third of the stations each year for 3 years until the 127 stations with active programs have been evaluated, and then the cycle will be repeated at 3-year intervals. The committee will determine whether a station should be supported at its current level, whether it is over-funded, or whether it should have more money. The committee also will recommend a priority level in the event of restricted fund availability to meet a recommended increase.

Part I evaluations also were initiated during the year. The primary criterion for part I evaluation is the scientific merit of an individual investigator's programs. Recommended priorities and funding levels are established by the respective evaluation committees. Once an investigator's program is approved for part I support, an equivalent amount of part II funds are allocated to the hospital to use as it sees fit. Those individual programs disapproved by the evaluation committees will tend to be phased out, but a hospital, for reasons of its own, may elect to support a disapproved project out of institutional (pt. II) funds.

The overall effect of these individual and institutional evaluations should be the elimination of marginal programs with an upgrading and refinement of an already-impressive research program. Prepared by the National Academy of Sciences-National Research Council (NAS-NRC) for the Office of Science and Technology, a report, "Evaluation of Biomedical Research and Education in the Veterans' Administration," January 31, 1968, states that the evaluation committees "have already contributed materially to the elevation of research standards" and goes on to recommend that the Veterans' Administration enhance the role of its research evaluation committees to assure itself that its individual research projects are worthy of support and that appropriate effort would be made through adequate mechanisms to raise the quality of all VA-supported research programs.

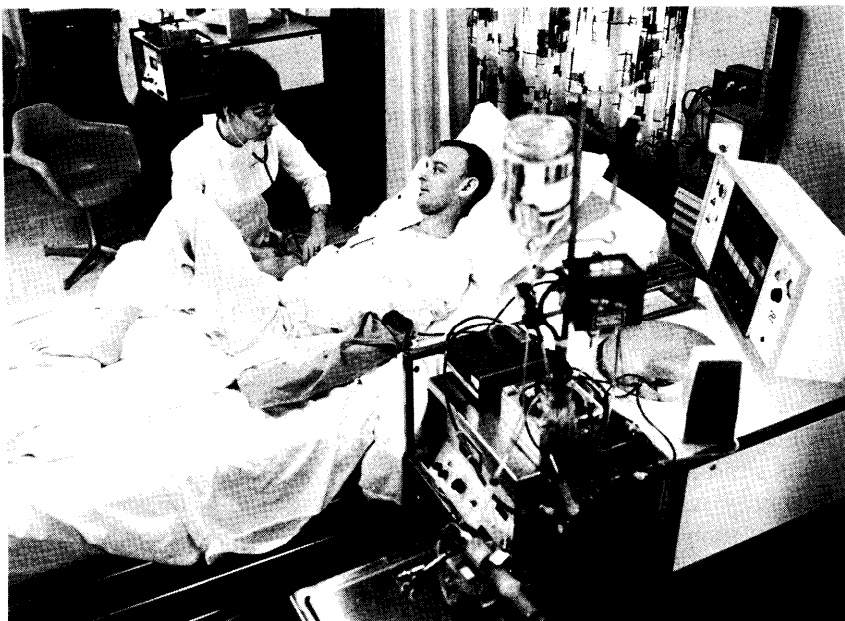
Based on the number of publications appearing in journals of recognized stature, the NAS-NRC report compared the VA research program with that of intramural and extramural National Institutes of Health programs and concluded that "... the (VA) research program compares favorably with other broad national programs of biomedical research." This year, as in previous years, many worthwhile clinical contributions were made, and these examples provide a sampling of the results.

Last year striking gains in the treatment of heart disease were reported as a result of a cooperative study testing the treatment of moderate high blood pressure. This year cooperative studies resulted in still further gains

in the treatment of heart disease. A researcher at the VA research center for cardiovascular data processing at the VA hospital, Washington, D.C., reports that automatic data processing methods result in greater accuracy of diagnosis. Out of 405 patients with moderate or severe heart disease and emphysema, 79 percent correct diagnoses of heart disease were made with only six percent false positive by using electrocardiograms (ECG) with computers. Conventional ECG analysis yielded less than 50 percent accuracy. This result is particularly significant in view of the increasing importance of pulmonary emphysema as a general health problem. In another study of patients with both lower chambers of the heart enlarged, 69 percent of the cases could be correctly classified while reports in the literature could identify no more than 25 percent. Overloading of the left lower chamber of the heart was recognized in 66, 84, and 93 percent respectively of three subgroups divided according to severity of disease. The diagnosis of mild heart attacks with computer techniques is 80–85 percent compared to 59 percent by standard methods.

Population studies linked cholesterol levels as contributing to heart attacks and strokes. However, the question remained whether a reduction in cholesterol levels would actually forestall heart attacks. An 8-year study by investigators at the VA center, Los Angeles, Calif., indicates that first-time heart attacks may be significantly reduced by lowering cholesterol levels. The study was begun in 1959 with 846 elderly domiciliary members participating and completed in January 1968. Within a few months participants on the experimental diet had an average cholesterol level that was 13 percent lower than the group on a conventional diet. The combined frequency of heart attacks and strokes in men on the experimental diet was two-thirds of that encountered in men on the regular diet. Furthermore, death due to disease of the larger arteries and its complications were reduced by 30 percent among men on the experimental diet. The reduction was particularly impressive in the younger subjects, aged 55–65 at the start of the study. These results demonstrate that lowering of blood cholesterol by dietary means is capable of reducing the risk of heart attack and stroke even at a relatively advanced age.

The invention of a disposable filtering pack for artificial kidney machines by a VA research biophysicist at the VA hospital, Tucson, Ariz., promises more effective and economical use of these machines. The disposable pack is intended to replace the conventional Kiil kidney which requires shutting down the machine for cleaning and sterilizing of the filter unit. With the new unit, the filter is used, thrown away, and replaced by another already-sterile pack. Results with the disposable unit have been slightly but consistently better than with the conventional Kiil kidney. Units are being manufactured at the laboratory of VA hospital, Tucson, Ariz., and will be sent to prominent kidney specialists for confirmatory testing. Five manu-

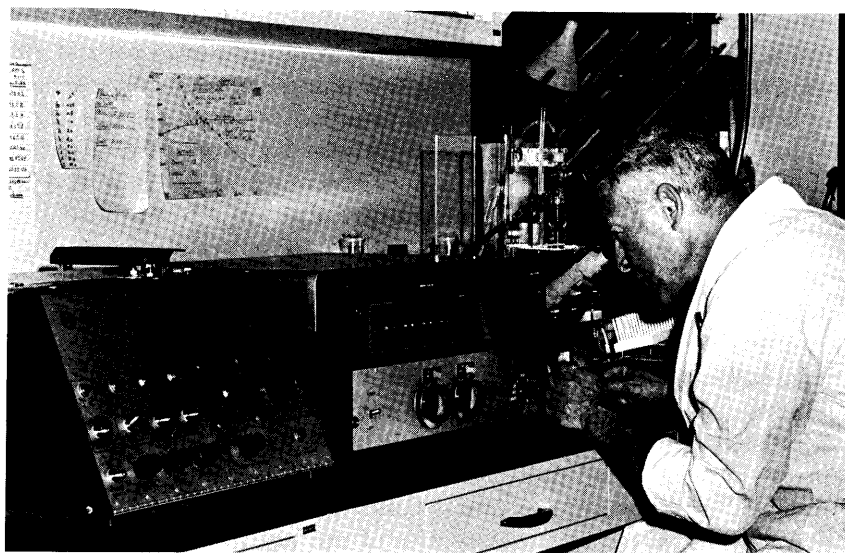


Treatment With An Artificial Kidney Unit (Hemodialysis)

facturers have communicated with the biophysicist and are interested in the commercial development of the filter pack which would make the lifesaving procedure of renal dialysis available to more people.

An organ transplantation team at the VA center, Los Angeles, Calif., has shown that the nonfunctioning kidneys of patients dying of cirrhosis and uremia are suitable for organ transplantation. Patients suffering from this cluster of symptoms invariably die owing to liver and kidney failure. The experience of this VA team demonstrates that when these kidneys are transplanted and followed up with renal dialysis they quickly regain essentially normal function. Results from these kidneys are as good as those obtained from donors with adequately functioning kidneys. The success of this work makes available for consideration a substantially increased number of kidney donors. The observation also is of fundamental importance in our understanding of the hepato-renal syndrome and opens the way to successful treatment of these patients.

The adhesiveness of one blood constituent, platelets, plays a critical role in causing the blocking of blood vessels by dislodged clots (thromboembolism) in patients given transfusions following surgery, a surgeon at the VA hospital, Louisville, Ky., and university colleagues report. An increase in platelet adhesiveness was associated in patients who developed pulmonary embolism while in a similar group of patients given dextran intravenously, there were no pulmonary embolism and platelet adhesiveness decreased.



Operation of an Electronic Cell Counter

Since pulmonary embolism may be an extremely serious complication following surgery, this clinical study indicating the role of platelets in forming embolisms and showing how such formation may be prevented deserves serious consideration by the medical profession.

Investigators at the VA hospital, Miami, Fla., have shown that the infusion of an agent directly into the pulmonary artery to dissolve blood clots is much more efficient in the treatment of pulmonary embolism and thrombosis than injecting that same agent via other routes.

Gastric ulcers represent one of the major health problems of the Nation. Although an enormous amount of research has been conducted in this field by many laboratories, the information has not resulted in a definitive statement as to the best medical treatment for the disease. To provide critical data in this field, a study was begun in 1959 by physicians in 16 hospitals and the results are now being analyzed. Such a large body of information has been accumulated that the study will be published in the form of a book, rather than merely a scientific paper, and is expected to be of considerable significance in placing ulcer therapy on the most rational basis. The type of information in this book will help the practicing physician decide whether surgical or medical treatment is better for a given patient and indicate just what type of medical regimen (antacids, diet, rest) is preferable.

Investigators at the VA hospital, Jefferson Barracks, Mo., made the important observation that thyroid antibodies bind circulating thyroid hormones, a condition known as thyroid immunity. In some instances such binding is responsible for the lowered metabolic activity noted in certain

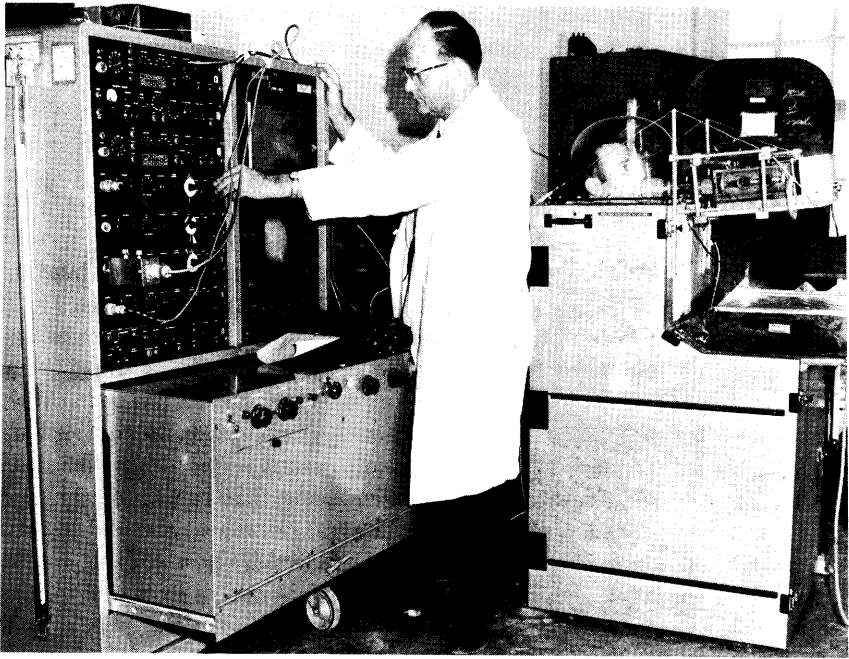
patients. Furthermore, the abnormal binding of the hormone thyroxine was attended by lesions in the blood vessels of the kidney and other parts of the body. From this work comes the recognition that this immune phenomenon may be the cause of increased resistance to surface blood flow thereby contributing to hardening of the arteries with attendant high blood pressure and other circulatory disorders. This work also suggests: (a) specific data to support the theory that autoimmunity may play a significant role in the decrease in activity of various organs and tissues related to aging, since organ specific and other antibodies are found with increasing frequency with advancing years, and (b) a new approach in studying the etiology of certain types of hypothyroidism and other thyroid diseases based upon the immune blockade of thyroxine in surface tissues.

The role of trace elements in disease states is under investigation at the VA hospital, Washington, D.C. Of particular interest is the finding of a lowered serum level and rate of urinary excretion of zinc in patients with dwarfism, hypogonadism, and iron deficiency. The content of plant materials in the diet which impair absorption of zinc and iron is being studied. Low zinc levels are found in several forms of liver disease common to this country. Additionally, studies on the role of nickel are being undertaken. Also studied are the relationships of trace metals to human platelets (which aid in blood clotting), to inflammatory processes of the liver, to changes during hemodialysis for renal failure, and the effect of geophagia (dirt eating) in nutritionally deprived populations.

A research trainee at the VA hospital, Kansas City, Mo., developed an experimental breathing chamber that provides a new and useful approach to asthma research. This chamber enables accurate measures of small changes in the breathing of the guinea pig, an animal model that is unusually suitable for asthma research because its immune response is so similar to humans.

Advances in control of infectious diseases have been outstanding in the past three decades, yet bacteria have shown great adaptability to antibiotics, and infectious diseases continue to account for more than 50,000 admissions a year to VA hospitals.

How the cellular particle that liberates the energy for carrying out life processes developed is a matter of great interest in the world of cellular and molecular biology. These particles, mitochondria, were shown to share in many ways the properties of certain bacteria, an investigator at the VA hospital, Miami, Fla., demonstrated. This work raised the possibility that, during evolution, the cell incorporated bacteria for the purpose of providing energy and that this partnership slowly evolved into a stable arrangement which was passed on through inheritance. Since this work was published, this area of biological research has been the subject of intense activity by researchers.



Determination of Lung Capacity in Studies of Emphysema and Asthma

This system developed at Miami—the paramecium-symbiote system—provides a model for investigating the mechanism of infection, the defense of the host against the invader, and the transformation of the parasite into a beneficial symbiote. Since victims of tropical and other endemic diseases (malaria, dysentery, typhoid) remain carriers of the parasites after they have supposedly been cured, these studies are relevant to the search of a means of completely eliminating the invading parasite.

A VA investigator and a colleague at the VA hospital, Miami, Fla., demonstrated that mice, rats, cats, and dogs survive for many hours in a fluorocarbon liquid. Fluorocarbon fluid dissolves about 60 volumes percent of oxygen or three times as much as whole blood derives from air. The fact that mammals can survive the breathing of an oxygenated organic fluid under normal atmospheric pressures opens the way to many new biological applications such as the preservation of isolated organs for transplantation, and has possible uses in decompression of divers. This investigator also showed that 6 months were required in large mammals to restore the lungs to normal.

Based on the Miami work, a physician at the VA hospital, Denver, Colo., demonstrated that fluorocarbon breathing can be used to transport and deposit foreign materials on lung tissues. This development should have a

tremendous impact on various aspects of lung research. For example, in lung cancer research one of the great difficulties is placing cancer-causing materials on lung tissue of test animals because of the body's strong defense against contamination. Now such material can be simply, quickly, and directly placed in the lungs of laboratory animals. Similarly, the difficulty of placing into lungs in sufficient numbers different types of pneumonia-causing organisms can be easily managed by this method. Other possible applications in research would be the placement of allergy-causing agents and direct exposure of laboratory animal lungs to air pollution mixtures, dissolved gases, and the like.

Tuberculosis research at the VA hospital, Madison, Wis., has uncovered some new and important facts related to the biochemistry of the tubercle bacillus. A specified component, adenosine monophosphate, has been shown to regulate the rate and mechanism of energy production in the bacillus. This opens up the possibility of designing new types of drugs for treatment. In addition, the discovery has been made that certain of the very large fatty components of the tuberculosis organism are synthesized in ways apparently unique to the bacillus and now shared by host cells. It can be anticipated that drugs which interfere with this synthesis may well destroy the bacillus without harming the host cell. Here again the possibility is offered for the development of effective new drugs. And finally, these investigators have found that certain very complex substances (glycophospholipids) are synthesized in the tubercle bacillus in the cytoplasmic membrane, and not in bacteria, raising the possibility that these materials may be responsible for causing some of the changes associated with tuberculosis.

The Veterans Administration is embarking on a study of rifampicin, a highly promising new antituberculosis drug, through the VA-Armed Forces Cooperative Study on Chemotherapy of Tuberculosis. Preliminary reports from Europe suggest that rifampicin may be as important an addition to tuberculosis treatment as was isoniazid in 1952.

Patients with blood poisoning (bacteremia) still have a high death rate in spite of available antibiotics. However, when the appropriate drug is given early, the chances of survival are much greater. Consequently, early detection of bacteremia and identification of the bacteria causing the condition is very important. Investigators at the VA center, Los Angeles, Calif., have developed a technique of filtering blood, to trap any bacteria present, which averages a saving of at least 30 hours over standard blood culture techniques. The technique also has been simplified so that it is suitable for use by small hospital laboratories.

While studying the bacteria found around human gums, an investigator from the VA center, Los Angeles, Calif., found an unidentified bacillus in 15 out of 15 adults examined. He further discovered that this organism produces ammonia from proteins that have been split by the digestive action within the mouth. This finding is of importance since recent research sug-

gests that changes observed on the surface of gum ridges may be the result of ammonia produced by bacteria. Also, the size and pointed ends of this unknown bacillus matches those of a bacillus consistently found on diseased gums by another researcher doing electron microscopy studies. The VA investigator performed additional studies to determine what antibiotics would be effective in suppressing the growth of this group of bacteria and found them highly susceptible to erythromycin, lincomycin, tetracycline, and penicillin G.

The research program in oral diseases represents a continuing effort to enhance VA ability to maintain the health of oral and related tissues through treatment and prevention. Current programs are oriented towards basic and clinical sciences integrated with research giving special emphasis to the study of normal aging, chronic and degenerative changes associated with aging, the detection and localization of oral lesions, and problems dealing with tissue restoration of war-incurred wounds or defects caused by surgical treatment for oral cancer.

In cooperation with the National Aeronautics and Space Administration, the VA hospital, Houston, Tex., has developed an ingestible toothpaste for use in sealed environments and space travel. One major problem on projected long flights is the maintenance of oral hygiene. If possible, a toothbrush and abrasive-containing dentifrice should be employed. Since astronauts in flight cannot expectorate in the capsule, the VA approach was directed toward the development of a high-performance, nontoxic ingestible toothpaste. Before trying out the dentifrice in outer space, Apollo teams and families are now evaluating the VA formulation and report that the toothpaste is performing well.

Based on studies at the Central Research Unit for the Study of Unpredicted Deaths at the VA center, Los Angeles, Calif., a film, "Suicide Prevention in the Hospital—A Community of Concern," has been completed and is ready for distribution. This film, dealing with a universal hospital and social problem, is available to VA and all other hospitals of this country. The film is directed to hospital personnel, informing and instructing them about the problem of suicide and incorporating the teaching of suicide prevention principles. Clues indicate suicidal tendencies and precautions can be taken at that time to protect the patient and concurrently improve service to veterans through better care generated by deeper understanding.

Suicide has ranked among the first ten adult killers in the Nation since the turn of the century. The Central Research Unit for the Study of Unpredicted Deaths has attained international prominence for its research in the nature, epidemiology, etiology, and correction of this important problem. This center last year, began a new direction in the investigation of suicide with the examination of "suicide equivalents." These are behaviors that are limiting and self-destructive over a long period of time. Such behavior often

manifests itself as inability to follow medical instructions in chronic, deteriorating illnesses. Patients reappearing in general hospitals many times with diagnosis of diabetic acidosis of insulin coma, or Buerger's or Raynaud's diseases, are being examined. Future expansion of these studies will include groups of patients with diagnoses of alcoholism, hypertension, obesity, drug addiction, and others.

Increasing demands for VA staff psychologists to provide psychological measurement and evaluation of humans with neurological disease of injury led to intensified efforts in neuropsychological-laboratories, particularly at the VA hospitals at West Haven, Conn. and Salt Lake City, Utah, during the past year. Using computers to extract as tracings the brief electrical events from continuing electrical turbulence of the brain, several laboratories continued to accumulate evidence that the resultant electrical brain patterns (averaged evoked responses) probably are determined by different brain locations or systems, and thus to some extent their pattern is determined by the anatomy of the brain. A reasonable expectation is that the evoked response technique will be of more value than analysis of spontaneous brain activity such as that provided by EEG (electroencephalograph). Data are needed at all age levels to establish standards for evoked response averaging, as was done with EEG, before this method can fulfill its promise of diagnostic usefulness. Last year, the Salt Lake City Laboratory embarked on a 5-year study of the characteristics of the evoked response from infancy through old age. This study should make a significant contribution to development of vastly approved diagnoses for brain-impaired persons and furnish a useful tool for probing the relationship between brain and behavior.

In the study of aphasia, investigators at the VA hospital, Omaha, Nebr., have published in "Science," showing that in a right-handed individual after removal of the left half of the brain, considerable intellectual performance was recovered including calculation ability, reading, singing, comprehension of words, and some speech, showing the bilateral nature of cerebral control over motor and intellectual functions.

Plans have been developed in the Veterans Administration to care for an increasing number of speech and language-impaired patients. A total of 62 speech pathology positions were authorized and budgeted for the period covering fiscal years 1966 through 1968. The Veterans Administration is fortunate in having at Minneapolis, Minn., one of the world's outstanding researcher in amphasia, one who has written a textbook and scholarly articles that have been hailed as "hallmarks throughout the world." This investigator also has developed and published the Minnesota Test for Differential Diagnosis of Aphasia, now in wide use in this country and others.

A scientific film produced by the Audiology and Speech Pathology Service at the VA hospital, San Francisco, Calif., is enjoying an excellent reception nationwide. The training film presents the methodology for assessment of

deep muscle activity in the region of the pharyngo-esophageal junction in patients who have had their larynx removed. Already there is a growing waiting list of colleges, universities, and associations interested in showing this excellent film, including the Congress of the International Association of Logopedics and Phoniatrics in Paris.

Alcoholism is one of the major health problems of the Veterans Administration. Faced with the many conflicting reports as to effectiveness and safety of the newer psychoactive drugs in the treatment of the serious symptoms of the acute alcohol withdrawal state, the Veterans Administration decided to initiate a cooperative controlled study comparing several of these agents. Twenty-three VA hospitals participated in the study with a total of 537 patients. Chlordiazepoxide, chlorpromazine, hydroxyzine, and thiamine were evaluated against a matching placebo control. As in other studies of this syndrome, most patients in all groups (including placebo) improved rapidly, the rate of change being greatest during the first 2 days of treatment. The best results, keyed to the two serious developments of DT and seizures, were associated with chlordiazepoxide for the best outcome in both categories.

A medical research information system was formulated at the Western Research Support Center in June 1967, field tested during September and October, and produced its first computer printout (vol. I) in December 1967. Information about numbers of investigators and their degrees, disciplines, categories of research, funding, specialty areas, disciplines under investigation, special categories, and other facets of the program are shown from various perspectives portraying many of the complex interrelationships involved. For example, a breakdown is available according to funding and the number of investigators working on specific body systems (visual, auditory, dental, bronchopulmonary, and the like). Another breakdown is available according to number of investigators working in structural stratum (sub-cellular, cellular, tissue, organ system, and the like).

Since December, three more printouts—volumes II, III, and IV—have been produced. Volume II provides the data by region; volume III by station; and volume IV is a cross tabulation of all of the data broken down by each of the individual investigators.

Today an increasing number of dietitians are being asked to participate in nutrition research activities within the Veterans Administration. To prepare better dietitians to participate in this area, a 1-week institute was held at Teachers College, Columbia University, New York City, directed by the university faculty and members of VA's research and dietetic staffs. Information presented included concepts and techniques of research design, statistics in nutrition research, techniques of professional writing, and current research in nutrition. Each student presented a research proposal with the hope that the study or some part of it can be utilized at the hospital to which he is assigned.

During fiscal year 1968, medical research programs were conducted in 145 VA installations, including 139 hospitals or centers, four independent outpatient clinics, one domiciliary, and the VA central laboratory at the Armed Forces Institute of Pathology. The total of 5,450 investigators participated in 5,890 research projects. VA investigators contributed 3,625 articles to professional and scientific journals and presented 3,677 papers at scientific and professional meetings. Also, 138 exhibits and 130 motion pictures were produced and shown at meetings of professional societies.

<i>Research category</i>	<i>Number of research projects, fiscal year 1968</i>
Total.....	5, 890
Cardiovascular and renal.....	477
Respiratory.....	250
Allergy and infectious.....	241
Hematologic.....	233
Metabolic and endocrine.....	253
Nutritional.....	23
Digestive system.....	199
Musculoskeletal and skin.....	91
Other (not elsewhere classified).....	206
Surgery.....	994
Neural, psychiatric, psychology, and social work.....	1, 532
Physical medicine and rehabilitation.....	112
Pathology.....	262
Radioisotope.....	362
Laboratory animal medicine, science and technology.....	50
Basic science.....	315
Dental.....	157
Spinal cord injury.....	33

DEPARTMENT OF VETERANS BENEFITS

Compensation and Pension



Mission

The mission of the Compensation and Pension program is to serve veterans and their dependents by equitable and uniform administration of all laws governing: disability compensation, disability pension, service pension, death compensation and dependency and indemnity compensation, death pension, and burial allowance.

Highlights

Four and one-half billion dollars in compensation and pension benefits were paid to veterans and their dependents.

Two million veterans received compensation for service-connected disabilities. Non-service-connected disability pension was received by almost 1.2 million veterans. Dependents of 1.4 million deceased veterans received death compensation, dependency and indemnity compensation, or pension payments.

Compensation and Pension-General

Our Nation has long maintained a liberal program of compensation and pension providing financial assistance to disabled veterans and their dependents.

For veterans with service-connected disabilities, the disability compensation program provides financial assistance to compensate for the loss or reduction of earning power resulting from such disabilities. The amount of these benefits is based on the average impairment of earning capability resulting from comparable injuries and disease in civil life.

The disability pension program provides financial aid to war veterans in need who are permanently and totally disabled from disease or injuries without regard to service origin. The service pension program gives financial assistance to veterans who served during wartime periods prior to World War I, and to their widows and children, without regard to need.

Financial aid to dependent parents with limited income and to widows and children of veterans whose deaths were related to service is provided by the death compensation and dependency and indemnity compensation programs. These benefits serve to make up for the loss of family income.

The death pension program furnishes financial assistance to needy widows and children of veterans of wartime service whose deaths were not related to military service.

The compensation and pension programs exert a considerable impact on our national economy. In fiscal year 1968, \$4.5 billion were paid to almost 3.2 million living veterans and to dependents of 1.4 million deceased veterans. Total payments were at a rate of \$375 million monthly. These payments are not subject to wide fluctuations and will increase at a predictable rate in the years to come. Since the payments are based on loss of earning capacity or on the financial need of pension beneficiaries, most of the amount paid is immediately returned to the national economy in expenditures for goods and services.

From a veteran population of over 26 million, 176,000 original claims for disability compensation and pension were adjudicated during fiscal year 1968. Decisions were also made on 331,000 reopened claims and claims for increased benefits; 866,000 claims based on changes in income and dependency status; 156,000 claims for death compensation, dependency and indemnity compensation, and death pension; 49,000 insurance claims and 273,000 burial claims. In addition, other issues and reviews required 2.7 million actions.

Compensation and Pension-Veterans

The number of veterans receiving compensation increased slightly during fiscal year 1968, from 1,999,279 in June 1967, to 2,011,323 in June 1968. The number receiving pension decreased by 2.6 percent from 1,182,028 to 1,151,811 in fiscal year 1968. Compensation or pension is being paid to 2,983,565 war veterans representing 13 percent of the total war veteran population of more than 23 million. Approximately one out of every 8 wartime veterans is receiving compensation or pension. The following table

shows the distribution of compensation and pension payments by the period of the veterans' war service. More detailed statistics may be found in the tables beginning on page 267.

Period of service	War veteran population	Number on compensation and pension rolls	
		Total	Percent of war veteran population
Total	23, 134, 000	2, 983, 600	12. 9
Vietnam era	2, 075, 000	47, 100	8. 9
Korean conflict	4, 567, 000	256, 300	5. 6
World War II	¹ 14, 718, 000	1, 759, 000	12. 0
World War I	1, 766, 000	914, 000	52. 0
Spanish-American War	8, 000	7, 200	90. 0

¹ Includes 1,247,000 who served in both World War II and the Korean conflict and who are counted once only in the "Total War Veteran Population."

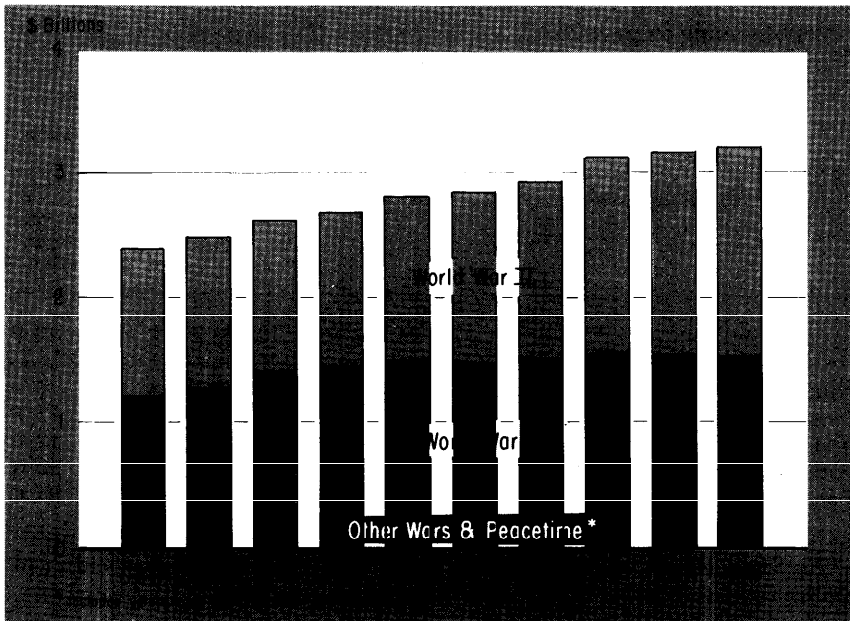
Total expenditures for disability compensation and pension benefits to veterans during fiscal year 1968, were \$3.2 billion. This was an increase of 1.4 percent over the preceding fiscal year as reflected in the following chart. More detailed statistics on expenditures for compensation and pension may be found in table 29, on page 267.

Over the past 10 years, the number of World War II veterans receiving compensation has decreased gradually from 1,575,786 in June 1958 to 1,450,754 in June 1968. During this same period, the number of World War I veterans receiving compensation has decreased by more than 51.7 percent from 203,656 in June 1958 to 98,287 in June 1968. The number of World War II veterans receiving pension has steadily increased from 71,265 in June 1958 to 308,299 in June 1968. The number of World War I veterans receiving pension increased each year from 665,218 in June 1958, to a peak of 1,015,835 in June 1963. Since 1963 there has been a decline to 814,917 in June 1968.

Disability Compensation

The largest program, both in number of veterans receiving payments and in total expenditure, is disability compensation. For wartime service-connected disability, the monthly compensation rates range from \$21 for a 10 percent disability to \$300 for total disability. Special statutory rates

EXPENDITURES FOR DISABILITY COMPENSATION AND PENSION DURING FISCAL YEAR

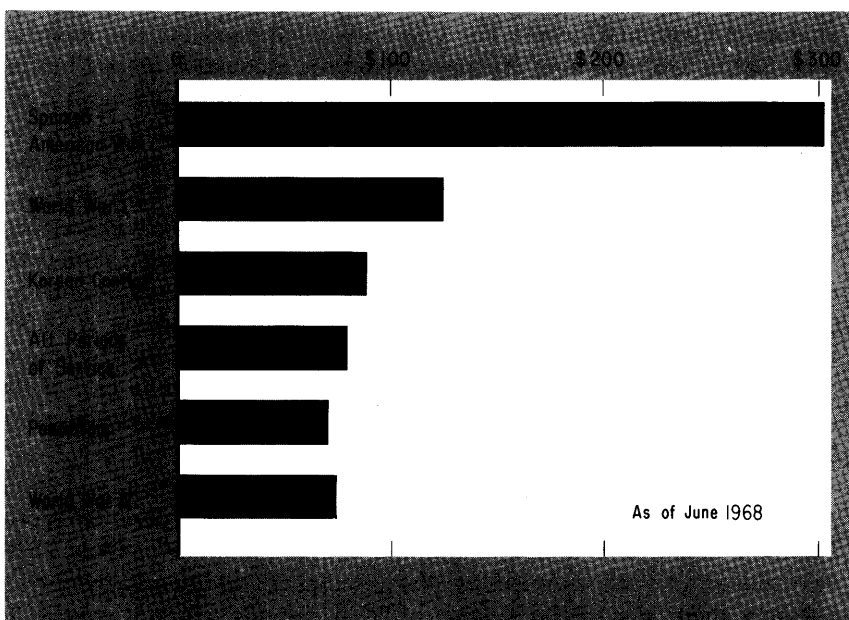


ranging up to the maximum of \$850 per month are payable for specific disabilities, such as loss of limbs, blindness, being permanently housebound and being in need of regular aid and attendance. Additional compensation for dependents is payable to those veterans 50 percent or more disabled who have a wife, children, or dependent parents. For peacetime service-connected disability, the monthly compensation rates are 80 percent of the war-time rates.

More than \$1.9 billion in disability compensation was paid to 2.0 million veterans in fiscal year 1968.

The following chart shows the average monthly compensation payment for service-connected disability. The higher payment for veterans of the earlier wars may be attributed to two main factors: (1) the tendency of service-connected disabilities to become more disabling with advanced age; and (2) many older war veterans with minor service-connected disabilities have become permanently and totally disabled from causes not related to service and have elected to receive nonservice pensions when the pension rate represented a greater benefit than the compensation payable for their service-connected disability. The transfer of these lower compensated veterans to the pension benefit is reflected in the higher average payment of those remaining on the compensation rolls.

AVERAGE MONTHLY SERVICE-CONNECTED DISABILITY PAYMENT



Disability Pension

This benefit, the second largest of the compensation and pension program, is paid to wartime veterans who are permanently and totally disabled from disability not related to military service and are in need of financial assistance. There are currently two disability pension programs being administered by the Veterans Administration. The older of the two applies to veterans who were in receipt of pension on June 30, 1960, and who have not elected to receive pension under the newer pension program enacted by Public Law 86-211 which became effective July 1, 1960.

The benefit payable under the law which was in effect prior to July 1, 1960, is \$66.15 monthly, or \$78.75 monthly if the veteran is 65 years old or has been in receipt of pension for a continuous period of 10 years. A more seriously disabled veteran in need of the regular aid and attendance of another person may receive \$135.45 monthly. Under Public Law 90-77, effective October 1, 1967, a new rate of \$100 monthly is payable if the veteran is housebound because of his disability but does not require aid and attendance.

The income limitations for receipt of this benefit are \$1,400 per year for a veteran without dependents and \$2,700 per year for a veteran with a wife or children. Those receiving payment under the old pension law may elect to receive benefits under the current pension law. An election once made is irrevocable. Three hundred and sixty-six thousand veterans are still receiving pension under the old law.

Under the current pension law, for a veteran without dependents, three rates are payable: namely, \$45, \$79, or \$104 monthly depending upon the amount of his annual income. For a veteran with dependents, the rates vary from \$50 to \$119 monthly depending upon the amount of annual income and the number of dependents. An additional \$100 monthly is paid if the veteran is in need of regular aid and attendance. Under Public Law 88-664, effective January 1, 1965, as amended by Public Law 90-77 a special pension allowance of \$40 monthly is added to the basic pension rate if the veteran is housebound because of his disability but does not require aid and attendance.

To be entitled to pension under the current law, need based on income and net worth limitations must be shown. The maximum annual income for payment of pension is \$1,800 for a veteran without dependents or \$3,000 for a veteran with dependents. For married veterans the annual income of the spouse which is reasonably available to him is counted as part of the veteran's annual income except that all of the spouse's earned income or \$1200 (whichever is greater) is excluded.

There are also in effect a small number of "service pensions" which are payable to veterans who served during wartime periods prior to World War I. As of June 1968, 7,116 veterans were receiving service pension. These were almost all Spanish-American War veterans. In addition to the service pensions, there is a special pension of \$100 monthly which is payable to veterans who have been awarded the Medal of Honor.

At the close of fiscal year 1968, 1,151,811 veterans were receiving pension. During fiscal year 1968, expenditures for veterans' pensions totaled almost \$1.3 billion. More than 70.8 percent of the total number of veterans receiving pensions are veterans of World War I. Of these World War I veterans in receipt of pension, over 99 percent were 65 years of age or older.

As of June 1968, 68.2 percent of all disability pensions were being paid under the current pension law compared to only 65.1 percent at the end of fiscal year 1967. The following table presents additional data on the percent of veterans receiving pension under the current law.

Period of service	Number on pension rolls	Receipt under current pension law	
		Number	Percent
Total.....	1, 151, 800	785, 800	68
Vietnam era.....	300	300	100
Korean conflict.....	21, 200	19, 200	91
World War II.....	308, 200	285, 000	92
World War I.....	815, 000	479, 300	59
Spanish-American War.....	7, 100	2, 000	28

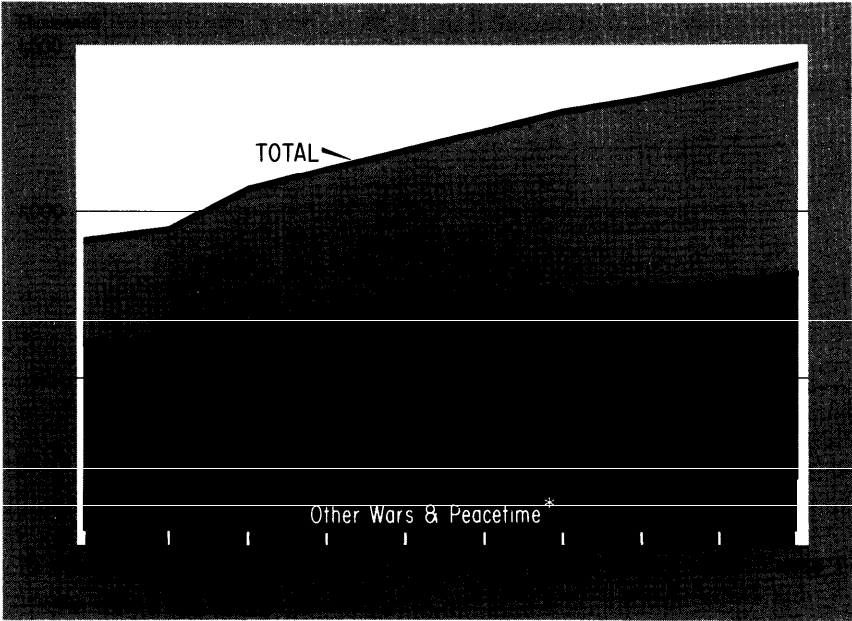
The total number of veterans who were receiving pension at an increased rate because of their need for aid and attendance was 77,400 in June 1968. Of this number, 80 percent were being paid under the current pension law. The following table shows the number of such cases by law and period of service.

Period of service	Number receiving aid and attendance awards	Receipt under current pension law	
		Number	Percent
Total.....	77, 400	62, 200	80
Korean conflict.....	2, 100	1, 900	90
World War II.....	23, 900	21, 700	91
World War I.....	48, 900	36, 900	75
Spanish American War.....	2, 500	1, 700	68

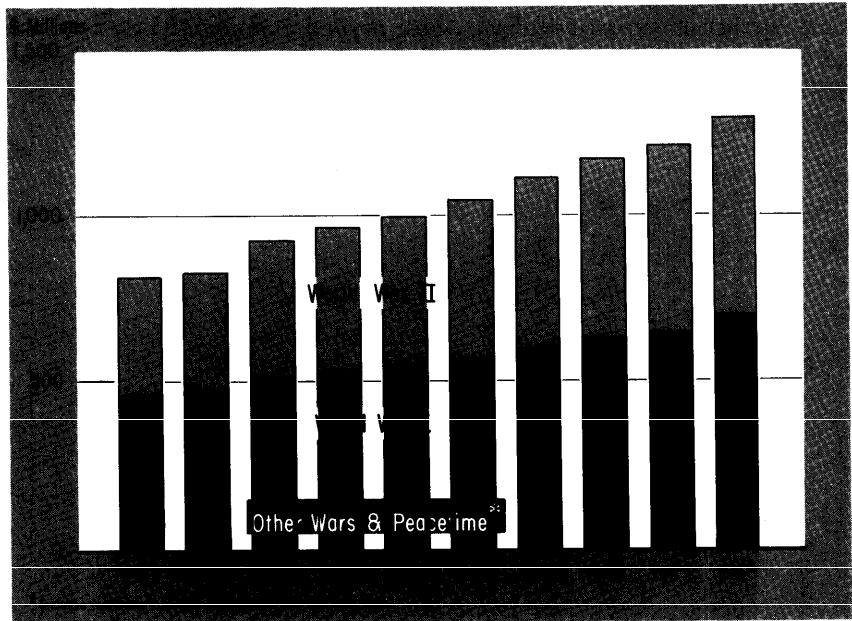
Compensation, Dependency and Indemnity Compensation, and Pension for Dependents

The dependents of over 1.4 million deceased veterans were receiving compensation, dependency and indemnity compensation, or pension as of June 30, 1968. The total expenditures for these benefits during fiscal year 1968 were just under \$1.3 billion. There have been consistent yearly increases in the number of deceased veterans whose dependents receive these benefits and in the amount of total expenditures. The increases during fiscal year 1968 were 4.0 percent and 7.2 percent respectively. The foregoing data are depicted more graphically on the two charts which follow:

DECEASED VETERANS WHOSE DEPENDENTS WERE RECEIVING DEATH COMPENSATION



EXPENDITURES FOR DEATH COMPENSATION, DEPENDENCY AND INDEMNITY COMPENSATION, AND PENSION DURING FISCAL YEAR



Compensation and Dependency and Indemnity Compensation

Dependency and indemnity compensation is payable to dependents of deceased veterans whose deaths were due to service. This benefit is designed to compensate in part for the loss in earnings sustained by the family because of the death of the veteran. The benefit paid to a widow is determined in part by the basic service pay of the deceased veteran. The monthly rate is \$120 plus 12 percent of the current monthly basic pay of a serviceman having the same rank and years of service as the deceased veteran. Thus computed, the minimum rate is \$132 a month. Additional amounts may be payable to a widow who has more than one child.

When there is no widow entitled, dependency and indemnity compensation is payable to unmarried children as follows: One child, \$80; two children, \$115; three children, \$149; plus \$29 for each additional child, with the total divided equally.

Dependency and indemnity compensation is also payable to the parents of a deceased veteran whose death was due to service. The rates payable are based on the marital status and the amount of the annual income of the parent. The rates range from \$12 to \$87 per month and are designed to supplement the parent's income from other sources rather than to furnish full support. This benefit is not payable to a sole surviving parent unmarried or remarried but not living with spouse whose annual income exceeds \$1,800 nor to two parents living together or a sole surviving parent, remarried and living with spouse, whose combined annual income exceeds \$3,000.

In June 1968, dependency and indemnity compensation was being paid to 267,066 dependents of 202,431 deceased veterans, an average of 1.32 payees per case. Of the total number of beneficiaries, 61.0 percent were widows, 19.7 percent were children and 19.3 percent were parents. Death compensation was being paid in 154,957 cases and both dependency and indemnity compensation and death compensation were payable in 10,517 cases. The total expenditures for these service-connected death benefits were \$517 million. This represents an increase of 3.9 percent over the total of \$497 million in fiscal year 1967.

Death Gratuity

Section 3 of Public Law 89-214 as amended by section 6 of Public Law 89-730 authorized payment of a death gratuity where a veteran died in service on or after January 1, 1957, and before September 29, 1965, the date that servicemen's group life insurance coverage became effective.

The time limit for filing claims for death gratuity expired on November 1, 1967. Almost 63,000 cases were reviewed and payments of \$36,170,436 were authorized to 12,383 beneficiaries.

Death Pension

This benefit is provided for needy unremarried widows and children of deceased veterans of a war or the Korean conflict and Vietnam era who have died of causes not related to service. Under the current pension law the rates payable are based on the amount of the dependent's annual income. Those in greatest need receive the largest monthly payments. The monthly rates range from \$29 to \$70 for a widow without a child, and from \$45 to \$86 for a widow with one child. The rate is increased by \$16 for each additional child. Payment of this benefit is barred where the annual income of a widow without a child exceeds \$1,800 or where the annual income of a widow with one or more children exceeds \$3,000. When there is no widow entitled, pension is payable to each child whose unearned income does not exceed \$1,800. The monthly rate payable is \$40 for one child plus \$16 for each additional child, the total amount being divided equally. Payment of this benefit may also be barred if the net worth of the dependent's estate is so large that it is reasonable that some part of it be used for the dependent's maintenance.

Pension is still payable under the prior law to dependents who qualified before July 1, 1960. The annual income limit for a widow without a child is \$1,400; for a widow with one or more children, it is \$2,700. Income in excess of \$1,400, whether earned or unearned, will bar a child from the benefit. The monthly rates payable are \$50.40 for a widow without a child, \$63 for a widow with one child, plus \$7.56 for each additional child. When there is no widow entitled, the monthly rate payable is \$27.30 for one child, \$40.95 for two, \$54.60 for three, plus \$7.56 for each additional child, the total amount being divided equally. Dependents receiving pension under the prior pension law may elect to receive payment under the current law at any time. Under Public Law 90-77 effective October 1, 1967, an additional \$50 monthly is added to the widow's share if entitled to aid and attendance.

During fiscal year 1968, the total expenditures for pension benefits exceeded \$779 million, an increase of 9.4 percent over the total of \$712.3 million for fiscal year 1967. The payments were made to 1,761,726 dependents of 1,074,874 deceased veterans at an average monthly expenditure of \$65,552,114. There was an average of 1.6 payees per case. 52.7 percent of the beneficiaries were widows and 47.3 percent were children. The number of death pension cases has increased by 4.9 percent over the number at the close of the preceding fiscal year. The following table shows the number of death pension cases and the percentage being paid under the current law.

Period of service	Number of deceased veterans	Receipt under current pension law	
		Number	Percent
Total	1, 024, 900	835, 500	82
Vietnam era	600	600	100
Korean conflict	46, 800	46, 500	99
World War II	408, 000	399, 300	98
World War I	569, 500	389, 100	68

Automobiles and Other Conveyances for Disabled Veterans

A sum not exceeding \$1,600 is payable toward the purchase of an automobile or other conveyance for a veteran of World War II, the Korean conflict or post-Korean conflict who is entitled to compensation for the service-connected loss or loss of use of one or both hands, one or both feet, or for permanent severe impairment of vision of both eyes. The law provides for assistance in the purchase only, not in maintenance or subsequent replacement.

A total of 4,718 new claims for this benefit were filed during fiscal year 1968. In addition, 327 veterans requested reconsideration of their claims. Applications were approved in 2,850 cases. Expenditures for this benefit totalled \$3,468,000 in fiscal year 1968. Since the law was enacted in 1946, veterans have been assisted at a total cost of \$83.6 million. Under Public Law 90-77 effective October 1, 1967 this benefit is extended to veterans, having the requisite disability incurred as a direct result of the performance of military duty after January 31, 1955. The time limits for filing claim no longer apply. Therefore, eligible veterans of World War II and the Korean conflict may reopen their claims.

Forfeitures

Under existing law the right to gratuitous veterans benefits (but not to insurance which is contractual) may be forfeited by administrative action because of submission of false or fraudulent evidence, in the case of a non-resident of the United States or a person who left its jurisdiction prior to the expiration of the period during which criminal prosecution could be instituted. However, it is not invoked in any case of a resident of the United States in connection with a claim for benefits unless he is guilty of certain offenses involving loyalty or national security.

During the fiscal year, forfeiture was invoked in 15 cases.

Vocational Rehabilitation and Education

Mission

The Vocational Rehabilitation and Education program provides: (1) vocational counseling and educational assistance to veterans and servicemen with service after January 31, 1955; (2) vocational counseling and educational assistance to sons and daughters of deceased or permanently and totally disabled veterans; and (3) vocational counseling, supervision, and financial assistance during a course of training to help veterans with service-connected disabilities prepare for suitable occupations which take account of their disabilities and capitalize on their abilities.

Highlights

Over 490,000 veterans and servicemen applied for educational assistance. 17,100 sons and daughters of deceased or permanently and totally disabled veterans entered training for the first time.

New applications for vocational rehabilitation training were received from 26,900 disabled veterans.

2,400 veterans were vocationally rehabilitated.

Educational Assistance for Veterans and Servicemen

This is the largest educational program, both in number of beneficiaries receiving monthly payments of educational assistance allowance and in total expenditure.

An eligible veteran is entitled to 1 month of educational assistance for each month of active duty after January 31, 1955, up to a maximum of 36 months. Generally the allowance is paid to the veteran each month he is enrolled in and pursuing an approved course. The allowance for flight training and correspondence courses is paid quarterly. The course must lead to a predetermined and identifiable vocational or educational objective. Counseling is available to assist the veteran in making his vocational or educational plan. Courses in flight training may be pursued at an institution of higher learning if credit is given toward a standard collegiate degree. Public law 90-77, effective October 1, 1967, authorizes apprentice and other on-the-job training, commercial flight training as a vocational objective which may be given by schools other than institutions of higher learning and farm cooperative training.

The monthly rates for institutional training vary from \$130 to \$175 with \$10 additional for each dependent in excess of two. Lower rates are provided for part-time training. An eligible serviceman is entitled to monthly allowance payments at a rate computed on the cost of the course or \$130 for a full-time course, whichever is less. Rates for cooperative training vary from \$105 to \$145 with \$7 additional for each dependent in excess of two. Dependency and progress determine the monthly rates for apprentice and other on-the-job training and range from \$100 to \$20.

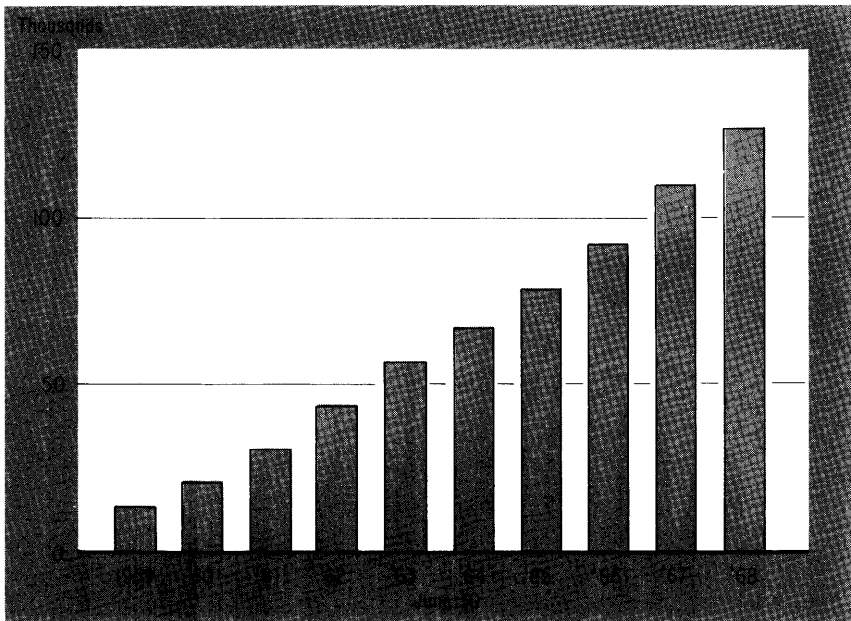
In fiscal year 1968, \$428.7 million in educational assistance allowance were paid to 645,300 veterans and 41,600 servicemen. The median age in 1968 for all persons who entered training was 28 years. Fifty-nine percent of the trainees were paid on the basis of having no dependents, 14 percent received an increased allowance for one dependent and 27 percent received an increased allowance for two or more dependents. Although 1.8 percent of the veteran population is female, only 1 percent of the trainees are female.

Additional information concerning the type and level of training pursued may be found in table 53 on page 295.

Educational Assistance for Sons and Daughters of Deceased or Permanently and Totally Disabled Veterans

Basic eligibility exists if the veteran served after the beginning of the Spanish-American War and died of a service-connected disability or has a service-connected permanent and total disability or died while such a disability was in existence. Sons and daughters of such veterans are entitled to 36 months of educational assistance while enrolled in institutional type courses above the secondary level. The rate of allowance is \$130 per month for full-time training with lower rates provided for three-quarters time and halftime.

SONS AND DAUGHTERS WHO HAVE ENTERED TRAINING

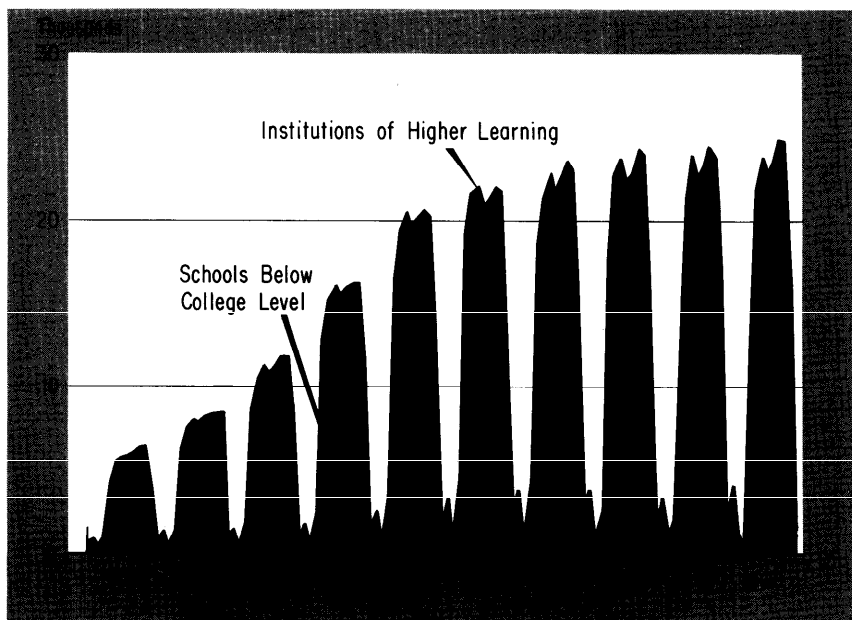


During fiscal year 1968, 17,100 beneficiaries entered training for the first time. The total who have entered training thus far is 121,400. The peak training load of 29,700 was reached in March 1968. The monthly average number of students in training in fiscal year 1968 was 16,700.

Almost half (49 percent) of those who enrolled under this program have been female. A strong preference for college-level training has been shown by both sexes. A higher percentage of males (84 percent), than females (77 percent), enrolled at this level.

By the end of fiscal year 1968, the 12th year of the program, the number of applications received was 187,000.

Payments of educational assistance allowance in fiscal year 1968 amounted to \$37.9 million, an increase of 10 percent over payments in the preceding year.



Vocational Rehabilitation

The vocational rehabilitation program provides help in selecting, training for, and becoming employed in a suitable vocation to eligible service-disabled veterans who are found in need of such assistance. This includes Vietnam era, peacetime veterans and certain World War II and Korean conflict veterans whose basic termination dates have passed, but for whom benefits may be provided if they are found to be seriously disabled and meet certain other conditions.

The number of veterans who entered vocational rehabilitation training during fiscal year 1968, was 5,192. The total number of veterans who had entered vocational rehabilitation training by the end of fiscal year 1968 was 721,000.

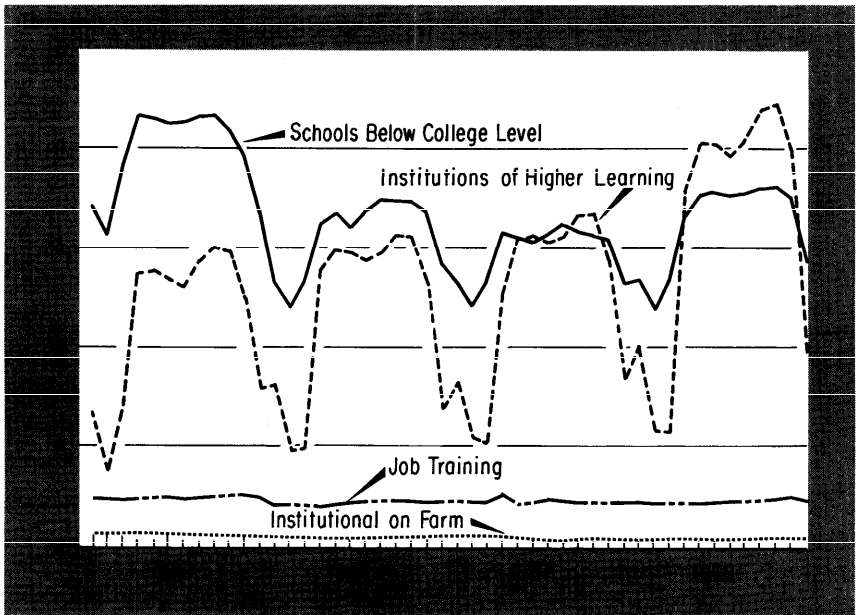
The monthly average number of veterans in vocational rehabilitation training during fiscal year 1968 was 6,845 as compared with 5,910 in fiscal year 1967. The peak training load of 8,644 was reached in April 1968.

During fiscal year 1968 the Veterans Administration continued to assist homebound veterans train in occupations ranging from accountant to radio and TV repairman. There were 675 visits to homebound veterans compared with 651 the previous year. The average monthly number of homebound veterans in training was over 250. This program fills a definite need for veterans who, although severely disabled, wish to use their abilities to be-

come self-supporting to the extent possible. Research to help overcome some of the problems encountered in training homebound and other severely disabled veterans is being continued.

During fiscal year 1968, \$22.8 million was expended for direct rehabilitation benefits to disabled veterans, as compared with \$19.2 million during fiscal year 1967. These payments include \$15.6 million for subsistence, \$6.0 million for tuition, and \$1.2 million for supplies and materials. The following chart contains additional data concerning this program.

DISABLED VETERANS IN VOCATIONAL REHABILITATION TRAINING

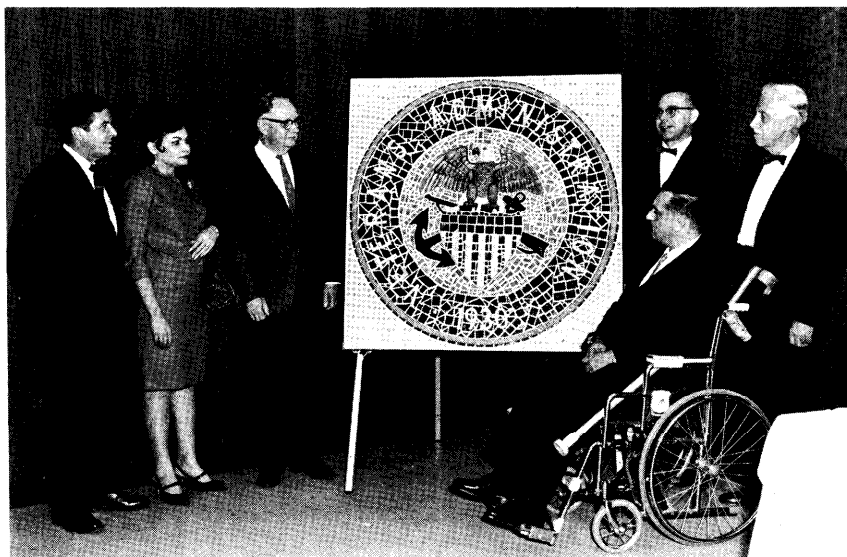


Vocational and Educational Counseling

Counseling for Veterans' Educational Assistance.—The Veterans' Readjustment Benefits Act of 1966 enacted March 4, 1966, provides that vocational counseling will be available for veterans who desire assistance in making their vocational choice and in selecting a program of education or training. In fiscal year 1968 counseling was provided to 23,256 veterans in connection with their plans for education or training.

Special counseling assistance is being provided to help educationally disadvantaged veterans develop suitable educational and vocational plans. In coordination with United States Veterans Assistance Centers counseling for such veterans often can be initiated the same day the veteran is seen.

Procedures for scheduling counseling have been revised to sharpen the identification of the nature and extent of the applicant's need for counseling



Ceramic Plaque Created by Homebound Trainee

assistance so that services tailored to his needs may be provided. It is anticipated that this will enable the Veterans Administration to take into account more effectively the results of any previous counseling, and thus avoid duplication or overlapping of services. Because of the nature of their problems these procedures are not applicable to educationally disadvantaged veterans.

Counseling for Children's Educational Assistance.—Vocational and educational counseling is provided each eligible person (son or daughter of a deceased or permanently and totally disabled veteran) who applied for educational assistance. Counselees are assisted in exploring their interests, aptitudes, and abilities and are provided educational and occupational information relative to possible career choice and planning of a program of education. During fiscal year 1968 counseling was provided to 22,174 applicants for benefits under this program.

The importance of looking ahead and planning the secondary school course as a foundation for a program of subsequent education is brought to the attention of parents or guardians, when each eligible person reaches age 13.

Counseling for Vocational Rehabilitation.—During fiscal year 1968, vocational counseling was provided for 28,900 disabled veterans compared with 19,400 during 1967. Each veteran found in need of vocational rehabilitation training was aided in selecting an occupation compatible with his disability and in accord with his interests and aptitudes, and in developing a vocational training plan to achieve employability in the occupation. Special

emphasis in services to eligible homebound, hospitalized and other seriously disabled veterans was continued. Vocational Rehabilitation Board case conferences in regional offices numbered 1,983 as compared with 1,874 in fiscal year 1967. These meetings are teamwork sessions in which representatives of various professional disciplines jointly consider especially complex cases. The Board's goal is to develop for each such seriously disabled veteran an integrated plan that incorporates all the services needed for his vocational rehabilitation.

Through visits to hospitals by counselors from regional offices, cooperation is maintained relative to hospital patients who are eligible for vocational rehabilitation training. On these visits counselors worked with hospital counselors on vocational rehabilitation plans for patients. Three hundred thirteen patients entered vocational rehabilitation training on the basis of this cooperative planning.

The Veterans Administration continued to provide vocational rehabilitation services to hospitalized disabled servicemen awaiting military discharge in fiscal year 1968. Servicemen are generally counseled at the regional office rather than the hospital unless this is contraindicated because of the serviceman's condition or other factors. When counseling is not completed during the hospitalization period, the serviceman is followed up the regional office to which the serviceman's records are transferred. In fiscal year 1968 approximately 6,089 servicemen were provided counseling services as compared with about 1,200 in fiscal year 1967. As in 1967 there has been a steady increase in the number of disabled servicemen counseled each month. Vocational rehabilitation training programs have been developed for approximately 1,831 servicemen, and 940 inducted into training while still in service.

Guidance Centers.—As of June 30, 1968, 182 guidance centers were providing fee-basis counseling services. The total number of persons who were provided counseling at guidance centers was 41,590 as compared with 49,586 in fiscal year 1967. Testing was done by the institutional personnel at guidance centers and counseling was provided by VA Counselors for 2,807 persons in fiscal year 1968 as compared to 2,549 persons in 1967.

Other Education Activities

Approval of Courses.—Contracts for the reimbursement of expenses incurred while performing course approval functions were negotiated with approving agencies of 46 States for the period July 1966 through June 1967. State approving agencies in four States, Puerto Rico and the District of Columbia performed these functions and did not request reimbursement.

Propriety of Payments for Courses.—The law requires that the records and accounts of institutions in which beneficiaries are enrolled be made available for inspection by representatives of the Veterans Administration to assure the propriety of payments of benefits to trainees.



Vocational Counseling

During fiscal year 1968, 2,072 visits were made by VA employees to review these records and assist the institutions in understanding and meeting the criteria of the law. Situations which required the State Approving agency to withdraw its approval or the Veterans Administration to discontinue the payment of training allowance were found in less than 1 percent of the schools visited.

Guaranteed or Insured and Direct Loans to Veterans

Mission

The principal purpose of the loan guaranty program is to assist eligible veterans to obtain credit on favorable terms for the purchase or construction of homes to be occupied by the veterans and their families. Credit assistance has also been provided for the establishment and operation of farming or business ventures.

The assistance provided normally consists of the guaranty or insurance of loans made by private lenders to veterans. In rural areas, small cities, and towns where private credit is not generally available for guaranteed or insured loans, the Veterans Administration may make loans directly to veterans for homes and farm residences.

Credit assistance was made available to World War II veterans by Public Law 78-346, approved June 22, 1944; to Korean conflict veterans by Public Law 82-550, approved July 16, 1952; and to veterans who served after January 31, 1955, and to certain active duty servicemen by Public Law 89-358, approved March 3, 1966.

Highlights

Public Law 90-77, approved August 31, 1967, extended terminal date of World War II entitlement to July 25, 1970.

Public Law 90-301, approved May 7, 1968, revitalized the loan guaranty program by increasing the maximum amount of guaranty to \$12,500, by per-

mitting the interest rate on VA loans to be adjusted to meet market demands, and by removing the guaranty requirement that the purchase price of a home could not exceed the VA determined reasonable value of the property. All of these provisions were designed to make GI loans more attractive to lenders and, thus, increase the amount of money available to veteran borrowers.

The number of guaranteed or insured loans to veterans increased 31 percent despite continuing credit squeeze. There were 220,051 loans made to veterans with a VA guaranty and 11,903 made directly by the Veterans Administration.

More than 79 percent of loans made went to veterans or servicemen with entitlement under Public Law 89-358. About 60 percent went to persons who would have been ineligible for loan benefits prior to approval of Public Law 89-358.

New defaults on guaranteed loans were nearly 12 percent below fiscal year 1967, and claims paid were down 21 percent from the previous year.

Loans to Veterans

During the past fiscal year, \$3.98 billion in loans was made to veterans and servicemen. Private lenders made 220,051 loans amounting to \$3.83 billion. The Veterans Administration made 11,903 loans in the amount of \$147.6 million to veterans residing in housing credit shortage areas.

Almost all loans were for the purchase or construction of homes. Only 10 farm loans and 72 business loans were made. In this connection, however, farm residences are classified as home loans.

About 68.7 percent of the loans for homes were for the purchase of previously occupied housing. Veterans who obtained loans from private lenders paid an average of \$19,949 for new homes, with loans averaging \$19,484. Those who purchased previously occupied homes paid an average of \$16,909 with loans averaging \$16,535.

Veteran Participation

The overall volume of VA guaranteed loan activity increased by about 31 percent in fiscal year 1968 but, as the table below shows, the increased activity was entirely due to those veterans and servicemen who were made eligible for VA loan benefits by Public Law 89-358. The number of loans made to World War II veterans was practically unchanged from the previous year while those veterans deriving their entitlement only from Korean conflict service received 12 percent fewer loans.

The reasons for the disparity in the year-to-year percentage change for the various groups of veterans are not difficult to rationalize. World War II veterans are, on the average about 10 years older than Korean conflict veterans who, in turn, are about 10 years older than post-Korean servicemen.

Most World War II veterans have been in civilian life for more than 20 years and those Korean conflict veterans with no service subsequent to January 31, 1955, have been civilians for 13 years. Most of these veterans have passed the family formation and home purchasing period in their lives.

Class of veteran or serviceman	GI loans		Percent change
	Fiscal year 1967	Fiscal year 1968	
1. World War II.....	19,324	19,419	+0.5
2. Korean conflict total.....	62,360	69,196	+11.0
a. All service prior to 1/31/55.....	29,810	26,112	-12.4
b. Some service since 1/31/55.....	32,550	43,084	+32.4
3. Post-Korean—all service since 1/31/55..	72,572	112,849	+55.5
4. Servicemen.....	13,196	18,587	+40.9
Total Public Law 89-358 entitlement loans (lines 2b, 3, and 4).....	118,316	174,520	+47.5
Total loans.....	167,450	220,051	+31.4

Before the approval of Public Law 90-77, on August 31, 1967, the eligibility of all World War II veterans was scheduled to terminate on July 25, 1967. Because of this there was a spurt of loan activity on the part of World War II veterans who wanted to use their eligibility before they lost it. This accounts for the fact that the number of loans to World War II veterans increased slightly instead of declining, as in the case of Korean conflict veterans with all service prior to January 31, 1955.

The post-Korean veterans and those Korean conflict veterans with service subsequent to January 31, 1955, are not only younger than the other group of veterans, but also have been in civilian life for a much shorter period of time. Consequently, many of them are at that stage of their lives when they need credit assistance to purchase homes. Many of the post-Korean veterans are still so young that they are not yet ready to purchase homes. The number of these veterans in civilian life is increasing each year and, as they grow older, the demand for housing credit assistance from this group of veterans can be expected to increase.

There have always been some active duty servicemen eligible for VA loans by virtue of the fact that they possessed an honorable discharge from service in World War II or the Korean conflict. Public Law 89-358, however, specifically extended VA loan entitlement to "any individual who served at least 2 years on active duty without a break therein." In fiscal year 1968 more than 18,000 servicemen got VA guaranteed loans, a 41 percent increase over the previous year.

VA Direct Loans

When a veteran applies for a direct loan from the Veterans Administration, he must show that he is unable to get a guaranteed loan before a direct loan is made. The agency has developed a referral procedure designed to bring together veterans seeking loans and private lenders willing to make loans. During periods of credit stringency, however, this referral procedure becomes less effective because lenders are no longer interested in making guaranteed loans. This was the situation during most of fiscal year 1968 and the procedural changes made during the previous year to streamline the referral procedure and to make it easier for veteran applicants to meet requirements continued in effect.

Nearly 12,000 direct loans amounting to \$147.6 million were disbursed during fiscal year 1968. The average loan disbursement was \$12,401 compared to \$12,193 in fiscal year 1967.

Effects of Mortgage Market Conditions

The extreme sensitivity of VA guaranteed loan activity to conditions in the mortgage market was graphically illustrated during fiscal year 1968.

The shortage of mortgage funds which had begun during fiscal year 1966 and continued and deepened during most of fiscal year 1967 began to show signs of easing during the latter part of fiscal year 1967. As a result, home mortgage interest rates on conventional loans began sliding down and the 6 percent interest rate on VA guaranteed loans became more attractive to lenders.

The demand for VA guaranteed loans, especially on the part of post-Korean veterans, continued to be strong. Even during the early part of fiscal year 1967, when the supply of private funds available for mortgage credit was still contracted drastically, this strong demand for loans had pushed the level of VA guaranteed loan activity slightly above the level for the corresponding period of the previous year. During the last quarter of fiscal year 1967 and the first half of fiscal year 1968 the shortage of mortgage credit eased somewhat and the level of loan activity surged upward.

These favorable conditions were of extremely short duration, however, and during the latter part of fiscal year 1968 the credit shortage worsened. In an attempt to catch up with the rapidly escalating level of interest rates on conventional loans, both the Federal Housing Administration and the Veterans Administration on May 7, 1968 (under the authority granted by Public Law 90-301) raised their maximum interest rates from 6 to 6¾ percent.

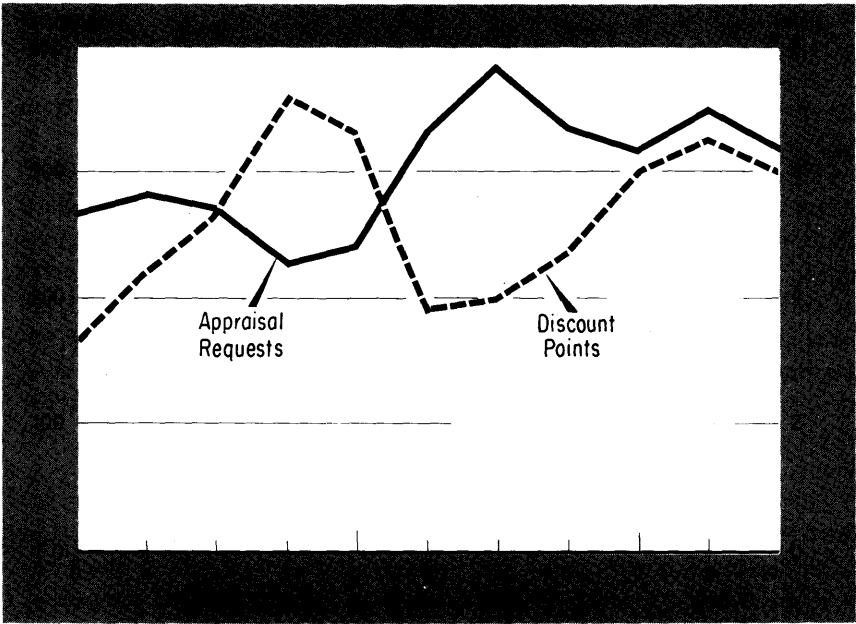
Despite the downward trend in loan activity during the latter part of the year, the total of VA guaranteed loans in fiscal year 1968 was 31 percent higher than the total for the previous year.

The fluctuations in the level of VA guaranteed loan activity, as shown in table 61 on page 301, were caused primarily by changes in the availability of funds for VA guaranteed loans. These changes in the availability of funds for VA guaranteed loans were related to the level of interest rates in the mortgage market.

In the past, when the interest rate on VA guaranteed loans could be changed only by legislative action, any decrease in the supply of funds available for mortgage investment usually signaled a sharp decline in the number of VA guaranteed loans since the VA interest rate could not be readily adjusted to reflect increases in the interest rate of conventional loans. This was the situation during the credit shortage period experienced in fiscal year 1961, when the number of VA guaranteed loans dropped 30 percent below the level of the previous year.

Fortunately, the shortage of funds for mortgage credit began to ease in fiscal year 1962 and the level of VA guaranteed loan activity began to rise. The slight declines in loan activity experienced during fiscal years 1964 and 1965 were attributable mainly to a lessening demand for loans by World War II and Korean conflict veterans whose eligibility had begun to terminate under the phase-out formula established by Public Law 87-84. In fiscal year 1966 the supply of mortgage funds again began to dry up and VA guaranteed loan activity sank to its lowest level since fiscal year 1961.

APPRAISAL REQUESTS AND DISCOUNTS



In the chart above, the seasonally adjusted annual rate of appraisal requests—a sensitive indicator of loan guaranty activity—has been compared to the average discount required by lenders to make VA guaranteed loans. The chart clearly shows the inverse correlation between the volume of appraisal requests and discounts for most of the period covered. The rapid fluctuation in discounts which occurred during the first 6 months of 1968 was due, in part at least, to the increase in the VA interest rate from 6 to 6¾ percent in May 1968. Apparently this disturbed the normal relationship between discounts and appraisals and for a short period the two were in direct instead of inverse correlation. Over the long term, however, an inverse correlation is to be expected.

Under VA regulations, increases in interest rates are a direct charge to the borrower but the cost of discounts must be borne by the builder or seller since they cannot legally be charged to the veteran borrower. Consequently, whenever discounts required by lenders increase, builders and sellers are reluctant to use VA financing and the level of loan guaranty activity declines.

Legislation and Regulations

Under the eligibility formula prescribed by Public Law 87-84, no World War II veteran's entitlement could extend beyond July 25, 1967, even though his period of eligibility as computed under the statutory phase-out formula would have extended beyond this date. Public Law 90-77, approved August 31, 1967, extended this terminal date for World War II eligibility to July 25, 1970.

This law also provided that the maximum amount of a direct loan could be increased up to \$25,000 in areas where cost levels so require. To date, the maximum direct loan amount has been increased to \$25,000 only in Alaska.

During fiscal year 1968 several factors were working to inhibit the availability of funds for guaranteed loans. The first was the continuing upward trend in interest rates. Even though the maximum interest rate on VA guaranteed loans had been increased to 6 percent (the statutory maximum under section 203(b)(5) of the National Housing Act), the return on mortgage loans at this rate of interest was not high enough to compete with alternative investments available to lenders. As a result, lenders were demanding such deep discounts to make VA guaranteed loans that builders and other sellers of homes were becoming increasingly reluctant to use VA guaranteed financing.

The second factor acting to limit the availability of funds for VA guaranteed loans was the \$7,500 limitation on the amount of guaranty. The maximum amount of guaranty had not been increased since 1950. Since that time the average amount of VA guaranteed home loans had risen from about \$7,800 to almost \$17,000. This meant that the percentage of guar-

anty had declined from 60 to 45 percent. Many lenders were unwilling to accept this lower percentage of guaranty.

The third factor was the VA prohibition against the purchase price of a home exceeding the reasonable value, as determined by the Veterans Administration, in contrast to the procedure used by the Federal Housing Administration and on conventional loans whereby the amount of loan was related to the appraised value.

Public Law 90-301, approved May 7, 1968, revitalized the VA guaranteed loan program by removing all of these inhibiting factors. The new legislation authorizes the Department of Housing and Urban Development to adjust the interest rate on FHA loans as the loan market demands and, therefore, under the present provisions of section 1803(c)(1) of chapter 37, Title 38, U.S.C., the Veterans Administration can adjust the guaranteed loan interest rate accordingly. Both the Federal Housing Administration and the Veterans Administration increased their interest rates to 6¾ percent on the day the new law was approved. This authority to adjust interest rates will terminate October 1, 1969, and the maximum interest rate will revert to 6 percent unless additional intervening legislation is approved.

The new law, in addition to providing the VA guaranteed loan program with flexibility as to interest rates, also increased the maximum amount of home loan guaranty from \$7,500 to \$12,500 but retained the 60 percent limitation.

The law also now permits an eligible veteran to have a home loan guaranteed by the Veterans Administration even though the price he elects to pay is greater than the VA determined reasonable value of the property. The amount of the loan guaranteed by the Veterans Administration, however, cannot exceed the reasonable value.

Equal Opportunity in Housing

During fiscal year 1968 the Veterans Administration intensified its efforts to assure compliance by all program participants with the provisions of Executive Order 11063 and to implement the Fair Housing section of the 1968 Civil Rights Act.

Equal opportunity guidelines, in the form of a joint VA-FHA letter, were distributed to all builder and lender participants in the VA loan program. The guidelines stressed the fact that there was to be a total absence of any procedures designed to delay or discourage the purchase or construction of a home because of the prospective buyer's race, color, creed, or national origin. All stations were instructed to immediately forward to Central Office copies of any written housing discrimination complaints which they received.

Stations were also instructed to inform all sales brokers that any advertising offering VA owned properties for sale must clearly state that "VA

sells its properties without discrimination." All "For Sale" signs on VA owned properties were modified by adding the legend "No Discrimination—Anyone Can Buy." All brokers handling VA owned properties were required to sign nondiscrimination certifications.

A study was made to determine the racial characteristics of purchasers of VA owned properties in fiscal year 1967. The study revealed that, proportionately, more VA owned properties were sold to Negroes (nearly 18 percent) than their segment of the population (11 percent). In the areas having the greatest concentrations of VA owned properties 20 percent of sales were made to Negro purchasers although the Negro segment of the population in these areas was only 9 percent.

To facilitate the collection and development of data on the racial characteristics of purchasers of VA owned properties, VA Form 26-6705, Credit Statement of Prospective Purchaser and Contract of Sale was revised to provide for identifying the racial characteristics of prospective purchasers of acquired properties. The sole purpose for identifying the race of the prospective purchasers is to permit the Veterans Administration to accumulate such data on an area, regional or national basis. The use of the VA offer form is consistent with the Fair Housing provisions of the Civil Rights Act of 1968, which requires that the Agency administer its housing activities in an affirmative manner to further the purposes of the Fair Housing provisions of the Act.

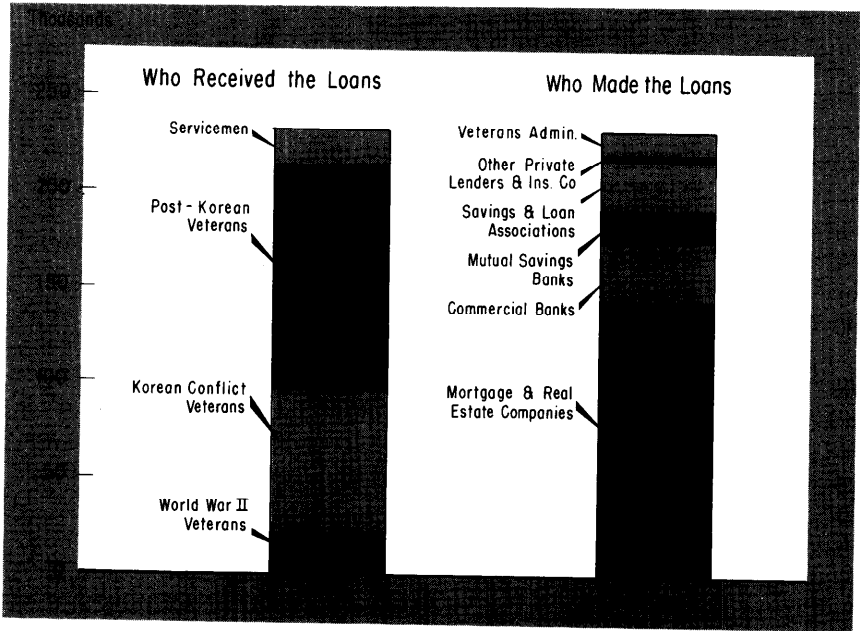
All stations were reminded that VA policy on appraising properties does not arbitrarily exclude areas because of ghetto characteristics, past civil commotion, or riot threatened conditions. This means that if a property meets reasonable value requirements and applicable minimum property standards and an eligible mortgagor qualifies from a credit standpoint, a guaranty commitment may be issued without regard to environmental conditions other than those which may be the basis for excluding certain properties because of flooding, landslide, proximity to an airport, obnoxious odors, subsidence or erosion, or those in transition from residential to commercial or industrial usage. Each field station will establish and maintain effective liaison with private lenders who have announced or indicated willingness to finance guaranteed loans in urban areas where private capital is not readily available.

To coordinate VA efforts in this field, a program for Equal Housing Opportunity has been established in the office of the Director, Loan Guaranty Service. This new office will be responsible for the implementation of all regulations pertaining to equal housing opportunities. The activities of the new staff will include a program of cooperative activities presently being developed with the Department of Housing and Urban Development.

Who Made the Loans

Nearly all of the 29 percent increase in VA loans originated during fiscal year 1968 was provided by private lenders. The largest increases in VA loan originations were by savings and loan associations and commercial banks whose volume increased by 78 and 54 percent respectively.

LOANS TO VETERANS AND SERVICEMEN FISCAL YEAR 1968



Loan originations in fiscal year 1968 compared to originations in fiscal year 1967 are shown below:

Originator	Number of loans		Percent change
	Fiscal year 1967	Fiscal year 1968	
Mortgage and real estate companies.....	115, 020	144, 844	25. 9
Commercial banks.....	19, 715	30, 417	54. 3
Mutual savings banks.....	15, 020	16, 433	9. 4
Saving and loan assoc.....	13, 855	24, 629	77. 8
Insurance companies.....	3, 500	3, 295	—6. 0
Others.....	340	433	27. 4
Total from private sources.....	167, 450	220, 051	31. 4
Veterans Administration.....	11, 719	11, 903	1. 6
Grand total.....	179, 169	231, 954	29. 4

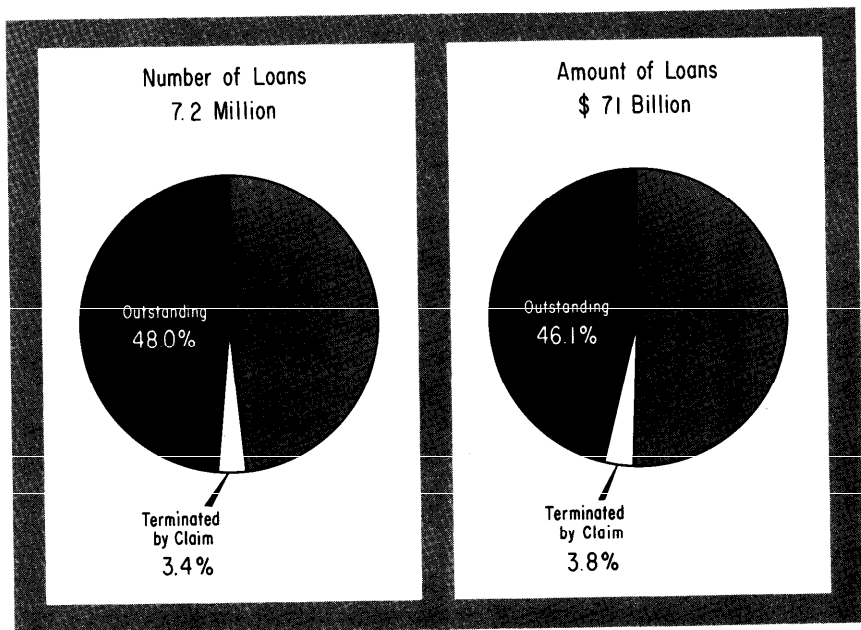
Although mortgage companies, the leading originators of VA loans, made more VA loans in fiscal year 1968 than fiscal year 1967, their share of the market slipped from 64 to 62 percent. Life insurance companies were the only financial institutions with a decrease in VA loan originations. VA direct lending in rural areas, small cities, and towns, eligible for direct assistance increased by less than 2 percent.

Outstanding Loans

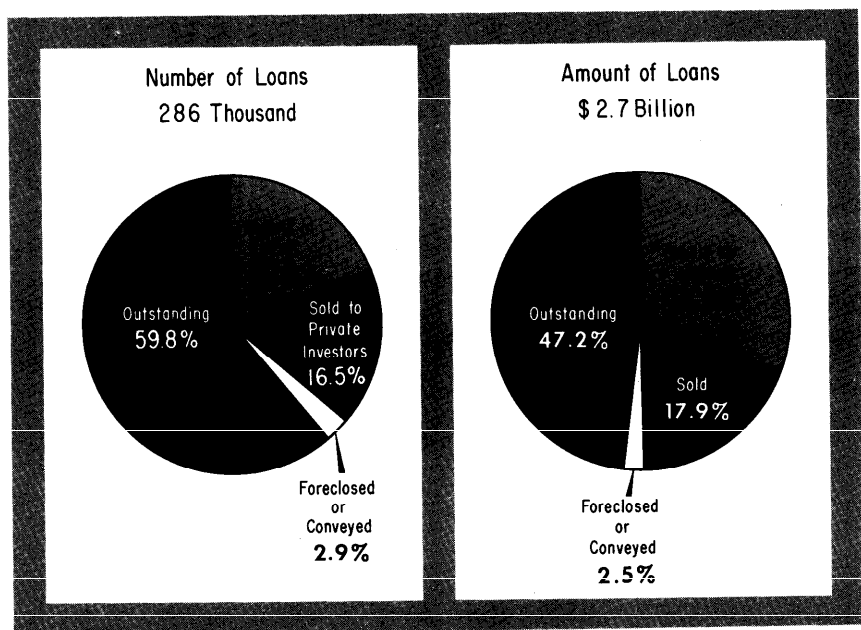
Cumulatively over 7.2 million loans amounting to \$70.9 billion have been guaranteed or insured and 286,000 direct loans amounting to \$2.7 billion have been made. As depicted in the accompanying charts, there has been substantial repayment of loan balances by borrowers, and a number of direct loans have been sold to private investors. There have been, relatively few terminations by foreclosure and payment of claims under the guaranty. The remaining outstanding balances represent either outstanding guaranteed loans, with respect to which the Government has a contingent liability to the extent of the amount of guaranty in the event of default, or direct loans still managed and serviced directly by the Government. Besides direct loans, the Veterans Administration also has in its portfolio loans made (vendee accounts) to purchase properties sold by the Veterans Administration for less than all cash, and loans (acquired loans) which had been guaranteed or insured, which were purchased from holders to avoid foreclosure. There are also some loans (vendee accounts) which have been sold to private investors under a repurchase agreement in the event of default. Since the entire amount of such loans is subject to repurchase, it is also a contingent liability of the Government. The table below shows the dollar amount of the VA portfolio as of June 30, 1968. The table also shows the amount of portfolio loans set aside, or pledged, to support the sale of participation certificates.

Item	Outstanding loans as of June 30, 1968 (millions of dollars)				
	Guaranteed loans		Portfolio loans		
	60 percent or \$12,500 guaranty	100 percent repurchase agreement	Direct loans	Vendee accounts	Acquired loans
Amount outstanding	\$32, 678	\$690. 6	\$1, 257	\$1, 183	\$20. 5
Contingent liability	16, 792	690. 6			
Set aside for mortgage pools			1, 080	759	

VA LOANS GUARANTEED OR INSURED THROUGH JUNE 30, 1968



DIRECT LOANS FULLY DISBURSED THROUGH JUNE 30, 1968



Defaults and Claims

No part of Government contingent liability on guaranteed or insured loans will become payable unless there is a default by the borrower.

From the beginning of the program through June 1968, 1,711,305 defaults on GI home, farm, and business loans have been reported by lenders. Over 83 percent of these defaults have been cured and claims averted by arranging with veterans to repay delinquencies, or by modifying the term of repayment.

Table 62 on page 301, shows recent trends in defaults and claims.

Fiscal year 1968 was the second consecutive year in which defaults reported and claims paid declined substantially. Defaults reported during fiscal year 1968 were 12 percent less than those reported in fiscal year 1967; claims vouchered for payment declined 21 percent and the rate of claims per 1,000 loans outstanding dropped from 6.13 to 4.83.

At the end of fiscal year 1968, only 36,978 loans were in default, down significantly from 43,561 at the end of fiscal year 1967 and 52,869 at the end of fiscal year 1966.

During fiscal year 1968 VA regulations were amended to eliminate the need for having transferees execute separate VA forms of assumption agreements when veterans sell properties financed with VA loans.

Field stations have developed assumption-of-liability clauses to be inserted in deeds prepared where guaranteed or direct loans are to continue on the properties sold by veteran owners. Where the Veterans Administration determines that the purchaser is an acceptable credit risk it will not be necessary to request him to execute a separate assumption-of-liability and the veteran could be released by virtue of the purchaser's assumption of liability in the deed, provided, of course, the loan is current.

Further publicity was given to the fact that a veteran should request a release of liability from the Veterans Administration when he sells his home to a purchaser who assumes his guaranteed or direct loan. A VA pamphlet titled "Selling Your GI Home?" was designed primarily for distribution to servicemen prior to change of duty stations. This illustrated pamphlet not only reminds the veteran or serviceman of his continued personal liability to the Government on his VA loan, but encourages him to request a release from that liability when he sells his home.

Funding the Loan Guaranty Program

Total expenditures, cumulatively through June 30, 1968, were \$3,083,-964,139.

Prior to the establishment of the loan guaranty revolving fund on July 1, 1961, all expenditures were funded from the appropriation, "Readjustment Benefits," and receipts from operations were deposited to the general fund of the treasury. After establishment of the fund, receipts from operations and proceeds from the sale of loans were available for requirements of the program.

Since the inception of the fund, no appropriation has been necessary to meet expenditures associated with the operations of the loan program. Although sales of loans and other receipts have not been quite sufficient to meet all requirements, it was possible to supplement these sources by transfer of excess capital and earnings from the direct loan revolving fund.

In fiscal year 1968, because of the sale of participation certificates on loans which did not have yields high enough to cover all payments of principal and interest to participation certificate holders, an insufficiency developed in the loan guaranty revolving fund. Under the provisions of the Participation Sales Act of 1966 an appropriation of \$665,000 for insufficiencies had been provided for fiscal year 1968. This amount proved insufficient, however, since the actual insufficiency for the year was \$1.9 million. The deficiency of \$1.3 million was advanced from other unobligated balances in the fund and a request for funds to restore this advance was included in the fiscal year 1969 budget.

Thus, expenditures to date have been funded as follows:

By appropriation prior to fiscal year 1962.....	\$730, 150, 446
Receipts from operations since establishment of the fund:	
Sale of loans.....	948, 159, 991
Sale of mortgage participation certificates.....	738, 000, 000
Funding Fees (Public Law 89-358).....	19, 294, 097
Other receipts (principal repayments, interest and rental income, etc.) ¹	454, 906, 750
Transfer from the direct loan revolving fund.....	633, 871, 000
	<hr/>
Total availability.....	3, 524, 382, 284
Less: Unexpended balance, June 30, 1968.....	440, 418, 145
	<hr/>
Total expenditures.....	3, 083, 964, 139

¹ Excludes \$27,687,995 principal collections transferred to FNMA:

A distinction needs to be made between expenditures and losses to the program. The majority of funds expended are for the purchase of assets in the form of real property. Property thus acquired is eventually sold and mortgage loans or installment contracts created.

The following table summarizes the results of operations through June 30, 1968:

Total funds expended:

For payment of claims and acquisition of property.....	\$2, 446, 061, 158
For acquisition of loans, property expense, selling expense, etc....	637, 902, 981
Total expenditures.....	3, 083, 964, 139
Less receipts ¹	2, 369, 176, 188
Net expenditures to be accounted for.....	714, 787, 951
Less: Assets other than cash:	
Equity in properties.....	131, 496, 418
Equity in loans ²	449, 390, 105
Other.....	25, 335, 734
Estimated net loss.....	108, 565, 694
¹ Total receipts from operations include:	
Amount deposited to general fund of Treasury prior to inception of the loan guaranty revolving fund.....	\$208, 815, 350
Receipts deposited to revolving fund (excludes \$27,687,995 principal collections transferred to FNMA).....	2, 160, 360, 838
Total receipts.....	2, 369, 176, 188
² Computation of equity in loans:	
Loans receivable, net.....	\$1, 159, 702, 110
Less: Long term liabilities, net.....	710, 312, 005
Equity in loans.....	449, 390, 105

Funding the Direct Loan Program

Funds for making direct loans have been provided by periodic U.S. Treasury advances, the proceeds from the sale of direct loans to private investors, proceeds from the sale of mortgage participation certificates, and the proceeds of principal repayments on loans made. From the beginning of the direct loan program in 1950 through June 1968, a total of about \$4 billion had become available for making direct loans from the following sources:

U.S. Treasury advances.....	\$1, 730, 077, 996
Proceeds from sales of loans to private investors.....	477, 582, 007
Proceeds from sale of mortgage participation certificates.....	1, 097, 000, 000
Loan repayments.....	667, 843, 328

Total	3, 972, 503, 331
-------------	------------------

The status of funds for direct loans as of June 30, 1968 is shown below:

Expended for loans and advances.....	\$2, 673, 481, 468
Loans committed, but not disbursed.....	30, 644, 290
Reserved for loans in process, but not committed.....	39, 432, 060
Reserved for builders' commitments.....	None
Transferred to loan guaranty revolving fund (pursuant to Public Law 87-804).....	505, 718, 022
Balance available.....	723, 227, 491

Total	3, 972, 503, 331
-------------	------------------

To date, earnings from the direct loan program have been sufficient to pay \$368.2 million in interest on U.S. Treasury advances, to cover \$21.5 million of expenses and losses which had been incurred, to transfer \$128.2 million to the loan guaranty revolving fund, to pay \$104.9 million in interest payments to holders of participation certificates and to provide a \$57.4 million reserve against future losses.

Sales of Loans and Participation Certificates

In recent years the VA loan programs have been funded primarily by the sale of loan assets, either directly to private investors or through the sale of participation certificates backed by a pool of loans. Amounts realized by these means during the past 6 years are shown in the following table.

The direct sale of loans has several disadvantages. When mortgage funds are in short supply direct sales cannot be made except at sacrifice prices. Moreover, sales under these conditions are contrary to good policy since they drain funds directly from the mortgage oriented segment of the investment market and tend to increase the difficulties of veterans seeking guaranteed loans. In addition, many loans held in VA's portfolio are not susceptible to direct sales for various reasons, e.g., location in remote areas, low yield, small outstanding balance, etc.

Participation sales have now become a major source of funding for VA loan programs. From fiscal year 1965, when the first sale was made, through the end of fiscal year 1968, the Veterans Administration has realized more than \$1.8 billion from participation sales. An additional \$260 million was realized from a sale on August 12, 1968, for which the loans were set aside as of June 30, 1968.

Participation sales prior to fiscal year 1967 were made pursuant to authority contained in the Housing Act of 1964. As of October 2, 1964, a trust indenture creating the Government Mortgage Liquidation Trust (GMLT) was signed with the President of the Federal National Mortgage Association (FNMA). The trust has been administered by FNMA as trustee. FNMA also has participated as an original beneficiary of the trust, setting aside a portion of its own portfolio of loans for the sale of participation certificates.

Sales in fiscal years 1967 and 1968 were governed by the provisions of the Participation Sales Act of 1966. Briefly, this act provided for the sale of beneficial interests or participation certificates on loans which may not have yields high enough to cover all payments of principal and interest to participation certificate holders. Any insufficiencies which develop are covered by appropriated funds.

Fiscal year	Sale of loan assets (millions of dollars)			
	Loan guaranty revolving fund		Direct loan revolving fund	
	Direct sales	Participation sales	Direct sales	Participation sales
1963.....	\$293.3	.....	\$181.1	.....
1964.....	208.1	.....	133.6	.....
1965.....	265.6	\$7	60.7	\$93
1966.....	95.7	200	8.9	685
1967.....	64.6	106	5.9	154
1968.....	4.7	425	2.9	165

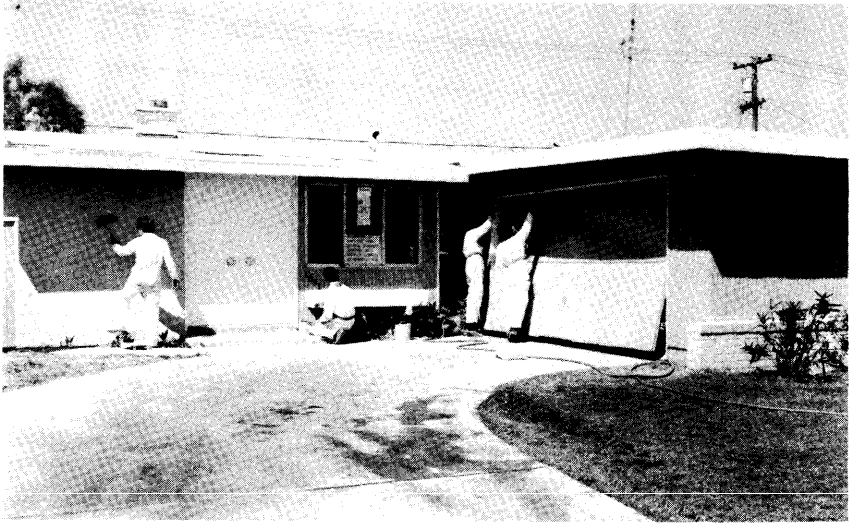
Property Acquisition, Management and Disposition

The inventory of VA owned properties declined for the 5th year in succession. During the year 23,091 properties were acquired, 24,187 were sold and 313 were redeemed by borrowers.

At the end of the year 13,179 properties were on hand, compared to 14,588 at the start of the year.

Early this year a team of management consultants completed a study of the management and sale of single family properties for the Bureau of the Budget. For the near future it could find no significant cost savings by combining the VA and FHA property management operations. While emphasizing the advantages of separate operations it did recommend increased cooperation in the exchange of ideas and practices towards a common approach to handling large scale special problem areas in which both agencies were significantly involved.

To this end an interagency agreement for coordination in pricing, terms, repair, and rental programs was formalized. Under this agreement whenever local officials of the Veterans Administration and the Federal Housing Administration determine that the agencies have a substantial number of properties offered for sale within a general area which are similar, regularly scheduled meetings will be initiated for the exchange of information, ideas, and plans in order to assure coordination of effort within established policies and practices.



Renovation of VA Property by Neighborhood Youth Corps

Community Involvement in VA Repair Program

The San Francisco Regional Office under a contract with a local non-profit health organization as sponsor, instituted a plan to make VA owned properties in Menlo Park available for previously specified repair, cleanup, and maintenance by psychiatric patients undergoing rehabilitation in the Palo Alto VA Hospital. As a therapeutic device it permitted patients on a voluntary basis and having appropriate skills to experience a regular work schedule and thus minimize the impact of normal living after discharge. This plan was a natural extension of a pilot program for disadvantaged youth from the Neighborhood Youth Corps completed successfully the previous year in San Jose. Several other VA offices have since undertaken similar programs with gratifying results.

The concept of making VA properties available for training and rehabilitative purposes and to assist community sponsored projects has been achieved without significant added costs. The agency has in fact benefited by some increased resale prices on the renovated properties.

Local government, labor and private organizations in many sections of the Nation have expressed an interest in these programs and through innovation and adaptation to local needs and facilities the Veterans Administration expects to reach and assist other worthwhile participants.

Grants to Disabled Veterans for Specially Adapted Housing

Mission

Under the provisions of 38 U.S.C., chapter 21, assistance is authorized in acquiring specially adapted housing to any veteran who is entitled to compensation under 38 U.S.C., chapter 11, based on service after April 20, 1898, for permanent and total service-connected disability:

- “(1) Due to the loss, or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair, or
- “(2) which includes ‘(A) blindness in both eyes, having only light perception, plus (B) loss or loss of use of one lower extremity.’ ”

Highlights

More than 600 veterans were determined eligible during the year, over 12,100 since initiation of program in 1948.

Grants were made to 460 veterans this year amounting to \$4.4 million—9,705 grants made to date for \$92.7 million.

General

Assistance is authorized in the form of a grant of not more than one-half of the purchase price of a dwelling, specially adapted to the veteran's individual needs, with a \$10,000 maximum single grant. Also, eligible veterans who already own their homes may secure grants for the purpose of reducing outstanding indebtedness or to pay for suitable alterations.

Each initial application under this program is first reviewed to establish the veteran's legal eligibility after which a determination is made as to whether a specially adapted house is medically feasible in his case. As of June 30, 1968, a cumulative total of 12,646 veterans had been approved as to basic eligibility, and, of these, 12,144 were approved as to medical feasibility.

After basic eligibility is established, VA technicians extend individual assistance to veterans in making arrangements for home construction or purchase. In many cases that portion of the home's cost which is not covered by a grant may be financed with a guaranteed loan. Technical aid is made available in the form of model plans and specifications for specially adapted homes. They incorporate such features as wide doors and ramps for wheelchairs, exercise facilities, and special fixtures and construction details which may be adapted to the needs of the individual veteran.

Of the 12,144 veterans who had established eligibility for grants through June 30, 1968, a cumulative total of 9,880 had formulated definite plans and had filed final applications for grants for specific housing. Only 131 of the final applications filed resulted in cancellations, 30 were pending approval, and the remaining 9,719 had been approved for grants, totaling \$93.1 million, an average of about \$9,575 per grant. Of the 9,719 final applications approved, 6,990 were for the purpose of buying a lot and building a house, 1,472 were made to build a house on a lot already owned by the veteran, 869 were made to remodel a house the veteran owned, and the remaining 388 were for the purpose of reducing the outstanding indebtedness on a suitable home which the veteran had previously purchased.

Insurance

Mission

The Veterans Administration, as the administering agency, operates five life insurance programs for veterans, servicemen, and their beneficiaries. It also supervises the group life insurance program for members of the Uniformed Services. These programs are:

- (1) U.S. Government Life Insurance.
- (2) National Service Life Insurance.
- (3) Veterans Special Life Insurance.
- (4) Service-Disabled Veterans Insurance.
- (5) Veterans Reopened Insurance.
- (6) Servicemen's Group Life Insurance.

A description of each of these programs will be found on the following pages.

Highlights

In the agency's continuing efforts to provide better service to policyholders and their beneficiaries, the following actions were taken during the year:

- (1) The period during which reinstatement of policies can be effected with only a comparative health statement as opposed to a complete medical examination was extended from 3 to 6 months.
- (2) The number of days following the regular 31-day grace period during which premiums will be accepted without any reinstatement requirements, provided the insured is alive, was extended from 15 to 30 days.
- (3) The adjudication of death claims was transferred and made the responsibility of the Insurance Service. This has made for more expeditious handling.

- (4) Approximately 240,000 insurance accounts with home addresses in the St. Paul territory were transferred from the jurisdiction of the Philadelphia office to the St. Paul office.
- (5) Veterans separated with statutory disabilities are automatically issued 20-payment life policies in the Service-Disabled Insurance program. The insurance is placed on waiver of premium from the effective date of the policy.

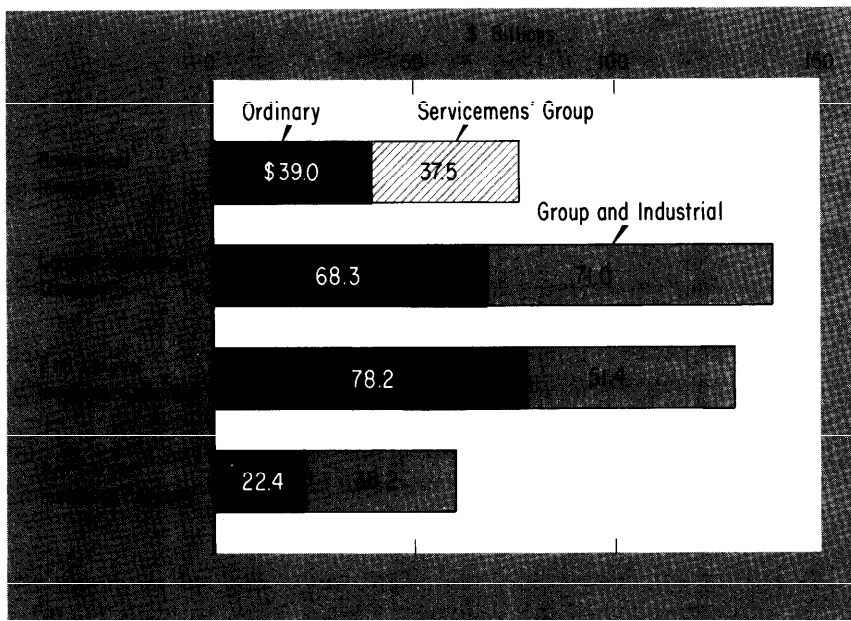
The following decisions were made with regard to dividends for calendar year 1968:

- (1) \$208 million was approved for regular dividends on National Service Life Insurance (NSLI) accounts.
- (2) \$15 million was approved for regular dividends on U.S. Government Life Insurance (USGLI) accounts.
- (3) The rate of interest payable on dividend credits and deposits was increased from $3\frac{1}{4}$ percent (NSLI) and $3\frac{1}{2}$ percent (USGLI) to 4 percent in both programs.

General

The six life insurance programs are all segregated and administered or supervised by the Veterans Administration as if they were separate life insurance companies. To accomplish this, six funds have been established

COMPARISON OF INSURANCE IN FORCE DECEMBER 31, 1967



in the U.S. Treasury. Each fund is credited with its own premium, interest, and other income, and similarly debited with its own disbursements.

The maximum amount of Government insurance, exclusive of Servicemen's Group Life Insurance, that can legally be in force on one life is \$10,000. It is possible to carry as much as \$10,000 of Servicemen's Group Life Insurance and an additional \$10,000 in one or more of the other programs.

Based on total amounts of insurance in force, the programs administered or supervised by the Veterans Administration constitute the third largest life insurance operation in the United States.

United States Government Life Insurance

This insurance program had its origin in World War I. The program was closed to new issues on April 25, 1951. From October 8, 1940 to April 25, 1951 this program was available to a limited group of service personnel. The only changes permitted today are:

- (1) Conversion from a term plan to one of the permanent plans of insurance.
- (2) Changes from one permanent plan to another.
- (3) Reinstatement of lapsed insurance.

Since the program was closed to new issues, the number of veterans protected under the insurance program is decreasing at an accelerating rate, now in the neighborhood of 5 percent per annum.

This program is self-supporting except for administrative expenses and for claim losses traceable to the extra occupational hazard of service in the Armed Forces. Dividends are paid annually based on the experience in the Fund.

Insurance in force remained at over \$900 million, and the number of policies declined by over 11,000 to a total of 218,000.

National Service Life Insurance

This program was established on October 8, 1940 to handle the insurance needs of World War II servicemen. Consideration of equity made it desirable to separate this insurance operation from its counterpart of World War I. This program was also closed to new issues as of April 25, 1951. The only changes permitted are:

- (1) Conversion from term insurance to one of the permanent plans.
- (2) Changes from one permanent plan to another.
- (3) Reinstatement of lapsed insurance.

This program, like USGLI, is self-supporting except for administrative expenses and for claim losses traceable to the extra occupational hazard of service in the Armed Forces. Dividends are paid annually based on this Fund's own experience.

About 100,000 policies were terminated in fiscal year 1968 and the total amount of insurance carried declined from \$30.7 to \$30.2 billion.

Veterans Special Life Insurance

This insurance was available, without medical examination, to veterans separated from service on or after April 25, 1951, and before January 1, 1957. Application for insurance had to be made within 120 days after separation.

Until 1959 only 5-Year Term, indefinitely renewable, was available. Legislation enacted in 1958 provided for an exchange to a lower priced term, not renewable after age 50, and for conversion to permanent plans.

This program was set up by law on a nonparticipating basis (no dividends). It is self-supporting except for administrative expenses which are borne by the Government.

There were 628,000 policies in effect on June 30, 1968 representing insurance of \$5.5 billion.

Service-Disabled Veterans Insurance

This insurance program was enacted as of April 25, 1951. It is available to any veteran who is separated from service and suffering from a service-connected disability but is otherwise insurable. The insurance must be applied for generally within 1 year after service connection of the disability is established by the Veterans Administration. All the regular plans of insurance, including 5-Year Term, are available.

This program insures medically substandard lives at standard rates of premium. Hence, the program is not self-supporting and the losses are met by periodic Congressional appropriations. The fund is operated on virtually a pay-as-you-go basis.

It is under this program that veterans separated with statutory disabilities are automatically issued policies. Since October 1967, when this automatic coverage program was initiated by the Veterans Administration, through June 28, 1968, 268 policies for a total of \$2,663,000 have been issued. Overall, by the end of the fiscal year there were 72,500 policies in force with a total amount of insurance of over \$629 million.

Veterans Reopened Insurance

In 1964, Congress enacted legislation which provided for a limited reopening of National Service Life Insurance for a period of 1 year beginning May 1, 1965 to veterans who qualified under the following conditions:

- (1) They must have been eligible to buy National Service Life Insurance

ance between October 8, 1940 and January 1, 1957, but must not have been on active duty at date of issue of the policy.

- (2) They must have had either
 - (a) A service-connected disability which was then compensable, or would have been compensable if it were rated 10 percent or more in degree—without any serious nonservice disability which would have disqualified them for standard insurance, or
 - (b) A nonservice disability, or a combination of service and nonservice disabilities, so serious that they could not obtain commercial insurance at the highest rates.

The premium rates for this insurance depend on the nature and severity of the disability. For those with service disabilities only, the rates vary from standard to a maximum of some two or three times the standard. For those with serious nonservice disabilities, the rates vary from two to three times the standard to a maximum of \$50 a month plus the standard monthly rate per \$1,000 of insurance.

Term insurance is not available in this program.

The administrative cost of this program is added to the premium paid by the insured. The policy charge for this cost has been set at 42 cents per month for the first 5 years.

Since the law requires that this insurance be nonparticipating, the premiums have been set at a low level and no dividends will be paid. However, the Administrator may by law increase or decrease the premium rates and the policy charge for administrative cost in accordance with the experience in this program.

Veterans reopened insurance amounted to \$1.4 billion at the end of the fiscal year with just under 200,000 policies in force.

Servicemen's Group Life Insurance

On September 29, 1965, legislation was enacted which provided group life insurance to members on active duty in the Uniformed Services defined in the law as the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and Environmental Science Services Administration.

The coverage is automatic for \$10,000 of insurance unless the member elects in writing to be insured for \$5,000, or not to be insured at all. The insurance continues for 120 days after separation from service, without any premium payment during this period. The group insurance may be converted to regular individual insurance in any participating commercial insurance company at any time while it is in force.

The total amount of insurance in force is now \$37.8 billion of which \$35.1 billion is on active duty members and \$2.7 billion is postseparation coverage. This insurance is reinsured on a formula basis prescribed by the

administrator with as many commercial companies as elect to participate providing they meet the eligibility requirements established by the Administrator. During the year 549 commercial companies participated in this program as reinsurers and converters and an additional 20 participated as converters only.

Premiums for this insurance, including its cost of administration, are deducted monthly from servicemen's pay and remitted by each Uniformed Service to the Veterans Administration which in turn remits them to the primary insurer.

The individual serviceman's premium, subject to change in accordance with the actual experience, has been set at \$2 per month for \$10,000 and \$1 per month for \$5,000. About 99 percent of those eligible are maintaining the insurance and virtually all of these have the \$10,000 maximum coverage.

All claims are paid by the primary insurer. However, in cases where there is some question as to the existence of the coverage, the Veterans Administration makes the final decision. The proceeds of the insurance can be paid either in a lump sum or in 36 equal monthly installments including interest on the unpaid balance. This gives an income of \$296.40 monthly on \$10,000 of insurance at the rate of interest now being paid. The beneficiary may choose the mode of payment unless the insured by designation restricts payments to 36 monthly installments.

The Government contributes toward the military extra hazard cost of this insurance by paying for all death claims in excess of a certain maximum. This maximum is defined in the law as what the total claims would be if mortality in the Uniformed Services were the same as the mortality for the entire U.S. male population of the same average age.

Soldiers' and Sailors' Civil Relief Act

The Soldiers' and Sailors' Civil Relief Act of 1940, as amended, provides for the suspension of civilian liabilities in certain cases of persons in the military service of the United States.

This agency administers only Article IV of the Act which deals specifically with commercial life insurance purchased by military personnel before entry into the Armed Forces. Because of reduced incomes, many servicemen find it difficult, if not impossible, to continue paying premiums on their civilian life insurance. So that these insureds may continue their commercial insurance, the Act provides that premiums becoming due and not paid by the insured shall be treated as a loan by the insurer. This protection, limited to a maximum of \$10,000 of insurance, continues for the duration of the insured's military service and 2 years thereafter. It is the function of the Government to guarantee to the insurer the repayment of any indebtedness not liquidated by the insured. Any such payment made by the Government then becomes a debt owed to the United States by the insured. The terms of the Act exclude any form of Government life insurance.

Under protection of the Act as of June 30, 1968 there were 227 cases totaling \$1,596,862 involving 79 insurance companies.

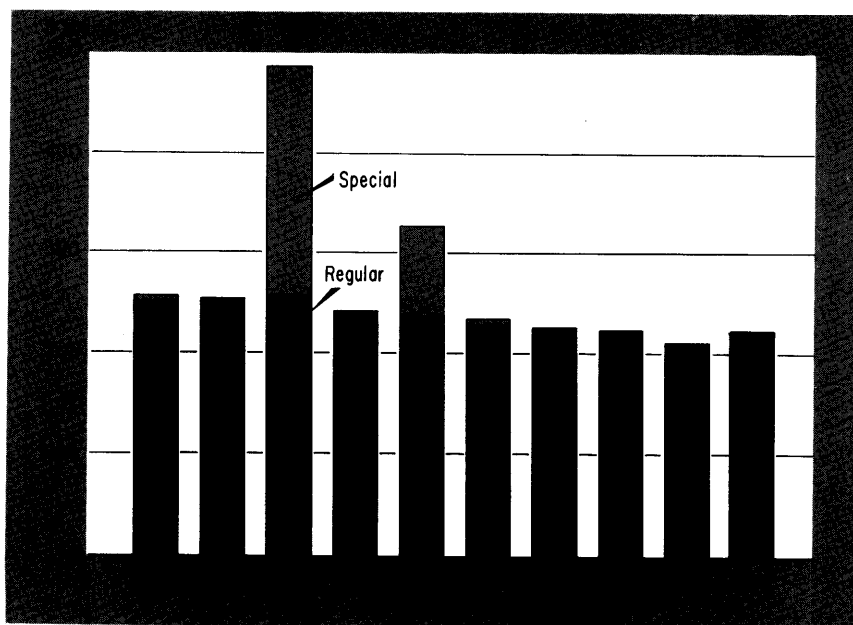
Total Disability Income Provision

Total Disability Income Provision (TDIP) is an optional rider that an insured may add to the basic policy. It provides a monthly income in case of disability. The NSLI Act has been modified to give the insured the benefit of larger monthly incomes as well as protection for later years in life. The following table shows the modifications to the Act and the current in force:

Effective date of modification	Monthly income per \$1,000	Coverage to age	In force as of June 30, 1968	
			Number of policies	Amount of insurance
August 1, 1946.....	\$5. 00	60	27, 394	\$203, 827, 108
November 1, 1958.....	10. 00	60	221, 590	1, 610, 387, 293
January 1, 1965.....	10. 00	65	560, 562	4, 494, 858, 076

A similar provision for USGLI policyholders first made available in 1928, provides a benefit of \$5.75 per \$1,000 insurance for total disability commencing before the insured's 65th birthday. As of June 30, 1968 there were 7,171 policies covered by this protection.

DIVIDENDS AUTHORIZED CALENDAR YEARS 1959-68



Dividends

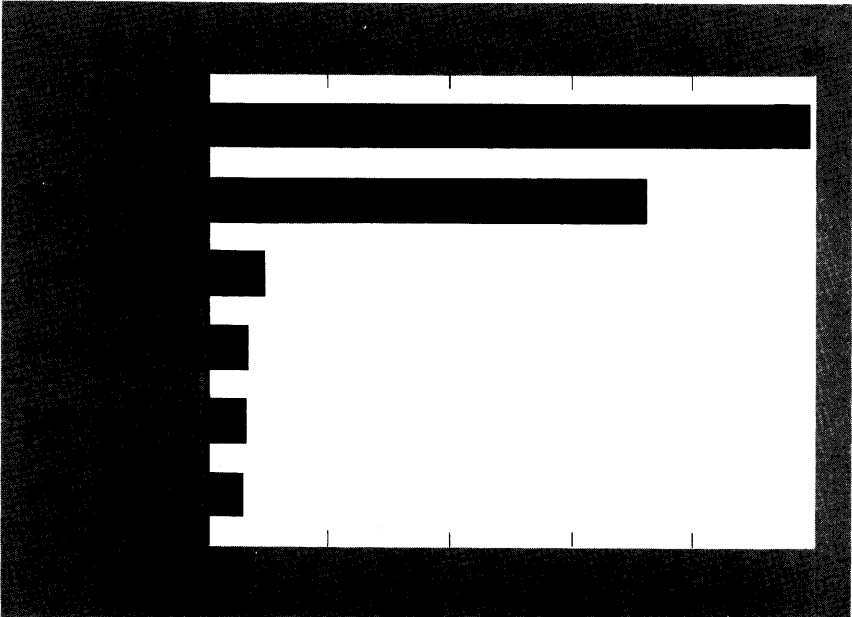
During the past 10 years, regular dividends authorized to both USGLI and NSLI policyholders have averaged about \$235 million annually. These dividends represent gains and savings derived from favorable mortality experience and excess interest earnings over and above reserve requirements that are returned to the policyholders. Since Veterans Special Life Insurance, Service-Disabled Veterans Insurance and Veterans Reopened Insurance are nonparticipating, dividends are not paid to such policyholders. However, in fiscal year 1962, a special dividend was authorized by legislation for the Veterans Special Life Insurance program.

Payment of Insurance Benefits

Substantial payments are made to Government life insurance policyholders and their beneficiaries. Living policyholders receive payments in the form of policy dividends, matured endowments, cash surrenders, and disability benefits. Beneficiaries of deceased policyholders receive the proceeds of the policy either in a lump-sum payment or in installments. These payments, spread throughout each of the States, have a significant impact on the economy.

During fiscal year 1968, living policyholders received about \$299 million in benefits from their policies. A total of about \$382 million was paid to beneficiaries of deceased policyholders. From the inception of the insurance programs through fiscal year 1968, the cash payments to living policyholders and to beneficiaries from the insurance funds have totaled about \$21.6 billion. The distribution of these payments by type is shown in the following chart.

BENEFIT PAYMENTS TO GOVERNMENT LIFE INSURANCE POLICYHOLDERS AND BENEFICIARIES



Guardianship

Mission

The thrust of the program in situations involving legally disabled adult beneficiaries is essentially protective. These beneficiaries are mentally ill and incapable of administering their affairs. Here the program approach is close supervision of estate administration coupled with personal contacts at such frequency as may be required to assure the beneficiary's well-being.

The approach in cases of minor beneficiaries in the custody of parents, while protective to a degree, is primarily directed toward assurance of adequate accommodation for immediate needs, continuation of education through high school, and the development of an appropriate educational program thereafter. Because of the wide variations in financial resources, educational attainment and family stability among the clientele served, this aspect of the program is necessarily highly selective.

Highlights

Minor and mentally ill beneficiaries served totaled 689,545. The increase of 41,740 is approximately 10,000 above the average annual increase for the past 5 years.

Beneficiary Estate Administration

The Guardianship Program is administered through the Office of Chief Attorneys located in 56 regional offices and centers in the 50 States, Puerto

Rico, and the Philippines. Two types of fiduciaries are utilized to administer benefits payable—fiduciaries appointed by State courts and Federal fiduciaries established under Federal law.

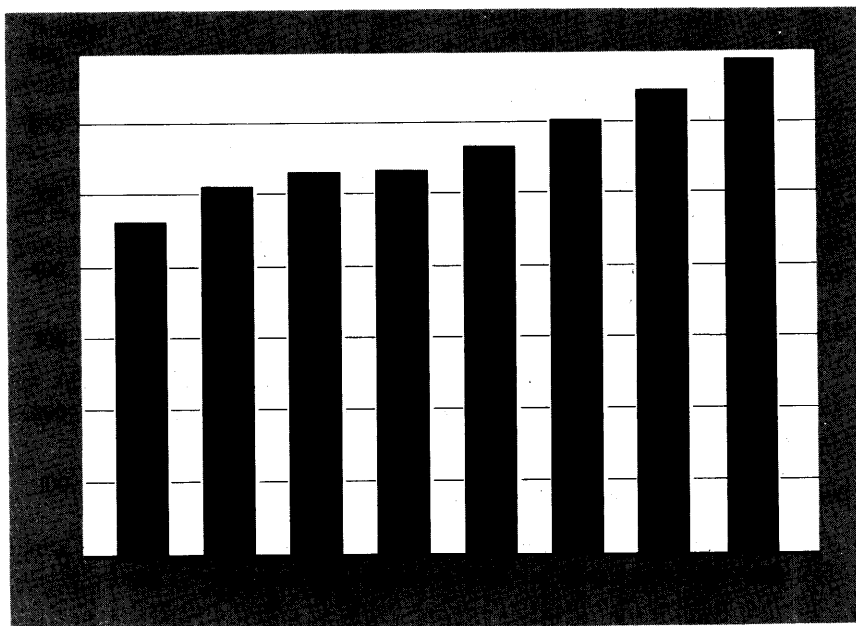
State court appointed fiduciaries are employed when the broad trust powers of a guardian are needed to protect the beneficiary's interest. To facilitate effective administration of these estates, the Veterans Administration was instrumental in the enactment of legislation in virtually all of the 50 States constituting the agency as a party in interest and a working partner with the State courts.

Federal fiduciaries are recognized when the beneficiary's entire estate and income are derived from Veterans Administration benefits and the beneficiary is in the custody of a reliable person legally vested with care of his person. For the most part, these are parents of minor beneficiaries. Since the fiduciary's relationship is established under Federal law, these fiduciaries are responsible exclusively to the Veterans Administration.

The net increase of 41,740 beneficiaries (wards) served in fiscal year 1968 involved an intake of 156,583 new beneficiaries and a loss of 114,843. This continued the upward trend of beneficiaries on guardianship rolls, with minors being the predominate class. Continuation of this trend is suggested by the fact that current estimates of veteran population show that the median age of all veterans is under 45 years.

The increase in beneficiaries served since 1961 is reflected in the following chart.

BENEFICIARIES (WARDS) SERVED



Beneficiaries (wards)	On June 30, 1968	Percent of net change during year
Total.....	689, 545	+ 6. 4
Incompetents.....	111, 133	+ 1. 8
Minors.....	578, 412	+ 7. 4

Field examinations (investigations) totaled 197,973, an increase of 1.33 percent. Legal actions totaled 129,001. These included legal work performed in connection with guardianship cases, civil litigation other than guardianship, and legal servicing of the loan guaranty program.

Recoveries on behalf of the United States from escheated funds (including general post fund), overpayments, and other collections amounted to \$4,362,515.

Contact

Mission

The Contact Program furnishes information, advice, and assistance relating to veterans' benefits under laws administered by the Veterans Administration or other agencies.

Highlights

United States Veterans Assistance Centers (USVAC's) were established in 21 pilot cities with plans for extension of the USVAC program to 70 cities.

The Contact program adopted a new posture of seeking out veterans most in need of service.

Contact assistance to servicemen in Vietnam was increased to include Air Force installations.

Contact assistance was provided to servicemen in military hospitals awaiting separation for reasons of disability.

Group orientation on benefit matters was provided to separatees at military transfer and separation points in the United States.

A movie, "You Owe It to Yourself," was provided for use at military installations to inform servicemen of benefits available to them while in service and following separation.

Special telephone service was instituted to an increased number of community locations.

A followup program of assistance to Vietnam era veterans was inaugurated.

General

In fiscal year 1968, the Contact program intensified efforts to meet benefit assistance needs of Vietnam era veterans. A new, aggressive approach to

service was adopted. It provided for the Veterans Administration contacting veterans shortly after their separation and placed particular emphasis on helping the educationally disadvantaged. It was the aim of the program to assist the recently separated veteran in his readjustment to the extent possible within the framework of VA benefits.

In the President's January 30 message to Congress on servicemen and veterans, he announced the opening of a pilot group of USVAC's. By mid-February, the first 10 USVAC's were opened in the following cities: Atlanta, Boston, Chicago, Cleveland, Detroit, Los Angeles, New York, Philadelphia, San Francisco, and Washington, D.C. A month later the second group was opened in the following cities: Baltimore, Dallas, Houston, Indianapolis, Milwaukee, New Orleans, Newark, Phoenix, Pittsburgh, St. Louis, and San Antonio.

These USVAC's were established to provide recently separated veterans with an integrated Federal and other agency assistance program which would:

- a. Promote the highest possible educational achievement.
- b. Facilitate rapid social and economic readjustment to civilian life.
- c. Receive and channel appropriate actions on discrimination complaints concerning civil rights.



Officials Visit the USVAC in Washington, D.C.

The mission requires that the information, skills, and professional techniques of all agencies and groups concerned with the problems of veterans be combined at a focal point readily accessible to the veterans.

Procedures for the operation of USVAC's provide that each educationally disadvantaged veteran recently separated from service will be afforded personal assistance. If he cannot be reached by telephone and he does not respond to agency letters, a representative of the Veterans Administration tries to locate him at home to encourage him to take advantage of available benefits.

The Contact program continues followup procedures until the veteran is satisfactorily employed, in school, or declines further assistance. Every effort is made to motivate him to his highest achievement level and the full resources of both Federal and local agencies are employed. The assistance of representatives of national service organizations and State agencies has been a significant factor in the success of the USVAC outreach efforts.

From the beginning of the USVAC program through June 30, 1968, a total of 40,137 interviews were conducted, 12,112 of which were with educationally disadvantaged veterans.

The program of benefit information and assistance to servicemen in Vietnam was expanded. At the end of fiscal year 1968, VA representatives were assigned to Army installations at Long Binh and Cam Ranh Bay and at Air Force installations at Da Nang, Cam Ranh Bay, Bien Hoa, and Tan Son Nhut. Plans were under way for like service to be initiated to Marine installations.

Under this program, benefit orientation is provided to servicemen whenever and wherever groups can be assembled, stressing benefits available to in-service personnel and outlining those available to veterans.

Individual assistance is given when requested. Servicemen and officers have commented favorably on the availability of this service in Vietnam as it enables the men to make plans for their postmilitary careers.

During fiscal year 1968, 335,903 servicemen were orientated in Vietnam, 39,451 were provided personal assistance, and 17,879 applications were filed.

VA representatives assigned to duty in Vietnam are all volunteers and their tours are for 6 months' duration.

NEW VETERANS
... MAKE YOUR DREAMS COME TRUE !

... AN EDUCATION

... A GOOD JOB

... A HOME

USVAC
STOP

Information and Assistance
in one stop. . . Visit your. . .

**UNITED STATES
VETERANS ASSISTANCE CENTER**

USVAC Poster



Servicemen Orientation in Vietnam

The military hospital program of Contact assistance was continued during 1968. The primary goal of this program is to start vocational rehabilitation of servicemen identified for separation for reasons of disability at the earliest possible date, in some instances while they are yet hospitalized. Bedside assistance was also furnished relative to claims for compensation, disability insurance and other VA administered benefits. By the close of fiscal year 1968, 115 military hospitals were being visited by Contact representatives on a regular schedule. During the fiscal year, 7,063 visits were made to military hospitals and interviews were conducted with 61,867 disabled servicemen. Vocational rehabilitation applications totaled 20,269 and claims for compensation, 24,815.

During the fiscal year, a followup program was instituted whereby a record on each separatee for disability reasons was sent to the regional office having jurisdiction over the area in which the veteran planned to reside. This enabled VA regional offices to follow through on every application submitted and to contact the veteran at his home to make doubly sure that all the benefits to which he was entitled and in which he had an interest were promptly provided.

Preseparation group orientation on benefits was provided at 288 military separation points each month. Some of the larger separation points received 7-days-a-week service from Contact personnel. During the fiscal year, 7,660 visits were made to these separation points, 496,316 servicemen were oriented and personal interviews totaled 70,265.

As a further step in assuring that benefit information reaches all separatees, a movie, "You Owe It to Yourself," was produced. This film is specifically oriented to young servicemen and covers briefly all benefits and services available to recently separated veterans. It has been reproduced in quantity, and will be shown at remote military installations, on deployed ships at sea, as well as at stateside installations.

At the end of fiscal year 1968, special telephone service was in operation in 25 communities. In locations where this service is available, veterans can dial a local number and talk with a contact representative in the regional office. This service has several advantages, foremost of which is making assistance available to those who cannot leave their homes or businesses. It is available on a full-time basis in contrast to community itinerant service which is seldom available more than one or two days per week. This telephone service is an economical means of placing assistance within reach of large number of veterans.

Itinerant Contact service was continued to 71 communities having a population exceeding 50,000. As of June 30, 1968, Contact personnel were assigned at 228 full-time installations located throughout the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, and the Republic of the Philippines. During the fiscal year, personnel conducted 2.64 million interviews with individuals visiting full-time Contact locations; an additional 4.34 million persons were assisted through telephone interviews.

Foreign Affairs

Mission

Foreign affairs activities are primarily of a staff nature concerned with providing benefits to veterans, their dependents, and survivors residing in foreign countries. They involve coordination and liaison with the Department of State which represents the Veterans Administration in providing direct services to veterans in all foreign countries except the Republic of the Philippines. They involve coordination of matters relating to the administration of the Regional Office in the Philippines and for those activities performed by the VA Office for Europe, Rome, Italy, and the VA Office at Balboa, C.Z.

General

Direct services in connection with VA administered benefits to veterans and their beneficiaries residing in foreign countries are handled for the Veterans Administration by the Department of State Consular Services except in the Republic of the Philippines which has a VA Regional Office located in Manila.

The VA Office for Europe, located in Rome, Italy, is maintained for the purpose of rendering technical advice and assistance to Department of State personnel in the administration of veterans programs in 22 Western Europe countries where more than 20,000 VA beneficiaries reside.

In the Republic of Mexico, direct services to veterans and their beneficiaries are provided by a Veterans Affairs Office in the American Embassy, Mexico City.

Liaison is maintained with the Department of Veterans Affairs of Canada, the Canadian Office of the British Ministry of Social Security and with officials of other allied governments in connection with the handling of veterans claims and in the provisions for medical care to eligible veterans of these countries.

The VA Office, Balboa, C.Z., provides representation in the administration of VA authorized medical care programs for veterans in the Canal Zone, and provides information and assistance on veterans benefit matters to residents of the Zone.

The VA Regional Office operation in the Republic of the Philippines represents the major portion of all VA programs administered in foreign countries. The unique situation of operating a regional office in a foreign country is warranted because of the large number of Filipinos who are entitled to benefits based upon service in the U.S. Armed Forces prior to Philippine independence. There is an estimated veteran population of 400,000 in the Philippines, most of whom served in the Commonwealth Army of the Philippines. Through an interagency agreement between the Veterans Administration and the SSA (Social Security Administration) the Veterans Administration handles all claims work for that agency in the Philippines, involving some 18,000 SSA beneficiaries.

During fiscal year 1968, approximately \$88.5 million in benefits were paid to U.S. veterans, their dependents and beneficiaries in over 100 foreign countries. Of this amount approximately \$54.0 million in benefits were paid to beneficiaries residing in the Philippines.

Throughout the year the Veterans Administration has, in cooperation with a number of other U.S. departments and agencies, actively participated in providing professional and technical assistance to public officials of foreign governments on training and observation missions to the United States. The preponderance of these activities have been carried out for the benefit of new and developing countries, including Korea, the Republic of China, South Vietnam, Thailand, and Indonesia.

DEPARTMENT OF DATA MANAGEMENT



Data Management

The Department of Data Management provides automatic data processing (ADP) service to the VA departments directing the veterans benefits and medical programs and to the staff offices managing the agency's major administrative functions. Beyond this, the Department is also responsible for the technical supervision and control of VA communications and facilities. In furtherance of its mission, the Department is continuously engaged in studies of VA programs and activities to ensure that the data processing requirements of all VA elements are recognized and appropriately supported.

Many projects were brought from a development stage to completion during the fiscal year. Highlights among these accomplishments include the conversion of two major ADP operations to modified and expanded computer systems. These are: (1) redesign of the Compensation and Pension Benefits ADP System—Phase I and; (2) refinement and expansion of the Insurance ADP System. Other prominent accomplishments were: the rapid processing of the 1967 pension rate increase and the updating of the VA Payroll system to accommodate the provisions of the Postal Revenue and Federal Salary Act of 1967.

General

● **Organization**—The data processing requirements for the entire agency are handled by a central office staff and 10 strategically located data processing centers. Separate support elements serve the medical and veterans benefit programs, respectively, while a third element serves the agency administrative programs. These staffs study VA operations and design, develop, and install new or modified ADP systems. Other staffs provide field operations and departmental administrative support, engage in ADP research activities and supervise VA communications activities.

● **Staffing**—Central office and the data processing centers are staffed with administrative personnel, technicians and others who specialize in various branches of the data processing sciences. Virtually all VA data processing technicians and specialists have gained their professional training and experience since entering Government service. The following table compares employment over the past two fiscal years.

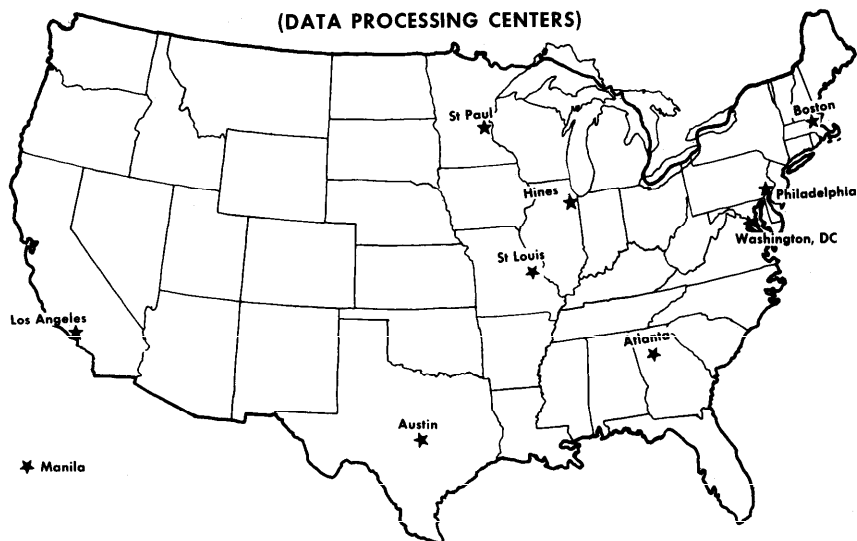
	On duty June 30	
	1967	1968
Department total	1, 562	1, 505
Central office staff ¹	389	383
Field data processing centers ²	1, 173	1, 122

¹ Includes central office employees on duty at field stations.

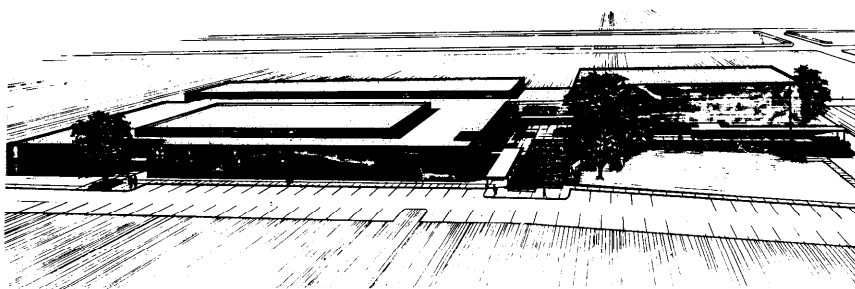
² Data processing centers are located at Austin, Tex.; Hines, Ill.; Los Angeles, Calif.; Philadelphia, Pa.; St. Paul, Minn.; Washington, D.C.; Atlanta, Ga.; Boston, Mass.; St. Louis, Mo.; and Manila, Philippine Islands.

DDM FIELD ORGANIZATION

(DATA PROCESSING CENTERS)



The Austin Data Processing Center, is the most recent, the largest and most modern within the VA DDM field organization. It is located in a new building specifically designed to house a large and growing data processing operation and is equipped with the so-called "third generation" computer systems.



VA Data Processing Center, Austin, Texas

Automatic Data Processing (ADP) Equipment

● **Computers**—The VA computer inventory totaled 37 systems at the close of fiscal year 1968. Included are three large, three medium and 31

small-scale computers. Among the latter group are 16 computers which are used for many routine data processing jobs formerly accomplished by electric accounting machine (EAM) equipment. The use of these relatively new computers, most of which are punched card oriented, has helped to improve service and increase our data processing capacity and flexibility at less overall cost. Annual savings are estimated at about \$250,000. Several other small computers are employed exclusively to support medical research activities. Sixteen computer systems have been purchased by the Veterans Administration at a total cost of over \$8 million but this investment has returned savings of about \$3.5 million annually.

Automatic Data Processing (ADP) Applications

- **General**—Work was completed during the past year on the redesign and expansion of two of the Veterans Administration's oldest, largest and most successful ADP systems. These are: the Insurance System and the Compensation and Pension Benefits System. Other ADP systems were brought from a development phase to operational status during the year while still other efforts to develop new automated systems reflected substantial progress.

- **The Insurance System**—This automated system, which has been in full operation for over 5 years, maintains and services about 5.7 million life insurance accounts with a face value of \$38.7 billion. For nearly 2 years a major effort has been underway to refine and expand this operation. The planned systems improvements were completed and installed late in fiscal year 1968 and the anticipated benefits are being realized. Various underwriting and disability insurance claims actions, formerly accomplished by manual methods, are now being processed automatically. Three separate master tape record files were merged into a single file and computer runs were combined to reduce computer processing time. Computer programs were developed to record general ledger transactions and maintain account balances automatically. In addition, the new system now produces general ledger information and the required management reports on both a calendar and fiscal year basis.

- **U.S. Government Life Insurance Dividend Rates**—A new computer program was developed and linked directly to the actuarial operation of the Insurance ADP system to calculate the USGLI dividend rates and to automatically generate the statistical data required by the Chief Actuary to forecast future dividend earnings. In addition, the system generates a dividend rate manual and a companion dividend rate tape to be used to insert the current dividend rates into the nearly 200,000 USGLI master records. This program replaces a more time consuming manual-mechanical system and is more economical to operate.

- **The Compensation and Pension (C&P) System**—The C&P benefits payment system was completely converted from a manual-mechanical type

of processing system to a computer system in late 1962. The basic system maintains and services about 4.5 million benefit payment accounts resulting in the disbursement of approximately 56.5 million checks annually in amounts totaling about \$4.4 billion. Since 1963, a series of legislative actions has created the necessity of preparing and installing program modifications to the system to permit various veterans benefits to be increased or adjusted, as required. In late 1964, an effort was begun to redesign and expand the system to include major operational improvements and to render it more flexible to meet the constantly changing provisions of new laws. The new system was installed late in fiscal year 1968 and the planned flexibility and other objectives have been achieved. System improvements include the simplification of the input/output function by the use of punched paper tape for all transactions; expansion of the master record to increase the payment amount field and to provide for the insertion of data relating to previous awards and additional diary actions and the automatic audit of all master records for each case individually and collectively. In addition, four master record files have been combined thus eliminating duplicate file maintenance and easing the input and control problem. During the next fiscal year, the work of adding the ZIP code and social security number to the master records will be completed.

The Veterans Pension and Readjustment Assistance Act of 1967 (Public Law 90-77), authorized, among other benefits, increases in pension rates for about 1,700,000 beneficiaries. The necessary program modifications to the automated C&P system were developed to permit the prompt processing of payments in accordance with the adjusted benefits. The same public law expanded educational assistance for veterans serving after January 31, 1955, originally authorized by Public Law 89-358. These additional benefits, including on the job, on the farm, and flight training, were either implemented by the Educational ADP system, after various program modifications were introduced into the system, or were in the process of implementation.

An increase in dependency indemnity compensation rates for about 140,000 widows of servicemen was authorized under the provisions of Public Law 90-207, Uniformed Services Pay Act of 1967. Computer programs under the C&P automated system were modified to enable payments to be adjusted and processed without delay.

● **The Clinical Laboratory System**—A prototype automated clinical laboratory information processing system is under development at the Boston VA hospital. The objectives of the system are: (1) acceleration of the processing of laboratory requisitions; (2) improvement of the collection and control of patient specimens; (3) improvement of quality control monitoring for test procedures; (4) reduction of the time span between test requests and reporting results and, (5) providing summaries of test result data to the requesting physicians. The accomplishment of these objectives should make it possible to respond to the increasing demands of modern diagnostic pro-

cedures without a corresponding increase in personnel and costs. During fiscal year 1968, the system design and equipment selection process were completed. The system will feature a process control computer to be located within the clinical laboratory. The system design contemplates on-line use of visual display devices for the entry and retrieval of laboratory data and the reporting of test results by small printers in the wards. The development and installation phases are scheduled for completion during fiscal years 1969-70.

● **Automated Hospital Information System**—An experimental or pilot ADP on-line hospital information system has been under development at the VA hospital, Washington, D.C. for several years. The purpose of this major research effort is to determine the practicability of applying automation to the communication and use of patient care information. The system utilizes a medium scale computer connected to remote input-output terminals located at various sites of the hospital operation. The system design and development contemplates the replacement of much of the paperwork now required to process doctors' orders and other actions such as ordering and administering medications, scheduling clinic appointments, reporting laboratory results and other patient care functions. The first phase of the new system; the "Admissions and Disposition" subsystem has been placed in operation. The radiology subsystem, consisting of the processing of requests for and the scheduling of X-ray examinations as well as the reporting of the X-ray results to the wards, is scheduled for live operation early in 1969. Thereafter, other systems will be brought to operational status. Eventual expansion of the system to other VA hospitals will depend on the success of the pilot operation.

● **The Beneficiary Identification and Records Locator System**—A study has determined the feasibility of establishing an ADP system for the Central Office master index and claims folder locator operation. Development of an automated system is, therefore, in progress which will index, store, and retrieve basic identification and related data for millions of veterans and other beneficiaries and, also, provide information on the location of records. The system is designed to encompass other closely related functions such as the assignment of claims numbers, the processing of notices of death and the transfer of records. Access to the system for the processing of inquiries by all VA stations will be provided by the General Services Administration Advanced Records System (ARS). Phase I of the new system will replace approximately 54 million cards which are now searched by manual means. Additional phases contemplated for the future include automating the notices of hospital admission procedure, automatic requests for service information and the automation of regional office index activities.

● **Centralized Accounting for Local Management (CALM)**—A computer system is in the process of development, which will centralize VA fiscal accounting operations for its 223 field stations and Central Office.

The planned system is a fast response computer oriented system which will provide: (1) prompt and accurate fiscal information to the VA Manager/Director in a time frame permitting effective operations at both the field station and Central Office levels; (2) an accounting of the VA operating appropriations and the Supply Fund; (3) integration with the VA Logistics System for the cost of supplies and equipment and with the VA payroll system for costs of personal services. Integration with all other cost systems handled by the VA accounting system through the automated management information system will also be accomplished. The system is planned for installation in phases with the initial phase (DEPOT) scheduled to become operational in fiscal year 1969 and installation of the balance of the system continuing through fiscal year 1971.

● **VA Logistics System (LOG I)**—The development of an ADP system which will encompass the procurement, storage and distribution functions of the VA Supply Program is well underway. The LOG I system will maintain all supply inventory records for field stations and supply depots. These records will be updated daily as transactions, via mail and communication lines, are received from field stations, the supply depots, Marketing Center, and Central Office. As the transactions are processed, data will be accumulated to produce inventory listings, registers, analyses, summaries and reports which will be furnished the supply program for supply accounting, supply statistics, and supply management. The system will also serve as the basic source of input for fiscal processing of VA supply transactions. The first phase of the LOG I operation was completed in October of 1967 with the successful establishment of the catalog files. The second phase of LOG I, scheduled for installation in the fall of 1968, is the establishment and maintenance of VA Supply Depot files. This includes stock availability information, stock levels and demand history of depot-stocked items, customer and vendor address and voucher register records plus other related files. The automated system will replace a manual-mechanical operation and should significantly increase the information with which to manage the VA catalog, the depot inventory and the Marketing Center activities. Development and installation of the remaining phases of the total system will continue through fiscal year 1971.

● **Loan Guaranty System**—The development of a centralized system for the maintenance of portfolio loan records to provide required data for accounting, servicing and statistical reporting is progressing. Development of the system is proceeding in two levels: Level I, which has been completed and installed, provides for statistical reporting on a nationwide basis. Level II requires expansion of the system to provide for the accounting and servicing functions. Development of the Level II portion of the system is underway. Conversion to this area of operation will be a phased changeover embracing groups of stations at a time, starting in fiscal year 1970.

During fiscal year 1968, the "PLACE Junior" system was further expanded to a total of 90,000 portfolio loan accounts. This is an interim computer system for maintaining loan accounting records. The monthly billing of borrowers is accomplished automatically. Bills and payments are returned to a centralized collection point for updating of the loan account. The system also provides accounting reports as well as reports on delinquencies and defaults to enable the regional office operating personnel to service the accounts.

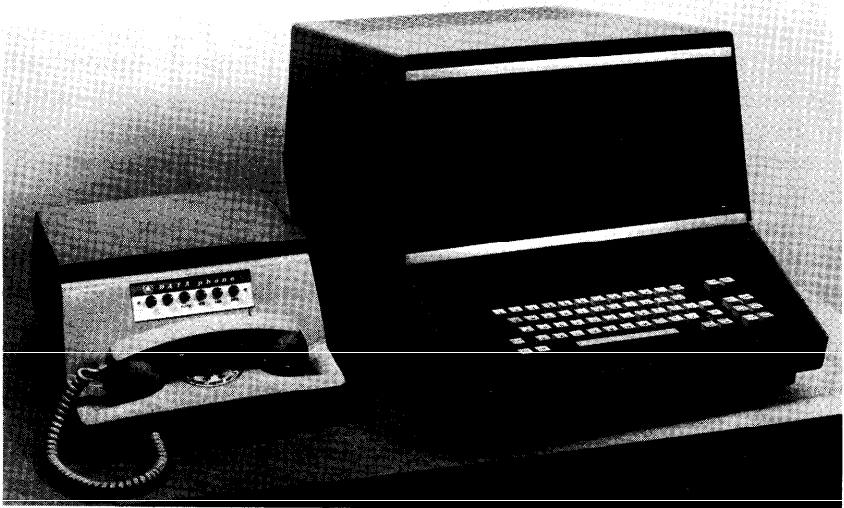
● **Postal Revenue and Federal Salary Act of 1967 (PL 90-206)**—This legislation was enacted into law on December 16, 1967 with an effective date of October 1, 1967. The master records of employees covered by the VA automated payroll system were promptly updated by appropriate program modifications to permit the increased pay to be reflected in the next pay checks processed for about 117,000 employees. The effective date (October 1, 1967) of the legislation also required the retroactive payment of the amount representing the pay increase for four pay periods to the same number of employees. The ADP system automatically computed the amounts of retroactive pay, based on the new rates, including adjustments for overtime, night differential, and holiday pay. These checks were distributed within 4 days following enactment of the bill.

ADP Research

● **General**—The planning and research element of the Department studied and appraised a number of new ADP and communications techniques and methods during the course of fiscal year 1968 and investigated the potential of newly developed ADP equipment and components for possible use by the agency. Two such studies are reviewed in the paragraphs following:

● **The Visual Display Experiment**—This study was initiated to determine the effectiveness of a device designed to retrieve information from a data bank far more quickly than is possible under currently employed methods and to identify VA areas where fast access to computer based information is highly desirable.

The visual display unit, consisting of a remote terminal, a Cathode Ray Tube (CRT) for data display and a keyboard for data entry, has been installed in Central Office. The device can connect to a computer in the Austin, Tex. Data Processing Center by long distance telephone dial-up facilities. An inquiry for information from the Automated Management Information System (AMIS) data bank is entered in the terminal via the keyboard where it is immediately displayed for review before transmission. The message is then transmitted to the Austin DPC where the computer searches the data bank, finds the information, and transmits it back to the terminal for display—all in a matter of seconds.



Visual Display Unit

● **Scientific and Technical Information Subsystem**—This experimental study seeks to define methodology for developing a computer-based, centralized file of the holdings of the VA hospital network of 165 medical and patient's libraries. The project will include studies of new information retrieval techniques for indexing and book cataloging to replace the present time-consuming manual system. It will explore interfaces with other library and information networks. The research effort will also study new services for medical research, new distribution and storage policies, and other system byproducts.

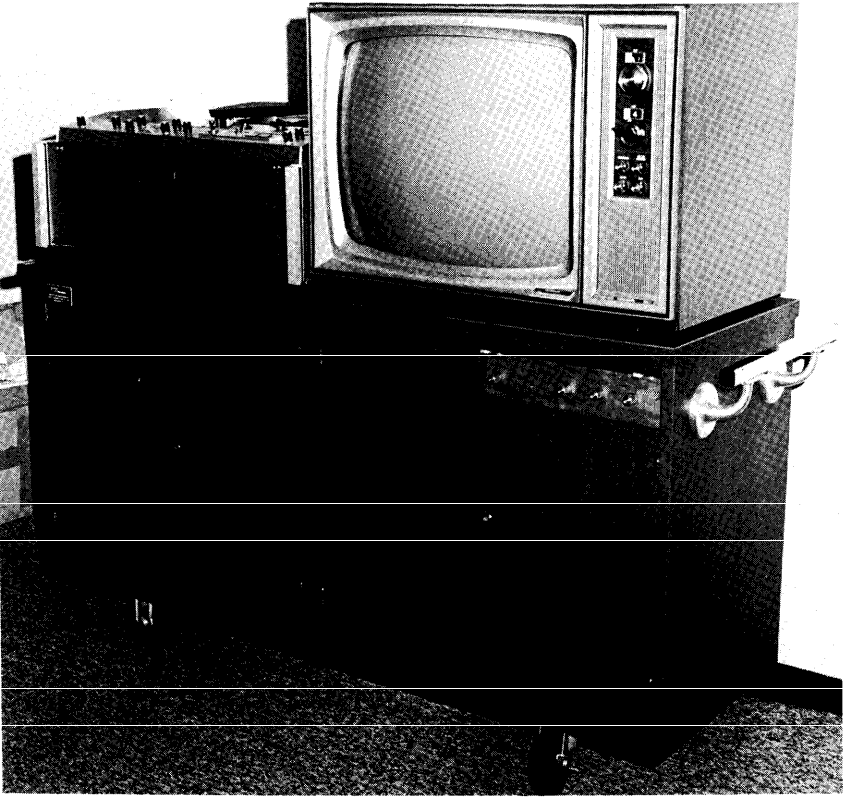
VA Communications

● **The Advanced Records System**—Teletypewriter services at all Veterans Administration installations were converted to the Advanced Records System (ARS) in December of 1967. The new system enables VA stations to automatically exchange administrative type messages directly with all other VA installations and other civil government agencies through use of the circuit switching facilities. In addition, the system's computerized message switching centers distribute multiple address messages, store and forward data traffic to and from VA Data Processing Centers at Hines, Illinois, and Austin, Tex. and provide automatic interface to the Defense Department AUTODIN (Automatic Digital Network).

● **Veterans Administration Data Transmission System**—During fiscal year 1968 developments continued on plans for the VA Data Transmission System (VADATS) to be engineered to meet the requirements for data transmission, including fast response, in support of the various projects specified by the VA ADP long-range plan. Studies are continuing for the purpose of solidifying requirements and for determining the type of system and techniques required.

● **Expanded Telephone Contact Service**—The pilot program established during the previous year to provide long distance telephone circuits for the benefit of those veterans and their families who reside in areas where contact offices are not provided was expanded to additional metropolitan areas. In addition, circuits serving some of the original cities were increased where traffic studies indicated a need for improved service. Several engineering studies were made of the increasing number of local and long distance telephone inquiries received at VA regional offices and system arrangements were installed at test locations to expedite communication between callers and VA representatives. This program will undergo continued analyses in an effort to provide maximum service at minimum cost.

● **VA Hospital Communications**—In the hospital area, the use of advanced communications equipment and techniques was expanded to improve the quality of patient care. Intra-hospital communications, such as radio paging, two-way radio, audio-visual nurse calls, intercom and television have been employed in a number of hospitals, thereby providing for improved utilization of professional and administrative staffs. Of particular note were the accomplishments during the past year in a start on the establishment of closed circuit television (CCTV). Some 35 color video tape recorders/reproducers and monitors were procured. These units were distributed to various VA hospitals for use in the education of medical and administrative staffs. Complete CCTV systems were engineered and technical purchase descriptions developed enabling procurement by a number of hospitals. Action was taken to implement area wide television networks which will interconnect not only local Federal hospitals but State and local community hospitals as well. Each of these systems have been designed and engineered to meet specific Veterans Administration and local area needs. Unique data transmission systems were also designed for some hospitals to permit on-line transmission of hospital data from remote terminals directly into computers. These data include and relate to pulmonary, cardiac, radiation therapy, and clinical laboratory tests.



Video Tape Recorder

STAFF OFFICES



Appeals

Mission

The mission of the Board of Veterans Appeals is to decide appeals with sympathetic understanding as promptly as possible, consistent with top quality, in order to grant all benefits to which veterans and their dependents and beneficiaries are entitled. The appeal process and procedures established by law, regulations, and the Board's Rules of Practice are structured to provide fairness, effectiveness, and economy of operations.

Highlights

The appeals filing rate stabilized at about 40,000. The appeals backlog was reduced to normal during the year with the processing of over 42,000 appeals. Almost 25 percent of these were favorable to the claimants. The reduction in backlog brought about a decrease of about 25 days of processing time required to decide appeals.

Traveling sections of the Board conducted 422 hearings in visits to 28 field stations.

Requests for independent medical expert opinions increased 17 percent over the preceding fiscal year.

General

The Board of Veterans Appeals is a statutory board created in 1933. All questions on claims for benefits under laws administered by the Veterans Administration are subject to review on appeals. The board provides this appellate review, independent of the operating elements responsible for initial adjudication.

Initial ratings and other adjudicative determinations on claims for benefits are made by VA field offices. Claimants are informed of field office decisions and of the right to appeal.

Appellate review is initiated by a notice of disagreement filed in the field office which entered the determination with which disagreement is expressed. The field office takes such action as it deems proper, including assistance to the appellant in procuring information to support his claim. If the disagreement is not thereby resolved, either by allowance of the benefit sought or through withdrawal of the notice of disagreement, the claimant is furnished a statement of the case. This statement informs the claimant and his representative of the facts, the applicable laws and regulations, the decision, and the reasons therefor.

The claimant is required to respond to the statement of the case within a specified time and thus is afforded an opportunity to take exception to any part of the statement and to submit additional argument or evidence. If no answer is made, the case is closed without certification to the Board. If an answer (substantive appeal) is filed, the field office will again take such development or review action as it deems proper. If this does not resolve the issue by grant of the benefits sought, the case must be certified to the Board of Veterans Appeals.

Procedures of the board are specifically designed to make it easy for a claimant to secure appellate review when he disagrees with the factual determination or application of law in the decision on his claim. "Rules of Practice" to both prescribe procedures and inform interested parties are published in VA Regulations, the Code of Federal Regulations, and in a pamphlet available for distribution. These are structured to provide maximum "due process" safeguards and to enable the claimant to more properly and effectively exercise his statutory right of appeal.

Summary of Workload

Appeals have been filed at a rate close to 40,000 annually over the past decade. In fiscal year 1968, 40,081 were filed. Of the total appeals filed, about 46 percent were settled in field offices without the necessity for consideration by the Board of Veterans Appeals. The following table shows appellate processing during fiscal year 1968.

	<i>Number of cases</i>
Pending Beginning of Year	21, 363
Undocketed, field office development not completed	15, 780
Docketed, pending in BVA	5, 583
Filed During Year	40, 081
Settled in Field Offices	20, 874
Allowed on review of appealed action	7, 152
Closed, failure to respond to statement of case	11, 347
Withdrawn by appellant	2, 375
Submitted to BVA	23, 750
Decided by BVA	24, 857
Allowed	3, 308
Remanded for further action	3, 481
Withdrawn	114
Denied or Dismissed	17, 954
Pending End of Year	20, 223
Undocketed, in field offices	15, 747
Docketed, in BVA	4, 476

The foregoing includes certain interim processes, such as remands, which are subject to further consideration and determination. The following is a summary of final dispositions of the 42,250 cases.

	<i>Percent</i>
Total	100. 0
Allowed	24. 8
Closed	26. 9
Withdrawn	5. 9
Denied or dismissed	42. 4

The board's pending docket was reduced to normal during the year. As a result, service to veterans was greatly improved through a reduction of about 25 days of processing time required to decide appeals. At the end of the year, total processing time from receipt of appeal in field office to final board decision had been reduced to an average of 152 days. About two-thirds of the total processing time was required in field offices and one-third in the Board of Veterans Appeals.

At the close of the fiscal year, there were 20,223 appeals pending—4,476 were on the board's docket and 15,747 were in various stages of development in field offices.

Staffing

As of June 30, 1968, 302 employees were on duty, with the board including 17 physicians and 131 attorneys. In addition to the board's legal and medical staff, advisory opinions are available upon request from the agency's Chief Medical Director and General Counsel, and from independent medical experts who are faculty members of 73 leading medical schools located throughout the United States.



Typical Board Section

The board is divided into 13 operating sections with three associate members assigned to each. A typical section is composed of two attorneys and one physician. All members are war veterans appointed by the administrator with the approval of the President of the United States.

Each section has an assigned staff of seven or eight attorney advisers. A medical adviser staff is available to both the sections and the attorney staffs.

Representation and Hearings

The board's Rules of Practice insure, among other things, the right of representation and the right of hearing.

Service organizations held power of attorney in 78 percent of the cases decided by the board in fiscal year 1968. Another 2 percent were represented by attorneys and agents. Vigorous and competent representation greatly assists claimants in perfecting their appeals and the board in equitably deciding cases.

Hearings for the purpose of receiving argument or testimony may be before the Board of Veterans Appeals in Washington, D.C., or before qualified personnel of the regional office or center acting as a hearing agency for the board. In addition, traveling sections of the board visit field offices periodically to conduct hearings as a convenience to claimants and to bring the board closer to those served. During fiscal year 1968 the board conducted 896 formal hearings, including 422 by travel sections in 28 field offices.

Independent Medical Opinions

The board is authorized to obtain an advisory opinion from one or more medical experts who are not employees of the Veterans Administration when warranted by the "medical complexity or controversy" of a specific case. Such opinions are secured by the chairman of the board from recognized medical schools, universities, clinics, and medical institutions with which agreements have been made. Seventy-three leading medical schools located throughout the United States are currently under agreement to furnish advisory opinions to the board. During fiscal year 1968, 285 opinions were requested as compared to 244 in fiscal year 1967. This rising trend is indicative of the ever-increasing complexity of appealed cases decided by the board.

Construction

Mission

The construction program in the Veterans Administration is concerned with five major areas of endeavor:

- (1) Development of master plans and requirements;
- (2) Design and construction of VA hospitals, domiciliaries, and other facilities including modernization and alterations;
- (3) Research to develop new hospital construction concepts and improved standards for: new materials; equipment; systems; requirements, design and construction methods and techniques;
- (4) Acquisition, utilization, and disposal of VA real property; and
- (5) Safety of VA patients, the public, and VA employees, and the protection of VA property.

Highlights

About \$58 million of construction was designed and \$37.4 million of construction was put in place. Six central office construction contracts with a value of \$4.5 million were awarded. Work was completed on 82 projects with construction costing \$40 million including a 1,068-bed hospital at Miami, Fla.

Requirements, Design, and Construction

To accomplish the mission of the VA construction program, VA requirements specialists, architects, and engineers—

- (1) Develop master plans and project requirements;

- (2) Develop preliminary drawings, technical data, and cost estimates for budget submissions;
- (3) Award and administer contracts with, and review work of, architect-engineer firms which are employed to prepare working drawings and specifications; (During fiscal year 1968, architect-engineer firms accomplished 84.1 percent of the total dollar value of construction designed.)
- (4) Prepare working drawings and specifications; (During fiscal year 1968, VA architects and engineers accomplished 15.9 percent of the total dollar value of construction designed.)
- (5) Insure performance by the contractor in conformance with the construction contract and specifications, with technical assistance provided by the architect-engineer as required;
- (6) Award and administer contracts for, and conduct research to identify new hospital design and construction concepts; prepare recommendations and issue standards on the use of new materials, equipment; systems; requirements and master plans development methods, design methods, and construction techniques; and investigate specific construction problems.

The accompanying table shows that during fiscal year 1968 construction was completed on 82 projects with a construction cost of about \$40 million. At the end of fiscal year 1968, 60 projects with a construction cost of about \$121 million were under construction and 170 projects with a construction cost of about \$340 million were authorized and in various stages of development but not yet under construction.

Description	Statistical appendix table number	Construction status							
		Total		Completed		Under construction		Authorized but not under construction	
		Number	Estimated construction cost (million dollars)	Number	Estimated construction cost (million dollars)	Number	Estimated construction cost (million dollars)	Number	Estimated construction cost (million dollars)
Total.....		312	501.2	82	40.4	60	121.0	170	339.8
Replacement and relocation hospitals.....	72	15	300.1	1	18.5	5	90.5	9	191.1
Modernization.....	73	26	107.1	3	4.7	5	10.3	18	92.1
Domiciliary.....	(1)	1	4.0					1	4.0
Nursing home care units.....	74	32	5.3	26	3.2	2	.4	4	1.7
Research facilities.....	75	34	23.8	9	1.3	6	3.5	19	19.0
Other improvements.....	76	204	60.9	43	12.7	42	16.3	119	31.8
(a) Air conditioning.....	76-I	11	32.1	2	6.8	2	9.6	7	15.6
(b) Hemodialysis units.....	76-II	21	2.1	8	.6	9	1.0	4	.5
(c) Intensive care units.....	76-III	64	5.7	1	(2)	5	.6	58	5.1
(d) Other.....	76-IV	108	21.0	32	5.3	26	5.1	50	10.6

¹ As proposed project for Wood, Wis., is the only project in this category, a separate table was not prepared.

² Less than \$50,000.

Note.—Because of rounding, details do not necessarily add to totals.

VA architects and engineers made preliminary plans, including comparative studies, preliminary drawings, and cost estimates for an estimated \$61.3 million of proposed construction during the fiscal year. During fiscal year 1968, working drawings and specifications were developed by the Veterans Administration and by private architect-engineer firms for \$58.2 million of construction.

Forty-six projects were awarded during fiscal year 1968, with a total estimated construction cost of \$8.5 million.

Six central office construction contracts with a value of \$4.54 million were awarded. These include contracts of \$0.34 million for alterations to VA warehouse for Post Office Department supply center at Somerville, N.J.; \$1.83 million for research addition at Palo Alto, Calif. (Palo Alto Division); \$0.46 million for laundry at Lake City, Fla.; \$0.48 million for research addition at St. Louis, Mo.; \$0.81 million for dining hall and kitchen building at Palo Alto, Calif. (Menlo Park); \$0.62 million for medical research facility at Bronx, N.Y.

Construction obligations incurred during fiscal year 1968 were: \$20.7 million for the Construction of Hospital and Domiciliary Facilities appropriation (including \$91 thousand incurred by the Corps of Engineers); \$5.2 million for the Grants to States for Construction of State Nursing Homes appropriation; and \$15,000 for the Corregidor-Bataan Memorial appropriation.

The \$20.7 million obligations compare with the \$38.1 million ceiling for Construction of Hospital and Domiciliary Facilities obligations for the year. The freeze on contract awards during the early part of the fiscal year disrupted the contract award schedules and retarded obligations.

In fiscal year 1968, \$37.4 million of construction was put in place under VA supervision (including \$0.09 million work placed by the Corps of Engineers).

Replacement and Relocation Hospitals Program

During the fiscal year 1968, construction was substantially completed on one hospital (pictured on page 160) at Miami, Fla. The total estimated construction cost of this hospital was \$18.5 million, and the total capacity was 1,068 beds.

At the end of fiscal year 1968, five projects having 4,028 beds and a total estimated construction cost of \$90.5 million were under construction. These projects were located at Columbia, Mo.; Hines, Ill.; Long Beach, Calif.; Northport, N.Y.; and San Juan, P.R.

Of the nine authorized projects not under construction at the end of fiscal year 1968:

- Working drawings and specifications were completed on projects for Chicago, Ill. (South Side); Los Angeles, Calif.; and Tampa, Fla.

(a rendering of the latter, completed during fiscal year 1968, is pictured below).

- Working drawings and specifications were in process on three projects: Lexington, Ky.; San Diego, Calif.; and San Antonio, Tex. (renderings on the latter two are pictured on page 161).
- Master plans were completed, in process, or awaiting development for projects at Stony Brook, N.Y.; San Francisco, Calif.; and Seattle, Wash.



VAH Miami, Fla.



VAH Tampa, Fla.



VAH San Diego, Calif.



VAH San Antonio, Tex.

The San Antonio and San Diego hospitals are being designed with a unique and novel approach to construction. Buildings will have interstitial space between floors. The space will have a height of approximately seven feet and will house all of the mechanical and electrical utilities for each floor. The height of the space permits complete accessibility for maintenance people to service equipment and to make quick and relatively inexpensive changes to accommodate any changes in the floor layout below.

Modernization

During fiscal year 1968, construction was completed on modernization phases of projects at Danville and Downey, Ill.; and Perry Point, Md. These projects had a total construction cost of about \$4.7 million.

At the end of fiscal year 1968:

- Construction was underway on modernization phases of five projects: Bedford, Mass.; Coatesville, Pa.; Palo Alto, Calif. (Menlo Park); and two projects at Perry Point, Md.; having a construction cost of about \$10.3 million.
- Eighteen other modernization projects with a construction cost of \$92.1 million, are in various phases of preconstruction development.

VA Nursing Home Care Program

A brief history of construction completed in the Nursing Home Care Program from its start in fiscal year 1966 through completions in fiscal year 1968 follows:

	Number of		Estimated construction cost (million dollars)
	Projects	Beds	
Total.....	62	3, 558	\$6. 19
Fiscal Year:			
1968.....	26	1, 653	3. 17
1967.....	9	561	0. 95
1966.....	27	1, 344	2. 07

At the end of fiscal year 1968, two projects, Pittsburgh, Pa. (Aspinwall Division) and Salisbury, N.C., having 198 beds, were under construction. Four projects having 270 beds were in various stages of preconstruction development: Chillicothe, Ohio; Miami, Fla.; St. Cloud, Minn.; and Wood, Wis.

In some cases the need for nursing home care beds is so urgent that the homes are put into operation before construction changes are completed.

The 120-bed nursing home to be erected at Miami, Fla. represents a "first" for the Veterans Administration in this class of patient care. Its many innovations include:

- a. Adjoining two-bed rooms can be converted to four-bed rooms by movable partitions.
- b. The two 60-bed units are designed with single and double corridors to reduce the distance from the farthest bed to the nursing station to less than 100 feet.

- c. Long span construction is provided to eliminate columns to conserve space and add flexibility.
- d. One story construction is provided for easy access to outside areas to motivate patient activity to regain or retain ability to perform activities of daily living and maintenance of bone metabolism.
- e. Toilets are provided adjacent to each bedroom. This will preclude the need for staff to assist patients to and from distant toilets and reduce housekeeping caused by accidents with incontinent patients. The majority of nursing home care patients require assistance with toileting.

Research Facilities Program

During fiscal year 1968, construction on nine medical research facilities projects was completed with an estimated construction cost of \$1.3 million. At the end of fiscal year 1968, six projects were under construction at an estimated cost of \$3.5 million and 19 projects with an estimated construction cost of \$19.0 million were in various stages of preconstruction development.

Other Improvements Program

This program includes a wide range of construction projects not covered under other program headings. For clarity, these projects have been separated into the following groups:

- **Air Conditioning Projects**—During fiscal year 1968, two air conditioning projects with construction cost of about \$6.8 million were substantially completed at Bronx, N.Y., and Pittsburgh, Pa. (Leech Farm Road). At the year end, two projects with construction cost of about \$9.6 million were under construction at Brooklyn and New York, N.Y. Seven projects with estimated construction cost of \$15.6 million were in various stages of preconstruction development.

- **Hemodialysis Units Projects**—The hemodialysis program, which provides longer life for patients with kidney malfunctions, was initiated in fiscal year 1966. In fiscal year 1968, construction was completed on eight hemodialysis projects: West Haven, Conn.; Indianapolis, Ind. (10th Street Division); Portland, Oreg.; Providence, R.I.; Nashville, Tenn.; Salt Lake City, Utah; Seattle, Wash.; and Madison, Wis. At the yearend, nine hemodialysis projects were under construction and four were in various stages of preconstruction development.

- **Intensive Care Units Projects**—A special task force study indicated a need for 3,000 additional intensive coronary care beds during the 5-year period 1968–73. One such project of 10 beds was completed at West Roxbury, Mass., in fiscal year 1968, and five others were under construction having a total of 52 beds. Fifty-eight other projects were in various stages of preconstruction development.

● **Other Projects**—During fiscal year 1968, 32 other projects with estimated construction cost of about \$5.3 million were completed. At the end of fiscal year 1968, 26 other projects with construction cost of about \$5.1 million were under construction, while 50 projects with estimated construction cost of about \$10.6 million were in various stages of preconstruction development.

Field Station Review of Architectural Drawings

A new procedure was initiated whereby the hospital would review the 75 percent working drawings to make certain that all mechanical systems in the project would correlate with the mechanical system in existing hospitals. This procedure should produce fewer problems and change orders.

The review of working drawings prepared on projects initially developed one or more years ago continues at a steady rate. At all times drawings on one or more projects are in the office for review, both preliminary drawings and working drawings.

Post-Activation Hospital Evaluation Survey

During the year on-site surveys were made at locations of some newly completed facilities under a program for evaluation of functional effectiveness of design, space, equipment, and innovative systems for medical care and treatment in new construction and major modernization projects. Through these evaluations, areas were identified where action could be taken to improve functional effectiveness at the location visited, and recommendations were made which resulted in changes in criteria and ongoing plans, to improve functional effectiveness in future new construction.

Facility Planning and Construction Design Criteria—Computer System

During the year the Equipment Guide List was reviewed to determine whether or not changes were indicated from either sophistication of new equipment or changing program needs. Additionally, as space planning criteria for new functional areas develop, companion Equipment Space Guide Lists are prepared. In addition to the 41 existing chapters of guidelists, an additional 12 functional areas are being developed. The master equipment file computer system became operational during the year to enable print-outs to be obtained for the equipment in most functional areas of the hospital.

The computer program for development of space plans for new construction projects (that do not involve alterations to existing facilities) became operational in July 1967. During the year, 24 space plans were developed with this system that reduces both the manpower and time requirements necessary to complete each space plan. Numerous improvements were made during the year, new and revised criteria were incorporated into the computer data bank to further enhance the application of the system. Many operational

problems remain, but these are being overcome gradually as additional experience is gained with this system.

Construction Research Program

During the fiscal year a number of research projects were in progress. One such project involved a study on integration of mechanical, electrical, structural, and architectural systems in VA hospital facilities.

In the field of air conditioning one contract was awarded for a study to obtain optimum design criteria for air conditioning future kitchen and laundry facilities, and another to establish design criteria and identify systems which will provide air conditioning in existing hospitals with acceptable environmental characteristics to satisfy the various types of medical care requirements at costs, both initial and operating which are consistent with the life expectancy of the hospitals.

A computer program, suitable for the preparation of building construction specifications, is being developed in conjunction with the Department of Data Management.

A study being performed under contract by the National Bureau of Standards, the major objective of which is to apply the quantity survey approach to building construction procedures, is being participated in by the Veterans Administration along with other Government agencies.

Real Estate

The Veterans Administration real estate program involves the administration of Government-owned and Government-leased property under the jurisdiction of the Veterans Administration, comprising lands and structures at hospitals, centers, domiciliaries, and depots. Acquisition, utilization, and disposal of real property are conducted under this program.

During the fiscal year:

- (1) A 16-acre site on the campus of the University of California (San Diego) was acquired as a location for a new hospital.
- (2) Negotiations continued for acquisition of new hospital sites at Los Angeles, Calif., Chicago, Ill., and Lexington, Ky.
- (3) Excess land totaling 420 acres at 10 hospitals was reported to General Services Administration for disposal. They completed disposal action on 1,481 acres at 18 hospitals.

Safety and Fire Protection

The Veterans Administration safety and fire protection program reflects the efforts of management in carrying out its responsibility for the prevention of accidents and injuries to beneficiaries, to visitors and to employees and for the protection of life and property against fire.

The President's MISSION SAFETY-70 program continued to serve as a stimulus and focal point in the agency's efforts toward a reduction in injuries and accidents to beneficiaries, visitors, employees and their families.

The VA safety and fire protection program was highlighted by recognition again in fiscal year 1968. The VA hospital, Richmond, Va., won the Grand Award for the third consecutive year in the Hospital Safety Contest sponsored by the American Hospital Association and the National Safety Council. Three VA hospitals won first-place honors in their respective groups; 21 had perfect records; and 30 had the best records in the States in which they were located. Sixty-five VA stations entered the 1967 National Fire Protection Association International Fire Prevention Contest. The VA hospital, Omaha, Nebr., won the Grand Award along with first-place honors in its group. VA stations won another first-place award; one second-place award; and six honorable mention awards in the contest.

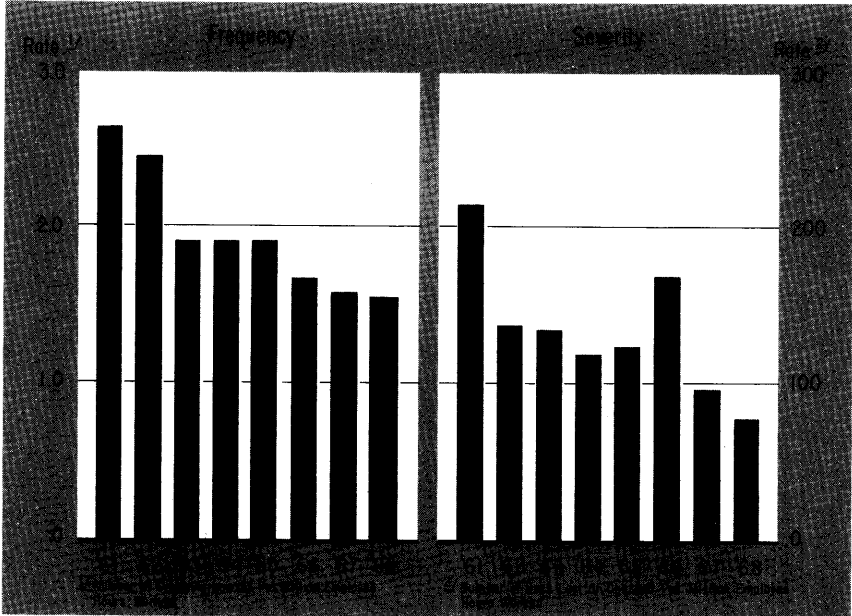
The Administrator's Safety Award, given on a calendar year basis, was won by 65 field stations during 1967. Five field stations received the Administrator's Decade Award for achieving a high degree of proficiency and excellence in safety for 10 consecutive years. The hospital at Brockton, Mass., the Regional Office at Roanoke, Va., and the Data Processing Center at Philadelphia, Pa., were given Special Administrator's Awards as outstanding stations in their departments in safety and fire protection.

At the end of fiscal year 1968, 71 stations had operated 1 year or more without a reportable disabling injury. The Regional Office at Pittsburgh, Pa. had logged nearly 9 million injury-free man-hours. Sixty-seven other stations had attained records of over 1 million man-hours since the last disabling injury.

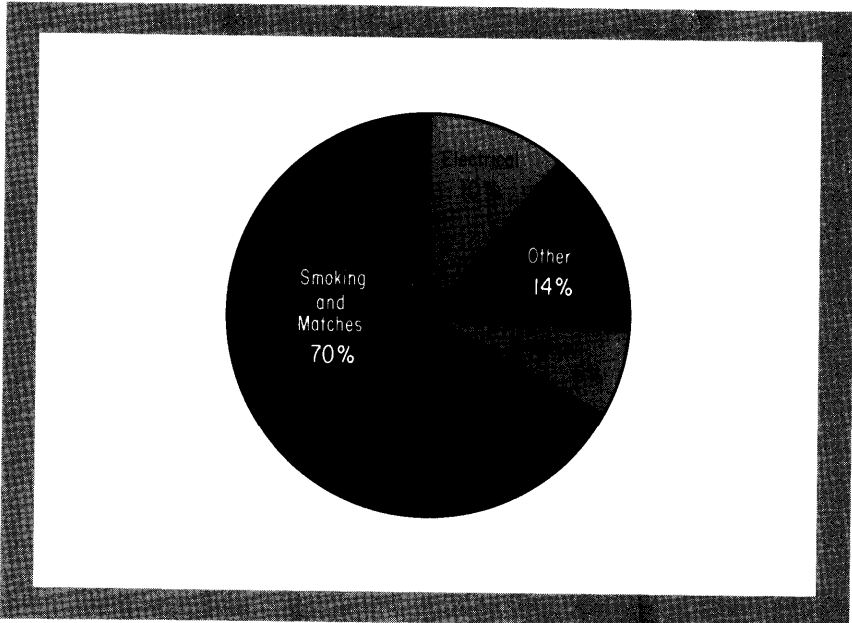
The accompanying chart shows that the disabling injury rate is again at an all-time low. This compares well with the efforts of the past 5 years. Also indicated on the chart is the severity rate. Again this year, the accident severity rate has been reduced from 96 in 1967 to 78 in 1968, a reduction of 18 per million employee-hours worked.

The leading cause of fires in the Veterans Administration last year was smoking and matches which accounted for 70 percent of all fires. Nomex pajamas are now in use to attempt to reduce smoking material injuries to patients considered smoking risks. The number of fires reported by field stations during the fiscal year was 1,589. The cost of these fires was \$761,552 up from \$74,560 in 1967. A fire in a recently constructed, but unoccupied building cost \$403,000 and resulted in 52.9 percent of the total loss from fire in 1968. Two others totaling \$50,000 accounted for 6.4 percent of the total losses. Most of the remainder were small fires caused by smoking and matches.

INJURY RATES DURING FISCAL YEAR



CAUSES OF VA FIRES



Veteran Population

Number of Veterans and Period of Service

At the close of fiscal year 1968, an estimated 26,273,000 men and women in civil life were potentially eligible to receive VA benefits and services, on the basis of their service in the U.S. Armed Forces during a period of war, armed conflict, or the "cold war" between January 31, 1955 and August 5, 1964. The Veterans' Pension and Readjustment Assistance Act of 1967 (Public Law 90-77) approved on August 31, 1967 made available to all veterans who served on or after August 5, 1964, benefits comparable to those of veterans who had served during periods of war. On June 30, 1968, the number of veterans who qualified for the benefits under this legislation was 2,075,000.

During fiscal year 1968, the veteran population increased by 427,000. There were about 279,000 deaths among veterans during the year. Categorized by period of military service 2,000 were Spanish-American War veterans; 122,000 were World War I veterans; 127,000 had served in World War II only; 11,000 had served in the Korean conflict only; 9,000 had served in both World War II and the Korean conflict; 3,000 had served in the Vietnam era only; and 5,000 veterans had served in the "cold war" period between January 31, 1955 and August 5, 1964. The reduction in veteran population due to these deaths was more than offset by separations from the Armed Forces. Two Indian War veterans were living on June 30, the only survivors of the 106,000 men who had served in these campaigns.

Veteran Population, June 30, 1968

Total veteran population.....	26, 273, 000
<hr/>	
A. War veterans.....	23, 134, 000
<hr/>	
1. Vietnam era.....	2, 234, 000
a. No service in Korean conflict.....	2, 075, 000
b. And service in Korean conflict ^{1 2 3}	159, 000
2. Korean conflict.....	5, 814, 000
a. No service in World War II.....	4, 567, 000
b. And service in World War II ¹	1, 247, 000
3. World War II.....	14, 718, 000
a. No service in Korean conflict.....	13, 471, 000
b. And service in Korean conflict ¹	1, 247, 000
4. World War I.....	1, 766, 000
5. Spanish-American War ⁴	8, 000
6. Indian wars.....	2
<hr/>	
B. Service between Korean conflict and Vietnam era ⁵	3, 139, 000
<hr/>	
¹ Counted once in "Total veteran population" and "A. War veterans".	
² Included in Korean conflict.	
³ Includes 98,000 who also served in World War II.	
⁴ Includes war with Spain, Boxer Rebellion, and Philippine Insurrection.	
⁵ Service only between Jan. 31, 1955 and Aug. 5, 1964. Excludes men who served on active duty only for Reserve or National Guard training.	

There were about 503,000 women veterans, of whom 58,000 served between the Korean conflict and the Vietnam era, and 34,000 served during the Vietnam era.

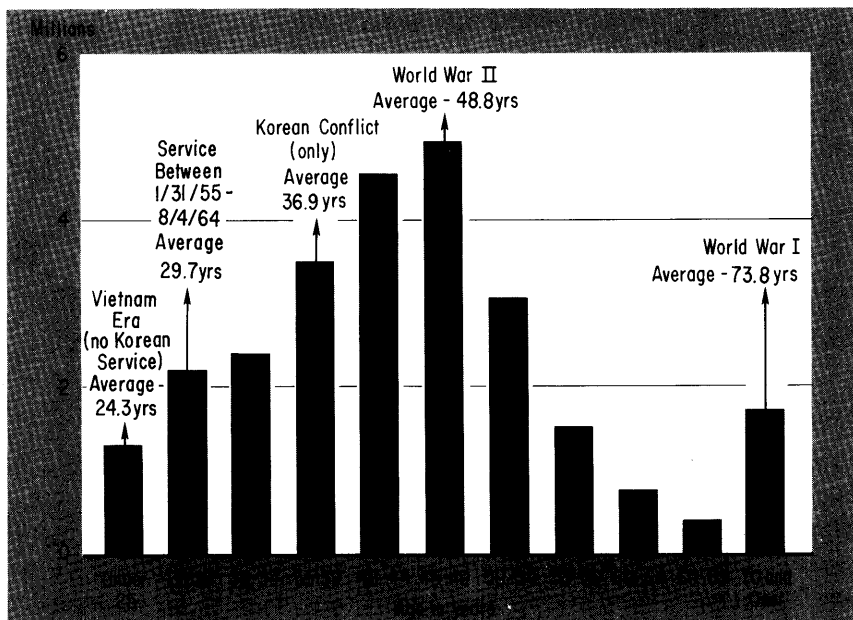
Age of Veterans

While the total number of veterans in civil life increased by 427,000 to 26,273,000 from the previous year, the average age rose from 44.0 to only 44.2 years. As a result of granting war veteran status to the 2,075,000 Vietnam era veterans, the average age of war veterans decreased from 47.5 last year to 46.2. The average age of these Vietnam era veterans was the lowest of all categories of veterans—only 24.3 years. Those veterans who served only between the Korean conflict and the Vietnam era were 29.7 years old on the average. The oldest veterans, except for the two Indian wars survivors, were those who had served in the Spanish-American War, average age 89.5 years. The average age of the Indian wars veterans was 98.5 years. Of the 1,766,000 World War I veterans whose average age was 73.8 years, almost 1 million were 70 to 74 years old and less than 500 were under 65 years of age.

World War II veterans who had no Korean conflict service were 49.0 years old while those who also had Korean conflict service were 2.4 years younger. Those who had Korean conflict service only were 36.9 years old.

Veterans 65 or more years old comprised 8 percent of all living veterans at the end of the fiscal year. Of the 2.1 million in this older group 84.4 percent were World War I veterans, 0.4 percent were Spanish-American War veterans; 14.3 percent were World War II veterans; with most of the remaining 0.9 percent having periods of service spanning World War II and the Korean conflict and/or the Vietnam era. (Detailed statistics on the age of the veteran population, by period of service, are given in table 77, pp. 318-319.)

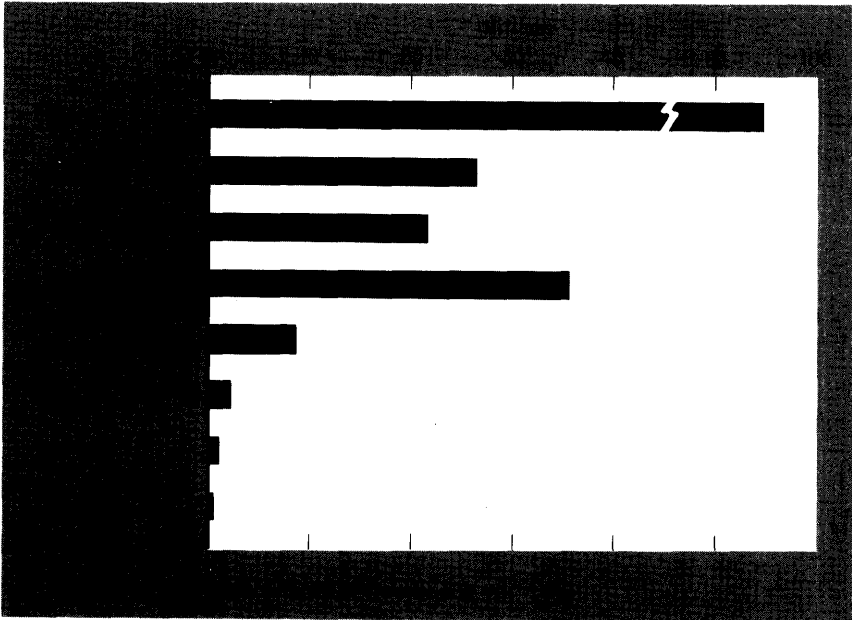
AGE OF VETERANS, JUNE 30, 1968



Veterans and Their Families

There were almost 94.9 million veterans, members of their families, and surviving widows, minor children, and dependent parents of deceased veterans among the 197.6 million civilian population of the United States at the end of the fiscal year. VA benefits and services are therefore potentially available to 48 percent of the total population of this Nation, either directly to veterans and to surviving dependents or indirectly to veterans' family members.

Of the 94.9 million living veterans, their family members, and deceased veterans' survivors, 91.6 million were veterans, their wives, minor children, and other members of their families. Of the 3.3 million surviving relatives of deceased veterans, 2.1 million were unremarried widows, 0.9 million were children under 18 years old, and 0.3 million were dependent parents.



Geographic Distribution of the Veteran Population

Of the 26,273,000 veterans in civil life on June 30, 1968, it is estimated that 26,093,000 resided in the 50 States and the District of Columbia while 180,000 were living outside the United States. Eight States with an estimated million or more veterans accounted for 13,374,000 or a little more than 51 percent of those living in the United States. These were (in descending order of magnitude): California, New York, Pennsylvania, Illinois, Ohio, Texas, Michigan, and New Jersey. Eleven States (Alaska, Delaware, Hawaii, Idaho, Montana, Nevada, New Hampshire, North Dakota, South Dakota, Vermont, and Wyoming) had fewer than 100,000 veterans each, and together accounted for only 762,000 veterans or 2.9 percent of the total veteran population residing in the United States.

There were 13,273,000 veterans within the jurisdictional areas of 11 VA regional offices having 700,000 or more veterans who accounted for 50.5 percent of the total veteran population. These were (in descending order of magnitude) as follows: New York, Los Angeles, Chicago, Cleveland, Detroit, San Francisco, Philadelphia, Newark, St. Petersburg, Waco, and Boston. (Detailed statistics on State and regional office veteran population, by period of service, are given in tables 78 and 79 on pp. 320-323.)

Statistical Research: Characteristics of Veterans

Data on various aspects of the socioeconomic status of male veterans was again obtained by the Veterans Administration through arrangements with the Bureau of the Census and the Department of Labor from the monthly CPS (Current Population Survey) conducted by the Bureau of the Census. Among the data available from this survey were those relating to current educational attainment and income, monthly employment status, and family income.

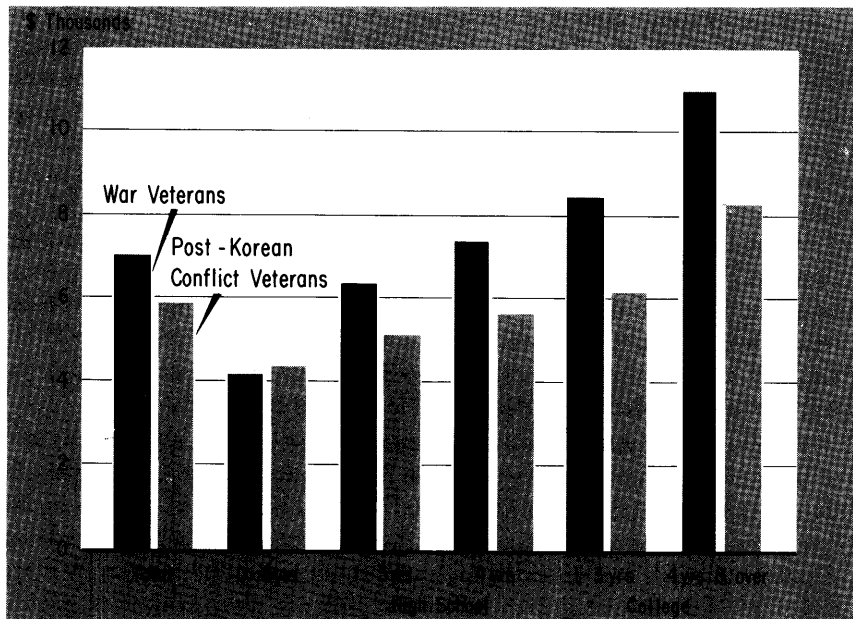
It should be noted that in each of these surveys Vietnam era veterans are included in the post-Korean conflict classification rather than among the war veterans. This was due to the fact that at the time the surveys were being conducted the group now identified as Vietnam era veterans under Public Law 90-77 were classified only as post-Korean conflict veterans and it was not possible to restructure responses on a retrospective basis.

● **Educational Attainment and Income**—The median educational level of the 20.5 million male war veterans in the civilian noninstitutional population of the United States in March 1967 was 12.3 years. About one of five war veterans had completed no more than an elementary school education. Another one-fifth had attended high school but had not completed 4 years; one-third had completed high school but had not gone to college; slightly more than one-fourth had attended college. Fifty-eight percent of those who had attended college had graduated.

The median education level of the 4.3 million male post-Korean conflict veterans was 12.6 years, three-tenths of a year greater than that of the war veterans. Another measure of the higher educational level of this group is the proportions of the post-Korean conflict veterans who were counted in each of the various educational groups. One of 20 post-Korean conflict veterans had no more than an elementary school education. Another one-seventh had attended, but had not completed, high school; over one-half had completed 4 years of high school but did not attend college; slightly less than three of 10 had attended college. However, only 44 percent of those who attended college had completed 4 years or more.

In general, the survey supports the statement that the higher the level of education attained, the greater the income received. In 1966 the median income of war veterans ranged from \$4,300 for those who had no more than 8 years of school to \$10,900 for those who had completed college. The median income of post-Korean conflict veterans displayed a similar pattern although the medians were generally lower. Median income for all post-Korean conflict veterans was \$6,000 compared with \$7,100 for war veterans. The lower income of post-Korean conflict veterans is primarily due to the fact that they are younger. Because they are younger many are still going to school and are not yet established or experienced in the labor force.

1966 MEDIAN INCOME OF VETERANS BY EDUCATIONAL ATTAINMENT



● **Employment Status**—The noninstitutional population of the United States included 20.3 million war veterans and 4.8 million post-Korean conflict veterans (based on the monthly average of January–March 1968). Approximately 89 percent of the war veterans and 96 percent of the post-Korean conflict veterans were in the labor force. Almost all of the veterans in the labor force were working. Almost seven out of 10 of the employed war veterans and over eight out of 10 of the post-Korean conflict veterans were employed as private wage and salary workers. Government employees (Federal, State, or local) accounted for 17 percent of the employed war veterans and 13 percent of the post-Korean conflict veterans. The remaining 13 percent of the employed war veterans and 5 percent of post-Korean conflict veterans were either self-employed or unpaid family workers.

About 2.2 percent of the war veterans and 3.5 percent of the post-Korean conflict veterans were unemployed. Regarding the duration of unemployment, four out of 10 of the unemployed war veterans, and over a half of the unemployed post-Korean conflict veterans had been without work for less than 5 weeks.

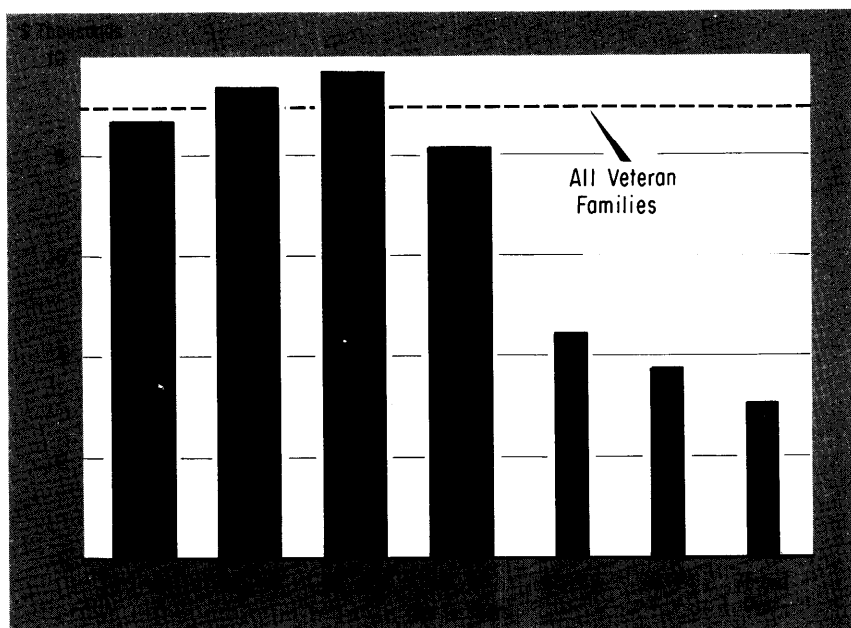
The differences between the proportions of war veterans and post-Korean conflict veterans in the labor force as well as the unemployment rates is primarily due to the different age composition of the two groups of veterans.

● **Family Income**—The median family income of the 17.1 million families headed by male noninstitutional war veterans represented by the March

1967 CPS sample was \$9,000 for the calendar year 1966. In four out of 10 families the wife worked, increasing the median income for those families to \$10,300, compared with the \$8,100 median for families in which wives did not work. Median family income ranged from a high of \$9,700 for families headed by war veterans 45 to 54 years old to a low of \$3,000 for families whose war veteran head was 75 years old or older. Total income drops abruptly for families whose war veteran head reaches the age of retirement: from a median of \$8,200 at 55–64 years of age, to \$4,400 at 65–69 years, to \$3,700 at 70–74 years and \$3,000 when he is aged 75 years or older. Taking all 17.1 million war veteran families into consideration, one out of 15 had a family income of less than \$3,000 in 1966.

There were 2.7 million families headed by male noninstitutional post-Korean conflict veterans in the United States in March 1967. Their median family income during 1966 was \$7,800—approximately \$1,200 less than that of war veteran families. The youthfulness of the post-Korean conflict veterans (and their families) is the primary factor accounting for this difference. The median income of these families progresses upward as the veteran head of the family ages, moving from \$6,300 if he is 20–24 years old to \$7,900 if he is 25–29 years old and \$8,400 if he is between 30–34 years of age. In more than half of the families the wife worked, increasing the median income of those families to \$8,300 compared with \$7,200 for those families in which the wife did not work. One out of 27 of the 2.7 million families headed by post-Korean conflict veterans had an income of less than \$3,000.

MEDIAN INCOME OF WAR VETERAN FAMILIES, 1966



● **Survey of Veterans of the U.S. Armed Forces**—Data from this nationwide sample survey of 12,000 male veterans conducted by the Bureau of the Census in March 1967 under contract with the Veterans Administration has been turned over to the Veterans Administration, and statistical information from the survey is expected to become available during fiscal year 1969. This survey included, among other items, facts about the veterans' receipt of VA benefits and services (disability compensation, pension, medical care, education and training, etc.) in addition to their personal and family economic status in terms of income, occupation, labor force status, and receipt of nonearned income such as Social Security benefits or Civil Service retirement.

Administrative Activities

Mission

Previous chapters have outlined the activities and progress of the various programs administered for veterans and their families. This chapter reports on the variety of basic services that are performed in support of these programs. These basic services include: legal and legislative activities; personnel administration and management; financial management including budget accounting and reporting; procurement and supply; management engineering and evaluation; office operations and administration and investigative activities.

Highlights

Over 10,400 bills and resolutions introduced in Congress during fiscal year 1968 were reviewed to determine their relevancy to veterans or veteran programs.

The proportion of Negroes in the workforce continued to increase, and as of the latest survey date, (November 30, 1967), accounted for 26 percent of total agency employment. Significant gains were also recorded in employment of minority groups in higher level positions, and in the utilization of women in such positions.

The cost accounting system for hospitals was redesigned to provide a more realistic cost distribution and to furnish data to support the Government-wide program planning and budgeting system.

Management of the VA Supply continued through its 15th year on an overall breakeven basis. The profit for fiscal year 1968 amounted to approximately .001 percent of the total supply fund sales.

Records holdings in the agency increased for the first time in several years to a total of 1,152,000 cubic feet. The increase was expected and resulted primarily from new and expanded categories of veterans becoming eligible and applying for benefits. The net increase was held to 26,000 cubic feet through the removal of 80,000 cubic feet of records for destruction or transfer to low-cost inactive storage.

Law and Legislation

● **General**—The primary functions of the legal and legislative activities are: to render opinions as to interpretation of laws administered by or affecting the Veterans Administration, to cooperate with the Department of Justice on litigation arising from the operation of the Veterans Administration, to supervise and coordinate the preparation of comment upon proposed legislation, and to maintain legislative liaison with the Congress.

● **Legal Opinions**—A total of 1,832 written opinions were rendered during the fiscal year by the General Counsel. Some opinions directly involved the construction of Federal laws and VA regulations relating to compensation, pensions, dependency and indemnity compensation, insurance, vocational rehabilitation and education, hospitalization, guaranty or insurance of loans, and numerous other benefits afforded under veterans' laws. Other opinions dealt with questions regarding personnel, appropriations, supply contracts, construction contracts, easements, Federal payment for the care of veterans in State homes, and other related problems. In addition to questions arising under Federal laws and regulations, many opinions dealt with the applicability of foreign and State law on diverse matters such as domestic relations, personal status, title to property, mortgages, negotiable instruments, and taxation.

Under the professional guidance of the General Counsel, regional chief attorneys rendered during the fiscal year 15,769 opinions concerning title to real property and an additional 7,659 other legal opinions involving practically all aspects of the activities of regional offices, centers, and hospitals.

● **Civil Litigation**—Pending civil litigation suits of all types numbered 647 as of June 30, 1967. During the fiscal year 1,336 cases were added to the

load existing at the beginning of the year, and 1,220 were finally disposed of, leaving 763 cases pending at the end of the year.

Actions to recover debts due the United States have always been more numerous than other types of litigation. Such cases, totaling 804, were processed and disposed of during this fiscal year, while 895 new cases were received.

Tort claims were one of the most active areas in the field of important litigation. New suits numbering 70 were added to the 153 pending at the beginning of the year for a total of 223 suits. Of this number 76 cases were closed, leaving a balance of 147 tort suits pending at the end of the fiscal year. Claims in an additional 42 cases were filed under the amendments of 1966 to the Federal Tort Claims Act (Public Law 89-506) and 5 were pending from the previous year for a workload of 47 cases. Of this number 21 were closed, leaving a balance of 26 pending at the end of the fiscal year.

Also large in volume of major litigation were insurance cases. To a pending figure of 120 there were added 86 new cases. Of this total of 206 cases, 87 were finally closed, leaving a balance pending of 119 on June 30, 1968.

In connection with the vocational rehabilitation and education programs, two new suits were added to the 13 pending at the beginning of the year. With the final closing of five cases, the 10 cases pending show that litigation in this area decreased as compared to fiscal year 1967.

● **Criminal Prosecution**—In carrying out its administrative responsibilities, the Veterans Administration performs investigations necessary to determine the validity of claims and payments. In so doing, violations of penal provisions of Federal statutes are sometimes noted. It is the agency's duty to submit evidence of criminal violation which it may discover to the U.S. attorney or to the Department of Justice. The final determination as to whether the evidence is sufficient to warrant prosecution in any case is the responsibility of the Department of Justice.

The work in the various field offices of the Veterans Administration is coordinated to assure that each is kept abreast of the law and of developments in other areas. Close collaboration is maintained with the officials of the Department of Justice to the end that the instructions issued to and the advice given to the various U.S. attorneys and chief attorneys of the Veterans Administration are coordinated. The Veterans Administration advises with the Department of Justice and, when indicated, takes action to insure availability of the VA records and witnesses and assists in trials when requested.

On June 30, 1967, there were 150 cases pending prosecutive consideration. During the fiscal year 59 cases were received. Of this total of 209 cases, 87 were disposed of, leaving 122 cases requiring further action as of the end of the fiscal year.

● **Legislative Activities**—Ten thousand four hundred and eighty-four bills and resolutions were introduced in Congress during fiscal year 1968

all of which were reviewed to determine their relevancy to veterans, their dependents, or to the Veterans Administration generally. In connection with these legislative proposals, 342 reports containing analyses of the proposals concerned, together with pertinent data and comments relative thereto, were prepared at the request of the congressional committees, the President, and Bureau of the Budget. In addition, the Veterans Administration was represented at 132 hearings to assist the congressional committees in the consideration of these proposals and prepared 38 drafts of bills.

New Legislation

The highlights of new legislation were: Liberalization of pensions, and of dependency and indemnity compensation to parents (Public Law 90-275).

Home loan guaranty program liberalized (Public Law 90-301).

Compensation payments for service-connected disability increased (Public Law 90-493).

War orphans' educational benefits extended to widows and wives of certain veterans and basis for determining veteran's amount of entitlement liberalized (Public Law 90-631).

Digests of public laws administered by the Veterans Administration, or otherwise of particular interest to the agency, which were enacted during the first session of the 90th Congress subsequent to November 4, 1967, and the second session of the 90th Congress follow:

Public Law 90-197, December 14, 1967.—This act authorizes the administrator to convey certain property to Temple Junior College, Temple, Tex.

Public Law 90-275, March 28, 1968.—This act provides liberalization of pensions, and of dependency and indemnity compensation to parents, as follows: (1) Expands the three-level annual income limitations and monthly rates for pension under the current program to 18 limitations and rates for veterans and widows without dependents, and to 28 and 27 limitations and rates, respectively, for veterans and widows with dependents. The maximum pension rates are increased, and the expansion results in increased payments for some pensioners receiving less than a maximum rate. The maximum income limitations are increased by \$200—from \$1,800 and \$3,000 to \$2,000 and \$3,200, respectively. (2) Expands the five-level annual income limitations and monthly rates for dependency and indemnity compensation for parents to 13 and 23 limitations and rates depending on status. This will result in increased payments to some parents receiving less than a maximum rate. The maximum income limitations are increased by \$200—from \$1,800 and \$3,000 to \$2,000 and \$3,200, respectively. (3) Increases the annual income limitations for payment of pension under the prior pension law, in effect on June 30, 1960, by \$200—from \$1,400 and \$2,700 to \$1,600 and \$2,900, respectively. (4) Will assure that no pensioner under the current law and no parent receiving dependency and indemnity compensation will have his benefit reduced during 1968 and 1969 solely as a result of an increase

under the Social Security amendments of 1967. Any such required reduction would be effectuated by partial successive reductions annually thereafter. (5) Expands to all income changes and to corpus-of-estate changes the more liberal end-of-the-year reduction or discontinuance-of-benefits rule currently applicable only to cases of increases in retirement income.

Public Law 90-301, May 7, 1968.—This act (1) increases the maximum amount of Veterans Administration home loan guaranty entitlement on home loans to \$12,500; (2) permits the veteran to have his home loan guaranteed by the Veterans Administration even though the price he elects to pay for the property is higher than the Veterans Administration-determined reasonable value; (3) empowers the Administrator to extend aid to distressed homeowners on account of structural defects seriously affecting the livability of a home which was inspected under Veterans Administration or Federal Housing Administration standards; (4) removes until October 1, 1969, the 6-percent ceiling on the maximum interest rate permissible for FHA-insured loans and authorizes the Secretary of Housing and Urban Development to prescribe such maximum interest rate as he finds necessary to meet the mortgage market which would automatically permit the Administrator to adjust the maximum GI loan rate to the rate which might be in effect under the provisions of section 203(b)(5) of the National Housing Act, and also provides that in determining the interest rate the secretary shall consult with the Administrator; (5) establishes a commission to study mortgage interest rates and to make recommendations to assure the availability of an adequate supply of mortgage credit at a reasonable cost to the consumer.

Public Law 90-429, July 26, 1968.—This act authorizes higher payment to community nursing homes by increasing the limitation on the amount payable for nursing home care from 33⅓ percent of the cost of hospital care in a Veterans Administration hospital to 40 percent of that cost.

Public Law 90-431, July 26, 1968.—This act improves vocational rehabilitation training for service-connected veterans by authorizing pursuit of such training on a part-time basis.

Public Law 90-432, July 26, 1968.—This act increases the maximum per diem rates of Federal payments to State homes for eligible war veterans receiving hospital or domiciliary care from \$2.50 to \$3.50, and nursing home care from \$3.50 to \$5.00. The act also extends for an additional 5 years (through fiscal year 1974) the \$5 million annual matching grants to States to aid in the construction of nursing home facilities.

Public Law 90-493, August 19, 1968.—This act amends Title 38, United States Code, in the following respects: (1) It increases, effective January 1, 1969, the monthly rates of service-connected disability compensation payable (a) for total disability (as well as higher statutory rates) by \$100; (b) for disability rated from 10 percent to 90 percent disabling by 8 percent; and (c) for those receiving additional compensation because of need of regular aid and attendance by \$50. (2) It extends to veterans receiving additional

compensation under 38 U.S.C. 314(1)(p) invalid lifts, any type of therapeutic or rehabilitative devices, and other medical equipment and supplies (excluding medicines) when medically indicated for any disability. (3) The act repeals the provisions of law providing minimum disability ratings and a minimum rate of compensation for veterans whose service-connected tuberculous disease has become completely arrested, but with a provision protecting any veteran receiving or entitled to receive compensation under the repealed provisions on the date of enactment. (4) The act prescribes statutory criteria for waiver, by the Administrator of Veterans Affairs, of unrecovered overpayments which have been established against certain veterans in connection with the institutional on-farm training program conducted by the Tangipahoa Parish School Board, Amite, La., under former chapter 33, Title 38, United States Code.

House Concurrent Resolution 705, July 30, 1968.—This concurrent resolution declares it to be the sense of the Congress that each department and agency of the United States (1) shall endeavor, to the maximum practicable extent, to provide employment with the U.S. Government for veterans of the Armed Forces of the United States who have served in Vietnam or elsewhere; (2) shall give preference, in accordance with law, to such veterans in the selection of persons for employment with the Government; and (3) shall follow such policy and take such lawful action as may be appropriate to secure voluntarily from private industry for such veterans a priority in employment in positions in private industry as soon as possible following the reentry of such veterans into the labor market. It further declares it to be the sense of the Congress that employers in private industry should exert every effort to carry out the objects and purposes of this concurrent resolution with respect to employment of veterans in positions in private industry.

Public Law 90-550, October 4, 1968.—Independent Offices and Department of Housing and Urban Development Appropriations Act, 1969, appropriated to the Veterans Administration approximately \$6.97 billion for the fiscal year ending June 30, 1969.

Public Law 90-613, October 21, 1968.—This act authorizes the Administrator to convey certain property located at the VA hospital reservation, Dearborn, Mich., to the heirs of the grantors. The heirs would be required, in turn, to convey such property to the city of Allen Park, Mich.

Public Law 90-612, October 21, 1968.—This act permits the Administrator to furnish nursing home care in Alaska and Hawaii by transfer of veteran patients needing such care from any hospital in which hospital care has been furnished them by the Administrator.

Permits the use of private contract hospitals for care and treatment of veterans of any war with non-service-connected disabilities in the States of Alaska and Hawaii, also provides that the average hospital patient-load per thousand veteran population in Alaska and Hawaii shall not exceed the average patient-load per thousand veteran population in the other 48 States.

Provides that in applying the provisions of the Service Contract Act to contracts of the VA for nursing home care of veterans, the payment of wages not less than those specified in section 6(b) of the Fair Labor Standards Act of 1938, as amended (graduated scale of minimum wage, presently \$1.15 per hour), shall be deemed to constitute compliance with such provisions.

Renders section 201 of the Revenue and Expenditure Control Act of 1968 limitation on filling of employee vacancies inapplicable to VA during any month in which VA employment does not exceed the June 30, 1966, level.

Public Law 90-631, October 23, 1968.—This act provides a maximum of 48 months of educational assistance entitlement under two or more educational programs.

Grants an eligible veteran under chapter 34 of title 38 entitlement to educational assistance for a period of 1½ months for each month of military service or fraction thereof. Also provides 36 months of education assistance entitlement to a veteran who has completed 18 or more months of active duty service after January 31, 1955, and has been released under conditions that would satisfy his active duty obligation.

Extends the provisions of the war orphans' education program to the widow of any person who died of a service-connected disability or the wife of a person who has a total disability, permanent in nature.

Provides that any veteran who is pursuing a program of education exclusively by correspondence is to be charged 1 month of eligibility entitlement for each \$130 which is paid to the veteran as an educational assistance allowance.

Provides for farm training on a three-quarter- and half-time basis rather than only on a full-time basis as currently provided; and permits prescheduling the required institutional courses to fall within 44 weeks of the year.

Provides an allowance for administrative costs to State approval agencies.

Authorizes the payment of the educational assistance allowance to eligible veterans pursuing flight training on a monthly basis rather than quarterly as under current law.

Personnel

● **General**—Personnel management in the Veterans Administration is an integral part of the mission of the agency. Management officials and supervisors at all levels share in the responsibility for providing a sound and progressive personnel program with staff leadership and support provided by personnel officials. To this end, personnel authorities are delegated to the lowest practicable supervisory levels. Throughout VA's network of field stations, the personnel management program is designed, and adapted as necessary, to insure the most equitable, efficient, and economical management of manpower resources.

Highlights of the progress and activities in the personnel management program during fiscal year 1968 were as follows:

Recruitment efforts were intensified, to maintain necessary staffing, in a relatively tight labor market.

Improvements and modifications were made in the personnel system for physicians, dentists and nurses to enhance the ability of the Veterans Administration to attract and retain such shortage category personnel.

Training was used extensively to foster effective employee skills in changing technology in medical program activities, to broaden and improve career opportunities for the disadvantaged and for under-utilized employees, and to contribute to the Nation's supply of health service manpower.

The employment of Negroes and members of other minority groups continued to increase, and gains occurred in the number of minority group members employed in positions at the middle and upper grades and salary levels.

The Veterans Administration continued as a leader among Federal agencies in participation in economic and educational opportunity programs.

Significant advances were made in the employment of women in occupational categories formerly dominated by men, and there were increases in new hires and promotions of women to higher level positions.

There was continued active support of the national program for the hiring of the handicapped.

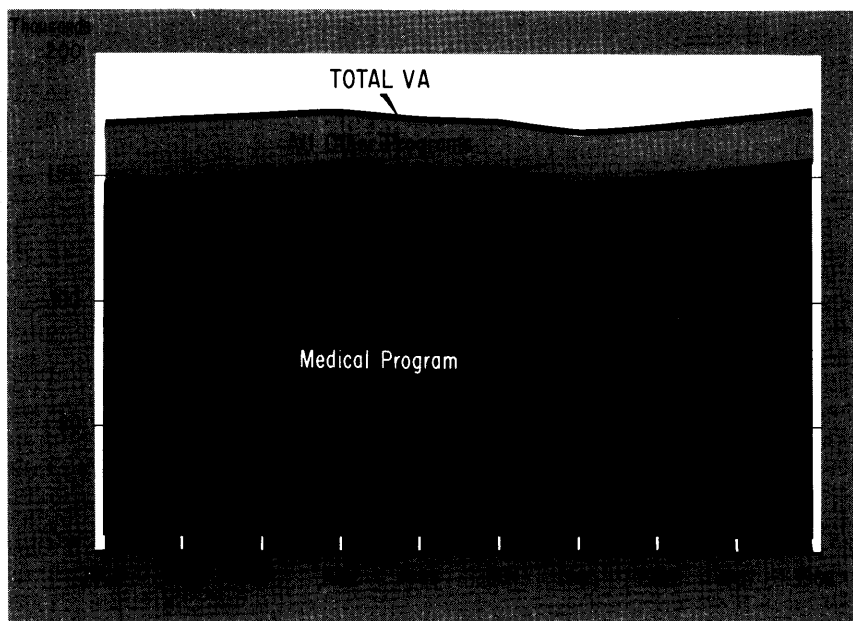
Three VA employees won high national honors. One received the Federal Woman's Award, another the Career Service Award of the National Civil Service League, and a third won the Federal Paperwork Management Award.

● **Employment Trend**—On June 30, 1968 there were 175,668 employees, including 3,795 temporary summer employees, in pay status: 155,774 full-time and 19,894 part-time and intermittent. Total employment at the close of fiscal year 1968 was 2,194 or about 1.3 percent higher than at the close of the previous fiscal year.

At the end of fiscal year 1968, about 88.4 percent of the total VA employment was associated with medical program activities. The remaining 11.6 percent was for all other program activities. The following chart depicts the relative proportion of total agency employment required for the medical program as compared to that required for all other activities.

As indicated in the following table, there was a small percentage increase in employment for the medical program. Employment for data management activities decreased because of further consolidation of data processing branches and increased productivity. Employment for veterans benefits programs and for staff offices remained about the same.

DISTRIBUTION OF VA EMPLOYMENT



Organizational element	June 30, 1968	June 30, 1967	Change	
			Number	Percent
Department of Medicine and Surgery...	155, 216	152, 897	+2, 319	+1. 5
Department of Veterans Benefits.....	16, 798	16, 864	—66	—0. 4
Department of Data Management.....	1, 505	1, 562	—57	—3. 7
Staff Offices.....	2, 149	2, 151	—2	—0. 1
Total.....	¹ 175, 668	¹ 173, 474	+2, 194	+1. 3

¹ Includes 3,795 temporary summer employees, in 1968 and 2,877 in 1967.

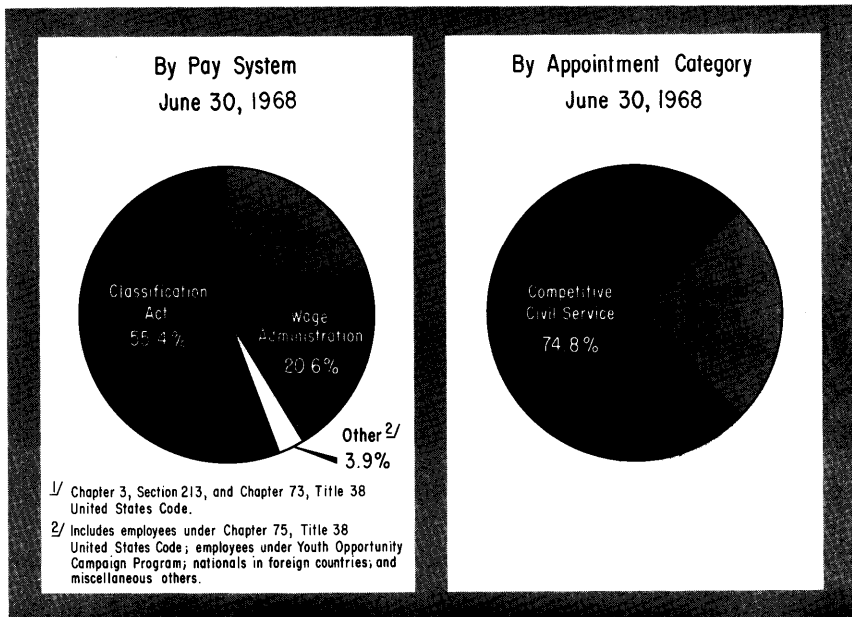
● **Composition of The VA Workforce**—The Veterans Administration requires a large diversified workforce. This naturally gives rise to the need for different systems of appointment, employment and compensation, and applicable personnel policies and instructions for the administration of these different systems. The diverse types of employees required and the distribution of employment by broad groups are reflected in the following table and charts. These show the more populous occupational fields, and the distribution of employees by major pay systems and appointment categories.

<i>Occupation</i>	<i>Approximate Number June 30, 1968</i>
Nursing assistant.....	26, 100
Nurse and nurse anesthetist.....	14, 925
Food service worker.....	10, 325
Housekeeping aid.....	6, 925
Physician.....	5, 200
Clerk-typist.....	5, 000
Secretary.....	4, 350
Medical technician—miscellaneous.....	4, 150
Licensed practical or vocational nurse.....	3, 725
Clerk-dictating machine transcriber.....	2, 850
Clerk-stenographer.....	2, 800
Laundry worker—miscellaneous.....	2, 600
Mail and file clerk.....	2, 525
Cook.....	2, 500
Veterans claims examiner.....	2, 250
Therapist—occupational, physical, etc.....	2, 150
Social worker.....	1, 725
Claims clerk.....	1, 325
Supply clerk.....	1, 325
Plant operator—sewage, steam, water, etc.....	1, 250
Loan and realty specialist.....	1, 125
Dental assistant or technician.....	1, 050
Psychologist.....	975
Warehouseman.....	950
Laborer.....	950
Dietitian.....	875
Contact officer.....	825
Attorney.....	750

● **Staffing**—The maintenance of effective staffing for VA missions required extensive and continued recruitment. Job market conditions in many areas remained extremely tight and highly competitive for a wide range of occupations and professions. The staffing of essential vacancies occurring during the year involved the hiring of approximately 36,000 full-time employees, and an additional 18,000 employees for part-time or intermittent work.

Improvements and modifications were made in VA's unique personnel system for its physicians, dentists, and nurses to enhance the ability of the agency to attract and retain such personnel. Qualification requirements for nurses and nurse anesthetists were revised to place the Veterans Administration in a more competitive position and to improve advancement opportunities for these scarce occupational categories. Entrance salaries were raised for nurses in the lower grades at 23 hospitals and clinics, and further adjustments were made to increase salaries at the 45 hospitals where higher rates had been previously authorized. A new system was designed to relate the VA stipends for medical and dental residents and interns as closely as practicable

EMPLOYMENT BY APPOINTMENT CATEGORY AND PAY SYSTEM



to prevailing local pay conditions. Benefits such as leave, periodic step increases, and special advancements for outstanding performance were provided for part-time physicians, dentists, and nurses.

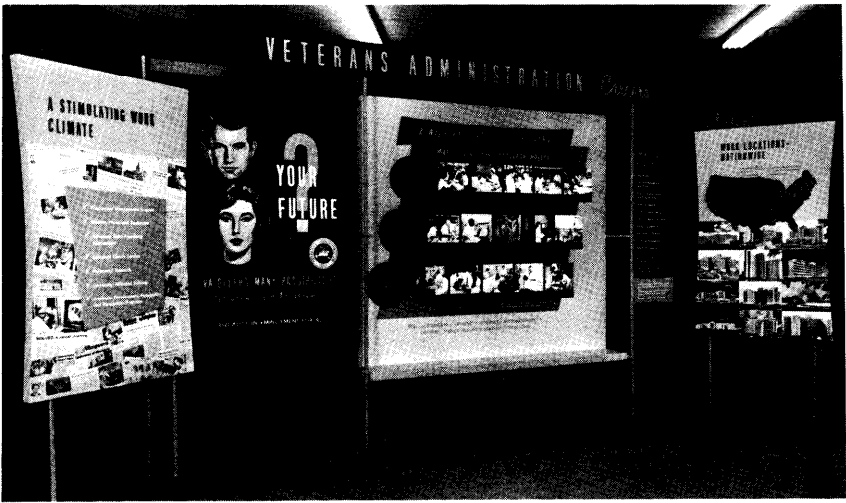
VA representatives from various professional and technical occupations, as well as personnel officials from both central office and field stations, maintained close liaison with approximately 975 colleges and universities in the quest for college graduates of high potential. Employment opportunities in general, and for specific occupational areas, were discussed with heads of departments, faculty members, counseling and placement officials, and students.

Greater emphasis was placed upon utilizing the skills, experience and knowledge of persons available only for part-time employment. Particular efforts were directed toward the recruitment of women reentering the labor market, who needed only a minimum of refresher training.

Among additional specific steps taken to improve the recruitment and retention of personnel were:

Revision of agency qualification standards to eliminate barriers to competitive recruitment and full utilization of employees' skills, and to improve opportunities for the economically and educationally disadvantaged;

Increased emphasis on publicizing VA career opportunities through career opportunity exhibits, occupational pamphlets, news releases, and distribution of reprints of articles authored by VA officials;



College recruitment exhibit

Utilization of improved and more extensive advertising in both local and nationwide media;

Greater use of free public service announcements—publications, radio, and television;

Increased use of experienced applicant-referral systems of colleges and of placement activities.

● **Training and Development**—The VA training and development program was used to excellent advantage in maintaining a steady supply of capable professional, administrative, and technical employees fully trained to fill vacancies and new positions within the agency.

Continued use was made of university-affiliated training to keep abreast of advancing technology and new developments. Twenty-six top-level employees were enrolled in a program of graduate-level education in public administration, conducted in collaboration with the George Washington University. This was the third VA group enrolled for this type of advanced education, described in the Public Administration Review, December 1967, as a “Unique Educational Program for Top Management.” Fifteen employees were enrolled in a program of graduate-study in hospital administration with various affiliated universities, while another five employees completed a year of graduate-education designed to enable them to contribute to systematic program analysis in the Veterans Administration.

The extent of management training in the Veterans Administration is evidenced by the fact that approximately 50 percent of top management personnel in hospitals and centers received at least one educational experience during the year, by attending seminars, conferences, or workshops.



Placement activities

Training of middle managers in VA hospitals was also an integral part of the skills development process. As an example, modern management seminars, conducted by recognized authorities and educators, were held at 23 hospitals and attended by about 600 key employees. Twenty-eight career employees received preceptor training in hospital administration during the year; 15 successfully completed training and were assigned as assistant hospital directors.

In line with expanding computer applications to VA operations, the program for ADP training of top-level officials was continued. About 200 central office employees attended a 1-week institute for basic orientation in computer concepts and applications. A special program was designed to acquaint 100 physicians and nurses, from VA field stations, with computer technology and its potential applications to VA operations and the medical program.

Significant strides were made in the scope of training to increase the Nation's supply of health service manpower for support positions in medical care activities. During the year, 10,045 persons participating in economic and educational opportunity programs, obtained work experience and training in health support occupations and related clerical and trade positions. More than two-thirds of these people, were trained for such positions as nurs-

ing assistants, medical aids and laboratory assistants, which are in short supply.

A training conference for secretaries at the executive level was held again during the year. A nationally known consultant conducted a 2-day conference for a group of 40 such secretaries from central office and VA stations throughout the country.

Most field stations actively used training to broaden the career opportunities for the disadvantaged and the under-utilized. After-hour courses in basic mathematics, English usage, typing, reading comprehension, computer programing, and other courses were offered. In collaboration with technical and vocational schools, employees were afforded skills-upgrading opportunities through appropriate courses such as air conditioning, electricity, and electronics. Many stations, including central office, offered special self-development courses to employees, particularly those lacking a high school education.

● **Manpower Planning**—Manpower planning continued during the year. Studies were made of future needs of executive level personnel. As an example of long-range planning for replacement needs, 178 trainees were inducted into administrative and technical positions at career entrance levels. The majority of these trainees are recent college graduates, with women and minority group members well represented.

The application of automated data processing procedures for the inventory, appraisal, and selection of candidates for promotion to key positions in the Veterans Administration was refined further during the year. This resulted in a significant saving in processing time.

● **Equal Employment Opportunity**—The number and proportion of Negroes in the Veterans Administration workforce continued to increase. The steady increase in Negro employment since data were first compiled in 1962 is shown in the following table.

June 30 ¹	Total employment reported	Negro employment	Percent
Fiscal year:			
1967 ²	150, 463	39, 109	26. 00
1966.....	147, 431	36, 915	25. 04
1965.....	149, 090	36, 811	24. 69
1964.....	149, 551	36, 242	24. 23
1963.....	150, 144	35, 981	23. 96
1962.....	150, 881	35, 281	23. 38

¹ The frequency and method by which minority group data are obtained were changed by Civil Service Commission Regulations dated August 1967.

² November 30, 1967.

As of November 30, 1967, the date that the latest minority group survey was made by the visual identification technique, employment of members of other minority groups—American Indian, Oriental, Spanish American—totaled 3,866. This is approximately a 50 percent increase over the number on June 30, 1965.

More striking than the steady growth of minority group employees as part of the VA workforce is the highly significant shift in the distribution of grades and salary levels of positions occupied by minority group employees. Marked gains have occurred in the employment of minority group members in middle and higher level positions. These gains reflect the results of extensive recruitment efforts and equality of opportunity for advancement. The following table shows the changes between June 30, 1965 and November 30, 1967, in the percentage distribution of minority group employment, by grade or salary level.

Grade or salary levels	Total employment	Percent minority employment	Negro	Spanish American	American Indian	Oriental
GS and similar salary ranges						
GS-1 thru 4:						
Nov. 30, 1967.....	52, 274	37. 0	18, 095	986	108	149
June 30, 1965.....	51, 733	34. 5	10, 951	765	47	107
GS-5 thru 8:						
Nov. 30, 1967.....	28, 409	19. 1	4, 762	391	48	213
June 30, 1965.....	31, 249	14. 0	3, 958	267	35	124
GS-9 thru 11:						
Nov. 30, 1967.....	20, 080	10. 2	1, 722	148	28	160
June 30, 1965.....	14, 916	7. 8	1, 052	46	14	58
GS-12 and above:						
Nov. 30, 1967.....	14, 111	5. 9	325	285	18	202
June 30, 1965.....	13, 303	2. 5	250	36	9	31
Wage administration						
Up thru \$4,499:						
Nov. 30, 1967.....	12, 093	53. 4	6, 121	292	32	9
June 30, 1965.....	16, 002	51. 0	7, 802	332	26	8
\$4,500 thru \$6,499:						
Nov. 30, 1967.....	13, 715	51. 6	6, 469	516	32	60
June 30, 1965.....	13, 132	42. 7	5, 100	436	12	53
\$6,500 thru \$7,999:						
Nov. 30, 1967.....	5, 716	17. 9	862	117	18	29
June 30, 1965.....	4, 087	20. 3	750	57	1	22
\$8,000 and over:						
Nov. 30, 1967.....	1, 453	10. 3	124	16	2	7
June 30, 1965.....	534	4. 5	20	1	1	2

The well-established concept of equal employment opportunity throughout the Veterans Administration was furthered during the year through three positive approaches. These were as follows: career development of minority group employees on VA rolls; continued recruitment of high quality and high potential minority group members; and identification and elimination of concealed or unintentional inhibitors to equal employment opportunity. A coordinated and systematic approach to these activities was stimulated through implementation of individually tailored plans of action developed by each field station, responsive to local needs and local problems.

The results of career development were especially notable at the higher levels of responsibility. Assignments which several years ago would have been considered unique now have become commonplace. At the end of the year, for example, four major hospitals and centers were headed by Negro directors, and six assistant hospital directors were Negro. An Oriental and an American Indian were serving as regional office managers. A Negro was completing training prior to assignment as an assistant regional office manager.

Substantial progress was also made in the advancement of minority group members from the unskilled through technician and midmanagement positions utilizing job restructuring practices and training, including remedial education.

Seminars stressing the "how to do" aspects of equal employment opportunity gained momentum. Central Office-sponsored seminars were held at more than half of all hospitals. These were directed toward individuals having specific equal employment responsibilities, including Equal Employment Committee Chairmen. Many field stations developed and conducted similar workshops.

The intensive recruitment effort at colleges with substantial minority group student bodies continued during the fiscal year. Twenty-seven schools were visited where many student interviews were conducted. Conferences were held with placement officers, faculty members and administrative officials of the schools. Talks were given to many college classes regarding equal employment opportunity in the Veterans Administration, procedures for securing Federal jobs, and specific employment areas of interest to the particular class. Through these recruitment efforts, job offers for management, technical and professional occupations were made to promising graduates.

These visits were coupled with community relations contacts with local leaders representing such organizations as the Urban League, NAACP, social clubs, and fraternal groups. Efforts were made also to expand recruitment efforts to include the Spanish-American community. Conferences were held with the Interagency Committee on Spanish-American Affairs and with Spanish-American organizational and educational leaders in California.

During the year the Veterans Administration continued and intensified its efforts to eliminate all barriers to equality in employment within the context of the merit system. Qualification standards, for example, were reviewed with special concern for their impact on minorities. For a number of occupations, written test requirements were eliminated for in-service selection purposes, and provision was made for candidates to qualify based on comprehensive evaluations of their experience and demonstrated abilities. New "assistant" type positions were established in several professional and technical occupations. These positions will make it possible for graduates of colleges which do not offer the full range of courses required for the full

professional level to be employed and gain experience in their chosen field while rounding out their formal education.

During the year the Veterans Administration continued to be in the vanguard among Federal agencies with respect to the special programs designed to provide income, training, and work experience to the economically deprived. In the summer of 1967, 3,300 young people qualifying for work on the basis of economic need were employed under the President's Youth Opportunity Campaign. This represented an increase of about 1,000 employees over the summer of 1966. As of the close of the 1968 fiscal year, there were indications that the Veterans Administration would reach and exceed its target of 3,800 for the summer of 1968. Many VA field stations assumed leadership roles in community efforts directed toward the educational, recreational, health, and economic needs of youths.

Throughout fiscal year 1968, the Veterans Administration was host to an average of approximately 2,900 enrollees in economic and educational opportunity programs, viz., Neighborhood Youth Corps, College Work Study, Vocational Work Study, Work Experience programs. This represented a 23 percent increase over the average number of enrollees in the previous fiscal year. The Veterans Administration again served as host to about one-fourth of all enrollees participating in these programs at Federal installations. The Veterans Administration continued to be successful in placing a growing number of graduates of these training and work experience programs in full-time regular civil service jobs, including many in the shortage health service occupations.

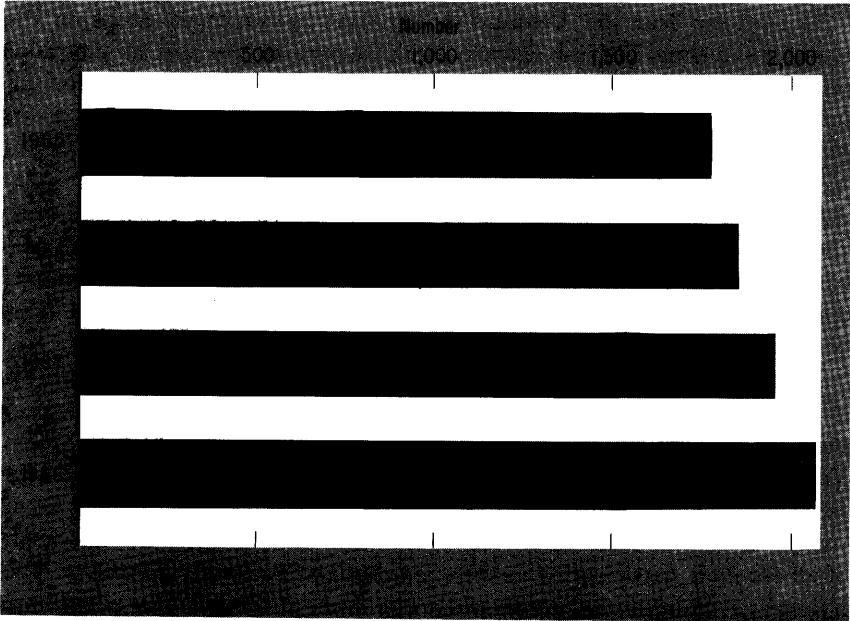
● **Employment of Women**—Continued direction and support of the Federal Women's Program by VA management officials resulted in substantial gains in the employment and utilization of womanpower in the agency. Special emphasis was given to the appointment and advancement of women in the administrative, technical and professional occupations.

During fiscal year 1968, as in previous years, there were increases in the number of women employed and the number of women in higher level positions. As of June 30, 1968, 79,388 women were in the VA workforce—45.2 percent of all employees in a pay status (175,668). This was 3,174, or 4.2 percent, more than at the close of the prior fiscal year. Continued progress was also made in utilizing women in higher level positions. At the end of the fiscal year, there were 2,071 women in General Schedule grades, GS-12 or higher, or in comparable grades or salary levels under Title 38, United States Code. This was 114, or 5.8 percent, more than on June 30, 1967, and 11.6 percent more than on June 30, 1966.

Part-time employment of women also increased substantially. About 50 percent of almost 12,000 regular part-time employees are women.

Except for a few occupations such as guard and firefighter, women now are employed in nearly all occupations in the Veterans Administration. Of

WOMEN IN HIGHER LEVEL POSITIONS



special note, during the fiscal year the first woman entered training for an assistant hospital director position.

To insure systematic and continuous advances in this program, a VA Plan of Action for Equal Employment Opportunity for Women was developed during the year for implementation at each VA installation. Special visits were made to regional offices and hospitals to discuss existing employment practices and to encourage broader applications of training and career development programs to assure that women employees receive every opportunity to advance to positions of greater responsibility and leadership commensurate with their skills and ability.

● **Employment of the Handicapped**—During the year, a substantial number of handicapped persons were hired for full-time employment in the Veterans Administration. As of June 30, 1968, there were 13,280 handicapped persons on the rolls—113 more than the previous year—comprising 8.5 percent of all full-time employees. The number of preference-eligible employees with 10-point preference by reason of service-connected disability remained at about 40 percent of the handicapped persons in full-time positions.

The accomplishments of the Veterans Administration in furthering the employment and placement of handicapped were recognized during the year at both national and local levels. The VA hospital, Atlanta, Ga., re-

ceived a certificate of commendation from the President's Committee on Employment of the Handicapped, and a certificate of merit from the Georgia Department of Education. The Chief, Epilepsy Rehabilitation, VA Center, Los Angeles, a physician, received the Bell Grove Award of the National Rehabilitation Association for his contributions to the development of rehabilitation facilities for the disabled. The VA hospital, Sheridan, Wyo., was nominated for the 1968 Employer of the Year Award of the National Association for Retarded Children. The Personnel Division of the VA hospital, Danville, Ill., received a merit award from the Governor's Committee for the Employment of the Handicapped. A personnel staffing specialist, at the VA hospital, Battle Creek, Mich., was awarded a citation for meritorious service by the President's Committee on Employment of the Handicapped.

● **Veterans Preference Eligibility**—The distribution of employees with preference for retention is summarized in the following table.

Eligibility	All employees		Male employees		Female employees	
	Number	Percent	Number	Percent	Number	Percent
With veterans preference.....	83, 165	47. 3	74, 007	76. 9	9, 158	11. 5
Without veterans preference...	92, 503	52. 7	22, 273	23. 1	70, 230	88. 5
Total.....	175, 668	100. 0	96, 280	100. 0	79, 388	100. 0

● **Employee-Management Cooperation**—During the 6 years since the inception of the Federal employee-management cooperation program, union-management relations in the Veterans Administration progressed from relatively informal dealings with union locals to full bilateral labor-management negotiations. By the end of fiscal year 1968, 371 employee organizations had achieved some form of recognition. Of this number, more than half—190 unions—acquired exclusive recognition giving these organizations the right to negotiate agreements.

As of the end of the fiscal year, over 85,000 VA employees were represented by an exclusive bargaining agent. Of this total about 73,000 were covered by negotiated agreements encompassing a broad spectrum of local personnel policies, procedures, and practices.

During the fiscal year, steps were taken to provide closer liaison between the central office and field stations in developing positive and constructive union-management relations at the local level.

● **Personnel Program Evaluation**—Evaluation of personnel management at field stations during the year revealed that continued and significant

progress is being made in the VA personnel management program. Reports of onsite visits by staff officials and Civil Service Commission representatives reflect that the VA personnel program, carried out by each field station to meet local needs, is highly responsive to its mission, to employee needs and to special government-wide programs of high current interest.

● **Employee Recognition and Incentives**—During the year three VA employees won highly prized national honors:

- Mr. Arbon W. Stratton, Deputy Administrator, Veterans Administration, received the National Civil Service League's 14th annual Career Service Award.
- Dr. Mabel Kuncie Gibby, Clinical Psychologist and Coordinator, Counseling Psychology, VA hospital, Miami, Fla., was the recipient of the Federal Woman's Award.
- Mr. Francis E. Blalock, Chief, Paperwork Management Division, Medical Administration Service, Department of Medicine and Surgery, received the fourth annual Federal Paperwork Management Award.

During fiscal year 1968, 14 contact representatives received administrator's commendations for their voluntary service in Vietnam. In addition, 525 other VA employees received honorary recognition at various organizational levels for outstanding public service.



Service award



Federal woman's award

As indicated in the following table there were small increases in fiscal year 1968 in the number and value of adopted suggestions.

Employee suggestions	Fiscal year		Change from 1967
	1968	1967	
Received.....	19, 125	18, 542	+ 583
Adopted.....	9, 220	9, 065	+ 155
Tangible benefits.....	\$791, 049	\$787, 674	+ \$3, 375
Awards paid.....	\$127, 934	\$119, 274	+ \$7, 660

During the fiscal year 1968, quality increases (a within-grade step increase in salary) were awarded to 3,292 VA employees in recognition of their high level performance. This was 471 more than the previous year. In addition, 4,664 employees received awards in recognition of superior performance and for special acts or services.

Financial Management

The financial management program in the Veterans Administration includes such management areas as budgeting, accounting, fiscal, auditing, statistical reporting, and research statistics.

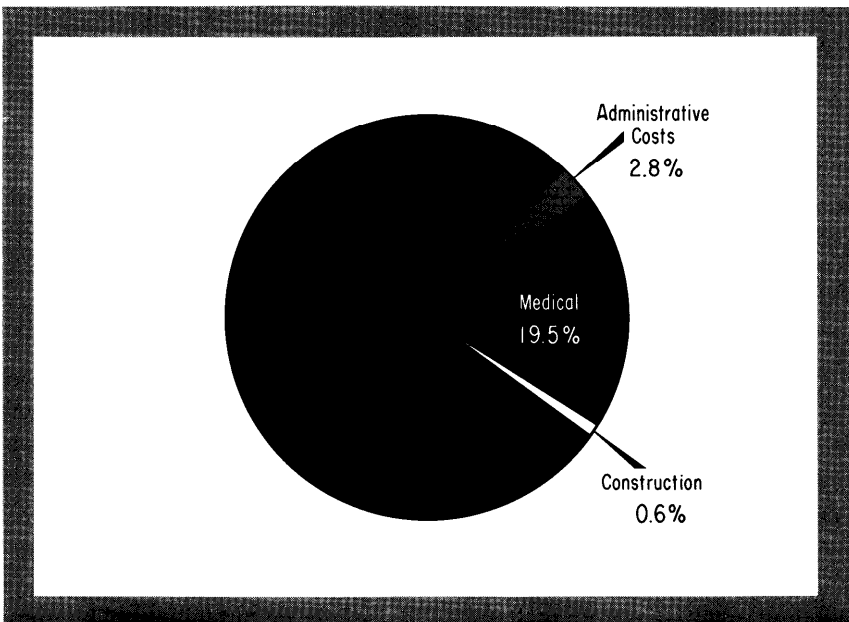
The size of this program is evidenced by the fact that gross expenditures from all funds by the agency during fiscal year 1968 totaled \$8.553 billion, which was an increase of \$431 million from the prior year. Expenditures from general and special fund appropriations increased \$377 million to a total of \$7.291 billion; expenditures from trust and other funds increased \$54 million to a total of \$1.262 billion. The increased expenditures from appropriations were due primarily to increased compensation and pension payments, and educational assistance payments under Public Law 89-358.

During fiscal year 1968, VA budget outlays made up approximately 4 percent of total Federal budget outlays. Detailed information on financial activities may be found in the statistical tables section of this report beginning with table 84.

As shown in the following chart, cash payments to veterans and their families made up 77 percent of the expenditures from VA appropriations. Administrative costs amounted to slightly less than 3 cents out of every dollar spent.

Significant improvements in the Veterans Administration financial management program were accomplished during fiscal year 1968. Some of the more important of these were:

EXPENDITURES FROM APPROPRIATIONS



The continuation of the Planning-Programing-Budgeting System along the lines developed during the prior year. Closer integration with the normal budget process was achieved in fiscal year 1969 submissions to the Bureau of the Budget and the Congress. This will continue as better program cost data becomes available.

The trend toward increased computer support for the budget execution process continued during the year. The Department of Veterans Benefits used projections of the costs of periodic pay increases derived from the Personnel and Pay System in the computation of tentative fiscal year 1969 field station allowances. The Department of Medicine and Surgery developed a system to be placed in effect at the beginning of the new fiscal year which will make increased use of computer capability in the comparison and analysis of planned and actual workload, employment, and cost data. The system is expected to provide all management levels more timely information and in addition to identify automatically those variations which exceed normal expectancy and thus require particular attention.

A study is being made at 10 hospitals to determine the feasibility of retaining ownership of operating equipment, currently being purchased for the appropriations, in the Revolving Supply Fund Account.

Under this system the Revolving Fund is used to purchase, maintain, and repair the equipment needed to operate the hospital activities. The appropriations are charged a monthly rental to cover the cost of acquisition, maintenance, and repair of the equipment. Evaluation of the results in terms of reduced inventories, improved maintenance, and more meaningful program cost data will continue during the next year.

The cost accounting system for hospitals under the Medical Care program has been redesigned to provide a more realistic cost distribution and to furnish data to support the government-wide program planning and budgeting system. The system was placed into operation in December retroactive to July 1, 1967. Conceived primarily as a long range planning-programing tool, the system, with some distribution criteria adjustments, will also be of material assistance to local management, in the daily control of financial management operations.

Refinement and expansion of the insurance data processing system was substantially completed during fiscal year 1968. The expanded system will process transactions previously handled clerically, provide an online direct access device for program storage on a call-as-needed basis, maintain general ledger balances and provide daily transaction summaries with built-in edits to insure proper accounting treatment of transactions, and produce statistical and financial reports including those on international transactions and gold flow.

Insurance in force records were converted during June placing all master records in a single tape sequence for each insurance office and combining 14 separate computer runs into three. Accumulation of general ledger informa-

tion will begin in July. The modified system will provide faster service to policyholders at reduced cost, particularly that resulting from reduction in manual accounting effort.

The central computer processing of compensation and pension payments has been expanded to include educational assistance payments. This and other changes made necessary a redesigned system placed in operation in May and June. The new system affords flexibility to accommodate future legislative changes and provides for effective use of ZIP codes of particular benefit to the Treasury and Post Office Departments. It also makes maximum use of computer capacity by eliminating and consolidating master files, combining and eliminating computer runs, centralizing control over income questionnaire processing, and providing for post audit of updated master records. The computer system provides faster and more accurate service than previous methods, at less cost.

The medium capacity interim computer system originally installed at the St. Paul, Minn. Data Processing Center during 1965, for maintaining portfolio loan accounts and the processing of related billing and collections was expanded during fiscal year 1968, to reach a total of some 65,000 accounts plus another 25,000 accounts handled at the Austin, Tex. Data Processing Center. The accounts at St. Paul were then merged with those at Austin in order to free capacity to absorb an additional 47,000 accounts from nine regional offices with increasing workloads and worn out bookkeeping machines. This conversion began in June and will extend into November. The computer system reduces costs and the current expansion avoids substantial expenditure for new bookkeeping machines which otherwise would be required.

The first step toward installation of a more advanced loan guaranty system using a large scale computer with direct access memory also was taken during the year. This involved establishment of skeleton statistical records for all active and inactive portfolio loans. Conversion of loan accounting and related functions such as now handled by the interim system is dependent in part on availability of high speed telecommunications.

Impact of the consolidation of fiscal responsibilities in the previous year continued during fiscal year 1968. The Financial Audit function was placed under the immediate direction of the Controller in order to emphasize its independence from systems and operating functions.

Supply

The objective of the supply program is to provide quality logistical support to all programs in the Veterans Administration and its Federal agency customers, and to assure the greatest return on every dollar spent for the acquisition, maintenance, and distribution of supplies, equipment, and services.

Supply support to other Government agencies is increasing as all Federal agencies look for the most economical source of supply. The Veterans Administration is the primary source of supply to civil agencies for drugs and chemicals, medical supplies and equipment, and nonperishable subsistence items. VA field stations provide support to 127 other Government agency customers, and the VA supply depots and marketing center to 328.

In fiscal year 1968, the Veterans Administration continued serving the Veterans Memorial Hospital, Republic of the Philippines, under Public Law 88-40, by furnishing medical supplies and equipment procured through the VA supply fund at a value of \$177,771.

Under an agreement with the General Services Administration (GSA), the Veterans Administration purchased for GSA destinations canned fruits, vegetables, and juices totaling \$2,285,068. This is the largest dollar volume purchased for GSA for a fiscal year since the GSA-VA purchase assignment to the Veterans Administration was made for nonperishable subsistence items in fiscal year 1962.

About one-fourth of the VA hospitals order part of their perishable food requirements from the Defense Supply Agency regional subsistence supply points. The policy of the Veterans Administration is to use this source of supply when it is more economical. Further, studies with the surgeons general of the three military services has resulted in the standardization among Federal hospital subsistence users of 648 items, a pioneering effort in the Government in this field.

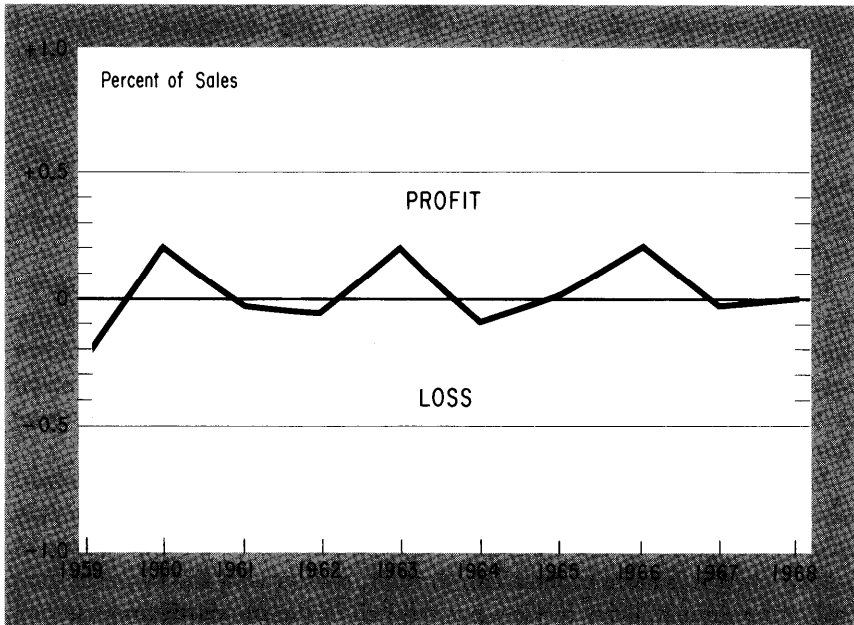
The Veterans Administration is actively involved in the rotation of the Civil Defense medical stockpile items resulting from an agreement with Public Health Service. In fiscal year 1968, the Veterans Administration purchased stockpile items amounting to \$150,795.

In April 1968, the Virgin Islands' Department of Health requested the Veterans Administration to provide supply support for medical and dental supplies and equipment. Onsite supply training assistance was provided. An agreement was entered into and first receipt of orders on the VA Supply Depot, Somerville, N.J., is planned for July 1968.

Management of the VA supply fund continued through its 15th year on an overall breakeven basis. A profit was realized in fiscal year 1968 of \$1,093, which represents approximately .001 percent of the total supply fund sales.

To further eliminate the duplication in supply management of certain commodity groups, the Veterans Administration completed the transfer to the General Services Administration (GSA) of 220 line items of supply depot stocks valued at \$528,000. This transfer gives GSA the single agency support of commodities including rubber and plastic tubing, lighting lamps, laboratory glassware, and chinaware, allowing the Veterans Administration to manage those items in the major medical community group through its central distribution system. Support of civilian agencies for medical and non-

SUPPLY FUND PROFIT OR LOSS



perishable subsistence items is provided by the Veterans Administration. In fiscal year 1968, the Veterans Administration received the Defense Supply Agency (DSA) and General Services Administration Joint Report on consolidation of DSA support of civil agencies for medical supplies and nonperishable subsistence items. This report concluded that expansion of current support of civil agencies by the Veterans Administration, the predominant civil agency inventory manager and consumer of these commodities, offers potential advantage to the Government.

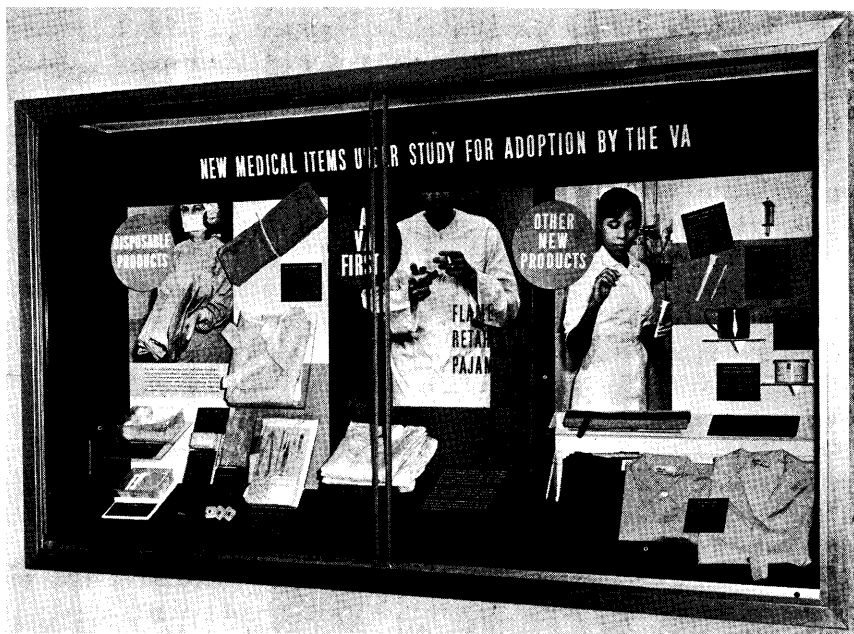
The VA marketing center last year tested 229 items of which 106 were adopted for VA use. Some examples of this program follow:

- (1) Due to the increased costs of labor, the adoption of many pre-packaged sterile disposable items for use in the hospital patient care program is being explored. The use of these items will greatly reduce the amount of time spent by hospital personnel in cleaning, packaging, and sterilizing.
- (2) A test on uniforms for employee use made from fabric containing 65 percent polyester dacron and 35 percent cotton is being conducted. The fabric is specially treated, causing the garments fabricated from it to have "durable" or "permanent press" characteristics. The test is currently being conducted at the VA hospital,

Fayetteville, N.C. Nine additional hospitals will test the uniforms during fiscal year 1969. Depending upon results of these tests, the availability of durable press uniforms from industry, and the ability to reduce VA-owned stocks of cotton uniforms, conversion may be extended to additional hospitals.

- (3) The Veterans Administration feels it has found an acceptable solution in its search for a flame retardant pajama. After successful tests, approximately 15,000 pairs of pajamas made from Nomex were purchased. This material is a man-made fiber which is flame retardant and will be worn by high smoking risk patients. In addition to its flame retardant characteristic, the material has a much longer life expectancy than the standard cotton pajama.

As part of the continuing effort of the Veterans Administration to improve its use of health manpower the responsibility for processing and distributing certain medical supplies was transferred from the nursing service to the supply service. The integration of the former central service function into the overall hospital logistics system was completed during fiscal year 1968. To date, 109 professional nurses have been returned to direct patient care. An expansion of this function to a total supply, processing and distribution system, involving not only central sterile processing but the automated distribution of all supplies directly to the point of use, is in effect at four VA hospitals.



New medical items under study

Tests aimed at simplifying supply support to administrative and professional elements within the Veterans Administration are being conducted at selected stations. One such test is designed to study the possibility of the supply division providing total supply support service to using activities, from inception of the requirement through acquisition, use and final disposition. The overall objective of this and other efforts is to relieve professional and other personnel of any administrative burden in obtaining needed items by making the acquisition of supplies and equipment as automatic as possible for the users.

Efforts were continued toward greater economies through redistribution and utilization of personal property within the Veterans Administration. The value of property utilized in this manner slightly exceeded \$2.1 million, or 46 percent of all usable excess property at field stations. Acquisitions of excess property from other Government agencies amounted to \$1.5 million.

The Veterans Administration continued the orderly replacement of personal property in order to provide the veteran population with the best of medical care. To the extent possible, those items which were beyond economical repair limits were replaced with like items, and those made obsolete by advances in the medical sciences were replaced with modern equipment that would accommodate the new and improved techniques.

The Veterans Administration is continuing to study and evaluate various procedures for budgeting and allotting funds more equitably for the timely procurement of highly sophisticated equipment, such as automated laboratory equipment, physical monitoring equipment, and personnel paging systems. Procurement of this rapidly changing equipment is a challenge ever increasing in complexity. To be able to cope better with these responsibilities, a second marketing division for procurement of equipment was activated in fiscal year 1968.

This agency has emphasized optimum property utilization. During the year, concerted action was taken to effect utilization of inactive inventories through redistribution. Efforts were intensified to cause a review of equipment holdings against applicable standards. Holdings of administrative type equipment have been reduced, thus effecting a balance between equipment investment and actual needs. Further refinement of replacement standards is a continuing project.

Supply activities for new construction included equipping the new replacement hospital at Miami, Fla. Also, equipping the new hospitals at Oteen, N.C., Gainesville, Fla., and Memphis Tenn. was completed. Additional accomplishments included processing and equipping 59 formal projects in modernization, new medical programs, and numerous maintenance and repair projects.

A medical care equipment financing study was expanded from three to 10 stations in testing a system of "renting" VA-owned equipment to the user. Rental charges based on acquisition costs and life expectancy are made

to annual appropriations for each item in use. The supply fund which "owns" the equipment under this system, finances purchases of additional and replacement equipment items as well as maintenance costs incurred in the repair of rental equipment. Increased cost consciousness on the part of equipment users is anticipated.

When overall economy and efficiency can be realized by consolidating station requirements, the VA marketing center procures items centrally for direct delivery to stations. Automated laboratory, dietetic, medical, administrative, laundry, and radiological equipment were purchased in this manner at a total cost of about \$9,650,000. Action has been taken to begin centralized procurement of physiological monitoring equipment.

In collaboration with the professional program directors, and industry, VA's supply service established guidelines for a specific system of instrumentation for coronary, surgical, and medical intensive care units. Actions are under way to develop a standardization and quality control program to effect centralized procurement of this equipment.

Supply service purchased over \$1.5 million worth of specialized X-ray equipment used for heart catheterization and coronary arteriography. Additional updating and expansion of these facilities is anticipated over the next 3 years. Steps are being taken to reduce the cost of equipping these units. A team of professional personnel visited private and VA heart catheterization clinics, to observe studies being performed, establish specific equipment components required, and develop guidelines to assure that only essential equipment is furnished. The team evaluated equipment undergoing field tests. Professional acceptance of this equipment will permit broader competition and result in considerable savings. Equipment for a typical heart catheterization room costs the Veterans Administration approximately \$160,000 to \$180,000. By competitive procurement a savings of at least 20 percent can be expected.

Equipment was selected to support eight to 10 bed hemodialysis units in order to operate in the best interest of the patients and assure maximum efficiency in the utilization of facilities. Particular attention was given to the selection of the deionizing system to produce water meeting the high standard of purity required for these vital procedures. These lifesaving artificial kidney centers, when located near a veteran's home, many times will allow him to follow a normal active life. Although many lives are saved and sustained through the use of the dialysis process, improvements in equipment design and quality control are necessary. Plans are being made to evaluate units in use and to establish basic equipment requirements, specifications, standards, and quality control for dialysis systems.

A major change was made in VA's specification for remote control dictating equipment. The revision permits use of permanent endless loop recording media in lieu of the conventional belt-type media and offers considerable advantages to VA installations using this type of equipment.

Approximately 1,150 typewriters were purchased by field stations under consolidated purchase arrangements made by the Veterans Administration. Through blanket purchase arrangements and a contract negotiated by General Services Administration (GSA), the cost was reduced by approximately \$95,000. Contract arrangements made through GSA and quantity discounts realized through consolidated purchase actions made it possible for the Veterans Administration to obtain miscellaneous office machines at a price approximately \$9,533 less than the Federal Supply Schedule (FSS) price. In addition, power filing and storage units were purchased under similar arrangements at a price approximately \$25,380 less than the FSS price.

Purchases from small business concerns by the agency during fiscal year 1968 amounted to 45 percent of the total dollar volume of all supplies, equipment, and services obtained.

The Veterans Administration made considerable progress in converting its system of cataloging items to the Federal Cataloging System prescribed by Public Law 81-152 and Federal Property Management Regulations. It is planned to complete this conversion by July 1969. Of the 30,000 items now in the VA centralized cataloging system, Federal stock numbers have been assigned to 95 percent. These are items contracted for by the VA marketing center and expendable stock items purchased at field stations. The Veterans Administration is centrally cataloging all equipment in use in the agency. Field stations have individually cataloged and assigned stock numbers to over 348,000 equipment items. Under central cataloging, with a common numbering system, this should be reduced to approximately 25,000 net items. When completed, this will give the Veterans Administration a centralized knowledge of the agency equipment holding, and will enable it to further its efforts in centralizing the acquisition of equipment through competitive procurement.

The VA supply depots store between 4,000 and 5,000 food, drug, medical, and other general supply items in three main storage areas totaling about 1 million square feet. In addition, 10 commercial frozen food warehouses are used by the depots to store frozen fruits, vegetables, and meats. The VA supply depots at Hines, Ill. and Somerville, N.J., and the VA supply subdepot at Bell, Calif., ship supplies amounting to about 45,000 tons annually, enough to fill 3,000 trucks. Shipments to other government agencies account for another 2,500 tons. The value of shipments handled by the VA supply depot system exceeds \$45.5 million annually.

In further efforts to reduce storage space at field stations, more frequent deliveries are being scheduled by supply depots where economically feasible. Station requisitioning cycles are being changed from a bimonthly to a monthly schedule. Shipments to two or more stations will be consolidated in one truck and through use of the stop-off technique, delivered on an individual station basis.



VA Supply Sub-depot

Arrangements are being completed for the leasing of space at the VA supply depot, Somerville, N.J., to the Post Office Department and the Department of Defense. The Post Office Department facility is a newly consolidated supply center which will store and issue "desk top" supplies and light postal equipment for all post offices east of the Mississippi. It will employ about 120 people and will occupy 384,000 square feet of warehouse space and 4,000 square feet of administrative space. The Defense Department will occupy about 128,000 square feet of warehouse space for the storage of electronic equipment.

A part of the land occupied by the VA supply depot, Somerville, N.J., amounting to 51.6 acres had been leased since 1942 for the sum of \$1 with the option to buy for a sum not to exceed \$6,000. Since the lease could not be extended beyond June 30, 1968, the Veterans Administration purchased the land.

An activity unique within the civilian agencies of the Government is the operation of an X-ray tube repair capability located in the service and reclamation division of the VA supply depot, Hines, Ill. During fiscal year 1968, 140 high voltage X-ray tubes were repaired and returned to service at a cost of \$77,140. Commercial repair for these same tubes would have been \$149,200 based on actual tube costs. Through the use of air express, any field station located in a locality served by an airline is guaranteed tube replacement within 24 hours. Stations remote from airlines can be served within 48 hours after notification to the depot of the station's need.



X-ray tube repair activity

Recovery of silver from exhausted photographic developing solutions and X-ray film no longer needed for medical purposes continues to receive close agency attention. During fiscal year 1968, the price of refined silver increased over 60 percent. Film assets will realize an income of about \$295,000 and silver from solution an income of about \$278,000.

A program has been established for the recovery of mercury from used batteries. Veteran beneficiaries are requested to return spent hearing aid batteries in reusable shipping containers when requesting replacement. Reusable shipping containers with preprinted indicia labels are supplied to the beneficiaries and field stations. The agency expects an annual recovery of 3,000 pounds of mercury valued at about \$17 per pound or a total in excess of \$50,000. Four pounds of batteries yield about one pound of mercury and the cost of recovery is estimated at \$6 per pound of mercury recovered. Mercury is triple-distilled and packaged according to Federal specifications for utilization within the agency.

It was determined that the Veterans Administration could successfully show good used 16 mm. motion picture prints in its hospital program, rather than brand new ones, at a savings of approximately \$2,000 per print. Utilization of these prints previously used for airline showings and procured at a savings of \$55,520 involved conversion of VA's motion picture equipment to cinemascope capability.

To keep maintenance personnel abreast of new developments in hospital equipment, VA personnel, with assistance from industry representatives, are conducting training classes at the supply depot, Hines, Ill. Formal classes are held on a scheduled basis with instruction provided by equipment specialists. These are supplemented by industry representatives visiting the depot to highlight maintenance requirements of their products and by sessions held at the manufacturers' plants for equipment too bulky to transport to the classrooms.

The Veterans Administration in furthering its training efforts arranged with the General Services Administration (GSA) for transportation seminars to be conducted by GSA at 16 locations throughout the country. These seminars were programed to specifically cover areas of interest to VA supply personnel. A number of subjects, each of which is normally covered in a 1-day GSA seminar, were compressed into a 2-day concentrated course to provide maximum coverage with minimum loss of time from duty and lowest possible travel costs.

The Comptroller General of the United States on March 19, 1968, authorized the Veterans Administration to issue purchase orders in lieu of Government bills of lading for shipments of 35 mm. motion picture films by bus, Railway Express Agency, or certificated film carriers. This authority will assist the agency in resolving certain administrative problems created by the use of bills of lading where transportation charges are of insignificant amounts and where expedited service is required.

The Veterans Administration has completed the establishment of a freight classification description catalog containing over 1,500 freight classification descriptions covering about 5,000 items in the VA supply system. This constitutes the first major step toward an automated bill of lading.

Management Engineering and Evaluation

● **Cost Reduction and Manpower Utilization**—These programs have received continued emphasis during the past fiscal year. Through the use of such management techniques as position management, systematic review, work simplification, organization and procedures analysis, work scheduling, work measurement, quality control, and productivity analysis significant improvements have been achieved. Savings resulting from cost reduction and management improvement actions amounted to 1,474 man-years and \$38.4 million.

Some of the more significant actions in this area included:

- Bulk compounding of certain pharmaceutical preparations within the limitations of available equipment, space, personnel, and economic feasibility.
- Replacing and/or converting boilers and elevators at selected field stations to reduce fuel and staffing costs.

- Expanding and operating a central research instrument pool to preclude unnecessary duplication of this equipment.
- Continuing significant improvements in laundry and food service programs by consolidation and acquisition of modern, more efficient equipment.
- Completing performance studies designed to reorganize and update work rate standards and staffing criteria for contact field activities, insurance accounts activities, and building management services including laundry operations. A uniform system of reporting man-hours and measuring production, with a built-in quality control feature, was developed and installed encompassing the administrative elements, key punching, input/output, electric accounting machine, and computer operations of data management field operations. Performance standards for EAM and computer operations have been developed. A queing analysis is underway in Contact Service, with a goal of reducing veteran waiting time. A medical and surgical ward staffing methodology for both nurses and ward clerical personnel has been tested and is scheduled for installation in fiscal year 1969.
- Deletion of pneumatic tube systems from 12 hospital plans and the elimination of a proposed conveyor system from the San Diego Hospital plans as a result of a series of cost benefit studies of various types of conveyor systems. These actions reduce construction costs by approximately \$7 million.

● **Procedural Changes**—Individual authorizations for fee basis outpatient treatment of service-connected conditions were eliminated by issuance of identification cards to eligible veterans authorizing them to select a licensed physician and receive treatment as required. Inventory and production control functions for prosthetic and sensory aids were converted from a manual to an ADP system. Centralization of veterans' records in the Records Processing Center opened the door to many procedural changes resulting in improved productivity and reduction in personnel. Processing time on mail for inactive cases has been reduced considerably. This change also resolved a space problem in regional offices.

Computer printing of National Service Life Insurance Policies reduced cost of preparing about 200,000 policies annually by having most of them completed on the computer, eliminating typing and proofreading. Computer processing of matured endowment policies permitted automatic computer processing of 67 percent of these policies. Reduction of indexing activities and disposal of inactive index cards permitted the elimination of certain steps in the indexing activities thereby reducing time required per index action. Liberalized premium payment and reinstatement requirements permitted reinstatement of insurance on a comparative health basis when application has been submitted within 6 months of lapse resulting in a decrease

of about 65,000 reinstatement applications to be processed. A computerized accounting system for Loan Guaranty accounting was expanded to 90,000 accounts.

- **Organizational Changes**—The Office of Construction and the Department of Data Management were reorganized to improve project control and manpower utilization. An administrative survey program was established in the Department of Medicine and Surgery under which teams of management specialists conduct onsite evaluations of program effectiveness, manpower utilization, financial management, and property management in VA medical program field operations.

- **Management Audits and Studies**—Management audit and evaluation activities were expanded this year and efforts were made to bring such studies into sharper focus with advancing management technology.

As a part of the audit system, the Internal Audit Service, in the Office of Management Engineering and Evaluation increased the number of field station audits and surveys conducted. While the ultimate objective of audits remains the improvement and strengthening of the local management staff, they are not without immediate savings. Estimates have shown that these audits are good investments returning a benefit of \$3 for every dollar of cost.

Internal Audit Service also conducted a wide range of special studies during the year. Substantial staff resources were devoted to a study of agency-wide automatic data processing plans and operations designed to assist top management in establishing priorities and allocating resources. Other major projects include functional studies of the outpatient treatment program, and the agency system for procuring, storing, and distributing forms and publications.

Consulting and participating in departmental analytical studies was an area of increasing importance. Internal Audit Service staff actively participated with the Department of Medicine and Surgery resources study group in performing functional and staffing studies of the Department's Central Office elements. Participation included evaluation of several major services as well as providing consultation service to the study group. Active consultant service was also provided in establishing that department's administrative survey program. This is an extension of the agency's overall management audit system. The basic policies, procedures, and detailed survey guides for the program were initially developed by Internal Audit Service and formal training in operational auditing techniques was conducted for a large group of medical program specialists.

New management standards and evaluation guidelines specifically applicable to the management of data processing centers were developed by the Department of Data Management. These standards conform to establish

agency standards but stress those factors most essential in providing data processing services on an agency-wide basis.

A major project is underway to revise and improve the evaluation system now used by the Department of Veterans Benefits. More weight will be given the evaluation of end results of management action in keeping with the general advance of applied management technology.

● **Paperwork Management**—Continuing emphasis was given to the control and improvement of the agency's paperwork.

Present agency records holdings totaled 1,152,000 cubic feet, an increase of 26,000 cubic feet or a little more than 2 percent during the year. This expected increase resulted from new and expanded categories of veterans becoming eligible and applying for benefits; advancement in medicine, both treatment and research, permitting treatment of a greater number of patients within existing facilities; and the fact that the increases in veterans' files documenting these benefits are not offset immediately since records disposition authorizations for these long term case files apply only after specified periods of records inactivity. Even so, the agency was successful in holding the increase to manageable levels through the removal of 80,000 cubic feet of records (equivalent to the contents of 10,700 five-drawer filing cabinets) for authorized destruction or transfer out of the agency to low cost inactive storage in the Federal Records Centers of the General Services Administration.

Less active records continued to be transferred from high cost office space to lower cost storage either within the agency or in Federal Records Centers. Currently, 47 percent of all existing agency records are in such low cost storage: 31 percent in Federal Records Centers and 16 percent in lower cost space within the agency. Included in the latter are 12.5 million inactive claims folders out of a total of 18.1 million, centralized in a special Records Processing Center in St. Louis, Mo. Agency records in Federal Records Centers were reduced by more than 25,000 cubic feet from the prior year total of 545,000 as a result of destruction of stored records that had served all necessary purposes.

Further improvements in records management were accomplished by the more prompt disposition of classified records and elimination of cumbersome and costly separate maintenance of other records to which access must be limited; continuation of the phased program of installing modern filing equipment in hospitals, making it possible to withdraw \$25,000 in operating funds because of man-hour savings; redesign of the jackets for medical treatment records, saving \$13,000 annually in procurement costs; simplification of agency requirements for the maintenance of death claims folders in Federal Records Centers, permitting the General Services Administration to

realize \$30,000 in recurring annual savings; and agreements with the Department of Defense in records assembly and transfer activities, to assure prompt and top quality service to veterans, their dependents and beneficiaries.

During fiscal year 1968 the number of recurring-type administrative issues controlled by an automated system increased to approximately 720. An annual survey showed that the total number of copies of controlled issues distributed was reduced by approximately 67,200. Recurring computer-generated printouts provide publications control officers with exceptionally precise, up-to-date distribution information. This system greatly facilitates the elimination of waste and the formulating of distribution requirements on a "need-to-know" basis.

On June 30, 1968, there were 10,122 different VA forms and form letters in use of which 42 percent were standardized for VA-wide use. During the year, 160 standardized forms and form letters were eliminated as no longer necessary, 273 were created to meet new requirements, and 530 were updated and improved.

Office Operations and Administration

The audiovisuals activity effectively provides the Veterans Administration with a centralized service in visuals planning and use. Audiovisuals produced in all media were designed to support the basic mission, objectives, and policies of the Veterans Administration. A program theme of purpose, dedication, progress, and service was reflected in all visuals developed and used for public information, information for veterans and dependents, educational, scientific research, and training.

The motion picture film "You Owe It to Yourself" was completed in February, 1968. This film (33 minutes, color, sound) was sent to all VA regional offices for distribution to military separation points. Other agencies concerned with information and benefits to veterans also received prints. The purpose of the film is to inform servicemen upon separation from military service of the many benefits available from the Veterans Administration and other agencies. The 1967 Veterans Day Ceremonies at Arlington National Cemetery was filmed. This film (15 minutes, color, sound) is titled "Veterans Day 1967." Another film titled "Look to Tomorrow" (28 minutes, color, sound), showing the vocational rehabilitation services available to disabled veterans was completed. It is being used to acquaint disabled servicemen and veterans with the desirability and advantage of the early counseling services offered by the Veterans Administration.

Television spot announcements continued to be produced and distributed in addition to slides to inform veterans and dependents of their entitlements under law, and to support VA programs for recruitment of professional

personnel. The VA Film Library distributed 12,411 informative, training, and medical films during the year to VA stations, other Government agencies, service organizations, and educational institutions. These films were presented to over 241,600 people.

A total of 17 new exhibits were designed and produced. During fiscal year 1968, 165 new and existing exhibits were presented for a total of 800 days at educational institutions, professional, medical and scientific, industrial and technical group meetings, national and State service organization meetings and VA stations.

Investigation

The Investigation Division conducts administrative investigations, surveys, and special studies of activities at all levels of the Veterans Administration and of those organizations or individuals having official dealings or relationships with the Veterans Administration. During fiscal year 1968 the division made 137 investigations. Factual reports containing recommendations were submitted to department heads and top staff officials for appropriate action such as disciplinary actions, changes or clarification of policies and procedures, recovery of funds, and debarment of individuals having official dealings with the Veterans Administration. Seven hundred and sixty-one reports of local investigations conducted by field stations were reviewed for adequacy of investigation and action. Complaint mail received in Central Office was reviewed and complaints not warranting Central Office investigation were referred to department or staff offices for appropriate development.

The division is responsible for liaison with other Government agencies on investigative matters. Investigative reports from other agencies are reviewed and disseminated to appropriate VA elements for action. During the year 1,176 FBI reports pertaining to VA matters were processed.

Thirty-six new missing veteran cases were handled under the nationwide Missing Veteran Program. Ten veterans were located or reported deceased.

A technical laboratory is operated for the examination of questioned documents and other material subject to laboratory analysis. The laboratory completed 148 examinations in fiscal year 1968.

Security

Security activities for the agency are concerned with the full implementation of Executive Orders 10450 and 10501 pertaining to personnel and document security. For fiscal year 1968, 758 security cases were processed including the issuance of 157 clearances for access to classified material.

● **Contract Compliance**—During the year the personnel policies and practices of 355 companies who do business with the Federal Government were reviewed under Executive Order 11246. These reviews were part of a continuing effort to assure that Government contractors fully understand and satisfactorily implement their contractual obligations to take affirmative action in providing equal employment opportunities for all persons regardless of race, religion, color, national origin, or sex.

In addition, 152 surveys at VA construction projects were made to assure that contractors and subcontractors were fulfilling their contractual obligations to take affirmative action to provide equal opportunities for the employment of minority group workers.

Primarily through these efforts Government contractors are becoming more aware of their equal employment responsibilities under the terms of their contracts.

Continued efforts were designed to assure that this increased awareness results in measurable orderly progress towards the goal of equal job opportunities for all persons.

The Veterans' Administration is the designated compliance agency having the responsibility for auditing compliance with part II of Executive Order 11246 by all pharmaceutical manufacturers holding Government contracts, as well as other Government contractors who do the predominant dollar volume of their business with the Veterans' Administration.

● **Discrimination Complaints**—During the year, 181 discrimination complaints were processed (36 more than the previous year) in carrying out the agency's responsibility for technical supervision of the processing including receipt, investigation, conduct of hearings, final decisions, and corrective actions, of all complaints of discrimination filed in connection with VA employment because of race, creed, color, national origin, or sex. Of this total, 164 were based on race, four on creed, six on national origin, and seven on sex. The largest single category of complaints was failure to promote—70 complaints. The issues in other complaints were separation from employment—40 cases; failure to be appointed—three; and other general reasons such as working conditions and interpersonal relations—68 cases. There were 60 cases withdrawn by the complainants and 72 cases were disposed of by decision. Hearings were held in 40 cases. Subsequent to agency hearings, 34 complaints were appealed to the Board of Appeals and Review of the Civil Service Commission. The VA decision was upheld by the board in all except one instance, where the case was remanded for further agency action.

Title VI of the Civil Rights Act of 1964.—This Title provides that, "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be

subjected to discrimination under any program or activity receiving Federal financial assistance.”

During the year, there were no complaints filed under title VI; and no instances of noncompliance requiring investigations and/or hearings were reported.

Covered in the Veterans Administration by title VI in fiscal year 1968 were payments to State homes, facilities at State homes for furnishing nursing home care, and space and office facilities for representatives of recognized national organizations.

APPENDICES

CHARTS AND ILLUSTRATIONS

Locations of VA hospitals, domiciliaries, nursing care units and restoration centers	Page 8
Patients treated in VA hospitals	11
Hospital waiting list	13
VA patients in VA and non-VA hospitals	14
Age distribution of VA patients	16
Median length of stay of a sample of hospital admissions in calendar year 1967 . .	18
VA spectrum of extended care	19
Zones of care	20
Purpose of visits for outpatient medical services	25
Trend in outpatient medical visits	25
VA volunteer services fiscal year 1968	30
Use of the whole body radioactivity counter	34
Laboratory procedures, patients and employees	38
PM&R service—patient flow	42
Dietetic service, test kitchen	54
Student nurse receiving clinical experience	59
Audiology and speech pathology trainees learning instrumentation	62
Treatment with an artificial kidney unit (hemodialysis)	68
Operation of an electronic cell counter	69
Determination of lung capacity in studies of emphysema and asthma	71
Expenditures for disability compensation and pension during fiscal year	80
Average monthly service-connected disability payment	81
Deceased veterans whose dependents were receiving death compensation	84
Expenditures for death compensation, dependency and indemnity compensation, and pension during fiscal year	84
Sons and daughters who have entered training	91
Sons and daughters in educational assistance program	92
Disabled veterans in vocational rehabilitation training	93
Ceramic plaque created by homebound trainee	94
Vocational counseling	96
Appraisal requests and discounts	101
Loans to veterans and servicemen—fiscal year 1968	105
VA loans guaranteed or insured through June 30, 1968	107
Direct loans fully disbursed through June 30, 1968	107
Renovation of VA property by Neighborhood Youth Corps	113
Comparison of insurance in force December 31, 1967	118
Dividends authorized calendar years 1959–68	123
Benefit payments to Government life insurance policyholders and beneficiaries . .	125
Beneficiaries (wards) served	128
Officials visit the USVAC in Washington, D.C.	132
USVAC poster	134

	Page
Servicemen orientation in Vietnam.....	135
DDM field organization.....	141
Veterans Administration Data Processing Center, Austin, Tex.....	141
Visual display unit.....	147
Video tape recorder.....	149
Typical board section.....	154
VAH, Miami, Fla.....	160
VAH, Tampa, Fla.....	160
VAH, San Diego, Calif.....	161
VAH, San Antonio, Tex.....	161
Injury rates during fiscal year.....	167
Causes of VA fires.....	167
Age of veterans, June 30, 1968.....	171
Veterans and their families, June 30, 1968.....	172
1966 median income of veterans by educational attainment.....	174
Median income of war Veteran families, 1966.....	175
Distribution of VA employment.....	185
Employment by appointment category and pay system.....	187
College recruitment exhibit.....	188
Placement activities.....	189
Women in higher level positions.....	194
Service award.....	196
Federal woman's award.....	197
Expenditures from appropriations.....	198
Supply fund profit or loss.....	202
New medical items under study.....	203
VA supply sub-depot.....	207
X-ray tube repair activity.....	208

STATISTICAL TABLES

Medical Care

Table
No.

1. Average daily patient, member, restoree, and nursing bed care census in VA and non-VA hospitals, VA domiciliaries and State homes, and average operating beds in VA hospitals, VA domiciliaries, and VA restoration centers fiscal years 1935-68.	Page 226
2. Average operating beds, average daily patient census and patients treated in VA hospitals during fiscal year 1968.	228
3. Admissions and discharges of VA patients and VA patients remaining in VA and non-VA hospitals, by hospital group, fiscal years 1935-68.	232
4. Admissions and discharges of VA patients and VA patients remaining in hospital and in absent bed occupant status, VA and non-VA hospitals fiscal year 1968.	233
5. VA patient turnover in VA and non-VA hospitals, by type of hospital, fiscal year 1968.	235
6. VA patient turnover in VA and non-VA hospitals, by type of bed section fiscal year 1968.	236
7. Average daily member census in VA domiciliaries and State homes and average operating beds in VA domiciliaries; average daily restoree census and average operating beds in VA restoration centers, fiscal year 1968. . . .	237
8. Member turnover in VA domiciliaries and State homes; restoree turnover in VA restoration centers, during fiscal year 1968.	238
9. Average daily nursing census and patients remaining in VA, State, and community nursing homes; average operating beds in VA nursing care stations, fiscal year 1968.	239
10. Community nursing home patient placements by VA hospitals from which the patients were discharged during fiscal year 1968.	242
11. Patient turnover in VA nursing home care units during fiscal year 1968. . . .	245
12. VA patient turnover at State nursing homes, during fiscal year 1968.	245
13. VA patient turnover at community nursing homes, during fiscal year 1968. .	246
14. VA patients discharged from VA hospitals, by diagnostic category, average age and age group, calendar year 1967.	247
15. Percent of VA patients admitted to VA hospitals, who remained in hospital at least the specified number of days of hospitalization, by type of patient and age group.	251
16. Chronicity and compensation and pension status of VA patients remaining in VA and non-VA hospitals, by diagnostic groupings, November 30, 1967. .	253
17. Chronicity and compensation and pension status of VA patients remaining in VA hospitals, by diagnostic groupings, November 30, 1967.	254
18. VA patients remaining in VA and non-VA hospitals, by hospital group, compensation and pension status, and type of patient, November 30, 1967. .	255

Table
No.

19. Cumulative percent distribution, by length of stay, of VA patients remaining in VA hospitals, by selected diagnostic groupings, November 30, 1967....	Page 256
20. Number and percent of VA patients remaining in VA hospitals, by age group, and diagnostic groupings, November 30, 1967.....	257
21. VA patients remaining in VA hospitals, by diagnostic category, period of service, average age, and age group, November 30, 1967.....	258
22. Number of patients remaining in VA and non-VA hospitals and the percent who were hospitalized in their reported state of residence, by type of patient, November 30, 1967.....	262
23. Applications for VA hospitalization, VA and State domiciliary care, and State home nursing care, fiscal year 1968.....	264
24. Visits for outpatient medical care, fiscal years 1965-68.....	264
25. Applications for outpatient dental treatment, fiscal years 1965-68.....	264
26. Outpatient dental examination and treatment cases completed by VA staff and fee-basis dentists, fiscal year 1948-68.....	265
27. Cost of operation of Department of Medicine and Surgery programs, major activity totals, fiscal year 1968.....	265
28. Net cost of operation Department of Medicine and Surgery inpatient care, fiscal year 1968.....	266

Compensation and Pension

29. Living veterans who were receiving compensation, pension, disability allowance, or retirement pay and deceased veterans whose dependents were receiving compensation, dependency and indemnity compensation or pension benefits at the end of the current fiscal year, the amounts expended for these benefits during the fiscal year and the total amounts expended to June 30, 1968 for each war and for the Regular Establishment.....	267
30. Average annual value of compensation, dependency and indemnity compensation, pension, disability allowance, or retirement pay for all wars and for the Regular Establishment, as of the end of each fiscal year 1964-68.....	268
31. Living veterans who were receiving compensation, pension, or retirement pay and deceased veterans whose dependents were receiving compensation, dependency and indemnity compensation or pension, and the aggregate annual value of these benefits, as of June 20, 1968.....	270
32. Veterans who were receiving compensation for service-connected disabilities, showing type of major disability by extent of disability as of June 30, 1968..	272
33. Total all wars and regular establishment veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability, and monthly value of awards, as of June 20, 1968..	274
34. World War II veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability, and monthly value of awards, as of June 20, 1968.....	275
35. World War I veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability, and monthly value of awards, as of June 20, 1968.....	276
36. Spanish American War veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability, and monthly value of awards, as of June 20, 1968.....	277
37. Regular Establishment veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability, and monthly value of awards, as of June 20, 1968.....	278
38. Korean conflict veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability, and monthly value of awards, as of June 20, 1968.....	279

Table
No.

39. Vietnam era veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards, as of June 20, 1968.....	Page 280
40. Veterans of all wars and Regular Establishment who were receiving compensation for service-connected disabilities, showing those receiving additional compensation for dependents, by class of dependent, as of June 20, 1968.....	281
41. Veterans who were receiving service pensions and pensions for non-service-connected disabilities, showing type of major disability and monthly value of awards, as of June 20, 1968.....	283
42. Veterans of World War I, World War II, Korean conflict and Vietnam era who were receiving pension for non-service-connected disabilities, showing entitlement, class of dependent, income increments, and monthly rate of pension, as of June 1968.....	284
43. Veterans who were receiving special monthly pension for aid and attendance for non-service-connected disabilities, showing monthly value of awards, as of June 20, 1968.....	284
44. Age groups of veterans of all wars and Regular Establishment who were receiving compensation or pension benefits, as of June 20, 1968.....	285
45. Terminations of compensation or pension disability awards, showing reason for termination, during fiscal year 1968.....	286
46. Deceased veterans whose dependents were receiving compensation or dependency and indemnity compensation on account of service-connected death of the veteran showing class of beneficiary, total dependents and monthly value of awards, as of June 20, 1968.....	287
47. Deceased veterans whose dependents were receiving pensions on account of non-service-connected death of the veteran, showing class of beneficiary, total dependents, and monthly value of awards, as of June 20, 1968.....	289
48. Deceased veterans whose dependents were receiving pensions under special acts, showing class of beneficiary, total dependents, and monthly value of awards as of June 20, 1968.....	290
49. Deceased veterans of World War I, World War II, Korean conflict and Vietnam era whose dependents were receiving pension on account of non-service-connected death of the veteran, showing entitlement, class and number of beneficiaries, income increments and monthly rate of pension, as of June 20, 1968.....	291
50. Terminations of compensation, dependency and indemnity compensation or pension death awards, showing reason for termination, during fiscal year 1968.....	293
51. Emergency, provisional, probationary, or temporary officers of World War I receiving full retirement pay, as of June 20, 1968.....	294

Vocational Rehabilitation and Education

52. Status of vocational rehabilitation program for disabled World War II, Korean conflict and peacetime veterans, at specified dates.....	294
53. Status of educational assistance program for sons and daughters of deceased or totally disabled veterans, at specified dates.....	295
54. Individuals in training under the educational assistance program for veterans with service after January 31, 1955 and servicemen (ch. 34, Title 38, U.S.C.).	295
55. Vocational rehabilitation program for disabled World War II, Korean conflict, Vietnam era and peacetime veterans during fiscal year 1968.....	296
56. Educational assistance program for sons and daughters of deceased or totally disabled veterans during fiscal year 1968.....	296

Table
No.

57. Types of training pursued by sons and daughters of deceased or totally disabled veterans from beginning of program through June 30, 1968.....	Page 297
58. Types of training pursued by post-Korean conflict veterans and servicemen, cumulative from beginning of program through June 30, 1968.....	298
59. Counseling, fiscal year 1968.....	299

Guaranteed and Insured Loans

60. Number and amount of guaranteed or insured loans by fiscal year and purpose of loan, 1959-68.....	300
61. Guaranteed or insured loans made by private lender.....	301
62. Defaults and claims, VA guaranteed or insured loans, fiscal years 1959-68..	301
63. VA guaranteed or insured loan claims vouchered for payment with ratios to loans outstanding by fiscal year.....	301
64. Number and amount of direct loans fully disbursed, by fiscal year.....	302
65. Number of guaranteed, insured, and direct home loans, cumulative, as of June 30, 1968.....	302
66. Property inventories, acquisitions, and dispositions, fiscal years 1959-68...	303

Insurance

67. Exhibit of insurance in force, for fiscal year 1968.....	304
68. Summary of insurance operations.....	305
69. Insurance appropriations and other receipts versus expenditures, cumulative through June 30, 1968.....	306

Guardianship

70. Incompetent and minor wards served by the guardianship program, at the end of each fiscal year 1964-68.....	306
---	-----

Appeals

71. Analysis of cases disposed of by Board of Veterans Appeals, fiscal year 1968..	306
--	-----

Construction

72. Replacement and relocation hospital construction projects.....	307
73. Modernization construction projects, completions and yearend status, fiscal year 1968.....	308
74. Nursing home care units construction projects, completions and yearend status, fiscal year 1968.....	310
75. Research facilities construction projects, completions and yearend status, fiscal year 1968.....	312
76. Other improvement construction projects, completion and yearend status, fiscal year 1968.....	314

Veteran Population

77. Estimated age of veterans in civil life, June 30, 1968.....	318
78. Estimated number of veterans in civil life, by State, June 30, 1968.....	320
79. Estimated number of veterans in civil life, by regional office, June 30, 1968..	322

Personnel

80. Full- and part-time VA employees, by organization, June 30, 1968.....	324
81. Full- and part-time VA employees, by type of installation, June 30, 1968..	324
82. Full- and part-time VA employees, by pay system, June 30, 1968.....	325
83. Full- and part-time VA employees, by employment category, June 30, 1968..	325

Financial Management

Table
No.

84. Appropriations and other receipts versus expenditures, cumulative through June 30, 1968.....	Page 326
85. Expenditures made by Veterans Administration, nonaccrual basis, fiscal years 1959-68.....	336
86. Estimated distribution of selected expenditures and number of beneficiaries, by State, fiscal year 1968.....	340
87. Veterans Administration comparative consolidated balance sheet.....	364
88. Direct loan program—comparative balance sheet.....	366
89. Direct loan program—statement of reserve for expenses and losses, fiscal year 1968.....	367
90. Loan guaranty program—comparative balance sheet.....	368
91. Loan guaranty program—statement of revenue, expenses and retained earnings, fiscal year 1968.....	369
92. General post fund—comparative balance sheet.....	369
93. General post fund—statement of trust capital, fiscal year 1968.....	369
94. VA supply fund—comparative balance sheet.....	370
95. VA supply fund—statement of income and expense, fiscal year 1968.....	370

Table 1.—Average daily patient, member, restoree and nursing bed care census in operating beds in VA hospitals, VA

[Fiscal years

Fiscal year	Average daily patient, member, restoree and nursing bed care census ¹							
	Total hospital patients, members, restorees, and nursing bed care patients	Patients			Members			
		Total	VA hospitals	Non-VA hospitals ²	Total	VA domiciliaries ⁴	VA hospitals	State homes
1968	128, 185	99, 450	97, 425	2, 025	20, 058	12, 592	(⁶)	7, 466
1967	133, 466	105, 807	103, 394	2, 413	20, 382	12, 694	(⁶)	7, 688
1966	135, 330	109, 882	107, 389	2, 493	21, 319	13, 091	(⁶)	8, 228
1965	135, 827	111, 782	109, 183	2, 599	23, 526	14, 380	(⁶)	9, 146
1964	137, 557	112, 881	110, 159	2, 722	24, 575	15, 229	(⁶)	9, 346
1963	137, 867	112, 593	109, 771	2, 822	25, 173	15, 589	423	9, 161
1962	139, 226	113, 764	110, 884	2, 880	25, 435	15, 760	613	9, 062
1961	140, 518	114, 321	111, 351	2, 970	26, 197	16, 237	575	9, 385
1960	140, 630	114, 356	111, 408	2, 948	26, 274	16, 339	517	9, 418
1959	140, 621	114, 103	111, 050	3, 053	26, 518	16, 387	453	9, 678
1958	140, 572	114, 581	111, 599	2, 982	25, 991	16, 277	396	9, 318
1957	140, 171	114, 325	111, 265	3, 060	25, 846	16, 579	329	8, 938
1956	139, 244	113, 458	110, 205	3, 253	25, 786	16, 814	233	8, 739
1955	136, 507	110, 733	106, 682	4, 051	25, 774	16, 799	173	8, 802
1954	134, 235	108, 944	103, 491	5, 453	25, 291	16, 851	94	8, 346
1953	129, 517	104, 482	97, 975	6, 507	25, 035	16, 876	43	8, 116
1952	129, 902	105, 110	98, 024	7, 086	24, 792	16, 876	16	7, 900
1951	128, 955	104, 391	96, 305	8, 086	24, 564	16, 775	15	7, 774
1950	132, 345	108, 038	96, 643	11, 395	24, 307	16, 831	39	7, 437
1949	128, 985	106, 985	94, 539	12, 446	22, 000	15, 288	-----	6, 712
1948	126, 434	105, 882	92, 891	12, 991	20, 552	14, 402	-----	6, 150
1947	116, 885	98, 248	85, 715	12, 533	18, 637	13, 113	-----	5, 524
1946	93, 756	78, 566	71, 493	7, 073	15, 190	10, 547	-----	4, 643
1945	81, 421	68, 260	64, 317	3, 943	13, 161	9, 002	-----	4, 159
1944	75, 184	61, 332	58, 338	2, 994	13, 852	9, 447	-----	4, 405
1943	71, 475	56, 147	53, 470	2, 677	15, 328	10, 430	-----	4, 898
1942	78, 028	57, 927	54, 636	3, 291	20, 101	14, 371	-----	5, 730
1941	81, 085	58, 423	54, 582	3, 841	22, 662	16, 696	-----	5, 966
1940	79, 177	56, 251	52, 409	3, 842	22, 926	16, 708	-----	6, 218
1939	74, 450	52, 763	49, 147	3, 616	21, 687	15, 709	-----	5, 978
1938	68, 109	48, 973	45, 639	3, 334	19, 136	13, 514	-----	5, 622
1937	60, 175	44, 879	41, 939	2, 940	15, 296	10, 364	-----	4, 932
1936	60, 265	43, 524	40, 972	2, 552	16, 741	12, 008	-----	4, 733
1935	55, 899	41, 333	39, 030	2, 303	14, 566	10, 406	-----	4, 160

¹ Based on total patient, member, restoree, and nursing-bed days of care during year divided by the number of days in year.

² Based on the number of operating beds at the end of each month for 13 consecutive months beginning with June of the prior fiscal year and ending with June of the indicated fiscal year.

VA and non-VA hospitals, VA domiciliaries and State homes, and average domiciliaries and VA restoration centers

1935-68]

Average daily patient, member, restoree and nursing bed care census 1—Continued					Average operating beds ²			
Restorees	Nursing bed care				VA hospitals		VA domiciliaries ⁵	VA restoration centers
VA restoration centers	Total	VA hospitals	State homes	Community nursing homes	Hospital beds	Nursing care		
610	8,067	3,468	1,795	2,804	112,394	4,000	13,528	754
583	6,694	2,484	1,423	2,787	115,193	2,748	13,664	670
275	3,854	1,245	972	1,637	116,975	1,475	14,953	319
195	324	150	156	18	119,118	208	16,544	319
101					119,902		16,519	135
101					120,304		16,770	120
27					120,945		16,866	60
					120,380		17,188	
					120,257		17,486	
					120,489		17,454	
					121,201		17,670	
					121,144		17,949	
					120,649		17,759	
					117,643		17,739	
					114,244		17,635	
					108,967		17,783	
					109,790		17,718	
					107,568		17,568	
					106,012		17,466	
					103,854		16,539	
					102,388		16,009	
					96,451		15,402	
					80,927		14,868	
					73,777		13,366	
					65,972		13,344	
					61,103		16,050	
					60,952		17,951	
					60,245		18,688	
					56,429		18,476	
					53,077		16,204	
					49,451		16,272	
					45,905		13,555	
					44,521		15,929	
					43,017		17,853	

³ The non-VA hospital data for fiscal years 1935-42 are the computed average for a 12-month period, based on patients remaining at the end of each month during the year.

⁴ Includes member employees in VA hospitals for period prior to fiscal year 1950.

⁵ Data for the fiscal years 1935-46 are the actual operating beds on June 30.

⁶ Program has been discontinued.

Table 2.—Average operating beds, average daily patient census and patients treated in VA hospitals

[During fiscal year 1968]

Hospital	Average operating beds ²				Average daily patient census ³				Total number of patients treated
	Total	Bed Section ¹			Total	Bed Section ¹			
		Psy- chia- try	Sur- gery	Other ⁴		Psy- chia- try	Sur- gery	Other ⁴	
All hospitals.....	112,394	53,748	19,856	38,790	97,425	47,883	16,287	33,255	¹³ 762,426
Psychiatric hospitals.....	51,965	46,973	1,121	3,871	46,365	42,083	866	3,415	¹³ 132,778
General hospitals ⁵	60,429	6,775	18,735	34,919	51,060	5,800	15,420	29,840	¹³ 629,648
PSYCHIATRIC HOSPITALS									
Alabama:									
Tuscaloosa.....	931	863	33	35	851	786	32	33	2,549
Tuskegee.....	1,573	1,100	127	346	1,287	936	81	270	4,849
Arkansas: North Little Rock.....									
California:	1,619	1,191	-----	428	1,334	967	-----	367	4,631
Los Angeles.....	1,662	1,647	-----	15	1,206	1,195	-----	11	5,226
Palo Alto.....	1,032	1,014	-----	18	909	900	-----	9	2,350
Sepulveda ⁶	968	690	107	170	869	624	88	157	6,016
Colorado: Fort Lyon.....	635	635	-----	-----	595	595	-----	-----	2,344
Georgia: Augusta.....	1,213	1,144	-----	69	1,092	1,035	-----	57	3,507
Illinois:									
Danville.....	1,608	1,396	70	142	1,493	1,312	56	125	3,877
Downey.....	2,487	2,124	42	321	2,340	2,029	28	283	5,910
Indiana: Marion.....	1,503	1,496	2	5	1,332	1,326	2	4	3,364
Iowa: Knoxville.....	1,431	1,431	-----	-----	1,255	1,255	-----	-----	2,815
Kansas: Topeka.....	1,011	783	41	187	849	668	31	150	3,823
Kentucky: Lexington.....	1,072	833	75	164	902	687	63	152	4,660
Maine: Togus ⁶	848	519	124	205	782	502	97	183	4,512
Maryland: Perry Point.....	1,307	1,174	30	103	1,202	1,076	20	107	4,190
Massachusetts:									
Bedford.....	1,040	965	20	56	935	872	18	46	2,638
Brockton.....	988	960	5	23	942	913	4	24	2,694
Northampton.....	1,053	983	26	44	957	892	23	43	1,944
Michigan: Battle Creek.....	1,915	1,912	-----	3	1,769	1,765	-----	3	3,919
Minnesota: St. Cloud.....	1,286	1,216	25	45	1,028	974	23	31	2,608
Mississippi: Gulfport.....	899	899	-----	-----	842	842	-----	-----	2,997
Missouri: Jefferson Barracks.....									
New Jersey: Lyons.....	1,912	1,702	30	180	1,709	1,521	19	169	3,170
New York:									
Canandaigua.....	1,587	1,574	5	8	1,368	1,361	4	4	2,719
Montrose.....	1,819	1,647	32	140	1,635	1,486	26	124	3,367
Northport.....	2,272	2,245	6	21	2,084	2,056	6	21	3,822
North Carolina: Salisbury.....	904	815	49	40	839	765	38	36	2,817
Ohio:									
Brecksville.....	930	809	29	92	830	727	20	84	3,407
Chillicothe.....	1,805	1,805	-----	-----	1,653	1,653	-----	-----	4,140
Oregon: Roseburg.....	530	474	20	36	428	376	17	36	2,082
Pennsylvania:									
Coatesville.....	1,602	1,407	-----	195	1,503	1,337	-----	167	3,407
Lebanon ⁶	1,093	823	75	195	964	751	51	163	2,834
Pittsburgh.....	951	801	32	118	902	766	27	109	2,210
South Dakota: Fort Meade.....									
Tennessee: Murfreesboro.....	1,200	1,200	-----	-----	1,112	1,112	-----	-----	2,732
Texas: Waco.....	1,723	1,723	-----	-----	1,609	1,609	-----	-----	4,252
Virginia: Salem.....	1,872	1,606	66	200	1,710	1,457	64	190	6,054
Washington: American Lake.....									
Wisconsin: Tomah.....	826	826	-----	-----	742	742	-----	-----	2,014
Wyoming: Sheridan.....	1,069	1,025	10	34	949	908	7	34	1,932
	627	627	-----	-----	462	462	-----	-----	1,423
GENERAL HOSPITALS									
Alabama:									
Birmingham.....	479	59	192	228	386	49	165	172	7,327
Montgomery.....	285	-----	90	195	229	-----	58	171	3,986
Arizona:									
Phoenix.....	206	28	76	102	198	23	74	100	3,238
Prescott.....	270	-----	56	214	234	-----	39	194	2,995
Tucson.....	402	43	115	244	300	38	88	173	4,389
Arkansas:									
Fayetteville.....	254	-----	90	164	209	-----	78	131	3,819
Little Rock.....	471	-----	221	250	427	-----	199	228	7,766

See footnotes at end of table.

Table 2.—Average operating beds, average daily patient census and patients treated in VA hospitals—Continued

[During fiscal year 1968]

Hospital	Average operating beds ²				Average daily patient census ³				Total number of patients treated
	Total	Bed Section ¹			Total	Bed Section ¹			
		Psy- chia- try	Sur- gery	Other ⁴		Psy- chia- try	Sur- gery	Other ⁴	
GENERAL HOSPITAL—con.									
California:									
Fresno.....	274	35	107	132	243	31	98	114	3,984
Livermore.....	458	-----	143	315	371	-----	110	261	3,614
Long Beach.....	1,527	77	289	1,161	1,425	68	279	1,078	12,521
Los Angeles.....	1,216	-----	405	810	1,043	-----	329	714	13,341
Martinez.....	498	70	182	246	437	61	146	230	6,242
Palo Alto.....	989	469	150	370	848	422	124	303	5,926
San Fernando.....	516	-----	30	486	455	-----	15	440	2,010
San Francisco.....	405	-----	208	197	345	-----	177	169	4,796
Colorado:									
Denver.....	498	86	176	236	381	80	153	148	7,052
Grand Junction.....	103	-----	39	64	89	-----	33	55	1,416
Connecticut:									
Newington.....	242	25	94	124	196	18	74	104	2,883
West Haven.....	838	175	166	498	678	139	124	414	5,375
Delaware: Wilmington.....	279	-----	124	155	207	-----	88	119	3,151
District of Columbia:									
Washington.....	702	240	176	286	641	231	165	245	7,525
Florida:									
Bay Pines.....	660	83	174	403	603	81	153	369	7,351
Gainesville ⁷	193	25	75	93	133	18	64	51	2,078
Lake City.....	468	-----	150	318	418	-----	125	293	5,180
Miami ⁸	517	85	168	264	427	79	139	209	7,041
Georgia:									
Atlanta.....	444	28	224	192	380	23	190	166	7,430
Augusta.....	392	-----	135	257	320	-----	112	208	3,514
Dublin.....	500	-----	112	388	412	-----	90	322	3,560
Idaho: Boise.....	203	-----	78	125	156	-----	62	94	2,229
Illinois:									
Chicago West Side.....	505	84	192	229	459	75	173	211	7,496
Chicago Research.....	505	28	214	263	461	26	202	233	7,142
Hines.....	2,011	197	600	1,215	1,659	137	507	1,016	16,688
Marion.....	184	-----	55	129	155	-----	49	106	2,881
Indiana:									
Fort Wayne.....	200	24	72	104	168	12	61	95	2,240
Indianapolis ⁶	671	78	195	398	574	76	171	327	8,320
Iowa:									
Des Moines.....	386	-----	161	225	307	-----	124	183	5,749
Iowa City.....	475	56	169	250	395	41	153	201	6,054
Kansas:									
Wadsworth.....	704	248	135	321	581	216	92	274	4,041
Wichita.....	252	-----	125	127	180	-----	89	91	2,821
Kentucky: Louisville.....	488	61	220	207	413	37	185	191	7,371
Louisiana:									
Alexandria.....	498	-----	152	346	405	-----	117	288	4,872
New Orleans.....	589	40	243	306	500	33	207	259	8,833
Shreveport.....	449	62	100	287	409	52	86	272	6,074
Maryland:									
Baltimore.....	291	-----	83	208	252	-----	63	188	3,295
Fort Howard.....	377	-----	143	234	300	-----	102	198	3,459
Massachusetts:									
Boston.....	920	193	271	456	760	147	229	384	11,058
West Roxbury.....	290	-----	74	216	238	-----	47	191	2,573
Michigan:									
Allen Park ⁹	835	47	244	544	678	-----	195	482	6,751
Ann Arbor.....	486	78	177	231	370	62	132	176	5,708
Iron Mountain.....	269	-----	91	178	195	-----	72	122	2,556
Saginaw.....	217	-----	88	129	179	-----	61	118	2,651
Minnesota: Minneapolis.....	1,001	102	365	534	869	95	326	448	12,355
Mississippi:									
Biloxi.....	207	-----	84	123	203	-----	76	127	2,515
Jackson.....	498	36	180	282	441	35	151	255	6,039
Missouri:									
Kansas City.....	501	63	195	243	422	54	164	204	6,777
Poplar Bluff.....	179	-----	79	100	136	-----	63	72	2,487
St. Louis.....	511	85	234	193	440	62	210	168	6,881
Montana:									
Fort Harrison.....	160	-----	64	96	140	-----	54	86	2,451
Miles City.....	96	-----	46	50	75	-----	36	39	1,399

See footnotes at end of table.

Table 2.—Average operating beds, average daily patient census and patients treated in VA hospitals—Continued

[During fiscal year 1968]

Hospital	Average operating beds ²				Average daily patient census ³				Total number of patients treated
	Total	Bed Section ¹			Total	Bed Section ¹			
		Psy- chia- try	Sur- gery	Other ⁴		Psy- chia- try	Sur- gery	Other ⁴	
GENERAL HOSPITAL—CON.									
Nebraska:									
Grand Island.....	201		66	135	164		35	129	1,882
Lincoln.....	186	31	78	77	161	28	62	71	2,792
Omaha.....	486	88	140	258	398	75	109	214	6,411
Nevada: Reno.....	202		81	121	163		64	99	2,872
New Hampshire: Man- chester.....	150		56	94	127		42	86	1,954
New Jersey: East Orange..	950	110	240	600	845	94	209	542	8,747
New Mexico: Albu- querque.....	541	55	124	363	425	42	104	279	6,586
New York:									
Albany.....	975	309	214	453	849	306	169	375	7,709
Batavia.....	257		40	217	208		31	177	1,806
Bath.....	208	11	51	146	188	10	46	132	1,973
Bronx.....	1,293	142	387	763	993	115	292	586	10,025
Brooklyn.....	1,000	120	315	565	884	104	250	531	9,764
Buffalo.....	951	124	280	547	860	116	230	514	7,885
Castle Point.....	258		41	218	222		36	186	1,643
New York.....	1,171	183	417	570	961	163	316	482	10,736
Syracuse.....	459	91	195	173	379	82	159	138	5,064
North Carolina:									
Durham.....	489	81	210	198	445	70	191	185	8,284
Fayetteville.....	390	39	118	233	352	37	97	217	4,463
Oteen ¹⁰	631	28	157	446	542	19	133	390	5,132
North Dakota: Fargo.....	228		72	156	181		58	123	2,872
Ohio:									
Cincinnati.....	463	78	164	221	402	70	145	187	4,888
Cleveland.....	795	40	280	475	710	34	243	434	8,150
Dayton.....	766	66	201	499	688	63	164	462	6,469
Oklahoma:									
Muskogee.....	347		135	212	276		103	173	4,754
Oklahoma City.....	488	74	194	220	393	59	152	183	6,983
Oregon: Portland.....	558		219	339	490		194	296	7,824
Pennsylvania:									
Altoona.....	200	4	65	131	148	1	39	107	1,485
Aspinwall.....	204			204	193			193	518
Butler.....	420	14	36	370	331	11	21	299	2,507
Erie.....	204	8	59	137	164	3	48	113	2,170
Philadelphia.....	488	51	177	260	442	37	164	241	6,217
Pittsburgh.....	669	27	367	275	441	12	262	166	7,435
Wilkes-Barre.....	500	149	121	230	463	149	109	206	4,285
Puerto Rico: San Juan.....	200	10	93	97	187	8	75	194	3,529
Rhode Island: Providence.	368	39	132	197	310	36	101	173	4,178
South Carolina:									
Charleston.....	388	40	148	200	297	25	118	154	4,703
Columbia.....	445	34	145	266	361	30	123	208	4,641
South Dakota:									
Hot Springs.....	245		39	206	199		34	166	1,620
Sioux Falls.....	270	30	119	121	232	23	95	113	2,764
Tennessee:									
Memphis ¹¹	947	198	214	535	809	149	174	486	9,117
Mountain Home.....	538	33	160	345	494	26	144	324	5,536
Nashville.....	501	30	188	283	440	28	165	247	6,644
Texas:									
Amarillo.....	156		60	96	121		52	69	2,413
Big Spring.....	250	28	87	135	211	34	67	110	3,624
Bonham.....	56		26	30	53		23	29	1,128
Dallas.....	777	80	342	355	733	66	327	339	10,799
Houston.....	1,262	399	261	602	1,132	375	224	533	13,351
Kerrville.....	385		90	295	305		72	233	3,404
Marlin.....	222		63	159	189		45	144	2,046
Temple.....	786	238	167	381	645	211	140	295	7,200
Utah: Salt Lake City.....	548	199	121	228	466	182	104	180	4,735
Vermont: White River Junction.....	197	15	100	82	155	11	78	66	2,878
Virginia:									
Hampton ¹²	604	111	112	381	558	102	103	353	4,167
Richmond.....	935	86	223	626	780	37	199	544	9,357

See footnotes at end of table.

Table 2.—Average operating beds, average daily patient census and patients treated in VA hospitals—Continued

[During fiscal year 1968]

Hospital	Average operating beds ²				Average daily patient census ³				Total number of patients treated
	Total	Bed Section ¹			Total	Bed Section ¹			
		Psy- chia- try	Sur- gery	Other ⁴		Psy- chia- try	Sur- gery	Other ⁴	
GENERAL HOSPITAL—CON.									
Washington:									
Seattle.....	323	80	108	135	280	71	90	118	5,000
Spokane.....	204		92	112	164		69	95	2,691
Vancouver.....	467	26	145	296	329	22	91	216	4,141
Walla Walla.....	275		50	225	199		39	160	1,982
West Virginia:									
Beckley.....	172		50	122	162		45	117	2,702
Clarksburg.....	200	25	86	89	184	23	77	84	2,874
Huntington.....	180		70	110	152		53	98	3,787
Martinsburg.....	765	20	138	607	686	18	113	554	4,752
Wisconsin:									
Madison.....	475		160	315	345		118	226	6,135
Wood.....	985	120	302	564	750	103	196	451	9,122
Wyoming: Cheyenne.....	125		47	79	93		36	57	1,356

¹ Beds are classified according to their intended use and patients occupying them are classed accordingly rather than on a diagnostic basis.

² Based on the number of operating beds at the end of each month of 13 consecutive months (June 1967–June 1968). In some instances, the operating beds by type of bed do not add to total because of rounding of figures in computations.

³ Based on total patient-days during fiscal year divided by the number of days in year.

⁴ Includes data for neurological intermediate, spinal cord injury, physical medical and rehabilitation and medicine (consisting of NP–TB, TB, non-TB pulmonary disease intermediate and other medical). Separate data are available for these subcategories.

⁵ Includes data for the VA tuberculosis hospital, Indianapolis, Ind.

⁶ Effective Feb. 12, 1968, the VAH Lebanon, Fa., was redesignated from a psychiatric hospital to a general hospital. The VAH Sepulveda, Calif., and VAH Togus, Maine were idnetically redesignated respectively on Jan. 22, 1968, and Sept. 1, 1967. For statistical purposes, data for fiscal year 1968 will continue to be shown under Psychiatric Hospitals for these three hospitals.

⁷ The new VA hospital at Gainesville, Fla. was opened Sept. 25, 1967.

⁸ Effective Mar. 1, 1968, the VAH Coral Gables, Fla., was closed and the new VA replacement hospital at Miami, Fla., was opened. Cumulative fiscal year 1968 data for the 2 hospitals are being shown under VAH Miami, Fla.

⁹ Effective Aug. 15, 1967, the VAH Dearborn, Mich., was changed to VAH Allen Park, Mich.

¹⁰ On Oct. 25, 1967 the new VA replacement hospital at Oteen, N.C., was opened and the old VAH Oteen, N.C., was closed.

¹¹ Effective Aug. 26, 1967, the new VA replacement hospital at Memphis, Tenn., was opened and the old VAH Memphis, Tenn. (formerly Kennedy General), was closed.

¹² Effective Nov. 6, 1967, the VAH Kecoughtan, Va., was changed to VAH Hampton, Va.

¹³ Inter-hospital transfers are excluded from the overall total and included in the totals for individual stations.

Table 3.—Admissions and discharges of VA patients and VA patients remaining in VA and non-VA hospitals, by hospital group

[Fiscal year 1935-68]

Fiscal year	Admissions			Discharges			Remaining June 30					
	Total	Hospitals		Total	Hospitals		Total	Hospitals				
		VA ¹	Non-VA ³		VA ^{1 2}	Non-VA ^{2 3}		VA			Non-VA	
								Total	Bed occupants	ABO ⁴	Bed occupants	ABO ⁴
1968...	670,600	647,241	23,359	678,506	654,683	23,823	109,365	107,743	91,735	16,008	1,459	163
1967...	654,474	624,856	29,618	665,153	635,576	29,577	116,841	114,755	93,894	20,861	1,924	162
1966...	641,469	614,338	27,131	642,180	619,160	23,020	124,766	122,653	103,789	18,864	2,113	-----
1965...	627,993	602,102	25,891	628,094	605,933	22,161	126,782	124,578	106,195	18,383	2,204	-----
1964...	634,308	609,077	25,231	634,869	612,786	22,083	128,166	125,797	107,414	18,383	2,369	-----
1963...	610,887	585,297	25,590	608,936	586,452	22,484	128,974	126,485	105,989	20,496	2,489	-----
1962...	589,975	561,808	28,167	588,133	563,417	24,716	127,623	125,090	105,350	19,740	2,533	-----
1961...	565,654	537,022	28,632	565,058	540,068	24,990	126,955	124,332	105,460	18,872	2,623	-----
1960...	539,243	511,290	27,953	536,733	511,917	24,816	127,981	125,460	108,730	16,730	2,521	-----
1959...	521,428	492,188	29,240	519,515	493,935	25,580	126,942	124,274	108,137	16,137	2,668	-----
1958...	512,754	482,640	30,114	511,200	484,515	26,685	126,075	123,531	108,289	15,242	2,544	-----
1957...	510,855	479,794	31,061	507,831	479,950	27,881	126,962	124,343	107,816	16,527	2,619	-----
1956...	517,455	485,508	31,947	512,261	483,351	28,910	125,811	123,092	106,854	16,238	2,719	-----
1955...	498,187	466,885	31,302	494,668	466,217	28,451	121,147	118,030	105,644	12,386	3,117	-----
1954...	477,915	444,501	33,414	469,604	438,698	30,906	120,224	115,690	103,823	11,867	4,534	-----
1953...	468,349	426,689	41,660	468,243	428,217	40,026	113,294	107,428	96,457	10,971	5,866	-----
1952...	495,056	437,393	57,663	490,163	434,350	55,813	115,131	108,245	96,888	11,357	6,886	-----
1951...	509,720	444,883	64,837	511,895	446,790	65,105	111,370	104,271	93,418	10,853	7,099	-----
1950...	577,715	468,389	109,326	577,275	468,052	109,223	114,894	105,512	92,921	12,591	9,382	-----
1949...	554,863	424,476	130,387	547,637	421,145	126,492	118,609	106,426	94,890	11,536	12,183	-----
1948...	534,723	404,370	130,353	530,074	401,712	128,362	116,934	104,648	91,290	13,358	12,286	-----
1947...	516,139	370,971	145,168	488,935	349,632	139,303	116,721	103,502	91,224	12,278	13,219	-----
1946...	349,092	261,961	87,131	331,428	249,565	81,863	97,537	86,685	76,405	10,280	10,852	-----
1945...	243,994	205,858	38,136	233,584	196,522	37,062	78,833	74,638	66,051	8,587	4,195	-----
1944...	197,858	173,178	24,680	186,630	162,702	23,928	71,741	68,240	60,389	7,851	3,501	-----
1943...	167,428	148,035	19,393	159,666	139,852	19,814	63,894	61,228	54,184	7,044	2,666	-----
1942...	182,158	157,277	24,881	181,361	156,027	25,334	63,020	60,123	53,206	6,917	2,897	-----
1941...	191,745	160,842	30,903	185,810	154,758	31,052	65,342	61,723	54,622	7,101	3,619	-----
1940...	182,136	152,490	29,646	176,762	147,180	29,582	63,297	59,518	52,671	6,847	3,779	-----
1939...	168,237	142,611	25,626	162,385	137,172	25,213	⁵ 60,249	⁵ 56,538	50,034	⁵ 6,504	3,711	-----
1938...	154,361	132,297	22,064	148,438	126,860	21,578	⁵ 56,783	⁵ 53,398	47,255	⁵ 6,143	3,385	-----
1937...	144,861	126,366	18,495	136,937	118,733	18,204	⁵ 51,855	⁵ 48,854	43,234	⁵ 5,620	3,001	-----
1936...	125,224	109,814	15,410	121,422	106,455	14,967	⁵ 46,261	⁵ 43,549	38,539	⁵ 5,010	2,712	-----
1935...	114,160	102,791	11,369	103,743	93,037	10,706	⁵ 46,850	⁵ 44,523	39,401	⁵ 5,122	2,327	-----

¹ Interhospital transfer data are; excluded for the fiscal years 1947-68; included for the fiscal years 1935-46.

² Includes regular discharges, irregular discharges, and deaths.

³ Includes transfers for fiscal years 1967, 1968 and 1935-46; excluded for fiscal years 1947-66.

⁴ Denotes absent bed occupants on the hospital rolls who were on leave, trial visit, etc.; prior to fiscal year 1967, such data were not available for non-VA hospitals.

⁵ Data are estimated for period 1935-39.

Table 4.—Admissions and discharges of VA patients and VA patients remaining in hospital and in absent bed occupant status, VA and non-VA hospitals

[Fiscal year 1968]

Hospital group	Patients by type of bed section			
	Total	Psychiatry	Surgery	Other
ADMISSIONS ¹				
All hospitals ¹	670,600	86,316	243,832	340,452
Total VA hospitals ¹	647,241	80,408	239,747	327,086
Psychiatric hospitals	68,041	46,216	6,639	15,186
General hospitals ²	579,200	34,192	233,108	311,900
Total non-VA hospitals	23,359	5,908	4,085	13,366
Federal Government hospitals	9,766	493	3,294	5,979
U.S. Army	2,973	153	989	1,831
U.S. Air Force	952	94	270	588
U.S. Navy	4,034	4	1,676	2,354
U.S. Public Health Service	528	148	57	323
Other	1,279	94	302	883
State and local government hospitals ³	3,761	2,793	81	887
Nonpublic hospitals	9,832	2,622	710	6,500
DISCHARGES ¹				
All hospitals ¹	678,506	94,758	257,327	326,421
Total VA hospitals ¹	654,683	88,429	253,095	313,159
Psychiatric hospitals	77,277	55,009	7,374	14,894
General hospitals ²	577,406	33,420	245,721	298,265
Total non-VA hospitals	23,823	6,329	4,232	13,262
Federal Government hospitals	10,110	747	3,479	5,884
U.S. Army	3,049	152	1,028	1,869
U.S. Air Force	937	89	273	575
U.S. Navy	4,042	5	1,783	2,254
U.S. Public Health Service	678	293	64	321
Other	1,404	208	331	865
State and local government hospitals ³	3,804	2,843	82	879
Nonpublic hospitals	9,909	2,739	671	6,499
REMAINING IN HOSPITAL JUNE 30, 1968				
All hospitals	93,194	46,123	14,821	32,250
Total VA hospitals	91,735	45,420	14,659	31,656
Psychiatric hospitals	44,311	39,829	855	3,627
General hospitals ²	47,424	5,591	13,804	28,029
Total non-VA hospitals	1,459	703	162	594
Federal Government hospitals	596	120	119	357
U.S. Army	129	10	35	84
U.S. Air Force	37	5	13	19
U.S. Navy	179	-----	35	144
U.S. Public Health Service	68	46	1	21
Other	183	59	35	89
State and local government hospitals ³	104	93	-----	11
Nonpublic hospitals	759	490	43	226

See footnotes at end of table.

Table 4.—Admissions and discharge of VA patients and VA patients remaining in hospital and in absent bed occupant status, VA and non-VA hospitals—Con.

[Fiscal year 1968]

Hospital group	Patients by type of bed section			
	Total	Psychiatry	Surgery	Other
ABSENT BED OCCUPANTS JUNE 30, 1968				
All hospitals.....	16, 171	13, 016	1, 597	1, 558
Total non-VA hospitals.....	163	133	7	23
Total VA hospitals.....	16, 008	12, 883	1, 590	1, 535
On trial visit.....	11, 451	10, 932	53	466
On leave of absence and elopement.....	4, 557	1, 951	1, 537	1, 069
Psychiatric hospitals.....	11, 190	10, 925	60	205
On trial visit.....	9, 338	9, 208	10	120
On leave of absence and elopement.....	1, 852	1, 717	50	85
General hospitals ²	4, 818	1, 958	1, 530	1, 330
On trial visit.....	2, 113	1, 724	43	346
On leave of absence and elopement.....	2, 705	234	1, 487	984

¹ Exclude interhospital transfers for VA hospitals; includes transfers for non-VA hospitals. Discharges include deaths.

² Includes data for VA tuberculosis hospitals.

³ Includes hospitals operated by State, county, and municipal governments.

Table 5.—VA patient turnover in VA and non-VA hospitals, by type of hospital

[Fiscal year 1968]

Item	All hospitals	VA hospitals			Non-VA hospitals			
		Total	Type of hospital		Total	Federal ²	State and local government ³	Nonpublic
			Psychiatric	General ¹				
Average daily patient census, fiscal year 1967.....	105,807	103,394	50,059	53,335	2,413	1,143	327	943
Bed occupants and absent bed occupants as of June 30, 1967.....	⁷ 115,842	⁷ 113,756	⁷ 60,390	53,366	2,086	956	238	892
Total bed occupant and absent bed occupant gains during fiscal year 1968.....	805,049	781,422	101,019	680,403	23,627	10,020	3,761	9,846
Readmissions.....	158,770	158,770	16,647	142,123	(⁹)	(⁹)	(⁹)	(⁹)
Other admissions ⁴	511,830	488,471	51,394	437,077	⁴ 23,359	⁴ 9,766	⁴ 3,761	⁴ 9,832
Transfers from other hospitals ^{4 5}	22,877	22,877	9,511	13,366	(⁴)	(⁴)	(⁴)	(⁴)
Changes in bed section.....	111,572	111,304	23,467	87,837	268	254	-----	14
Total bed occupant and absent bed occupant losses during fiscal year 1968.....	811,526	787,435	105,908	681,527	24,091	10,364	3,804	9,923
Deaths-bed occupants.....	44,104	43,125	4,251	38,874	979	668	51	260
Deaths-absent bed occupants.....	598	598	260	338	(⁹)	(⁹)	(⁹)	(⁹)
Discharges to post hospital care.....	283,691	283,691	14,347	269,344	-----	-----	-----	-----
Other discharges ⁴	350,113	327,269	58,419	268,850	⁴ 22,844	⁴ 9,442	⁴ 3,753	⁴ 9,649
Transfers to other hospitals ^{4 5}	21,448	21,448	5,164	16,284	(⁴)	(⁴)	(⁴)	(⁴)
Changes in bed section.....	111,572	111,304	23,467	87,837	268	254	-----	14
Bed occupants and absent bed occupants as of June 30, 1968.....	109,365	107,743	55,501	52,242	1,622	612	195	815
Bed occupants remaining in hospital June 30, 1968.....	93,194	91,735	44,311	47,424	1,459	596	104	759
Average daily patient census, fiscal year 1968.....	99,450	97,425	46,365	51,060	2,025	849	276	900
Patients in extramural status June 30, 1968—total.....	188,508	188,345	19,640	168,705	163	16	91	56
Absent bed occupants:								
Trial visit.....		11,451	9,338	2,113	(⁹)	(⁹)	(⁹)	(⁹)
Leave of absence and elopement.....		4,557	1,852	2,705	(⁹)	(⁹)	(⁹)	(⁹)
Post-hospital-care status (PHC).....		168,093	8,438	159,655	-----	-----	-----	-----
Research followup status.....		4,244	12	4,232	-----	-----	-----	-----
Patients treated.....	787,871	762,426	132,778	629,648	25,445	10,722	3,999	10,724

¹ Includes data for VA tuberculosis hospitals.² Includes U.S. Army, Navy, Air Force, and Public Health Service Hospitals; hospitals located in Canal Zone area; and St. Elizabeths Hospital, Washington, D.C.³ Includes hospitals operated by State, county and municipal governments.⁴ Transfers for non-VA hospitals are included with other admissions and other discharges; such data are not available separately for fiscal year 1968.⁵ Includes only patients transferred as VA beneficiaries.⁶ Data for non-VA hospitals are not available.⁷ Retroactive adjustment; original data were incorrect.

Table 6.—VA patient turnover in VA and non-VA hospitals, by type of bed section

[Fiscal year 1968]

Item	Type of bed section ¹							
	VA hospitals				Non-VA hospitals			
	Total	Psychiatry	Surgery	Other	Total	Psychiatry	Surgery	Other
Average daily patient census fiscal year 1967	103,394	51,667	16,693	35,033	2,413	1,248	274	892
Bed-occupants and absent bed-occupants as of June 30, 1967	⁴ 113,756	63,657	⁴ 16,392	33,707	2,086	1,244	207	635
Total bed-occupant and absent bed-occupant gains during fiscal year 1968	781,422	106,411	290,597	384,414	² 23,627	² 5,927	² 4,264	² 13,436
Readmissions within 6 months	158,770	18,749	58,782	81,239	(⁵)	(⁵)	(⁵)	(⁵)
Other admissions ²	488,471	61,659	180,965	245,847	23,359	5,908	4,085	13,366
Transfers from other hospitals ^{2 3}	22,877	8,951	7,373	6,553	(²)	(²)	(²)	(²)
Changes in bed section	111,304	17,052	43,477	50,775	268	19	179	70
Total bed-occupant and absent bed-occupant losses during fiscal year 1968	787,435	111,765	290,740	384,930	24,091	6,335	4,302	13,454
Deaths-bed occupants	43,125	1,738	10,364	30,523	979	41	189	749
Deaths-absent bed-occupants	598	281	107	210	(⁵)	(⁵)	(⁵)	(⁵)
Discharges to post hospital care	283,691	12,868	168,241	102,582	(⁵)	(⁵)	(⁵)	(⁵)
Other discharges ²	327,269	73,542	73,883	179,844	² 22,844	² 6,288	² 4,043	² 12,513
Transfers to other hospitals ^{2 3}	21,448	6,839	6,425	8,184	(²)	(²)	(²)	(²)
Changes in bed section	111,304	16,497	31,220	63,587	268	6	70	192
Bed-occupants and absent bed-occupants as of June 30, 1968	107,743	58,303	16,249	33,191	1,622	836	169	617
Bed-occupants remaining in hospital June 30, 1968	91,735	45,420	14,559	31,656	1,459	703	162	594
Average daily patient census fiscal year 1968	97,425	47,883	16,287	33,255	2,025	1,027	222	777
Patients in extramural status June 30, 1968—total	188,345	21,291	102,238	64,816	163	133	7	23
Absent bed occupants:								
Trial visit	11,451	10,932	53	466				
Leave of absence and elopement	4,557	1,951	1,537	1,069				
Post hospital care status (PHC)	168,093	8,299	98,534	61,260				
Research followup status	4,244	109	2,114	2,021				
Patients treated	762,426	146,732	269,344	346,350				

¹ Beds are classified according to their intended use and patients occupying them are classed accordingly, rather than on a diagnostic basis. Tuberculosis and neurological patients are included in data for other bed sections.

² Transfers for non-VA hospitals are included with other admissions and other discharges.

³ Includes only patients transferred as VA beneficiaries.

⁴ Retroactive adjustment; original data were incorrect.

⁵ Data for non-VA hospitals are not available separately; they are included with admissions and discharges to and from non-VA hospitals.

⁶ Included with deaths of bed-occupants.

Table 7.—Average daily member census in VA domiciliaries and State homes and average operating beds in VA domiciliaries; average daily restoree census and average operating beds in VA restoration centers

[Fiscal year 1968]

VA and State domiciliaries and VA restoration centers	Domiciliary		Restoration center	
	Average daily member census ¹	Average operating beds ²	Average daily restoree census	Average operating beds ²
Total—VA and State domiciliaries	20,058			
Total—VA Restoration centers.....			610	754
California: Los Angeles.....			159	175
Florida: Bay Pines ³			21	23
Illinois: Hines.....			85	120
New Jersey: East Orange.....			169	199
Ohio: Dayton.....			94	140
Wisconsin: Wood.....			81	97
Total—VA domiciliaries	12,592	13,528		
Arizona: Prescott.....	232	240		
California: Los Angeles.....	2,143	2,261		
Florida: Bay Pines.....	349	377		
Georgia: Dublin.....	443	460		
Kansas: Wadsworth.....	879	976		
Mississippi: Biloxi.....	701	725		
New York: Bath.....	749	800		
Ohio: Dayton.....	1,280	1,326		
Oregon: White City.....	1,014	1,071		
South Dakota: Hot Springs.....	530	550		
Tennessee: Mountain Home.....	1,398	1,525		
Texas:				
Bonham.....	289	293		
Temple.....	382	392		
Virginia: Hampton.....	745	835		
West Virginia: Martinsburg.....	496	542		
Wisconsin: Wood.....	963	1,154		
Total—State homes.....	7,466			
California: Napa County.....	1,301			
Colorado: Homelake.....	83			
Connecticut: Rocky Hill.....	730			
Georgia: Milledgeville.....	365			
Idaho: Boise.....	94			
Illinois: Quincy.....	341			
Indiana: Lafayette.....	140			
Iowa: Marshalltown.....	404			
Kansas: Fort Dodge.....	92			
Louisiana: Jackson ⁴	47			
Massachusetts:				
Chelsea.....	361			
Holyoke.....	152			
Michigan: Grand Rapids.....	272			
Minnesota: Minneapolis.....	300			
Missouri: St. James.....	49			
Montana: Columbia Falls.....	50			
Nebraska: Grand Island.....	257			
New Hampshire: Tilton.....	36			
New Jersey:				
Menlo Park.....	112			
Vineland.....	141			
New York: Oxford.....	19			
North Dakota: Lisbon.....	90			
Ohio: Erie County.....	586			
Oklahoma:				
Ardmore.....	167			
Norman.....	224			
Sulphur.....	113			
Pennsylvania: Erie.....	156			
Rhode Island: Bristol.....	123			
South Dakota: Hot Springs.....	91			
Vermont: Bennington.....	36			
Washington:				
Orting.....	109			
Retsil.....	170			
Wisconsin: King.....	225			
Wyoming: Buffalo.....	30			

¹ Based on total member days during year divided by number of days in year.

² Based on the number of operating beds at the end of each month for 13 consecutive months (June 1967–June 1968).

³ Program initiated July 1, 1967.

⁴ Program initiated during November 1967.

Table 8.—*Member turnover in VA domiciliaries and State homes; restoree turnover in VA restoration centers during fiscal year 1968*

Item ¹	VA facilities			State homes
	Total	Domiciliaries	Restoration centers	
Average daily member census fiscal year 1967.....	13,277	12,694	583	7,688
Members remaining June 30, 1967.....	13,089	12,460	629	7,410
Total gains during fiscal year 1968.....	33,546	31,177	2,369	20,630
Admissions from hospitals, domiciliaries, nursing and restoration care.....	6,783	5,473	1,310	553
Other admissions.....	8,256	8,087	169	7,842
Transfers from other VA domiciliaries.....	174	174		
From extramural status.....	18,333	17,443	890	12,235
Total losses during fiscal year 1968.....	33,640	31,232	2,408	20,901
Deaths.....	176	171	5	948
Discharges to hospitals, domiciliaries, nursing and restoration care.....	1,156	841	315	1,180
Other regular discharges.....	4,083	3,540	543	6,511
Irregular discharges.....	1,876	1,722	154	(²)
Transfers to other VA domiciliaries.....	138	136	2	
To extramural status.....	26,211	24,822	1,389	12,262
Member remaining June 30, 1968.....	12,995	12,405	590	7,139
Average daily members census, fiscal year 1968.....	13,202	12,592	610	7,466
Discharges while on extramural status.....	7,733	7,270	463	(²)
Deaths while in extramural status.....	414	405	9	(²)
Members in extramural status June 30, 1968.....	1,887	1,744	143	(²)
Absent (other).....	1,464	1,345	119	(²)
Absent (in hospital status).....	423	399	24	(²)
Members treated.....	30,320	28,098	2,222	15,778

¹ In addition to member care, restoree care is also implied in each line item.

² Data not reported.

Table 9.—Average daily nursing census and patients remaining in VA, State and community nursing homes; average operating beds in VA nursing care stations

[Fiscal year 1968]

Location	Fiscal year 1968		June 30, 1968	
	Average operating beds	Average daily nursing census	Operating beds	Patients remaining
Total—All.....		8, 067		8, 844
Total—VA nursing care units.....	4, 000	3, 468	4, 000	3, 611
Alabama: Tuskegee.....	68	55	68	60
Arkansas: North Little Rock.....	100	61	100	79
California:				
Livermore.....	36	34	36	34
Los Angeles.....	225	191	222	210
Palo Alto.....	65	52	50	48
San Fernando.....	36	33	36	33
Sepulveda.....	42	34	40	35
Colorado:				
Fort Lyon.....	37	35	37	35
Grand Junction.....	42	41	42	39
Delaware: Wilmington.....	39	34	39	36
Georgia:				
Augusta.....	40	36	40	40
Dublin.....	56	54	56	54
Illinois:				
Chicago (West Side).....	40	38	40	40
Danville.....	58	47	58	53
Indiana:				
Indianapolis.....	46	45	46	46
Marion.....	69	59	69	63
Iowa: Knoxville.....	50	47	50	46
Kansas: Wadsworth.....	45	45	45	44
Kentucky: Lexington.....	51	45	51	43
Louisiana: Alexandria.....	95	90	95	93
Maine: Togus.....	60	58	60	58
Massachusetts:				
Bedford ¹	50	44	82	79
Brockton.....	51	47	51	50
Michigan:				
Allen Park.....	36	34	36	34
Battle Creek.....	65	61	65	64
Minnesota: St. Cloud.....	44	43	44	43
Mississippi:				
Biloxi ²	66	50	71	63
Gulfport ²	5			
Missouri:				
Jefferson Barracks.....	68	64	68	63
Poplar Bluff.....	49	45	49	43
Nevada: Reno.....	22	22	22	20
New Hampshire: Manchester.....	38	37	38	36
New York:				
Albany.....	34	27	30	30
Bath.....	40	39	40	39
Buffalo.....	36	35	36	35
Canandaigua.....	47	44	47	43
Castle Point ³	98	43	96	85
Montrose.....	75	33	75	45
North Carolina:				
Fayetteville.....	39	38	39	39
Salisbury.....	96	67	93	40
North Dakota: Fargo.....	50	48	50	45
Ohio:				
Brecksville.....	50	48	50	49
Chillicothe.....	99	99	99	99
Cincinnati.....	201	148	201	148
Dayton.....	84	79	84	80
Oregon: Roseburg.....	41	39	45	45
Pennsylvania:				
Aspinwall.....	208	195	208	182
Butler.....	64	59	64	57
Lebanon.....	37	36	37	37
South Carolina: Columbia.....	72	35	72	61
South Dakota: Sioux Falls.....	75	71	75	69
Tennessee: Mountain Home.....	58	56	58	56
Murfreesboro.....	49	37	48	37

See footnotes at end of table.

Table 9.—Average daily nursing census and patients remaining in VA, State and community nursing homes; average operating beds in VA nursing care stations—Continued

[Fiscal year 1968]

Location	Fiscal year 1968		June 30, 1968	
	Average operating beds	Average daily nursing census	Operating beds	Patients remaining
Texas:				
Bonham.....	38	35	38	36
Houston.....	78	74	78	73
Kerrville.....	36	31	36	34
Waco.....	90	85	84	77
Utah: Salt Lake City.....	46	43	46	41
Virginia: Hampton.....	41	41	41	40
Washington: American Lake.....	76	48	76	68
West Virginia: Beckley.....	42	41	42	39
Wisconsin:				
Tomah.....	53	47	53	47
Wood.....	106	105	106	104
Wyoming: Cheyenne.....	47	45	47	47
Total—State homes nursing care.....		1,795		1,912
California: Napa County.....		167		205
Illinois: Quincy.....		264		243
Indiana: La'ayette.....		86		86
Massachusetts: Chelsea.....		158		151
Michigan: Grand Rapids.....		408		425
Missouri: St. James.....		36		36
New Hampshire: Tilton.....		14		19
New Jersey:				
Menlo Park.....		68		70
Vineland †.....		4		60
New York: Oxford.....		5		5
Oklahoma:				
Ardmore.....		36		36
Sulphur.....		73		80
Pennsylvania: Erie.....		45		47
Rhode Island: Bristol.....		133		136
South Dakota: Hot Springs.....		33		26
Vermont: Bennington †.....		21		22
Washington:				
Orting.....		45		46
Retsil.....		71		75
Wisconsin: King †.....		127		144
Total—Community nursing home care by VA office of jurisdiction.....		2,804		3,321
Alabama: Montgomery.....		42		40
Arizona: Phoenix.....		75		100
Arkansas: Little Rock.....		85		92
California:				
Los Angeles.....		184		169
San Francisco.....		40		46
Colorado: Denver.....		40		43
Connecticut: Newington.....		44		42
Delaware: Wilmington.....		9		13
District of Columbia: Washington.....		20		16
Florida: Bay Pines.....		177		222
Georgia: Atlanta.....		50		64
Idaho: Boise.....		11		17
Illinois: Chicago (West Side).....		273		269
Indiana: Indianapolis.....		34		42
Iowa: Des Moines.....		73		93
Kansas: Wichita.....		26		47
Kentucky: Louisville.....		70		84
Louisiana:				
New Orleans.....		24		29
Shreveport.....		17		22
Maine: Togus.....		22		24
Maryland: Baltimore.....		14		17
Massachusetts: Boston.....		134		138
Michigan: Allen Park.....		7		7
Minnesota: Minneapolis.....		112		139
Mississippi: Jackson.....		21		18

See footnotes at end of table.

Table 9.—Average daily nursing census and patients remaining in VA, State and community nursing homes; average operating beds in VA nursing care stations—Continued

[Fiscal year 1968]

Location	Fiscal year 1968		June 30, 1968	
	Average operating beds	Average daily nursing census	Operating beds	Patients remaining
Missouri:				
Kansas City		47		57
St. Louis		22		22
Montana: Fort Harrison		8		11
Nebraska: Lincoln		30		36
Nevada: Reno				
New Hampshire: Manchester		6		11
New Jersey: East Orange		50		56
New Mexico: Albuquerque		12		26
New York:				
Albany		10		11
Buffalo		16		17
New York		6		2
Syracuse		11		4
North Carolina: Salisbury		50		73
North Dakota: Fargo		19		25
Ohio:				
Cincinnati		72		88
Cleveland		50		67
Oklahoma: Muskogee		71		79
Oregon: Portland		45		41
Pennsylvania:				
Philadelphia		59		73
Pittsburgh		18		31
Wilkes-Barre		28		44
Puerto Rico: San Juan		18		19
Rhode Island: Providence		28		31
South Carolina: Columbia		36		46
South Dakota: Sioux Falls		10		11
Tennessee: Nashville		74		96
Texas:				
Dallas		46		59
Houston		35		60
Lubbock		20		28
San Antonio		15		20
Waco		38		45
Utah: Salt Lake City		3		5
Virginia: Salem		80		111
Washington: Seattle		57		69
West Virginia: Huntington		35		52
Wisconsin: Wood		74		101
Wyoming: Cheyenne		2		1

¹ Program initiated during November 1967.

² Program initiated July 1, 1967 at VAH Biloxi, Miss. and discontinued at VAH Gulfport, Miss.

³ Beds were activated June 1967; patients initially admitted during September 1967.

⁴ Program initiated during fiscal year 1968 at State homes as follows; Vineland, N.J. in June 1968, Bennington, Vt. in July 1967 and King, Wis., in August 1967.

Table 10.—Community nursing home patient placements by VA hospitals from which the patients were discharged

[During fiscal year 1968]

Hospital	Patients placed	Average daily nursing census ¹	Remaining in nursing home, June 30, 1968
Total.....	2 8,657	2,804	3,321
Alabama:			
Birmingham.....	93	21	27
Montgomery.....	17	6	4
Tuscaloosa.....	17	6	7
Tuskegee ¹	13	6	4
Arizona:			
Phoenix.....	131	32	49
Prescott.....	29	7	6
Tucson.....	142	36	48
Arkansas:			
Fayetteville.....	28	9	11
Little Rock ¹	200	80	82
North Little Rock.....	Included with VA hospital,		Little Rock.
California:			
Fresno.....	33	10	10
Livermore ¹	9	3	4
Long Beach.....	282	81	62
Los Angeles (General) ¹	155	62	42
Los Angeles (Psychiatric).....	Included with VA hospital,		Los Angeles
Martinez.....	11	4	4
Palo Alto ¹	38	9	11
San Fernando ¹	33	8	12
San Francisco.....	69	14	18
Sepulveda ¹	83	30	49
Colorado:			
Denver.....	126	24	28
Fort Lyon ¹	41	16	24
Grand Junction ¹	6	2	
Connecticut:			
Newington.....	95	25	25
West Haven.....	17	7	6
Delaware: Wilmington ¹	48	14	24
District of Columbia: Washington.....	77	19	26
Florida:			
Bay Pines.....	246	78	99
Gainesville.....	42	7	17
Lake City.....	88	34	33
Miami.....	170	51	78
Georgia:			
Atlanta.....	91	22	37
Augusta (General) ¹	64	33	27
Augusta (Psychiatric).....	Included with VA hospital,		Augusta
Dublin ¹	25	14	9
Idaho: Boise.....	29	10	15
Illinois:			
Chicago, Ill. (West Side) ¹	101	33	31
Chicago, Ill. (Research).....	162	44	47
Danville ¹	31	14	19
Downey.....	41	20	13
Hines.....	375	111	107
Marion ¹	169	48	54
Indiana:			
Fort Wayne.....	16	6	8
Indianapolis ¹	52	15	19
Marion ¹	4	3	1
Iowa:			
Des Moines.....	113	32	40
Iowa City.....	127	39	52
Knoxville ¹	6	2	2
Kansas:			
Topeka.....	88	33	52
Wadsworth ¹	41	12	17
Kentucky:			
Lexington ¹	86	24	30
Louisville.....	126	36	44

See footnotes at end of table.

Table 10.—Community nursing home patient placements by VA hospitals from which the patients were discharged—Continued

[During fiscal year 1968]

Hospital	Patients placed	Average daily nursing census ³	Remaining in nursing home, June 30, 1968
Louisiana:			
Alexandria ¹	16	4	8
New Orleans.....	83	24	27
Shreveport.....	61	21	27
Maine: Togus ¹	62	23	24
Maryland:			
Baltimore.....	26	6	4
Fort Howard.....	8	3	3
Perry Point.....	27	9	13
Massachusetts:			
Bedford ¹	109	45	46
Boston.....	215	57	65
Brockton ¹	34	11	17
Northampton.....	37	19	16
West Roxbury.....	49	12	9
Michigan:			
Allen Park ¹	16	7	7
Ann Arbor.....	14	1	
Iron Mountain.....	22	8	6
Minnesota:			
Minneapolis.....	338	91	112
St. Cloud ¹	67	26	27
Mississippi:			
Biloxi ¹	Included	with VA hospital	Gulfport.
Gulfport.....	55	17	14
Jackson.....	22	6	6
Missouri:			
Jefferson Barracks ¹	24	5	9
Kansas City.....	79	21	23
Poplar Bluff ¹	12	5	6
St. Louis.....	56	16	18
Montana:			
Fort Harrison.....	16	4	6
Miles City.....	18	4	6
Nebraska:			
Grand Island.....	17	5	5
Lincoln.....	24	7	8
Omaha.....	76	19	25
New Hampshire: Manchester ¹	18	4	7
New Jersey:			
East Orange.....	68	27	29
Lyons.....	3	2	3
New Mexico: Albuquerque.....	52	12	23
New York:			
Albany ¹	26	7	9
Batavia.....	10	3	8
Bath ¹	5	3	
Bronx.....	9	5	3
Brooklyn.....	10	3	2
Buffalo ¹	43	15	9
Castle Point ¹	16	5	4
Montrose ¹	2	1	1
New York.....	3	1	1
Northport.....	9	5	2
Syracuse.....	14	7	4
North Carolina:			
Durham.....	52	14	20
Fayetteville ¹	23	10	11
Oteen.....	6	3	3
Salisbury ¹	27	7	18
North Dakota: Fargo ¹	62	16	23
Ohio:			
Brecksville ¹	10	5	5
Chillicothe ¹	66	29	36
Cincinnati ¹	115	26	32
Cleveland.....	122	41	58
Dayton ¹	58	15	25

See footnotes at end of table.

Table 10.—Community nursing home patient placements by VA hospitals from which the patients were discharged—Continued

[During fiscal year 1968]

Hospital	Patients placed	Average daily nursing census ³	Remaining in nursing home, June 30, 1968
Oklahoma:			
Muskogee.....	79	23	21
Oklahoma City.....	193	46	59
Oregon:			
Portland.....	69	23	12
Roseburg ¹	11	7	7
Pennsylvania:			
Altoona.....	5	2	3
Butler ¹	6	1	2
Coatesville.....	48	16	32
Erie.....	13	3	7
Lebanon ¹	24	9	13
Philadelphia.....	155	45	44
Pittsburgh (General) ¹	53	12	22
Pittsburgh (Psychiatric).....	5	3	
Wilkes-Barre.....	55	19	29
Puerto Rico: San Juan.....	63	19	19
Rhode Island: Providence.....	87	24	26
South Carolina:			
Charleston.....	51	18	17
Columbia ¹	23	7	15
South Dakota:			
Fort Meade.....	9	5	4
Hot Springs.....	9	5	4
Sioux Falls ¹	31	8	9
Tennessee:			
Memphis.....	42	13	10
Mountain Home ¹	64	18	47
Nashville.....	182	51	46
Texas:			
Amarillo.....	16	7	5
Big Spring.....	39	12	23
Bonham ¹	35	8	14
Dallas.....	128	27	30
Houston ¹	167	38	61
Kerrville ¹	36	8	12
Marlin.....	13	4	1
Temple.....	137	40	58
Waco ¹	5	1	2
Utah: Salt Lake City ¹	9	2	4
Vermont: White River Junction.....	4	1	2
Virginia:			
Hampton ¹	37	12	17
Richmond.....	37	15	11
Salem.....	174	71	104
Washington:			
American Lake ¹	2	1	
Seattle.....	103	23	38
Spokane.....	22	8	6
Vancouver.....	72	24	29
Walla Walla.....	40	18	18
West Virginia:			
Beckley ¹	9	3	4
Clarksburg.....	31	9	15
Huntington.....	52	16	18
Martinsburg.....	28	8	15
Wisconsin:			
Madison.....	83	22	27
Tomah ¹	1	(4)	
Wood ¹	178	43	69
Wyoming:			
Cheyenne ¹	4	1	1
Sheridan.....	2	1	

¹ Indicates hospitals which either have or are scheduled to have a nursing bed unit in operation during fiscal year 1968.

² Transfers are excluded in overall total; included in total for individual station.

³ Based on total patient days during fiscal year divided by the number of days in year.

⁴ Data were less than one for the fiscal year.

Table 11.—Patient turnover in VA nursing home care units

[During fiscal year 1968]

<i>Item</i>	<i>Total</i>
Patients remaining, June 30, 1967	3,400
Total gains during fiscal year 1968	4,381
Direct admission:	2,719
From VA hospital	2,644
From VA domiciliaries	75
From extramural status	1,530
Transfers in	132
Total losses during fiscal year 1968	4,170
Deaths	228
Maximum benefit discharges	1,000
To VA domiciliaries and restoration centers	164
Irregular discharges	59
To extramural status	2,617
Transfers out	102
Patients remaining, June 30, 1968	3,611
Average daily nursing census, fiscal year 1968	3,468
Discharges while on extramural status	591
Deaths while in extramural status	240
Patients in extramural status June 30, 1968	181
Absent (in hospital status)	97
Absent (other)	84
Patients treated	6,074

Table 12.—VA patient turnover at State nursing homes

[During fiscal year 1968]

<i>Item</i>	<i>Total</i>
Patients remaining, June 30, 1967	1,535
Total gains during fiscal year 1968	2,885
Direct admissions	460
Admissions from State Home domiciliary care	1,044
From leave of absence	1,381
Total losses during fiscal year 1968	2,508
Deaths	339
Other discharges	320
Discharges to State Home domiciliary care	451
To leave of absence	1,398
Patients remaining, June 30, 1968	1,912
Average daily patient census, fiscal year 1968	1,795
Patients treated	3,022

Table 13.—VA patient turnover at community nursing homes

[During fiscal year 1968]

Patients remaining, June 30, 1967	3, 223
Total gains during fiscal year 1968	9, 468
Direct admissions	7, 906
Readmissions after temporary rehospitalization	751
Transfers from other community nursing homes	232
From leave of absence	579
Total losses during fiscal year 1968	9, 370
Deaths	1, 082
Maximum benefit discharges	867
Irregular discharges	360
Nursing home benefits expired	4, 114
Readmitted to VA hospital or domiciliary	412
Moved to another private nursing home	242
Remained at same private nursing home	2, 233
All other	1, 227
Transfers to other community nursing home	248
Absent (in hospital status)	2, 528
Absent (other)	171
Patients remaining, June 30, 1968	3, 321
Average daily patient census, fiscal year 1968	2, 804
Discharges while on extramural status	1, 227
Deaths while in extramural status	296
Patients in extramural status June 30, 1968:	
Absent (in hospital status)	63
Absent (other)	88
Patients treated	11, 418

Table 14.—VA patients discharged from VA hospitals by diagnostic category, average age, and age group ¹

[Calendar year 1967]

Diagnostic category, and IDCA list number ² of principal diagnosis ³	Total principal diagnoses	Average age	Principal diagnoses by age group					
			Under 35	35-44	45-54	55-64	65-74	75 and over
All diseases and conditions ⁴	650,055	53.4	59,831	135,282	192,947	98,593	114,360	58,042
I. Infective and parasitic diseases.....	15,384	48.7	2,938	3,566	4,376	1,950	1,807	747
Pulmonary tuberculosis (002).....	8,196	51.0	603	2,050	2,893	1,291	973	386
Tuberculosis, other forms (003-019).....	784	49.6	110	214	220	95	101	44
Veneral diseases (except chronic brain syndrome due to syphilis) (020-024, 026-039).....	1,061	51.5	281	160	168	109	245	98
Arnebiasis (046).....	101	41.6	41	20	30	5	4	1
Infectious hepatitis (092).....	924	37.7	518	218	131	32	20	5
Malaria (110-117).....	604	31.6	580	14	5	3	2	-----
Other infective and parasitic diseases (040-045, 047-091, 093-096, 100-108, 120-138).....	3,714	48.4	805	890	929	415	462	213
II. Neoplasms.....	55,945	59.8	2,690	5,323	12,880	10,590	16,256	8,206
Neoplasms, malignant (140-205).....	47,853	61.3	1,291	3,652	10,673	9,575	14,987	7,675
Neoplasms, benign (210-229).....	7,212	49.9	1,358	1,556	1,909	881	1,065	443
Neoplasms, of unspecified nature (230-239).....	880	56.5	41	115	298	134	204	88
III. Allergic, endocrine system, metabolic, and nutritional diseases.....	23,636	53.3	1,487	4,768	7,922	4,085	3,750	1,624
Asthma (241).....	2,489	50.2	212	589	928	436	262	62
Other allergic diseases (240, 242-245).....	882	48.0	150	230	275	104	96	27
Diabetes mellitus (260).....	13,110	54.7	647	2,435	4,228	2,297	2,387	1,116
Diseases of other endocrine glands (250-254, 270-277).....	2,609	50.8	270	579	915	400	327	118
Avitaminoses and other metabolic diseases (280-289).....	4,546	53.4	208	935	1,576	848	678	301
IV. Diseases of the blood and blood-forming organs (290-299).....	4,416	57.8	254	717	1,028	660	1,090	667
V. Mental, psychoneurotic, and personality disorders.....	118,731	47.3	16,336	37,731	39,850	11,909	8,302	4,603
Psychotic disorders (318-322, 688.1).....	38,737	44.8	8,111	13,983	11,254	2,805	1,806	773
Chronic and acute brain syndrome with psychotic reaction, non-syphilitic (300-317 (except 309) with 322).....	8,527	50.1	596	2,555	3,048	1,016	810	502
Chronic and acute brain syndrome with psychotic reaction due to syphilis (025, 309 with 322).....	273	67.9	-----	9	30	21	149	64
Psychoneurotic disorders (323, 324, 781.9).....	30,426	46.4	3,363	9,753	12,594	3,274	1,138	304
Alcoholism (311.0 with out 322, 326.3).....	21,633	47.5	1,286	7,263	8,977	3,033	906	168
Other disorders of character, behavior and intelligence (325-329 (except 326.3)).....	9,213	41.9	2,595	3,227	2,594	586	163	48
Chronic brain syndrome with neurotic or behavioral reaction, except due to alcoholism (308-317) (except 311.0) with out 322.....	9,922	64.0	385	936	1,353	1,174	3,330	2,744

See foot notes at end of table.

Table 14.—VA patients discharged from VA hospitals by diagnostic category, average age, and age group ¹—Continued

[Calendar year 1967]

Diagnostic category, and IDCA list number ² of principal diagnosis ³	Total principal diagnoses	Average age	Principal diagnoses by age group					
			Under 35	35-44	45-54	55-64	65-74	75 and over
VI. Diseases of the nervous system and sense organs.....	47,835	56.2	3,518	8,032	12,292	7,318	10,911	5,764
Vascular lesions affecting central nervous system (330-334).....	12,472	63.7	113	685	2,386	2,464	4,376	2,448
Inflammatory diseases of central nervous system (340-345).....	2,612	45.1	407	896	957	332	93	27
Epilepsy (353).....	3,845	45.1	659	1,394	1,204	315	210	63
Other diseases of the central nervous system (350-357) (except 353).....	7,049	52.4	870	1,378	1,981	1,125	1,187	508
Diseases of nerves and peripheral ganglia (360-369).....	4,310	50.1	366	1,134	1,551	614	481	164
Diseases of eye (370-389).....	13,356	61.0	551	1,322	2,798	2,043	4,213	2,429
Diseases of ear and mastoid process (390-398).....	4,191	48.0	552	1,223	1,415	525	351	125
VII. Diseases of the circulatory system.....	87,521	58.0	2,571	11,903	24,868	16,261	20,591	11,327
Rheumatic fever, without heart involvement, chorea (400, 402.0).....	62	(⁴)	19	17	21	2	1	2
Rheumatic heart disease (401, 402.1, 410-416).....	4,057	50.1	256	1,074	1,562	652	401	112
Arteriosclerotic and degenerative heart disease (420-422).....	37,648	61.7	237	3,082	9,248	7,331	11,136	6,614
Other diseases of heart (430-434).....	6,183	58.4	222	801	1,652	1,145	1,484	859
Hypertensive heart disease (442, 443).....	6,247	57.5	83	806	2,003	1,365	1,399	591
Other hypertensive disease (446, 447).....	6,533	51.1	335	1,619	2,502	1,102	724	251
General arteriosclerosis (450).....	6,686	65.1	7	261	1,166	1,345	2,379	1,528
Other diseases of arteries (451-456).....	3,552	57.9	124	498	930	716	870	414
Varicose veins of lower extremities (460).....	3,828	53.5	201	660	1,426	744	525	263
Hemorrhoids (461).....	6,411	48.4	684	1,887	2,313	804	540	183
Other diseases of the circulatory system (462-468).....	6,334	54.1	403	1,189	2,045	1,055	1,132	510
VIII. Diseases of the respiratory system.....	47,904	57.0	3,018	6,513	12,533	8,918	11,509	5,413
Acute upper respiratory infections including influenza (470-483).....	2,587	48.5	566	578	702	274	303	164
Pneumonia (490-493).....	10,945	58.0	485	1,781	2,764	1,607	2,511	1,797
Bronchitis (500-502).....	15,993	59.4	298	1,504	4,344	3,559	4,544	1,744
Hypertrophy of tonsils and adenoids (510).....	789	35.1	534	176	61	10	5	3
Other diseases of upper respiratory tract (511-517).....	4,142	49.0	599	1,013	1,344	593	448	145
Other diseases of lung and pleural cavity (518-527).....	13,448	58.8	536	1,461	3,318	2,375	3,698	1,660

IX. Diseases of the digestive system.....	80,913	52.6	6,353	17,514	26,224	12,826	12,261	5,735
Diseases of teeth and buccal cavity (530-538).....	3,405	51.5	339	731	1,146	543	451	195
Ulcer of stomach, duodenum, and jejunum (540-542).....	17,574	51.8	1,373	4,012	6,044	2,736	2,384	1,025
Inflammatory diseases of the gastrointestinal tract (543, 571, 572).....	10,220	51.3	1,165	2,453	3,058	1,377	1,387	780
Diseases of esophagus, and other diseases of stomach and duodenum (539, 544, 545).....	2,613	55.0	128	475	837	462	453	258
Diseases of appendix (550-553).....	1,382	46.7	370	305	357	159	124	67
Hernia of abdominal cavity (560, 561).....	19,061	55.4	1,379	2,954	5,575	3,433	3,931	1,789
Other diseases of intestines and peritonenum (570, 573-578).....	9,630	53.1	859	2,142	2,798	1,331	1,623	877
Cirrhosis of liver (581).....	8,760	50.2	250	2,270	3,827	1,638	632	143
Other diseases of liver, gall bladder, and pancreas (580, 582-587).....	8,268	52.4	490	2,172	2,582	1,147	1,276	601
X. Diseases of the genitourinary system.....	40,556	55.8	3,952	7,464	9,068	5,069	9,652	5,351
Nephritis (590-594).....	7,641	42.5	1,685	3,020	2,460	259	150	58
Other diseases of urinary system (600-609).....	16,007	55.6	1,340	2,975	3,963	2,223	3,452	2,054
Diseases of prostate (610-612).....	11,487	66.6	193	444	1,120	1,825	5,071	2,834
Other diseases of male genital organs (613-617).....	4,405	53.0	583	770	1,193	665	852	342
Diseases of breast, gynecological conditions (620-637).....	1,016	49.4	151	255	332	97	118	63
XI. Deliveries and complications of pregnancy, childbirth and puerperium (640-689 (except 688.1)).....	16	(5)	10	5	1			
XII. Diseases of the skin and cellular tissue.....	17,887	51.3	2,061	4,188	5,391	2,408	2,662	1,177
Infections of skin and subcutaneous tissue (690-698).....	6,033	49.7	820	1,493	1,925	798	688	309
Other diseases of skin and subcutaneous tissue (700-716).....	11,854	52.2	1,241	2,695	3,466	1,610	1,974	868
XIII. Diseases of the bones and organs of movement.....	33,432	51.0	3,074	7,689	11,663	5,412	3,909	1,685
Arthritis and rheumatism, except rheumatic fever (720-727).....	15,661	54.8	684	2,595	5,346	3,188	2,646	1,202
Displacement of intervertebral disc (735).....	4,919	45.7	549	1,719	1,980	513	124	34
Osteomyelitis and other diseases of bone and joint (730-734, 736-738).....	7,077	47.4	1,118	2,005	2,352	835	523	244
Other diseases of musculoskeletal system (740-749 (except 742)).....	5,775	49.5	723	1,370	1,985	876	616	205
XIV. Congenital malformations (750-759).....	2,713	46.6	373	903	934	254	188	61
XVI.a Symptoms, senility, and ill-defined conditions (742, 780-792, 794, 795 (except 781.9)).....	21,328	50.9	2,458	5,197	6,678	2,728	2,800	1,467
XVI.b Observations and examination cases and special admissions.....	20,047	55.2	1,585	3,486	5,453	3,142	4,423	1,958
Observation and/or examination, TB (793.2).....	166	51.5	17	37	49	31	25	7
Observations and/or examination, psychiatric (793.0).....	225	43.4	60	62	81	13	5	4
Observations and/or examination, GM&S (793.1, 793.3, 793.8, 793.9).....	1,716	50.3	234	411	491	277	211	92
Special admissions (Y01-Y18).....	17,940	55.9	1,274	2,976	4,832	2,821	4,182	1,855

Table 14.—VA patients discharged from VA hospitals by diagnostic category, average age, and age group ¹—Continued

[Calendar year 1967]

Diagnostic category, and IDCA list number ² of principal diagnosis ³	Total principal diagnoses	Average age	Principal diagnoses by age group					
			Under 35	35-44	45-54	55-64	65-74	75 and over
XVII. Accidents, poisonings, and violence.....	40,791	48.7	7,153	10,283	11,786	5,063	4,249	2,257
Fracture of skull (800-803).....	2,288	43.9	589	743	606	196	107	47
Fracture of spine, and trunk (805-808).....	3,346	51.1	488	737	920	477	468	256
Fracture of limbs (810-826).....	11,730	51.4	1,692	2,485	3,282	1,649	1,625	997
Dislocation without fracture (830-839).....	1,389	44.7	385	379	359	139	89	38
Sprains and strains of joints and adjacent muscles (840-848).....	3,236	46.3	534	993	1,106	332	198	73
Head injuries (excluding skull fractures) (850-856).....	2,563	45.6	662	673	693	265	182	88
Internal injuries of chest, abdomen, and pelvis (860-869).....	686	45.0	159	223	188	45	40	28
Lacerations and open wounds (870-898).....	4,686	44.3	1,190	1,435	1,298	407	255	101
Burns (940-949).....	1,559	48.7	208	443	477	213	145	70
Injury to nerves and spinal cord without bone injury (950-959).....	564	42.7	175	164	156	43	16	10
Other accidents, poisonings, and violence (910-936, 960-996).....	4,511	50.4	600	1,101	1,335	601	576	298
Adverse effects of surgery and other medical care (997-999).....	4,233	51.3	471	901	1,366	696	548	251

¹ Total discharges include interhospital transfers and deaths.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Disease Adapted for Indexing of Hospital Records" USPHS Pub. No. 719. The numbers following the diagnosis are the identifying code numbers of this diagnostic classification. Morbid conditions are not coded to late effects, but to the condition requiring treatment. Category XV, "Certain diseases of early infancy," in which no cases occurred, is not included in this table.

³ Principal diagnosis is that condition responsible for the major portion of the patient's stay in hospital. The physician completing the patient's clinical record at discharge makes this designation.

⁴ Data for various categories and lines may differ slightly from data in more abridged tables due to recoding.

⁵ Average age not calculated for totals of less than 100 cases.

Table 15.—Percent of VA patients admitted to VA hospitals, who remained in hospitals at least the specified number of days of hospitalization

[By type of patient and age group]

Type of patient and age group	Estimated number of admissions Jan.-Apr. 1967 ¹	Median length of stay ²	Percentage of patients admitted who were remaining in hospital at the beginning of the day of hospitalization indicated												
			1	2	8	15	22	30	40	50	60	90	120	150	180
All patients	219,500	17.8	100.0	93.8	76.0	55.9	41.3	29.9	21.0	15.2	11.6	5.7	3.2	2.0	1.3
Under 35	19,140	12.9	100.0	89.7	64.2	44.0	33.2	25.7	19.0	14.9	12.4	6.9	4.3	2.8	1.9
35-44	43,530	15.7	100.0	93.6	73.1	51.5	37.0	27.3	19.2	14.4	10.8	5.8	3.1	1.9	1.1
45-54	63,020	18.0	100.0	93.9	76.9	56.4	41.5	30.3	21.2	15.2	11.8	5.7	3.2	2.0	1.3
55-64	34,350	19.4	100.0	94.6	79.0	59.6	44.3	32.0	23.1	16.7	12.6	6.4	3.5	2.1	1.3
65-74	39,540	19.3	100.0	95.2	79.3	59.6	44.0	30.8	21.0	14.8	10.7	4.7	2.7	1.5	1.0
75 and over	19,920	20.5	100.0	94.1	78.9	61.1	46.8	33.2	22.4	15.6	11.9	5.5	3.2	2.3	1.5
Tuberculosis	3,030	67.8	100.0	95.4	85.1	77.2	70.3	66.0	59.7	56.1	53.5	39.9	29.7	22.8	16.2
Under 35	280	26.0	100.0	96.4	82.1	57.1	53.6	46.4	39.3	32.1	32.1	25.0	14.3	14.3	14.3
35-44	750	84.9	100.0	97.3	90.7	85.3	76.0	69.3	65.3	64.0	60.0	48.0	34.7	25.3	20.0
45-54	1,160	64.8	100.0	94.0	83.6	75.9	68.1	64.7	58.6	55.2	52.6	36.2	30.2	22.4	15.5
55-64	380	99.9	100.0	94.7	78.9	71.1	68.4	68.4	65.8	65.8	62.6	44.7	34.2	18.4	12.9
65-74	310	78.6	100.0	96.8	90.3	87.1	83.9	80.6	67.7	61.3	58.1	45.2	22.6	19.4	12.9
75 and over	150	35.0	100.0	93.3	80.0	80.0	66.7	60.0	40.0	33.3	26.7	13.3	6.7	6.7	6.7
Psychotic	12,060	37.1	100.0	96.4	85.0	74.7	65.2	56.4	47.4	39.6	34.3	20.1	12.4	7.9	5.1
Under 35	2,630	42.7	100.0	97.3	84.4	74.1	65.4	58.9	51.3	46.4	41.4	22.8	15.6	9.5	6.1
35-44	4,210	36.7	100.0	96.7	83.4	76.0	66.3	57.5	46.3	38.2	33.0	19.5	10.0	7.1	4.3
45-54	3,660	33.3	100.0	95.9	87.2	74.6	63.9	52.7	44.5	36.3	31.1	16.9	11.5	6.6	4.6
55-64	1,040	35.6	100.0	95.2	86.5	72.1	63.5	54.8	46.2	36.5	30.8	22.1	11.5	6.7	3.8
65-74	390	40.7	100.0	92.3	76.9	66.7	61.5	56.4	51.3	33.3	28.2	20.5	15.4	12.8	10.3
75 and over	130	125.1	100.0	100.0	100.0	92.3	84.6	84.6	84.6	76.9	69.2	53.8	53.8	30.8	23.1
Other psychiatric	20,880	23.7	100.0	96.0	80.9	65.0	52.3	41.5	30.7	23.9	19.3	9.4	5.3	3.0	2.0
Under 35	2,220	20.1	100.0	93.7	73.4	59.5	47.7	38.3	26.1	20.3	15.8	9.0	4.5	2.7	1.8
35-44	6,260	20.9	100.0	95.2	78.1	61.7	47.8	38.3	27.8	21.6	15.3	7.3	4.3	1.9	0.8
45-54	7,490	25.2	100.0	96.4	81.0	66.2	54.3	43.5	32.2	24.6	21.5	10.3	5.5	3.5	2.4
55-64	2,360	25.0	100.0	97.9	86.9	65.3	54.2	42.8	34.3	27.1	21.6	10.6	7.2	3.8	2.5
65-74	1,680	26.6	100.0	96.4	88.1	72.6	57.7	44.0	33.3	27.4	23.2	12.5	7.1	4.2	4.2
75 and over	870	28.6	100.0	97.7	88.5	77.0	63.2	47.1	34.5	28.7	24.1	9.2	3.4	2.3	1.1

Table 15.—Percent of VA patients admitted to VA hospitals, who remained in hospitals at least the specified number of day hospitalization—Continued

[By type of patient and age group]

Type of patient and age group	Estimated number of admissions Jan.-Apr. 1967 ¹	Median length of stay ²	Percentage of patients admitted who were remaining in hospital at the beginning of the day of hospitalization indicated												
			1	2	8	15	22	30	40	50	60	90	120	150	180
Neurological	14,690	22.2	100.0	95.9	82.7	65.5	50.2	38.3	27.7	21.7	16.3	9.4	5.4	3.8	2.7
Under 35.....	1,370	17.6	100.0	93.4	77.4	54.0	43.1	29.9	22.6	18.2	16.8	10.2	8.8	5.1	4.4
35-44.....	2,910	18.3	100.0	95.9	80.1	58.4	40.5	28.2	17.5	14.8	11.7	7.2	2.7	1.4	0.7
45-54.....	4,540	23.8	100.0	96.9	83.9	68.3	52.2	42.3	31.1	22.9	17.6	9.0	4.8	3.3	2.2
55-64.....	2,390	26.7	100.0	95.4	85.8	71.1	56.9	45.2	35.1	26.8	17.2	10.9	5.9	5.0	3.8
65-74.....	2,240	23.4	100.0	96.4	83.0	68.3	52.2	39.7	26.3	22.8	18.3	10.3	7.1	4.5	3.6
75 and over.....	1,240	25.6	100.0	95.2	83.9	68.5	57.3	41.1	33.1	25.8	16.9	10.5	6.5	6.5	4.0
General medical and surgical....	168,840	16.0	100.0	93.2	74.0	52.2	36.9	25.2	16.6	11.1	7.9	3.3	1.7	0.9	0.5
Under 35.....	12,640	10.0	100.0	86.8	56.6	33.6	22.5	15.7	10.1	6.6	4.9	2.5	1.3	0.9	0.5
35-44.....	29,400	13.4	100.0	92.4	69.4	44.3	29.2	19.5	12.5	8.2	5.3	2.3	1.2	0.5	0.3
45-54.....	46,170	15.8	100.0	93.0	74.6	51.7	35.9	24.4	15.7	10.2	7.1	3.0	1.4	0.7	0.4
55-64.....	28,180	18.3	100.0	94.3	77.5	57.6	41.4	28.6	19.7	13.6	10.1	4.5	2.1	1.1	0.7
65-74.....	34,920	18.6	100.0	95.0	78.5	58.0	42.2	28.8	19.3	13.0	9.0	3.4	1.9	0.9	0.4
75 and over.....	17,530	19.5	100.0	93.8	77.9	59.4	44.8	31.3	20.5	13.6	10.4	4.5	2.5	1.7	1.1

¹ Figures shown are estimates based on tabulations of a 10 percent systematic random sample of admissions from Jan. 1 to Apr. 30, 1967.

² One-half of the admissions in the given category have lengths of stay greater than

the median; the other half, less than the median. The median was computed on the total number of admissions for the given category, exclusive of cases with less than 1 day of stay.

Table 16.—Chronicity and compensation and pension status of VA patients remaining in VA and non-VA hospitals, by diagnostic groupings¹

[November 30, 1967]

Diagnostic composition of patients	All patients ²	Treated for SC disabilities	Veterans with compensable SC disabilities but treated for NSC disabilities only	Treated for "chronic" NSC disabilities ³	Treated for presumed "nonchronic" NSC disabilities, and— ⁴			Nonveterans
					In receipt of or filed for VA pension ⁵	Field claim for VA compensation ⁵	Filed no claim for VA compensation ⁵	
All patients.....	99,970	25,865	10,980	34,605	13,660	350	13,865	645
Tuberculosis.....	3,450	385	400	2,635	.....	.....	.....	30
Pulmonary tuberculosis.....	3,205	350	375	2,455	.....	.....	.....	25
Other tuberculosis.....	245	35	25	180	.....	.....	.....	5
Psychiatric.....	53,760	21,245	3,890	25,545	610	70	2,260	140
Functional psychoses.....	33,120	17,205	1,335	14,485	.....	.....	.....	95
Organic psychoses and other psychiatric.....	20,640	4,040	2,555	11,060	610	70	2,260	45
Neurological.....	9,395	1,265	1,305	2,665	1,920	55	2,010	175
Vascular lesions affecting central nervous system.....	2,720	120	320	905	885	5	475	10
Other neurological.....	6,645	1,140	980	1,755	1,030	50	1,525	165
Neurological diseases of the sense organs.....	30	5	5	5	5	.....	10	.....
General medical and surgical.....	33,365	2,970	5,385	3,760	11,130	225	9,595	300
Infective and parasitic diseases.....	445	45	65	75	70	20	165	5
Malignant neoplasms.....	4,775	165	660	585	2,045	5	1,290	25
Benign and unspecified neoplasms.....	380	35	55	5	110	10	160	5
Allergic and endocrine system.....	1,590	205	240	265	410	5	445	20
Heart diseases.....	4,020	325	620	395	1,610	5	1,045	20
Vascular diseases.....	2,920	255	430	455	945	20	805	10
Respiratory diseases ⁶	3,620	410	665	420	1,220	15	845	45
Digestive diseases ⁶	5,275	345	1,005	290	1,580	55	1,960	40
Genitourinary diseases ⁶	2,350	165	375	150	1,025	15	605	15
Diseases of skin and cellular tissue.....	1,375	200	205	215	365	10	360	20
Diseases of bones and organs of movement ⁶	2,600	465	380	365	610	25	725	30
Accidents, poisonings and violence ⁷	2,030	175	355	305	540	15	615	25
All other.....	1,985	180	330	235	600	25	575	40

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

² All groups are mutually exclusive and patients who possess the characteristics of more than 1 group are included only in that group having the highest priority for admission.

³ This group of "chronic" patients includes veterans hospitalized for nonservice-connected psychoses or tuberculosis, and those hospitalized for the treatment of other nonservice-connected disabilities for 90 or more days as of the census date.

⁴ This group of presumed "nonchronic" patients includes veterans hospitalized for nonservice-connected, other psychiatric, neurological, and general medical and surgical disabilities for less than 90 days as of the census date.

⁵ For a total estimate of these subgroups regardless of chronicity, see table 21.

⁶ Includes ill-defined conditions of the specific disease group which are classified separately in table 2 in class XVI-a.

⁷ Excludes accidents resulting in neurological conditions.

Table 17.—Chronicity and compensation and pension status of VA patients remaining in VA hospitals, by diagnostic Groupings¹

[November 30, 1967]

Diagnostic composition of patients	All patients ²	Treated for SC disabilities	Veterans with compensable SC disabilities but treated for NSC disabilities only	Treated for "chronic" NSC disabilities ³	Treated for presumed "nonchronic" NSC disabilities, and—			Non-veterans
					In receipt of or filed for VA pension ⁵	Filed claim for VA compensation ⁵	Filed no claim for VA compensation	
All patients.....	98,390	25,395	10,870	34,095	13,420	330	13,635	645
Tuberculosis.....	3,305	340	400	2,535				30
Pulmonary tuberculosis.....	3,070	305	375	2,365				25
Other tuberculosis.....	235	35	25	170				5
Psychiatric.....	53,035	20,915	3,870	25,190	595	70	2,255	140
Functional psychoses.....	32,545	16,905	1,315	14,230				95
Organic psychoses and other psychiatric.....	20,490	4,010	2,555	10,960	595	70	2,255	45
Neurological.....	9,315	1,245	1,290	2,660	1,895	55	1,995	175
Vascular lesions affecting central nervous system.....	2,700	115	310	905	880	5	475	10
Other neurological.....	6,585	1,125	975	1,750	1,010	50	1,510	165
Neurological diseases of the sense organs.....	30	5	5	5	5		10	
General medical and surgical.....	32,735	2,895	5,310	3,710	10,930	205	9,385	300
Infective and parasitic diseases.....	425	30	65	75	65	20	165	5
Malignant neoplasms.....	4,730	165	660	585	2,005	5	1,285	25
Benign and unspecified neoplasms.....	375	35	55	5	105	10	160	5
Allergic and endocrine system.....	1,545	190	235	260	405		435	20
Heart diseases.....	3,935	315	610	390	1,575	5	1,020	20
Vascular diseases.....	2,875	250	425	435	940	20	795	10
Respiratory diseases ⁶	3,575	405	665	415	1,205	10	830	45
Digestive diseases ⁶	5,115	335	975	290	1,550	50	1,875	40
Genitourinary diseases ⁶	2,315	165	370	150	1,005	10	600	15
Diseases of skin and cellular tissue.....	1,350	200	205	210	355	10	350	20
Diseases of bones and organs of movement ⁶	2,575	455	380	360	605	25	720	30
Accidents, poisonings and violence ⁷	1,980	170	355	300	525	15	590	25
All other.....	1,940	180	310	235	590	25	560	40

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

² All groups are mutually exclusive and patients who possess the characteristics of more than 1 group are included only in that group having the highest priority for admission.

³ This group of "chronic" patients includes veterans hospitalized for nonservice-connected psychoses or tuberculosis, and those hospitalized for the treatment of other nonservice-connected disabilities for 90 or more days as of the census date.

⁴ This group of presumed "nonchronic" patients includes veterans hospitalized for nonservice-connected, other psychiatric, neurological, and general medical and surgical disabilities for less than 90 days as of the census date.

⁵ For a total estimate of these subgroups regardless of chronicity, see table 21.

⁶ Includes ill-defined conditions of the specific disease group which are classified separately in table — in class XVI-a.

⁷ Excludes accidents resulting in neurological conditions.

Table 18.—VA patients remaining in VA and non-VA hospitals,¹ by hospital group, compensation and pension status, and type of patient

[Nov. 30, 1967]

Hospital group and compensation and pension status	All patients	Type of patient			
		Tuber- culosis	Psychotic and other psychi- atric	Neuro- logical	General medical and surgical
VA and non-VA hospitals	99,970	3,450	53,760	9,395	33,365
Received care for a service-connected disability	25,865	385	21,245	1,265	2,970
Received care for a nonservice-connected disability only:					
And having a service-connected compensable disability, which did not require medical care	10,980	400	3,890	1,305	5,385
And having a claim for VA compensation pending	620	35	270	70	245
And on VA pension rolls	35,525	1,175	18,100	3,490	12,760
And having a claim for VA pension pending	1,960	220	655	245	840
And having no claim filed	24,375	1,205	9,460	2,845	10,865
Nonveterans	645	30	140	175	300
VA hospitals	98,390	3,305	53,035	9,315	32,735
Received care for a service-connected disability	25,395	340	20,915	1,245	2,895
Received care for a nonservice-connected disability only:					
And having a service-connected compensable disability, which did not require medical care	10,870	400	3,870	1,290	5,310
And having a claim for VA compensation pending	575	25	255	70	225
And on VA pension rolls	34,955	1,100	17,855	3,460	12,540
And having a claim for VA pension pending	1,920	220	620	245	835
And having no claim filed	24,030	1,190	9,380	2,830	10,630
Nonveterans	645	30	140	175	300

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

Table 19.—Cumulative percent distribution by length of stay, of VA patients remaining in VA hospitals,¹ by selected diagnostic groupings

[November 30, 1967]

Diagnostic composition of patients	Number of patients	Percent in each diagnostic category for specified length of stay						
		Less than 90 days	90 days or more	Inpatient stay more than (years)				
				1	2	5	10	20
All patients.....	98,390	47.4	52.6	37.3	30.7	22.4	16.8	9.5
Tuberculosis.....	3,305	45.6	54.4	13.9	7.7	3.6	2.0	1.1
Pulmonary tuberculosis.....	3,070	43.6	56.4	14.5	7.8	3.7	2.0	1.1
Other tuberculosis.....	235	70.1	29.9	6.4	6.4	2.1	2.1	0.0
Psychiatric.....	53,035	21.9	78.1	62.1	52.5	39.5	30.1	17.3
Functional psychoses.....	32,545	14.8	85.2	70.0	61.4	48.8	38.0	21.4
Organic psychoses and other psychiatric.....	20,490	33.1	66.9	49.6	38.3	24.6	17.5	10.9
Neurological.....	9,315	59.9	40.1	21.4	15.0	7.5	3.4	0.6
Vascular lesions affecting central nervous system.....	2,700	60.4	39.6	18.0	10.7	4.1	1.3	0.4
Other neurological.....	6,585	59.5	40.5	22.8	16.7	8.9	4.3	0.8
Neurological diseases of the sense organs.....	30	83.3	16.7	16.7	16.7	0.0	0.0	0.0
General medical and surgical.....	32,735	85.2	14.8	4.0	2.1	0.9	0.5	0.1
Infective and parasitic diseases.....	425	76.5	23.5	10.6	8.2	4.7	2.4	0.0
Malignant neoplasms.....	4,730	84.5	15.5	2.4	1.4	0.6	0.3	0.1
Benign and unspecified neoplasms.....	375	96.0	4.0	1.3	0.0	0.0	0.0	0.0
Allergic and endocrine system.....	1,545	77.7	22.3	8.7	4.5	1.6	0.6	0.3
Heart diseases.....	3,935	87.7	12.3	4.1	2.2	0.5	0.3	0.1
Vascular diseases.....	2,875	81.1	18.9	5.4	3.1	1.0	0.5	0.0
Respiratory diseases ²	3,575	84.6	15.4	4.6	2.2	0.6	0.3	0.0
Digestive diseases ²	5,115	92.2	7.8	1.4	0.2	0.2	0.1	0.0
Genitourinary diseases ²	2,315	91.9	8.1	2.2	1.3	0.9	0.4	0.2
Diseases of skin and cellular tissue.....	1,350	79.6	20.4	4.4	1.5	0.7	0.4	0.4
Diseases of bones and organs of movement ²	2,575	81.9	18.1	5.0	1.4	0.6	0.2	0.2
Accidents, poisonings and violence ³	1,980	80.3	19.7	2.8	1.3	0.5	0.5	0.3
All other.....	1,940	79.6	20.4	9.3	8.0	4.1	2.8	0.5

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

² Includes ill-defined conditions of the specified disease group which are classified on table 21 in class XVI-a.

³ Excludes accidents resulting in neurological conditions.

Table 20.—*Number and percent of VA patients remaining in VA hospitals, by age group and diagnostic groupings*¹

[November 30, 1967]

Diagnostic composition of patients	All patients		Age distribution							
			Under 55		55-64		65-74		75 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients.....	98,390	100.0	56,965	57.9	13,880	14.1	18,015	18.3	9,530	9.7
Tuberculosis.....	3,305	100.0	2,125	64.3	590	17.9	400	12.1	190	5.7
Pulmonary tuberculosis.....	3,070	100.0	1,970	64.2	570	18.6	360	11.7	170	5.5
Other tuberculosis.....	235	100.0	155	66.0	20	8.5	40	17.0	20	8.5
Psychiatric.....	53,085	100.0	34,425	65.0	5,895	11.1	8,450	15.9	4,265	8.0
Functional psychoses.....	32,545	100.0	24,150	74.2	2,915	9.0	3,910	12.0	1,570	4.8
Organic psychoses and other psychiatric.....	20,490	100.0	10,275	50.1	2,980	14.5	4,540	22.2	2,695	13.2
Neurological.....	9,315	100.0	5,240	56.2	1,300	14.0	1,800	19.3	975	10.5
Vascular lesions affecting central nervous system.....	2,700	100.0	615	22.8	520	19.3	940	34.8	625	23.1
Other neurological.....	6,585	100.0	4,605	70.0	780	11.8	855	13.0	345	5.2
Neurological diseases of the sense organs.....	30	100.0	20	66.6	-----	0.0	5	16.7	5	16.7
General medical and surgical.....	32,735	100.0	15,175	46.4	6,095	18.6	7,365	22.5	4,100	12.5
Infective and parasitic diseases.....	425	100.0	330	77.7	55	12.9	25	5.9	15	3.5
Malignant neoplasms.....	4,730	100.0	1,625	34.4	1,025	21.7	1,260	26.6	820	17.3
Benign and unspecified neoplasms.....	375	100.0	235	62.7	60	16.0	45	12.0	35	9.3
Allergic and endocrine system.....	1,545	100.0	810	52.4	275	17.8	315	20.4	145	9.4
Heart diseases.....	3,935	100.0	1,430	36.3	795	20.2	1,100	28.0	610	15.5
Vascular diseases.....	2,875	100.0	1,240	43.1	540	18.8	685	23.8	410	14.3
Respiratory diseases ²	3,575	100.0	1,405	39.3	790	22.1	990	27.7	390	10.9
Digestive diseases ²	5,115	100.0	2,925	57.2	870	17.0	885	17.3	435	8.5
Genitourinary diseases ²	2,315	100.0	805	34.8	320	13.8	690	29.8	500	21.6
Diseases of skin and cellular tissue.....	1,350	100.0	825	61.1	205	15.2	200	14.8	120	8.9
Diseases of bones and organs of movement ²	2,575	100.0	1,495	58.0	465	18.1	380	14.8	235	9.1
Accidents, poisonings and violence.....	1,980	100.0	1,195	60.3	320	16.2	315	15.9	150	7.6
All other.....	1,940	100.0	855	44.1	375	19.3	475	24.5	235	12.1

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

² Includes ill-defined conditions of the specified disease which are classified separately on table 21 in class XVI-a.

Table 21.—VA patients remaining in VA hospitals by diagnostic category, period of service, average age, and age group ¹

[Nov. 30, 1967]

Diagnostic category, ² and ICDA list No.	All patients	Period of service				Average age	Age group					
		Korean conflict ³	World War II	World War I	All others		Under 35	35 to 44	45 to 54	55 to 64	65 to 74	75 and over
All diseases and conditions ⁵	98,390	11,495	53,370	23,440	10,085	53.8	8,085	21,155	27,725	13,880	18,015	9,530
I. Infective and parasitic diseases	3,735	495	2,355	565	320	51.6	315	860	1,235	640	460	225
Pulmonary tuberculosis (002)	3,070	390	2,085	420	175	52.2	150	705	1,115	570	360	170
Tuberculosis, other forms (003-019)	130	25	65	30	10	49.6	5	65	20	10	25	5
Venereal diseases (except chronic brain syndrome due to syphilis) (020-024, 026-039)	150	10	30	100	10	63.7	15	5	25	5	60	40
Amoebiasis (046)	5	—	—	—	5	(*)	5	—	—	—	—	—
Infectious hepatitis (092)	85	15	20	—	50	(*)	50	25	5	—	—	—
Malaria (110-117)	20	—	—	—	20	(*)	20	—	—	—	—	—
Other infective and parasitic diseases (040-045, 047-091, 093-096, 100-108, 120-138)	275	55	155	15	50	46.6	70	60	70	50	15	10
II. Neoplasms	5,410	330	2,865	1,855	360	59.4	250	480	1,380	1,130	1,315	855
Neoplasms, malignant (140-205)	4,965	260	2,665	1,800	240	60.4	140	390	1,275	1,070	1,270	820
Neoplasms, benign (210-229)	320	35	140	45	100	48.1	100	50	65	45	35	25
Neoplasms, of unspecified nature (230-239)	125	35	60	10	20	50.0	10	40	40	15	10	10
III. Allergic, endocrine system, metabolic, and nutritional diseases	1,695	155	1,000	415	125	55.8	65	285	525	315	360	145
Asthma (241)	170	5	125	25	15	53.7	5	30	65	40	20	10
Other allergic diseases (240, 242-245)	30	5	25	—	—	(*)	—	10	10	10	—	—
Diabetes mellitus (260)	1,010	65	595	295	55	58.0	25	110	315	195	275	90
Diseases of other endocrine glands (250-254, 270-277)	105	60	70	30	35	48.5	35	60	45	20	20	15
Avitaminoses and other metabolic diseases (280-289)	290	20	185	65	20	54.8	—	75	90	50	45	30
IV. Diseases of the blood and blood-forming organs (290-299)	355	—	190	150	15	62.0	5	30	65	90	90	75
V. Mental, psychoneurotic, and personality disorders	53,035	7,685	28,120	10,945	6,285	51.7	5,205	14,210	15,010	5,895	8,450	4,265
Psychotic disorders (318-322.1, 688.1)	32,545	5,610	17,460	4,720	4,755	48.7	4,030	10,515	9,605	2,915	3,910	1,570
Chronic and acute brain syndromes ⁶	10,450	320	3,835	5,450	645	63.6	255	1,000	1,685	1,320	3,720	2,470
Psychoneurotic disorders (323, 324, 781.9)	4,705	865	3,160	220	460	47.0	490	1,480	1,870	585	235	45
Alcoholism (311.0 with out 322, 326.3)	3,880	470	2,805	440	165	52.8	145	780	1,385	940	490	140
Other disorders of character, behavior, and intelligence (325-329 (except 326.3))	1,455	220	860	115	260	45.9	285	435	465	135	95	40

VI. Diseases of the nervous system and sense organs	7,030	550	3,640	2,235	605	56.9	420	1,085	1,885	1,115	1,610	915
Vascular lesions affecting central nervous system (330-334)	2,700	60	1,130	1,425	85	65.0	15	90	510	520	940	625
Inflammatory diseases of central nervous system (335-345)	690	115	465	30	80	46.8	70	225	260	100	35	-----
Epilepsy (353)	360	70	220	25	45	46.4	45	110	155	20	30	-----
Other diseases of the central nervous system (350-357) (except 353)	1,985	195	1,055	455	280	53.1	210	420	560	250	360	185
Diseases of nerves and peripheral ganglia (360-369)	495	40	365	35	55	48.7	40	130	215	65	35	10
Diseases of eye (370-389)	660	45	315	250	50	60.0	30	60	145	135	195	95
Diseases of ear and mastoid process (390-398)	140	25	90	15	10	48.5	10	50	40	25	15	-----
VII. Diseases of the circulatory system	6,815	465	3,615	2,375	360	59.5	180	785	1,710	1,335	1,785	1,020
Rheumatic fever, without heart involvement, chorea (400, 402.0)	10	5	-----	-----	5	(4)	5	-----	5	-----	-----	-----
Rheumatic heart disease (401, 402.1, 410-416)	280	25	210	25	20	51.7	15	55	115	50	40	5
Arteriosclerotic and degenerative heart disease (420-422)	2,645	135	1,270	1,110	130	62.3	40	205	545	550	810	495
Other diseases of heart (430-434)	525	25	275	180	45	58.7	15	70	140	95	130	75
Hypertensive heart disease (442, 448)	480	25	320	130	5	57.2	-----	70	155	100	120	35
Other hypertensive disease (446, 447)	445	50	300	85	10	53.4	5	105	170	70	65	30
General arteriosclerosis (450)	960	65	345	510	40	65.8	10	40	135	195	315	265
Other diseases of arteries (451-456)	370	20	205	125	30	59.6	15	40	85	75	100	55
Varicose veins of lower extremities (460)	365	15	245	85	20	57.4	15	30	120	80	95	25
Hemorrhoids (461)	225	45	115	30	35	60.0	20	70	60	35	40	-----
Other diseases of the circulatory system (462-468)	510	55	330	95	30	52.6	40	100	180	85	70	35
VIII. Diseases of the respiratory system	3,495	220	1,930	1,120	225	59.0	130	365	850	780	980	390
Acute upper respiratory infections including influenza (470-483)	65	5	20	20	20	(4)	15	10	10	10	10	10
Pneumonia (490-493)	740	60	390	240	50	57.6	40	80	230	115	190	85
Bronchitis (500-502)	965	60	495	360	50	61.2	10	75	225	200	340	115
Hypertrophy of tonsils and adenoids (510)	25	5	5	-----	15	(4)	15	5	5	-----	-----	-----
Other diseases of upper respiratory tract (511-517)	165	25	90	20	30	50.0	25	30	55	35	10	10
Other diseases of lung and pleural cavity (518-527)	1,535	65	930	480	60	59.8	25	165	325	420	430	170
IX. Diseases of the digestive system	5,010	435	3,190	1,080	305	43.7	300	835	1,720	870	860	425
Diseases of teeth and buccal cavity (530-538)	85	5	50	15	15	(4)	15	10	35	10	15	-----
Ulcer of stomach, duodenum, and jejunum (540-542)	1,105	130	630	265	80	54.6	70	190	365	170	220	90
Inflammatory diseases of the gastrointestinal tract (543, 571, 572)	530	35	340	105	50	53.4	60	80	165	95	85	45
Diseases of esophagus, and other diseases of stomach and duodenum (539, 544, 545)	170	5	105	50	10	58.1	10	10	55	30	50	15
Diseases of appendix (550-553)	60	5	20	15	20	(4)	25	10	5	5	10	5
Hernia of abdominal cavity (560, 561)	880	65	530	240	45	57.3	40	95	275	190	175	105
Other diseases of intestines and peritonenum (570, 573-578)	650	35	390	190	35	56.7	40	75	215	110	125	85
Cirrhosis of liver (581)	925	100	745	55	25	50.1	20	260	415	130	80	20
Other diseases of liver, gall bladder, and pancreas (580, 582-587)	605	55	380	145	25	55.6	20	105	190	130	100	60

See footnotes at end of table.

Table 21.—VA patients remaining in VA hospitals by diagnostic category, period of service average and age group¹—Continued

Diagnostic category, ² and ICDA list No.	All patients	Period of service				Average age	Age group					
		Korean conflict ³	World War II	World War I	All others		Under 35	35 to 44	45 to 54	55 to 64	65 to 74	75 and over
X. Diseases of the genitourinary system.....	2, 200	125	945	955	175	61.4	125	215	420	305	655	480
Nephritis (590-594).....	205	35	135	10	25	43.7	35	85	65	10	10	140
Other diseases of urinary system (600-609).....	890	65	435	280	110	57.3	85	100	230	140	195	315
Diseases of prostate (610-612).....	970	10	295	625	40	69.2	5	15	70	140	425	25
Other diseases of male genital organs (613-617).....	120	15	70	35	5	59.1	15	15	45	15	20	5
Diseases of breast, gynecological conditions (620-637).....	15	10	5	5	(4)	(4)	10	10	10	10	10	10
XII. Diseases of the skin and cellular tissue.....	1, 350	120	830	275	125	52.9	125	270	430	205	200	120
Infections of skin and subcutaneous tissue (690-698).....	280	15	185	60	20	52.9	15	45	115	35	40	30
Other diseases of skin and subcutaneous tissue (700-716).....	1, 070	105	645	215	105	52.6	110	225	315	170	160	90
XIII. Diseases of the bones and organs of movement.....	4, 290	420	2, 535	770	565	52.4	405	880	1, 395	655	640	315
Arthritis and rheumatism, except rheumatic fever (720-727).....	1, 365	70	895	310	90	56.4	35	200	470	265	250	145
Displacement of intervertebral disc (735).....	1, 985	245	1, 110	280	350	49.4	300	455	660	225	260	85
Osteomyelitis and other diseases of bone and joint (730-734, 736-738).....	605	90	345	95	75	51.6	55	170	165	100	45	70
Other diseases of musculoskeletal system (740-749 (except 742)).....	335	15	185	85	50	55.4	15	55	100	65	85	15
XIV. Congenital malformations (750-759).....	120	25	70	5	20	46.0	20	45	30	15	5	5
XVI.a Symptoms, senility, and ill-defined conditions (742, 780-792, 794, 795 (except 781.9)).....	825	145	405	165	110	50.4	105	245	215	80	110	70
XVI.b Observation and examination cases and special admissions.....	645	70	310	170	95	55.2	65	105	155	100	165	55
Observation and/or examination, TB (793.2).....	45	10	20	15	10	(4)	5	20	15	5	5	15
Observation and/or examination, psychiatric (793.0).....	50	10	25	5	10	(4)	5	20	15	5	5	15
Observation and/or examination, GM&S (793.1, 793.3, 793.8, 793.9).....	550	60	265	150	75	55.5	60	80	125	90	155	40
Special admissions (Y01-Y18).....	550	60	265	150	75	55.5	60	80	125	90	155	40

XVII. Accidents, poisonings, and violence.....	2, 380	255	1, 370	360	395	57.1	370	460	700	350	330	170
Fracture of skull (800-803).....	80	20	50	50	10	(⁴)	25	45	5	5	5	30
Fracture of spine, and trunk (805-808).....	320	30	155	50	85	50.1	85	30	95	45	35	110
Fracture of limbs (810-826).....	945	80	555	220	90	54.9	90	155	270	135	185	5
Dislocation without fracture (830-839).....	40	10	20	10	(⁴)	15	15	5	5	5	5	5
Sprains and strains of joints and adjacent muscles (840-848).....	145	15	90	5	35	48.0	20	30	70	10	10	5
Head injuries (excluding skull fractures) (850-856).....	185	35	85	10	55	45.6	50	45	45	30	10	5
Internal injuries of chest, abdomen, and pelvis (860-869).....	5	5	5	5	(⁴)	5	5	5	5	5	5	5
Lacerations and open wounds (870-898).....	160	15	70	15	60	43.8	55	40	35	10	20	10
Burns, (940-949).....	105	5	80	10	10	49.6	10	30	25	30	10	10
Injury to nerves and spinal cord without bone injury (950-959).....	50	15	30	5	5	(⁴)	10	15	25	25	25	10
Other accidents, poisonings, and violence (910-936, 960-996).....	120	5	80	20	15	53.4	15	25	25	20	25	10
Adverse effects of surgery and other medical care (997-999).....	225	25	155	30	15	52.7	15	50	60	60	30	10

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adopted for Indexing of Hospital Records" USPHS Pub. 719. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XI, "Deliveries and complications of pregnancy, childbirth and puerperium", and Category XV, "Certain diseases of early infancy", in which no cases occurred, are not included in this table.

³ Service between June 27, 1950 and Jan. 31, 1955.

⁴ Average age not calculated for totals less than 100 cases.

⁵ Data for various categories and lines may differ slightly from data in more abridged tables due to recoding.

⁶ Includes patients with psychotic reaction, nonsyphilitic (300-317 (except 309) with 322); and those with psychotic reaction due to syphilis (025, 309 with 322); and those with neurotic or behavioral reaction, except due to alcoholism (308-317) except 311.0 with 322).

Table 22.—*Number of patients remaining in VA and non-VA hospitals and the percent who were hospitalized in their reported State of residence, by type of patient*¹

[Nov. 30, 1967]

Reported State of residence	All patients			Type of patient							
				General medical and surgical		Tuberculosis		Psychotic and other psychiatric		Neurological	
	Total	Hospitalized in same State		Total	Percent hospitalized in same State	Total	Percent hospitalized in same State	Total	Percent hospitalized in same State	Total	Percent hospitalized in same State
		Number	Percent								
Total	99, 970	80, 465	80. 5	33, 365	85. 9	3, 450	81. 3	53, 760	76. 7	9, 395	82. 8
United States	98, 885	79, 450	80. 3	32, 960	85. 8	3, 305	80. 6	53, 290	76. 5	9, 330	82. 8
Alabama	2, 310	1, 865	80. 7	590	79. 7	85	58. 8	1, 460	82. 9	175	77. 1
Alaska	70	30	42. 9	40	62. 5	10	0. 0	20	25. 0	-----	0. 0
Arizona	890	655	73. 6	460	93. 5	65	92. 3	240	31. 3	125	72. 0
Arkansas	1, 660	1, 310	84. 0	600	77. 5	70	57. 1	770	90. 3	120	91. 7
California	8, 030	7, 685	95. 7	3, 220	97. 2	380	94. 7	3, 575	93. 7	855	98. 8
Colorado	820	730	89. 0	330	90. 9	-----	0. 0	415	85. 5	75	100. 0
Connecticut	1, 590	855	61. 5	390	97. 4	50	90. 0	720	29. 9	230	93. 5
Delaware	215	115	53. 5	55	100. 0	-----	0. 0	90	0. 0	70	85. 7
District of Columbia	745	355	47. 7	240	60. 4	50	60. 0	375	36. 0	80	56. 3
Florida	2, 610	1, 405	60. 8	1, 055	91. 0	55	81. 8	990	24. 2	210	76. 2
Georgia	2, 100	1, 430	68. 1	695	76. 3	75	80. 0	1, 035	59. 4	295	76. 3
Hawaii	95	85	89. 5	45	100. 0	-----	0. 0	35	85. 7	15	66. 7
Idaho	275	140	50. 9	175	62. 9	-----	0. 0	80	18. 8	20	75. 0
Illinois	6, 600	5, 760	88. 6	1, 925	85. 7	165	87. 9	3, 830	90. 1	580	88. 8
Indiana	2, 435	1, 765	72. 5	535	62. 6	80	93. 8	1, 600	76. 9	220	56. 8
Iowa	1, 455	1, 155	79. 4	495	74. 7	25	60. 0	830	86. 7	105	47. 6
Kansas	1, 900	990	76. 2	435	81. 6	50	60. 0	650	69. 2	165	93. 9
Kentucky	1, 470	950	64. 6	465	59. 1	40	50. 0	855	70. 2	110	50. 0
Louisiana	1, 820	1, 155	63. 5	925	94. 1	50	90. 0	665	12. 8	180	86. 1
Maine	780	715	91. 7	225	93. 3	-----	0. 0	475	92. 6	80	81. 3
Maryland	1, 675	1, 140	72. 4	550	63. 6	95	84. 2	740	78. 4	190	68. 4
Massachusetts	3, 130	2, 815	89. 9	645	79. 8	45	33. 3	2, 180	94. 5	260	86. 5
Michigan	3, 285	2, 985	90. 9	920	93. 5	115	100. 0	2, 045	90. 7	205	75. 6
Minnesota	1, 935	1, 690	87. 3	615	81. 3	50	90. 0	1, 130	92. 9	140	67. 9
Mississippi	1, 245	865	69. 5	495	80. 8	65	84. 6	630	61. 1	55	45. 5
Missouri	2, 365	1, 285	54. 3	770	74. 7	70	42. 9	1, 370	40. 9	155	77. 4

Montana.....	520	230	44.2	220	75.0	10	0.0	225	4.4	65	84.6
Nebraska.....	980	495	50.5	325	80.0	30	83.3	570	27.2	55	100.0
Nevada.....	210	75	35.7	115	56.5	10	0.0	65	7.7	20	25.0
New Hampshire.....	320	80	25.0	110	54.5	5	0.0	180	0.0	25	80.0
New Jersey.....	2,970	2,325	78.3	720	71.5	80	62.5	1,835	83.2	335	70.1
New Mexico.....	535	385	72.0	275	94.5	10	100.0	205	36.6	45	88.9
New York.....	10,260	9,925	96.7	3,230	98.0	315	100.0	5,800	95.8	915	97.3
North Carolina.....	2,340	1,870	79.9	825	89.7	60	100.0	1,200	74.2	255	70.6
North Dakota.....	360	150	41.7	155	80.6	15	0.0	165	6.1	25	60.0
Ohio.....	3,925	3,260	83.1	1,005	84.1	90	66.7	2,445	82.4	385	88.3
Oklahoma.....	1,130	595	52.7	505	88.1	35	71.4	525	15.2	65	69.2
Oregon.....	1,075	730	67.9	550	68.2	50	100.0	365	68.5	110	50.0
Pennsylvania.....	5,865	4,930	84.1	1,490	87.9	190	89.5	3,650	81.6	535	87.9
Rhode Island.....	470	225	47.9	170	94.1	15	33.3	230	17.4	55	36.4
South Carolina.....	1,320	645	48.9	655	70.2	75	46.7	470	16.0	120	62.5
South Dakota.....	435	365	83.9	175	94.3	5	0.0	230	76.1	25	100.0
Tennessee.....	2,050	1,755	85.6	635	92.1	100	65.0	1,120	81.3	195	100.0
Texas.....	5,255	4,720	89.8	1,895	92.6	300	90.0	2,625	88.2	435	87.4
Utah.....	270	235	87.0	100	90.0	5	100.0	130	80.8	35	100.0
Vermont.....	210	110	52.4	100	85.0	5	0.0	85	17.6	20	50.0
Virginia.....	2,810	2,335	83.1	1,025	78.5	90	77.8	1,375	87.0	320	82.8
Washington.....	1,455	1,350	92.8	455	89.0	15	100.0	825	95.8	160	87.5
West Virginia.....	1,410	615	43.6	485	88.7	65	69.2	750	9.3	110	63.6
Wisconsin.....	2,335	1,905	81.6	780	84.0	35	85.7	1,245	79.1	275	85.5
Wyoming.....	270	210	77.8	65	69.2	5	0.0	170	88.2	30	50.0
Outside United States.....	1,085	1,015	93.5	405	96.3	145	96.6	470	91.5	65	84.6
Canal Zone.....	10	-----	0.0	-----	0.0	-----	0.0	10	0.0	-----	0.0
Guam.....	5	-----	0.0	5	0.0	-----	0.0	-----	0.0	-----	0.0
Philippines, Republic of.....	200	185	92.5	70	100.0	70	100.0	40	62.5	20	100.0
Puerto Rico.....	835	830	99.4	325	98.5	70	100.0	405	100.0	35	100.0
Others.....	35	-----	0.0	5	0.0	5	0.0	15	0.0	10	0.0

¹Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on Nov. 30, 1967.

Table 23.—Applications for VA hospitalization, VA and State domiciliary care, and State home nursing care

[Fiscal year 1968]

Applications	Hospitali- zation	Domiciliary care			State home nursing care
		Total	VA	State home	
Pending beginning of year.....	5, 176	183	155	28	4
Total received during year.....	1, 099, 414	26, 282	17, 935	8, 347	1, 161
From veteran or his representative ¹	1, 054, 700	22, 452	14, 122	8, 330	1, 031
By transfer.....	44, 714	3, 830	3, 813	17	130
Total dispositions.....	1, 100, 836	26, 326	² 17, 985	8, 341	1, 150
Cancelled or withdrawn—Prior to eligibility de- termination.....	37, 795	714	666	48	14
By transfer—Prior to eligibility determination.....	38, 385	1, 720	1, 691	29	
Eligible and in need of care.....	663, 280	21, 787	² 13, 747	8, 050	1, 136
Not eligible or not in need of care.....	361, 376	2, 095	1, 881	214	
Pending end of year.....	3, 754	139	105	34	15

¹ Includes applications reinstated after cancellation.

² Data were adjusted due to required correction of original figures submitted.

Table 24.—Visits for outpatient medical care

[During fiscal year 1968]

Purpose of visit	Total	Staff	Fee
Total.....	6, 563, 787	5, 369, 273	1, 194, 514
Compensation or pension.....	302, 865	260, 542	42, 323
Determine need for hospital or domiciliary care.....	1, 090, 904	1, 088, 773	2, 131
Outpatient treatment.....	3, 352, 693	2, 205, 964	1, 146, 729
Insurance.....	9, 750	9, 157	593
Aid and attendance.....	4, 306	3, 318	988
Prebed care.....	88, 470	88, 470	
Post hospital care.....	1, 088, 906	1, 088, 906	
Trial visit.....	120, 182	120, 182	
Other ¹	505, 711	503, 961	1, 750

¹ Includes medical care for veterans receiving vocational rehabilitation training; beneficiaries of certain foreign countries and other Federal agencies; employees engaged in certain types of medical care; and first aid to employees, when treated by a physician.

Table 25.—Applications for outpatient dental treatment

[Fiscal years 1965-68]

Applications	Fiscal year			
	1965	1966	1967	1968
Total received during year.....	75, 717	77, 299	78, 999	104, 930
Total dispositions during year.....	75, 486	77, 143	78, 178	92, 794
Treatment authorized.....	32, 787	32, 879	36, 930	48, 066
Treatment not authorized ¹	42, 699	44, 264	41, 248	44, 728
Pending authorization for treatment, end of year ²	8, 242	8, 398	9, 219	21, 355

¹ Legally ineligible, treatment not indicated, applications canceled or withdrawn.

² Includes applications in the following categories: eligibility not determined, eligibility determined but examination not authorized, examination authorized but not completed, examination completed but treatment not authorized.

Table 26.—Outpatient dental examination and treatment cases completed by VA staff and fee-basis dentists

[Fiscal years 1948–68]

Fiscal year	Examination cases completed			Treatment cases completed		
	Total	By VA staff dentists	By fee-basis dentists	Total	By VA staff dentists	By fee-basis dentists
1968	79, 143	¹ 71, 856	7, 287	66, 507	² 56, 972	9, 535
1967	69, 217	¹ 65, 135	4, 082	58, 625	² 51, 130	7, 495
1966	58, 549	¹ 55, 067	3, 482	53, 687	² 46, 919	6, 768
1965	48, 985	¹ 45, 394	3, 591	53, 976	² 47, 248	6, 728
1964	43, 099	¹ 39, 088	4, 011	51, 774	² 44, 690	7, 084
1963	40, 729	¹ 36, 780	3, 949	48, 903	² 41, 858	7, 045
1962	36, 159	32, 143	4, 016	28, 443	21, 081	7, 362
1961	32, 484	23, 697	3, 787	25, 571	18, 696	6, 875
1960	31, 555	26, 990	4, 565	25, 720	17, 778	7, 942
1959	32, 483	26, 693	5, 790	27, 628	17, 081	10, 547
1958	42, 162	31, 700	10, 462	39, 790	19, 287	20, 503
1957	84, 768	51, 473	33, 295	97, 868	30, 015	67, 853
1956	114, 590	74, 782	39, 808	128, 499	44, 773	83, 726
1955	199, 776	130, 694	69, 082	165, 213	53, 013	112, 200
1954	278, 646	155, 476	123, 170	302, 720	57, 086	245, 634
1953	419, 431	258, 635	160, 796	260, 409	61, 745	198, 664
1952	440, 039	242, 322	197, 717	262, 236	60, 589	201, 647
1951	424, 807	261, 503	163, 304	348, 392	76, 036	272, 356
1950	527, 487	322, 732	204, 755	430, 065	87, 088	342, 977
1949	578, 839	315, 689	263, 150	513, 742	83, 372	430, 370
1948	701, 187	280, 560	420, 627	655, 815	53, 198	602, 617

¹ Includes prebed care cases.

² Includes patients whose dental treatment was completed in posthospital (PHC) status.

Table 27.—Cost of operation of Department of Medicine and Surgery programs—major activity totals¹

[Fiscal year 1968]

Activity	Cost
Total	² \$1, 442, 267, 644
Central office and staff assistants to chief medical director	10, 869, 458
Medical research	44, 232, 763
Prosthetic research	1, 385, 702
Postgraduate and inservice training	1, 875, 730
Exchange of medical information	146, 189
Inpatient care	² 1, 179, 558, 071
HOSPITALS	
Total	² 1, 105, 149, 170
VA hospitals	² 1, 068, 579, 574
Non-VA hospitals	16, 569, 596
NURSING HOME CARE	
Total	² 33, 086, 197
VA nursing care	² 19, 032, 680
Non-VA nursing home care	14, 053, 517
State homes	
Community homes	
2, 308, 026	
11, 750, 491	
DOMICILIARY CARE	
Total	² 37, 720, 383
VA domiciliaries	² 30, 939, 752
State homes	6, 780, 631
VA restoration centers	² 2, 787, 320
Outpatient care	² 183, 979, 646
Miscellaneous benefits and services	² 18, 185, 284
Maintenance and operations of supply depots	2, 849, 80 2

¹ Net budgeted applied costs (including asset acquisitions) accumulated during fiscal year 1968 irrespective of fiscal year appropriated; therefore not reconcilable to fiscal year 1968 appropriations or obligations.

² Includes payments by employees for quarters, subsistence, and laundry in the amounts of \$4,110,608 for VA hospitals, \$130,104 for VA domiciliaries, \$35,224 for VA nursing, \$2,604 for VA restoration centers, and \$2,997,253 for miscellaneous benefits and services.

Table 28.—Net cost of operation—Department of Medicine and Surgery inpatient
[Fiscal year 1968]

Function	Type of hospital			VA nursing care	Domiciliaries	Restoration centers
	Total	Psychiatric	General			
Total cost of operation ¹	\$1,088,579,574	\$315,768,713	\$772,810,861	\$19,032,680	\$30,939,752	\$2,787,320
Care of patients, total.....	721,621,400	214,049,163	507,572,237	17,599,933	16,978,526	1,805,833
Professional and ancillary						
Medical services ²	260,560,302	58,140,050	202,420,252	3,329,699	6,792,698	941,476
Nursing service.....	314,850,276	106,341,349	208,508,927	9,518,360	942,207	283,095
Chaplain service.....	5,104,820	1,802,795	3,302,025	172,146	496,405	28,092
Dietetic service.....	125,711,755	43,612,878	82,098,877	4,393,163	7,531,790	452,799
Dental care.....	14,612,729	4,152,091	10,460,638	186,565	1,215,426	100,371
Audiology and speech pathology.....	781,518	-----	781,518	-----	-----	-----
General administration.....	151,114,878	39,203,857	111,911,021	-----	4,709,471	475,193
Housekeeping division ³	55,698,447	17,540,229	38,158,218	1,243,132	1,442,816	116,326
Operation of plant and facility.....	64,754,741	20,414,821	44,339,920	-----	3,676,761	220,601
Maintenance and repair of plant and facility.....	55,034,005	17,867,313	37,166,692	-----	3,286,192	146,019
Asset acquisition.....	40,356,103	0,093,350	39,662,773	189,615	845,966	23,348

¹ Includes payments by employees for quarters, subsistence and laundry in the amount of \$4,110,608 for VA hospitals, \$130,104 for VA domiciliaries, \$35,224 for VA nursing and \$2,604 for VA restoration centers but excludes other operating expenses costed to miscellaneous benefits and services program.

² Professional medical services, laboratory, radiology, pharmacy, physical medicine and rehabilitation social service, clinical psychology, medical illustration and library.

³ Includes operation of laundries.

Table 29.—Living veterans who were receiving compensation, pension, disability allowance, or retirement pay and deceased veterans whose dependents were receiving compensation, dependency and indemnity compensation or pension benefits at the end of the current fiscal year, the amounts expended for these benefits during the fiscal year and the total amounts expended to June 30, 1968, for each war and for the Regular Establishment

	Fiscal Year 1968		Total to June 30, 1968
	Number	Amount	
Grand Total.....	4, 606, 884	\$4, 524, 543, 816. 30	\$84, 318, 348, 966. 26
Living veterans.....	3, 164, 017	3, 228, 431, 264. 55	-----
Deceased veterans.....	1, 442, 867	1, 296, 112, 551. 75	-----
Unclassified.....	-----	-----	86, 513, 425. 54
War of 1812.....	-----	-----	-----
Living veterans.....	-----	-----	14, 019, 736. 48
Deceased veterans.....	-----	-----	32, 198, 654. 09
Mexican War.....	-----	-----	-----
Living veterans.....	-----	-----	28, 748, 117. 32
Deceased veterans.....	-----	-----	33, 050, 499. 09
Indian Wars.....	-----	-----	-----
Living veterans.....	2	3, 258. 00	60, 413, 530. 39
Deceased veterans.....	224	196, 851. 51	57, 317, 272. 41
Civil War.....	-----	-----	-----
Living veterans.....	-----	-----	-----
Deceased veterans.....	1, 171	1, 049, 213. 17	8, 216, 047, 523. 75
Spanish-American War.....	-----	-----	-----
Living veterans.....	7, 171	12, 025, 113. 96	3, 329, 904, 244. 51
Deceased veterans.....	-----	43, 763, 252. 25	1, 532, 203, 691. 06
World War II.....	-----	-----	-----
Living veterans: Total.....	1, 759, 058	1, 693, 360, 976. 61	26, 913, 861, 893. 92
Service-connected.....	1, 450, 754	1, 334, 885, 528. 40	24, 354, 581, 564. 23
Reserve officers' retirement.....	5	17, 440. 55	325, 592, 742. 28
Nonservice-connected.....	308, 299	358, 458, 007. 66	2, 233, 687, 587. 41
Deceased veterans: Total.....	629, 551	601, 494, 656. 66	8, 129, 742, 976. 31
Service-connected.....	221, 558	276, 410, 332. 27	6, 138, 545, 390. 08
Nonservice-connected.....	407, 993	325, 084, 324. 39	1, 991, 197, 586. 23
Regular Establishment.....	-----	-----	-----
Living veterans.....	180, 452	169, 460, 946. 40	1, 834, 783, 023. 07
Deceased veterans.....	47, 427	97, 758, 021. 92	978, 246, 156. 47
World War I.....	-----	-----	-----
Living veterans: Total.....	913, 966	1, 031, 070, 331. 60	21, 832, 146, 794. 50
Service-connected.....	98, 287	152, 849, 789. 49	8, 533, 772, 770. 73
Emergency officers' retirement.....	762	2, 089, 106. 21	169, 340, 931. 88
Disability allowance or nonservice-connected.....	814, 917	876, 131, 435. 90	13, 129, 033, 091. 89
Deceased veterans: Total.....	608, 173	432, 503, 586. 25	7, 287, 306, 134. 37
Service-connected.....	38, 713	64, 048, 663. 72	2, 274, 527, 085. 86
Nonservice-connected.....	569, 460	368, 454, 922. 53	5, 012, 779, 048. 51
Korean conflict.....	-----	-----	-----
Living veterans: Total.....	256, 267	283, 249, 765. 63	2, 938, 224, 944. 87
Service-connected.....	235, 115	257, 515, 026. 88	2, 794, 448, 885. 16
Nonservice-connected.....	21, 152	25, 734, 738. 75	143, 776, 059. 71
Deceased veterans: Total.....	86, 995	99, 580, 482. 38	954, 592, 988. 25
Service-connected.....	40, 176	58, 116, 717. 14	768, 805, 874. 62
Nonservice-connected.....	46, 819	41, 463, 765. 24	185, 787, 113. 63
Vietnam era.....	-----	-----	-----
Living veterans: Total.....	47, 101	39, 260, 872. 35	39, 260, 872. 35
Service-connected.....	46, 774	38, 973, 887. 13	38, 973, 887. 13
Nonservice-connected.....	327	286, 985. 22	286, 985. 22
Deceased veterans: Total.....	20, 092	19, 766, 487. 51	19, 766, 487. 51
Service-connected.....	19, 511	19, 457, 758. 27	19, 457, 758. 27
Nonservice-connected.....	581	308, 729. 24	308, 729. 24

Table 30.—Average annual value of compensation, dependency and indemnity compensation, pension, disability allowance, or retirement pay for all wars and for the Regular Establishment

[As of the end of each fiscal year, 1964-68]

Fiscal year	Average for all wars and Regular Establishment veterans			Indian wars veterans		
	Total	Living	Deceased	Total	Living	Deceased
1968.....	\$974.11	\$1,009.35	\$896.81	\$879.24	\$1,626.00	\$872.57
1967.....	947.35	984.69	861.72	774.76	1,626.00	768.00
1966.....	943.62	977.22	863.31	792.44	1,768.00	772.53
1965.....	908.99	925.04	869.10	784.66	1,479.00	768.32
1964.....	874.50	880.12	860.00	803.70	1,506.00	770.95

	Civil War veterans			Spanish-American War veterans			Regular Establishment veterans		
	Total	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased
1968.....	\$884.39	-----	\$884.39	\$980.63	\$1,561.77	\$895.98	\$1,054.48	\$867.25	\$1,766.82
1967.....	801.31	-----	801.31	893.50	1,472.34	794.06	1,092.99	887.37	1,789.50
1966.....	799.42	-----	799.42	903.24	1,454.41	794.17	1,069.86	874.11	1,732.70
1965.....	785.53	-----	785.53	912.01	1,430.85	794.30	990.73	782.90	1,691.88
1964.....	794.59	-----	794.59	903.22	1,323.66	794.42	981.34	777.80	1,659.73

World War I

	Total	Living veterans				Deceased veterans		
		Total	Service connected	Disability allowance or non-service-connected	Emergency officers' retirement	Total	Service connected	Non-service connected
1968.....	\$952.07	\$1,105.65	\$1,505.25	\$1,055.92	\$2,750.85	\$721.26	\$1,647.42	\$658.30
1967.....	925.96	1,071.47	1,500.46	1,018.27	2,663.17	684.98	1,628.34	618.19
1966.....	934.03	1,068.45	1,496.46	1,015.36	2,581.19	691.82	1,611.31	623.93
1965.....	937.22	1,057.87	1,342.27	1,021.83	2,474.79	702.84	1,574.17	635.88
1964.....	879.76	978.74	1,317.50	933.33	2,485.24	675.85	1,548.68	604.99

World War II

	Total	Living veterans				Deceased veterans		
		Total	Service connected	Non-service connected	Reserve officers' retirement	Total	Service connected	Non-service connected
1968.....	\$947.12	\$950.99	\$901.92	\$1,181.85	\$3,482.40	\$936.29	\$1,196.19	\$795.16
1967.....	927.44	930.91	892.46	1,134.19	3,386.40	917.40	1,177.48	761.38
1966.....	920.59	917.41	881.45	1,134.11	3,266.40	930.15	1,153.36	777.90
1965.....	866.65	842.18	798.78	1,147.59	3,031.20	942.87	1,136.07	794.99
1964.....	845.09	809.38	791.21	966.12	3,031.20	960.92	1,190.50	757.83

Table 30.—Average annual value of compensation, dependency and indemnity compensation, pension, disability allowance, or retirement pay for all wars and for the Regular Establishment—Continued

Fiscal year	Korean conflict (Public Law 28, 82d Cong.)						
	Total	Living veterans			Deceased veterans		
		Total	Service connected	Non-service-connected	Total	Service connected	Non-service-connected
1968.....	\$1,110.77	\$1,098.03	\$1,085.29	\$1,239.65	\$1,148.31	\$1,430.42	\$906.23
1967.....	1,089.61	1,075.82	1,066.70	1,188.77	1,132.81	1,412.47	853.69
1966.....	1,077.89	1,058.65	1,049.44	1,185.21	1,141.54	1,380.24	857.37
1965.....	1,008.24	965.55	951.07	1,185.60	1,156.75	1,366.63	864.93
1964.....	984.85	940.60	938.25	982.23	1,148.16	1,350.60	809.99
Vietnam era							
Fiscal year	Total	Living veterans			Deceased veterans		
		Total	Service connected	Non-service-connected	Total	Service connected	Non-service-connected
1968.....	\$1,458.47	\$1,298.25	\$1,297.06	\$1,468.22	\$1,834.07	\$1,864.74	\$804.29

Table 31.—Living veterans who were receiving compensation, pension or retirement pay and deceased veterans whose dependents were receiving compensation, dependency and indemnity compensation or pension, and the aggregate annual value of these benefits

[As of June 20, 1968]

Wars and Regular Establishment	Total		Living veterans		Deceased veterans	
	Number	Annual value	Number	Annual value	Number	Annual value
Total	4,606,884	\$4,487,591,184	3,164,017	\$3,193,608,120	1,442,867	\$1,293,983,064
Service-connected	2,379,228	2,436,257,136	2,011,323	1,928,924,712	367,905	507,332,424
Compensation	2,166,280	2,065,086,576	2,011,323	1,928,924,712	154,957	136,161,864
Dependency and indemnity comp.	202,431	346,561,224	-----	-----	202,431	346,561,224
Dep. and ind. comp. and comp.	10,517	24,609,336	-----	-----	10,517	24,609,336
Nonservice-connected	2,226,685	2,049,172,224	1,151,811	1,262,546,856	1,074,874	786,625,368
Public Law 86-211	1,621,280	1,529,962,020	785,756	904,923,084	835,524	625,038,936
Prior law	605,405	519,210,204	366,055	357,623,772	239,350	161,586,432
Special acts	204	48,264	116	22,992	88	25,272
Retired emergency officers ¹	762	2,096,148	762	2,096,148	-----	-----
Retired reserve officers ²	5	17,412	5	17,412	-----	-----
World War II	2,388,609	2,262,288,228	1,759,058	1,672,843,416	629,551	589,444,812
Service-connected	1,672,312	1,573,489,668	1,450,754	1,308,463,248	221,558	265,026,420
Compensation	1,577,775	1,418,634,552	1,450,754	1,308,463,248	127,021	110,171,304
Dependency and indemnity comp.	87,776	139,164,924	-----	-----	87,776	139,164,924
Dep. and ind. comp. and comp.	6,761	15,690,192	-----	-----	6,761	15,690,192
Nonservice-connected	716,292	688,781,148	308,299	364,362,756	407,993	324,418,392
Public Law 86-211	684,376	660,130,872	285,033	341,564,592	399,343	318,566,280
Prior law	31,916	28,650,276	23,266	22,798,164	8,650	5,852,112
Retired reserve officers ²	5	17,412	5	17,412	-----	-----
World War I	1,522,139	1,449,178,812	913,966	1,010,527,344	608,173	438,651,468
Service-connected	137,000	211,723,620	98,287	147,946,968	38,713	63,776,652
Compensation	100,383	149,898,252	98,287	147,946,968	2,096	1,951,284
Dependency and indemnity comp.	36,550	61,654,728	-----	-----	36,550	61,645,728
Dep. and ind. comp. and comp.	67	170,640	-----	-----	67	170,640
Nonservice-connected	1,384,377	1,235,359,044	814,917	860,484,228	569,460	374,874,816
Public Law 86-211	868,362	797,974,596	479,306	534,196,908	389,056	263,777,688
Prior law	516,015	437,384,448	335,611	326,287,320	180,404	111,097,128
Retired emergency officers ¹	762	2,096,148	762	2,096,148	-----	-----
Korean conflict	343,262	381,285,492	256,267	281,387,940	86,995	99,897,552
Service-connected	275,291	312,635,544	235,115	255,166,908	40,176	57,468,636
Compensation	254,346	273,211,368	235,115	255,166,908	19,231	18,044,460
Dependency and indemnity comp.	18,396	33,450,456	-----	-----	18,396	33,450,456
Dep. and ind. comp. and comp.	2,549	5,973,720	-----	-----	2,549	5,973,720
Nonservice-connected	67,971	68,649,948	21,152	26,221,032	46,819	42,428,916
Public Law 86-211	65,740	66,586,404	19,196	24,358,728	46,544	42,227,676
Prior law	2,231	2,063,544	1,956	1,862,304	275	201,240

See footnotes at end of table.

Table 31.—Living veterans who were receiving compensation, pension or retirement pay and deceased veterans whose dependents were receiving compensation, dependency and indemnity compensation or pension, and the aggregate annual value of these benefits—Continued

[As of June 20, 1968]

Wars and Regular Establishment	Total		Living veterans		Deceased veterans	
	Number	Annual value	Number	Annual value	Number	Annual value
Vietnam era.....	67,193	\$97,999,140	47,101	\$61,148,976	20,092	\$36,850,164
Service-connected.....	66,285	97,051,740	46,774	60,668,868	19,511	36,382,872
Compensation.....	46,962	61,042,380	46,774	60,668,868	188	373,512
Dependency and indemnity comp.....	19,129	35,506,980	.....	.....	19,129	35,506,980
Dep. and ind. comp. and comp.....	194	502,380	.....	.....	194	502,380
Nonservice-connected.....	908	947,400	327	480,108	581	467,292
Regular Establishment.....	227,879	240,292,884	180,452	156,497,736	47,427	83,795,148
Service-connected.....	227,746	240,266,184	180,337	156,474,888	47,409	83,791,296
Compensation.....	186,752	162,090,072	180,337	156,474,888	6,415	5,615,184
Dependency and indemnity comp.....	40,048	75,903,708	.....	.....	40,048	75,903,708
Dep. and ind. comp. and comp.....	946	2,272,404	.....	.....	946	2,272,404
Special acts.....	133	26,700	115	22,848	18	3,852
Spanish-American War.....	56,405	55,312,296	7,171	11,199,456	49,234	44,112,840
Service-connected.....	559	1,039,680	56	203,832	503	835,848
Compensation.....	62	209,952	56	203,832	6	6,120
Dependency and indemnity comp.....	497	829,728	.....	.....	497	829,728
Nonservice-connected.....	55,825	54,267,804	7,114	10,995,480	48,711	43,272,324
Public Law 86-211.....	1,894	4,322,748	1,894	4,322,748	.....	.....
Prior law.....	53,931	49,945,056	5,220	6,672,732	48,711	43,272,324
Special acts.....	21	4,812	1	144	20	4,668
Civil War.....	1,171	1,035,624	.....	.....	1,171	1,035,624
Service-connected.....	31	44,844	.....	.....	31	44,844
Compensation.....	.....	.....	.....	.....	.....	.....
Dependency and indemnity comp.....	31	44,844	.....	.....	31	44,844
Nonservice-connected.....	1,092	975,012	.....	.....	1,092	975,012
Special acts.....	48	15,768	.....	.....	48	15,768
Indian Wars.....	226	198,708	2	3,252	224	195,456
Service-connected.....	4	5,856	.....	.....	4	5,856
Compensation.....	.....	.....	.....	.....	.....	.....
Dependency and indemnity comp.....	4	5,856	.....	.....	4	5,856
Nonservice-connected.....	220	191,868	2	3,252	218	188,616
Public Law 86-211.....	.....	.....	.....	.....	.....	.....
Prior law.....	220	191,868	2	3,252	218	188,616
Special acts.....	2	984	.....	.....	2	984

¹ Retirement paid by the retired emergency, provisional, probationary, or temporary officers of World War I.

² Retirement paid by the VA to retired reserve officers of the Army under provisions of Public Law 262, 77th Cong.

Table 32.—Veterans who were receiving compensation for service-connected disabilities, showing type of major disability by extent of disability

[As of June 30, 1968]

Fiscal year	Total				Partially disabled				Totally disabled			
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value
ALL VETERANS												
Grand total.....	2, 011, 323	100. 0	\$160, 743, 726	\$79. 92	1, 896, 167	94. 3	\$118, 482, 652	\$62. 49	115, 156	5. 7	\$42, 261, 074	\$366. 99
Tuberculosis.....	71, 023	3. 5	7, 164, 346	100. 87	64, 530	3. 2	5, 276, 157	81. 76	6, 493	. 3	1, 888, 189	290. 80
Psychiatric and neurological diseases.....	440, 255	21. 9	54, 514, 292	123. 82	364, 159	18. 1	26, 940, 611	73. 98	76, 096	3. 8	27, 573, 681	362. 35
General medical and surgical conditions.....	1, 500, 045	74. 6	99, 065, 088	66. 04	1, 467, 478	73. 0	86, 265, 884	58. 79	32, 567	1. 6	12, 799, 204	393. 01
WW II VETERANS												
Grand total.....	1, 450, 754	100. 0	\$109, 038, 604	\$75. 16	1, 387, 421	95. 6	\$85, 195, 055	\$61. 41	63, 333	4. 4	\$23, 843, 549	\$376. 48
Tuberculosis.....	36, 243	2. 5	3, 650, 547	-----	33, 722	2. 3	2, 996, 532	88. 86	2, 521	. 2	654, 015	259. 43
Psychiatric and neurological diseases.....	327, 279	22. 6	36, 245, 078	110. 75	283, 596	19. 6	19, 910, 254	70. 21	43, 683	3. 0	16, 334, 824	373. 94
General medical and surgical conditions.....	1, 087, 232	74. 9	69, 142, 979	63. 60	1, 070, 103	73. 7	62, 288, 269	58. 21	17, 129	1. 2	6, 854, 710	400. 18
WW I VETERANS												
Grand total.....	98, 287	100. 0	\$12, 328, 914	\$125. 44	85, 068	86. 6	\$7, 866, 820	\$92. 48	13, 219	13. 4	\$4, 462, 094	\$337. 55
Tuberculosis.....	15, 507	15. 8	1, 613, 435	104. 05	13, 504	13. 8	967, 385	71. 64	2, 003	2. 0	646, 050	322. 54
Psychiatric and neurological diseases.....	19, 973	20. 3	3, 490, 216	174. 75	14, 193	14. 4	1, 553, 577	109. 46	5, 780	5. 9	1, 936, 639	335. 06
General medical and surgical conditions.....	62, 807	63. 9	7, 225, 263	115. 04	57, 371	58. 4	5, 345, 858	93. 18	5, 436	5. 5	1, 879, 405	345. 73

KOREAN CONFLICT VETERANS												
Grand total.....	235,115	100.0	\$21,263,909	\$90.44	219,327	93.3	\$14,846,277	\$67.69	15,788	6.7	\$6,417,632	\$406.49
Tuberculosis.....	12,030	5.1	1,016,422	84.49	11,673	5.0	890,985	76.33	357	.1	125,437	351.36
Psychiatric and neurological diseases.....	44,177	18.8	7,728,818	174.95	32,354	13.8	3,032,486	93.73	11,823	5.0	4,696,332	397.22
General medical and surgical conditions.....	178,908	76.1	12,518,669	69.97	175,300	74.5	10,922,806	62.31	3,608	1.6	1,595,863	442.31
VIETNAM VETERANS												
Grand total.....	46,774	100.0	\$5,055,739	\$108.09	40,028	85.6	\$2,508,291	\$62.66	6,746	14.4	\$2,547,448	\$377.62
Tuberculosis.....	929	2.0	267,330	287.76	172	.4	22,732	132.16	757	1.6	244,598	323.11
Psychiatric and neurological diseases.....	10,557	22.6	1,801,991	170.69	7,204	15.4	610,931	84.80	3,353	7.2	1,191,060	355.22
General medical and surgical conditions.....	35,288	75.4	2,986,418	84.63	32,652	69.8	1,874,628	57.41	2,636	5.6	1,111,790	421.77
REGULAR ESTABLISHMENT VETERANS												
Grand total.....	180,337	100.0	\$13,039,574	\$72.31	164,299	91.1	\$8,060,980	\$49.06	16,038	8.9	\$4,978,594	\$310.42
Tuberculosis.....	6,313	3.5	616,287	97.62	5,459	3.0	398,523	73.00	854	5	217,764	254.99
Psychiatric and neurological diseases.....	38,262	21.2	5,245,814	137.10	26,812	14.9	1,833,363	68.38	11,450	6.3	3,412,451	298.03
General medical and surgical conditions.....	135,762	75.3	7,177,473	52.87	132,028	73.2	5,829,094	44.15	3,734	2.1	1,348,379	361.11
SPANISH AMERICAN WAR VETERANS												
Grand total.....	56	100.0	\$16,986	\$303.32	24	42.9	\$5,229	\$217.88	32	57.1	\$11,757	\$367.41
Tuberculosis.....	1	1.8	325	325.00					1	1.8	325	32.00
Psychiatric and neurological diseases.....	7	12.4	2,375	339.29				7	7	12.4	2,375	339.29
General medical and surgical conditions.....	48	85.8	14,286	297.63	24	42.9	5,229	217.88	24	42.9	9,057	377.5

Table 33.—Total all wars and Regular Establishment veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	2, 011, 323	100. 0	\$160, 743, 726	\$79. 92	71, 023	100. 0	3. 5	\$7, 164, 346	\$100. 87
No disability.....	13, 326	. 7	823, 682	61. 81	11, 509	16. 2	86. 4	738, 656	64. 18
10 percent.....	802, 165	39. 9	16, 823, 741	20. 97	888	1. 3	. 1	49, 848	56. 14
20 percent.....	314, 399	15. 6	12, 786, 046	40. 67	11, 295	15. 9	3. 6	742, 303	65. 72
30 percent.....	310, 374	15. 4	18, 893, 367	60. 87	29, 464	41. 5	9. 5	1, 930, 916	65. 53
40 percent.....	163, 157	8. 1	13, 606, 040	83. 94	1, 905	2. 7	1. 2	160, 797	84. 41
50 percent.....	102, 381	5. 1	13, 791, 434	134. 71	3, 732	5. 3	3. 6	453, 012	121. 39
60 percent.....	97, 334	4. 8	18, 802, 622	193. 18	1, 794	2. 5	1. 9	331, 347	184. 70
70 percent.....	54, 315	2. 7	12, 465, 351	229. 50	1, 532	2. 1	2. 8	304, 863	199. 00
80 percent.....	29, 401	1. 5	7, 632, 530	259. 60	2, 249	3. 2	7. 7	520, 729	231. 54
90 percent.....	9, 315	. 5	2, 767, 839	297. 14	162	. 2	1. 7	43, 686	269. 67
100 percent.....	115, 156	5. 7	42, 261, 074	366. 99	6, 493	9. 1	5. 6	1, 888, 189	290. 80

Degree of impairment	Psychiatric and neurological diseases								
	Total					Psychoses		Other psychiatric and neurological diseases	
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total	440, 255	100. 0	21. 9	\$54, 514, 292	\$123. 82	111, 882	\$21, 709, 328	328, 373	\$32, 804, 964
No disability.....									
10 percent.....	147, 530	33. 5	18. 4	3, 079, 032	20. 87	18, 421	378, 222	129, 109	2, 700, 810
20 percent.....	25, 656	5. 8	8. 2	1, 049, 711	40. 91	799	31, 676	24, 857	1, 018, 035
30 percent.....	78, 606	17. 9	25. 3	4, 668, 193	59. 39	14, 527	845, 786	64, 079	3, 822, 407
40 percent.....	24, 789	5. 6	15. 2	2, 045, 372	82. 51	1, 774	145, 658	23, 015	1, 899, 714
50 percent.....	36, 871	8. 4	36. 0	4, 834, 194	131. 11	11, 991	1, 500, 937	24, 880	3, 333, 257
60 percent.....	16, 761	3. 8	17. 2	2, 991, 652	178. 49	1, 547	246, 652	15, 214	2, 745, 000
70 percent.....	24, 110	5. 5	44. 4	5, 633, 834	233. 67	12, 281	2, 666, 924	11, 829	2, 966, 910
80 percent.....	7, 564	1. 7	25. 7	1, 961, 126	259. 27	854	220, 886	6, 710	1, 740, 240
90 percent.....	2, 272	. 5	24. 4	677, 497	298. 19	144	42, 564	2, 128	634, 933
100 percent.....	76, 096	17. 3	66. 1	27, 573, 681	362. 35	49, 544	15, 630, 023	26, 552	11, 943, 658

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	1, 500, 045	100. 0	74. 6	\$99, 065, 088	\$66. 04
No disability.....	1, 817	. 1	13. 6	85, 026	46. 79
10 percent.....	653, 747	43. 6	81. 5	13, 694, 861	20. 95
20 percent.....	277, 448	18. 5	88. 2	10, 994, 032	39. 63
30 percent.....	202, 304	13. 5	65. 2	12, 294, 258	60. 77
40 percent.....	136, 463	9. 1	83. 6	11, 489, 871	84. 20
50 percent.....	61, 778	4. 1	60. 4	8, 504, 228	137. 66
60 percent.....	78, 779	5. 2	80. 9	15, 479, 623	196. 49
70 percent.....	28, 673	1. 9	52. 8	6, 526, 654	227. 62
80 percent.....	19, 588	1. 3	66. 6	5, 150, 675	262. 95
90 percent.....	6, 881	. 5	73. 9	2, 046, 656	297. 44
100 percent.....	32, 567	2. 2	28. 3	12, 799, 204	393. 01

Table 34.—World War II veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	1,450,754	100.0	\$109,038,604	\$75.16	36,243	100.0	2.5	\$3,650,547	\$100.72
No disability.....	8,453	.6	530,002	62.70	7,649	21.1	90.5	491,279	64.23
10 percent.....	610,236	42.1	12,931,286	21.19	641	1.8	.1	35,974	56.12
20 percent.....	220,340	15.2	8,822,591	40.04	282	.8	.1	18,495	65.59
30 percent.....	226,502	15.6	13,895,098	61.35	18,093	49.9	8.0	1,200,874	66.37
40 percent.....	118,455	8.2	9,978,081	84.24	876	2.4	.7	72,847	83.16
50 percent.....	71,618	4.9	9,855,057	137.61	1,607	4.4	2.3	204,966	127.55
60 percent.....	67,399	4.6	13,108,635	194.49	1,161	3.2	1.7	212,456	182.99
70 percent.....	36,984	2.5	8,661,415	234.19	1,262	3.5	3.4	252,633	200.18
80 percent.....	20,858	1.4	5,447,993	261.19	2,017	5.6	9.7	470,552	233.29
90 percent.....	6,576	.5	1,964,897	298.80	134	.4	2.0	36,456	272.06
100 percent.....	63,333	4.4	23,843,549	376.48	2,521	6.9	4.0	654,015	259.43

Degree of impairment	Psychiatric and neurological diseases								
	Total					Psychoses		Other psychiatric and neurological diseases	
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total.....	327,279	100.0	22.6	\$36,245,078	\$110.75	68,844	\$13,114,552	258,435	\$23,130,526
No disability.....	123,812	37.8	20.3	2,609,575	21.08	13,129	275,889	110,683	2,333,686
10 percent.....	18,971	5.8	8.6	761,213	40.13	537	21,527	18,434	739,686
20 percent.....	61,818	18.9	27.3	3,713,758	60.08	9,507	570,646	52,311	3,143,112
30 percent.....	18,966	5.8	16.0	1,564,652	82.50	1,162	95,675	17,804	1,468,977
40 percent.....	25,663	7.8	35.8	3,450,075	134.44	7,323	953,873	18,340	2,496,202
50 percent.....	11,727	3.6	17.4	2,105,718	179.56	981	159,760	10,746	1,945,958
60 percent.....	15,924	4.9	43.1	3,878,479	243.56	7,351	1,673,777	8,573	2,204,702
70 percent.....	5,168	1.6	24.8	1,364,286	263.99	565	146,844	4,603	1,217,442
80 percent.....	1,547	.5	23.5	462,498	298.96	98	29,030	1,449	433,468
90 percent.....	43,683	13.3	69.0	16,334,824	373.94	28,191	9,187,531	15,492	7,147,293

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	1,087,232	100.0	74.9	\$69,142,979	\$63.60
No disability.....	804	.1	9.5	38,723	48.16
10 percent.....	485,783	44.7	79.6	10,285,737	21.17
20 percent.....	201,087	18.5	91.3	8,042,883	40.00
30 percent.....	146,591	13.5	64.7	8,980,466	61.26
40 percent.....	98,613	9.1	83.3	8,340,582	84.58
50 percent.....	44,348	4.1	61.9	6,200,016	139.80
60 percent.....	54,511	5.0	80.9	10,790,461	197.95
70 percent.....	19,798	1.8	53.5	4,530,303	228.83
80 percent.....	13,673	1.2	65.5	3,613,155	264.25
90 percent.....	4,895	.4	74.5	1,465,943	299.48
100 percent.....	17,129	1.6	27.0	6,854,710	400.18

Table 35.—World War I veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	98,287	100.0	\$12,328,914	\$125.44	15,507	100.0	15.8	\$1,613,435	\$104.05
No disability.....	945	1.0	53,022	56.11	426	2.8	45.1	28,542	67.00
10 percent.....	13,986	14.2	372,001	26.60	34	.2	.2	1,953	57.44
20 percent.....	23,379	23.8	1,319,649	56.45	10,867	70.1	46.5	715,160	65.81
30 percent.....	12,851	13.1	856,997	66.69	1,168	7.5	9.1	81,552	69.82
40 percent.....	10,111	10.3	909,746	89.98	529	3.4	5.2	48,216	91.15
50 percent.....	8,872	9.0	1,140,973	128.60	190	1.2	2.1	24,274	127.76
60 percent.....	8,243	8.4	1,658,328	201.18	188	1.2	2.3	45,049	239.62
70 percent.....	3,839	3.9	839,576	218.70	58	.4	1.5	12,117	208.91
80 percent.....	2,347	2.4	575,417	245.17	31	.2	1.3	7,278	234.77
90 percent.....	495	.5	141,111	285.07	13	.1	2.6	3,244	249.54
100 percent.....	13,219	13.4	4,462,094	337.55	2,003	12.9	15.2	646,050	322.54

Degree of impairment	Psychiatric and neurological diseases								
	Total					Psychoses		Other psychiatric and neurological diseases	
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total.....	19,973	100.0	20.3	\$3,490,216	\$174.75	5,097	\$1,401,466	14,876	\$2,088,750
No disability.....	918	4.6	6.6	24,929	27.16	69	1,509	849	23,420
10 percent.....	2,674	13.4	11.4	138,479	51.79	31	1,613	2,643	136,866
20 percent.....	2,300	11.5	17.9	153,918	66.92	84	5,331	2,216	148,587
30 percent.....	1,752	8.8	17.3	160,095	91.38	162	14,994	1,590	145,101
40 percent.....	3,132	15.7	35.3	401,602	128.23	447	56,275	2,685	345,327
50 percent.....	1,362	6.8	16.5	223,056	163.77	137	20,883	1,225	202,173
60 percent.....	1,333	6.7	34.7	287,883	215.97	342	66,409	991	221,474
70 percent.....	666	3.3	28.4	147,978	222.19	33	6,984	633	140,994
80 percent.....	56	.3	11.3	15,637	279.23	2	557	54	15,080
90 percent.....	5,780	28.9	43.7	1,936,639	335.06	3,790	1,226,911	1,990	709,728

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	62,807	100.0	63.9	\$7,225,263	\$115.04
No disability.....	519	.8	54.9	24,480	47.17
10 percent.....	13,034	20.7	93.2	345,119	26.48
20 percent.....	9,838	15.7	42.1	466,010	47.37
30 percent.....	9,383	14.9	73.0	621,527	66.24
40 percent.....	7,830	12.5	77.5	701,435	89.58
50 percent.....	5,550	8.8	62.6	715,097	128.85
60 percent.....	6,693	10.7	81.2	1,390,223	207.71
70 percent.....	2,448	3.9	63.8	559,576	220.42
80 percent.....	1,650	2.6	70.3	420,161	254.64
90 percent.....	426	.7	86.1	122,230	295.92
100 percent.....	5,436	8.7	41.1	1,879,405	345.73

Table 36.—*Spanish-American War veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards*

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	56	100.0	\$16,986	\$303.32	1	100.0	1.8	\$325	\$325.00
No disability.....	1	1.8	21	21.00					
10 percent.....									
20 percent.....									
30 percent.....	1	1.8	100	100.00					
40 percent.....									
50 percent.....	1	1.8	126	126.00					
60 percent.....	11	19.6	2,495	226.82					
70 percent.....	3	5.4	566	188.67					
80 percent.....	5	8.9	1,270	254.00					
90 percent.....	2	3.6	651	325.50					
100 percent.....	32	57.1	11,757	367.41	1	100.0	3.1	325	325.00

Degree of impairment	Psychiatric and neurological diseases								
	Total					Psychoses		Other psychiatric and neurological diseases	
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total.....	7	100.0	12.5	\$2,375	\$339.29	4	\$1,350	3	\$1,025
No disability.....									
10 percent.....									
20 percent.....									
30 percent.....									
40 percent.....									
50 percent.....									
60 percent.....									
70 percent.....									
80 percent.....									
90 percent.....									
100 percent.....	7	100.0	21.9	2,375	339.29	4	1,350	3	1,025

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	48	100.0	85.7	\$14,286	\$297.63
No disability.....					
10 percent.....	1	2.1	100.0	21	21.00
20 percent.....					
30 percent.....	1	2.1	100.0	100	100.00
40 percent.....					
50 percent.....	1	2.1	100.0	126	126.00
60 percent.....	11	22.9	100.0	2,495	226.82
70 percent.....	3	6.2	100.0	566	188.67
80 percent.....	5	10.4	100.0	1,270	254.00
90 percent.....	2	4.2	100.0	651	325.50
100 percent.....	24	50.0	75.0	9,057	377.38

Table 37.—Regular Establishment veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	180,337	100.0	\$13,039,574	\$72.31	6,313	100.0	3.5	\$616,287	\$97.62
No disability.....	1,094	.6	55,520	50.75	867	13.7	79.2	46,846	54.03
10 percent.....	74,141	41.1	1,289,751	17.40	76	1.2	.1	3,431	45.14
20 percent.....	27,074	15.0	880,529	32.52	73	1.2	.3	3,845	52.67
30 percent.....	27,349	15.2	1,394,820	51.00	2,735	43.3	10.0	147,576	53.96
40 percent.....	11,517	6.4	821,730	71.35	111	1.8	1.0	7,460	67.21
50 percent.....	7,897	4.4	846,028	107.13	1,193	18.9	15.1	123,572	103.58
60 percent.....	7,940	4.4	1,306,295	164.52	196	3.1	2.5	29,326	149.62
70 percent.....	4,739	2.6	878,628	185.40	87	1.4	1.8	13,718	157.68
80 percent.....	1,954	1.1	435,742	223.00	113	1.8	5.8	20,964	185.52
90 percent.....	594	.3	151,937	255.79	8	.1	1.3	1,785	223.13
100 percent.....	16,038	8.9	4,978,594	310.42	854	13.5	5.3	217,764	254.99

Degree of impairment	Psychiatric and neurological diseases								
	Total				Psychoses		Other psychiatric and neurological diseases		
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total.....	38,262	100.0	21.2	\$5,245,814	\$137.10	17,047	\$2,813,263	21,215	\$2,432,551
No disability.....	9,674	25.3	13.0	166,027	17.16	2,375	40,460	7,299	125,567
10 percent.....	1,492	3.9	5.5	48,281	32.36	87	2,792	1,405	45,489
20 percent.....	6,121	16.0	22.4	296,318	48.41	2,242	107,824	3,879	188,494
30 percent.....	1,322	3.5	11.5	89,835	67.95	138	9,264	1,184	80,571
40 percent.....	3,389	8.9	42.9	352,723	104.08	1,946	197,572	1,443	155,151
50 percent.....	1,193	3.1	15.0	189,181	158.58	130	16,839	1,063	172,342
60 percent.....	2,882	7.5	60.8	521,063	180.80	2,089	358,370	793	162,693
70 percent.....	578	1.5	29.6	129,018	223.21	79	17,616	499	111,402
80 percent.....	161	.4	27.1	40,917	254.14	11	2,785	150	38,132
90 percent.....	11,450	29.9	71.4	3,412,451	298.03	7,950	2,059,741	3,500	1,352,710

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	135,762	100.0	75.3	\$7,177,473	\$52.87
No disability.....	227	.2	20.8	8,674	38.21
10 percent.....	64,391	47.4	86.9	1,120,293	17.40
20 percent.....	25,509	18.8	94.2	828,403	32.47
30 percent.....	18,493	13.6	67.6	950,926	51.42
40 percent.....	10,084	7.4	87.5	724,435	71.84
50 percent.....	3,315	2.5	42.0	369,733	111.53
60 percent.....	6,551	4.8	82.5	1,087,788	166.05
70 percent.....	1,770	1.3	37.4	343,847	194.26
80 percent.....	1,263	.9	64.6	285,760	226.25
90 percent.....	425	.3	71.6	109,235	257.02
100 percent.....	3,734	2.8	23.3	1,348,379	361.11

Table 38.—Korean conflict veterans who were receiving compensatoin for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	235, 115	100.0	\$21, 263, 909	\$90. 44	12, 030	100.0	5. 1	\$1, 016, 422	\$84. 49
No disability.....	2, 813	1. 2	184, 151	65. 46	2, 567	21. 4	91. 3	171, 989	67. 00
10 percent.....	86, 745	36. 9	1, 866, 105	21. 51	137	1. 1	. 1	8, 490	61. 97
20 percent.....	36, 454	15. 5	1, 475, 109	40. 46	73	. 6	. 2	4, 803	65. 79
30 percent.....	37, 667	16. 0	2, 375, 793	63. 07	7, 463	62. 0	19. 8	500, 614	67. 08
40 percent.....	19, 937	8. 5	1, 709, 712	85. 76	386	3. 2	1. 9	32, 028	82. 97
50 percent.....	11, 468	4. 9	1, 632, 569	142. 36	604	5. 0	5. 3	82, 653	136. 84
60 percent.....	11, 786	5. 0	2, 361, 602	200. 37	232	1. 9	2. 0	41, 778	180. 08
70 percent.....	7, 487	3. 2	1, 811, 582	241. 06	118	1. 0	1. 6	26, 108	212. 78
80 percent.....	3, 621	1. 5	1, 009, 532	278. 80	86	. 7	2. 4	21, 321	247. 02
90 percent.....	1, 349	. 6	420, 122	311. 43	7	. 1	. 5	2, 201	314. 43
100 percent.....	15, 788	6. 7	6, 417, 632	406. 49	357	3. 0	2. 3	125, 437	351. 36

Degree of impairment	Psychiatric and neurological diseases								
	Total					Psychoses		Other psychiatric and neurological diseases	
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total.....	44, 177	100.0	18. 8	\$7, 728, 818	\$174. 95	16, 389	\$3, 509, 600	27, 788	\$4, 219, 218
No disability.....	10, 815	24. 5	12. 5	229, 369	21. 21	2, 344	49, 501	8, 471	179, 868
10 percent.....	2, 065	4. 7	5. 7	83, 539	40. 45	126	5, 032	1, 939	78, 507
20 percent.....	6, 696	15. 1	17. 8	403, 414	60. 25	1, 949	117, 022	4, 747	286, 392
30 percent.....	2, 378	5. 4	11. 9	199, 397	83. 85	268	22, 070	2, 110	177, 327
40 percent.....	3, 587	8. 1	31. 3	497, 147	138. 60	1, 610	214, 814	1, 977	282, 333
50 percent.....	2, 094	4. 7	17. 8	404, 424	193. 13	261	43, 535	1, 833	360, 889
60 percent.....	3, 370	7. 6	45. 0	822, 569	244. 09	2, 108	492, 342	1, 262	330, 227
70 percent.....	964	2. 2	26. 6	271, 166	281. 29	160	45, 701	804	225, 465
80 percent.....	385	. 9	28. 5	121, 461	315. 48	30	9, 448	355	112, 013
100 percent.....	11, 823	26. 8	74. 9	4, 696, 332	397. 22	7, 533	2, 510, 135	4, 290	2, 186, 197

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	178, 908	100.0	76. 1	\$12, 518, 669	\$69. 97
No disability.....	246	. 2	8. 7	12, 162	49. 44
10 percent.....	75, 793	42. 4	87. 4	1, 628, 246	21. 48
20 percent.....	34, 816	19. 2	94. 1	1, 380, 767	40. 41
30 percent.....	23, 508	13. 1	62. 4	1, 471, 765	62. 61
40 percent.....	17, 173	9. 6	86. 2	1, 478, 287	86. 08
50 percent.....	7, 277	4. 1	63. 4	1, 052, 769	144. 67
60 percent.....	9, 460	5. 3	80. 2	1, 915, 400	202. 47
70 percent.....	3, 999	2. 2	53. 4	963, 905	241. 04
80 percent.....	2, 571	1. 4	71. 0	717, 045	278. 90
90 percent.....	957	. 5	71. 0	296, 460	309. 75
100 percent.....	3, 608	2. 0	22. 8	1, 595, 863	442. 31

Table 39.—Vietnam era veterans who were receiving compensation for service-connected disabilities, showing degree of impairment, type of major disability and monthly value of awards

[As of June 20, 1968]

Degree of impairment	Total				Tuberculosis (lungs and pleura)				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	46,774	100.0	\$5,055,739	\$108.09	929	100.0	2.0	\$267,330	\$287.76
No disability.....	21	.1	987	47.00					
10 percent.....	17,056	36.5	364,577	21.38					
20 percent.....	7,152	15.3	288,168	40.29					
30 percent.....	6,004	12.8	370,559	61.72	5	.5	.1	300	60.00
40 percent.....	3,137	6.7	276,771	88.23	3	.3	.1	246	82.00
50 percent.....	2,525	5.4	316,681	125.42	138	14.9	5.5	17,547	127.15
60 percent.....	1,955	4.2	365,267	186.84	17	1.8	.9	2,738	161.06
70 percent.....	1,263	2.7	273,584	216.61	7	.8	.5	1,287	183.86
80 percent.....	616	1.3	162,576	263.92	2	.2	.3	614	307.00
90 percent.....	299	.6	89,121	298.06					
100 percent.....	6,746	14.4	2,547,448	377.62	757	81.5	11.2	244,598	323.11

Degree of impairment	Psychiatric and neurological diseases								
	Total					Psychoses		Other psychiatric and neurological diseases	
	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Monthly value	Average monthly value	Number	Monthly value	Number	Monthly value
Total.....	10,557	100.0	22.6	\$1,801,991	\$170.69	4,501	\$869,097	6,056	\$932,894
No disability.....	2,311	21.9	13.5	49,132	21.26	504	10,863	1,807	38,269
10 percent.....	454	4.3	6.3	18,199	40.09	18	712	436	17,487
20 percent.....	1,671	15.8	27.8	100,785	60.31	745	44,963	926	55,822
30 percent.....	371	3.5	11.8	31,393	84.62	44	3,655	327	27,738
40 percent.....	1,100	10.4	43.5	132,647	120.59	665	78,403	435	54,244
50 percent.....	385	3.6	19.7	69,273	179.93	38	5,635	347	63,638
60 percent.....	601	5.7	47.6	123,840	206.06	391	76,026	210	47,814
70 percent.....	188	1.8	30.5	48,678	258.93	17	3,741	171	44,937
80 percent.....	123	1.2	41.1	36,984	300.68	3	744	120	36,240
90 percent.....	3,353	31.8	49.7	1,191,060	355.22	2,076	644,355	1,277	546,705

Degree of impairment	General medical and surgical conditions				
	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Monthly value	Average monthly value
Total.....	35,288	100.0	75.4	\$2,986,418	\$84.63
No disability.....	21	.1	100.0	987	47.00
10 percent.....	14,745	41.8	86.5	315,445	21.39
20 percent.....	6,698	19.0	93.7	269,969	40.31
30 percent.....	4,328	12.3	72.1	269,474	62.26
40 percent.....	2,763	7.8	88.1	245,132	88.72
50 percent.....	1,287	3.6	51.0	166,487	129.36
60 percent.....	1,552	4.4	79.4	292,256	188.83
70 percent.....	655	1.8	51.9	148,457	226.65
80 percent.....	426	1.2	69.2	113,284	265.92
90 percent.....	176	.5	58.9	52,137	296.23
100 percent.....	2,636	7.5	39.1	1,111,790	421.77

Table 40.—Veterans of all wars and Regular Establishment who were receiving compensation for service-connected disabilities, showing those receiving additional compensation for dependents, by class of dependent

[As of June 20, 1968]

Class of dependent	Total			World War II			World War I		
	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value
Total veterans.....	2, 011, 323	\$160, 743, 726	\$79. 92	1, 450, 754	\$109, 038, 604	\$75. 16	98, 287	\$12, 328, 914	\$125. 44
Veterans less than 50 percent disabled (no dependency benefit).....	1, 603, 421	63, 022, 876	39. 31	1, 183, 986	46, 157, 058	38. 98	61, 272	3, 511, 415	57. 31
Veterans 50 percent or more disabled.....	407, 902	97, 720, 850	239. 57	265, 768	62, 881, 546	235. 72	37, 015	8, 817, 499	238. 21
Without dependents.....	95, 230	21, 853, 799	229. 48	53, 069	11, 902, 958	224. 29	12, 153	2, 832, 913	233. 10
With dependents.....	312, 672	75, 867, 051	242. 64	213, 699	50, 978, 588	238. 55	24, 862	5, 984, 586	240. 71
Wife only.....	106, 479	25, 115, 540	235. 87	65, 564	15, 572, 101	233. 94	23, 762	5, 696, 790	239. 74
Wife, child or children.....	172, 927	41, 837, 660	241. 94	125, 050	29, 636, 563	237. 00	880	230, 510	261. 94
Wife, child or children, and parent or parents.....	4, 692	1, 293, 177	275. 61	3, 266	822, 136	251. 73	2	805	402. 50
Wife, parent or parents.....	1, 693	508, 563	300. 39	1, 306	387, 053	296. 37	17	4, 080	240. 00
Child or children only.....	16, 318	3, 928, 395	204. 74	10, 593	2, 496, 424	235. 67	163	41, 329	253. 55
Child or children and parent or parents.....	798	243, 191	304. 75	465	134, 034	288. 25			
Parent or parents only.....	9, 765	2, 940, 525	301. 13	6, 455	1, 930, 277	299. 04	38	11, 072	291. 37
Total dependents on whose account additional compensation was being paid.....	789, 707			547, 591			26, 263		
Wives.....	285, 791			196, 186			24, 661		
Children.....	484, 416			338, 483			1, 545		
Parents.....	19, 500			12, 922			57		

Table 40.—Veterans of all wars and Regular Establishment who were receiving compensation for service-connected disabilities, showing those receiving additional compensation for dependents, by class of dependent—Continued

Class of dependent	Korean conflict			Vietnam era			Regular Establishment			Spanish-American War		
	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value
Total veterans.....	235, 115	\$21, 253, 909	\$90. 44	46, 774	\$5, 055, 739	\$108. 09	180, 337	\$13, 039, 574	\$72. 31	56	\$16, 986	\$303. 32
Veterans less than 50 percent disabled (no dependency benefit).....	183, 616	7, 610, 870	41. 45	33, 370	1, 301, 062	38. 99	141, 175	4, 442, 350	31. 47	2	121	60. 50
Veterans 50 percent or more disabled.....	51, 499	13, 653, 039	265. 11	13, 404	3, 754, 677	280. 12	39, 162	8, 597, 224	219. 53	54	16, 865	312. 31
Without dependents.....	9, 964	2, 500, 365	250. 94	7, 599	2, 011, 537	264. 71	12, 415	2, 596, 906	209. 17	30	9, 120	304. 00
With dependents.....	41, 535	11, 152, 674	268. 51	5, 805	1, 743, 140	300. 28	26, 747	6, 000, 318	224. 34	24	7, 745	322. 71
Wife only.....	6, 694	1, 704, 971	254. 70	1, 859	511, 402	275. 10	7, 576	1, 622, 531	214. 17	24	7, 745	322. 71
Wife, child or children.....	28, 435	7, 530, 644	264. 84	3, 290	1, 022, 202	310. 70	15, 272	3, 417, 741	223. 79			
Wife, child or children, and parent or parents.....	1, 026	390, 150	351. 02	31	10, 539	339. 97	367	99, 547	271. 25			
Wife, parent or parents.....	1, 205	98, 206	332. 71	39	13, 069	335. 10	126	36, 155	286. 94			
Child or children only.....	3, 144	826, 230	262. 80	340	101, 446	298. 37	2, 078	462, 966	222. 79			
Child or children and parent or parents.....	232	80, 417	346. 63	11	3, 123	284. 36	90	25, 612	284. 58			
Parent or parents only.....	1, 799	582, 056	323. 54	235	81, 354	346. 19	1, 238	335, 766	271. 22			
Total dependents on whose account additional compensation was being paid.....	134, 441			13, 454			67, 934			24		
Wives.....	36, 360			5, 219			23, 341			24		
Children.....	94, 170			7, 810			42, 408					
Parents.....	3, 911			425			2, 185					

Table 41.—Veterans who were receiving service pensions and pensions for nonservice-connected disabilities, showing type of major disability and monthly value of awards

[As of June 1968]

Type of pension and disability	Total				World War II				World War I			
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value
Total.....	1, 151, 811	100. 0	\$105, 212, 238	\$91. 35	308, 299	100. 0	\$30,363,563	\$98. 49	814, 917	100. 0	\$71,707,019	\$87. 99
Service pensions.....	7, 116	. 6	916, 561	128. 80								
Nonservice connected disabilities.....	1, 144, 695	99. 4	104, 295, 677	91. 11	308, 299	100. 0	30,363,563	98. 49	814, 917	100. 0	71,707,019	87. 99
Tuberculosis (lungs and pleura).....	17, 751	1. 5	1, 679, 332	94. 60	11, 039	3. 6	1, 057, 557	95. 80	5, 702	. 7	520, 546	91. 29
Psychiatric and neurological diseases..	184, 240	16. 0	20, 425, 365	110. 86	94, 907	30. 8	10, 139, 843	106. 84	75, 503	9. 3	8, 891, 967	117. 77
Psychoses.....	49, 960	4. 3	4, 744, 350	94. 96	32, 728	10. 6	3, 052, 694	93. 27	8, 677	1. 1	906, 550	104. 48
Other psychiatric and neurological diseases.....	134, 280	11. 7	15, 681, 015	116. 78	62, 179	20. 2	7, 087, 149	113. 98	66, 826	8. 2	7, 985, 417	119. 50
General medical and surgical conditions..	942, 704	81. 9	82, 190, 980	87. 19	202, 353	65. 6	19, 166, 163	94. 72	733, 712	90. 0	62, 294, 506	84. 90

Type of pension and disability	Korean Conflict				Vietnam era				Spanish-American War				Indian Wars			
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total	Monthly value	Average monthly value
Total.....	21, 152	100. 0	\$2, 185, 086	\$103. 30	327	100. 0	\$40, 009	\$122. 35	7, 114	100. 0	\$916, 290	\$128. 80	2	100. 0	\$271	\$135. 50
Service pensions.....																
Nonservice-connected disabilities.....	21, 152	100. 0	2, 185, 086	103. 30	327	100. 0	40, 009	122. 35	7, 114	100. 0	916, 290	128. 80	2	100. 0	271	135. 50
Tuberculosis (lungs and pleura).....	1, 008	4. 8	101, 016	100. 21	2	. 6	213	106. 50								
Psychiatric and neurological diseases..	13, 637	64. 4	1, 371, 451	100. 57	193	59. 0	22, 104	114. 53								
Psychoses.....	8, 446	39. 9	774, 107	91. 65	109	33. 3	10, 999	100. 91								
Other psychiatric and neurological diseases.....	5, 191	24. 5	597, 344	115. 07	84	25. 7	11, 105	132. 20								
General medical and surgical conditions..	6, 507	30. 8	712, 619	109. 52	132	40. 4	17, 692	134. 03								

Table 42.—Veterans of World War I, World War II, Korean conflict and Vietnam era who were receiving pension for nonservice-connected disabilities, showing entitlement, class of dependent, income increment and monthly rate of pension
[As of June 1968]

	In- come	Rate	Total	World War I	World War II	Korean conflict	Viet- nam era
Grand total.....			1,144,695	814,917	308,299	21,152	327
PROTECTED PENSION							
Total.....			360,833	335,611	23,266	1,956	-----
Nonaid and attendance.....	\$66.15	6,201	20	5,353	798	-----	-----
Nonaid and attendance.....	78.75	336,018	319,919	15,166	933	-----	-----
Housebound.....	100.00	4,118	3,578	500	40	-----	-----
Aid and attendance.....	135.45	14,496	12,094	2,217	185	-----	-----
PUBLIC LAW 86-211							
Total.....			783,862	479,306	285,033	19,196	327
Total—nonaid and attendance.....			703,933	432,777	254,218	16,701	237
Veteran, no dependents.....	\$600	104	111,627	47,516	59,792	4,167	162
	1,200	79	69,090	34,117	32,844	2,109	20
	1,800	45	44,140	29,333	13,986	814	7
Veteran with 1 dependent.....	1,000	109	134,712	98,493	35,105	1,098	16
	2,000	84	214,243	145,091	65,282	3,856	14
	3,000	50	87,570	71,420	15,609	535	6
Veteran with 2 dependents.....	1,000	114	16,344	4,294	11,086	950	14
	2,000	84	162	53	92	17	0
	3,000	50	17	3	13	1	0
Veteran with 3 dependents or more.....	1,000	119	25,922	2,447	20,327	3,140	8
	2,000	84	97	9	74	14	0
	3,000	50	9	1	8	0	0
Total—aid and attendance.....			60,430	36,829	21,614	1,914	73
Veteran, no dependents.....	600	204	10,836	7,455	3,145	203	27
	1,200	179	7,714	4,742	2,740	219	13
	1,800	145	3,816	2,290	1,416	101	9
Veteran with 1 dependent.....	1,000	209	12,977	10,363	2,456	152	6
	2,000	184	17,992	8,944	8,243	796	9
	3,000	150	4,182	2,452	1,615	114	1
Veteran with 2 dependents.....	1,000	214	1,264	373	794	91	6
	2,000	184	21	1	15	5	0
	3,000	150	4	1	3	0	0
Veteran with 3 dependents or more.....	1,000	219	1,620	207	1,182	229	2
	2,000	184	10	1	5	4	0
	3,000	150	0	0	0	0	0
Total—housebound.....			19,499	9,700	9,201	581	17
Veteran, no dependents.....	600	144	3,729	1,723	1,903	94	9
	1,200	119	2,148	906	1,091	58	3
	1,800	85	1,090	499	555	36	0
Veteran with 1 dependent.....	1,000	149	4,063	2,947	1,077	37	2
	2,000	124	5,954	2,667	3,091	195	1
	3,000	90	1,305	689	594	22	0
Veteran with 2 dependents.....	1,000	154	488	117	336	34	1
	2,000	124	10	0	9	1	0
	3,000	90	1	0	1	0	0
Veteran with 3 dependents or more.....	1,000	159	707	61	542	103	1
	2,000	124	4	1	2	1	0
	3,000	90	0	0	0	0	0

Table 43.—Veterans who were receiving special monthly pension for aid and attendance for nonservice-connected disabilities, showing monthly value of awards

[As of June 20, 1968]

Service	Number	Monthly value	Average monthly value
Total.....	77,428	\$13,831,397	\$178.64
World War I.....	43,923	8,644,855	176.70
World War II.....	23,831	4,342,823	182.23
Korean conflict.....	2,099	386,929	184.84
Spanish-American War.....	2,502	442,867	177.01
Vietnam era.....	73	13,922	190.71

Table 44.—Age groups of veterans of all wars and regular establishment who were receiving compensation or pension benefits

[As of June 20, 1968]

Age group	Total	World War II		World War I		Korean conflict		Vietnam era		Regular Estab- lishment	Spanish- American War	Indian wars
		Service- connected ¹	Non- service- connected	Service- connected ²	Non- service- connected	Service- connected	Non- service- connected	Service- connected	Non- service- connected			
Average age.....	55.9	50.0	56.0	74.5	73.9	40.4	37.8	28.0	25.2	39.7	89.6	98.5
Total veterans.....	3,164,017	1,450,759	308,299	99,049	814,917	235,115	21,152	46,774	327	180,452	7,171	2
Under 20.....	152							136	2	14		
20 to 24.....	26,622							22,801	158	3,663		
25 to 29.....	44,893					10	3	13,822	143	30,915		
30 to 34.....	68,791					14,586	3,045	2,389	16	48,755		
35 to 39.....	173,514	2,387	902			129,078	13,164	1,437	2	26,544		
40 to 44.....	359,379	254,989	30,219			50,384	4,213	1,991	2	17,581		
45 to 49.....	610,583	521,879	53,899			18,054	351	1,885	1	14,614		
50 to 54.....	439,586	359,363	53,324			11,317	193	1,464	1	13,924		
55 to 59.....	263,920	194,404	54,335			5,997	102	688	1	8,393		
60 to 64.....	151,836	91,275	50,987	6	144	3,225	52	135		6,012		
65 to 69.....	126,506	17,765	48,462	7,599	45,212	1,466	20	22	1	5,959		
70 to 74.....	551,139	6,815	15,295	56,863	469,342	737	7	4		2,076		
75 to 79.....	283,870	1,446	745	28,330	252,062	238	2			1,047		
80 to 84.....	52,429	368	114	5,625	45,360	23				640	299	
85 to 89.....	6,509	59	14	532	2,429					268	3,207	
90 to 94.....	3,739	9	3	73	278					29	3,347	
95 and over.....	449			21	90					18	318	2

¹ Includes reserve officers in receipt of retirement pay under Public Law 262, 77th Cong.

² Includes emergency, provisional, probationary, or temporary officers in receipt of retirement pay.

Table 45.—Terminations of compensation or pension disability awards, showing reason for termination

[During fiscal year 1968]

Reason for termination	Total	World War II		World War I		Korean conflict		Vietnam era		Regular Estab- lishment	Spanish- Amer- ican War	Indian wars
		Service- connected	Non- service- connected	Service- connected	Non- service- connected	Service- connected	Non- service- connected	Service- connected	Non- service- connected			
Total.....	178,607	22,993	40,471	7,377	90,381	4,068	3,638	1,426	33	6,216	2,004	0
Death of veteran.....	121,257	16,338	23,660	6,847	67,601	1,692	792	204	12	2,165	1,946	0
Disability less than 10 percent.....	1,561	495		1		255		127		683	0	0
Disability less than permanent and total.....	2,211		1,632		151		428		0		0	0
Estate in excess of \$1,500.....	8,130	2,587	1,623	471	1,329	767	287	118	0	904	44	0
Excessive corpus of estate.....	557		103		431		16		7		0	0
Failure to cooperate.....	2,317	210	785	0	589	125	156	36	0	416	0	0
Income provision.....	27,986		9,100		17,650		1,227		9			
Person entitled is incarcerated.....	139		97		19		23		0		0	0
Veteran on active duty or in receipt of retirement pay.....	865	146	18	0	12	164	0	149	0	376	0	0
Failure to return questionnaire.....	2,125		876		1,099		150	0	0		0	0
Miscellaneous ¹	11,459	3,217	2,577	58	1,500	1,065	559	792	5	1,672	14	0

¹ Includes temporary terminations.

Table 46.—Deceased veterans whose dependents were receiving compensation or dependency and indemnity compensation on account of service-connected death of the veteran, showing class of beneficiary, total dependents and monthly value of awards

[As of June 20, 1968]

Class of beneficiary	Total			World War II			World War I			Korean conflict		
	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value
Total cases.....	367,905	\$42,277,702	\$114.91	221,558	\$22,085,535	\$99.68	38,713	\$5,314,721	\$137.29	40,176	\$4,789,053	\$119.20
Compensation.....	154,957	11,346,822	73.23	127,021	9,180,942	72.28	2,096	162,607	77.58	19,231	1,503,705	78.19
Dependency and indemnity compensation.....	202,431	28,880,102	142.67	87,776	11,597,077	132.12	36,550	5,137,894	140.57	18,396	2,787,538	151.53
Dependency and indemnity compensation and compensation.....	10,517	2,050,778	190.00	6,761	1,307,516	193.39	67	14,220	212.24	2,549	497,810	195.30
Widow alone.....	136,379	21,476,247	157.47	59,036	9,048,055	153.26	35,603	4,981,711	139.92	9,537	1,768,572	185.44
Widow and children.....	6,878	1,280,614	186.19	2,999	537,442	179.21	491	105,376	214.62	932	176,286	189.15
Widow, children and mother.....	906	211,266	233.19	304	64,203	211.19	1	224	224.00	179	45,205	252.54
Widow, children and father.....	142	30,516	214.90	69	12,280	177.97	—	—	—	32	7,584	237.00
Widow, children, mother and father.....	323	78,401	242.73	76	15,842	208.45	—	—	—	63	15,847	251.54
Widow and mother.....	10,313	2,158,422	209.29	6,115	1,142,783	186.88	85	18,138	213.39	1,018	246,185	241.83
Widow and father.....	1,862	330,955	177.74	1,252	189,321	151.21	6	1,263	210.50	159	37,857	238.09
Widow, mother and father.....	2,821	604,031	214.12	1,264	217,467	172.05	2	450	225.00	276	66,739	241.81
Children alone.....	21,178	2,213,779	104.63	5,763	593,748	103.03	508	53,691	105.69	4,791	462,025	96.44
Children and mother.....	3,144	542,694	172.61	642	107,462	167.39	1	183	183.00	1,046	172,847	165.25
Children and father.....	487	78,552	168.21	86	13,026	151.47	—	—	—	153	25,400	166.01
Children, mother and father.....	1,364	255,351	187.21	156	28,747	184.28	—	—	—	454	80,524	177.37
Mother alone.....	121,440	8,584,801	70.69	97,459	6,838,693	70.17	1,880	143,270	76.21	13,108	991,670	75.65
Father alone.....	21,399	1,391,009	65.00	17,872	1,145,170	64.08	118	8,979	76.09	2,059	153,349	74.48
Mother and father.....	39,289	3,041,064	77.40	28,465	2,131,296	74.87	18	1,436	79.78	6,369	538,963	84.62
Total dependents.....	481,255	—	—	272,910	—	—	39,485	—	—	55,343	—	—
Widows.....	159,624	—	—	71,115	—	—	36,188	—	—	12,196	—	—
Children.....	74,364	—	—	18,074	—	—	1,166	—	—	11,069	—	—
Mothers.....	179,600	—	—	134,481	—	—	1,987	—	—	22,513	—	—
Fathers.....	67,667	—	—	49,240	—	—	144	—	—	9,565	—	—

Table 46.—Deceased veterans whose dependents were receiving compensation or dependency and indemnity compensation on account of service-connected death of the veteran, showing class of beneficiary, total dependents and monthly value of awards—Continued

[As of June 20, 1968]

[illegible]

Table 47.—Deceased veterans whose dependents were receiving pensions on account of nonservice-connected death of the veteran, showing class of beneficiary, total dependents, and monthly value awards

[As of June 20, 1968]

Class of beneficiary	Total			World War II			World War I			Korean conflict		
	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value
Total cases.....	1, 074, 874	\$65, 552, 114	\$60. 99	407, 993	\$27, 034, 866	\$66. 26	569, 460	\$31, 239, 568	\$54. 86	46, 819	\$3, 535, 743	\$75. 52
Widow alone.....	672, 525	37, 860, 963	56. 30	84, 596	4, 999, 162	59. 09	538, 290	29, 209, 441	54. 26	1, 529	95, 190	62. 26
Widow and children.....	142, 235	13, 213, 986	92. 90	110, 134	10, 243, 660	93. 01	17, 088	1, 404, 937	82. 22	14, 235	1, 503, 192	105. 60
Children alone.....	260, 114	14, 477, 165	55. 66	213, 263	11, 792, 044	55. 29	14, 082	625, 190	44. 40	31, 055	1, 937, 361	62. 38
Total dependents.....	1, 642, 036	-----	-----	864, 426	-----	-----	596, 458	-----	-----	129, 658	-----	-----
Widows.....	814, 760	-----	-----	194, 730	-----	-----	555, 378	-----	-----	15, 764	-----	-----
Children.....	827, 276	-----	-----	669, 696	-----	-----	41, 080	-----	-----	113, 894	-----	-----

Class of beneficiary	Vietnam era			Spanish-American War			Civil War			Indian wars		
	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value	Number	Monthly value	Average monthly value
Total cases.....	581	\$38, 941	\$67. 02	48, 711	\$3, 606, 027	\$74. 03	1, 092	\$81, 251	\$74. 41	218	\$15, 718	\$72. 10
Widow alone.....	30	1, 784	59. 47	47, 149	3, 436, 197	73. 94	733	54, 990	75. 02	198	14, 199	71. 71
Widow and children.....	269	23, 195	86. 23	1, 498	38, 142	76. 59	10	732	73. 20	1	128	128. 00
Children alone.....	282	13, 962	49. 51	1, 064	31, 688	76. 77	349	25, 529	73. 15	19	1, 391	73. 21
Total dependents.....	768	-----	-----	49, 399	-----	-----	1, 107	-----	-----	220	-----	-----
Widows.....	299	-----	-----	47, 647	-----	-----	743	-----	-----	199	-----	-----
Children.....	469	-----	-----	1, 752	-----	-----	364	-----	-----	21	-----	-----

Table 48.—*Deceased veterans whose dependents were receiving pensions under special acts, showing class of beneficiary, total dependents, and monthly value of awards*

[As of June 20, 1968]

Class of beneficiary	Total			Regular Establishment			Spanish-American War			Civil War			Indian wars		
	Num- ber	Monthly value	Average monthly value	Num- ber	Monthly value	Average monthly value	Num- ber	Monthly value	Average monthly value	Num- ber	Monthly value	Average monthly value	Num- ber	Monthly value	Average monthly value
Total cases.....	88	\$2, 106	\$23. 93	18	\$321	\$17. 83	20	\$389	\$19. 45	48	\$1, 314	\$27. 38	2	\$82	\$41. 00
Widow alone.....	38	958	25. 21	18	321	17. 83	12	245	20. 42	6	310	51. 67	2	82	41. 00
Widow and children.....	50	1, 148	22. 96				8	144	18. 00	42	1, 004	23. 90			
Children alone.....															
Total dependents.....	140			18			28			92			2		
Widows.....	88			18			20			48			2		
Children.....	52						8			44					

Table 49.—Deceased veterans of World War I, World War II, Korean conflict and Vietnam era, whose dependents were receiving pension on account of non-service-connected death of the veteran, showing entitlement, class and number of beneficiaries, income increments and monthly rate of pension

[As of June 30, 1968]

	Income	Rate	Total	World War I	World War II	Korean conflict	Vietnam era
Grand total.....			1, 024, 853	569, 460	407, 993	46, 819	581
Total—protected pension.....			189, 329	180, 404	8, 650	275	
Total widow alone nonaid and attendance.....	1, 400	50. 40	179, 896	174, 841	4, 971	84	
Total widow and children nonaid and attendance.....	2, 700		6, 383	2, 814	3, 396	173	
Widow and 1 child.....		63. 00	4, 952	2, 590	2, 276	86	
Widow and 2 children.....		70. 55	1, 045	179	812	55	
Widow and 3 children.....		78. 12	284	39	223	22	
Widow and 4 children.....		85. 68	78	6	64	8	
Widow and 5 children.....		93. 24	14	0	14	0	
Widow and 6 children.....		100. 80	6	0	4	2	
Widow and 7 children.....		108. 36	1	0	1	0	
Widow and 8 children.....		115. 92	1	0	1	0	
Widow and 9 or more children.....		123. 48	1	0	1	0	
Total widow alone with aid and attendance.....		100. 40	2, 638	2, 603	35	0	
Total widow and children with aid and attendance.....			25	20	4	1	
Widow and 1 child.....		113. 00	21	17	3	1	
Widow and 2 children.....		120. 56	4	3	1	0	
Widow and 3 children.....		128. 12	0	0	0	0	
Widow and 4 children.....		135. 68	0	0	0	0	
Widow and 5 children.....		143. 24	0	0	0	0	
Widow and 6 children.....		150. 80	0	0	0	0	
Widow and 7 children.....		158. 36	0	0	0	0	
Widow and 8 children.....		165. 92	0	0	0	0	
Widow and 9 or more children.....		173. 48	0	0	0	0	
Total children alone.....	1, 400		387	126	244	17	
1 child alone.....		27. 30	282	118	153	11	
2 children alone.....		40. 95	67	7	56	4	
3 children alone.....		54. 60	27	1	25	1	
4 children alone.....		62. 16	10	0	9	1	
5 children alone.....		69. 72	0	0	0	0	
6 children alone.....		77. 28	0	0	0	0	
7 children alone.....		84. 84	1	0	1	0	
8 children alone.....		92. 40	0	0	0	0	
9 or more children.....		99. 96	0	0	0	0	
Total—Public Law 86-211.....			835, 524	389, 056	399, 343	46, 544	581
Total widow alone nonaid and attendance.....			433, 795	353, 514	78, 826	1, 425	30
	600	70	184, 300	138, 084	45, 193	1, 005	18
	1, 200	51	180, 237	156, 071	23, 861	297	8
	1, 800	29	69, 258	59, 359	9, 772	123	4

Table 49.—Deceased veterans of World War I, World War II, Korean conflict and Vietnam era, whose dependents were receiving pension on account of non-service-connected death of the veteran, showing entitlement, class and number of beneficiaries, income increments and monthly rate of pension—Continued

[As of June 20, 1968]

	Income	Rate	Total	World War I	World War II	Korean conflict	Vietnam era
Total widows and children nonaid and attendance.....			134,926	14,124	106,490	14,043	269
Widow and 1 child.....	1,000 2,000 3,000	86 67 45	24,784 20,134 9,085	7,330 2,945 666	16,186 16,243 7,880	1,213 887 515	55 59 24
Widow and 2 children.....	1,000 2,000 3,000	102 83 61	14,266 14,846 5,981	1,341 409 116	11,366 12,741 5,263	1,522 1,668 593	37 28 9
Widow and 3 children.....	1,000 2,000 3,000	118 99 77	12,731 5,730 2,792	568 94 33	10,060 4,797 2,372	2,074 861 385	29 8 2
Widow and 4 children.....	1,000 2,000 3,000	134 115 93	7,994 2,624 1,179	290 24 9	6,291 2,104 987	1,406 494 181	7 2 2
Widow and 5 children.....	1,000 2,000 3,000	150 131 109	4,576 1,196 605	147 13 3	3,582 957 509	842 225 93	5 1 0
Widow and 6 children.....	1,000 2,000 3,000	166 147 125	2,515 546 238	72 10 1	1,959 431 202	484 105 35	0 0 0
Widow and 7 children.....	1,000 2,000 3,000	182 163 141	1,320 231 87	27 3 1	1,069 202 73	223 26 13	1 0 0
Widow and 8 children.....	1,000 2,000 3,000	198 179 157	659 130 34	11 6 0	542 109 30	106 15 4	0 0 0
Widow and 9 children.....	1,000 2,000 3,000	214 195 173	328 52 22	4 0 0	279 45 21	45 7 1	0 0 0
Widow with 10 or more children.....		173	191	1	190		
Total widows alone with aid and attendance.....			8,116	7,332	764	20	0
	600 1,200 1,800	120 101 79	3,920 3,205 991	3,555 2,919 858	359 283 122	6 3 11	0 0 0
Total widows and children with aid and attendance.....			392	130	244	18	0
Widow and 1 child.....	1,000 2,000 3,000	136 117 95	124 72 22	77 26 5	44 43 14	3 3 3	0 0 0
Widow and 2 children.....	1,000 2,000 3,000	152 133 111	52 23 6	13 1 0	36 22 5	3 0 1	0 0 0
Widow and 3 children.....	1,000 2,000 3,000	168 149 127	22 15 4	4 0 0	18 13 4	0 2 0	0 0 0
Widow and 4 children.....	1,000 2,000 3,000	187 165 143	0 4 1	0 0 0	0 4 1	0 0 0	0 0 0
Widow and 5 children.....	1,000 2,000 3,000	200 181 159	5 4 1	0 0 0	5 4 1	0 0 0	0 0 0
Widow and 6 children.....	1,000 2,000 3,000	216 197 175	5 1 0	1 1 0	1 1 0	3 0 0	0 0 0
Widow and 7 children.....	1,000 2,000 3,000	232 213 191	2 0 0	0 0 0	2 0 0	0 0 0	0 0 0
Widow and 8 children.....	1,000 2,000 3,000	246 229 207	1 0 1	0 0 0	1 0 1	0 0 0	0 0 0
Widow and 9 children.....	1,000 2,000 3,000	264 245 223	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Widow with 10 or more children.....			27	3	24		
Total children alone.....	1,800		258,295	13,956	213,019	31,038	282
1 child alone.....		40	117,542	11,369	97,456	8,556	161
2 children alone.....		56	75,483	1,756	63,473	10,174	80
3 children alone.....		72	37,688	515	30,368	6,781	24
4 children alone.....		88	16,571	190	13,013	3,357	11
5 children alone.....		104	6,564	70	5,160	1,330	4
6 children alone.....		120	2,751	27	2,184	538	2
7 children alone.....		136	1,058	12	850	196	0
8 children alone.....		152	448	12	357	79	0
9 or more children alone.....		168	190	5	158	27	0

Table 50.—Terminations of compensation, dependency, and indemnity compensation, or pension death awards, showing reason for termination

[During fiscal year 1968]

Reason for termination	total	World War II		World War I		Korean conflict		Vietnam era		Regular Estab- listment	Spanish- American War	Civil War	Indian Wars
		Service- connected	Non- service- connected	Service- connected	Non- service- connected	Service- connected	Non- service- connected	Service- connected	Non- service- connected				
Total.....	179,075	23,127	57,969	2,021	41,472	4,881	5,837	1,625	102	6,592	5,215	199	35
Dependency not established, or discon- tinued.....	60,626	4,263	46,386	116	3,830	2,247	1,177	180	9	2,378	40	0	0
Payee incarcerated.....	47		39		2		6		0		0	0	0
Death of payee.....	41,792	12,194	2,207	1,714	18,016	1,364	64	124	0	1,355	4,554	170	30
Income provisions.....	33,651	170	17,804	3	13,225	90	1,366	412	48	533	0	0	0
Excess corpus of estate.....	854	64	194	0	524	26	21	3	0	22	0	0	0
Widow remarried.....	11,813	846	5,260	99	2,112	279	1,188	673	16	1,289	51	0	0
Failure to return questionnaire.....	1,991	267	542	10	1,026	29	35	37	0	45	0	0	0
Miscellaneous ¹	28,301	5,323	15,537	79	2,737	846	1,960	196	29	970	570	29	5

¹ Includes temporary termination.

Table 51.—Emergency, provisional, probationary, or temporary officers of World War I receiving full retirement pay

[As of June 20, 1968]

Branch of service and military rank at time of discharge from service	Number	Monthly value	Average monthly value
Total.....	762	\$174, 679	\$229. 24
Total, Army.....	735	168, 346	229. 04
Colonel.....	1	442	442. 00
Lieutenant colonel.....	5	2, 110	422. 00
Major.....	25	8, 393	335. 32
Captain.....	140	37, 880	270. 57
First lieutenant.....	323	72, 612	224. 80
Second lieutenant.....	241	46, 909	194. 64
Total, Navy.....	20	4, 713	235. 65
Commander.....	1	405	405. 00
Lieutenant.....	6	1, 654	275. 67
Lieutenant (jg).....	7	1, 477	211. 00
Ensign.....	6	1, 177	196. 17
Total, Marine Corps.....	7	1, 620	231. 43
Captain.....	3	713	237. 67
First lieutenant.....	3	710	236. 67
Second lieutenant.....	1	197	197. 00

Table 52.—Status of vocational rehabilitation program for disabled World War II, Korean conflict and peacetime veterans, (ch. 31, title 38, U.S.C.)

[At specified dates]

Date	Veterans entered training ¹	Veterans in training				
		Total	Institutions of higher learning	Schools below college level	Job	Institutional on farm
Nov. 30, 1967.....	718, 481	8, 093	4, 042	3, 532	428	91
Nov. 30, 1968.....	712, 142	6, 716	3, 078	3, 098	446	94
Nov. 30, 1965.....	706, 263	6, 850	2, 989	3, 345	417	99
Nov. 30, 1964.....	700, 435	7, 639	2, 750	4, 273	476	140
Nov. 30, 1963.....	693, 238	5, 905	1, 931	3, 446	397	131
Nov. 30, 1962.....	686, 942	4, 546	1, 286	2, 466	602	192
Nov. 30, 1961.....	684, 132	5, 619	1, 778	2, 780	814	267
Nov. 30, 1960.....	680, 647	6, 364	2, 402	2, 561	1, 080	321
Nov. 30, 1959.....	677, 041	10, 200	3, 919	3, 898	1, 766	617
Nov. 30, 1958.....	671, 560	13, 367	5, 645	4, 410	2, 402	910

¹ Cumulative from inception of program.

Table 53.—*Status of educational assistance program for sons and daughters of deceased or totally disabled veterans, ch. 35, title 38, U.S.C. (Public Law 634, Public Law 86-785 and Public Law 88-361)*

[At specified dates]

Date	Entered Training ¹	In Training			
		Total	Institutions of higher learning	Schools below college level	Special restorative training
Nov. 30, 1967.....	114, 272	25, 252	23, 051	2, 189	12
Nov. 30, 1966.....	99, 700	23, 417	21, 675	1, 721	21
Nov. 30, 1965.....	86, 057	24, 775	22, 872	1, 889	14
Nov. 30, 1964.....	72, 639	23, 257	21, 579	1, 662	16
Nov. 30, 1963.....	63, 312	23, 884	21, 704	2, 159	21
Nov. 30, 1962.....	51, 990	23, 116	20, 021	3, 057	38
Nov. 30, 1961.....	39, 038	19, 330	16, 085	3, 210	35
Nov. 30, 1960.....	26, 855	14, 336	11, 724	2, 574	38
Nov. 30, 1959.....	17, 797	9, 121	7, 574	1, 526	21
Nov. 30, 1958.....	10, 092	6, 119	5, 565	546	8

¹ Cumulative from inception of program.

Table 54.—*Individuals in training under the educational assistance program for veterans with service after January 31, 1955 and servicemen (ch. 34, Title 38, U.S.C.)*

Type of training	Individuals in training during fiscal year 1968					
	Total		Veterans		Servicemen	
	Number	Percent	Number	Percent	Number	Percent
Total.....	686, 919	100. 0	645, 318	100. 0	41, 601	100. 0
College level—total.....	413, 714	60. 2	404, 137	62. 6	9, 577	23. 0
Graduate.....	83, 758	12. 2	78, 730	12. 2	5, 028	12. 1
Undergraduate.....	323, 874	47. 1	319, 423	49. 5	4, 451	10. 7
Nondegree.....	6, 082	0. 9	5, 984	0. 9	98	0. 2
Schools below college level—total.....	254, 576	37. 1	222, 552	34. 5	32, 024	77. 0
Vocational or technical (post high school).....	72, 003	10. 5	61, 877	9. 6	10, 126	24. 3
Vocational or technical (other).....	158, 011	23. 0	136, 265	21. 1	21, 746	52. 3
High school.....	9, 878	1. 5	9, 726	1. 5	152	0. 4
Flight training.....	14, 684	2. 1	14, 684	2. 3	-----	-----
On-job training—total.....	18, 629	2. 7	18, 629	2. 9	-----	-----
Apprenticeship.....	17, 634	2. 6	17, 634	2. 7	-----	-----
Other on job.....	995	0. 1	995	0. 2	-----	-----

¹ Includes an undetermined number of servicemen.

Table 55.—*Vocational rehabilitation program for disabled World War II, Korean conflict and peacetime veterans during fiscal year 1968 (ch. 31, title 38, U.S.C.)*

Service	Veterans in training during year				
	Total	Institutions of higher learning	Schools below college level	Job	Institutional on farm
Total.....	14,373	6,490	6,851	898	134
World War II.....	945	222	636	79	8
Korean conflict.....	1,678	530	982	137	29
Peacetime.....	11,750	5,738	5,233	682	97

Table 56.—*Educational assistance program for sons and daughters of deceased or totally disabled veterans during fiscal year 1968. (ch. 35, title 38, U.S.C.)*

Period of service of deceased or totally disabled veteran	Sons and daughters in training during year			
	Total	Institutions of higher learning	Schools below college level	Special restorative training
Total.....	40,480	36,043	4,395	42
World War I.....	648	568	79	1
World War II.....	24,988	22,081	2,873	34
Korean conflict.....	6,363	5,836	522	5
Other.....	8,481	7,558	921	2

Table 57.—Types of training pursued by sons and daughters of deceased or totally disabled veterans cumulative from beginning of program, ch. 35, title 38 U.S.C.

[Thru June 30, 1968]

Training programs	All trainees			Graduate level		
	Total	Sons	Daughters	Total	Sons	Daughters
Total all types of training.....	121,419	61,536	59,883	3,328	2,007	1,321
COLLEGE LEVEL						
Total.....	97,999	51,811	46,188	3,328	2,007	1,321
Academic degrees—field not specified—total.....	39,443	21,559	17,884	1,056	591	465
Associate in arts.....	3,217	1,826	1,391			
Associate in science.....	392	217	175			
Associate degree ¹	5,060	2,942	2,118			
Bachelor of arts.....	3,928	1,895	2,033			
Bachelor of science.....	2,583	1,505	1,018			
Bachelor's degree ¹	23,207	12,523	10,684			
Master of arts.....	102	47	55	102	47	55
Master of science.....	41	34	7	41	34	7
Master's degree ¹	799	420	379	799	420	379
Doctor of philosophy.....	25	17	8	25	17	8
Doctor's degree ¹	89	73	16	89	73	16
Business and commerce.....	10,491	6,733	3,758	195	176	19
Education.....	11,499	3,514	7,985	561	178	383
Engineering.....	4,053	3,827	226	98	90	8
English and journalism.....	1,541	557	984	117	54	63
Fine and applied arts.....	2,651	1,336	1,315	101	44	57
Foreign languages.....	373	107	266	46	11	35
Home economics.....	875	23	852	17		17
Law.....	709	633	76	197	179	18
Liberal arts (major not specified).....	9,995	4,682	4,414	21	8	13
Life sciences—total.....	6,898	2,976	3,922	351	287	64
Agricultural sciences.....	835	752	83	19	16	3
Biological sciences.....	1,525	1,089	436	67	46	21
Medical and health sciences.....	4,538	1,135	3,403	265	225	40
Mathematics.....	727	518	209	51	41	10
Physical sciences.....	1,338	1,071	267	105	92	13
Social sciences.....	4,401	2,542	1,859	304	190	114
Theology.....	357	266	91	31	24	7
Technician courses—total.....	1,599	1,005	594			
Business and commerce.....	22	11	11			
Engineering and related.....	9	8	1			
Medical and related.....	525	90	435			
Other technician courses.....	1,043	896	147			
All other academic fields.....	1,948	462	1,486	77	42	35
BELOW COLLEGE LEVEL						
Total.....	23,420	9,725	13,695			
Arts.....	1,175	893	282			
Business.....	8,523	1,916	6,607			
Services.....	5,738	948	4,790			
Technical courses—total.....	902	605	297			
Electronic.....	315	308	7			
Engineering.....	114	108	6			
Medical and related.....	317	75	242			
Other technical ¹	156	114	42			
Trades and industrial—total.....	6,371	4,947	1,424			
Construction.....	230	227	3			
Dressmaking.....	1,799	719	1,080			
Electrical and electronic.....	1,125	997	128			
Mechanical.....	2,131	1,991	140			
Metalwork.....	592	568	24			
Other trade and industrial.....	494	445	49			
Other institutional.....	711	416	295			

¹ Not elsewhere classified.

Table 58.—Types of training pursued by post Korean conflict veterans and servicemen, cumulative from beginning of program, ch. 34, title 38, U.S.C.

[Cumulative through June 30, 1968]

Training programs	Total trainees	Graduate	Under-graduate	Nondegree
Total all types of training	838, 418			
COLLEGE LEVEL				
Total	521, 372	109, 340	403, 509	8, 523
Academic degrees—field not specified—total.....	228, 101	23, 446	204, 655	
Associate in arts.....	71, 322		71, 322	
Associate in science.....	9, 490		9, 490	
Associate degree ¹	18, 161		18, 161	
Bachelor of arts.....	26, 933		26, 933	
Bachelor of science.....	25, 078		25, 078	
Bachelor's degree ¹	53, 671		53, 671	
Master of arts.....	4, 871	4, 871		
Master of science.....	3, 193	3, 193		
Master's degree ¹	10, 258	10, 258		
Doctor of philosophy.....	4, 003	4, 003		
Doctor's degree ¹	1, 089	1, 089		
Post doctoral ¹	32	32		
Business and commerce.....	90, 743	17, 040	73, 703	
Education.....	43, 963	21, 820	22, 143	
Engineering.....	50, 247	4, 528	31, 719	
English and journalism.....	4, 043	1, 453	2, 590	
Fine and applied arts.....	6, 774	1, 653	5, 121	
Foreign languages.....	1, 607	789	838	
Law.....	11, 147	9, 064	2, 083	
Liberal arts (major not specified).....	12, 275	326	11, 949	
Life sciences—total.....	25, 947	15, 361	10, 586	
Agricultural sciences.....	3, 955	859	3, 096	
Biological sciences.....	5, 153	1, 362	3, 791	
Medical and health sciences.....	16, 839	13, 140	3, 699	
Mathematics.....	3, 943	919	3, 024	
Physical sciences.....	6, 182	1, 912	4, 270	
Social sciences.....	22, 985	8, 331	14, 654	
Theology.....	4, 128	1, 693	2, 435	
Technician courses—total.....	18, 739		10, 216	8, 523
Business and commerce.....	3, 544		947	2, 597
Engineering and related.....	1, 215		837	378
Medical and related.....	1, 299		427	872
Other technician courses.....	12, 681		8, 005	4, 676
All other academic fields.....	4, 548	1, 025	3, 523	
BELOW COLLEGE				
Total	298, 417	89, 486	197, 189	11, 742
Arts.....	29, 388	10, 006	19, 382	
Business.....	68, 913	27, 941	40, 972	
Services.....	16, 871	4, 528	12, 343	
Technical courses—total.....	63, 571	22, 873	40, 698	
Electronic.....	21, 828	17, 569	4, 259	
Engineering.....	31, 107	1, 894	29, 213	
Legal.....	2, 288	907	1, 361	
Medical and related.....	1, 423	765	658	
Other technical ¹	6, 945	1, 738	5, 207	
Trade and industrial—total.....	89, 715	22, 818	66, 897	
Air conditioning.....	9, 444	2, 301	7, 143	
Construction.....	2, 880	553	2, 327	
Electrical and electronic.....	36, 816	10, 037	26, 779	
Mechanical.....	24, 077	5, 765	18, 312	
Metalwork.....	10, 669	2, 735	7, 934	
Other trade and industrial.....	5, 829	1, 427	4, 402	
Other institutional.....	15, 275	1, 320	2, 213	11, 742
Flight training—total.....	14, 684		14, 684	

Table 58.—Types of training pursued by post Korean conflict veterans and servicemen, cumulative from beginning of program, ch. 34, title 38, U.S.C.—Continued

MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING	Total job	Apprentice	Other on job
Total.....	18, 629	17, 634	995
Technical and managerial.....	233	133	100
Service occupations.....	285	247	38
Trade and industrial—total.....	17, 072	16, 457	615
Processing occupations.....	372	353	19
Machine trades occupations.....	4, 273	4, 036	237
Benchwork occupations.....	2, 020	1, 887	133
Structural work occupations.....	10, 407	10, 181	226
Miscellaneous occupations.....	1, 039	797	242

¹ Not elsewhere classified.

Table 59.—Counseling

[Fiscal year 1968]

Type of counseling	Total	VA	Fee basis
Counseling provided—total.....	74, 370	32, 780	41, 590
Disabled veterans.....	28, 940	24, 053	4, 887
Nondisabled veterans.....	23, 256	4, 275	18, 981
Sons and daughters of deceased or totally disabled veterans...	22, 174	4, 452	17, 722
Vocational adjustment counseling sessions.....	2, 270	2, 270	-----

Table 60.—*Number and amount of guaranteed or insured loans, by fiscal year and purpose of loan*

Fiscal year	Number of loans				Original principal amount				Amount of guaranty insurance			
	Total	Home	Farm	Business	Total	Home	Farm	Business	Total	Home	Farm	Business
Cumulative to June 30, 1968-----	7, 221, 725	6, 910, 956	71, 711	239, 058	\$70, 889, 124, 638	\$69, 926, 722, 705	\$285, 829, 374	\$676, 572, 559	\$36, 501, 214, 347	\$36, 188, 451, 892	\$121, 081, 886	\$191, 680, 569
1968-----	220, 294	220, 212	10	72	3, 827, 386, 268	3, 826, 789, 633	192, 214	404, 421	1, 621, 939, 901	1, 621, 779, 810	73, 301	86, 790
1967-----	167, 836	167, 722	26	88	2, 766, 329, 984	2, 765, 492, 567	304, 335	533, 062	1, 208, 740, 964	1, 208, 517, 010	120, 124	103, 830
1966-----	152, 280	152, 113	21	146	2, 522, 985, 075	2, 521, 993, 303	294, 285	697, 487	1, 090, 926, 426	1, 090, 669, 548	134, 174	122, 704
1965-----	176, 317	175, 963	28	326	2, 764, 807, 860	2, 762, 563, 547	334, 935	1, 909, 378	1, 246, 529, 882	1, 246, 032, 511	163, 639	333, 732
1964-----	199, 156	198, 764	7	385	2, 949, 071, 303	2, 947, 024, 152	108, 366	1, 938, 785	1, 395, 632, 619	1, 395, 256, 038	42, 250	334, 331
1963-----	203, 065	202, 399	37	629	2, 878, 588, 459	2, 874, 650, 686	343, 293	3, 594, 480	1, 409, 056, 714	1, 408, 311, 991	165, 934	578, 789
1962-----	166, 178	165, 127	52	999	2, 285, 963, 292	2, 280, 567, 184	343, 471	5, 052, 637	1, 141, 354, 491	1, 140, 379, 511	178, 831	796, 149
1961-----	125, 541	124, 291	70	1, 180	1, 701, 797, 219	1, 696, 126, 982	398, 284	5, 271, 963	859, 269, 378	858, 239, 545	153, 412	876, 421
1960-----	178, 809	177, 208	128	1, 473	2, 376, 280, 832	2, 369, 325, 539	798, 328	6, 156, 965	1, 216, 147, 218	1, 214, 892, 466	241, 840	1, 012, 912
1959-----	206, 967	204, 958	226	1, 783	2, 633, 284, 061	2, 623, 806, 965	1, 461, 355	8, 015, 741	1, 383, 620, 227	1, 381, 864, 082	390, 824	1, 365, 321

Table 61.—Guaranteed or insured loans made by private lender ¹

[Fiscal years 1959-68]

Fiscal year	Total number	Post-Korean	Korean conflict	World War II	Fiscal year	Total number	Post-Korean	Korean conflict	World War II
1968	220,051	174,520	26,112	19,419	1963	187,167	-----	121,883	65,284
1967	167,450	118,315	29,846	19,289	1962	164,119	-----	101,639	62,480
1966	151,477	10,510	101,780	39,187	1961	124,512	-----	70,798	53,714
1965	170,489	-----	122,957	47,532	1960	178,791	-----	98,889	79,902
1964	186,403	-----	130,538	55,865	1959	206,421	-----	106,121	100,300

¹ Loans originally made directly by VA and which were later sold with a VA guaranty are not included in above. Such loans are included in table 60.

Table 62.—Defaults and claims, VA guaranteed or insured loans

[Fiscal years 1959-68]

Fiscal year	Defaults reported	Loans in default, end of period	Defaults disposed of			
			Total	Cured or withdrawn		Claims vouchered for payment
				Number	Percent	
Cumulative to June 30, 1968	1,711,305	36,978	1,674,327	1,431,249	85.5	243,078
1968	84,292	36,978	90,875	74,166	81.6	16,709
1967	95,444	43,561	104,752	83,535	79.7	21,217
1966	105,336	52,869	106,277	83,731	78.8	22,557
1965	108,469	53,810	109,061	84,777	77.7	24,314
1964	111,599	54,432	112,612	88,393	78.5	24,219
1963	107,935	55,545	108,024	84,798	78.5	23,226
1962	107,192	55,534	105,547	86,393	81.9	19,154
1961	110,250	53,880	101,858	86,746	87.1	13,112
1960	89,776	45,488	89,981	79,431	88.3	10,550
1959	89,290	45,693	91,760	80,879	88.1	10,881

Table 63.—VA guaranteed or insured loan claims vouchered for payment with ratios to loans outstanding by fiscal year

Fiscal year	Average number of VA guaranteed or insured loans outstanding	Claims vouchered for payment	
		Number	Rate per 1,000 loans outstanding ¹
1968	3,464,394	16,709	4.82
1967	3,460,165	21,217	6.13
1966	3,516,992	22,557	6.41
1965	3,598,047	24,314	6.76
1964	3,671,256	24,219	6.60
1963	3,727,147	23,226	6.23
1962	3,783,217	19,154	5.06
1961	3,847,765	13,112	3.41
1960	3,884,863	10,550	2.72
1959	3,904,058	10,881	2.79

¹ Number of claims vouchered for payment related to an average number of VA guaranteed or insured loans outstanding at the beginning and end of each fiscal year.

Table 64.—Number and amount of direct loans fully disbursed, by fiscal year

Fiscal year	Number	Principal amount	Fiscal year	Number	Principal amount
Cumulative to June 30, 1968	286,030	\$2,662,737,546	1964	17,996	195,901,526
1968	11,903	147,610,274	1963	18,488	196,888,802
1967	11,719	142,248,117	1962	19,699	206,931,786
1966	6,041	66,504,008	1961	23,515	243,869,175
1965	11,302	128,540,654	1960	27,998	281,652,153
			1959	18,996	179,318,102

Table 65.—Number of guaranteed, insured and direct home loans cumulative as of June 30, 1968, by regional office

Location	Guaranteed or insured home loans closed	Percent of total	Direct loans made	Percent of total
Total	6,910,956	100.00	286,030	100.00
Alabama: Montgomery	96,717	1.40	7,468	2.61
Alaska: Juneau	294	.04	1,032	.36
Arizona: Phoenix	47,845	.69	1,969	.69
Arkansas: Little Rock	33,551	.49	8,023	2.80
California:				
Los Angeles	614,754	8.90	1,989	.70
San Francisco	374,048	5.41	2,805	.98
Colorado: Denver	115,035	1.66	3,637	1.27
Connecticut: Hartford	97,679	1.41		
Delaware	24,931	.36	391	.14
District of Columbia: Veterans Benefit Office	133,442	1.93		
Florida: St. Petersburg	178,628	2.58	6,070	2.12
Georgia: Atlanta	137,082	1.98	9,856	3.45
Hawaii: Honolulu	11,556	.17		
Idaho: Boise	17,770	.26	6,623	2.32
Illinois: Chicago	259,188	3.75	10,705	3.74
Indiana: Indianapolis	128,647	1.86	10,036	3.51
Iowa: Des Moines	80,395	1.16	6,436	2.25
Kansas: Wichita	86,685	1.25	4,353	1.52
Kentucky: Louisville	56,380	.82	11,472	4.01
Louisiana: New Orleans	97,369	1.41	7,046	2.46
Maine: Togus	33,578	.49	4,221	1.48
Maryland: Baltimore	107,781	1.56	2,450	.86
Massachusetts: Boston	330,311	4.78		
Michigan: Detroit	248,690	3.60	8,155	2.85
Minnesota: St. Paul	135,528	1.96	11,025	3.85
Mississippi: Jackson	45,069	.65	7,766	2.72
Missouri: St. Louis	136,094	1.97	12,726	4.45
Montana: Fort Harrison	14,386	.21	5,154	1.80
Nebraska: Lincoln	33,190	.48	4,643	1.62
Nevada: Reno	6,372	.09	1,060	.37
New Hampshire: Manchester	42,455	.61		
New Jersey: Newark	322,917	4.67		
New Mexico: Albuquerque	43,083	.62	2,119	.74
New York:				
Buffalo	133,351	1.93	1,183	.41
New York	528,628	7.65	1,058	.37
North Carolina: Winston-Salem	101,505	1.47	14,070	4.92
North Dakota: Fargo	12,974	.19	5,055	1.77
Ohio: Cleveland	344,250	4.98	15,517	5.42
Oklahoma: Muskogee	116,022	1.68	6,233	2.18
Oregon: Portland	36,650	.53	3,702	1.29
Pennsylvania:				
Philadelphia	299,159	4.33	3,255	1.14
Pittsburgh	148,939	2.15	4,131	1.44
Puerto Rico: San Juan	10,658	.15	3,336	1.17
Rhode Island: Providence	44,313	.64		
South Carolina: Columbia	52,126	.75	6,605	2.31
South Dakota: Sioux Falls	11,378	.16	4,938	1.73
Tennessee: Nashville	121,593	1.76	7,788	2.72
Texas:				
Houston	206,358	2.99	3,023	1.06
Waco	211,297	3.06	8,070	2.82
Utah: Salt Lake City	34,732	.50	5,349	1.87
Vermont: White River Junction	17,807	.26	854	.30
Virginia: Roanoke	123,143	1.78	11,021	3.85
Washington: Seattle	129,496	1.87	4,083	1.43
West Virginia: Huntington	23,768	.34	10,351	3.62
Wisconsin: Milwaukee	99,498	1.44	5,691	1.99
Wyoming: Cheyenne	11,881	.17	1,487	.52

Table 66.—Property inventories, acquisitions, and dispositions

[Each fiscal year, 1959-68]

Fiscal year	Properties on hand beginning year	Acquired during year	Sold during year	Redeemed during year	On hand end of year
1968	14,588	23,091	24,187	313	13,179
1967	15,679	27,271	28,172	190	14,588
1966	17,460	28,329	29,946	164	15,679
1965	20,266	30,021	32,712	115	17,460
1964	23,783	27,087	30,502	102	20,266
1963	18,045	25,243	19,387	118	23,783
1962	10,967	21,165	13,974	113	18,045
1961	6,397	14,598	9,960	68	10,967
1960	5,749	10,967	10,229	90	6,397
1959	4,606	10,811	9,606	62	5,749

Table 67.—*Exhibit of insurance in force*

[For fiscal year 1968]

	Participating				Nonparticipating					
	U.S. Government life insurance		National service life insurance		Veterans special life insurance		Service-disabled veterans insurance		Veterans reopened insurance	
	Number of policies	Amount of insurance	Number of policies	Amount of insurance	Number of policies	Amount of insurance	Number of policies	Amount of insurance	Number of policies	Amount of insurance
In force at beginning of year.....	229,433	\$998,313,685	4,682,601	\$30,749,380,173	632,055	\$5,552,042,361	66,779	\$578,173,033	200,933	\$1,404,148,692
Insurance issued during year.....							7,935	70,922,500	286	1,879,500
Insurance reinstated during year.....	25	188,000	5,799	42,215,144	1,086	10,029,235	292	2,714,000	165	1,152,500
Insurance terminated during year by:										
Death.....	8,150	37,691,226	30,586	196,929,142	968	8,305,936	923	8,037,981	960	6,461,996
Maturity as endowment.....	351	1,594,096	19,086	57,949,694	2	2,000	0	0	1	10,000
Permanent total disability.....	937	5,189,970								
Lapse, expiry, and net changes.....	263	1,273,591	34,009	265,018,965	3,224	31,213,180	1,319	12,453,401	931	7,170,581
Cash surrender.....	1,544	6,240,054	14,637	67,513,999	805	6,259,225	236	1,882,977	667	4,597,771
Total terminated.....	11,245	51,988,937	98,318	587,411,800	4,999	45,780,341	2,478	22,374,359	2,559	18,240,348
In force at end of year.....	218,213	946,512,748	4,590,082	30,204,183,517	628,142	5,516,291,255	72,528	629,435,174	198,825	1,388,940,344
Selected year end items:										
In force on 5-year term plan.....	2,233	14,462,302	2,221,959	17,102,986,697	460,556	4,205,312,000	36,382	338,074,355		
In force on all other plans.....	215,980	932,050,446	2,368,123	13,101,196,820	167,586	1,310,979,255	36,146	291,360,819	198,825	1,388,940,344
In force with disability income rider.....	7,171	53,517,000	681,445	5,165,473,683	113,114	1,032,701,132			13,587	101,167,027
In force under disability premium waiver.....	123	750,500	92,931	632,617,646	2,543	21,564,000	14,101	130,115,355	736	5,051,000
Average amount per policy.....		4,338		6,580		8,782		8,679		6,986

Table 68.—Summary of insurance operations (Accrual Basis)

[In thousands throughout]

	U.S. Government life insurance		National service life insurance		Veterans special life insurance		Service-disabled veterans insurance		Veterans reopened insurance	
	Fiscal year 1968	Cumulative totals from origin January 1919 to June 30, 1968	Fiscal year 1968	Cumulative totals from origin October 1940 to June 30, 1968	Fiscal year 1968	Cumulative totals from origin April 1951 to June 30, 1968	Fiscal year 1968	Cumulative totals from origin April 1951 to June 30, 1968	Fiscal year 1968	Cumulative totals from origin May 1965 to June 30, 1968
INCOME										
Premiums.....	\$12,092	\$1,984,905	\$518,495	\$13,268,337	\$33,697	\$344,436	\$8,226	\$64,020	\$40,204	\$107,317
Policy proceeds left to be paid in installments.....	11,919	710,998	45,417	4,918,056	1,547	20,291	1,235	12,844	780	2,334
Dividends left on credit or deposit.....	1,090	37,681	22,016	761,057	—	—	—	—	—	—
Investment income.....	35,814	1,714,445	242,246	4,323,335	7,662	42,962	268	1,247	3,362	5,591
Extra hazard contributions from the U.S. Government.....	76	141,842	5,405	4,779,249	—	—	—	—	—	—
Total.....	60,991	4,589,871	833,579	28,050,034	42,906	407,689	9,729	78,111	44,346	115,242
DISPOSITION OF INCOME										
Death benefits.....	37,212	1,001,640	201,217	6,587,871	8,301	90,966	8,289	68,338	6,384	17,152
Matured endowments.....	1,457	486,037	53,187	220,780	2	9	0	9	10	20
Surrender benefits.....	4,559	281,363	40,708	380,962	1,704	7,658	453	3,047	687	880
Disability benefits.....	6,385	366,059	20,831	318,983	527	2,927	1,941	15,300	290	420
Payments from policy proceeds left to be paid in installments.....	27,029	779,377	160,242	5,991,939	1,469	15,318	1,030	8,254	543	1,015
Dividends withdrawn.....	1,765	31,074	31,713	600,531	—	—	—	—	—	—
Net deposits for policy reserves.....	—35,005	889,411	108,715	6,306,846	27,411	216,804	5,716	48,190	35,422	79,538
Reserve for dividends left on credit or deposit.....	—170	13,961	—1,167	238,764	—	—	—	—	—	—
Administrative costs.....	—	—	—	—	—	—	—	—	633	10,380
Total.....	43,232	3,848,922	615,446	20,646,676	39,414	333,682	17,429	143,138	43,969	109,405
Net gain (+) or loss (—) from operations before dividends and transfers.....	17,759	740,949	218,133	7,403,358	3,492	74,007	—7,700	—65,027	377	5,837
Dividends to policyholders.....	16,100	714,143	214,065	7,312,045	—	149,001	—	—	—	—
Transfers to U.S. Government.....	—	—	—	—	2,000	23,113	—	—	—	—
Gain (+) or loss (—) after dividends and transfers.....	1,659	26,806	4,068	91,313	1,492	1,893	—7,700	—65,027	377	5,837

¹ Special dividend authorized by legislation.

Table 69.—Insurance appropriations and other receipts versus expenditures cumulative through June 30, 1968

	U.S. Government life insurance fund	National service life insurance fund	Veterans reopened insurance fund	Veterans special life insurance fund	Service- disabled veterans insurance fund	Service- men's group life insurance fund
Appropriations and other receipts:						
Appropriations					\$4,250,000	
Receipts other than appropriations						
Total	\$4,060,257,065	\$23,628,400,045	\$118,375,542	\$407,588,496	93,078,105	\$459,602,035
Expenditures:						
Fiscal year 1968	94,509,559	722,157,224	8,540,402	14,011,961	11,712,743	229,532,406
Cumulative to June 30, 1968	3,096,050,013	16,681,641,988	29,971,279	178,500,433	90,813,214	459,601,479
Covered into U.S. Treasury				4,250,000		
Investments, loans and liens	959,274,235	6,957,590,173	88,819,962	228,093,670	7,614,147	
Balance	4,932,817	(10,832,116)	(415,699)	(3,255,607)	(1,099,256)	556

Table 70.—Incompetent and minor wards served by Guardianship Program

[At the end of each fiscal year, 1964-68]

Fiscal year	Total	Incompetent adults			Minors		
		Total	By type of fiduciary		Total	By type of fiduciary	
			State court appointed fiduciaries	Federal fiduciaries		State court appointed fiduciaries	Federal fiduciaries
1968	689,545	111,133	71,217	39,916	578,412	74,798	503,614
1967	647,805	109,203	72,074	37,129	538,602	77,860	460,742
1966	602,070	107,250	72,720	34,530	494,820	79,454	415,366
1965	567,287	103,754	72,359	31,395	463,533	83,740	379,793
1964	533,631	99,776	71,523	28,253	433,855	89,256	344,599

Table 71.—Analysis of cases disposed of by Board of Veterans Appeals fiscal year 1968

Claims involved	Cases				
	Total	Allowed	Denied	Remanded	With- drawn and dismissed
Total	24,857	3,308	17,954	3,481	114
Disability	19,383	2,403	14,270	2,622	88
Death	2,412	349	1,768	287	8
Insurance and indemnity	287	35	201	49	2
Education and training	306	41	227	34	4
Loan guaranty, waiver of indebtedness	1,540	342	793	398	7
Waivers and forfeitures	540	100	392	44	4
Medical treatment and reimbursement	389	38	303	47	1

Table 72.—Replacement and relocation hospital construction projects fiscal year 1968—completions and year end status

Location	Total number of beds and hospital type ¹	Estimated construction cost ²	Value of work in place	Percent complete ³	Date construction completed (C) ⁴ or contract awarded (A)
Total, 15 projects.....	11, 067	\$300, 091, 911	\$69, 195, 962	23	
A. Project completed ⁴ in fiscal year 1968, total, 1 project.....	1, 068	18, 508, 208	⁵ 18, 508, 208	100	
Florida: Miami.....	1, 068 Gen	18, 508, 208	(⁶)	100	October 1967 (C).
B. Projects under construction, ⁶ June 30, 1968, total, 5 projects.....	4, 028	90, 502, 503	50, 687, 754	56	
California: Long Beach (phase II).....	1, 126 Gen	17, 458, 300	16, 542, 764	95	December 1964 (A)
Illinois: Hines (phase I).....	1, 232 Gen	21, 488, 000	13, 848, 247	64	March 1966 (A).
Missouri: Columbia.....	472 Gen	14, 520, 000	1, 703, 813	12	June 1967 (A).
New York: Northport.....	480 Gen	16, 825, 000	1, 796, 852	11	June 1967 (A).
Puerto Rico: San Juan.....	718 Gen	20, 211, 203	16, 796, 078	83	June 1965 (A).
C. Projects authorized ⁷ not under construction June 30, 1968, total, 9 projects.....	5, 971	191, 081, 200	-----	-----	
California:					
Los Angeles (Hazard Park).....	1, 040 Gen	-----	-----	-----	
San Diego.....	811 Gen	-----	-----	-----	
San Francisco.....	540 Gen	-----	-----	-----	
Florida: Tampa.....	720 Gen	-----	-----	-----	
Illinois: Chicago (South Side).....	760 Gen	-----	-----	-----	
Kentucky: Lexington.....	370 Gen	-----	-----	-----	
New York: Stony Brook.....	720 Gen	-----	-----	-----	
Texas: San Antonio.....	760 Gen	-----	-----	-----	
Washington: Seattle.....	250 Gen	-----	-----	-----	

¹ Includes receiving and recovery beds.

² Based on construction issued or awarded, including contingencies.

³ Based on general construction only.

⁴ Major general construction contract completed. Minor construction and landscaping may remain to be accomplished.

⁵ Same as value of construction issued or awarded when project is financially complete.

⁶ Under construction when major general construction contract has been awarded.

⁷ Authorized when funds are appropriated for construction, technical services, or site acquisition.

NOTE.—Gen=General.

Table 73.—Modernization construction projects,¹ fiscal year 1968, completions and year end status

Location	Description	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract awarded (A)
Total.....	26 projects.....	\$107,128,444	\$11,260,047	11	
A. Projects completed, total.....	3 projects.....	4,698,585	² 4,698,585	100	
Illinois:					
Danville.....	Phase V Special activities building No. 104, alterations to building No. 60, connecting corridors, outside services.	2,548,661	(²)	100	July 1967 (C).
Downey.....	VA share of cost of consolidation of heating plants at Naval Training Center, Great Lakes.	1,004,596	(²)	100	September 1967 (C)
Maryland: Perry Point.....	Phase II: Additions and alterations to building No. 23H and temporary operating suite building No. 19H.	1,145,328	(²)	100	May 1968 (C).
B. Projects under construction, total.....	5 projects.....	10,286,039	6,561,462	64	
California:					
Palo Alto (Menlo Park).....	New dining hall and kitchen.....	851,600	0	0	June 1968 (A).
Maryland:					
Perry Point.....	New boiler plant.....	1,054,500	696,166	66	June 1967 (A).
Perry Point.....	Phase III: New special activities building, connecting corridors, and alterations to buildings Nos. 16H, 17H, and 19H.	4,792,000	3,379,313	71	June 1967 (A)
Massachusetts: Bedford.....	Phase VIII: Remodel buildings Nos. 2, 19, 70, and sewage treatment plant.	2,307,939	1,603,000	69	June 1966 (A).
Pennsylvania: Coatesville.....	Alterations to boiler house No. 14 and to outside electrical distribution system.	1,280,000	882,983	69	April 1967 (A).

C. Projects not under construction, total.....	18 projects.....	92, 143, 820	-----	-----
Alabama: Tuskegee.....	Air conditioning engineering shops, dietetics, and new research building.....	4, 601, 000	-----	-----
Arizona: Phoenix.....	328 bed addition.....	11, 214, 200	-----	-----
California: Palo Alto (Menlo Park).....	Phase III: Center core building.....	3, 808, 400	-----	-----
Florida: Bay Pines.....	Modernization.....	13, 300, 000	-----	-----
Illinois:				
Hines.....	Modernize buildings Nos. 1-2 and 9.....	12, 205, 000	-----	-----
Marion.....	Additions and alterations to buildings Nos. 1, 2, and alterations to buildings Nos. 14-16.....	2, 468, 000	-----	-----
Indiana: Indianapolis (GM).....	Air conditioning, clinic consolidation, 178 bed addition and additional research.....	12, 670, 000	-----	-----
Iowa: Des Moines.....	Phase III: New chapel, alterations to buildings Nos. 1-5, 9, 10, and 19.....	427, 800	-----	-----
Kentucky:				
Lexington.....	Modernize buildings Nos. 3 and 22.....	470, 700	-----	-----
Louisville.....	Air conditioning.....	2, 370, 000	-----	-----
Maryland: Perry Point.....	Phase IV: Alterations to buildings Nos. 9H, 11H, and 19H, and air conditioning.....	780, 000	-----	-----
Missouri: St. Louis.....	Modernization.....	3, 680, 000	-----	-----
Ohio: Chillicothe.....	Water treatment plant.....	358, 450	-----	-----
Oklahoma: Muskogee.....	Modernization and air conditioning.....	2, 016, 000	-----	-----
South Dakota: Fort Meade.....	Phase V: New PMR building, chapel, and alterations to building No. 146.....	1, 110, 000	-----	-----
Texas:				
Dallas.....	Modernization and expansion of facilities.....	9, 290, 000	-----	-----
Waco.....	Modernization.....	7, 630, 250	-----	-----
Vermont: White River Junction.....	Phase III: Modernization.....	3, 744, 020	-----	-----

¹ Projects included in table if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

Table 74.—Nursing home care units construction projects,¹ fiscal year 1968—completions and year end status

Location	Number of nursing home care beds	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract awarded (A)
Total, 32 projects	2, 121	\$5, 288, 989	\$3, 430, 257	65	
A. Projects completed, total, 26 projects	1, 653	3, 167, 189	² 3, 167, 189	100	
Alabama: Tuskegee	68	115, 750	(2)	100	December 1967 (C).
Arkansas: Little Rock (North Little Rock Division)	100	220, 184	(2)	100	December 1967 (C).
California: Palo Alto (Menlo Park Division)	50	93, 970	(2)	100	September 1967 (C)
Colorado: Ft. Lyon	37	52, 378	(2)	100	July 1967 (C).
Georgia: Augusta	40	66, 667	(2)	100	October 1967 (C).
Illinois: Danville	60	8, 877	(2)	100	June 1968 (C).
Indiana: Marion	69	89, 950	(2)	100	January 1968 (C).
Iowa: Knoxville	50	100, 691	(2)	100	September 1967 (C).
Kentucky: Lexington	51	106, 772	(2)	100	April 1968 (C).
Louisiana: Alexandria	15	24, 674	(2)	100	December 1967 (C).
Massachusetts: Bedford	88	156, 169	(2)	100	December 1967 (C).
Michigan: Battle Creek	65	228, 399	(2)	100	January 1968 (C).
Mississippi: Biloxi	71	140, 930	(2)	100	April 1968 (C).
Missouri: Jefferson Barracks	68	106, 853	(2)	100	August 1967 (C).

New York:					
Albany.....	30	88,726	(2)	100	October 1967 (C).
Canandaigua.....	47	98,500	(2)	100	January 1968 (C).
Castle Point.....	96	222,114	(2)	100	September 1967 (C).
Montrose.....	80	145,894	(2)	100	October 1967 (C).
Ohio:					
Brecksville.....	50	82,586	(2)	100	February 1968 (C).
Cincinnati (Ft. Thomas, Kentucky).....	133	365,406	(2)	100	December 1967 (C).
Oregon: Roseburg.....	45	83,491	(2)	100	January 1968 (C).
South Carolina: Columbia.....	72	87,457	(2)	100	May 1968 (C).
Tennessee: Murfreesboro.....	51	95,711	(2)	100	October 1967 (C).
Texas: Waco.....	84	161,200	(2)	100	March 1968 (C).
Washington: American Lake, Tacoma.....	80	140,279	(2)	100	December 1967 (C).
Wisconsin: Tomah.....	53	83,561	(2)	100	September 1967 (C).
B. Projects under construction, total, 2 projects.....	198	394,100	263,068	67	
C. Projects not under construction, total, 4 projects.....	270	1,727,700			
Project over \$300,000 (Florida: Miami), 1 project.....	120	1,300,000			
Projects \$300,000 or under, 3 projects.....	150	427,700			

¹ Projects included in table if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

³ Projects under \$300,000.

Table 75.—Research facilities construction projects,¹ fiscal year 1968—completions and year end status

Location	Type	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract awarded (A)
Total.....	34 projects.....	\$23,781,695	\$1,517,706	6	
A. Projects completed, total.....	9 projects.....	1,250,348	² 1,250,348	100	
Connecticut: West Haven.....	Convert building No. 2.....	46,750	(2)	100	January 1968 (C).
Massachusetts: West Roxbury.....	Additional space.....	12,789	(2)	100	September 1967 (C).
Michigan:					
Ann Arbor.....	Convert nurses' quarters.....	137,575	(2)	100	September 1967 (C).
Ann Arbor.....	Alterations to third and fourth floors.....	220,282	(2)	100	November 1967 (C).
Missouri: Kansas City.....	Correct deficiencies.....	7,043	(2)	100	December 1967 (C).
New Jersey:					
East Orange.....	Special laboratory.....	73,075	(2)	100	January 1968 (C).
East Orange.....	Additional space.....	146,994	(2)	100	January 1968 (C).
New York: Buffalo.....	Convert attendants' quarters.....	124,189	(2)	100	February 1968 (C).
Pennsylvania: Coatesville.....	Convert ward space.....	481,651	(2)	100	March 1968 (C).
B. Projects under construction, total.....	6 projects.....	3,522,600	267,358	8	
California: Palo Alto (Palo Alto).....	Addition.....	1,905,000	0	0	June 1968 (A).
Missouri: St. Louis.....	Addition to building No. 6.....	494,000	0	0	June 1968 (A).
New York:					
Bronx.....	Convert space.....	650,000	50,200	8	March 1968 (A).
New York.....	Convert attendants' quarters.....	300,900	55,600	19	April 1967 (A).
Projects \$300,000 or under, total.....	2 projects.....	172,700	160,558	93	

C. Projects not under construction, total.....	19 projects.....	19, 008, 747	-----	-----
Colorado: Denver.....	Addition.....	742, 800	-----	-----
District of Columbia: Washington.....	Addition.....	1, 507, 547	-----	-----
Illinois:				
Chicago (Research).....	Convert nurses' quarters.....	1, 104, 100	-----	-----
Chicago (West Side).....	Research wing.....	590, 000	-----	-----
Iowa: Iowa City.....	Alterations to building No. 1.....	479, 500	-----	-----
Massachusetts: Boston.....	Addition.....	1, 849, 000	-----	-----
Michigan: Ann Arbor.....	Addition.....	703, 000	-----	-----
Missouri: Kansas City.....	Addition.....	770, 000	-----	-----
New York: New York.....	Addition.....	1, 674, 000	-----	-----
Ohio:				
Cincinnati.....	Research wing.....	1, 170, 000	-----	-----
Cleveland.....	Addition.....	2, 208, 000	-----	-----
Oklahoma: Oklahoma City.....	Addition.....	1, 390, 000	-----	-----
Pennsylvania: Philadelphia.....	Addition.....	2, 942, 000	-----	-----
Wisconsin: Madison.....	Addition.....	1, 155, 000	-----	-----
Projects \$300,000 or under, total.....	5 projects.....	723, 800	-----	-----

¹ Projects included in table if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

Table 76.—Other improvement construction projects,¹ fiscal year 1968—completions and year end status

Location	Description	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract awarded (A)
L. AIR CONDITIONING—CONSTRUCTION PROJECTS					
Total.....	11 projects.....	\$32,069,157	\$12,450,591	39	
A. Projects completed, total.....	2 projects.....	6,840,617	* 6,840,617	100	
New York: Bronx.....		4,131,756	(?)	100	September 1967 (C).
Pennsylvania: Pittsburgh (Leech Farm Road).....		2,708,861	(?)	100	December 1967 (C).
B. Projects under construction, total.....	2 projects.....	9,602,000	5,609,974	58	
New York:					
Brooklyn.....		5,235,000	1,384,826	26	September 1967 (A).
New York.....		4,367,000	4,225,148	97	January 1965 (A).
C. Projects not under construction, total.....	7 projects.....	15,626,540			
Indiana: Fort Wayne.....		1,615,140			
Louisiana: New Orleans.....		133,600			
Missouri: Poplar Bluff.....		1,253,200			
New Jersey: East Orange.....		2,842,400			
North Carolina: Durham.....		2,263,100			
Pennsylvania:					
Coatesville.....		4,296,600			
Lebanon.....		3,222,500			
II. HEMODIALYSIS UNIT—CONSTRUCTION PROJECTS					
Total.....	21 projects.....	2,134,013	1,276,686	60	
A. Projects completed, total.....	8 projects.....	642,613	* 642,613	100	
Connecticut: West Haven.....		93,800	(?)	100	February 1968 (C).
Indiana: Indianapolis (10th Street Division).....		35,898	(?)	100	November 1967 (C).
Oregon: Portland.....		79,622	(?)	100	December 1967 (C).
Rhode Island: Providence.....		75,997	(?)	100	March 1968 (C).
Tennessee: Nashville.....		121,312	(?)	100	July 1967 (C).
Utah: Salt Lake City.....		83,879	(?)	100	November 1967 (C).
Washington: Seattle.....		77,987	(?)	100	November 1967 (C).
Wisconsin: Madison.....		74,118	(?)	100	April 1968 (C).

B. Projects under construction, total	9 projects.....	1, 031, 400	634, 073	61	
California: Los Angeles (Wadsworth)		141, 000	0	0	June 1968 (A).
Colorado: Denver		173, 600	98, 940	57	March 1968 (A).
Iowa: Iowa City		76, 000	50, 906	67	March 1968 (A).
Minnesota: Minneapolis		108, 700	26, 977	25	February 1968 (A).
Missouri: St. Louis		74, 400	56, 623	78	February 1968 (A).
New Mexico: Albuquerque		88, 700	87, 714	99	April 1967 (A).
New York:					
Albany		117, 500	99, 151	84	May 1967 (A).
New York		183, 000	155, 409	85	April 1967 (A).
Pennsylvania: Pittsburgh (University Dr.)		68, 500	58, 353	85	September 1967 (A).
C. Projects not under construction, total	4 projects.....	460, 000			
Illinois: Chicago (Research)		97, 700			
Louisiana: New Orleans		110, 000			
Michigan: Ann Arbor		86, 900			
New York: Bronx		165, 400			
III. INTENSIVE CARE UNIT—CONSTRUCTION PROJECTS					
Total		Beds			
64 projects.....	626	5, 745, 656	44, 637	1	
A. Project completed, total	1 project.....	10	39, 918	100	
Massachusetts: West Roxbury		10	39, 918	(2)	100 May 1968 (C).
B. Projects under construction, total	5 projects.....	52	598, 579	4, 719	1
Project over \$300,000 (Nebraska: Omaha) total	1 project.....	27	339, 700	0	0 June 1968 (A).
Projects \$300,000 or under, total	4 projects.....	25	258, 879	4, 719	2
California:					
Los Angeles (Wadsworth)		8	83, 300	0	0 June 1968 (A).
Los Angeles (Wadsworth)		6	62, 300	0	0 June 1968 (A).
Illinois: Chicago (Research)		4	34, 600	0	0 June 1968 (A).
Minnesota: Minneapolis		7	78, 679	4, 719	6 May 1968 (A).
C. Projects not under construction, total	58 projects.....	564	5, 107, 159		
Project over \$300,000 (Alabama: Birmingham), total	1 project.....	28	309, 600		
Projects \$300,000 or under, total	57 projects.....	536	4, 797, 559		

See footnotes at end of table.

Table 76.—Other improvement construction projects ¹—Continued

Location	Description	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract awarded (A)
IV. OTHER IMPROVEMENT CONSTRUCTION PROJECTS					
Total	108 projects.....	\$20,956,918	\$7,579,439	36	
A. Projects completed, total	32 projects.....	5,275,753	² 5,275,753	100	
Alabama:					
Birmingham.....	Frozen food storage.....	13,380	(²)	100	November 1967 (C).
Tuskegee.....	Replace collapsed ceiling.....	6,480	(²)	100	December 1967 (C).
California: Los Angeles (Domiciliary)	Alterations to canteen building No. 306.....	112,994	(²)	100	January 1968 (C).
Florida: Gainesville.....	Roof screen.....	142,361	(²)	100	November 1967 (C).
Georgia: Dublin.....	Improve electrical system.....	80,100	(²)	100	March 1968 (C).
Illinois:					
Chicago (Research).....	Central oxygen and vacuum system.....	64,952	(²)	100	November 1967 (C).
Chicago (Research).....	Eight automatic elevator controls.....	200,004	(²)	100	August 1967 (C).
Indiana: Indianapolis.....	Combine two existing operating rooms for open heart surgery.....	42,978	(²)	100	November 1967 (C).
Maryland: Fort Howard.....	canteen alterations.....	20,805	(²)	100	November 1967 (C).
Mississippi: Biloxi (Gulfport Division).....	Rehabilitate electrical distribution system.....	224,180	(²)	100	September 1967 (C).
Missouri:					
Kansas City.....	Convert elevators to automatic control.....	83,431	(²)	100	July 1967 (C).
St. Louis.....	Convert elevators to automatic control.....	146,252	(²)	100	September 1967 (C).
New York:					
Albany.....	Alterations to chapel.....	89,488	(²)	100	October 1967 (C).
Albany.....	Automatic elevator controls.....	209,134	(²)	100	July 1967 (C).
Buffalo.....	Automatic elevator controls.....	217,712	(²)	100	August 1967 (C).
Canandaigua.....	Improve water supply.....	120,532	(²)	100	June 1967 ³ (C).
New York.....	Automatic elevator controls.....	269,870	(²)	100	September 1967 (C).
Syracuse.....	Outpatient clinic consolidation and research expansion.....	2,319,500	(²)	100	July 1967 (C).
North Carolina: Durham.....	Alterations for stroke center.....	46,747	(²)	100	December 1967 (C).
North Dakota: Fargo.....	New engineering shops and alterations to building No. 3.....	89,356	(²)	100	December 1967 (C).
Ohio:					
Brecksville.....	Equipment and material storage warehouse.....	43,968	(²)	100	July 1967 (C).
Cincinnati.....	Emergency exit from surgery building No. 1.....	15,277	(²)	100	November 1967 (C).
Dayton.....	Demolish building No. 121.....	38,519	(²)	100	December 1967 (C).

Oregon: Roseburg	Expand laundry and linen facilities	35,924	(2)	100	October 1967 (C).
South Dakota: Fort Meade	Additional boiler	99,727	(2)	100	April 1968 (C).
Tennessee: Nashville	Incinerator	28,595	(2)	100	November 1967 (C).
Virginia:					
Hampton	New entrance road	92,820	(2)	100	April 1968 (C).
Richmond	Alterations to buildings Nos. 104-105 for pathology, and No. 106 for medical illustration.	104,801	(2)	100	March 1968 (C).
Wisconsin:					
Madison	Central tray and dishwashing facilities	92,253	(2)	100	November 1967 (C).
Madison	Expand pharmacy	69,347	(2)	100	March 1968 (C).
Tomah	Elevators for buildings Nos. 403 and 406	66,687	(2)	100	September 1967 (C).
Wood	Linear acceleration	87,579	(2)	100	March 1968 (C).
<hr/>					
B. Projects under construction, total	26 projects	5,093,055	2,303,686	45	
Projects over \$300,000, total	4 projects	2,828,000	1,730,833	61	
Florida: Lake City	Laundry	483,000	0	0	June 1968(A).
New Jersey: Somerville	Supply center for Post Office Department ⁴	354,000	0	0	June 1968 (A).
Philippine Island: Manila	Corregidor-Bataan Memorial ⁵	1,281,000	1,200,633	94	March 1967 (A).
Puerto Rico: San Juan	Laundry	710,000	530,200	75	March 1967 (A).
Projects \$300,000 or under, total	22 projects	2,265,055	572,853	25	
<hr/>					
C. Projects not under construction, total	50 projects	10,588,110			
Projects over \$300,000, total	7 projects	5,339,700			
California: San Fernando	Convert wards from TB to GM building No. 1	382,200			
Connecticut: West Haven	New exterior wall surface	2,164,600			
Louisiana: Alexandria	Sewage treatment plant	431,700			
Massachusetts: Boston	Improve electrical system	375,000			
Ohio: Chillicothe	Replace boiler plant	893,400			
Tennessee: Mountain Home	Replace boiler plant	790,400			
Texas: Houston	Water storage	302,400			
Projects \$300,000 or under, total	43 projects	5,248,410			

¹ Projects included in table if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

³ Project though completed in fiscal year 1967 was not reported until late in August 1967 (fiscal year 1968).

⁴ Funds furnished by the Post Office Department to alter VA warehouse space to provide a Post Office supply center.

⁵ Funds from special appropriation construction of Corregidor-Bataan Memorial.

Table 77.—*Estimated age of veterans in civil life, June 30, 1968*

[In thousands]

Age	Total veterans	War veterans							Service between Korean conflict and Viet- nam era only ⁵	
		Total ¹	Vietnam era ²		Korean conflict		World War II ⁴	World War I		Spanish- American War
			Total ³	No service in Korean conflict	Total ^{3 4}	No service in World War II				
All ages.....	26, 273	23, 134	2, 234	2, 075	5, 814	4, 567	14, 718	1, 766	8	3, 139
Under 20 years.....	24	24	24	24						118
20-24 years.....	1, 282	1, 164	1, 164	1, 164						1, 380
25-29 years.....	2, 193	813	812	812	1	1				1, 439
30-34 years.....	2, 382	943	76	68	875	875				184
35-39 years.....	3, 482	3, 298	31	6	3, 089	3, 007	285			14
40-44 years.....	4, 511	4, 497	53	1	1, 086	629	3, 867			4
45-49 years.....	4, 958	4, 954	40		424	39	4, 915			

50-54 years.....	3,082	3,082	22	201	13	3,069			
55-59 years.....	1,514	1,514	10	86	3	1,511			
60-64 years.....	752	752	2	35	(?)	752	(?)		
65-69 years.....	376	376	(?)	12	(?)	238	138		
70-74 years.....	1,066	1,066		4		68	998		
75-79 years.....	531	531		1		10	521		
80-84 years.....	105	105		(?)		2	102	1	
85 years and over.....	15	15				1	7	7	
Average age ⁶ years.....	44.2	46.2	25.7	24.3	39.0	36.9	48.8	73.8	89.5
									29.7

¹ Veterans who served in both World War II and the Korean conflict, and in both the Korean conflict and the Vietnam era are counted once. Includes 2 Indian Wars veterans (average age 98.5 years).

² Service after August 4, 1964.

³ Includes 159,000 who served in both the Korean conflict and the Vietnam era.

⁴ Includes 1,247,000 veterans who served in both World War II and the Korean conflict.

⁵ Includes former members of the Armed Forces whose only service was on active duty between January 31, 1955 and August 5, 1964.

⁶ Computed from data in 1-year age groups.

⁷ Less than 500.

Table 78.—*Estimated number of veterans in civil life, by State, June 30, 1968*

[In thousands]

State	Total veterans	War veterans								Service between Korean conflict and Viet- nam era only ⁵
		Total ¹	Vietnam era ²		Korean conflict		World War II ⁴	World War I	Spanish- American War	
			Total ³	No service in Korean conflict	Total ^{3 4}	No service in World War II				
Total.....	26, 273	23, 134	2, 234	2, 075	5, 814	4, 567	14, 718	1, 766	8	3, 139
State total.....	26, 093	22, 991	2, 209	2, 051	5, 762	4, 524	14, 662	1, 747	7	3, 102
Alabama.....	387	337	36	33	91	70	210	24	(?)	50
Alaska.....	28	24	3	3	7	5	15	1	(?)	4
Arizona.....	217	192	18	17	51	38	123	14	(?)	25
Arkansas.....	206	182	17	16	37	28	118	20	(?)	24
California.....	2, 812	2, 491	237	215	708	509	1, 598	168	1	321
Colorado.....	274	240	24	22	64	48	152	18	(?)	34
Connecticut.....	415	371	32	29	95	75	242	25	(?)	44
Delaware.....	70	62	6	6	17	13	40	3	(?)	8
District of Columbia.....	117	104	10	9	32	22	63	10	(?)	13
Florida.....	884	788	70	64	198	141	501	81	1	96
Georgia.....	456	400	40	37	103	79	258	26	(?)	56
Hawaii.....	61	50	8	7	16	12	29	2	(?)	11
Idaho.....	93	79	9	9	18	14	49	7	(?)	14
Illinois.....	1, 507	1, 336	122	114	320	264	854	103	1	171
Indiana.....	665	580	60	56	146	121	358	45	(?)	85
Iowa.....	262	317	32	30	77	65	190	32	(?)	45
Kansas.....	286	254	23	21	62	48	162	23	(?)	32
Kentucky.....	370	321	34	32	77	62	200	27	(?)	49
Louisiana.....	406	354	36	34	86	67	228	25	(?)	52
Maine.....	135	116	13	12	28	22	71	11	(?)	19
Maryland.....	493	438	40	37	118	89	286	26	(?)	55
Massachusetts.....	794	708	62	57	174	136	457	58	(?)	86
Michigan.....	1, 112	969	100	95	238	200	606	68	(?)	143
Minnesota.....	495	428	47	44	108	89	255	40	(?)	67
Mississippi.....	211	187	16	15	44	33	122	17	(?)	24
Missouri.....	615	543	52	48	135	107	338	50	(?)	72
Montana.....	93	81	8	7	19	15	52	7	(?)	12
Nebraska.....	178	155	16	15	40	33	93	14	(?)	23

Nevada.....	62	55	6	6	16	11	36	3	(?)	7
New Hampshire.....	98	86	9	8	22	17	54	7	(?)	12
New Jersey.....	1,010	904	76	70	218	177	595	62	(?)	106
New Mexico.....	131	113	13	12	31	24	71	6	(?)	18
New York.....	2,465	2,203	186	174	514	428	1,435	165	(?) 1	262
North Carolina.....	512	450	43	40	115	93	288	29	(?)	62
North Dakota.....	70	58	8	8	15	13	32	5	(?)	12
Ohio.....	1,456	1,280	125	117	310	256	820	86	(?) 1	176
Oklahoma.....	323	283	28	26	71	52	178	27	(?)	40
Oregon.....	293	256	27	25	57	43	164	24	(?)	37
Pennsylvania.....	1,708	1,506	142	133	347	280	985	107	(?) 1	202
Rhode Island.....	126	113	9	8	28	21	75	9	(?)	13
South Carolina.....	252	220	22	21	57	44	140	15	(?)	32
South Dakota.....	83	72	7	7	19	16	41	8	(?)	11
Tennessee.....	460	402	41	38	100	80	254	30	(?)	58
Texas.....	1,304	1,150	110	102	287	219	748	80	(?) 1	154
Utah.....	124	108	12	11	30	24	66	7	(?)	16
Vermont.....	53	45	5	5	12	9	27	4	(?)	8
Virginia.....	522	461	44	39	126	92	301	29	(?)	61
Washington.....	446	390	40	37	102	74	245	34	(?)	56
West Virginia.....	247	208	26	25	47	38	128	17	(?)	39
Wisconsin.....	555	476	55	52	118	99	281	44	(?)	79
Wyoming.....	51	45	4	4	11	9	28	4	(?)	6
Outside United States—total ⁶	180	143	25	24	52	43	56	19	1	37

NOTE: These estimates with the exception of the Spanish-American War, which are derived from VA operating statistics, are based on State "benchmark" veteran population statistics as of June 30, 1960, developed from 1960 Census of Population data on veterans' place of residence, extended to June 30, 1968 on the basis of (1) 1955-60 veteran interstate migration statistics from the 1960 Census; (2) Bureau of the Census estimates of 1960-67 (provisional for 1966-67) net civilian migration of the States: "Current Population Reports," Series P-25, No. 580, November 24, 1967; and (3) special unpublished Bureau of the Census data on mobility of the male veteran population, 1966-67, and mobility of the United States population 1966-67, "Current Population Reports," Series P-20, No. 171. These State veteran population estimates are consistent with the benchmark statistics for June 30, 1960 and all dates since June 30, 1964. They are independent of, and therefore not directly comparable with estimates for December 31, 1960 through December 31, 1963. (War veteran benchmark estimates for each State have been published in *Research Monograph 7*, "County Veteran Population—June 30, 1960" Research Statistics Service, Office of Controller, Veterans Administration.)

¹ Veterans who served in both World War II and the Korean conflict, and in both the Korean conflict and the Vietnam era are counted once. Includes 2 Indian Wars veterans.

² Service after August 4, 1964.

³ Includes 159,000 veterans who served in both the Korean conflict and the Vietnam era.

⁴ Includes 1,247,000 veterans who served in both World War II and the Korean conflict.

⁵ Includes former members of the Armed Forces whose only service was on active duty between January 31, 1955 and August 5, 1964.

⁶ Includes Commonwealth of Puerto Rico, United States possessions and outlying areas, and foreign countries.

⁷ Less than 500.

Table 79.—*Estimated number of veterans in civil life, by regional office, June 30, 1968*

[In thousands]

Regional Office	Total veterans	War veterans								Service between Korean conflict and Viet- nam era only ¹
		Total ¹	Vietnam era ²		Korean conflict		World War II ⁴	World War I	Spanish- American War	
			Total ³	No service in Korean conflict	Total ^{3 4}	No service in World War II				
Total.....	26,273	23,134	2,234	2,075	5,814	4,567	14,718	1,766	8	3,139
Alabama: Montgomery.....	387	337	36	33	91	70	210	24	(7)	50
Alaska: Juneau.....	28	24	3	3	7	5	15	1	(7)	4
Arizona: Phoenix.....	217	192	18	17	51	38	123	14	(7)	25
Arkansas: Little Rock.....	210	186	17	16	38	29	121	20	(7)	24
California:										
Los Angeles.....	1,755	1,561	144	130	453	325	1,003	102	1	194
San Francisco.....	1,083	953	96	87	262	189	610	67	(7)	130
Colorado: Denver.....	274	240	24	22	64	48	152	18	(7)	34
Connecticut: Hartford.....	415	371	32	29	95	75	242	25	(7)	44
Delaware: Wilmington.....	70	62	6	6	17	13	40	3	(7)	8
District of Columbia: Washington.....	366	327	29	26	96	65	216	20	(7)	39
Florida: St. Petersburg.....	884	788	70	64	198	141	501	81	1	96
Georgia: Atlanta.....	456	400	40	37	103	79	258	26	(7)	56
Hawaii: Honolulu.....	61	50	8	7	16	12	29	2	(7)	11
Idaho: Boise.....	93	79	9	9	18	14	49	7	(7)	14
Illinois: Chicago.....	1,607	1,424	131	122	342	283	910	108	1	183
Indiana: Indianapolis.....	565	492	51	48	124	102	302	40	(7)	73
Iowa: Des Moines.....	362	317	32	30	77	65	190	32	(7)	45
Kansas: Wichita.....	286	254	23	21	62	48	162	23	(7)	32
Kentucky: Louisville.....	370	321	34	32	77	62	200	27	(7)	49
Louisiana: New Orleans.....	406	354	36	34	86	67	228	25	(7)	52
Maine: Togus.....	135	116	13	12	28	22	71	11	(7)	19
Maryland: Baltimore.....	342	303	28	26	81	64	193	20	(7)	39
Massachusetts: Boston.....	719	641	57	52	159	124	413	52	(7)	78
Michigan: Detroit.....	1,112	969	100	95	238	200	606	68	(7)	143
Minnesota: St. Paul.....	463	401	44	41	102	84	239	37	(7)	62
Mississippi: Jackson.....	211	187	16	15	44	33	122	17	(7)	24
Missouri: St. Louis.....	615	543	52	48	135	107	338	50	(7)	72
Montana: Fort Harrison.....	93	81	8	7	19	15	52	7	(7)	12
Nebraska: Lincoln.....	178	155	16	15	40	33	93	14	(7)	23
Nevada: Reno.....	36	32	3	3	9	6	21	2	(7)	4
New Hampshire: Manchester.....	98	86	9	8	22	17	54	7	(7)	12
New Jersey: Newark.....	1,010	904	76	70	218	177	595	62	(7)	106
New Mexico: Albuquerque.....	131	113	13	12	31	24	71	6	(7)	18

New York:											
Buffalo.....	625	555	50	46	137	112	356	41	(7)		70
New York.....	1,840	1,648	136	128	377	316	1,079	124		1	192
North Carolina: Winston-Salem.....	512	450	43	40	115	93	288	29	(7)		62
North Dakota: Fargo.....	102	85	11	11	21	18	48	8	(7)		17
Ohio: Cleveland.....	1,456	1,280	125	117	310	256	820	86		1	176
Oklahoma: Muskogee.....	323	283	23	26	71	52	178	27	(7)		40
Oregon: Portland.....	293	256	27	25	57	43	164	24	(7)		37
Pennsylvania:											
Philadelphia.....	1,077	949	90	85	221	177	617	69		1	128
Pittsburgh.....	659	581	55	51	131	107	383	40	(7)		78
Puerto Rico: San Juan.....	140	107	23	22	47	41	37	7	(7)		33
Rhode Island: Providence.....	201	180	14	13	43	33	119	15	(7)		21
South Carolina: Columbia.....	252	220	22	21	57	44	140	15	(7)		32
South Dakota: Sioux Falls.....	85	72	7	7	19	16	41	8	(7)		11
Tennessee: Nashville.....	460	402	41	38	100	80	254	30	(7)		58
Texas:											
Houston.....	570	503	48	44	129	98	327	34	(7)		67
Waco.....	730	643	62	58	157	120	418	46		1	87
Utah: Salt Lake City.....	124	108	12	11	30	24	66	7	(7)		16
Vermont: White River Junction.....	53	45	5	5	12	9	27	4	(7)		8
Virginia: Roanoke.....	424	373	37	33	99	74	241	25	(7)		51
Washington: Seattle.....	446	390	40	37	102	74	245	34	(7)		56
West Virginia: Huntington.....	219	184	23	22	42	34	113	15	(7)		35
Wisconsin: Milwaukee.....	555	476	56	52	118	99	281	44	(7)		79
Wyoming: Cheyenne.....	51	45	4	4	11	9	28	4	(7)		6
Philippines: Manila.....	20	19	(7)	(7)	2	1	13	4		1	1
All Other ⁶	20	17	2	2	3	1	6	8	(7)		3

NOTE: For all regional offices whose jurisdiction includes only part of a State or extends into another State, the estimates of veterans (for all periods of service other than the Spanish-American War) are computed by applying the most recent veteran population ratio factors for the counties or urban places involved. Refer to general note below table "Estimated number of veterans in civil life, by State."

¹ through ⁵ refer to footnotes ¹ through ⁵ at end of table "Estimated number of veterans in civil life, by State."

⁶ Outside Regional Office Areas.

⁷ Less than 500.

Table 80.—Full- and part-time VA employees, by organization

[June 30, 1968]

	Total	Departmental	Field
Total.....	¹ 175,668	3,639	172,029
Staff offices.....	2,149	1,906	243
Department of Veterans Benefits.....	16,798	531	16,267
Department of Data Management.....	1,505	356	1,149
Department of Medicine and Surgery.....	² 155,216	846	154,370

¹ Excludes 58,689 "without compensation" employees and about 8,450 intermittent employees (consultants and attendings) not working during the month of June.

² Includes 35,232 employees under 38 U.S.C., chs. 3 and 73.

Table 81.—Full- and part-time VA employees, by type of installation

[June 30, 1968]

Type of installation	Number	Type of installation	Number
Total.....	175,668	Foreign, Manila, Philippines.....	318
		Regional offices (separate).....	11,990
Departmental; Central Office, Wash- ington, D.C.....	3,639	Hospitals (separate).....	127,642
		Outpatient clinics (separate).....	1,401
Field.....	172,029	Regional offices with insurance activ- ities.....	2,373
		Regional office and hospital centers.....	6,858
Miscellaneous activities.....	¹ 581	Domiciliary and hospital centers.....	18,664
Data processing centers.....	1,044	Domiciliary (separate).....	238
Veterans Benefits Office, Wash- ington, D.C.....	433	Supply depots.....	487

¹ Includes information, Canal Zone, European, and veterans canteen service field offices; prosthetics center and records processing center.

Table 82.—Full- and part-time VA employees, by pay system

[June 30, 1968]

Pay system	Number	Pay system	Number
Total	175,668	Canteen	3,266
General Schedule	97,394	Purchase and hire	202
Title 38, U.S.C., chs. 3 and 73	35,232	Nationals (Manila and Rome)	281
Wage Administration	36,164	Other	¹ 3,129

¹ Includes 2,964 temporary employees under Youth Opportunity Campaign program.**Table 83.—Full- and part-time VA employees, by employment category**

[June 30, 1968]

Employment category	Number
Total	175,668
Competitive civil service	131,410
Excepted service	44,258
Title 38, U.S.C., chs. 3 and 73	35,170
Canteen	3,266
Other	¹ 5,822

¹ Includes employees under Youth Opportunity Campaign program; nationals (Manila and Rome); purchase and hire employees; chaplains; attorneys; transitional appointments of Vietnam era veterans, and others.

Table 84.—Appropriations and

[Cumulative through

Title of appropriation and fund	Appropriations and other receipts		
	Total	Appropriation	Other receipts
Grand total.....	\$193,655,870,579.39	\$155,285,929,959.85	\$38,369,940,619.54
General and special fund appropriations, total.	157,288,147,841.85	151,569,549,036.73	5,718,598,805.12
Administrative and other benefits, total.	26,522,691,611.07	26,366,636,853.21	156,054,757.86
General operating expenses, 1968.....	190,275,032.93	189,182,475.00	1,092,557.93
General operating expenses, 1967.....	184,700,486.82	182,199,628.00	2,500,858.82
General operating expenses, 1966.....	167,505,379.17	162,227,334.00	5,278,045.17
General operating expenses, prior years.....	486,028.63	484,548.45	1,480.18
General operating expenses, 1954-65.....	2,000,745,082.25	1,995,351,183.45	5,393,898.80
Medical administration and miscellaneous operating expenses, 1968.....	13,985,663.00	13,975,000.00	10,663.00
Medical administration and miscellaneous operating expenses, 1967.....	14,327,270.85	14,312,000.00	15,270.85
Medical administration and miscellaneous operating expenses, 1966.....	13,517,638.14	13,496,000.00	21,638.14
Medical administration and miscellaneous operating expenses, prior years.....	195,730.91	195,619.91	111.00
Medical administration and miscellaneous operating expenses, 1954-65.....	262,762,780.41	262,556,430.00	206,350.41
Medical administration and miscellaneous operating expenses, prosthetic research.....	5,000,172.00	5,000,000.00	172.00
Medical care, 1968.....	1,369,327,437.04	1,361,591,920.00	7,735,517.04
Medical care, 1967.....	1,302,096,042.89	1,292,875,000.00	9,221,042.89
Medical care, 1966.....	1,217,140,427.72	1,209,406,614.00	7,733,813.72
Medical care, prior years.....	3,656,870.85	1,250,268.32	2,406,602.53
Medical care, 1962-65.....	4,307,112,291.13	4,283,532,338.00	23,579,953.13
Medical and prosthetic research.....	233,886,521.92	233,026,000.00	860,521.92
Medical and prosthetic research, 1966.....	365,000.00	365,000.00	-----
Outpatient care, 1954-61.....	682,883,670.94	680,918,322.00	1,965,348.94
Maintenance and operation of supply depots, prior year.....	13,159.98	13,159.98	-----
Maintenance and operation of supply depots, 1954-61.....	16,706,184.74	15,615,393.00	1,090,791.74
Inpatient care, 1955-61.....	5,120,985,666.69	5,080,090,061.06	40,895,605.63
Maintenance and operation of hospitals, 1954.....	555,923,901.53	548,000,000.00	7,923,901.53
Contract hospitalization, 1954.....	20,645,838.67	20,583,100.00	62,738.67
Maintenance and operation of domiciliary facilities, 1954.....	24,272,839.66	24,248,200.00	24,639.66
Administrative, medical, hospital, and domiciliary services, 1952-53.....	1,774,039,443.77	1,758,720,522.00	15,318,921.77
Salaries and expenses, 1918-51.....	6,947,064,750.16	6,924,344,437.77	22,720,312.39
Administrative facilities.....	3,100,000.00	3,100,000.00	-----
Emergency fund for the president, national defense (allotment to the Veterans Administration) 1942-47.....	7,174,000.00	7,174,000.00	-----
Increase of compensation, 1920-24.....	12,584,784.00	12,584,784.00	-----
Printing and binding, 1924-49.....	24,416,787.72	24,416,787.72	-----
Administrative expenses adjusted compensation, 1924-25.....	1,188,500.00	1,188,500.00	-----
Administrative expenses, Adjusted Compensation Payment Act, 1936-37.....	5,500,000.00	5,500,000.00	-----
Penalty mail, 1945-48.....	9,415,875.00	9,415,875.00	-----
Federal tort claims, 1945-48.....	56,500.00	56,500.00	-----
Grants to the Republic of the Philippines.....	500,000.00	500,000.00	-----
Grants to the Republic of the Philippines, 1968.....	1,325,000.00	1,325,000.00	-----
Grants to the Republic of the Philippines, 1967.....	636,000.00	636,000.00	-----
Grants to the Republic of the Philippines, 1966.....	386,000.00	386,000.00	-----
Grants to the Republic of the Philippines, prior years.....	416.00	416.00	-----
Grants to the Republic of the Philippines, 1950-65.....	26,786,435.55	26,786,435.55	-----
Medical and hospital services 1921-31 and prior years.....	489,082,088.12	488,184,592.00	897,496.12
Maintenance and expense for pensions, total.....	153,161,969.75	153,161,969.75	-----
Maintenance and expenses, Bureau of Pensions, 1931.....	1,839,241.59	1,839,241.59	-----

See footnote at end of table.

other receipts versus expenditures

June 30, 1968]

Expenditures		Obligated balances transferred to prior year appropriations	Covered into U.S. Treasury or restored	Investments, loans, and liens	Balance
Fiscal year 1968	Cumulative through June 30, 1968				
\$8,552,577,453.34	\$182,573,521,367.21	\$1,495,810.25	\$1,054,827,440.33	\$8,229,325,208.68	\$1,796,700,752.92
7,290,881,513.68	² 154,603,386,540.78	1,350,843.56	996,775,492.19	*43,649,218.41	1,730,284,183.73
1,621,356,205.83	26,033,030,533.13	1,326,543.56	375,190,334.90	-----	113,144,199.48
178,401,928.45	178,401,928.45	-----	339,797.10	-----	11,533,307.38
11,205,192.26	181,331,382.96	-----	3,240,325.73	-----	128,778.13
23,967.12	165,969,203.57	5,130.44	1,531,045.16	-----	-----
9,743.55	826,438.58	-----	(349,811.77)	-----	9,401.82
11,890,507.55	1,977,222,210.61	431,716.06	23,091,146.58	-----	1,955,596.41
858,440.36	11,890,507.55	-----	139,559.04	-----	14,696.11
12,495.28	14,043,305.12	-----	269,269.62	-----	-----
194.75	13,020,783.45	380.48	496,474.21	-----	-----
-----	138,256.38	-----	52,937.53	-----	4,537.00
550.52	256,223,831.41	134,551.11	6,404,397.80	-----	-----
1,279,147,792.53	5,000,172.00	-----	-----	-----	-----
88,347,604.96	1,279,147,792.53	-----	2,931,793.49	-----	87,247,851.02
4,265,981.49	1,293,174,158.20	-----	6,906,760.90	-----	2,015,123.79
539,535.48	1,211,380,118.94	152,532.81	5,607,775.97	-----	-----
45,342,579.31	273,873.97	496,363.60	3,382,996.88	-----	-----
-----	4,295,627,023.33	-----	10,988,904.20	-----	9,745,911.64
-----	224,140,610.28	-----	-----	-----	-----
-----	³ 365,000.00	-----	-----	-----	-----
-----	674,138,777.81	89,993.51	8,654,899.62	-----	-----
-----	1,139.56	-----	12,020.42	-----	-----
-----	16,361,996.02	2.58	344,186.14	-----	-----
-----	5,109,593,609.53	15,456.97	11,376,600.19	-----	-----
-----	551,438,478.11	-----	4,485,423.42	-----	-----
-----	18,517,676.84	-----	2,128,161.83	-----	-----
-----	24,174,557.15	-----	98,282.51	-----	-----
-----	1,757,924,275.14	-----	10,115,108.63	-----	-----
-----	6,714,123,605.66	-----	232,941,144.50	-----	-----
-----	1,789,851.29	-----	1,310,148.71	-----	-----
-----	358,853.51	-----	6,815,146.49	-----	-----
-----	8,697,319.47	-----	3,887,464.53	-----	-----
-----	16,946,477.61	-----	7,470,310.11	-----	-----
-----	835,061.82	-----	353,438.18	-----	-----
-----	3,695,714.33	-----	1,804,285.67	-----	-----
-----	7,906,405.31	-----	1,509,469.69	-----	-----
-----	46,967.51	-----	9,532.49	-----	-----
160,503.70	160,503.70	-----	-----	-----	339,496.30
1,135,985.28	1,135,985.28	-----	39,813.84	-----	149,200.88
13,203.24	408,141.13	-----	227,748.37	-----	110.50
-----	347,749.61	188.50	38,061.89	-----	-----
-----	-----	-----	227.50	-----	188.50
-----	16,250,780.41	227.50	10,535,427.64	-----	-----
-----	426,586,208.90	-----	62,495,879.22	-----	-----
-----	153,103,707.16	-----	58,262.59	-----	-----
-----	1,781,635.70	-----	57,605.89	-----	-----

Table 84.—Appropriations and other

[Cumulative through

Title of appropriation and fund	Appropriations and other receipts		
	Total	Appropriation	Other receipts
Salaries and expenses employees retirement, 1931.	110,000.00	110,000.00	-----
Maintenance and expenses, Bureau of Pensions, 1790-1931.	151,212,728.16	151,212,728.16	-----
National home for disabled volunteer soldiers, total.	251,582,065.07	251,582,065.07	-----
National home for disabled volunteer soldiers, 1931.	1,269,181.23	1,269,181.23	-----
National home for disabled volunteer soldiers, 1867-1931.	250,312,883.84	250,312,883.84	-----
State and territorial homes, total.	38,584,437.43	38,584,437.43	-----
State and territorial homes for disabled soldiers and sailors, 1931-33.	1,728,317.03	1,728,317.03	-----
State and territorial homes for disabled soldiers and sailors, 1867-1931.	36,856,120.40	36,856,120.40	-----
Operation of canteens—appropriated fund.	4,965,000.00	4,965,000.00	-----
Hospital and domiciliary facilities (construction), total.	1,985,468,775.86	1,984,732,253.00	736,522.86
Construction of hospital and domiciliary facilities.	812,646,785.70	812,082,485.15	564,300.55
Grants for construction of state nursing homes, 1968-70.	4,000,000.00	4,000,000.00	-----
Grants for construction of state nursing homes, 1967-69.	4,000,000.00	4,000,000.00	-----
Grants for construction of state nursing homes, 1966-68.	2,500,000.00	2,500,000.00	-----
Hospital and domiciliary facilities.	1,057,813,425.67	1,057,652,945.64	160,480.03
Hospital and domiciliary facilities, liquidation of contract authorization.	21,185,664.00	21,185,664.00	-----
Hospital facilities and services, 1924-29.	18,850,000.00	18,850,000.00	-----
Hospital facilities and services, no year.	38,000,000.00	38,000,000.00	-----
Grants to the Republic of the Philippines for construction and equipping of hospitals.	9,400,000.00	9,400,000.00	-----
Major alterations, improvements and repairs.	17,072,900.49	17,061,158.21	11,742.28
Construction, Corregidor-Bataan Memorial, total.	1,524,300.00	1,524,300.00	-----
Construction, Corregidor-Bataan Memorial.	1,400,000.00	1,400,000.00	-----
Construction, Corregidor-Bataan Memorial, 1965.	100,000.00	100,000.00	-----
Construction, Corregidor-Bataan Memorial, prior years.	24,300.00	24,300.00	-----
National Industrial Recovery Act of 1933 (allotment to Veterans Administration), 1933-39.	3,041,650.00	3,041,650.00	-----
Public Works Administration Act of 1938 (allotment to Veterans Administration), 1938-43.	13,268,200.00	13,268,200.00	-----
Compensation and pensions, total.	86,603,121,577.15	86,600,475,108.43	2,646,468.72
Compensation and pensions, no year.	69,770,248,468.72	69,767,602,000.00	2,646,468.72
Military and naval compensation, no year, 1933 and prior years.	2,545,634,895.55	2,545,634,895.55	-----
Army and Navy pensions, 1933-45 and prior years.	5,415,211,301.00	5,415,211,301.00	-----
Army and Navy pensions, 1931-33.	702,225,000.00	702,225,000.00	-----
Army and Navy pensions, 1790-1931 (Bureau of Pensions).	8,169,801,911.88	8,169,801,911.88	-----
Veterans miscellaneous benefits.	419,514,107.74	419,514,107.74	-----
Automobiles and other conveyances for disabled veterans, total.	73,134,058.57	73,134,058.57	-----
Automobiles and other conveyances for disabled veterans.	30,343,858.57	30,343,858.57	-----
Automobiles and other conveyances for disabled veterans, 1947-51.	42,675,000.00	42,675,000.00	-----

See footnote at end of table

receipts versus expenditures—Continued

June 30, 1968]

Expenditures		Obligated balances transferred to prior year appropriations	Covered into U.S. Treasury or restored	Investments, loans, and liens	Balance
Fiscal year 1968	Cumulative through June 30, 1968				
	109, 343. 30		656. 70		
	151, 212, 728. 16				
	251, 411, 623. 26		170, 441. 81		
	1, 098, 739. 42		170, 441. 81		
	250, 312, 883. 84				
	38, 549, 236. 59		35, 200. 84		
	1, 693, 116. 19		35, 200. 84		
	36, 856, 120. 40				
49, 883, 217. 09	4, 965, 000. 00 1, 723, 424, 206. 05		50, 459, 423. 02		211, 585, 146. 79
47, 993, 173. 12	609, 593, 639. 61				203, 053, 146. 09
					4, 000, 000. 00
647, 052. 09	647, 052. 09				3, 352, 947. 91
1, 242, 991. 88	1, 320, 463. 00		484. 21		1, 179, 052. 79
	1, 007, 754, 478. 78		50, 058, 946. 89		
	21, 185, 664. 00				
	18, 458, 516. 02		391, 483. 98		
	37, 991, 530. 61		8, 469. 39		
	9, 399, 961. 45		38. 55		
	17, 072, 900. 49				
519, 956. 67	605, 024. 10	24, 300. 00	3, 626. 00		891, 349. 90
495, 956. 67	508, 650. 10 72, 374. 00	24, 300. 00	3, 326. 00		891, 349. 90
24, 000. 00	24, 000. 00		300. 00		
	3, 018, 704. 79		22, 945. 21		
	13, 198, 826. 79		69, 373. 21		
4, 611, 180, 743. 07	86, 463, 774, 894. 02		123, 453, 659. 82		15, 893, 023. 31
4, 611, 180, 743. 07	69, 754, 355, 445. 41				15, 893, 023. 31
	2, 523, 280, 612. 08		22, 354, 283. 47		
	5, 314, 890, 675. 24		100, 320, 625. 76		
	701, 446, 249. 41		778, 750. 59		
	8, 169, 801, 911. 88				
	419, 514, 107. 74				
	72, 350, 316. 41		783, 742. 16		
	30, 343, 858. 57				
	41, 998, 489. 46		676, 510. 54		

Table 84.—Appropriations and other

[Cumulative through

Title of appropriation and fund	Appropriations and other receipts		
	Total	Appropriation	Other receipts
Automobiles and other conveyances for disabled veterans, prior years.....	115,200 00	115,200.00	-----
Vocational rehabilitation revolving fund.....	2,000,000 00	2,000,000.00	-----
Readjustment benefits.....	25,043,724,403.69	25,043,724,403.69	-----
Refund of repayment of subsistence allowances.....	30,000 00	30,000.00	-----
Direct loans to veterans and reserves.....	3,976,570,963.37	1,730,077,996.00	2,246,492,967.37
Loan guaranty revolving fund.....	2,787,340,189.14	665,000.00	2,786,675,189.14
Veterans insurance and indemnities.....	312,640,476.73	306,052,035.79	6,588,440.94
Military and naval insurance, total.....	2,398,244,842.29	1,942,331,875.49	455,912,966.80
Military and naval insurance, no year.....	563,006,707.84	107,093,771.04	455,912,936.80
Military and naval insurance, 1923-45 and prior years.....	1,835,238,134.45	1,835,238,104.45	30.00
National service life insurance appropriation, total.....	4,862,367,024.01	4,855,597,948.74	6,769,075.27
National service life insurance appropriation, no year.....	4,612,367,024.01	4,605,597,948.74	6,769,075.27
National service life insurance appropriation, 1943-44.....	250,000,000 00	250,000,000 00	-----
Servicemen's indemnities.....	172,623,144.43	172,623,144.43	-----
Payment to veterans special term insurance fund.....	250,000.00	250,000.00	-----
Payment to service-disabled veterans insurance fund.....	250,000 00	250,000.00	-----
Rental, maintenance, and repair of quarters.....	1,568,682.34	-----	1,568,682.34
Soldiers' and sailors' civil relief.....	3,528,000 00	3,528,000 00	-----
Adjusted service and dependent pay.....	55,736,398 00	55,736,398 00	-----
Loans to veterans for transportation.....	100,000.00	100,000.00	-----
Vocational rehabilitation (World War I), total.....	708,705,665.42	707,860,370.80	845,294.62
Vocational rehabilitation, 1920-July 2, 1928.....	700,205,637.12	699,360,370.80	845,266.32
Vocational rehabilitation, no year.....	8,000,028.30	8,000,000.00	28.30
Vocational rehabilitation revolving fund (World War I).....	500,000.00	500,000.00	-----
Military and naval family allowance.....	298,614,990.00	298,614,990.00	-----
Marine and seamen's insurance.....	103,148,319.94	50,000,000.00	53,148,319.94
Replacement, personal property sold, total.....	262,623.14	-----	262,623.14
Replacement of personal property sold, 1950-53.....	133,157.13	-----	133,157.13
Payment from proceeds of sales motor propelled vehicles, etc., 1948-49.....	129,466.01	-----	129,466.01
Emergency relief (transfer from WPA), 1941-43.....	140,027.57	140,027.57	-----
Miscellaneous.....	1,162,251.02	1,162,251.02	-----
Supply fund, trust funds, revolving funds, and transfer appropriations, total.....	36,367,722,737.54	3,716,380,923.12	32,651,341,814.42
Supply fund.....	2,220,867,802.43	53,623,881.82	2,167,243,920.61
U.S. Government life insurance fund.....	4,060,257,065.00	-----	4,060,257,065.00
National service life insurance fund.....	23,628,400,045.00	-----	23,628,400,045.00
Servicemen's group life insurance fund.....	459,602,035.00	-----	459,602,035.00
Veterans reopened insurance fund.....	118,375,542 00	-----	118,375,542.00
Veterans special term insurance fund.....	407,588,496 00	-----	407,588,496.00
Service-disabled veterans insurance fund.....	97,328,105.00	4,250,000.00	93,078,105.00
Canteen service revolving fund.....	23,391,091.01	-----	23,391,091.01
Prepaid hazard insurance, taxes, etc., veterans loans.....	160,791.60	-----	160,791.60
Adjusted service certificate fund.....	3,828,697,454.80	3,645,157,956.40	183,539,498.40
General post fund.....	35,325,129.11	-----	35,325,129.11
General post fund auxiliary account.....	748,030.42	-----	748,030.42
Honorarium fund.....	21,742.33	-----	21,742.33
Funds due incompetent beneficiaries.....	44,475,439.10	-----	44,475,439.10
Personal funds of patients.....	855,842,265.78	-----	855,842,265.78

See footnote at end of table

receipts versus expenditures—Continued

June 30, 1968]

Expenditures		Obligated balances transferred to prior year appropriations	Covered into U.S. Treasury or restored	Investments, loans, and lens	Balance
Fiscal year 1968	Cumulative through June 30, 1968				
	7,968.38		107,231.62		
14,111.55	119,922.06		1,600,000.00	* 48,555.00	288,632.94
461,506,628.90	25,004,968,565.90				38,755,637.79
	19,871.35		10,128.65		
208,381,5930.4	3,119,333,795.50			* 16,460,557.55	873,697,725.42
328,089,5762.4	2,338,741,699.46			* 27,148,430.53	475,746,920.21
9,829,1231.9	312,420,095.45				220,351.25
	2,312,241,269.69		86,003,572.60		
	563,006,707.84				
	1,749,234,561.85		86,003,572.60		
	4,716,145,954.24		146,221,069.77		
	4,612,367,024.01				
	103,778,930.23		146,221,069.77		
	172,623,144.43				
	250,000.00				
	250,000.00				
114,530.99	1,506,820.88		58,147.08	* 28,043.14	31,757.52
5,827.11	2,002,423.10		1,500,000.00	* 3,632.19	29,209.09
	55,661,050.75		75,347.25		
	76,163.36		23,596.64		
	644,787,113.17		63,918,552.25		
	636,792,466.84		63,413,170.28		
	7,993,451.29		6,577.01		
	1,195.04		498,804.96		
	282,082,862.52		16,532,126.48		
	35,078,013.20		68,070,306.74		
	261,844.98		778.16		
	133,157.13				
	128,687.85		778.16		
	139,921.36		106.21		
	1,143,679.44		18,571.58		
1,261,695,939.66	27,970,134,826.43	144,066.60	58,051,948.14	8,272,974,427.09	66,416,569.19
120,172,974.19	2,166,599,876.59		15,677,579.42	* 30,512,240.09	8,078,106.33
94,509,559.00	3,096,050,013.00			959,274,235.00	4,932,817.00
722,157,224.00	16,681,641,988.00			6,957,590,173.00	* 10,832,116.00
229,532,406.00	459,601,479.00				556.00
8,549,402.00	29,971,279.00			88,819,962.00	* 415,699.00
14,011,961.00	178,500,433.00		4,250,000.00	228,093,670.00	* 3,255,697.00
11,712,743.00	90,813,214.00		12,021,080.00	7,614,147.00	* 1,099,256.00
					11,370,011.01
	160,609.23		182.37		
	3,822,697,454.80		6,000,000.00		
2,242,756.68	31,939,569.57		386.57	1,070,000.00	2,315,172.97
	746,630.42				
	21,742.33				
102,732.59	43,886,302.35		571.50		588,475.25
57,734,544.50	801,215,012.13		2,871.88		54,624,381.77

Table 84.—Appropriations and other

[Cumulative through

Title of appropriation and fund	Appropriations and other receipts		
	Total	Appropriation	Other receipts
Unapplied balances of unassigned armed forces leave bond.....	131, 543. 41		131, 543. 41
Vocational rehabilitation, special fund.....	78, 144. 50		78, 144. 50
Army, Navy, Marine Corps and Coast Guard allotments.....	320, 526, 075. 00		320, 526, 075. 00
Civil service retirement and disability fund annuities and refunds to August 31, 1934.....	249, 620, 791. 07		249, 620, 791. 07
Canal Zone retirement and disability fund, annuities and refunds to August 31, 1934.....	1, 158, 146. 76		1, 158, 146. 76
Operations Federal Civil Defense Administration (transfer to Veterans Administration), 1955-57.....	297, 731. 37	115, 110. 00	182, 621. 37
Payments to school districts, Office of Education (transfer to Veterans Administration), 1953-64.....	73, 761. 49	73, 761. 49	
National Cancer Institute, Public Health Service (transfer to Veterans Administration), 1968.....	1, 012, 300. 00	1, 012, 300. 00	
National Cancer Institute, Public Health Service (transfer to Veterans Administration), 1967.....	1, 023, 500. 00	1, 023, 500. 00	
National Cancer Institute, Public Health Service (transfer to Veterans Administration), 1966.....	940, 894. 24	940, 100. 00	794. 24
National Cancer Institute, Public Health Service (transfer to Veterans Administration), prior years.....	8. 02	8. 02	
National Cancer Institute, Public Health Service (transfer to Veterans Administration), 1957-65.....	7, 084, 008. 55	7, 084, 000. 00	8. 55
Salaries and expenses, Social Security Administration (transfer to Veterans Administration), 1966.....	8, 683. 48	8, 683. 48	
Salaries and expenses, Social Security Administration (transfer to Veterans Administration), 1965.....	4, 062. 26	4, 962. 26	
Civil defense medical stockpile activities, Public Health Service (transfer to Veterans Administration), 1962.....	203, 000. 00	203, 000. 00	
Salaries and expenses, Office of Emergency Planning (transfer to Veterans Administration), 1960.....	15, 000. 00	15, 000. 00	
Emergency supplies and equipment, Office of Emergency Planning (transfer to Veterans Administration), 1955-62.....	1, 340, 515. 08	1, 218, 901. 26	121, 613. 82
Civil defense and mobilization functions of Federal agencies, Office of Emergency Planning (transfer to Veterans Administration), 1961-62.....	33, 500. 00	33, 500. 00	
Public works acceleration, Area Development Administration, Department of Commerce (transfer to Veterans Administration), 1963.....	350, 000. 00	350, 000. 00	
Civil defense, Department of Defense (transfer to Veterans Administration), prior years.....	174, 489. 96	174, 489. 96	
Civil defense, Department of Defense (transfer to Veterans Administration), 1962.....	1, 070, 702. 00	1, 070, 702. 00	
Maintenance and operation, Army (transfer to Veterans Administration), 1955-56.....	51, 425. 49	*1. 13	51, 426. 62
Research and development, Army (transfer to Veterans Administration).....	9, 840. 63	9, 840. 63	
Research and development, test and evaluation, Air Force (transfer to Veterans Administration).....	12, 126. 93	12, 126. 93	

See footnote at end of table

receipts versus expenditures—Continued

June 30, 1968]

Expenditures		Obligated balances transferred to prior year appropriations	Covered into U.S. Treasury or restored	Investments, loans, and liens	Balance
Fiscal year 1968	Cumulative through June 30, 1968				
	131,543.41				
	78,060.98		83.52		
	300,856,796.88		19,669,278.12		
	249,620,791.07				
	1,158,146.76				
	297,716.76		14.61		
	69,442.02		4,319.47		
868,206.08	868,206.08		36,653.14		107,440.78
96,460.67	999,659.70		23,840.30		
269.95	912,370.03		28,524.21		
	95.10		*87.08		
	6,898,856.13	8.02	275,144.40		
	8,683.48				
	4,062.26				
	202,662.59		337.41		
	14,962.10		37.90		
	1,323,581.45		16,933.63		
	33,353.05		146.95		
	343,848.30		6,151.70		
4,700.00	168,991.10		3,212.78		2,286.08
	921,455.59	144,958.67	4,287.74		
	51,425.49				
	9,840.63				
	12,126.93				

Table 84.—Appropriations and other

[Cumulative through

Title of appropriation and fund	Appropriations and other receipts		
	Total	Appropriation	Other receipts
Buildings management fund, General Services Administration (transfer to Veterans Administration).....	13,642.92		13,642.92
Working fund, no year, 1947-49.....	1,407,233.50		1,407,233.50
Unclaimed monies of individuals whose whereabouts are unknown.....	576.30		576.30

¹ Includes the transfer of \$6,967,775.81 from the appropriation veterans insurance and indemnities to the following trust and revolving funds from which expenditures are made: \$5,287,290.11 to the national service life insurance fund; \$80,485.70 to the U.S. Government life insurance fund; \$1,600,000 to the service-disabled veterans insurance fund.

² Includes the transfer of \$4,939,179,172.12 from appropriations to the following trust and revolving funds from which expenditures are made: \$141,230,644.67 from the military and naval insurance appropriation to the U.S. Government life insurance fund; \$4,705,943,368.40 from the national service life insurance appropriation to the national service life insurance fund; \$73,066,622.81 from the veterans insurance and indemnities appropriation to the national service life insurance fund; \$638,536.24 from the veterans insurance and indemnities appropriation to the U.S. Government life insurance fund; \$250,000 from the payment to veterans special term insurance fund appropriation to the veterans special term insurance fund; \$250,000 from payment to service-disabled veterans insurance fund appropriation to service-disabled veterans insurance fund; \$17,800,000 from the veterans insurance and indemnities appropriation to service-disabled veterans insurance fund.

receipts versus expenditures—Continued

June 30, 1968]

Expenditures		Obligated balances transferred to prior year appropriations	Covered into U.S. Treasury or restored	Investments, loans, and liens	Balance
Fiscal year 1968	Cumulative through June 30, 1968				
	13,642.92				
	1,377,412.20		29,821.30		
			576.30		

³ Cumulative expenditures through June 30, 1968, increased by \$365,000 as a prior year adjustment.

⁴ Represents "Other Working Capital."

⁵ Represents authorized working capital at July 1, 1967, of \$54,223,205.25 less authorized change during fiscal year 1968 of \$599,323.43.

⁶ Expenditures reported on an accrual basis rather than a cash basis results in a negative balance.

* Indicates credit.

NOTE.—Expenditures reflect the net amount of vouchers approved for payment rather than the amount of checks issued and differ from the amounts reported to the Bureau of the Budget and Treasury Department in accordance with Bureau of the Budget Circular No. A-34, by the amount of payment and collection vouchers intransit between the Veterans Administration and the regional disbursing offices at the end of the period.

Table 85.—*Expenditures made by Veterans Administration (non-accrual basis fiscal year 1959-68)*

Fiscal year	Grand total	Medical and Administrative Expenses					Hospital and domiciliary facilities (construction and related costs)	Grants for construction of State nursing homes	National Cancer Institute Public Health Service (transfer to Veterans Administration)	Grants to The Republic of The Philippines
		Total	General operating expenses	Medical Administration and miscellaneous operating expenses	Medical care	Medical and prosthetic research				
1968	\$8,552,577.453.34	\$1,620,046,513.61	\$189,640,831.38	\$12,762,188.46	\$1,372,300,914.46	\$45,342,579.31	\$47,993,173.12	\$1,890,043.97	\$964,936.70	\$1,309,692.22
1967	8,121,543.326.37	1,518,199,132.29	178,939,727.89	14,000,224.77	1,281,231,866.45	44,027,313.18	59,957,224.48	77,471.12	990,312.09	445,809.59
1966	7,473,628.178.40	1,406,409,126.98	164,338,764.63	13,142,466.33	1,190,450,963.14	38,476,932.88	83,464,488.90	-----	938,419.71	326,408.58
1965	7,139,296.223.03	1,358,051,155.73	162,763,754.87	14,137,422.23	1,144,011,420.74	37,138,557.89	76,996,460.13	-----	1,007,250.95	360,303.09
1964	7,051,816.611.63	1,291,692,430.46	157,844,659.68	14,295,645.55	1,087,847,711.85	31,704,413.38	68,576,499.30	-----	1,160,261.13	258,345.85
1963	7,003,948.556.49	1,246,129,768.90	158,932,634.46	15,984,135.87	1,043,762,387.41	27,450,611.16	66,170,410.32	-----	1,145,315.12	300,621.78
1962	6,708,694.009.38	1,195,892,170.08	161,001,055.42	140,854,473.62	994,036,541.04	(¹)	53,008,051.19	-----	927,489.72	351,596.01
1961	6,801,760.448.80	1,152,584,480.20	165,366,782.10	34,481,345.47	952,736,352.63	-----	51,427,938.83	-----	773,465.66	503,411.20
1960	6,375,862.928.83	1,083,520,372.26	164,080,808.73	29,219,534.41	893,220,029.12	-----	56,854,194.44	-----	655,478.82	735,593.14
1959	6,281,549.213.78	1,055,279,757.77	168,316,026.05	25,975,515.56	869,988,216.16	-----	45,145,198.90	-----	601,968.14	963,843.68

Footnotes at end of table.

Table 85.—Expenditures made by Veterans Administration (non-accrual basis fiscal year 1959–68)—Continued

Fiscal year	Compensation and pension									
	Total	Compensation and pensions	Statutory burial awards	Special allowance (sec. 412, title 38, U.S.C.)	Death gratuities (ch. 19 title 38, U.S.C.)	Subsistence allowance (ch. 31 title 38, U.S.C.)	Invalid lifts, devices, etc. (sec. 617, title 38, U.S.C.)	Burial flags (sec. 901, title 38, U.S.C.)	Tort claim settlements (sec. 617, title 38, U.S.C.)	Other ²
1968	\$4,611,180,743.07	\$4,519,304,373.53	\$63,798,148.74	\$388,030.45	\$5,214,641.32	\$15,622,758.48	\$419,877.41	\$1,463,611.22	\$215,085.84	\$4,754,216.08
1967	4,494,130,947.15	4,392,834,057.78	61,425,288.27	314,128.87	19,941,263.41	13,495,763.60	175,866.08	1,119,286.92	103,500.00	4,721,792.22
1966	4,391,943,302.81	4,305,367,750.70	58,486,893.50	248,406.95	10,972,412.36	12,055,219.17	157,874.09	1,060,419.02	82,750.00	3,511,577.02
1965	4,107,721,051.52	4,042,143,926.09	56,727,747.70	138,534.82	-----	8,936,869.50	43,575.81	561,725.32	272,715.83	*1,104,043.55
1964	3,959,187,575.35	3,900,202,888.08	50,169,202.16	127,817.09	-----	7,507,674.84	22,304.52	-----	-----	1,157,688.66
1963	3,868,465,720.81	3,814,748,740.36	48,072,010.36	112,269.03	-----	5,904,839.10	19,746.95	-----	-----	*391,884.99
1962	3,707,536,447.53	3,652,598,228.58	42,513,123.31	121,152.43	-----	6,817,171.21	27,549.50	-----	-----	5,459,222.50
1961	3,621,607,974.66	3,568,395,606.38	41,681,728.92	110,137.42	-----	7,713,902.17	36,481.49	-----	-----	3,670,118.28
1960	3,367,449,928.96	3,314,761,383.25	38,436,955.25	98,974.30	-----	12,203,624.88	-----	-----	-----	1,948,991.28
1959	3,275,612,572.62	3,225,626,577.51	33,248,012.72	60,698.36	-----	15,343,869.78	-----	-----	-----	1,433,414.25

Footnotes at end of tables.

Table 85.—*Expenditures made by Veterans Administration (non-accrual basis fiscal year 1959-68)*—Continued

Fiscal year	Readjustment benefits							Vocational rehabilitation revolving fund
	Total ²	Vocational rehabilitation of disabled veterans	Post-Korean conflict veterans educational assistance	Sons and daughters educational assistance	Automobiles and other conveyances for disabled veterans	Specially adapted housing for disabled veterans	Education and training Korean conflict veterans (Public Law 550)	
1968.....	\$461,506,628.90	\$7,132,409.12	\$407,047,466.27	\$37,104,563.36	\$3,467,763.10	\$4,416,178.23	*\$406,084.50	\$14,111.55
1967.....	297,601,152.98	5,690,558.94	251,651,864.10	34,322,084.12	827,998.33	4,485,431.12	*78,635.78	637.57
1966.....	42,097,184.29	5,371,195.84	-----	31,112,561.28	929,755.37	4,817,823.06	11,488.68	*1,132.93
1965.....	49,392,151.26	5,596,588.10	-----	25,570,005.41	1,144,004.17	5,208,088.73	11,858,470.13	*1,908.69
1964.....	68,827,750.92	4,249,633.36	-----	24,805,193.00	1,287,528.58	4,723,825.42	33,935,761.12	30,547.27
1963.....	95,565,684.16	3,338,169.29	-----	25,704,209.52	1,017,823.23	3,458,959.61	62,462,857.62	4,660.66
1962.....	150,504,739.18	3,518,654.20	-----	21,366,117.36	668,837.95	3,894,915.45	121,172,197.27	*14,076.08
1961.....	405,938,564.47	4,123,027.12	-----	16,293,065.62	706,224.62	4,388,641.97	220,802,022.74	9,061.37
1960.....	514,175,433.49	5,706,731.40	-----	11,456,969.81	624,313.02	3,352,024.08	371,196,187.09	67.42
1959.....	709,109,987.64	6,962,724.53	-----	7,663,347.96	701,355.51	3,428,552.92	565,984,930.33	4,139.72

Fiscal year	Servicemen's group life insurance fund	Veterans reopened insurance fund	Veterans special term insurance	Service-disabled veterans insurance	Soldiers' and sailors' civil relief	Military and naval insurance	U.S. Government life insurance	National service life insurance	Servicemen's indemnities
1968.....	\$229,532,406.00	\$8,549,402.00	\$14,011,961.00	\$13,312,743.00	\$5,827.11	\$1,867,140.61	\$94,509,559.00	\$728,478,286.29	\$40,920.29
1967.....	150,449,931.00	9,054,310.00	19,844,577.00	13,828,964.00	2,796.58	2,016,259.58	97,216,854.00	755,190,356.19	564,136.63
1966.....	79,619,142.00	9,380,355.00	17,509,282.00	12,793,723.00	7,873.52	2,262,913.73	94,861,296.23	654,392,770.57	4,724,313.53
1965.....	-----	2,987,212.00	11,426,839.00	11,521,826.00	23,945.23	2,198,332.90	97,273,775.69	655,721,331.70	9,967,695.06
1964.....	-----	-----	19,590,061.00	10,836,011.00	22,831.50	2,372,299.30	97,560,092.00	691,018,072.04	14,913,868.36
1963.....	-----	-----	11,189,733.00	10,099,824.00	22,513.56	2,398,392.26	108,642,189.00	782,559,854.50	22,035,789.75
1962.....	-----	-----	44,208,822.12	8,066,915.00	17,266.78	3,052,818.09	111,079,430.30	695,044,732.10	29,167,759.72
1961.....	-----	-----	7,707,665.79	7,796,305.65	63,084.80	3,187,749.41	144,010,318.77	883,118,076.75	32,552,273.50
1960.....	-----	-----	6,768,160.00	6,035,002.93	108,398.14	3,732,792.25	117,703,941.83	672,746,368.99	35,893,765.30
1959.....	-----	-----	8,078,371.64	3,620,986.70	1,456,963.14	3,528,700.39	100,819,799.93	656,521,598.62	36,170,997.30

Footnotes at end of table.

Table 85.—Expenditures made by Veterans Administration (non-accrual basis fiscal year 1959-68)—Continued

Fiscal year	Direct loans to veterans	Loan guaranty revolving fund	Construction, Corregidor-Bataan Memorial	Rental, maintenance and repair of quarters	Supply fund	General post fund	Personal funds of patients	All others
1968	\$208,381,593.04	\$328,089,576.24	\$519,956.67	\$114,530.99	\$120,172,974.19	\$2,242,756.68	\$57,837,277.09	\$4,700.00
1967	161,659,592.38	368,873,003.69	7,681.53	113,325.74	109,073,031.69	2,442,812.76	59,803,006.33	
1966	92,431,897.58	378,027,450.57	65,911.90	114,177.74	140,047,826.01	1,910,989.57	56,857,989.62	3,442,467.49
1965	171,394,327.33	363,925,896.49	11,474.00	118,621.28	162,858,651.33	1,410,320.67	53,796,342.60	233,167.76
1964	237,279,600.43	355,313,428.82		93,119.62	176,816,043.97	1,600,343.44	54,290,727.81	376,702.06
1963	246,331,764.61	309,519,859.48		90,953.17	179,872,023.07	1,571,759.92	50,774,333.11	1,057,355.01
1962	252,827,007.87	234,992,484.17		87,539.45	171,241,209.69	1,609,314.27	48,581,951.59	510,339.09
1961	286,271,317.73			93,341.89	155,530,315.83	1,596,594.59	43,754,597.03	3,233,910.37
1960	312,776,671.63			99,119.31	149,364,963.37	1,796,596.89	42,422,802.53	3,023,281.13
1959	203,971,329.77			92,043.78	139,984,242.32	2,479,433.15	37,586,767.17	3,520,511.40

¹ Expenditures for medical and prosthetic research prior to 1963 contained in medical administration and miscellaneous operating expense.

² Expenditures for yellow fever experiments, adjusted service and dependent pay, adjusted service certificates for WWI, change in receivables, etc.

³ Supporting detail will not add to total because of accounting procedures.

* Credit.

Table 86.—*Estimated distribution of selected expenditures and number of beneficiaries, by State*

[Fiscal Year 1968]

State	Total expenditures ¹	Number of living and deceased veterans whose dependents were receiving compensation or pension benefits, including certain retirement pay, on June 30, 1968, and expenditures for these benefits during fiscal year 1968							
		Total living and deceased veterans						Living veterans	
		Total		Service connected		Nonservice connected		Total	
		Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	\$7,571,838,872	4,606,884	\$4,524,543,816	2,379,995	\$2,472,678,840	2,226,889	\$2,051,864,976	3,164,017	\$3,228,431,265
Foreign countries.....	91,651,139	76,522	76,429,479	49,774	46,431,906	26,748	29,997,573	31,129	36,115,225
U.S. possessions and associated areas.....	66,970,296	28,945	41,794,952	14,427	24,600,199	14,518	17,194,753	20,850	32,775,157
Commonwealth of Puerto Rico.....	64,132,016	27,949	40,655,083	13,772	23,806,607	14,177	16,848,456	20,259	32,183,956
All others.....	2,838,280	996	1,139,839	655	793,592	341	346,297	591	591,201
Total United States.....	7,413,217,437	4,501,417	4,406,319,335	2,315,794	2,401,646,735	2,185,623	2,004,672,650	3,112,038	3,159,540,883
Alabama.....	143,502,026	85,657	88,491,289	42,812	46,443,658	42,845	42,047,611	56,240	60,779,159
Alaska.....	4,886,663	2,691	2,304,718	1,942	1,622,715	749	682,003	2,118	1,745,633
Arizona.....	75,033,175	40,299	45,388,905	22,189	28,449,950	18,110	16,938,955	29,028	34,204,191
Arkansas.....	111,512,188	60,750	70,653,192	26,910	35,765,453	33,840	34,887,739	42,090	53,418,360
California.....	678,088,252	385,223	380,513,689	211,597	226,260,222	173,626	154,253,467	267,866	267,001,213
Colorado.....	85,835,971	46,995	49,653,265	27,334	31,440,818	19,661	18,212,447	34,035	37,062,921
Connecticut.....	89,507,882	57,761	50,419,757	34,708	30,974,366	23,053	19,445,391	42,205	37,073,014
Delaware.....	16,585,769	9,473	8,819,830	5,152	5,048,857	4,321	3,770,973	6,505	6,166,834
District of Columbia.....	171,563,949	21,222	23,333,843	12,148	14,982,186	9,074	8,351,657	14,364	15,083,507
Florida.....	285,163,398	176,475	190,173,406	85,675	105,968,008	90,800	84,207,398	124,164	139,560,564
Georgia.....	155,549,132	95,105	99,962,091	47,195	53,358,535	47,910	46,603,556	60,977	67,290,631
Hawaii.....	14,479,450	8,664	8,873,258	5,761	6,145,426	2,903	2,727,832	6,133	6,171,199
Idaho.....	34,568,698	16,328	16,754,329	7,952	8,789,324	8,376	7,965,005	11,987	12,986,353
Illinois.....	355,328,688	197,279	177,381,028	90,628	83,943,106	106,651	93,437,922	130,941	123,096,657
Indiana.....	148,112,419	100,089	93,333,545	46,633	46,146,246	53,456	47,187,299	66,852	65,615,067
Iowa.....	100,284,638	61,507	60,621,513	26,377	28,297,195	35,130	32,324,318	42,497	44,829,471
Kansas.....	94,292,407	52,360	52,065,954	23,492	25,515,978	28,868	26,549,976	35,452	37,332,813
Kentucky.....	123,997,080	86,297	88,254,090	41,385	44,394,749	44,912	43,859,341	57,447	61,965,111

Louisiana.....	129,793,667	82,833	86,347,322	38,653	42,522,149	44,180	43,825,173	54,473	59,788,461
Maine.....	45,489,374	27,464	28,820,933	13,218	15,306,554	14,246	13,514,379	18,737	20,950,372
Maryland.....	113,464,699	69,315	66,535,662	37,977	39,258,839	31,338	27,276,823	46,068	44,778,832
Massachusetts.....	248,607,875	172,765	157,536,506	111,232	103,971,060	61,533	53,565,446	128,734	118,252,913
Michigan.....	246,090,266	168,737	156,554,010	90,734	88,266,743	78,003	68,287,267	120,480	116,289,899
Minnesota.....	162,716,265	93,062	90,120,218	46,779	46,687,920	46,283	43,432,298	67,985	68,546,514
Mississippi.....	94,392,762	58,626	63,630,712	27,640	31,606,531	30,986	32,024,181	38,856	44,472,078
Missouri.....	177,687,637	113,386	111,684,083	49,625	52,189,910	63,761	59,494,173	76,142	79,650,758
Montana.....	29,771,912	16,466	16,167,716	8,112	8,464,061	8,354	7,708,625	11,681	12,035,884
Nebraska.....	57,198,407	31,228	31,312,132	14,863	16,048,680	16,365	15,263,452	22,004	23,299,275
Nevada.....	14,375,026	9,314	8,816,498	5,398	5,309,161	3,916	3,507,337	6,991	6,706,503
New Hampshire.....	25,168,570	17,941	17,730,146	9,433	10,050,690	8,508	7,679,456	12,532	12,826,534
New Jersey.....	200,114,657	154,558	129,908,552	89,608	75,568,732	64,950	54,399,820	110,352	93,207,112
New Mexico.....	45,307,731	24,902	28,657,437	14,589	18,330,350	10,313	10,327,087	18,089	21,812,521
New York.....	610,513,480	400,742	358,834,375	224,871	207,214,988	175,871	151,619,387	286,041	262,481,358
North Carolina.....	165,566,094	104,296	110,368,043	49,644	56,843,511	54,652	53,524,532	67,084	75,765,579
North Dakota.....	21,682,692	11,830	11,370,990	6,230	5,962,245	5,600	5,408,745	8,590	8,555,546
Ohio.....	355,666,075	227,215	210,745,859	120,193	115,210,203	107,022	95,535,656	159,930	153,880,122
Oklahoma.....	116,847,316	74,574	79,085,895	35,129	40,191,360	39,445	38,894,535	51,500	58,238,257
Oregon.....	85,621,270	51,496	51,840,553	21,878	24,303,677	29,618	27,536,876	36,653	39,236,487
Pennsylvania.....	438,989,506	290,305	266,474,681	149,858	144,586,767	140,447	121,887,914	197,466	187,184,013
Rhode Island.....	37,659,717	26,515	24,467,931	15,095	14,445,041	11,420	10,022,890	19,086	17,899,133
South Carolina.....	83,801,525	52,885	55,457,502	23,068	26,091,520	29,817	29,365,982	31,794	35,527,940
South Dakota.....	36,543,966	16,498	16,551,162	6,582	7,171,374	9,916	9,679,788	11,616	12,678,885
Tennessee.....	159,365,588	93,109	96,754,882	42,505	47,244,791	50,604	49,510,091	60,318	66,840,934
Texas.....	409,256,756	249,468	261,551,210	129,779	145,445,264	119,689	116,105,946	170,931	186,650,465
Utah.....	39,484,882	18,307	17,553,170	10,165	10,298,151	8,142	7,255,019	13,131	12,984,888
Vermont.....	17,230,715	9,922	10,474,359	4,886	5,832,908	5,036	4,641,451	6,812	7,633,024
Virginia.....	156,368,116	94,085	98,812,490	47,705	55,594,838	46,380	43,217,652	61,055	65,922,251
Washington.....	127,796,336	75,413	76,210,043	38,567	42,450,807	36,846	33,759,236	54,053	56,710,837
West Virginia.....	97,785,479	57,633	59,695,071	24,536	27,823,822	33,097	32,171,249	38,722	43,147,331
Wisconsin.....	157,047,555	94,956	91,237,668	43,849	44,074,707	51,107	47,162,961	67,852	68,572,599
Wyoming.....	17,519,736	7,396	7,353,892	3,503	3,734,559	3,893	3,619,333	5,378	5,630,880

Footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal year 1968]

State	Living veterans				Deceased veterans					
	Service connected		Nonservice connected		Total		Service connected		Nonservice connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total	2, 012, 090	\$1, 955, 985, 411	1, 151, 927	\$1, 272, 445, 854	1, 442, 867	\$1, 296, 112, 551	367, 905	\$516, 693, 429	1, 074, 962	\$779, 419, 122
Foreign countries	17, 451	17, 502, 014	13, 678	18, 613, 211	45, 393	40, 314, 254	32, 323	28, 929, 892	13, 070	11, 384, 362
U.S. possessions and associated areas	12, 086	20, 831, 072	8, 764	11, 944, 085	8, 095	9, 019, 795	2, 341	3, 769, 127	5, 754	5, 250, 668
Commonwealth of Puerto Rico	11, 596	20, 365, 688	8, 663	11, 818, 268	7, 690	8, 471, 107	2, 176	3, 440, 919	5, 514	5, 030, 188
All others	490	465, 384	101	125, 817	405	548, 688	165	328, 208	240	220, 480
Total United States	1, 982, 553	1, 917, 652, 325	1, 129, 485	1, 241, 888, 558	1, 389, 379	1, 246, 778, 502	333, 241	483, 994, 410	1, 056, 138	762, 784, 092
Alabama	34, 811	35, 215, 094	21, 429	25, 564, 065	29, 417	27, 712, 110	8, 001	11, 228, 564	21, 416	16, 483, 546
Alaska	1, 813	1, 420, 339	305	325, 294	573	559, 085	129	202, 376	444	356, 709
Arizona	18, 678	22, 889, 688	10, 350	11, 314, 503	11, 271	11, 184, 714	3, 511	5, 560, 262	7, 760	5, 624, 452
Arkansas	21, 571	28, 647, 053	20, 519	24, 771, 307	18, 660	17, 234, 832	5, 339	7, 118, 400	13, 321	10, 116, 432
California	179, 583	172, 583, 086	88, 283	94, 418, 127	117, 357	113, 512, 476	32, 014	53, 677, 136	85, 343	59, 835, 340
Colorado	23, 320	25, 243, 926	10, 715	11, 818, 995	12, 960	12, 590, 344	4, 014	6, 196, 892	8, 946	6, 393, 452
Connecticut	31, 398	26, 060, 470	10, 807	11, 012, 544	15, 556	13, 346, 743	3, 310	4, 913, 896	12, 246	8, 432, 847
Delaware	4, 540	4, 109, 484	1, 965	2, 057, 350	2, 968	2, 652, 996	612	939, 373	2, 356	1, 713, 623
District of Columbia	9, 976	10, 190, 272	4, 388	4, 893, 235	6, 858	8, 250, 336	2, 172	4, 791, 914	4, 686	3, 458, 422
Florida	71, 380	82, 378, 501	52, 784	57, 182, 063	52, 311	50, 612, 842	14, 295	23, 587, 507	38, 016	27, 025, 335
Georgia	37, 644	39, 410, 840	23, 333	27, 879, 791	34, 128	32, 671, 460	9, 551	13, 947, 695	24, 577	18, 723, 765
Hawaii	4, 693	4, 559, 869	1, 440	1, 611, 330	2, 531	2, 702, 059	1, 068	1, 585, 557	1, 463	1, 116, 502
Idaho	6, 896	7, 397, 755	5, 091	5, 588, 598	4, 341	3, 767, 976	1, 056	1, 391, 569	3, 285	2, 376, 407
Illinois	78, 584	67, 733, 333	52, 357	55, 363, 324	66, 338	54, 284, 371	12, 044	16, 209, 773	54, 294	38, 074, 598
Indiana	39, 949	37, 203, 528	26, 903	28, 411, 539	33, 237	27, 718, 478	6, 684	8, 942, 718	26, 553	18, 775, 760
Iowa	22, 264	22, 968, 458	20, 233	21, 861, 013	19, 010	15, 792, 042	4, 113	5, 328, 737	14, 897	10, 463, 305
Kansas	19, 165	19, 598, 039	16, 287	17, 734, 774	16, 908	14, 733, 141	4, 327	5, 917, 939	12, 581	8, 815, 202
Kentucky	33, 271	33, 877, 967	24, 176	28, 087, 144	28, 850	26, 288, 979	8, 114	10, 516, 782	20, 736	15, 772, 197

Louisiana	32,001	33,070,353	22,472	26,718,109	28,360	26,558,860	6,652	9,451,796	21,708	17,107,064
Maine	10,965	12,134,321	7,772	8,816,050	8,727	7,870,562	2,253	3,172,233	6,474	4,698,329
Maryland	32,688	30,293,192	13,380	14,485,640	23,247	21,756,830	5,289	8,965,647	17,958	12,791,183
Massachusetts	100,564	88,090,051	28,170	30,162,862	44,031	39,283,593	10,668	15,881,009	33,363	23,402,584
Michigan	81,497	76,007,661	38,983	40,232,238	48,257	40,264,111	9,237	12,259,082	39,020	28,005,029
Minnesota	41,098	39,114,367	26,887	29,432,147	25,077	21,573,704	5,681	7,573,553	19,396	14,000,151
Mississippi	21,895	23,562,471	16,962	20,909,607	19,769	19,158,634	5,745	8,044,060	14,204	11,114,574
Missouri	41,182	40,788,428	34,960	38,882,330	37,244	32,083,325	8,443	11,421,482	28,801	20,611,843
Montana	7,126	7,148,277	4,555	4,887,607	4,785	4,131,832	986	1,315,814	3,799	2,816,018
Nebraska	12,579	12,942,721	9,425	10,356,554	9,224	8,012,857	2,284	3,105,959	6,940	4,906,898
Nevada	4,876	4,475,467	2,115	2,231,036	2,323	2,109,995	522	833,694	1,801	1,276,301
New Hampshire	8,115	8,023,465	4,417	4,803,069	5,409	4,903,612	1,318	2,027,225	4,091	2,876,387
New Jersey	81,271	63,547,735	29,081	29,659,378	44,206	36,761,440	8,337	12,020,998	35,869	24,740,442
New Mexico	12,223	14,952,651	5,866	6,859,870	6,813	6,844,916	2,366	3,377,699	4,447	3,467,217
New York	202,517	175,510,424	83,524	86,970,934	114,701	96,353,017	22,354	31,704,564	92,347	64,648,453
North Carolina	39,894	43,122,123	27,190	32,643,456	37,212	34,602,464	9,750	13,721,388	27,462	20,881,076
North Dakota	5,402	4,967,576	3,188	3,587,970	3,240	2,815,444	828	994,669	2,412	1,820,775
Ohio	106,897	97,156,367	53,033	56,723,755	67,285	56,865,737	13,296	18,053,836	53,989	38,811,901
Oklahoma	28,542	31,270,464	22,958	26,967,793	23,074	20,847,638	6,587	8,920,896	10,487	11,926,742
Oregon	18,824	19,969,125	17,829	19,267,362	14,843	12,604,066	3,054	4,334,552	11,789	8,269,514
Pennsylvania	130,184	117,753,434	67,282	69,430,579	92,839	79,290,668	19,674	26,833,333	73,155	52,457,335
Rhode Island	13,461	11,925,619	5,625	5,973,514	7,429	6,568,798	1,694	2,519,422	5,795	4,049,376
South Carolina	17,820	18,469,851	13,974	17,058,089	21,091	19,929,562	5,248	7,621,669	15,843	12,307,893
South Dakota	5,556	5,858,560	6,060	6,820,325	4,882	4,172,277	1,026	1,312,814	3,856	2,859,463
Tennessee	33,734	35,625,385	26,584	31,215,549	32,791	29,913,948	8,771	11,619,406	24,020	18,294,542
Texas	107,153	111,957,813	63,778	74,692,652	78,537	74,900,745	22,626	33,487,451	55,911	41,413,294
Utah	8,892	8,555,288	4,239	4,429,600	5,176	4,568,282	1,273	1,742,863	3,903	2,825,419
Vermont	4,085	4,656,530	2,727	2,976,494	3,110	2,841,335	801	1,176,378	2,309	1,664,957
Virginia	38,209	49,096,211	22,846	25,826,040	33,030	32,890,239	9,496	15,498,627	23,534	17,391,612
Washington	33,145	34,003,019	20,908	22,707,818	21,360	19,499,206	5,422	8,477,788	15,938	11,051,418
West Virginia	19,558	21,552,825	19,164	21,594,506	18,911	16,847,740	4,978	6,270,997	13,933	10,576,743
Wisconsin	37,984	36,429,650	29,868	32,142,949	27,104	22,665,069	5,865	7,645,057	21,239	15,020,012
Wyoming	3,080	3,153,200	2,298	2,477,680	2,018	1,723,012	423	581,359	1,595	1,141,653

Footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal Year 1968]

State	World War II									
	Living veterans								Deceased veterans	
	Total		Service connected		Nonservice connected		Reserve officers		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	1,759,058	\$1,893,360,977	1,450,754	\$1,334,885,528	308,299	\$358,458,008	5	\$17,441	629,551	\$601,494,657
Foreign countries.....	16,346	15,333,035	14,394	12,836,281	1,952	2,496,754			31,278	25,459,591
U.S. possessions and associated areas.....	6,310	10,362,856	4,184	7,479,273	2,126	2,883,583			2,152	2,566,528
Commonwealth of Puerto Rico.....	6,022	10,085,298	3,944	7,268,113	2,078	2,817,185			1,994	2,373,956
All others.....	288	277,558	240	211,160	48	66,398			158	192,572
Total United States.....	1,736,402	1,667,665,086	1,432,176	1,314,569,974	304,221	353,077,671	5	17,441	596,121	573,468,538
Alabama.....	31,439	31,662,435	24,967	23,883,793	6,472	7,778,642			12,906	12,525,191
Alaska.....	1,331	1,057,874	1,230	940,788	101	117,086			348	318,213
Arizona.....	15,537	17,917,060	12,468	14,374,449	3,069	3,542,611			5,079	4,989,042
Arkansas.....	21,462	26,606,620	15,294	19,083,096	6,168	7,523,524			7,353	7,197,298
California.....	144,706	133,828,232	120,937	107,174,167	23,768	26,650,320	1	3,745	49,750	49,370,471
Colorado.....	17,883	18,385,581	15,173	15,200,254	2,710	3,185,327			5,463	5,271,841
Connecticut.....	25,780	21,093,410	23,286	18,318,293	2,494	2,775,117			6,875	6,502,876
Delaware.....	3,836	3,446,561	3,240	2,787,724	596	658,837			1,368	1,287,293
District of Columbia.....	7,762	7,658,493	6,029	5,661,891	1,733	1,996,602			2,746	3,570,664
Florida.....	59,004	66,164,802	47,916	53,320,187	11,088	12,844,615			20,493	20,789,289
Georgia.....	35,267	36,621,637	26,546	26,082,857	8,721	10,538,780			15,115	14,803,242
Hawaii.....	2,875	2,842,233	2,529	2,437,920	346	404,313			1,093	1,147,896
Idaho.....	6,202	6,601,230	5,030	5,262,668	1,172	1,338,562			1,916	1,743,901
Illinois.....	72,031	63,413,594	59,067	48,685,920	12,964	14,727,674			28,342	25,722,008
Indiana.....	34,283	31,464,538	28,999	25,502,953	5,284	5,961,585			13,288	12,144,734
Iowa.....	20,278	20,355,513	16,429	15,976,849	3,849	4,378,664			7,570	7,040,640
Kansas.....	17,638	17,497,987	14,120	13,504,414	3,518	3,993,573			7,007	6,552,274
Kentucky.....	32,168	32,735,897	24,478	23,490,730	7,690	9,245,167			12,252	11,952,102

Louisiana.....	30,644	31,857,448	22,835	22,432,046	7,809	9,425,402	-----	-----	12,621	12,528,703
Maine.....	9,766	10,727,272	7,763	8,301,272	2,003	2,426,000	-----	-----	3,499	3,499,479
Maryland.....	26,552	24,457,763	22,819	20,129,398	3,732	4,324,965	1	3,400	9,824	9,700,086
Massachusetts.....	80,307	71,039,080	73,080	62,590,676	7,227	8,448,404	-----	-----	18,021	18,123,322
Michigan.....	70,139	65,148,982	61,387	55,348,678	8,752	9,800,304	-----	-----	21,413	19,848,115
Minnesota.....	35,256	32,828,734	29,459	26,102,900	5,797	6,725,834	-----	-----	10,286	9,793,452
Mississippi.....	21,208	22,586,875	15,583	15,619,618	5,625	6,967,257	-----	-----	8,626	8,664,361
Missouri.....	37,443	36,406,291	29,697	27,356,505	7,746	9,049,786	-----	-----	14,348	13,545,433
Montana.....	6,177	6,070,701	5,086	4,859,793	1,091	1,210,908	-----	-----	2,278	2,081,642
Nebraska.....	10,988	11,199,742	8,872	8,762,567	2,116	2,437,175	-----	-----	3,818	3,612,001
Nevada.....	4,077	3,692,950	3,443	2,982,079	634	710,871	-----	-----	1,107	968,766
New Hampshire.....	6,816	6,596,610	5,677	5,275,345	1,139	1,321,265	-----	-----	2,192	2,167,836
New Jersey.....	69,216	54,936,729	62,468	47,439,312	6,748	7,497,417	-----	-----	19,439	18,040,097
New Mexico.....	10,387	12,492,006	8,250	9,930,946	2,137	2,561,060	-----	-----	3,283	3,332,096
New York.....	178,350	155,638,194	154,754	129,418,082	23,596	26,120,112	-----	-----	51,949	48,864,474
North Carolina.....	37,004	39,851,926	28,307	29,054,902	8,697	10,797,024	-----	-----	16,836	16,296,593
North Dakota.....	4,738	4,308,472	4,005	3,451,698	733	856,774	-----	-----	1,464	1,374,995
Ohio.....	94,860	86,028,286	80,765	69,641,393	14,095	16,386,893	-----	-----	30,004	27,707,203
Oklahoma.....	26,870	29,176,163	20,135	21,104,516	6,735	8,071,647	-----	-----	9,483	8,974,853
Oregon.....	17,805	18,297,558	13,258	13,159,627	4,547	5,137,931	-----	-----	6,112	5,528,297
Pennsylvania.....	116,358	105,239,414	98,454	85,491,862	17,904	19,801,552	-----	-----	41,053	39,294,102
Rhode Island.....	11,676	10,446,184	10,332	8,880,833	1,344	1,556,351	-----	-----	2,981	2,970,604
South Carolina.....	16,958	17,956,614	12,192	12,023,144	4,766	5,933,470	-----	-----	8,558	8,721,088
South Dakota.....	5,136	5,382,908	3,797	3,785,246	1,339	1,597,662	-----	-----	1,851	1,752,842
Tennessee.....	32,848	34,020,801	24,948	24,485,339	7,900	9,535,462	-----	-----	14,031	13,469,072
Texas.....	97,615	101,419,494	77,351	77,012,060	20,201	24,397,138	3	10,296	35,002	34,219,231
Utah.....	7,239	6,826,097	6,380	5,838,305	859	987,792	-----	-----	2,388	2,216,178
Vermont.....	3,558	3,900,297	2,876	3,119,797	682	780,500	-----	-----	1,245	1,267,245
Virginia.....	33,284	34,392,554	25,945	25,798,260	7,339	8,594,294	-----	-----	13,982	14,267,321
Washington.....	27,093	27,390,587	22,132	21,648,171	4,961	5,742,416	-----	-----	8,715	8,267,583
West Virginia.....	21,830	23,877,366	14,372	15,244,102	7,458	8,633,264	-----	-----	8,617	8,369,605
Wisconsin.....	31,940	31,379,772	25,789	24,444,970	6,151	6,934,802	-----	-----	10,992	10,313,328
Wyoming.....	2,782	2,783,519	2,227	2,138,579	555	644,940	-----	-----	839	759,560

Footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal Year 1968]

State	World War II				World War I					
	Deceased veterans				Living veterans					
	Service connected		Nonservice connected		Total		Service Connected		Nonservice connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	221,558	\$276,410,332	407,993	\$325,084,325	913,966	\$1,031,070,332	98,237	\$152,849,790	814,917	\$876,131,436
Foreign countries.....	28,935	23,203,930	2,343	2,255,661	11,967	16,646,567	560	1,193,270	11,403	15,443,422
U.S. possessions and associated areas.....	629	988,910	1,523	1,577,618	5,811	8,007,369	109	304,657	5,702	7,702,493
Commonwealth of Puerto Rico.....	580	902,852	1,414	1,471,104	5,763	7,952,341	103	297,541	5,660	7,654,581
All others.....	49	86,058	109	106,514	48	55,028	6	7,116	42	47,912
Total United States.....	191,994	252,217,492	404,127	321,251,046	896,188	1,006,416,396	97,618	151,351,863	797,812	852,985,521
Alabama.....	4,417	5,493,255	8,489	7,031,936	16,066	19,725,144	1,649	2,619,159	14,405	17,074,425
Alaska.....	51	72,836	297	245,377	211	216,299	17	19,960	194	196,339
Arizona.....	1,620	2,264,181	3,459	2,724,861	8,652	10,480,155	1,575	2,977,716	7,065	7,469,287
Arkansas.....	3,083	3,682,753	4,270	3,514,545	15,518	19,739,307	1,598	3,069,462	13,908	16,636,873
California.....	15,824	24,136,724	33,926	25,233,747	72,900	81,527,918	10,826	16,882,546	61,959	64,325,332
Colorado.....	1,840	2,483,843	3,623	2,787,998	9,346	11,290,853	1,617	3,002,821	7,713	8,241,171
Connecticut.....	2,044	2,774,144	4,831	3,728,732	9,571	10,138,804	1,508	2,195,900	8,053	7,918,516
Delaware.....	327	454,541	1,041	832,752	1,408	1,467,469	101	142,031	1,305	1,318,446
District of Columbia.....	991	2,168,672	1,755	1,401,992	2,951	3,371,650	608	853,155	2,332	2,486,660
Florida.....	7,095	10,481,051	13,398	10,308,238	46,054	61,399,494	5,378	8,462,724	40,607	42,744,299
Georgia.....	4,899	6,528,483	10,216	8,274,759	15,699	19,422,992	1,825	2,970,557	13,846	16,376,289
Hawaii.....	456	616,644	637	531,252	1,093	1,236,481	53	87,707	1,039	1,146,547
Idaho.....	624	738,613	1,292	1,005,288	4,180	4,710,758	343	581,832	3,836	4,126,699
Illinois.....	7,593	9,513,947	20,749	16,208,061	41,840	43,702,454	3,623	4,495,253	38,193	39,143,435
Indiana.....	3,965	4,838,104	9,323	7,306,630	23,444	24,885,026	2,420	3,211,791	21,013	21,643,806
Iowa.....	2,681	3,195,279	4,889	3,845,361	17,479	19,309,346	1,386	2,203,667	16,092	17,103,201
Kansas.....	2,665	3,244,278	4,342	3,307,996	13,562	14,943,087	1,109	1,620,878	12,448	13,307,830
Kentucky.....	4,797	5,646,833	7,455	6,305,269	18,126	21,299,407	2,284	3,338,722	15,830	17,930,598
Louisiana.....	3,662	4,768,838	8,959	7,759,865	15,290	18,771,836	1,190	2,202,424	14,096	16,558,960
Maine.....	1,368	1,741,114	2,131	1,758,365	6,141	7,089,665	531	909,095	5,605	6,167,831
Maryland.....	2,651	4,130,239	7,173	5,569,847	10,742	11,925,909	1,461	2,202,598	9,263	9,669,554

Massachusetts.....	6,556	8,926,156	11,465	9,197,166	24,778	27,648,875	4,578	6,864,316	20,169	20,698,740
Michigan.....	5,944	7,370,084	15,469	12,478,031	32,181	33,157,797	2,852	3,788,851	29,320	29,346,318
Minnesota.....	3,481	4,207,944	6,805	5,585,508	23,706	27,442,406	3,070	5,311,657	20,626	22,102,769
Mississippi.....	3,188	3,917,826	5,438	4,746,535	12,817	16,336,473	1,858	2,876,637	10,952	13,440,620
Missouri.....	5,076	6,233,507	9,272	7,311,926	29,294	33,145,741	2,652	4,047,572	26,616	29,029,219
Montana.....	584	6 8,746	1,694	1,382,896	3,983	4,471,333	593	813,908	3,387	3,569,487
Nebraska.....	1,425	1,747,599	2,393	1,864,402	7,839	8,796,136	698	1,116,089	7,140	7,677,449
Nevada.....	230	324,716	877	644,050	1,665	1,814,747	225	358,259	1,440	1,456,488
New Hampshire.....	738	1,013,443	1,454	1,154,333	3,588	4,034,555	417	691,090	3,168	3,336,665
New Jersey.....	5,422	7,253,823	14,017	10,786,274	23,811	24,204,383	2,102	2,773,879	21,688	21,368,247
New Mexico.....	1,299	1 6 '9 346	1,984	1,682,750	4,196	5,324,478	665	1,286,183	3,529	4,032,871
New York.....	15,147	20,230,386	36,802	28,634,088	64,086	67,512,727	6,516	9,406,444	57,524	57,985,803
North Carolina.....	5,477	6,979,915	11,359	9,316,678	19,333	23,742,746	1,515	2,775,905	17,805	20,928,912
North Dakota.....	509	557,760	955	817,235	2,755	3,230,828	352	565,675	2,402	2,662,675
Ohio.....	8,105	10,216,591	21,899	17,490,612	42,348	45,412,886	4,826	6,897,189	37,491	38,435,002
Oklahoma.....	3,889	4,678,563	5,594	4,296,290	17,375	20,964,985	1,601	2,678,778	15,769	18,273,528
Oregon.....	1,751	2,237,331	4,361	3,290,966	14,297	15,836,341	1,363	2,207,011	12,923	13,599,291
Pennsylvania.....	13,013	16,422,945	28,040	22,871,157	53,102	55,642,186	5,312	7,888,286	47,745	47,629,385
Rhode Island.....	1,005	1,392,245	1,976	1,578,359	4,615	5,001,187	451	727,231	4,160	4,262,786
South Carolina.....	2,643	3,483,115	6,215	5,237,973	9,613	11,782,074	800	1,140,138	8,793	10,584,647
South Dakota.....	609	697,628	1,242	1,055,214	5,014	5,658,408	446	633,460	4,568	5,024,948
Tennessee.....	4,983	5,983,000	9,048	7,486,072	19,924	23,830,803	1,910	3,058,662	18,001	20,737,385
Texas.....	12,537	16,497,906	22,465	17,721,325	46,901	56,762,068	4,652	8,083,734	42,214	48,582,793
Utah.....	715	884,577	1,673	1,331,601	3,759	4,046,007	451	702,723	3,308	3,343,284
Vermont.....	467	625,909	778	641,336	2,272	2,633,900	230	509,338	1,991	2,121,964
Virginia.....	4,682	6,790,137	9,300	7,477,184	16,231	18,636,137	1,433	2,276,311	14,777	16,302,370
Washington.....	2,781	3,870,733	5,934	4,396,850	17,104	19,041,356	1,655	2,735,650	15,437	16,271,872
West Virginia.....	3,138	3,686,712	5,479	4,682,893	11,960	13,634,518	771	1,344,248	11,181	12,269,474
Wisconsin.....	3,720	4,381,511	7,272	5,931,817	25,470	27,919,173	2,269	3,337,342	23,192	24,555,120
Wyoming.....	227	282,966	612	476,594	1,898	2,097,088	203	325,299	1,694	1,769,311

Footnotes at end of table.

Table 36.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal Year 1968]

State	World War I								Korean conflict	
	Living veterans		Deceased veterans						Living veterans	
	Emergency officers retirement pay		Total		Service connected		Nonservice connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total	762	\$2,089,106	608,173	\$432,503,586	38,713	\$64,048,664	569,460	\$368,454,922	256,267	\$283,249,766
Foreign countries	4	9,875	9,371	3,306,115	641	1,043,997	8,730	7,262,118	864	1,355,670
U.S. possessions and associated areas		219	3,586	3,106,196	180	303,660	3,406	2,802,536	5,781	10,174,561
Commonwealth of Puerto Rico		219	3,500	3,032,173	175	295,362	3,325	2,736,811	5,632	10,029,877
All others			86	74,023	5	8,298	81	65,725	149	144,684
Total United States	758	2,079,012	595,216	421,091,275	37,892	62,701,007	557,324	358,390,268	249,622	271,719,535
Alabama	12	31,560	11,899	9,081,225	746	1,200,413	11,153	7,880,812	4,769	5,573,614
Alaska			86	58,291	3	4,206	83	54,085	282	242,674
Arizona	12	33,152	4,071	3,200,085	616	1,034,046	3,455	2,166,039	2,401	3,238,454
Arkansas	12	32,972	8,699	6,822,866	735	1,174,983	7,964	5,648,883	2,523	3,799,377
California	115	320,040	43,814	31,621,264	3,984	6,811,917	39,830	24,809,347	25,733	28,166,952
Colorado	16	46,861	4,918	3,794,270	668	1,121,122	4,250	2,673,148	3,301	3,939,887
Connecticut	10	24,388	6,947	4,681,195	498	828,835	6,449	3,852,360	3,327	3,059,232
Delaware	2	6,992	1,151	786,388	61	105,552	1,090	680,836	662	698,619
District of Columbia	11	31,835	2,501	1,966,589	310	553,384	2,191	1,413,205	1,775	2,043,130
Florida	69	192,471	22,101	15,826,455	1,573	2,661,597	20,528	13,164,858	9,174	11,742,334
Georgia	28	76,146	13,208	10,228,512	1,017	1,681,292	12,191	8,547,220	5,030	6,046,490
Hawaii	1	2,227	672	474,350	23	40,362	649	433,988	1,145	1,254,755
Idaho	1	2,227	1,681	1,163,646	89	143,709	1,592	1,019,937	799	923,262
Illinois	24	63,766	30,512	20,228,478	1,349	2,199,086	29,163	18,029,392	9,211	9,165,961
Indiana	11	29,429	15,469	10,580,446	892	1,461,847	14,577	9,118,599	4,729	5,054,139
Iowa	1	2,478	9,320	6,329,094	479	767,465	8,841	5,561,689	2,632	2,911,146
Kansas	5	14,379	7,300	4,986,330	376	624,769	6,924	4,361,561	2,274	2,777,686
Kentucky	12	30,087	12,139	9,120,596	931	1,506,910	11,208	7,613,686	3,863	4,399,371

Louisiana.....	4	10,452	12,038	9,252,653	809	1,293,226	11,229	7,959,427	4,606	5,306,669
Maine.....	5	12,739	3,976	2,786,368	216	361,888	3,760	2,424,480	1,464	1,758,328
Maryland.....	18	53,757	9,699	6,771,830	606	1,040,361	9,093	5,731,469	4,468	4,623,668
Massachusetts.....	31	85,819	21,238	14,967,005	1,647	2,788,277	19,591	12,178,728	13,715	11,984,439
Michigan.....	9	22,628	21,135	14,059,082	913	1,487,807	20,222	12,571,275	9,511	10,256,186
Minnesota.....	10	27,980	12,007	8,559,552	930	1,526,458	11,077	7,034,094	4,892	4,848,019
Mississippi.....	7	19,216	8,593	7,094,062	954	1,572,774	7,639	5,521,288	2,630	3,142,679
Missouri.....	26	68,950	17,957	12,700,367	1,042	1,681,484	16,915	11,018,883	5,110	5,843,046
Montana.....	3	7,938	1,793	1,249,876	112	186,880	1,681	1,062,996	789	835,683
Nebraska.....	1	2,598	4,070	2,808,472	237	396,695	3,833	2,411,777	1,702	1,872,674
Nevada.....	3	6,800	2,445	1,707,148	173	292,384	2,272	1,414,764	1,037	1,151,401
New Hampshire.....	21	62,257	20,119	13,095,703	851	1,413,614	19,268	11,682,089	9,279	8,078,536
New Jersey.....	2	5,424	2,276	1,842,520	306	507,080	1,970	1,335,440	1,803	2,406,823
New Mexico.....	46	120,480	51,616	34,550,966	2,536	4,211,726	49,080	30,339,240	22,783	22,468,595
New York.....	13	37,929	14,713	10,961,933	799	1,314,305	13,914	9,647,628	5,537	6,639,688
North Carolina.....	1	2,478	1,299	898,535	67	105,335	1,232	793,200	581	592,338
North Dakota.....	31	80,695	28,897	19,729,391	1,661	2,722,099	27,236	17,007,292	12,411	12,817,964
Ohio.....	5	12,679	10,067	7,376,035	607	971,351	9,460	6,404,684	3,699	4,522,649
Oklahoma.....	11	30,039	6,444	4,434,696	415	678,593	6,029	3,756,103	2,114	2,566,770
Oregon.....	45	124,515	42,209	28,593,077	2,062	3,424,471	40,147	25,168,066	14,763	14,649,783
Pennsylvania.....	4	11,170	3,614	2,412,934	160	269,075	3,454	2,143,859	1,422	1,362,724
Rhode Island.....	20	57,289	8,867	6,801,825	564	920,852	8,303	5,880,973	2,663	3,308,715
South Carolina.....	13	34,756	2,361	1,043,671	120	191,448	2,241	1,452,223	855	997,516
South Dakota.....	35	95,541	13,684	10,392,546	969	1,561,433	12,715	8,831,113	4,012	4,919,056
Tennessee.....	1	2,598	1,435	1,043,673	127	216,335	1,308	827,338	570	651,387
Texas.....	21	57,456	12,786	9,288,430	740	1,257,335	12,046	8,031,095	5,700	7,025,149
Utah.....	12	33,834	8,460	5,712,194	501	825,894	7,959	4,886,300	4,644	5,388,382
Vermont.....	8	20,796	7,773	5,520,906	353	564,593	7,420	4,956,313	2,779	3,463,653
Virginia.....	9	26,711	13,111	8,862,374	767	1,247,790	12,344	7,614,584	5,113	5,068,224
Wisconsin.....	1	2,478	856	592,274	59	93,886	797	498,388	380	424,893
Wyoming.....										

Footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal Year 1968]

State	Korean conflict									
	Living veterans					Deceased veterans				
	Service connected		Nonservice connected		Total		Service connected		Nonservice connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	235,115	\$257,515,027	21,152	\$25,734,739	86,995	\$99,580,482	40,176	\$58,116,717	46,819	\$41,463,765
Foreign countries.....	805	1,270,014	59	85,656	771	1,104,874	514	875,211	257	229,663
U.S. possessions and associated areas.....	4,886	8,901,168	895	1,273,393	1,535	2,091,217	975	1,449,110	560	642,107
Commonwealth of Puerto Rico.....	4,747	8,766,467	885	1,263,410	1,475	2,007,698	945	1,397,751	530	609,947
All others.....	139	134,701	10	9,983	60	83,519	30	51,359	30	32,160
Total United States.....	229,424	247,343,845	20,198	24,375,690	84,689	96,384,391	38,687	55,792,396	46,002	40,591,995
Alabama.....	4,271	4,958,997	498	614,617	2,232	2,540,883	1,070	1,516,370	1,162	1,024,513
Alaska.....	276	236,479	6	6,195	73	71,238	19	24,098	54	47,140
Arizona.....	2,257	3,058,998	144	179,456	918	1,107,130	423	675,963	495	431,167
Arkansas.....	2,184	3,379,023	339	420,354	1,137	1,278,014	639	850,582	498	427,432
California.....	24,264	26,410,201	1,469	1,756,751	8,552	10,531,732	3,987	6,746,625	4,565	3,785,107
Colorado.....	3,097	3,687,934	204	251,953	1,018	1,191,057	479	724,014	539	467,043
Connecticut.....	3,143	2,850,090	184	209,142	771	874,971	291	441,591	480	433,380
Delaware.....	613	640,075	49	58,544	175	197,920	61	95,386	114	102,534
District of Columbia.....	1,574	1,808,150	201	234,980	510	772,067	268	567,794	242	204,273
Florida.....	8,650	11,083,440	524	658,894	3,364	4,470,508	1,861	3,202,943	1,503	1,267,565
Georgia.....	4,360	5,227,614	670	818,876	2,406	2,798,096	1,196	1,750,985	1,210	1,047,111
Hawaii.....	1,095	1,221,239	50	53,516	380	455,308	246	339,437	134	115,871
Idaho.....	747	851,968	52	71,294	350	370,041	129	173,660	221	196,381
Illinois.....	8,279	8,085,883	932	1,080,078	3,589	3,707,204	1,334	1,725,832	2,255	1,981,372
Indiana.....	4,357	4,613,673	372	440,466	1,946	2,004,702	759	951,268	1,187	1,053,434
Iowa.....	2,426	2,666,651	206	244,495	1,002	1,061,299	447	558,322	555	502,977
Kansas.....	2,071	2,536,475	203	241,211	1,023	1,107,532	480	659,118	543	448,414
Kentucky.....	3,404	3,808,655	459	590,716	1,845	2,003,688	998	1,224,159	847	779,529
Louisiana.....	4,111	4,691,595	495	615,074	1,822	2,105,430	880	1,237,851	942	867,579
Maine.....	1,336	1,592,573	128	165,755	546	615,238	274	367,186	272	248,052
Maryland.....	4,173	4,266,753	295	356,915	1,487	1,843,169	663	1,106,530	824	736,639

Massachusetts.....	13, 134	11, 275, 193	581	709, 246	2, 004	2, 353, 044	969	1, 425, 410	1, 035	927, 634
Michigan.....	8, 797	9, 430, 249	714	825, 937	2, 915	3, 003, 088	979	1, 245, 589	1, 936	1, 757, 499
Minnesota.....	4, 527	4, 407, 012	365	441, 007	1, 398	1, 517, 712	579	749, 471	819	768, 241
Mississippi.....	2, 302	2, 730, 733	328	411, 946	1, 228	1, 430, 212	666	925, 338	562	504, 874
Missouri.....	4, 693	5, 329, 434	417	513, 612	2, 187	2, 365, 091	1, 011	1, 337, 264	1, 176	1, 027, 827
Montana.....	746	782, 336	43	53, 347	330	331, 828	97	128, 750	233	203, 078
Nebraska.....	1, 593	1, 725, 022	109	147, 652	576	607, 261	227	305, 430	349	301, 831
Nevada.....	586	590, 375	23	34, 715	210	239, 333	74	125, 148	136	114, 185
New Hampshire.....	964	1, 061, 920	73	89, 481	317	361, 832	137	212, 579	180	149, 253
New Jersey.....	8, 819	7, 558, 055	460	520, 481	1, 999	2, 238, 030	781	1, 138, 135	1, 213	1, 099, 895
New Mexico.....	1, 637	2, 192, 735	166	214, 038	609	707, 496	274	397, 481	335	310, 015
New York.....	20, 827	20, 244, 458	1, 956	2, 224, 137	5, 184	5, 622, 746	2, 008	2, 786, 991	3, 176	2, 835, 755
North Carolina.....	4, 945	5, 886, 393	592	753, 295	2, 482	2, 744, 811	1, 198	1, 640, 221	1, 284	1, 104, 590
North Dakota.....	542	544, 137	39	48, 151	269	280, 742	118	134, 463	151	146, 279
Ohio.....	11, 373	11, 573, 935	1, 038	1, 244, 029	3, 784	4, 009, 932	1, 469	1, 917, 150	2, 315	2, 092, 782
Oklahoma.....	3, 338	4, 063, 334	361	459, 315	1, 500	1, 674, 765	812	1, 103, 619	688	571, 146
Oregon.....	1, 901	2, 296, 005	213	270, 765	839	907, 831	314	458, 000	525	449, 831
Pennsylvania.....	13, 526	13, 240, 721	1, 237	1, 409, 062	4, 559	4, 958, 484	2, 008	2, 629, 570	2, 551	2, 328, 914
Rhode Island.....	1, 338	1, 264, 799	84	97, 925	332	403, 414	162	247, 265	170	156, 149
South Carolina.....	2, 299	2, 849, 905	364	458, 810	1, 529	1, 748, 204	740	1, 040, 942	789	707, 262
South Dakota.....	730	842, 671	125	154, 845	348	381, 894	116	156, 487	232	225, 407
Tennessee.....	3, 513	4, 292, 555	499	626, 501	2, 124	2, 249, 542	1, 109	1, 368, 603	1, 015	880, 939
Texas.....	12, 199	14, 521, 105	1, 057	1, 317, 645	5, 359	6, 463, 102	2, 658	4, 040, 657	2, 701	2, 422, 445
Utah.....	1, 081	1, 169, 917	44	53, 058	397	414, 798	129	178, 560	268	236, 238
Vermont.....	502	605, 197	38	46, 190	169	192, 232	76	107, 308	93	84, 924
Virginia.....	5, 115	6, 318, 898	585	706, 251	2, 426	3, 096, 040	1, 368	2, 189, 435	1, 058	906, 605
Washington.....	4, 334	5, 006, 965	310	381, 417	1, 495	1, 803, 657	698	1, 132, 096	797	671, 561
West Virginia.....	2, 319	2, 877, 328	460	586, 325	1, 289	1, 378, 661	725	859, 338	564	519, 323
Wisconsin.....	4, 710	4, 600, 152	403	468, 072	1, 536	1, 629, 198	631	799, 766	905	829, 432
Wyoming.....	346	385, 740	34	39, 153	149	162, 184	50	71, 616	99	90, 568

Footnotes at end of table.

Table 86.—*Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued*

[Fiscal Year 1968].

State	Vietnam conflict									
	Living veterans						Deceased veterans			
	Total		Service connected		Nonservice connected		Total		Service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	47,101	\$39,260,872	46,774	\$38,973,887	327	\$286,985	20,092	\$19,766,488	19,511	\$19,457,759
Foreign countries.....	155	173,794	155	173,794	-----	-----	502	662,758	496	658,473
U.S. possessions and associated areas.....	767	1,013,106	766	1,012,382	1	724	186	270,699	182	268,466
Commonwealth of Puerto Rico.....	742	988,049	741	987,325	1	724	163	226,284	159	224,051
All others.....	25	25,057	25	25,057	-----	-----	23	44,415	23	44,415
Total United States.....	46,179	38,073,972	45,853	37,787,711	326	286,261	19,404	18,833,031	18,833	18,530,820
Alabama.....	750	635,603	746	633,157	4	2,446	566	560,654	555	553,862
Alaska.....	47	41,718	47	41,718	-----	-----	19	19,799	19	19,799
Arizona.....	399	342,954	395	338,583	4	4,371	209	211,131	203	208,484
Arkansas.....	476	499,447	472	496,471	4	2,976	270	246,086	265	243,257
California.....	3,928	3,443,127	3,901	3,417,925	27	25,202	2,189	2,222,563	2,141	2,198,959
Colorado.....	626	518,550	621	514,966	5	3,584	311	321,799	303	316,867
Connecticut.....	736	519,158	733	516,926	3	2,232	119	116,125	117	115,132
Delaware.....	115	80,055	115	80,055	-----	-----	59	61,851	58	61,536
District of Columbia.....	339	258,098	339	258,098	-----	-----	106	103,743	103	102,419
Florida.....	1,974	1,608,202	1,962	1,599,239	12	8,963	950	952,730	938	945,182
Georgia.....	945	969,539	938	964,253	7	5,286	882	887,742	869	881,904
Hawaii.....	230	178,947	229	177,667	1	1,280	141	150,233	138	148,563
Idaho.....	143	109,220	143	109,220	-----	-----	56	50,878	54	49,759
Illinois.....	1,856	1,355,337	1,839	1,339,342	17	15,965	579	500,657	546	482,842
Indiana.....	910	877,314	906	873,444	4	3,870	337	313,878	325	306,078
Iowa.....	457	422,534	453	418,807	4	3,727	150	142,183	143	139,236
Kansas.....	347	331,693	345	329,912	2	1,781	242	253,635	230	246,701
Kentucky.....	625	620,777	618	612,701	7	8,076	455	417,715	450	415,012
Louisiana.....	725	640,188	721	636,962	4	3,226	409	374,830	398	368,558
Maine.....	257	252,013	254	249,996	3	2,017	121	123,348	116	119,818
Maryland.....	785	607,310	779	602,539	6	4,771	386	397,893	378	394,213

Massachusetts.....	1,650	1,230,593	1,641	1,222,574	9	8,019	346	344,537	337	339,471
Michigan.....	2,099	1,680,546	2,092	1,674,766	7	5,780	501	443,303	483	434,045
Minnesota.....	1,005	730,397	997	722,006	8	8,391	200	178,536	190	173,541
Mississippi.....	384	416,523	377	408,990	7	7,533	264	257,268	259	254,179
Missouri.....	730	574,007	725	569,930	5	4,077	388	368,839	373	361,251
Montana.....	121	85,185	119	83,368	2	1,817	64	59,031	61	56,730
Nebraska.....	358	267,845	352	262,380	6	5,465	119	109,995	111	105,331
Nevada.....	93	88,402	92	88,080	1	322	48	46,922	44	45,606
New Hampshire.....	237	202,680	233	199,168	4	3,512	79	83,836	77	82,804
New Jersey.....	1,754	1,342,540	1,747	1,337,075	7	5,465	385	361,269	377	357,566
New Mexico.....	433	337,061	425	330,358	8	6,703	146	138,489	145	137,559
New York.....	4,959	3,576,119	4,923	3,548,596	36	27,523	783	685,361	741	662,701
North Carolina.....	1,102	1,032,291	1,100	1,030,732	2	1,559	799	802,935	780	792,921
North Dakota.....	113	70,189	111	67,986	2	2,203	43	37,635	43	37,635
Ohio.....	2,249	1,979,650	2,231	1,961,530	18	18,120	725	644,428	690	626,345
Oklahoma.....	658	648,469	652	642,789	6	5,680	418	403,015	405	396,397
Oregon.....	344	298,461	341	295,120	3	3,341	161	149,034	147	141,383
Pennsylvania.....	2,454	1,868,034	2,430	1,848,305	24	19,729	746	688,171	718	674,611
Rhode Island.....	273	159,299	271	157,811	2	1,488	76	82,553	75	82,025
South Carolina.....	389	362,139	382	356,602	7	5,537	437	432,114	428	426,985
South Dakota.....	118	110,172	117	109,035	1	1,137	63	57,254	59	54,654
Tennessee.....	585	662,820	578	656,718	7	6,102	570	530,786	553	522,844
Texas.....	3,093	2,579,645	3,082	2,569,695	11	9,950	1,645	1,635,671	1,604	1,614,980
Utah.....	145	138,978	144	136,832	1	2,146	94	91,274	90	88,185
Vermont.....	78	74,165	77	73,421	1	744	42	35,302	40	37,546
Virginia.....	1,291	1,151,585	1,288	1,148,530	3	3,055	802	882,765	790	877,187
Washington.....	1,080	868,062	1,069	858,584	11	9,478	416	417,979	406	412,448
West Virginia.....	433	401,932	432	401,188	1	744	249	218,649	237	211,644
Wisconsin.....	1,217	773,834	1,206	763,740	11	10,094	207	182,538	189	172,996
Wyoming.....	64	50,565	63	49,821	1	744	32	31,069	32	31,069

Footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal Year 1968]

State	Vietnam conflict		Regular Establishment							
	Deceased veterans		Living veterans						Deceased veterans	
	Nonservice connected		Total		Service connected		Special acts		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	581	\$308,729	180,452	\$169,460,946	180,337	\$169,438,753	115	\$22,193	47,427	\$97,758,022
Foreign countries.....	6	4,285	1,533	2,013,780	1,533	2,018,780	-----	-----	1,731	3,139,241
U.S. possessions and associated areas.....	4	2,233	2,141	3,133,373	2,141	3,133,373	-----	-----	374	757,391
Commonwealth of Puerto Rico.....	4	2,233	2,061	3,045,023	2,061	3,046,023	-----	-----	316	619,313
All others.....	-----	-----	80	87,350	80	87,350	-----	-----	58	138,078
Total United States.....	571	302,211	176,778	164,303,793	176,663	164,286,600	115	22,193	45,322	93,861,382
Alabama.....	11	6,792	3,164	3,081,997	3,164	3,081,997	-----	-----	1,205	2,451,353
Alaska.....	-----	-----	243	181,394	243	181,394	-----	-----	37	81,437
Arizona.....	6	2,647	1,970	2,093,034	1,969	2,097,894	1	140	646	1,372,616
Arkansas.....	5	2,829	2,014	2,585,588	2,011	2,586,029	3	559	613	1,159,991
California.....	48	23,604	19,534	18,335,343	19,530	18,335,725	4	618	6,021	13,679,179
Colorado.....	8	4,932	2,797	2,787,449	2,795	2,786,959	2	490	720	1,544,446
Connecticut.....	2	993	2,719	2,154,966	2,718	2,154,873	1	93	359	751,891
Delaware.....	1	315	470	452,747	469	452,607	1	140	104	220,557
District of Columbia.....	3	1,324	1,415	1,571,812	1,413	1,571,462	2	350	493	1,389,013
Florida.....	12	7,548	7,404	7,704,019	7,401	7,703,588	3	431	2,789	6,232,015
Georgia.....	13	5,838	3,953	4,090,660	3,947	4,089,413	6	1,247	1,557	3,078,434
Hawaii.....	3	1,670	786	633,109	786	633,109	-----	-----	204	438,713
Idaho.....	2	1,119	632	589,840	632	589,840	-----	-----	157	281,708
Illinois.....	33	17,815	5,753	5,055,704	5,750	5,055,226	3	478	1,200	2,252,022
Indiana.....	12	7,800	3,266	2,959,761	3,252	2,956,847	14	2,914	714	1,332,401
Iowa.....	7	2,947	1,568	1,687,530	1,566	1,687,297	2	233	348	644,741
Kansas.....	12	6,934	1,513	1,584,622	1,513	1,584,622	-----	-----	571	1,134,820
Kentucky.....	5	2,703	2,493	2,584,894	2,472	2,581,503	21	3,391	924	1,696,641

Louisiana.....	11	6,272	3,140	3,096,874	3,140	3,096,874			903	1,783,323
Maine.....	5	3,530	1,077	1,068,786	1,076	1,068,646	1	140	274	573,875
Maryland.....	8	3,680	3,437	3,031,284	3,436	3,030,934	1	350	980	2,273,180
Massachusetts.....	9	5,066	8,099	6,047,660	8,099	6,047,660			1,149	2,383,100
Michigan.....	18	9,258	6,361	5,739,014	6,359	5,738,676	2	338	901	1,693,240
Minnesota.....	10	4,995	3,036	2,542,952	3,035	2,542,812	1	140	492	901,573
Mississippi.....	5	3,089	1,769	1,907,417	1,768	1,907,277	1	140	675	1,369,317
Missouri.....	15	7,588	3,390	3,396,050	3,388	3,395,770	2	280	928	1,785,429
Montana.....	3	2,301	580	521,132	579	520,934	1	198	128	238,330
Nebraska.....	8	4,664	1,064	1,074,205	1,063	1,074,065	1	140	282	547,623
Nevada.....	4	1,316	530	456,674	530	456,674			118	246,710
New Hampshire.....	2	1,032	821	789,142	821	789,142			190	421,685
New Jersey.....	8	3,703	6,114	4,377,156	6,114	4,377,156			898	1,844,404
New Mexico.....	1	930	1,244	1,206,955	1,244	1,206,955			339	681,311
New York.....	42	22,660	15,452	12,759,195	15,447	12,758,053	5	1,142	1,893	3,759,402
North Carolina.....	19	10,014	4,019	4,337,498	4,014	4,336,262	5	1,236	1,488	2,979,000
North Dakota.....			391	335,552	391	335,552			91	159,476
Ohio.....	35	18,083	7,676	6,993,060	7,669	6,991,813	7	1,247	1,334	2,510,386
Oklahoma.....	13	6,618	2,812	2,768,601	2,811	2,768,368	1	233	867	1,759,135
Oregon.....	14	7,651	1,949	1,977,192	1,949	1,977,192			417	802,616
Pennsylvania.....	28	13,560	10,416	9,150,012	10,414	9,149,756	2	256	1,854	3,651,410
Rhode Island.....	1	528	1,065	874,775	1,065	874,775			232	528,812
South Carolina.....	9	5,129	2,128	2,039,216	2,126	2,038,960	2	256	866	1,736,982
South Dakota.....	4	2,600	467	489,314	466	488,148	1	1,166	122	212,597
Tennessee.....	17	7,942	2,778	3,093,538	2,770	3,091,941	8	1,597	1,130	2,135,955
Texas.....	41	20,691	9,829	9,652,327	9,828	9,652,152	1	175	3,773	7,976,603
Utah.....	4	3,089	836	707,511	836	707,511			191	52,223
Vermont.....	2	756	349	346,179	349	346,179			88	183,383
Virginia.....	12	5,578	4,413	4,498,155	4,407	4,496,756	6	1,399	1,910	4,374,541
Washington.....	10	5,531	3,943	3,719,815	3,943	3,719,815			1,023	2,183,403
West Virginia.....	12	7,005	1,658	1,663,653	1,655	1,663,117	3	536	523	945,429
Wisconsin.....	18	9,542	4,001	3,255,147	4,000	3,255,007	1	140	547	1,024,942
Wyoming.....			240	251,283	240	251,283			54	100,009

Footnotes at end of table.

Table 36.—*Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued*

[Fiscal Year 1968]

State	Regular Establishment				Spanish-American War					
	Deceased veterans				Living veterans					
	Service connected		Special acts		Total		Service connected		Nonservice connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total	47,409	\$97,753,846	18	\$4,176	7,171	\$12,025,114	56	\$215,879	7,115	\$11,809,235
Foreign countries	1,731	3,139,249	-----	-----	264	587,379	-----	-----	264	587,379
U.S. possessions and associated areas	374	757,391	-----	-----	40	83,892	-----	-----	40	83,892
Commonwealth of Puerto Rico	316	619,313	-----	-----	39	82,368	-----	-----	39	82,368
All others	58	138,078	-----	-----	1	1,524	-----	-----	1	1,524
Total United States	45,304	93,857,206	18	4,176	6,867	11,353,843	56	215,879	6,811	11,137,964
Alabama	1,205	2,451,353	-----	-----	52	100,366	2	6,431	50	93,935
Alaska	37	81,437	-----	-----	4	5,674	-----	-----	4	5,674
Arizona	646	1,375,616	-----	-----	69	127,534	2	8,896	67	118,638
Arkansas	613	1,159,991	-----	-----	97	187,021	-----	-----	97	187,021
California	6,018	13,678,503	3	676	1,064	1,607,012	9	38,737	1,055	1,658,275
Colorado	720	1,544,446	-----	-----	82	140,601	1	4,131	81	136,470
Connecticut	358	750,913	1	978	72	107,444	-----	-----	72	107,444
Delaware	104	220,557	-----	-----	14	21,383	-----	-----	14	21,383
District of Columbia	493	1,389,013	-----	-----	122	180,324	2	5,681	120	174,643
Florida	2,789	6,232,015	-----	-----	554	941,713	4	16,852	550	924,861
Georgia	1,557	3,078,434	-----	-----	83	139,313	-----	-----	83	139,313
Hawaii	204	438,713	-----	-----	4	5,674	-----	-----	4	5,674
Idaho	157	281,708	-----	-----	31	52,043	-----	-----	31	52,043
Illinois	1,200	2,252,022	-----	-----	249	401,978	2	7,943	247	394,035
Indiana	711	1,331,933	3	468	220	374,289	4	15,391	216	358,898
Iowa	348	644,741	-----	-----	83	143,462	3	12,709	80	130,693
Kansas	571	1,134,820	-----	-----	118	197,738	2	7,359	116	190,379
Kentucky	921	1,696,173	3	468	172	324,765	3	15,569	169	309,196

Louisiana	903	1,783,323			68	115,447			68	115,447
Maine	274	573,875			32	54,307			32	54,307
Maryland	979	2,273,024	1	156	84	132,898	1	3,813	83	129,085
Massachusetts	1,148	2,382,944	1	156	185	302,266	1	3,813	184	298,453
Michigan	900	1,693,084	1	156	189	307,374	1	3,813	188	303,561
Minnesota	492	901,573			90	154,006			90	154,006
Mississippi	675	1,369,317			49	82,111			49	82,111
Missouri	928	1,785,429			175	285,623	1	267	174	285,356
Montana	128	238,330			31	51,850			31	51,850
Nebraska	282	547,623			53	88,673			53	88,673
Nevada	118	246,710			17	28,640			17	28,640
New Hampshire	190	421,685			33	52,146			33	52,146
New Jersey	898	1,844,404			178	267,768			178	267,768
New Mexico	339	681,311			26	45,198			26	45,198
New York	1,891	3,758,986	2	416	411	626,528	4	14,311	407	612,217
North Carolina	1,488	2,979,000			89	161,430			89	161,430
North Dakota	91	159,476			12	18,167			12	18,167
Ohio	1,333	2,510,230	1	156	386	648,276	2	9,812	384	638,464
Oklahoma	867	1,759,135			86	157,390			86	157,390
Oregon	417	802,616			144	260,165	1	4,131	143	256,034
Pennsylvania	1,854	3,651,410			373	580,584	3	9,989	370	570,595
Rhode Island	232	528,812			35	54,964			35	54,964
South Carolina	866	1,736,982			43	79,182	1	3,813	42	75,369
South Dakota	122	212,597			26	40,567			26	40,567
Tennessee	1,129	2,135,799	1	156	171	313,916	2	5,414	169	308,502
Texas	3,772	7,976,213	1	390	237	398,181	3	13,230	234	384,951
Utah	191	352,223			27	43,320			27	43,320
Vermont	88	183,383			15	27,096			15	27,096
Virginia	1,910	4,374,541			136	218,671			136	218,671
Washington	1,023	2,183,403			189	302,635			189	302,635
West Virginia	523	945,429			62	106,209	1	2,046	61	104,163
Wisconsin	547	1,024,942			111	176,449	1	1,728	110	174,721
Wyoming	54	100,009			14	23,532			14	23,532

Footnotes at end of table.

Table 36.—*Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued*

[Fiscal Year 1968]

State	Spanish-American War						Civil War			
	Deceased veterans						Deceased veterans			
	Total		Service connected		Nonservice connected		Total		Service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	49,234	\$43,763,252	503	\$858,969	48,731	\$42,904,283	1,171	\$1,049,213	31	\$44,990
Foreign countries.....	1,732	1,634,494	5	7,938	1,727	1,626,556	5	4,450		
U.S. possessions and as- sociated areas.....	262	227,764	1	1,590	261	226,174				
Commonwealth of Puerto Rico.....	242	211,683	1	1,590	241	210,093				
All others.....	20	16,081			20	16,081				
Total United States.....	47,240	41,900,994	497	849,441	46,743	41,051,553	1,166	1,044,763	31	44,990
Alabama.....	566	513,297	8	13,311	558	499,986	42	38,644		
Alaska.....	10	10,107			10	10,107				
Arizona.....	334	292,985	3	4,972	331	288,013	5	3,662		
Arkansas.....	544	489,650	4	6,834	540	482,816	41	36,721		
California.....	6,931	6,000,927	59	103,096	6,872	5,897,831	64	55,534	1	1,312
Colorado.....	516	455,195		6,600	512	448,595	12	10,367		
Connecticut.....	479	414,575	2	3,281	477	411,294	6	5,110		1
Delaware.....	109	97,211	1	1,801	108	95,410	2	1,776		
District of Columbia.....	487	434,100	4	6,884	483	427,216	10	10,342	2	3,419
Florida.....	2,548	2,282,458	37	62,718	2,511	2,219,740	53	49,370	1	1,601
Georgia.....	910	829,673	13	26,597	897	803,076	49	44,898		
Hawaii.....	39	34,906	1	1,838	38	33,068				
Idaho.....	173	155,166	3	4,120	175	151,046	2	1,095		
Illinois.....	2,056	1,820,748	20	33,419	2,036	1,787,329	50	43,970	2	2,625
Indiana.....	1,430	1,298,765	30	50,863	1,400	1,247,902	48	39,237	2	2,625
Iowa.....	597	552,296	12	19,528	585	532,768	19	17,720	3	4,226
Kansas.....	725	664,802	5	8,253	720	656,549	33	27,608		
Kentucky.....	1,181	1,049,474	17	27,695	1,164	1,021,779	50	45,311		

Louisiana.....	551	497,739			551	497,739	15	15,319		
Maine.....	293	255,378	5	8,352	288	247,026	15	16,876		
Maryland.....	850	753,465	12	21,280	838	732,185	18	12,386		
Massachusetts.....	1,249	1,092,302	11	18,751	1,238	1,073,551	23	19,383		
Michigan.....	1,353	1,182,491	14	23,340	1,339	1,159,151	32	29,248	3	4,804
Minnesota.....	676	605,817	8	13,965	668	591,852	13	12,710	1	1,601
Mississippi.....	350	315,398	3	4,626	347	310,772	32	27,511		
Missouri.....	1,381	1,220,298	12	20,898	1,369	1,199,400	49	42,653	1	1,649
Montana.....	185	165,093	4	6,378	181	158,713	4	3,443		
Nebraska.....	346	314,433	2	3,281	344	311,152	8	8,140		
Nevada.....	77	69,428	2	3,281	75	66,47	1	852		
New Hampshire.....	183	158,598	3	4,330	180	154,268	3	2,677		
New Jersey.....	1,346	1,163,301	7	11,855	1,339	1,151,446	16	13,951	1	1,601
New Mexico.....	148	132,460	3	4,922	145	127,538	4	3,480		
New York.....	3,231	2,831,669	31	53,774	3,200	2,777,895	37	30,163		
North Carolina.....	849	774,975	8	15,026	841	759,949	41	38,765		
North Dakota.....	73	63,198			73	63,198				
Ohio.....	2,480	2,208,573	34	55,883	2,446	2,152,690	59	54,098	4	5,538
Oklahoma.....	717	640,520	7	11,831	710	628,689	19	17,083		
Oregon.....	859	771,548	10	16,629	849	754,919	6	5,828		
Pennsylvania.....	2,364	2,056,035	14	23,476	2,350	2,032,559	45	41,868	5	6,850
Rhode Island.....	189	166,040			189	166,040	5	4,441		
South Carolina.....	505	462,898	7	12,793	498	450,105	27	24,651		
South Dakota.....	127	115,350			127	115,350	3	2,628		
Tennessee.....	1,188	1,079,235	26	45,102	1,162	1,034,133	61	54,580	2	2,625
Texas.....	2,233	2,015,679	16	26,437	2,217	1,989,242	43	40,172	1	1,601
Utah.....	144	137,507	1	2,085	143	135,422	2	1,703		
Vermont.....	125	111,889	3	5,897	122	105,992	6	4,611		
Virginia.....	1,071	933,805	6	9,992	1,065	923,813	50	44,131		
Washington.....	1,237	1,100,776	12	21,613	1,225	1,079,163	8	7,782	1	1,601
West Virginia.....	435	392,078	2	3,281	433	388,797	25	22,412		
Wisconsin.....	699	640,518	10	16,740	689	623,778	9	8,965	1	1,312
Wyoming.....	86	76,165	1	1,813	85	74,352	1	888		

Footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal Year 1968]

State	Civil War		Indian War							
	Deceased veterans		Living veterans		Deceased veterans					
	Nonservice connected		Nonservice connected		Total		Service connected		Nonservice connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	1, 140	\$1, 004, 223	2	\$3, 258	224	\$196, 851	4	\$2, 152	220	\$194, 699
Foreign countries.....	5	4, 450			3	2, 723	1	1, 094	2	1, 629
U.S. possessions and associated areas.....										
Commonwealth of Puerto Rico.....										
All others.....										
Total United States.....	1, 135	999, 773	2	3, 258	221	194, 128	3	1, 058	218	193, 070
Alabama.....	42	38, 644			1	863			1	863
Alaska.....										
Arizona.....	5	3, 662			9	8, 063			9	8, 063
Arkansas.....	41	36, 721			3	3, 206			3	3, 206
California.....	63	54, 222	1	1, 629	36	30, 806			36	30, 806
Colorado.....	12	10, 367			2	1, 369			2	1, 369
Connecticut.....	6	5, 110								
Delaware.....	2	1, 776								
District of Columbia.....	8	6, 923			5	3, 818	1		4	3, 489
Florida.....	52	47, 769			13	10, 017	1	329	12	9, 617
Georgia.....	49	44, 898			2	863			1	863
Hawaii.....					2	653			2	653
Idaho.....	2	1, 095			1	1, 541			1	1, 541
Illinois.....	48	41, 345			10	9, 284			10	9, 284
Indiana.....	46	36, 612	1	1, 629	5	4, 315			5	4, 315
Iowa.....	16	13, 494			4	4, 069			4	4, 069
Kansas.....	33	27, 608			7	6, 140			7	6, 140
Kentucky.....	50	45, 311			4	3, 452			4	3, 452

Louisiana	15	15,319	1	863	1	
Maine	18	16,876				
Maryland	15	12,386	6	4,821	6	4,821
Massachusetts	23	19,383	1	900	1	900
Michigan	29	24,444	7	5,544	1	5,215
Minnesota	12	11,109	5	4,352	5	4,352
Mississippi	32	27,511	1	505	1	505
Missouri	48	41,004	6	5,215	6	5,215
Montana	4	3,443	3	2,589	3	2,589
Nebraska	8	8,140	5	4,932	5	4,932
Nevada	1	852	1	863	1	863
New Hampshire	3	2,677				
New Jersey	15	12,350	4	4,685	4	4,685
New Mexico	4	3,480	8	7,064	8	7,064
New York	37	30,163	8	8,236	8	8,236
North Carolina	41	38,765	4	3,452	4	3,452
North Dakota			1	863	1	863
Ohio	55	48,560	2	1,726	2	1,726
Oklahoma	19	17,083	3	2,232	3	2,232
Oregon	6	5,828	5	4,216	5	4,216
Pennsylvania	40	35,018	9	7,521	9	7,521
Rhode Island	5	4,441	2	1,800	2	1,800
South Carolina	27	24,651	7	6,041	7	6,041
South Dakota	3	2,628	3	2,232	3	2,232
Tennessee	59	51,955	12	11,010	12	11,010
Texas	42	38,571	1	900	1	900
Utah	2	1,703				
Vermont	6	4,611	3	3,206	3	3,206
Virginia	50	44,131	6	5,832	6	5,832
Washington	7	6,181				
West Virginia	25	22,412				
Wisconsin	8	7,653	3	3,206	3	3,206
Wyoming	1	888	1	863	1	863

See footnotes at end of table.

Table 86.—Estimated distribution of selected expenditures and number of beneficiaries, by State—Continued

[Fiscal year 1968]

State	Vocational rehabilitation and education								Automobiles and other conveyances for disabled veterans	Homes for paraplegics	Direct loans	Insurance and indemnities	Hospital and domiciliary facilities	Administrative and other benefits
	Total		Vocational rehabilitation (Title 38, U.S.C., ch. 31)		Sons and daughters of deceased veterans and totally disabled veterans (Title 38, U.S.C., ch. 35)		Post-Korean conflict veterans (Title 38, U.S.C., ch. 34)							
	Total number who trained during year	Amount	Total number who trained during year	Amount	Total number who trained during year	Amount	Total number who trained during year	Amount						
Grand total.....	741,772	\$489,440,646	14,373	\$22,755,184	40,480	\$37,937,966	686,919	\$428,747,466	\$3,467,763	\$4,416,178	\$189,496,511	\$696,495,649	\$43,836,197	\$1,620,142,112
Foreign countries.....	5,409	3,946,892	13	22,913	3,629	2,252,000	1,797	1,671,979	15,844			6,994,159		4,264,765
U.S. possessions and associated areas.....	5,984	4,021,911	181	298,636	753	573,836	5,050	3,149,439	32,000	70,000	879	3,115,546	5,812,962	12,122,046
Commonwealth of Puerto Rico.....	5,881	3,954,423	181	298,636	747	566,836	4,953	3,088,951	32,000	70,000	879	1,484,643	5,812,962	12,122,046
All others.....	103	67,488			6	7,000	97	60,488				1,430,903		
Total United States.....	730,379	481,471,843	14,179	22,433,635	36,098	35,112,160	680,102	423,926,048	3,419,919	4,346,178	189,495,632	686,385,944	38,023,235	1,603,755,301
Alabama.....	11,361	7,908,194	611	848,305	989	990,181	9,751	6,069,708	92,500	42,434	2,927,890	9,919,335	155,182	33,964,922
Alaska.....	573	364,272	2	3,039	12	12,655	559	348,573			754,670	616,780		846,223
Arizona.....	9,038	6,222,857	400	611,672	661	638,934	7,977	4,972,251	39,661	228,500	805,101	6,233,234		16,114,917
Arkansas.....	4,858	3,505,913	321	471,604	602	583,545	3,935	2,450,764	73,600	70,491	5,936,830	6,076,889	320,223	24,875,050
California.....	101,182	65,913,361	1,567	2,396,221	4,073	3,942,614	95,542	59,574,526	376,497	428,048	82,553	75,241,788	3,713,075	151,819,241
Colorado.....	12,309	8,343,940	457	733,415	673	640,589	11,179	6,969,936	72,744	28,198	1,245,510	7,337,531	109,936	19,044,847
Connecticut.....	14,763	9,404,799	96	168,019	283	268,289	14,384	8,968,491	52,665	28,805		10,920,838	152,110	18,528,908
Delaware.....	970	642,862	11	22,727	61	60,165	898	559,970	9,600	10,000	702,250	1,682,376		4,718,851
District of Columbia.....	26,877	17,118,689	262	436,283	242	237,884	26,373	16,444,522	71,980	20,000	39,046,394	4,408,845	7,174,828	80,389,370

Florida.....	29,056	19,443,185	666	1,062,775	1,941	1,902,508	26,449	16,477,902	172,644	253,129	2,820,725	27,208,418	647,602	44,444,289
Georgia.....	12,422	8,437,770	364	524,096	1,069	1,065,217	10,989	6,848,457	124,218	129,618	1,636,097	12,119,998	132,021	33,007,319
Hawaii.....	3,020	1,989,087	63	106,569	112	110,450	2,845	1,772,068	11,200			1,829,275		1,776,630
Idaho.....	2,261	1,525,697	71	104,184	166	159,399	2,024	1,262,114	12,742	245	10,225,952	2,284,428		3,765,305
Illinois.....	57,271	33,409,375	484	734,749	850	802,756	55,937	34,871,870	127,874	210,000	4,858,604	37,910,396	7,245,003	91,186,408
Indiana.....	10,977	7,292,323	269	408,362	642	607,063	10,066	6,276,898	62,139	119,930	5,371,111	15,526,958	151,985	26,254,428
Iowa.....	5,421	3,628,141	94	151,864	452	435,353	4,875	3,040,924	33,695	80,000	2,588,654	9,509,252	132,049	23,691,434
Kansas.....	6,587	4,354,538	50	91,713	558	535,475	5,979	3,727,350	38,290		4,528,506	7,752,221		25,554,898
Kentucky.....	6,559	4,440,419	162	245,595	631	605,295	5,766	3,589,529	47,984	140,000	2,230,576	9,754,554	131,750	18,997,707
Louisiana.....	9,911	6,664,098	256	356,312	795	790,919	8,860	5,516,867	38,390	63,490	6,420,028	9,428,675	49,405	23,592,259
Maine.....	1,858	1,302,813	76	133,016	180	170,831	1,602	998,966	18,995	69,651	2,405,479	3,657,904	3,089	9,210,510
Maryland.....	12,309	8,087,240	236	392,987	476	462,663	11,597	7,231,950	33,600	60,216	12,356,195	3,489,583		22,243,066
Massachusetts.....	18,947	12,562,630	311	544,314	1,227	1,164,513	17,409	10,853,803	84,545	150,000		22,366,690	1,200,481	54,707,023
Michigan.....	22,618	14,891,397	489	708,454	1,017	1,023,044	21,112	13,159,899	118,032	134,038	3,378,195	25,459,425	374,710	45,180,459
Minnesota.....	14,672	9,613,150	226	385,119	722	695,099	13,724	8,552,932	38,400	60,151	13,615,014	13,390,232	43,110	35,835,990
Mississippi.....	4,046	2,882,290	190	284,451	580	577,010	3,276	2,040,829	54,395	90,000	1,626,066	6,206,144	133,701	19,769,454
Missouri.....	13,556	8,874,431	124	253,647	726	703,650	12,706	7,917,134	45,602	59,986	5,812,978	15,751,479	1,932,182	33,526,896
Montana.....	2,496	1,638,476	39	57,227	148	142,416	2,309	1,438,833	11,195	19,906	4,502,707	2,576,177		4,855,735
Nebraska.....	5,462	3,630,851	109	176,097	366	351,989	4,987	3,102,765	22,400	60,000	2,869,817	4,969,679		14,333,528
Nevada.....	1,333	868,214	23	35,170	46	44,846	1,264	788,198	4,800			1,453,984	15	3,231,515
New Hampshire.....	1,637	1,134,987	54	94,511	164	155,624	1,419	884,852	20,800	10,000		2,792,762	29,827	3,450,048
New Jersey.....	15,895	10,241,765	100	257,799	373	373,205	15,422	9,610,761	86,395	138,222		26,262,428	212,578	33,204,717
New Mexico.....	4,629	3,174,140	168	269,615	366	348,989	4,095	2,555,536	35,880	10,000	194,469	3,549,425	116,856	9,569,524
New York.....	50,700	33,297,659	949	1,629,930	1,881	1,822,232	47,870	29,845,497	209,095	150,502	1,455,648	66,712,383	4,721,877	145,131,941
North Carolina.....	9,978	6,864,394	268	385,872	1,156	1,151,468	8,554	5,327,054	81,236	100,650	1,374,574	12,667,279	301,962	33,807,956
North Dakota.....	2,224	1,458,744	48	77,547	73	69,820	2,103	1,311,377	19,095	10,000	2,272,126	2,009,329	88,407	4,454,001
Ohio.....	42,549	27,288,248	422	639,758	1,143	1,097,925	40,984	25,550,565	146,891	184,448	15,552,121	35,248,896	584,204	65,915,408
Oklahoma.....	11,353	7,604,501	205	376,029	843	805,540	10,305	6,422,932	86,240	108,640	4,047,457	8,846,041	7,727	17,060,815
Oregon.....	8,877	5,832,724	181	265,592	437	420,033	8,259	5,147,099	36,540	50,588	2,181,786	7,676,524	129,886	17,872,669
Pennsylvania.....	53,432	34,424,310	398	822,287	1,488	1,467,267	51,546	32,134,756	179,854	166,588	1,721,358	44,832,580	1,844,905	89,345,230
Rhode Island.....	3,231	2,110,927	40	70,008	163	153,736	3,028	1,887,183	20,800	20,000		3,414,683	75,997	7,549,379
South Carolina.....	5,100	3,489,552	137	197,256	539	535,604	4,424	2,756,692	32,000	20,643	3,272,203	6,676,729	286,618	14,566,278
South Dakota.....	1,800	1,218,711	56	90,472	120	115,554	1,624	1,012,685	12,800	10,000	3,305,090	2,304,153	298,113	12,543,937
Tennessee.....	10,377	6,984,874	255	367,154	828	824,221	9,294	5,793,499	103,798	169,844	1,844,617	11,658,885	465,547	41,383,141
Texas.....	37,226	25,659,107	1,471	2,311,480	2,938	2,897,792	32,817	20,449,835	180,546	308,617	5,231,494	34,489,083	373,322	81,463,377
Utah.....	5,242	3,483,346	90	144,437	383	365,084	4,769	2,973,825	14,400	10,000	5,579,901	3,004,563	75,253	9,764,249
Vermont.....	770	533,133	18	31,503	101	95,683	651	405,947	1,600	20,000	879,882	1,531,165		3,790,576
Virginia.....	8,166	5,813,148	407	677,738	859	832,748	6,900	4,302,662	78,163	130,600	515,107	15,107,657	161,629	35,745,630
Washington.....	14,375	9,663,938	507	743,953	818	786,342	13,050	8,133,643	68,421	60,000	1,470,613	11,798,544	216,014	28,300,763
West Virginia.....	3,308	2,614,875	125	189,502	400	382,179	3,283	2,043,194	47,710	40,000	8,914,764	6,470,164	80,846	19,622,049
Wisconsin.....	15,310	9,956,773	226	343,086	657	621,382	14,427	8,992,305	63,868	60,000	4,337,705	13,946,166	659,627	36,785,748
Wyoming.....	987	660,975	25	40,120	68	64,380	894	556,475	3,200	10,000	1,102,241	1,436,805		6,952,623

¹ Excludes the following which are not distributable by State: Adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C.; invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I; tort claim settlements; funds transferred to veterans

Administration by National Cancer Institute; vocational rehabilitation revolving fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.

Table 87.—Veterans Administration Comparative Consolidated Balance Sheet ¹

ASSETS	June 30, 1968	June 30, 1967	Increase (decrease)
Current assets:			
Cash and disbursing authority ²	\$1,808,798,246.62	\$1,595,304,763.13	
Accounts receivable.....	50,646,234.61	41,941,750.26	
Interest receivable.....	27,079,168.23	27,965,699.73	
Advances for bidding at public sales.....	82,678.75	155,544.00	
Inventories.....	44,401,283.21	42,207,961.67	
Acquired security or collateral property.....	136,537,259.74	148,971,712.57	
Accrued reimbursements due from insurance appropriations.....	239,000.00	121,624.66	
Total current assets.....	<u>2,067,783,871.16</u>	<u>1,856,669,056.02</u>	<u>\$211,114,815.14</u>
Other assets:			
Loans receivable.....	2,098,697,775.26	1,994,948,704.61	
Vendee accounts receivable.....	1,182,861,539.66	974,564,616.40	
Investments in U.S. Treasury bonds, debentures and notes.....	7,406,904,000.00	7,219,089,000.00	
Miscellaneous assets—insurance program.....	811,372.78	871,128.35	
Deposits with trustee.....	129,960,320.97	84,717,850.04	
Total other assets.....	<u>10,819,235,008.67</u>	<u>10,274,191,299.40</u>	<u>545,043,709.27</u>
Fixed assets:			
Land, buildings and plants.....	1,584,040,944.64	1,543,487,899.38	
Construction and betterments in process.....	147,976,978.86	168,616,042.80	
Leasehold improvements.....	148,708.80	64,146.11	
Equipment.....	389,946,909.14	362,520,690.31	
Total fixed assets.....	<u>2,122,113,541.44</u>	<u>2,074,688,778.60</u>	<u>47,424,762.84</u>
Deferred charges:			
Construction advance.....	2,136,737.48	2,108,632.55	
Advance payments on undelivered supplies and services.....	430,944.44	176,981.70	
Advance to employees for travel expenses.....	462,008.92	564,413.20	
Other prepaid expenses and suspense item.....	9,219,133.97	7,901,844.37	
Value of ADP equipment purchase options.....	1,095,759.51	435,250.47	
Total deferred charges.....	<u>13,344,584.32</u>	<u>11,187,122.29</u>	<u>2,157,462.03</u>
Total assets.....	<u>15,022,477,005.59</u>	<u>14,216,736,256.31</u>	<u>805,740,749.28</u>
LIABILITIES AND CAPITAL			
Current liabilities:			
Accounts payable.....	81,539,141.89	46,362,781.75	
Accrued salaries and wages.....	51,812,578.96	47,762,756.79	
Accrued annual leave—canteen service.....	1,248,600.39	1,177,159.67	
Accrued services—other than personal.....	19,698,143.81	20,562,810.60	
Undelivered orders—personal funds of patients.....	110,028.75	154,240.75	
Employees payroll allotments for U.S. savings bonds.....	1,530,380.55	1,365,899.86	
Federal, State and territorial income taxes withheld and FICA taxes.....	64,189.31	27,072.48	
Canteen service unredeemed coupons.....	381,170.27	388,456.52	
Canteen service employees payroll deductions for Civil Service retirement and life insurance, FICA taxes, Federal and State income taxes, etc.....	143,529.97	108,502.72	
Other miscellaneous liabilities—canteen service.....	1,095.21	1,077.33	
Accrued interest—U.S. Treasury.....	7,637,589.57	8,375,244.52	
Accrued interest on policy liens due general fund.....	254,619.25	291,577.18	
Accrued interest on dividend deposits.....	4,963,020.98	1,119,971.25	
Accrued reimbursements due insurance fund.....	239,000.00	121,624.66	
Premiums paid in advance.....	83,376,621.00	95,245,889.00	
Matured contracts payable.....	26,384,090.10	29,173,450.33	
Undeposited general fund receipts.....	765,074.19	705,641.98	
Total current liabilities.....	<u>280,148,874.20</u>	<u>252,944,157.39</u>	<u>27,204,716.81</u>
Other liabilities:			
Participation certificates outstanding.....	1,703,943,089.44	1,174,471,544.72	
Insurance program operating reserves.....	7,790,912,356.00	7,553,345,992.00	
Total other liabilities.....	<u>9,494,855,445.44</u>	<u>8,727,817,536.72</u>	<u>767,037,908.72</u>
Total liabilities.....	<u>9,775,004,319.64</u>	<u>8,980,761,694.11</u>	<u>794,242,625.53</u>

Footnotes at end of table.

**Table 87.—Veterans Administration Comparative Consolidated Balance Sheet¹—
Continued**

Accountabilities:			
Nonexpenditure transfers made by other government agencies.....	\$119,568.03	\$109,262.61	
Funds of patients and incompetent beneficiaries.....	54,787,930.47	57,740,796.58	
Policyholders insurance dividend deposit accounts.....	247,761,190.00	252,941,019.35	
Borrowers deposits for taxes and insurance.....	46,310,259.48	41,404,242.76	
Unapplied insurance collections.....	1,522,793.79	3,203,447.62	
Bid deposits and other suspense items.....	1,801,063.65	1,218,385.31	
Total accountabilities.....	<u>352,302,805.42</u>	<u>356,617,154.23</u>	<u>(\$4,314,348.81)</u>
Capital reserves:			
Insurance fund retained earnings (reserve for contingencies).....	82,867,598.05	64,408,620.62	
Direct loan and loan guaranty programs—reserve for losses.....	598,985,382.29	590,900,875.75	
Total reserves.....	<u>681,852,980.34</u>	<u>655,309,496.37</u>	<u>26,543,483.97</u>
Capital borrowings from U.S. Treasury—interest bearing—direct loan program.....	<u>1,730,077,996.00</u>	<u>1,730,077,996.00</u>	
Capital residual.....	<u>2,483,238,904.19</u>	<u>2,493,969,915.60</u>	<u>(10,731,011.41)</u>
Total liabilities and capital.....	<u>15,022,477,005.59</u>	<u>14,216,736,256.31</u>	<u>805,740,749.28</u>

¹ Contingent liabilities with respect to the guaranty or insurance of loans not shown.

² Cash and disbursing authority for annual appropriations reduced by the unobligated balance returned to the Treasury in accordance with sec. 2070, title 7, GAO Policy and Procedures Manual.

Table 88.—Direct loan program—comparative balance sheet

ASSETS	June 30, 1968	June 30, 1967	Increase
Cash.....	\$872,815,092.61	\$837,624,467.38	
Accrued interest receivable.....	1,857,729.00	1,660,485.30	
Accrued rents on property owned.....	3,596.80	1,253.83	
Equity in Government Mortgage Liquidation Trust.....	22,803,882.33	14,222,904.21	
Equity in Federal Assets Liquidation Trust.....	-33,346.76	283,426.44	
Equity in Federal Assets Financing Trust.....	-305,548.50	0.00	
Veterans liabilities.....	1,416,908.98	1,208,413.28	
Acquired security on collateral on real property ¹	5,040,841.45	5,213,090.93	
Receivables—miscellaneous.....	112,527.42	115,842.24	
Vendee accounts receivable.....	43,967,641.96	39,642,867.24	
Loans receivable from veterans for homes and farms pledged to Trusts:			
GMLT.....	767,734,989.58	838,925,939.54	
FALT.....	144,887,813.76	156,219,033.44	
FAPT.....	167,135,611.49	0.00	
Loans receivable—unpledged.....	177,393,908.83	213,654,049.66	
Total assets.....	2,204,831,448.95	2,108,771,478.49	\$96,059,970.46
LIABILITIES AND CAPITAL			
Liabilities:			
Current liabilities:			
Borrowers tax and insurance.....	25,643,763.75	24,028,887.91	
Suspended credits.....	1,090,373.99	926,796.69	
Undistributed collections.....	187,419.01	380,177.54	
Total Trust and deposit liability.....	26,921,556.75	25,335,862.14	
Accounts payable—accrued expenditures.....	95,835.41	0.00	
Accrued interest due U.S. Treasury.....	7,637,589.57	8,375,244.52	
Total current liabilities.....	34,654,981.73	33,711,106.66	
Long-term liabilities:			
Participation certificates outstanding, net:			
GMLT.....	585,748,095.01	653,285,692.23	
FALT.....	139,780,886.27	150,918,307.77	
FAPT.....	162,889,566.99	0.00	
Bonds, debentures and notes payable U.S. Treasury ²	1,224,359,974.00	1,224,359,974.00	
Total long-term liabilities.....	2,112,778,522.27	2,028,563,974.00	
Total liabilities.....	2,147,433,504.00	2,062,275,080.66	
Reserve for expenses and losses ³	57,397,944.95	46,496,397.83	
Total liabilities and capital.....	2,204,831,448.95	2,108,771,478.49	96,059,970.46

¹ Includes \$865,557.62 as of June 30, 1968 which represents real property in process of acquiring title less \$217,941.87 allowance for losses on unsold properties.

² Reflects the transfer in capital funds to the loan guaranty revolving fund of \$105,718,022 pursuant to Public Law 87-404, approved Feb. 13, 1962, \$200 million pursuant to Public Law 88-507, approved Aug. 30, 1964, and \$200 million pursuant to Public Law 89-555, approved Sept. 6, 1966.

³ Reflects the transfer in earnings to the loan guaranty revolving fund of \$101,152,978 pursuant to Public Law 87-411, approved Aug. 17, 1961, and \$27 million pursuant to Public Law 88-215, approved Dec. 19, 1963.

Table 89.—Direct loan program—Statement of reserve for expenses and losses

[Fiscal year 1968]

Balance at beginning of year ¹		\$46,496,397.83
Credits:		
Interest on loans.....	\$57,734,786.14	
Interest of vendee accounts.....	2,371,113.24	
Interest on veterans liability accounts.....	3,098.82	
Rental income.....	58,807.03	
Net Investment income from Trusts:		
Government Mortgage Liquidation Trust.....	4,298,935.04	
Federal Assets Liquidation Trust.....	544,495.01	
Federal Assets Financing Trust.....	30,042.43	
Miscellaneous income.....	5,527,125.82	
		\$70,568,403.53
Charges:		
Property expense.....	403,987.57	
Gross loss on sale of property.....	268,720.36	
Provision for valuation allowance on unsold properties.....	(46,448.68)	
Sales expense.....	446,043.25	
Loan closing fees.....	2,146.05	
Interest expense:		
U.S. Treasury loan.....	15,390,646.18	
Mortgage trust participation certificates.....	41,070,069.70	
Commission on sale of participations—FALT.....	369,402.98	
Insufficiencies on participation certificates:		
FALT.....	574,827.13	
FALT.....	523,993.98	
Other general expenses.....	663,467.89	
		59,666,856.41
Net credit for fiscal year.....		10,901,547.12
Balance at end of year.....		57,397,944.95

¹ Reflects an amount reduced by the transfer of \$105,718,022 in capital funds to loan guaranty revolving fund, pursuant to Public Law 87-404, approved Feb. 13, 1962, and \$27 million pursuant to Public Law 88-215, approved Dec. 19, 1963.

Table 90.—Loan guaranty program—comparative balance sheet

	June 30, 1968	June 30, 1967	Increase
ASSETS			
Cash.....	\$475,012,710.43	\$257,164,029.35	
Advances for bidding at public sales and sales commissions.....	82,678.75	153,009.00	
Accounts receivable:			
Equity in trusts:			
Government mortgage liquidation trust.....	3,570,889.14	2,504,713.39	
Federal assets liquidation trust.....	261,868.55	384,826.87	
Federal assets financing trust.....	-1,549,959.86	0.00	
Accrued interest and rental income.....	2,327,741.58	2,174,573.78	
Miscellaneous receivables, net.....	950,672.01	778,069.65	
Total, accounts receivable.....	5,561,211.42	5,842,183.69	
Loans receivable:			
Acquired mortgage loans.....	20,485,002.02	19,992,611.37	
Vendee accounts on property sold:			
Pledged to Government mortgage liquidation trust.....	219,285,248.13	237,546,282.47	
Pledged to Federal assets liquidation trust.....	104,212,506.82	108,823,418.04	
Pledged to Federal assets financing trust.....	435,861,259.51	0.00	
Unpledged.....	379,858,093.60	588,544,540.68	
Total, loans receivable.....	1,159,702,110.08	954,906,852.56	
Claims receivable:			
Veterans liability accounts—gross.....	51,154,606.99	38,224,270.81	
Less: Allowance for losses.....	(36,930,379.34)	(30,579,301.59)	
Claims receivable, net (veterans indebtedness).....	14,224,227.65	7,644,969.22	
Equity in real property:			
Real property owned.....	142,327,683.17	158,338,357.70	
Less valuation allowance.....	(6,908,126.58)	(7,248,250.21)	
Property acquisitions pending settlement.....	(3,923,138.30)	(5,333,485.85)	
Net equity in real property.....	131,496,418.29	143,758,621.64	
Total, assets.....	1,786,079,356.62	1,369,469,665.46	\$416,609,691.16
LIABILITIES AND GOVERNMENT EQUITY			
Liabilities:			
Accounts payable:			
Tax and insurance deposits.....	19,365,267.82	15,460,758.31	
Suspended credits.....	885,454.16	987,799.85	
Accrued expenditures.....	7,982,033.38	0.00	
Deferred credits—undistributed collections.....	209,193.89	267,855.29	
Long-term liabilities:			
Participation certificates outstanding.....	728,300,000.00	304,000,000.00	
Less: Principal collections on deposit with trustee.....	(17,987,994.90)	(1,369,247.91)	
Total, liabilities.....	738,773,954.35	319,347,165.54	
Government equity:			
Assets assumed at inception of the fund.....	521,335,096.02	521,335,096.02	
Transfers from the direct loan fund:			
Capital.....	505,718,022.00	505,718,022.00	
Earnings.....	128,152,978.00	128,152,978.00	
Appropriated for participation sales insufficiency.....	665,000.00	0.00	
Less: Cumulative net deficit as of June 30, 1968.....	-108,565,693.75	-105,083,596.10	
Total, liabilities and Government equity.....	1,786,079,356.62	1,369,469,665.46	416,609,691.16

Table 91.—Loan guaranty program—statement of revenue, expenses, and retained earnings

[Fiscal year 1968]

Deficit (—), start of year.....			—\$105,083,596.10
Credits:			
Interest on acquired loans.....	\$990,568.71		
Interest on veterans liability accounts.....	211,600.30		
Interest on vendee accounts:			
Pledged to mortgage trust.....	29,659,894.64		
Unpledged.....	26,276,008.20		
Income from mortgage trust operations—			
Government mortgage liquidations trust.....	577,755.79		
Federal assets liquidation trust.....	185,372.05		
Federal assets financing trust.....	155,276.93		
Income from funding fees.....	11,239,177.94		
Rental and miscellaneous income.....	4,724,991.32		
Premium on vendee account sales and repurchases..	9,456.40	\$74,030,102.28	
Charges:			
Property expense.....	12,249,016.56		
Sales expense.....	15,238,122.99		
General expense.....	330,665.30		
Gross loss on sale of property.....	2,057,917.43		
Provision for valuation allowance.....	17,070,756.32		
Write-off on acquired security and collateral.....	415,470.76		
Net premium charge-off on vendee sales and repurchases.....	305,233.99		
Expense from trust operations—			
Interest on participation certificates.....	26,676,125.60		
Commission on sale of participation certificates..	1,212,991.25		
Participation sales insufficiencies and deficiencies....	1,948,899.83	77,512,199.93	
Net charge for fiscal year.....			—3,482,097.65
Deficit (—), end of year.....			—108,565,693.75

Table 92.—General post fund—comparative balance sheet

	ASSETS	June 30, 1968	June 30, 1967	Increase
Cash.....		\$2,398,125.35	\$2,276,541.26	
Interest receivable.....		5,481.12	5,481.12	
Accounts receivable.....		14,485.62	22,230.02	
Investments in bonds of U.S. Treasury.....		1,070,000.00	1,070,000.00	
Investments—other.....		0	0	
Trust property, equipment, and supplies.....		5,825,797.17	5,434,862.75	
Work in process.....		90,491.49	103,247.70	
Total assets.....		9,404,380.65	8,912,662.85	\$491,717.80
LIABILITIES AND CAPITAL				
Accounts payable.....		85,871.29	60,508.48	
Trust accountability for trust property and allocations for general and specific purposes.....		7,249,489.45	7,431,159.39	
Trust capital.....		2,069,019.91	1,420,994.98	
Total liabilities and capital.....		9,404,380.65	8,912,662.85	491,717.80

Table 93.—General post fund—statement of trust capital

[Fiscal year 1968]

Balance at beginning of fiscal year.....			\$1,420,994.98
Credits:			
Interest on investments.....	\$45,374.90		
Trust revenue.....	728,302.13		
Trust investments.....	0		
		\$773,677.03	
Charges:			
Trust revenue—allocated.....	125,652.10		
Changes in trust capital.....	0		
		125,652.10	
Net credit for the fiscal year.....			648,024.93
Balance end of fiscal year.....			2,069,019.91

Table 94.—VA supply fund comparative balance sheet

ASSETS			Increase (decrease)
	June 30, 1968	June 30, 1967	
Cash.....	\$8,078,106.33	\$8,954,502.17	
Advance payment on undelivered orders.....	169,703.59	109,350.84	
Cash loaned to GSA supply fund.....	2,400,000.00	2,400,000.00	
Advance to employees.....	14,890.48	16,729.34	
Accounts receivable.....	5,073,864.07	6,850,367.17	
Inventories.....	34,536,346.20	31,845,124.71	
Work in process—service and reclamation division.....	71,472.07	46,155.48	
Work in process—printing and reproduction.....	9,045.42	7,085.44	
Supply—depot operating equipment less reserve for depreciation.....	324,472.70	299,197.85	
Printing and reproduction equipment less reserve for depreciation.....	184,879.52	196,323.33	
Marketing center equipment less reserve for depreciation.....	33,829.23	28,943.91	
Total assets.....	50,896,609.61	50,753,730.24	\$142,879.37
LIABILITIES AND CAPITAL			
Accrued salaries and wages.....	200,465.62	186,667.67	
Accrued transportation and service costs.....	463,437.01	415,655.98	
Accounts payable.....	6,371,098.72	5,849,773.53	
Advance from other government agencies.....	37,759.77	23,924.84	
Advance from VA appropriations.....	5,000,000.00	5,000,000.00	
Deferred income—equipment rental test.....	233,502.07	89,181.36	
Total liabilities.....	12,306,263.19	11,565,153.38	741,109.81
Capital at beginning of period.....	39,223,205.25	39,223,205.25	
Operating profit or loss*—current fiscal year.....	1,092.99	*34,628.39	
Operating profit or loss*—net prior fiscal year.....	*34,628.39	109,523.44	
Transfer of earnings, to Treasury.....		109,523.44	
Transfer of property and funds to GSA.....	599,323.43		
Capital at end of period.....	38,590,346.42	39,188,576.86	(598,230.44)
Total liabilities and capital.....	50,896,609.61	50,753,730.24	142,879.37

Table 95.—VA supply fund—statement of income and expense

[Fiscal year 1968]

INCOME		
Sale of supplies and equipment.....		\$113,467,895.59
Less: Cost of goods sold.....		111,112,328.63
Income on sales.....		2,355,566.96
Other income:		
Reimbursable earnings.....	\$484,491.02	
Discount on purchases.....	626,010.07	
Increased valuation.....	272,826.09	
Income-station transfers.....	2,628,817.61	
Credit allowances.....	879,598.52	
Donated income.....	382,945.85	
Miscellaneous income.....	21,326.02	
Variances and adjustments.....	136,386.92	
Equipment rental test.....	1,273,769.49	6,706,171.59
Total income.....		9,061,738.55
EXPENSES		
Net transportation costs.....		1,007,047.76
Completed S&R projects.....		535,363.78
Depot storage, handling, etc.....		326,931.35
Maintenance and operation of supply depots.....		3,077,886.83
Donations reappraisals and writeoffs.....		44,118.94
Other operating expenses.....		2,786,242.82
Disposal of operating equipment.....		9,283.59
Equipment rental test.....		1,273,769.49
Total expense.....		9,060,645.56
Operating profit.....		1,092.99

INDEX

	Page
Administrative activities	177
Appeals	151
Independent medical opinions	155
Representation and hearings	154
Staffing	153
Typical board section	154
Workload	152, 306
Appropriations and expenditures	198, 326, 336, 340
Automobiles for disabled veterans	87
Automatic Data Processing (<i>See</i> Data Management)	
Balance sheet, Veterans Administration	364
Beds (<i>See</i> Medical Care)	
Canteen Service	54
Charts and Illustrations, list of	219
Communications	147
Data transmission system	148
Telephone contact service	148
Teletype advanced records system	147
Video tape records	149
Compensation and Pension	77, 267-271
Age groups of veterans receiving compensation and pension benefits	285
Automobiles and other conveyances for disabled veterans	87
Claims adjudicated	78
Computer application	142
Disability compensation	79, 272, 274, 281
Disability pension	81, 283, 284
Disability pension rates	81
Death compensation and dependency and indemnity compensation	83, 287, 288, 290
Death gratuity	85
Death pension	86, 289, 291, 292
Death pension rates	86
Forfeitures	87
Retired emergency officers	294
Terminations	286, 293
Construction	157
Air conditioning projects	163
Architectural drawings review	164
Hemodialysis units projects	163
Intensive care units	163
Modernization	162, 308

Construction—Continued	Page
Nursing Home care construction	162, 310
Real Estate	165
Replacement and relocation hospital program	159, 307
Requirements, design and construction	157
Research facilities construction	163, 312
Research projects	165
Safety and fire protection	165
Contact Activities	131
Assistance to servicemen in Vietnam	133
Itinerant contact service	136
United States Veterans Centers (USVAC's)	131
Data Management	139
Automatic data processing equipment	141
Automatic data processing applications	142
Automatic hospital information system	144
Beneficiary identification and records locator system	144
Clinical laboratory system	143
Communications	147
Compensation and pension system	142
Data Processing Center, Austin, Texas	141
Insurance system	142
Loan guaranty system	145
Organization	140
Research	146
Scientific and technical information subsystem	147
Staffing	140
Supply program application	145
Visual display experiment	146
Depots, supply	207
Education (<i>see</i> Vocational Rehabilitation and Education)	
Employment (<i>see</i> Personnel)	
Financial management	198
Foreign affairs	137
Guaranteed or insured and direct loans to veterans	97, 302
Appraisal requests	101
Community involvement in VA repair program	113
Computer application	145
Defaults and claims	108, 301
Direct loans	100, 107, 302
Effect of mortgage market conditions	100
Equal opportunity in housing	103
Funding the direct loan program	110
Funding the loan guaranty program	108
Grants to disabled veterans for specially adapted housing	115
Guaranteed or insured loans	107, 300, 301
Legislation and regulations	102
Loans to veterans	98
Outstanding loans	106
Property acquisition, management and disposition	112, 303
Sales of loans and participation certificates	111
Specially adapted housing	115
Veterans participation	98

	Page
Guardianship	127
Beneficiaries served (Wards)	128, 306
Beneficiary estate administration	127
Hospitals (<i>see</i> Medical Care)	
Insurance	117
Computer application	142
Dividends	123
Insurance in force	119, 304
National service life insurance	119
Payment of insurance benefits	123, 305
Receipts and expenditures	306
Service-disabled veterans insurance	120
Servicemen's group life insurance	121
Soldiers' and Sailors' Civil Relief Act	122
Total disability income provision	123
United States Government life insurance	118
Veterans reopened insurance	120
Veterans special life insurance	120
Investigation	214
Law and Legislation	178
Civil litigation	178
Criminal prosecution	179
Legal opinions	178
Legislative activities	179
New legislation	180
Loans (<i>see</i> Guaranteed or Insured and Direct Loans)	
Management Engineering and Evaluation	209
Cost reduction and manpower utilization	209
Management audit and studies	211
Organizational changes	211
Paperwork management	212
Procedural changes	210
Medical Care	5
Admissions, discharges and patients remaining	232, 233
Applications for hospitalization	264
Automated hospital information system	144
Average daily patient, member, restoree and nursing bed care centers	226, 237-240
Average operating beds, daily patient census and patients treated	228
Canteen services	54
Community nursing home patient placements	242
Cost of operation of medical program	265, 266
Dentistry	49, 264, 265
Dietetics and nutrition	52
Domiciliary care	21, 237
Hospital care	10
Hospital communications	148
Hospital facilities	9
Hospital waiting list	13
Medical education and training	55
Medical program staffing	27
Medicine	31
Nursing home care	22, 239

Medical Care—Continued	Page
Outpatient care	23, 264
Pathology and allied sciences	38
Patients, age and diagnostic composition	15, 257, 258
Patients, average monthly turnover rate	12, 235, 236, 245, 246
Patients, characteristics of	14, 253–255
Patients discharged	247, 250
Patients, extended care	19, 237
Patients, length of hospital stay	17, 256
Patients, state of residence	262
Patients treated in VA hospitals	11, 228
Per diem costs	31
Physical medicine and rehabilitation	41
Prosthetic and sensory aids	44
Psychiatry, neurology, and psychology	35
Radiology	50
Research, medical	65
Restoration care	20, 237
Staffing	27
Surgery	34
Volunteer services	29
Office operation and administration	213
Paraplegic housing	115
Personnel	183
Appointment category and pay systems	187
Composition of workforce	185
Distribution of employment	185
Employee-management cooperation	195
Employment trend	184
Equal employment opportunity	190
Handicapped	194
Manpower planning	190
Minority group employment	191
Personnel program evaluation	195
Placement activities	189
Recognition and incentive	196
Staffing	186, 324, 325
Training and development	188
Veterans preference	195
Women, employment of	193
Population (<i>see</i> Veteran Population)	
Real Estate	165
Safety and fire protection	165
Security	214
Contract compliance	215
Discrimination complaints	215
Soldiers' and Sailors' Civil Relief Act	122
Summary of Veterans Administration Operations	1
Supply	200
Training and development (<i>see</i> Personnel)	
Veteran population	169
Age	170, 318
Characteristics	173

Veteran population—Continued	Page
Education	173
Employment	174
Families	171
Geographic distribution	172, 320, 322
Income	174
Number and periods of service	169
Survey	176
Vocational rehabilitation and education	89
Counseling	93, 96, 299
Guidance centers	95
Propriety of payments for courses	95
Readjustment training	90, 298
Sons and daughters education	91, 295-297
Vocational rehabilitation	92, 294, 296

