

VA
ANNUAL REPORT
73

ADMINISTRATOR OF VETERANS AFFAIRS

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REPORT**

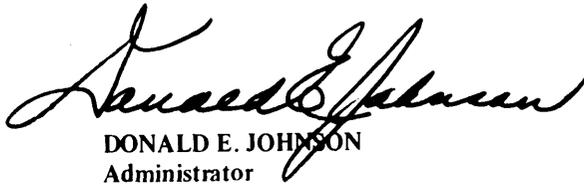
VA₇₃



Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 93rd Congress:

In accordance with the provisions of 38 U.S.C. 214, I have the honor of submitting a report on the activities of the Veterans Administration for the fiscal year ending June 30, 1973.



DONALD E. JOHNSON
Administrator

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THE



ETERAN

COMPARATIVE HIGHLIGHTS

	June 30, 1973	June 30, 1972	Percent Change
Total veteran population	29,073,000	28,804,000	+ 0.9
War veterans	25,967,000	25,691,000	+ 1.1
Vietnam era - total	(6,557,000)	(5,976,000)	(+ 9.7)
a. With no Korean conflict service	6,151,000	5,626,000	+ 9.3
b. With Korean conflict service	(406,000)	(350,000)	(+16.0)
Korean conflict - total	(5,936,000)	(5,908,000)	(+ 0.5)
a. With no World War II service	4,675,000	4,649,000	+ 0.6
b. With World War II service	(1,261,000)	(1,259,000)	(- 0.1)
World War II - total	13,955,000	14,122,000	-1.2
a. With no Korean conflict service	(12,694,000)	(12,863,000)	(- 1.3)
b. With Korean conflict service	(1,261,000)	(1,259,000)	(+ 0.1)
World War I	1,184,000	1,291,000	- 8.3
Spanish American War (on the rolls)	2,000	3,000	-33.3
Service between Korean conflict and Vietnam era only	3,106,000	3,113,000	- 0.2

NUMBER OF VETERANS AND PERIOD OF SERVICE

During FY 1973 the number of living veterans increased to more than 29 million as 614,000 servicemen exchanged their military uniforms for civilian clothes. Roughly 20,000 of these ex-servicemen reenlisted in the Armed Forces after spending 24 or more hours in civilian life. The net separations (594,000) were 30 percent fewer than the number separated in the previous fiscal year; although the last of the U.S. troops in Vietnam were withdrawn during the year, active duty military strength was reduced less than 71,000 world-wide. Death claimed 325,000 veterans during the fiscal year.

The number of living Vietnam era veterans swelled to 6.6 million by the end of the year with the addition of the 594,000 new veterans and the death of 13,000 after their return to civilian status.

Of the 325,000 veterans who died during FY 1973, 10,000 were Vietnam era veterans with no service in prior wars, 7,000 were post-Korean conflict peacetime veterans, 19,000 were Korean conflict veterans who had no service during World War II and 1,000 were veterans of the Spanish-American War. The greatest numbers of veteran deaths occurred among the World War II veterans (181,000) and World War I veterans (107,000). The last survivor of the Indian Wars died at the age of 101 on June 18, 1973. The following table summarizes the changing composition of the veteran population during FY 1973:

Period of service	Veteran population June 30, 1972 (000's)	Net separations from Armed Forces (000's)	Deaths in civil life (000's)	Veteran population June 30, 1973 (000's)
All periods of service	28,804	594	325	29,073
War veterans	25,691	594	318	25,967
Vietnam era - total	5,976	594	13	6,557
With No Korean conflict service	5,626	535	10	6,151
With Korean conflict service	350	59	3	406
Korean conflict - total	5,908	59	31	5,936
With No World War II service	4,649	45	19	4,675
With World War II service	1,259	14	12	1,261
World War II - total	14,122	14	181	13,955
With No Korean conflict service	12,863	-	169	12,694
With Korean conflict service	1,259	14	12	1,261
World War I	1,291	-	107	1,184
Spanish American War (on the rolls)	3	-	1	2
Service between Korean conflict and Vietnam era only	3,113	-	7	3,106

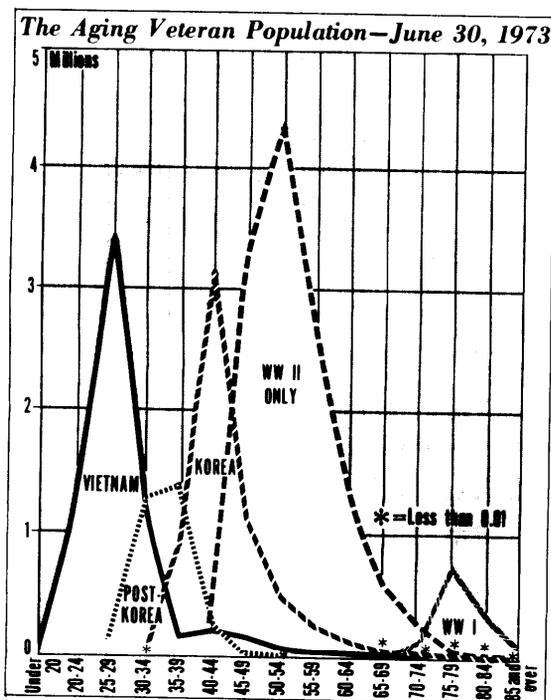
A small number of veterans (less than 500) of the Mexican Border period, who served between May 9, 1916 and April 5, 1917 in quelling the border dispute, are not included in the veteran population estimates.

FEMALE VETERANS

Women comprised 1.9 percent of all living veterans at the end of FY 1973. Five hundred forty-two thousand of the 29.1 million veterans are female veterans. This number includes 305,000 World War II veterans, 91,000 Vietnam era veterans (no service in the Korean conflict), 74,000 Korean conflict veterans (no service in World War II), 15,000 World War I veterans and 57,000 female veterans who served only between the Korean conflict and Vietnam era. More than three-fourths of all female veterans are married and nearly 7 percent are heads of households. They are younger than their male counterparts and are better educated. Fewer than two out of a hundred female Vietnam era veterans had not completed high school at the time they were discharged from the Armed Forces and less than five out of a hundred who served only during the period between the Korean conflict and Vietnam era were educationally disadvantaged.

AGE OF VETERANS

The average age of the 29.1 million veterans in civil life at the end of the fiscal year was only 0.3 year greater than that of the 28.8 million who comprised the veteran population at the year's



beginning. Although a 1-year advance in age occurs for all veterans who remained in the veteran population during the entire year, the amount of increase in the average age of all veterans is diminished by the youthfulness of the 594,000 newly discharged veterans added to the population during the year and the preponderance of aged veterans among those who died (325,000) since the beginning of the fiscal year.

The accompanying chart provides a visual image of the age distribution of living veterans of each period of service. It becomes obvious that the veteran population is really composed of five age distributions which are superimposed upon one another. This combined age distribution then is characterized by concentrations of veterans around the average age of veterans who served during each period of service.

Vietnam era veterans with no service in the Korean conflict are the youngest, with an average age of 27.0 years. Peacetime post-Korean conflict veterans are the next youngest, with an average age of 34.7 years. As of June 30, 1973, the average age of Korean conflict veterans (with no service in World War II) was 41.9 years; the average age of World War II veterans was 53.5 years, and that of World War I veterans was 78.5 years. The average age of the two thousand Spanish-American War veterans was 93.7 years.

The number of veterans 65 years of age or older remained relatively unchanged at 2.1 million during the year as the number of older veterans who died have been offset by the number who became 65 during the year. By referring to the chart "The Aging Veteran Population" again, and mentally shifting the entire veteran population 20 years to the right, it will be apparent that by June 1993 practically all of the surviving World War II veterans will be included in the 65 years and above category; the number of these older veterans will have more than tripled from current levels to about 7 million. The growth in the number of veterans in this age group in the next 20 years must be given attention now to assure that age-related programs will be prepared to cope with the requirements as they are generated.

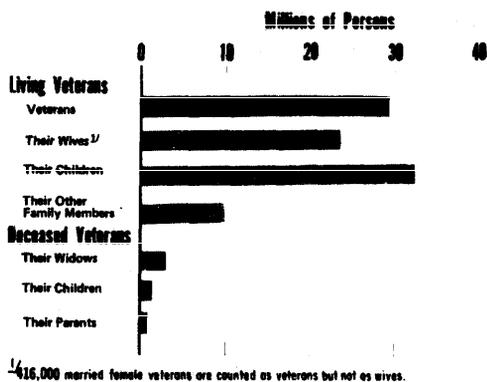
VETERANS AND THEIR FAMILIES

Veterans, members of their families and surviving widows, minor children, and dependents of deceased veterans composed 98.7 million of the 210.4 million people in the civilian population of the United States at the end of the fiscal year. The

VA makes its benefits and services available potentially to 46.9 percent of the total population of the nation, either directly to veterans and surviving dependents, or indirectly to veterans family members.

Veterans, their wives, minor children and other members of their families make up 94.8 million of the potential recipients of veterans' benefits. The remaining 3.9 million surviving relatives of deceased veterans include 2.7 million unremarried widows, 1.0 million children under 18 years old and 0.2 million dependent parents.

Veterans and Their Families—June 30, 1973



CHARACTERISTICS OF VETERANS

The VA obtains data on various socio-economic characteristics of male veterans from the monthly Current Population Survey (CPS) through contractual arrangements with the Bureau of the Census, with the approval of the Department of Labor. Data available from this survey include current educational attainment and income, work experience, and employment status.

Educational Attainment and Income - The 27.7 million male veterans in the civilian non-institutional population of the United States had a median education level of 12.5 years of school in March 1973. The 33.0 million male nonveterans' median educational attainment was 12.2 school years on the same date. Veterans had a median income of \$9,880 during calendar year 1972 while nonveterans median income was \$6,550. The following table provides evidence of the role of education in increasing income.

Education level	Median income in 1972	
	Veterans	Nonveterans
Less than high school . . .	\$ 6,290	\$ 4,210
Some high school	8,560	6,630
High school graduate . . .	9,900	8,180
Some college	10,710	5,610
College graduate	15,620	10,580

The table shows one exception to the rule that income increases with education; nonveterans with some college earned less than nonveteran high school graduates. This seeming anomaly occurred because more than half of the male nonveterans with some college were 20-24 years of age, still enrolled in college and had little, if any personal income. This situation did not occur among veterans because less than a tenth of the male veterans with some college were in this age group, and their income was augmented by veteran educational benefits.

Approximately 78 percent of all Vietnam era veterans who did not serve during the Korean conflict fall into the 20-29 year-old veteran group. Using this age group to represent Vietnam era veterans, their median educational level was 12.7 years of school in March 1973 and their median income was \$7,170 in 1972; male nonveterans of the same age had a median education level of 12.9 school years; but their 1972 personal income was only \$5,390. This \$1,780 annual income advantage which Vietnam era veterans enjoy over their nonveteran counterparts is at least partially explained by VA education benefit payments to veterans.

Work Experience - Eighty-nine percent of the male veterans in the civilian resident population worked during calendar year 1972; but only 81 percent of the male nonveterans were so engaged. Eighty percent of the working veterans were year-round workers, either full-time or part-time, compared with only 71 percent of the working nonveterans. Ninety-six percent of all male veteran workers held full-time jobs for either part or all of the year, while only 89 percent of all male nonveteran workers held full-time jobs.

Examination of the work experience of 20-29 year-old Vietnam era veterans shows that 8 percent of those in the civilian resident population did not work during 1972 compared with 7

percent of their 20-29 year-old nonveteran counterparts. However, 93 percent of the young veterans who did work held full time jobs for all or part of the year, compared with 86 percent of the young nonveterans.

Employment Status - The labor force participation rate of all male veterans during FY 1973 was 88 percent, while male nonveterans participated in the labor force at the rate of 72 percent. The average unemployment rate for veterans of all ages in the labor force during FY 1973 was 3.1 percent, while the unemployment rate for male nonveterans of all ages averaged 5.6 percent.

Some 4.2 million of the 4.4 million Vietnam era veterans 20-29 years old in the labor force at the end of FY 1973 were employed while 245,000 were seeking jobs. The number employed increased by 235,000 during the fiscal year, while the number unemployed was diminished by 35,000. The unemployment rate for these young war veterans was 6.0 percent in June 1973, seasonally adjusted, compared with 7.1 percent in the preceding June. For nonveterans in the 20-29 year age group, the seasonally adjusted unemployment rate was 5.6 percent in June 1973, nearly one percent lower than the rate prevailing during the early months of the fiscal year. Since September 1972 the unemployment rates for 20-29 year old veterans and nonveterans have been substantially the same.

1970 DECENNIAL CENSUS OF POPULATION

Identification of veterans in a 15 percent sample of the April 1970 Census of Population provided a wealth of data in FY 1973. As a result of this enumeration, data concerning selected social and economic characteristics of veterans became available on an individual state basis. These 1970 Census of Population reports contain data on the period of service, age, urban and rural residence, marital status, mobility, race, educational level, household status and family size, employment and income in 1969 of veterans for each state. The same data were also made available in summary for the United States as a whole.

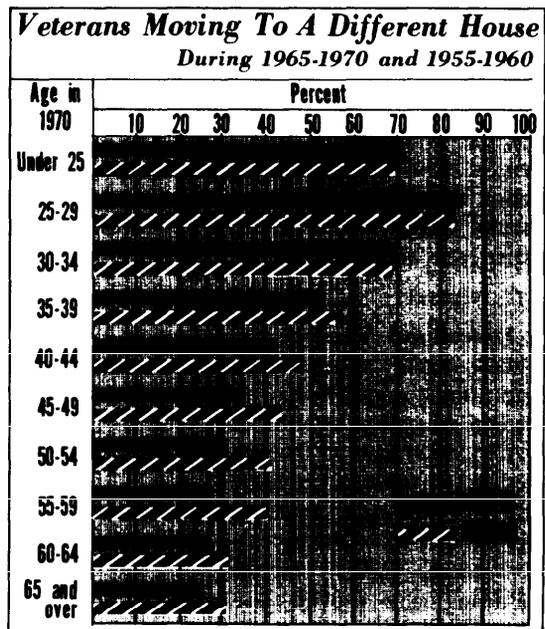
Additional veteran data were published in a special subject report devoted entirely to veterans. This publication provides data on the number of veteran interstate movers and further cross-classifies, on a national basis, many of those characteristics provided in the individual state reports and the U.S. Summary.

Areas of particular interest, in terms of veteran data, from the 1970 Census of Population include:

Mobility. More than one-half of all male veterans enumerated in the 1970 Census of Population resided in the same house in 1965 and 1970. This contrasts with less than 44 percent in the 1960 Census. The median age of the current nonmovers is 47.5 years, more than 5 years older than their 1960 counterparts whose median age was 42.4 years of age.

Among those veterans who moved from their 1965 residence in the United States over 57.2 percent moved to a new residence in the same county. An additional 20.6 percent moved within the same state, while 22.2 percent moved to a different state. Those veterans who resided abroad in 1965 accounted for 1.4 percent of the 1970 male veteran population. Data on an additional 4.9 percent of the male veteran population show only that they had moved, but their 1965 residence was not reported.

The male veteran movers in the United States from the 1960 Census of Population had displayed a similar pattern of movement with 61.1 percent remaining in the same county as in 1955. The 38.2 percent who had taken up residence in another county were almost evenly divided between those who had stayed in the same state (18.7 percent) and those who had moved interstate (20.1 percent).



Male veterans under 35 years of age at the time of the 1970 Census of Population tended to be slightly more mobile than veterans of the same age in 1960. Veterans over 35 years of age, however, tended to be consistently less mobile than their 1960 counterparts in each 5-year age group through age 65. Veterans over 65 years of age also tended to be less mobile between 1965 and 1970 than had been the case for veterans of similar age between 1955 and 1960.

Civilian males 16 years of age and over in 1970 displayed a propensity to move equal to that of veterans with the exception of the younger age groups. Seventy-one of every one hundred veterans under 25 years of age were movers between 1965 and 1970, while only 57 of every 100 male non-veterans of the same age lived in a different residence. Seventy-seven of each 100 veterans between the ages of 25 and 35 were movers while 72 of each 100 similar-aged non-veterans moved between 1965 and 1970. Veterans and non-veteran male movers aged 35 and over represented 37 and 33 percent, respectively, of their populations.

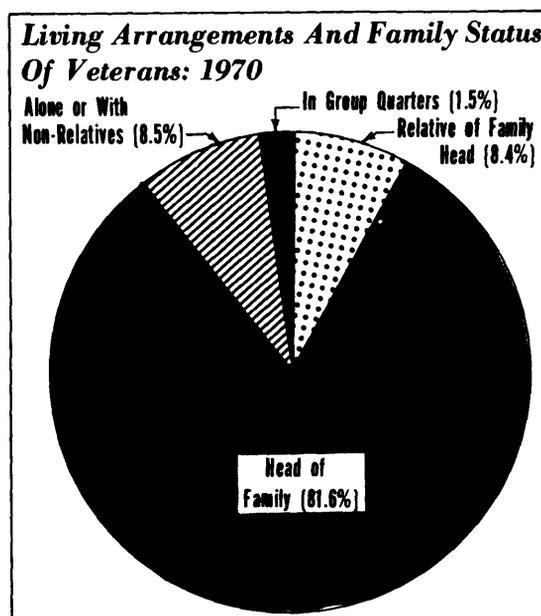
Urban - Rural. About three-fourths of all males 16 years old and over resided in an urban area in 1970. The ratio is slightly higher for veterans (76 out of 100) than for non-veterans (72 out of 100). At the younger ages (under 25) both veterans and non-veterans are equally likely to live in an urban environment. For males over 25 years of age veterans are more likely to live in an urban area and less likely to reside on a farm.

Age in 1970	Total	Urban	Rural-Nonfarm	Rural Farm
All Ages:				
Veterans	100.0	75.9	21.0	3.1
Non-veterans	100.0	71.6	21.1	7.3
Under 25:				
Veterans	100.0	76.9	20.3	2.8
Non-veterans	100.0	75.7	20.6	3.7
25 and Over:				
Veterans	100.0	75.8	21.0	3.2
Non-veterans	100.0	69.5	24.3	6.2

The proportion of male veterans living in an urban area (76 of every 100) remained relatively unchanged since the 1960 Census of Population. The number of veterans living in rural-farm areas, however, had decreased from 47 per 1,000 veterans in 1960 to 31 per 1,000 veterans in 1970. This decline was evident in each age group over 25 years of age, and was especially noticeable among

veterans 55 years of age or over where the ratio of rural-farm residents decreased from 63 per 1,000 in 1960 to 34 per 1,000 in 1970.

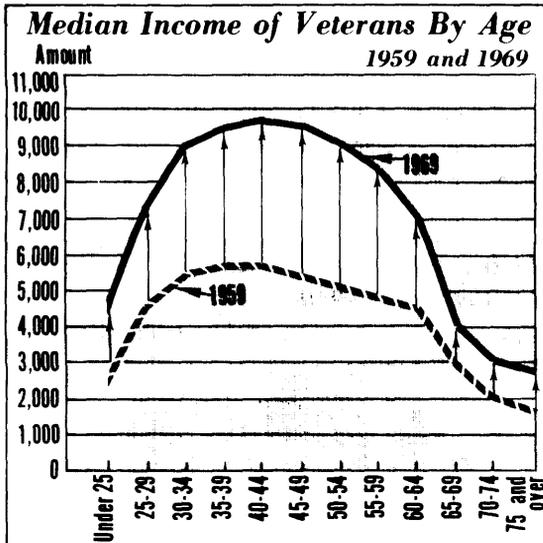
Living Arrangements and Family Status. Nine of every ten veterans was a family member in 1970; over 80 percent were heads of families. Another 8.5 percent lived as a non-relative of the family head or alone. The remaining 1.5 percent were residents of group quarters or inmates of institutions (such as mental hospitals, correctional institutions, homes for the aged, or college dormitories.) This was not unlike the results of the 1960 Census of Population in which 90.7 percent of all male veterans were family members and 79.5 percent were family heads.



Except for the younger veterans (under 25 years of age), in no 5-year age group are there fewer than 7 out of 10 male veterans as heads of families. Between the ages of thirty (30) and sixty-four (64) 8 of every 10 male veterans are family heads.

Veterans living in group quarters were down to 1.5 percent of all male veterans in 1970 from the 2.4 percent recorded in the 1960 Census of Population. The most noticeable decrease occurred among veterans 70 years of age and over. While 7.5 percent had been residents in group quarters in 1960, only 4.5 percent of all veterans in 1970 did not live in a household.

Income. The median personal income of male veterans increased about 64 percent from 1959 to 1969. Median personal income rose from \$5,109 to \$8,384. The greatest increase was experienced in the 45-49 year old age category, where the median personal income rose almost 75 percent between 1959 and 1969. Veterans between 40 and 44 years of age had the highest median personal income at \$9,671.



The percentage of veterans earning more than \$10,000 rose sharply. In 1959, only one of every 11 male veterans 25 years of age and over earned \$10,000 or more; in 1969, more than one of every three had an income in excess of \$10,000. At the lower end of the income scale, one of eight male veterans in 1959 had an income of less than \$2,000. This ratio decreased to only one veteran in 14 in 1969. Veterans with no income also decreased from about 26 to 19 of every 100 male veterans.

Significant increases in personal income accrued to families headed by a veteran. Overall the increase was about 80 percent from a median of \$6,416 in 1959 to \$11,526 in 1969. Families headed by a veteran between 45 and 49 years of age showed an increase in their median income of over \$6,000 to \$13,151 in 1969 from \$7,028 in 1959.

NEW LEGISLATION

Following are digests of public laws, enacted during FY 1973, which are administered by the VA or are otherwise of particular interest to this agency:

Public Law 92-341

This Act increases the maximum amount of the grant payable for specially adapted housing for disabled veterans from \$12,000 to \$17,500.

Public Law 92-383

The Independent Offices and HUD appropriations of 1973 appropriated to the VA approximately \$12 billion for FY 1973. This Act also authorizes transfer of \$6 million from the Veterans Special Life Insurance Fund for Veterans Insurance and Indemnities; and limits to \$375 million the amount of Loan Guaranty Revolving Fund assets available during current fiscal year for operations under chapter 37 of title 38, U.S. Code.

Public Law 92-540

The Veterans' Education and Training Amendments of 1972 liberalized in many respects the several education and training programs administered by the VA. In part, the Act increases benefit rates approximately 26 percent for veterans receiving vocational rehabilitation training, or pursuing institutional, flight, cooperative, farm cooperative, or correspondence courses; for servicemen pursuing a program of education while on active duty; for wives, widows, and children pursuing programs of education under the war orphans' and widows' educational assistance program, and for those eligible persons pursuing full-time courses of special restorative training; and increases the training assistance rates for apprentice and on-job training programs by approximately 48 percent. It authorizes an initial advance payment of the subsistence allowance to veterans enrolled in a course of vocational rehabilitation and of the educational assistance allowance to veterans and to wives, widows, and children pursuing educational programs on a half-time or more basis, and authorizes prepayment of education and training allowances each month in advance.

The Act also provides for computation of the educational assistance allowance for correspondence courses based upon 90 percent of the established charges which the institution requires nonveterans to pay for the same course; establishes a new veteran-student services program to permit a veteran pursuing a full-time course of vocational rehabilitation or a program of education to receive a work-study education assistance allowance of \$250 in return for performing 100 hours of service for the VA; permits greater flexibility in scheduling the full-time institutional portion of farm

cooperative training program; extends to wives and widows the right to pursue correspondence courses; and authorizes apprentice or other on-job training programs for wives, widows, and children.

The Act also requires the Administrator to provide for the conduct of an independent study of the operation of the post-Korean conflict program of education assistance in comparison with similar programs that were available to veterans of World War II and of the Korean conflict; and establishes a revamped program of job counseling, training and placement service for veterans under the Secretary of Labor who is required to consult with the Administrator to keep him fully advised and insure maximum cooperation and coordination between the Labor Department and the Veterans Administration.

Public Law 92-541

The Veterans' Administration Medical School Assistance and Health Manpower Training Act of 1972 establishes new programs of (1) VA grants to State supported institutions to assist in the establishment of up to eight new medical schools; (2) VA grants to already existing medical schools affiliated with the VA to assist such schools in expanding and improving their capacity for educating medical students; and (3) VA grants to nonprofit universities, colleges, and other institutions, affiliated with the VA, to assist in expanding and improving facilities for training professional and technical allied health personnel.

The Act also authorizes a program for continuing medical and related education for medical and health personnel of the VA, utilizing certain VA hospitals as "Regional Medical Education Centers", and provides for the utilization of VA

hospitals to improve and expand affiliated medical schools' programs for the education and training of health manpower.

Public Law 93-25

This Supplemental Appropriation Act appropriated \$468 million to the VA.

Public Law 93-43

The National Cemeteries Act of 1973 establishes within the VA a National Cemetery System to consist of national cemeteries transferred from the Department of the Army, prior VA cemeteries, such other military cemeteries as directed by the President, and other cemeteries, memorials or monuments which may be later acquired or developed. It directs the Administrator to conduct a comprehensive study and submit his recommendations to Congress within 12 months after the convening of the 93d Congress as to what our National Cemetery System and national burial policy should be.

The Act also authorizes a new plot or interment allowance of \$150 for an eligible veteran who is not buried in a national cemetery, and provides a new burial benefit of up to \$800, in lieu of any other burial benefit, for veterans who die of service-connected disabilities; provides authority in VA for furnishing of a headstone or marker; authorizes the Administrator to provide for the protection of persons and property on lands (including cemeteries) and in buildings under his jurisdiction which are not under the control of the Administrator of General Services; and authorizes penalties within prescribed limits for failure of any person to obey regulations.



HEALTH CARE

COMPARATIVE HIGHLIGHTS

Item	Fiscal Year		Percent Change
	1973	1972	
Facilities Operating at End of Year			
Hospitals	169	167	+ 1.2
Domiciliaries	18	18	-
Outpatient Clinics	206	203	+ 1.5
Nursing Home Units	82	77	+ 6.5
Restoration Centers	0	8	-
Employment (Net Full-Time Equivalent)	161,250	153,031	+ 5.4
Operating Costs (In millions)	\$2,661.7	\$2,374.2	+12.1
Medical Care	2,553.9	2,277.4	+12.1
Research	78.6	69.0	+13.9
Other	29.2	27.6	+ 5.8
Patients Treated	1,082,476	944,189	14.7
VA and Other Hospitals	1,014,383	876,274	15.8
Other Facilities	68,093	67,915	+ 0.3
Average Daily Patient Census	115,170	113,905	+ 1.1
VA and Other Hospitals	84,556	83,185	+ 1.7
Other Facilities	30,614	30,720	- 0.3
Outpatient Medical Visits	10,858,491	9,526,881	+14.0
VA Staff	9,165,094	7,930,080	+15.6
Fee-Basis	1,693,397	1,596,801	+ 6.1
Outpatient Dental Examinations	227,777	256,738	-11.3
VA Staff	114,199	142,919	-20.1
Fee-Basis (Net Authorizations)	113,578	113,819	- 0.2
Outpatient Dental Treatment Cases			
Completed	248,388	248,692	- 0.1
VA Staff	82,916	82,873	+ 0.1
Fee-Basis (Net Authorizations)	165,472	165,819	- 0.2
Prescriptions Filled (In thousands)	21,400	16,706	+28.1
Specialized Medical Units	1,224	968	+26.5

SUMMARY

The Veterans Administration's Medical Care System at the end of FY 1973 was providing care in 169 hospitals, 206 outpatient clinics, 82 nursing homes, and 18 domiciliaries. Veterans were also

given care under VA auspices in non-VA hospitals and in community nursing homes. In addition, the VA authorized, on a fee-for-service basis, visits to non-VA physicians and dentists for outpatient treatment, and supported veterans under care in hospitals, domiciliaries, and nursing homes operated by 38 states.

A new replacement hospital opened at Lexington, Kentucky near the site of an existing VA hospital and a new relocation hospital opened at Tampa, Florida. At Northport, New York a replacement building was opened.

The VA nursing home care program was expanded by five, with the activation of seven nursing homes and the closing of two, bringing the total to 82.

Extension of outpatient services to as many veterans as possible continued with the establishment of new outpatient clinics at McAllen Texas (as a satellite of the VA outpatient clinic at San Antonio, Texas); Ponce, Puerto Rico; and Henderson, Nevada (as a satellite of the VA Hospital at Reno, Nevada).

There were 256 new specialized medical service units added in VA hospitals bringing the total in operation to 1,224. Twenty-seven different types of such services were available to veterans during the year, including hemodialysis units, centers for the treatment of drug dependence, intensive and coronary care units, and renal transplantation centers.

The volume of patients treated rose to an all-time high. Almost 1,083,000 were treated in

FY 1973, a 15 percent increase over the previous year. Patients treated in VA hospitals accounted for most of this increase.

Outpatient care reached the highest level since World War II. Visits for outpatient medical care to VA staff and to private physicians on a fee-for-service basis amounted to almost 10,860,000, an increase of 14 percent over the previous year.

During the year, the VA provided training to 65,500 persons in the health care field, including 8 percent of the Nation's medical residents.

Further outstanding contributions were made in medical research. During the year, medical research programs were conducted in 136 VA stations, and 5,695 research investigators participated in 5,376 research projects and 24 cooperative studies. Efforts in Research and Development were intensified.

Operating costs for the Department of Medicine and Surgery amounted to almost \$2.7 billion, an increase of 12 percent over FY 1972.

To carry out its mission, the Department of Medicine and Surgery employed more than 161,000 (full-time equivalent) people, or 8,200 more than during FY 1972.

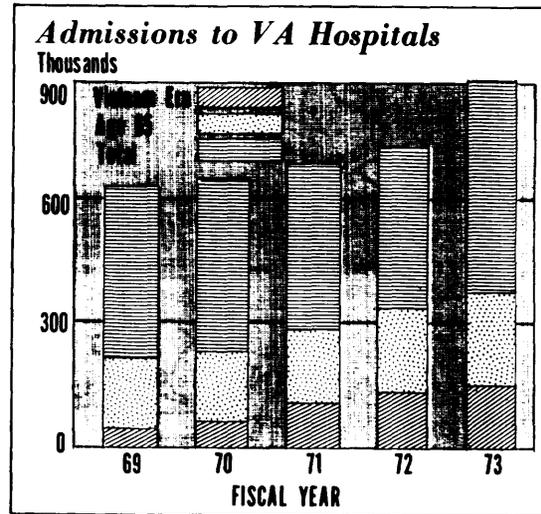
PATIENT CARE RECEIVED

Hospital Care

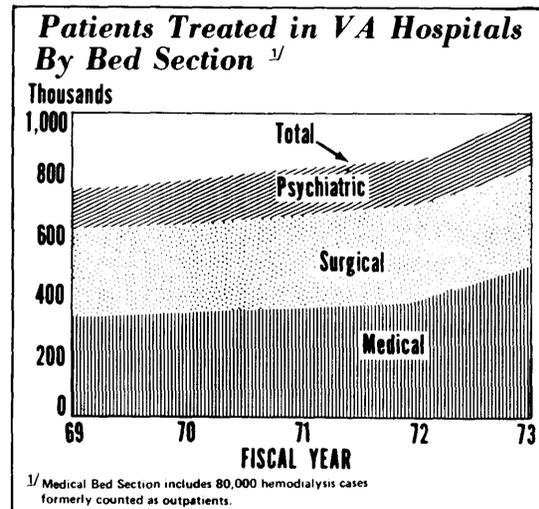
During FY 1973, more than 1,609,000 applications for hospital care were received by VA hospitals and outpatient clinics, — approximately 168,000 more than in FY 1972. Applications by Vietnam era veterans amounted to 273,440, or 17.6 percent of the total number processed (1,551,000). Sixty-six percent of the applications processed were accepted for care, compared with 63.3 percent in FY 1972.

There were 905,545 patients admitted to VA hospitals, and 26,936 to non-VA hospitals under VA authorization. There has been a small but steady increase in the number of Vietnam era veterans admitted to VA hospitals. In FY 1969 such admissions accounted for 7 percent of total admissions. For FY 1973 they amounted to 14 percent. Admissions of patients 65 years of age or older, while increasing in number have remained relatively constant in relation to total admissions.

The number of VA patients treated in VA and non-VA hospitals during FY 1973 (i.e., the number of patients discharged during the fiscal year



plus those on the hospital rolls on June 30, 1973) totaled 1,007,000. Of this number, more than 985,000 were treated in VA hospitals — the highest in VA's history and 139,140 more than during the prior fiscal year. The number of patients treated in FY 1973 includes about 80,000 one-day hemodialysis patients who were previously counted as outpatients.



This represents a year of remarkable improvement in the utilization of VA resources. The increase was accomplished by reducing the length of time patients spent in hospital during an episode of care. The most important factors contributing to this were increased staffing and more extensive use of programs of pre-bed care

and post-hospital care. Other factors were improved treatment modalities and expanded use of other type facilities, such as nursing homes, for patients who had reached a level of maximum hospital benefit.

The VA provided 30.5 million days of patient care for veterans in VA and non-VA hospitals during FY 1973. This represents an average daily census of 83,511 patients, 82,480 of whom were in VA hospitals.

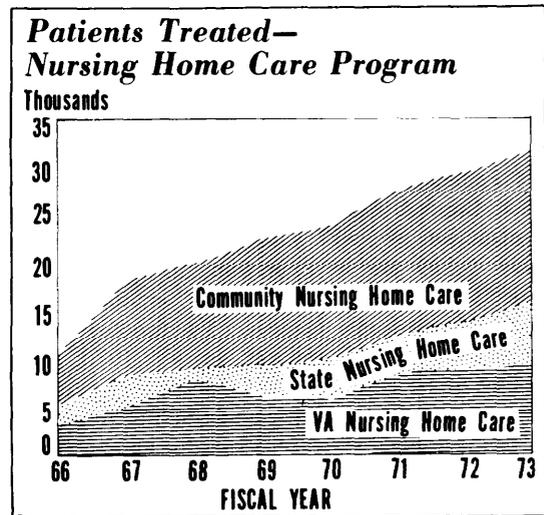
At the end of the fiscal year, VA hospitals were operating 96,750 beds, or 157 more than a year ago. Of the 96,750 beds, 45,346 were in medical bed sections, 19,564 in surgical bed sections, and 31,840 in psychiatric bed sections. This represents a considerable redistribution of beds in the VA Hospitals. At the end of the prior fiscal year, out of a total of 96,593 beds, 43,678 were in medical bed sections, 19,443 in surgical bed sections, and 33,472 in psychiatric bed sections. Therefore during FY 1973, beds in medical bed sections increased by 4 percent, while beds in psychiatric bed sections decreased by 5 percent, and there was practically no change in surgical bed sections.

Nursing Home Care

The VA Nursing Home Care program was expanded in FY 1973 by five nursing home care units, to a total of 82 units, which included 6,674 beds at the end of the fiscal year. The program is designed for chronically ill veterans who attain maximum hospital benefits but require skilled nursing home care. The average daily census in these units was 6,094, and over 9,500 veterans were treated during the course of the year. As part of VA's commitment to improve the quality of care, administrative training programs were arranged for VA nurses charged with responsibility for the operation of nursing home care units. The programs were developed and presented in university centers, and 40 VA nurses completed this training.

In addition to nursing home care units in VA Hospitals, the VA has contracts with over 3,400 community nursing homes in the 50 States and Puerto Rico, having a total capacity of 308,380 beds. Community nursing homes provide skilled nursing care for a period not to exceed 6 months to veterans in their home communities as a transition from VA Hospitals. Veterans hospitalized primarily for a service-connected disability are

exempt from the 6-month limitation. During the year, the average daily census of VA patients in community nursing homes was 4,572 and the number of patients treated amounted to 16,287.



A major conference was sponsored by the VA on "The Environment and the Aged Patient." Community nursing home personnel were invited to this conference for which they received continuing education certificates.

Domiciliary Care

In FY 1973, emphasis continued to be placed on changing the character of the VA domiciliary program from that of custodial care to one of a therapeutic environment.

This program is directed toward providing medical and comprehensive professional care in a residential-type setting to aging and disabled veterans who need care, but neither hospitalization nor skilled nursing home services. Both medical and professional care programs are tri-level, responding to the needs of long-term residents, intermittent residents, and those requiring short-term restorative services to enable their return to community living. In addition, a number of domiciliaries offer alcoholic rehabilitation programs and a variety of vocational training programs.

At the end of FY 1973, VA's 18 domiciliaries were operating 11,172 beds. During the year the average daily census was 10,261, and 22,094

patients were treated. Patient-members participated in the incentive therapy program with an estimated 2,243 attaining the assigned goal of self-reliance and rehabilitation.

State Home Programs

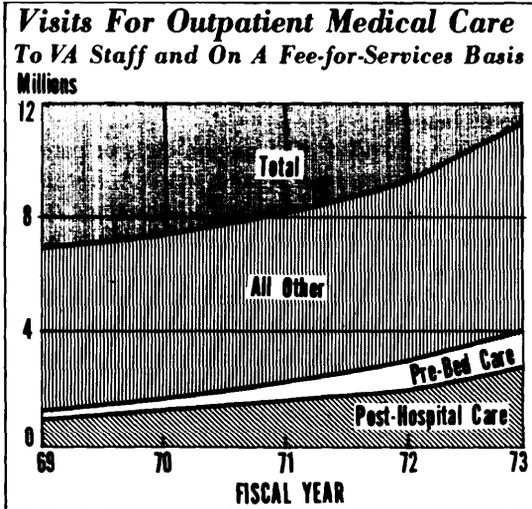
Through grants-in-aid, the VA furnishes financial assistance to States for the construction of nursing home care facilities and the modernization of existing domiciliary/hospital facilities. Under this Federal/State sharing legislation enacted in 1964, the VA has approved 28 projects for the construction of 3,517 nursing home care beds, of which 2,139 are in operation. In addition, 37 projects have been approved for "remodeling" of existing State home facilities. VA funding for all projects totals \$27 million. In FY 1973, four nursing home care and 12 "remodeling" projects were approved. Per diem payments (not to exceed \$3.50 for domiciliary care, \$5.00 for nursing home care and \$7.50 for hospital care) were made to States for care provided to eligible veterans in State homes.

Thirty-eight State homes provided care to 26,821 veterans during FY 1973. Of these homes, 36 provided 12,699 veterans with domiciliary care; 28 provided 6,967 veterans with nursing home care; and 8 provided 7,155 veterans with hospital care. For the first time, the VA has developed standards of care for hospital, nursing home and domiciliary care as well as staffing criteria for nursing home care.

Outpatient Care

Outpatient services by VA staff and by private physicians and dentists on a fee-for-service basis continued to increase. During FY 1973 over 10.8 million visits were made for outpatient medical care and 227,777 dental examinations and 248,388 dental treatment cases were completed. Most of the increase in the outpatient medical visits occurred in the pre-bed care and post-hospital care programs. Pre-bed care increased by 124 percent over the previous year and post-hospital care by 34 percent.

Extension of outpatient services to as many veterans as possible continued in FY 1973 with the activation of outpatient clinics at McAllen, Texas, as a satellite of the VA Outpatient Clinic at San Antonio Texas; Ponce, Puerto Rico; and



Henderson, Nevada, as a satellite of the VA Hospital in Reno, Nevada. Additional similar clinics or arrangements for providing outpatient services are planned for activation in FY 1974.

Other actions taken to improve operations and services to veterans included:

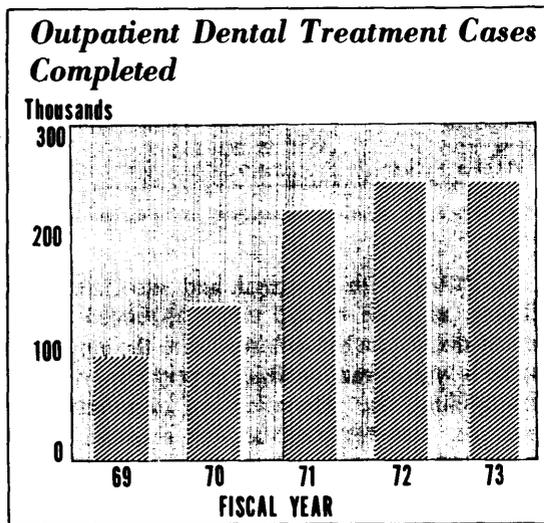
- A Centralized, Computerized Patient Scheduling Test System to minimize waiting time and maximize utilization of resources.
- The development of new design criteria to make outpatient facilities more functionally efficient and to improve patient flow.
- A test at two large metropolitan hospitals of extending outpatient clinic services during evenings and Saturdays.
- An "Admission Model Test" at 12 VA Hospitals where the same medical staff provided service for patient needs regardless of the patient's status as an inpatient or outpatient. Results from the test stations indicate a substantial improvement in patient services, including upgrading of outpatient facilities.
- A training program of major significance for administrative and professional outpatient staff, "Individual and Group Effectiveness Training," at the 12 VA Hospitals involved in the admission model test. Since the process of admission to treatment for sickness is one of the most sensitive and personalized aspects of VA's medical service delivery system, this training program will be extended to all VA medical facilities during FY 1974.
- An increase in the utilization of personnel such as Physician Assistants, Nurse Practitioners,

Nurse Technicians, and Health Technicians as partners in the health team in providing outpatient care.

- The provision of "one-stop service" at new VA outpatient clinic facilities by including, to the extent possible, Department of Veterans Benefits services.

Management of the outpatient dental program continued to require a major effort in the delivery of dental benefits to Vietnam era veterans. During FY 1973, a high percentage – more than one out of every three Vietnam era veterans discharged – applied for VA dental treatment. These veterans are entitled to receive one episode of comprehensive dental treatment, provided they apply within 1 year after discharge. The total number of treatment cases authorized remained at nearly the same level as for the prior fiscal year. This year, 165,472 treatment cases were authorized on a fee-for-service basis to private dentists and 82,916 treatment cases were completed by the full-time VA dental staff.

As shown in the accompanying chart the number of dental treatment cases completed also remained at about the same level.



Steps were taken to improve communications with veterans and to strengthen collaborative efforts with state dental societies in the negotiation and revision of fee schedules. To facilitate administrative processing, an improved multileafed form replacing several existing forms was developed and tested during FY 1973, and will be used on an agency-wide basis in FY 1974. Another

significant accomplishment was the extension of the contract with the California Dental Service to include the entire state. This plan expedites service to veterans and payments to dentists.

PATIENT CHARACTERISTICS*

Age

The average age of the 812,537 patients discharged from VA hospitals in FY 1973 was 51.6 years, giving some evidence of reversal of a downward trend observed over the past 4 years.

Fiscal Year of Discharge	Average Age
1973	51.6
1972	51.4
1971	51.6
1970	52.2

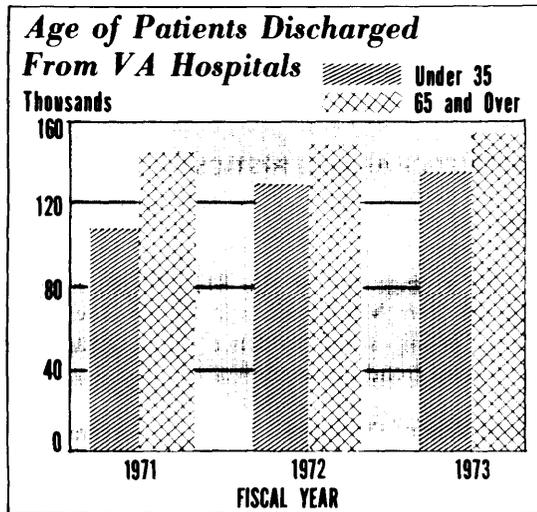
One of the factors contributing to this increase in average age of discharges is the increased number of patients 65 years of age or older discharged in FY 1973. In FY 1972 the number of discharges of veterans 65 years of age or older was only 1,900 greater than the year before while in 1973 this number exceeded the prior year by some 6,500.

The age distribution of the FY 1973 hospital discharges was as follows:

Age Group	Number Discharged	Percent
Total	812,537	100.0
Under 25	54,859	6.7
25 - 34	77,898	9.6
35 - 44	100,494	12.4
45 - 54	247,637	30.5
55 - 64	177,932	21.9
65 and over	153,717	18.9

By diagnosis, psychiatric patients comprised the youngest group of patients discharged, having an average age of 44.2 years (44.1 in FY 1972), and patients with neoplasms comprised the oldest group of patients discharged, with an average age of 59.6 years. A detailed breakdown is given in Table 23.

*All discharge data in this section excludes approximately 80,000 one-day hemodialysis discharges.



Service Connection

More than one-half of the discharges from VA hospitals during FY 1973 were veterans with a service connected condition or veterans receiving a pension. Their combined proportion has been declining since 1968, as shown below:

Status of Veteran	Percent of All Discharges from VA Hospitals				
	1973	1972	1971	1969-70	1968
Service connected	28.5	29.4	30.9	30.6	30.2
Pension	24.6	24.7	25.1	26.8	28.3
Non-service connected	46.9	45.9	44.0	42.6	41.5

For FY 1973 the service-connection status of discharges from VA hospitals was as follows:

Status	Number	Percent
Total Discharges	812,537	100.0
Total Service connected	231,469	28.5
Service connected	101,004	12.4
Service connected veteran getting care for a non-service connected condition	130,465	16.1
Total on VA pension rolls	200,337	24.6
Total of other Non-service connected	380,731	46.9
No claim or claim pending for VA compensation or pension	371,041	45.7
Non-veteran	9,690	1.2

Diagnosis

Of the 17 broad diagnostic categories derived from the International Statistical Classification of

Diseases (ICDA) as used for VA statistics, five categories comprised about 60 percent of the diagnoses designated as principal diagnosis for patients discharged from VA hospitals in FY 1973. In the VA, the principal diagnosis is that diagnosis designated by the discharging physician as responsible for the major portion of the patient's length of stay, when more than one diagnosis is treated in an episode of care. (Thus, a patient treated for both a circulatory disorder and a digestive disorder would have one of his diagnoses designated as principal and the other as "associated diagnosis".) This rule is not universally used outside of the VA. Some systems of medical care designate as principal diagnosis that condition which caused the patient to seek hospitalization; others require that the most serious condition be so designated; and still others list diagnoses in presumed order of importance.

The five diagnostic categories most frequently encountered as principal diagnoses over the past 4 fiscal years are as follows:

Diagnostic Category (ICDA)	Fiscal Year			
	1973	1972	1971	1970
All Discharges	812,537	776,227	742,853	705,866
Mental Disorders ¹	194,465	178,654	166,274	151,323
Circulatory	120,292	113,232	105,279	101,420
Digestive	79,682	78,684	77,353	75,795
Neoplasms	64,265	61,400	56,813	53,649
Respiratory	57,282	55,022	53,424	56,038
All Other	296,551	289,235	283,710	267,641

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

Counting both principal and associated conditions, as some of the tables appended to this report do, gives a better insight into the conditions patients were cared for which is very important for determining the allocation of resources. For example, diabetes mellitus was reported as the associated diagnosis in almost three times as many patients (47,914) as was reported as a principal diagnosis (16,802) giving a total of roughly 65,000 diabetes mellitus patients discharged during the year. There was a total of approximately 95,000 cases of chronic ischemic heart disease reported among patients discharged, making this disease one of the most frequently occurring diagnosis encountered; alcoholism was reported in about 107,000 patients discharged, higher than last year's 90,000 which increase explains in part the need for the increase in the number of alcohol

treatment units at VA hospitals from 41 in FY 1972 to 65 in FY 1973.

Over 2 million diagnoses were reported for the 812,537 patients discharged from VA hospitals in FY 1973, or 2.55 diagnoses per patient. In FY 1972, this average was 2.51.

Abstracted below is a table showing for fiscal years 1972 and 1973 the principal and associated diagnoses of all patients discharged from VA hospitals, and for a few selected diagnostic groups:

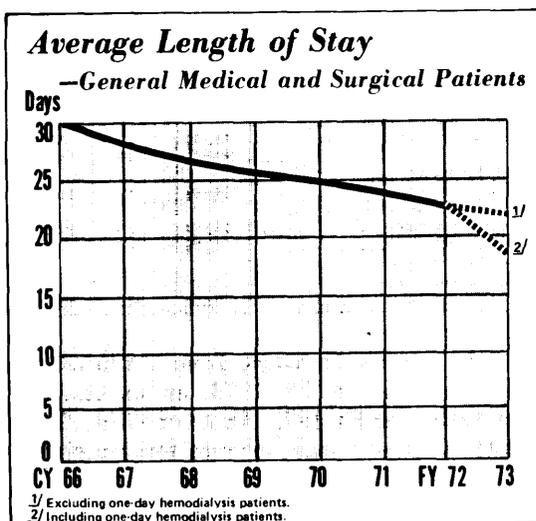
Condition or Diagnosis (ICDA Code)	Fiscal Year 1973			Fiscal Year 1972		
	Total	Principal	Associated	Total	Principal	Associated
All Discharges	2,068,145	812,537	1,255,608	1,950,964	776,227	1,174,737
Diabetes Mellitus (250)	64,716	16,802	47,914	61,171	15,877	45,294
Emphysema (492)	42,128	11,504	30,624	39,012	11,013	27,999
Alcoholism (303)	106,983	61,079	45,904	89,554	48,772	40,782
Chronic ischemic heart disease (412)	94,567	39,859	54,708	89,455	36,919	52,536

Days of Care

The overall length of hospital stay of discharged patients has steadily declined from 69.1 days in FY 1971, to 50.4 days in FY 1972, and to 38.4 days in FY 1973. The average for FY 1973 includes approximately 80,000 1-day hemodialysis cases—a factor introduced for the first time. To remove the effect of these 1-day hemodialysis cases, both the “cases” (80,000) and “days” (80,000) attributable to 1-day hemodialysis discharges were removed from the total accumulated days (about 34 million) and the total number of discharges (about 892,000) yielding an adjusted average length of stay of 42.1 days for FY 1973. This represents a decrease in the average length of stay of 8.3 days between FY 1972 and FY 1973.

The single factor contributing most heavily to the overall length of stay figures is the long institutional stay of psychotic patients. However, a downward trend has been observed in the length of stay of more recently discharged psychotics. Thus, the length of stay of such patients has declined from 357 days in the first quarter of FY 1972 to 227 in the fourth quarter of FY 1972, to 191 in the fourth quarter of FY 1973. This

pattern of reduced institutionalization will probably continue for several more years.



The average length of stay of general medical and surgical patients (who generally comprise two-thirds of all the discharges) has also declined—from 30.4 days in calendar year 1966 to 19.6 days in FY 1973. Since FY 1973 data include some 80,000 1-day hemodialysis cases, the length of stay was recomputed leaving out these cases and came to 22.4 days reflecting a decrease of 0.8 day from the average length of stay for FY 1972 (23.2 days). The trend for general medical and surgical patients since 1966 is shown in the accompanying chart.

Disposition

Among the 812,537 discharges from VA hospitals during FY 1973, over one-half (50.5 percent) were continued as VA outpatients, approximately one-third (32.2 percent) were discharged as having received maximum hospital benefits and not requiring outpatient follow-up, and over 50,000 (6.2 percent) went on to further institutional care, i.e., care in another hospital, or in a nursing home or domiciliary. The following table shows the distribution of discharges from VA hospitals in FY 1973, by the manner of disposition, and the average length of stay of each type of discharge:

Manner of Disposition	Number	Percent of Total	Average Length of Stay (days)
Total	812,537	100.0	42.1
To outpatient care	410,521	50.5	24.5
To home - no further care	261,609	32.2	31.9
Irregular, refuse care, neglect or obstruct treatment, AWOL, regulatory offense, etc.	41,239	5.1	25.5
Deaths	42,801	5.3	130.0
Transferred to another VA hospital for care	25,619	3.2	119.4
To nursing home care at VA or in community	15,819	1.9	192.7
To domiciliary care	9,274	1.1	71.0
Release of committed or institutional award cases for trial in community	5,656	0.7	432.3

Female patients discharged from VA hospitals numbered 11,880 in FY 1973, an increase of almost 1,000 over FY 1972. About one-fifth (21.6 percent) of these female veterans were receiving VA pension and slightly over one-fourth (25.4 percent) were service connected. About 3,000 had been under psychiatric care, with about 1,500 having had a psychosis.

Status	Female Discharges	Percent of Total
Total	11,880	100.0
Service connected	3,012	25.4
Receiving VA Pension	2,571	21.6
All Other	6,297	53.0

Census

On one day each year a census (20 percent) is taken of the patients in VA hospitals to provide a cross-section of the hospitalized population for special study. Tables 11 to 21 appended to this report refer to these patients. On October 18, 1972, such sample census was taken and accounted for some 83,425 patients. As shown in the table below, the downward trend of the total patient census for the past three years was reversed in 1972:

Census Date	Total	Psychotic	
		Number	Percent of Total
October 18, 1972	83,425	24,935	29.9
October 20, 1971	81,150	26,227	32.2
October 14, 1970	85,550	28,563	33.4
October 15, 1969	87,545	30,412	34.7

It is also interesting that although psychotics in VA hospitals still constitute a great part of the patient census, their number as well as their proportion to all patients is decreasing. This reflects VA's efforts to place the psychotic patient into some environment other than the hospital if doing so is to his benefit.

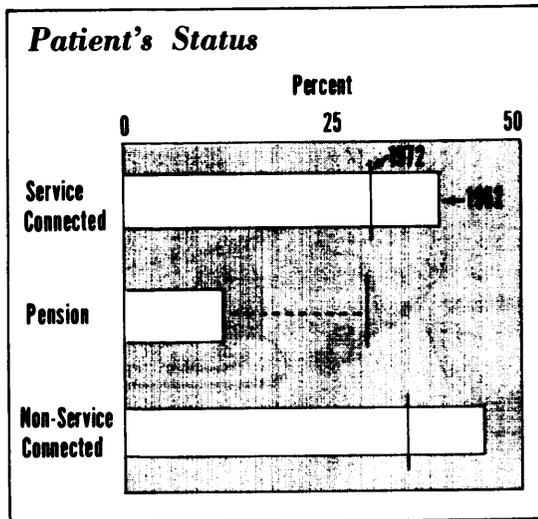
The various categories of patients in the October 18, 1972 census were as follows:

Category	Number	Percent
Total	83,425	100.0
General Medical & Surgical	35,100	42.1
Psychoses	24,935	29.9
Other Psychiatric	14,597	17.5
Neurological	7,344	8.8
Tuberculosis	1,449	1.7

In the last 10 years there has been a marked change in the service connection or pension status of patients under care in VA hospitals. As shown in the table below the proportion of pensioners in VA hospitals has increased almost two and one-half times (from 12.7 percent to 30.7 percent) while the proportion who are service-connected decreased from 40.2 percent to 31.9 percent.

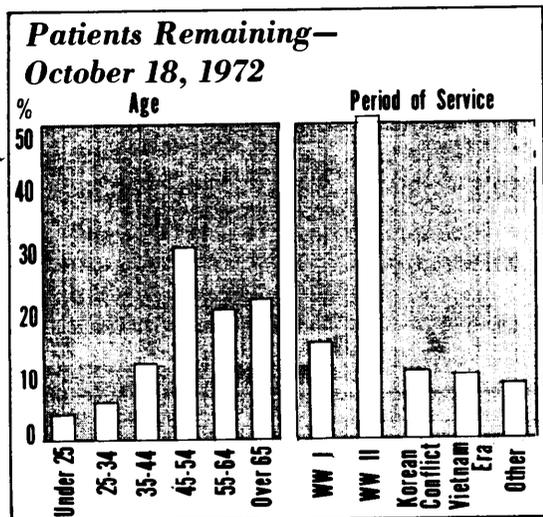
Patients Status	1972		1962	
	Number	Percent	Number	Percent
Total	83,425	100.0	112,500	100.0
Service connected	23,603	31.9	45,175	40.2
Pension	25,595	30.7	14,245	12.7
Non-Service-Connected	30,758	36.9	52,555	46.7

The Vietnam era veteran occupied a much greater proportion of VA's hospital beds this year than he did 3 years ago. In the census of patients in 1969 some 5,200 Vietnam era veterans comprised 6 percent of the patients in hospital; 3 years later, on October 18, 1972, they constituted 10.6 percent of the patient load. In the same period the proportion of World War I veterans decreased from 20.2 percent to 16.0 percent - perhaps reflecting the decrease in this veteran population from 1,594,000 to 1,233,000. The proportion which World War II veterans comprise of the hospitalized population, 55 percent, has virtually not changed



between 1969 and 1972, during which years the World War II veteran population decreased from 14.5 million, to 14.0 million.

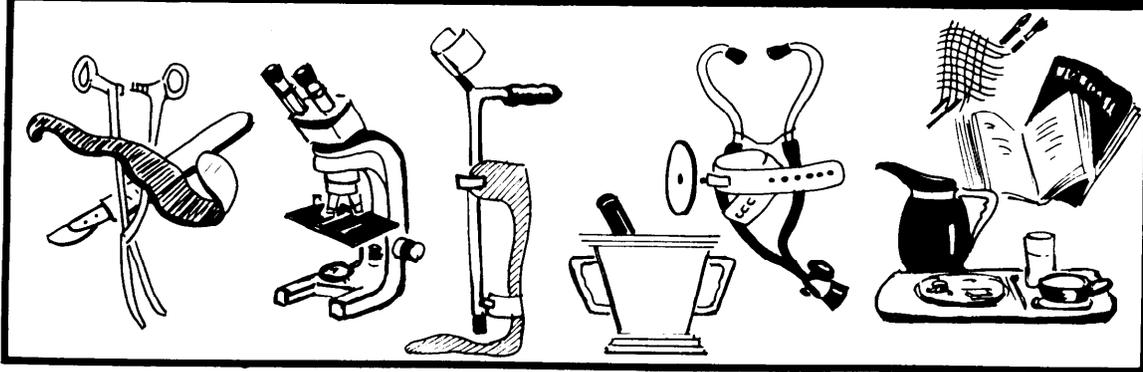
The attained stay, or "hospital age" of a given set of patients is an index of how rapidly the system is able to move these patients. Thus, on the census day in 1972 almost 90 percent of the general medical and surgical patients had less than 90 days of hospital stay, compared with only 80 percent 3 years ago. This is a favorable change in the "hospital age" of general medical and surgical patients brought about by shortened length of stay through the use of such outplacement modalities as nursing home care and post-hospital care. In connection with the attained stay of psychotics, during the 3-year period to October 1972 the proportion who were in hospital 20 or more years was reduced from 19 percent to 13 percent – reflecting again VA's efforts to get these patients back to the community.



The average age of patients in the October 1972 census of patients was 53.7 years which virtually corresponds with the average age of the World War II veteran (53 years) at that time. For the past 8 years the average age of patients in the annual census has fallen within a relatively narrow range – from 53.6 years to 54.3 years. Generally, the proportion in the under 35 years age group has been going up counterbalanced by the downward trend in the proportion of the 65 years and over age group, as shown in the following table:

Census Date	Total		Under 35 years old		65 years and over	
	Number	Average Age	Number	Percent of Total	Number	Percent of Total
October 18, 1972	83,425	53.7	9,617	11.5	19,351	23.2
October 20, 1971	81,150	54.3	8,813	10.9	20,196	24.9
October 14, 1970	85,550	53.6	9,018	10.5	20,247	23.7
October 15, 1969	87,545	54.3	7,985	9.1	22,276	25.4
November 26, 1968	90,930	53.9	7,765	8.5	23,940	26.3
November 30, 1967	98,390	53.8	8,085	8.2	27,545	28.0
November 30, 1966	104,870	53.7	8,495	8.1	30,870	29.4
October 27, 1965	107,295	54.3	7,558	7.1	35,408	33.0

SERVICES PROVIDED



Specialized Medical Services	Units Operating 6/30/72	New Units Activated FY 1973	Units Operating 6/30/73
Total Units	968	256	1,224
Alcohol Treatment Units	41	24	65
Blind Clinics	3	...	3
Blind Rehabilitation Centers	3	...	3
Cardiac Catheterization Labs	57	8	65
Day Hospitals	21	16	37
Day Treatment Centers	40	8	48
Drug Dependence Treatment Units	32	12	44
Electron Microscopy Units	29	12	41
Epilepsy Centers	3	2	5
Hemodialysis Units	42	4	46
Home Dialysis	33	14	47
Satellite (Self) Dialysis ¹	7	18	25
Hospital Based Home Care	6	10	16
Hospitals with Intensive/Coronary Care Beds ²	99	26	125
Mental Hygiene Clinics	73	10	83
Nuclear Medicine	93	17	110
Open Heart Surgery Centers ³	30	...	30
Prosthetic Treatment Centers	18	1	19
Pulmonary Function Laboratories	112	26	138
Renal Transplant Centers	12	4	16
Reference Laboratories (Special) ³	7	...	7
Respiratory Care Centers	93	24	117
Speech Pathology Units	72	15	87
Spinal Cord Injury Centers	14	1	15
Stereotactic Brain Surgery Centers ³	5	...	5
Specialized Diagnostic & Treatment Units	...	4	4
Supervoltage Therapy Units	23	...	23

¹Includes limited care units where hemodialysis units already exist.

²During FY 1973, the number of intensive/coronary care beds in VA hospitals increased by 139, from 1,489 to 1,628.

³Program completed.

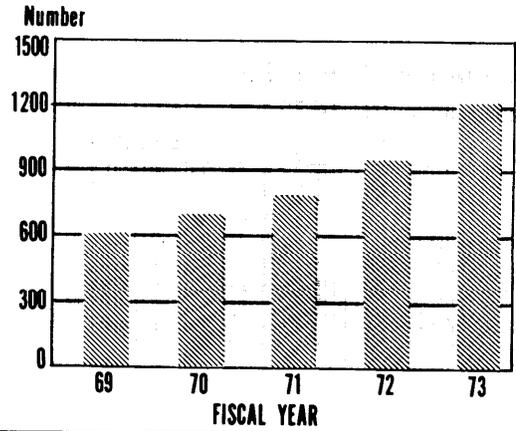
Specialized Medical Services

Twenty-seven different types of specialized medical services are available in VA hospitals. During the year, 256 new specialized medical service units were added, raising to 1,224 the number in operation on June 30, 1973.

Medicine

VA's Medical Services are rapidly implementing the concept of comprehensive care, which includes team management of acute and chronic illness, in

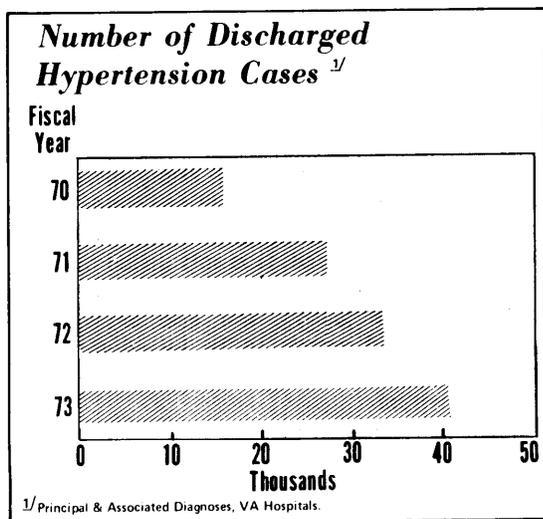
Growth in Specialized Medical Services



both hospital and ambulatory care settings. In this context, Medical Services have assumed more responsibility in ambulatory care activities.

The VA Hypertension Screening Program was initiated in July 1972, at 16 pilot stations. Approximately 70,000 veterans were screened for hypertension during the program's first year of activation, one-third of whom were found to have elevated blood pressure. The treatment phase of this new program is now being activated, with evaluation and treatment being provided predominantly by hypertension health specialists (nurse practitioners or physician assistants) under broad supervision, with physician intervention only at crucial decision making points. The VA is fully collaborating with the National Hypertension Information and Education Advisory Committee of

the National Institutes of Health, and the Inter-agency Working Group, which is a subsidiary functioning component of the Advisory Committee. In addition, local VA facilities are providing hypertension screening for a large number of people at national and state meetings of veterans service organizations and other groups. Hypertension ranks second only to coronary artery disease as the leading cause of death and disability among American men. It has been demonstrated, mainly by a previous VA cooperative study on hypertension, that treatment of moderate to severe blood pressure elevation results in drastic reduction of morbidity and mortality. The chief dangers of continuing hypertension are stroke, heart disease, and kidney disease. The ultimate objective of the VA Hypertension Screening Program is the detection, screening, and treatment of every hypertensive veteran.



The first four VA Specialized Diagnostic and Treatment Units were activated in FY 1973, with approximately 65 such units to be provided in the next 4 years. These units are designed as a hospital resource to provide facilities for sophisticated and complex diagnostic and treatment modalities, including such items as dietary manipulation, timed collection of body fluids, performance of studies involving potent drugs, special monitoring procedures, specialized laboratory testing, and close observation of special therapeutic procedures.

The VA Hemodialysis Center Program has been in operation for several years, with 46

hemodialysis centers now in existence in VA hospitals throughout the country. All of these hemodialysis centers have home dialysis training capability and over one-half of the more than 2,000 VA patients under hemodialysis at the end of the fiscal year had either already been trained for self-dialysis, or were in the process of such training. Satellite and limited care hemodialysis facilities are also being developed for patients who may be trained for self-dialysis, but who have neither appropriate home facilities nor a responsible relative to provide assistance.

In recognition of the growing problem of chronic obstructive pulmonary disease, particularly in the aging veteran population, continued progress is being made in the provision of Pulmonary Function Laboratories and Respiratory Care Centers for all VA hospitals. It is anticipated that during the 1970's more than five million veterans will enter their fifth decade of life, a significant number of whom will develop chronic obstructive pulmonary disease and will require these specialized facilities for optimum management.

Medical Intensive Care and Coronary Care Units will continue to be activated, until all VA hospitals possess this type of critical care capability.

The Problem Oriented Medical Record, which was tested for almost 2 years on about 60 VA Hospital Medical Services for its feasibility and acceptability, is now being adopted for use on a system-wide basis. It is anticipated that adoption of this approach to medical data recording will provide a key to medical audit. This will allow recognition of medical care deficiencies, for which appropriate remedial education can be provided, leading to improved patient care.

Surgery

The VA continues to be the largest single provider of surgical care in the United States, operating 19,564 surgical beds at the end of FY 1973. While only 16 percent of the VA physicians are surgeons, surgical patients accounted for 40 percent of all the discharges from VA hospital beds during the fiscal year.

The volume of cardiac surgery continues to increase, with 2,550 operations on the heart performed at VA hospitals in the past fiscal year. Surveillance of quality of this area of surgery is

provided by a National Cardiac Surgery Advisory Group composed of eminent VA and non-VA cardiac surgeons. Considerable research is ongoing in many facets of cardiac surgery within the VA. The VA cooperative study on long term results attained from by-pass grafting in obstructive coronary artery disease is continuing, but it is still too early to formulate conclusions.

The cardiac surgery team at the VA Hospital, Buffalo, N.Y., that implanted the first atomic-powered heart pacemaker in the United States, implanted units in 15 more patients during the fiscal year, each with a successful result. Other VA hospitals are obtaining clearance from the Atomic Energy Commission so they too can use these units which preclude the necessity of patients with battery-operated units undergoing a surgical procedure every 2 to 3 years for replacement. It is estimated that atomic-powered units will remain functional for 10-20 years.

Organ transplantation continues to undergo refinement in the VA as well as elsewhere. In FY 1973, there were 213 kidney transplants performed in 16 VA hospitals.

Establishment of additional transplant services are planned to obviate the necessity of some veterans travelling considerable distances to receive this type of surgery within the VA system. Liver transplantation has been receiving much attention at the VA Hospital, Denver, Colo., where it is rapidly becoming a more practical clinical procedure than it has been in the past. Considerable research into the mechanism of transplant rejection and its prevention is actively underway in a number of VA hospitals.

The VA is actively involved in the new field of total hip joint replacement, which is a boon to patients with chronically disabled and painful hips not amenable to any other type of surgery.

During FY 1970-71, 37 VA hospitals performed 522 total hip replacements with good to excellent results in the great majority of cases. Although this is a very large volume for these early years, it is anticipated that when the data for FY 1972-73, now being collected, become available, they will show a mushroom increase. The VA has now extended this procedure, as have others, to completely disabled knee joints.

Also during FY 1973 the first two total shoulder joint replacement operations in the United States were performed at the VA Hospital, Washington, D.C., with both patients obtaining good results.

Cancer surgery is a dominant area of VA Surgical Services, as would be expected in light of the average age of the veteran population. A number of VA hospitals are involved in various aspects of cancer research, among which are investigations into tumor immunology, chemotherapy of various types of cancer, cryosurgery of tumors, a VA cooperative study of cancer of the prostate gland, and tissue culture studies of brain tumors.

Examples of the many other areas of research in surgery are studies on shock, the efficacy of new anesthetic agents, dissolution of intravascular clots, wound healing, newer operations for cure of duodenal ulcer, measures to accelerate bone healing after fractures, evaluation of newly developed antibiotics in surgical infections, and the mechanisms of formation of kidney stones. There are over 800 research projects ongoing in VA hospitals, the goal of which is improved patient care in surgery.

The field of microsurgery, which with the use of a powerful operating microscope allows the rejoining, not previously possible, of very small nerves and blood vessels is expanding. In the past year, a VA plastic surgeon at the VA Hospital, Salt Lake City, Utah, successfully reimplanted four accidentally amputated fingers of one hand. This is the first instance of four fingers of one hand being successfully reimplanted. It is anticipated that this technique will soon allow the transplantation of small endocrine glands, and also allow small superficial blood vessels to be joined to blood vessels of the brain for improvement of circulation of that structure.

There is a national increase in the demand for corneal transplants, which has stimulated endeavors to increase the preservation time of corneas in eye banks. Eye surgeons at the VA Hospital, Wood, Wis., have recently devised a methodology for accomplishing this goal. Use of the laser beam to reduce intra-ocular pressure in glaucoma, one of the common causes of blindness, is being pioneered in the VA. The technique of removal of bloody vitreous fluid from the eye, first developed successfully at the VA Hospital, Miami, Fla., has been extended. The use of fiber-optic internal illumination of the eye, for better surgical vision in the depths of the eye during surgery on that organ, has been developed by the same team.

In a state-wide study, anesthesiologists at the VA Hospital, Ann Arbor, Mich., have detected evidence that there is an increased incidence of

cancer among anesthetists and that there is an increased rate of birth defects among their children. These findings have led to a nation-wide survey by the American Society of Anesthesiology and the National Institute of Occupational Safety and Health.

The professional qualifications of surgeons engaged by VA hospitals remain high. A recent sample study of the competency of surgical staffs in U.S. hospitals has been made by a group of university surgeons in which the VA hospital system is cited as a specific example of utilization of high standards in appointing surgeons.

Appended to this report is Table 30 giving the numbers of surgical operations performed during FY 1973.

Mental Health and Behavioral Sciences

VA's mental health facilities include 33 predominantly psychiatric hospitals, 84 general hospitals with psychiatric services, 83 mental hygiene clinics, 48 day treatment centers, and 37 day hospital programs, as well as other specialized facilities which provide treatment and rehabilitation for veterans. The delivery of mental health services in the above broad spectrum of VA facilities is provided by a large corps of psychiatrists, psychologists, psychiatric nurses, rehabilitation specialists, and other allied health personnel. On any given day, over 28,000 psychiatric inpatients are receiving comprehensive mental health services, including traditional group, individual, and family psycho-therapies, chemotherapy treatment, and treatment in special programs such as behavior modification, token economy, social incentive work programs, and vocational and educational appraisal and training. The goals of treatment are individual, and relate to restoring the patient to the highest possible functional capacity and degree of independence.

The VA has increased its emphasis on rapid intensive treatment and short hospital stay, with continuing treatment, as necessary, on an outpatient basis. In an effort to cut down on the distressing incidence of "patienthood" and dependency on the hospital, the VA has vastly increased its commitment to various kinds of outpatient facilities. These include not only the mental hygiene clinic with its multidisciplinary treatment team, but also a variety of other facilities whose mission is to provide alternatives to hospital care. Day Treatment Centers are

operated primarily for the benefit of chronic patients who are able, with the help of these facilities, to live in the community while participating regularly in treatment programs.

Day Hospital programs provide intensive treatment for veterans with more acute psychiatric conditions on a *day* basis, which permits the patient to remain in the community and retain interpersonal contacts with family and friends.

The trends in VA outpatient psychiatry are shown in the following table:

Item	Fiscal Year			
	1973		1965	
	Caseloads	Visits	Caseloads	Visits
Mental hygiene clinics	119,228	682,018	69,296	471,566
Day treatment centers	4,062	373,173	2,156 ¹	184,754
Day hospital program	879	87,501	151	15,863 ²
Other Psychiatric Outpatient care		68,473	-	254,455

¹As of September 30, 1966

²Days of treatment.

Many thousands of patients are cared for in foster homes, half-way houses, and various other settings which are designed to enable the patient to help himself and to live as independently as possible. In this manner, the VA program attempts to provide a range of treatment options sufficiently broad so that every patient can get treatment in a manner and in a setting that is appropriate to his clinical needs.

The trends in VA inpatient psychiatry are shown in the following table and provide an indication of the shift in emphasis away from beds occupied to increased numbers of patients treated:

Item	Psychiatric Hospitals		General Hospitals		All VA Hospitals	
	Fiscal Year		Fiscal Year		Fiscal Year	
	1973	1967	1973	1967	1973	1967
Average Operating Beds	17,457	49,705	14,383	6,498	31,840	56,203
Average Daily Census	15,609	45,726	12,427	5,941	28,036	51,667
Admissions	50,682	42,159	90,612	28,917	141,294	71,076
Discharges	54,791	50,314	91,435	28,500	146,226	78,814
Turnover Rates	29.3	9.2	61.3	40.0	43.5	12.7
Patients Treated	70,368	106,245	104,050	36,226	174,418	142,471

During the year, emphasis was placed upon multidisciplinary planning and development to improve mental health patient care activities through closer interdisciplinary cooperation. Special conferences were held for "teams" composed of seven key professional persons from each of 43 hospitals — the Chief of Staff and the Chiefs of psychiatry, psychology, social work, rehabilitation medicine, chaplains, and nurses — to study and discuss such approaches to patient care, education and research, and to develop more effective ways

of working together to better serve the patients' needs.

Team visits to stations were conducted to make more comprehensive reviews of total psychiatric treatment programs and to inform and train hospital personnel in the development and techniques of multidisciplinary functioning and organization. As a result, an expanding number of VA stations and medical districts are establishing coordinated mental health efforts. Broad based assessment of treatment programs as they relate to human potential and effectiveness is a high priority, as is utilizing multidisciplinary concepts and programs to meet continuing psychiatric treatment responsibilities.

Consistent with this comprehensive role, a system-wide effort to make the admission process more responsive to personal needs of veterans and their families has been launched. Procedures were developed for all employees, administrative as well as professional, who are involved in the admission process.

A survey of life style characteristics of a representative sample of about 5,000 veterans receiving health care services was completed during the year. This is the first time such a study has been done, and provides a comprehensive picture of attitudinal and behavioral aspects of veterans categorized by age, period of service, type of medical condition, and other variables. Comparison of younger (Vietnam era) veterans with older (WWII) veterans revealed significant differences. This information has direct implications in providing treatment services and in delineating unmet needs.

On a pilot basis, one station has been authorized to develop automated diagnostic procedures for veterans admitted for psychiatric conditions. Several other stations are similarly exploring the advantages of having clinical records computerized. The objective is not simply to expedite the diagnostic and treatment planning process, but to have immediate access to all information relevant to making the best clinical judgments for each patient. In addition, data is analyzed to provide feedback on overall program effectiveness.

Vietnam era veterans continue to have high priority with mental health professionals, many of whom chair or serve on station Vietnam era committees. These committees serve to monitor how stations provide services and as a means for identifying and solving problems. Most returning Vietnam era veterans have taken both the complex

war and difficult reentry circumstances in stride. They have seen the worst of war and emerged from it with a greater dedication toward compassionate treatment of other human beings and increased awareness of the importance of responsible citizenry. Those facing problems due either to trauma caused by combat or unusually complex transitional difficulties have been of special concern. At almost every VA health care facility, VA mental health professionals have participated in community efforts, held "rap groups", and other similar activities in an effort to reach those veterans who typically feel little trust or confidence in any organization or institution. There has also been participation in national conferences sponsored by community or religious groups. The objective has been to convince these veterans that VA does care and can be responsive to their needs.

At the request of, and in coordination with the Department of Defense, the VA participated in a number of supplementary ways, in preparing for returning Vietnam era prisoners of war. In addition to the contribution made by individual VA psychiatrists and psychologists to concepts underlying post-repatriation plans of military services, a number of system-wide steps were taken to insure that any returned prisoner of war or member of his family (including family members of those missing in action) who came to the VA for emergency counseling help would receive immediate and sensitive attention. A list of more than 200 VA employees who had themselves been POW's in WWII or Korea was developed to serve as a local resource. Every station was asked to designate a specific mental health professional who would become directly involved whenever a returned POW or member of his family sought information or assistance from that hospital. It is believed this backstopping role to military repatriation efforts did assure that all options for help would be available, particularly during the long furlough period each returned POW was given.

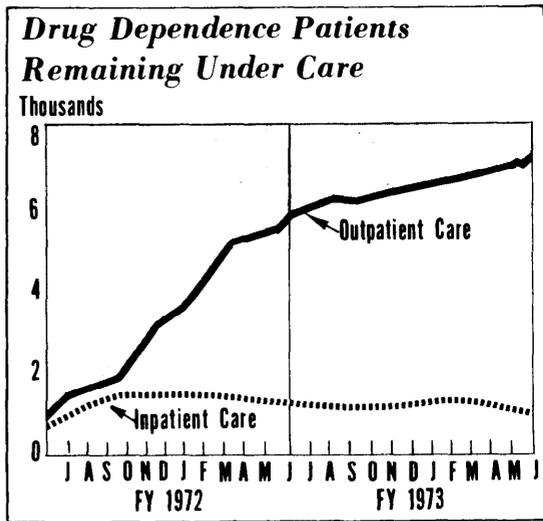
A conference was held for personnel in the 48 VA-day treatment center programs to share and develop improved methods of management and more effective utilization of skills of the professional staff. Special training was provided in group psychotherapy methods for selected staff who have potentials for assuming positions of greater leadership and increased responsibility.

Alcohol and Drug Dependence

Drug addiction and substance abuse with their related disorders have continued to occupy a significant place in the VA health delivery system.

Alcohol has long been a primary drug of abuse. In FY 1973, VA stations discharged approximately 99,000 veterans with a principal or associated diagnosis of alcoholism (defined as alcohol addiction, including chronic alcoholism), 24,000 for alcoholic cirrhosis of the liver, and 8,000 with alcoholic psychosis, for a total of 131,000 cases of alcoholism and related conditions. Compared to the 124,948 cases discharged in FY 1972, this represents an increase of 5 percent with substantially all of this increase occurring in the diagnostic category of alcohol addiction. At the end of FY 1973, VA was operating 61 Alcoholism Treatment Units.

For mis-use of other drugs, the VA admitted 17,752 veterans in FY 1973 for treatment and rehabilitation, compared with 19,577 in FY 1972. On June 30, 1973, there were 8,402 patients being treated (1,126 inpatients and 7,276 outpatients). The number of outpatient visits made in FY 1973 for such care was 834,891.



The VA estimates that admissions to VA stations for drug abuse will level off and that they will not exceed 17,500 in FY 1974. The number under treatment will probably slowly increase to 9,200 in FY 1974, where it will plateau and eventually decline. However, since the Armed Forces have become increasingly concerned with

alcohol abuse, the VA will undoubtedly be receiving many more requests than before from the Armed Services Medical Regulating Office for the treatment of active duty servicemen.

A major study to examine the feasibility of treating together alcohol and drug abusers, will be undertaken by the VA in FY 1974. An end to the traditional delineation between alcoholism and drug addiction would enable the VA to serve even more veterans with the resources it has available.

Neurology

During FY 1973, as a result of an intensification of staff interest in multiple sclerosis, cerebrovascular disease, and epilepsy, VA's Neurology Program has been evidencing a growing capability in these disease areas which are of major significance to the veteran.

In the field of multiple sclerosis, increasing interest is being demonstrated in the care and treatment of veteran patients with this disease, as well as searching for the cause of the illness through clinical and basic neurochemical, neuro-epidemiological and neuroimmunological studies at several VA hospitals where staff expertise in these fields is especially high.

In the field of cerebrovascular disease, during the fiscal year the Acute Stroke Care Unit at the VA Hospital, West Haven, Conn., has clearly identified the benefits that may be obtained from this type of specialized medical care program. It has been found that the Unit's stroke care program provides more comprehensive and effective treatment than do the care and treatment programs generally available. Through the use of physiological monitoring and computerized programming of the physiological data, it has become evident that at least 25 percent of the stroke patients have a significant extension of their neurologic deficit during the first week of illness, which is not immediately clinically apparent. It is now believed that with a more sophisticated data collection and analysis system it would be possible to recognize such events as they are beginning and permit an effort to abort or alter at least some of them by correcting factors associated with the extension of the stroke.

Not only has the clinical value of the Acute Stroke Care Unit at West Haven been clearly established, but through a sharing agreement with the Yale-New Haven Medical Center it has become a community resource for the New Haven area,

making specialized stroke patient care available for the community when the veteran patient load of the Unit permits. In addition to providing an exceptional level of care for the stroke patient, the Acute Stroke Care Unit at West Haven is providing training for multidisciplinary stroke teams from other VA hospitals.

In the field of epilepsy, four VA Epilepsy Centers demonstrated the benefits obtainable from highly specialized observation, diagnosis, and treatment of the epileptic patient who has uncontrollable seizures. The number of patients so categorized is being reduced as improved methods for diagnosing, evaluating, and monitoring their treatment are made available. The number of operational Epilepsy Centers increased late in FY 1973 by the opening of a fifth, which will be fully activated in FY 1974. As presently planned, two more Epilepsy Centers will become operational in FY 1975, for a total of seven in all.

Spinal Cord Injury

Fiscal year 1973 saw a continued expansion in the delivery of specialized medical care for the severely disabled spinal cord injured veterans:

- A 42 bed Spinal Cord Injury (SCI) Center was opened on February 8, 1973 in the new VA Hospital, Tampa, Fla.
- Construction contracts were awarded for a 58 bed SCI Center at the VA Hospital, St. Louis (Jefferson Barracks), Mo., for a 60 bed SCI Center at the VA Hospital, Brockton, Mass., and for a 30

bed SCI Center at the VA Hospital Palo Alto, Calif. Construction of each of these new Centers is scheduled for completion by the summer of 1974.

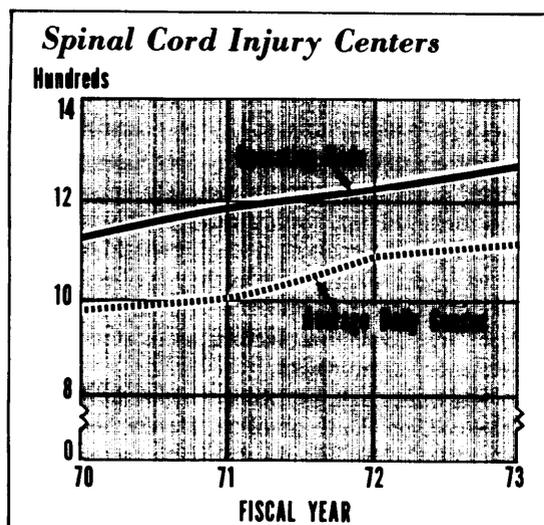
- The design for a model SCI Center at the VA Hospital, West Roxbury, Mass., was developed in cooperation with the Harvard Medical School and the Paralyzed Veterans of America. VA's Budget for FY 1974 contains an \$8 million construction authorization.

With the completion of these construction projects, the VA will have 1,409 beds distributed among 18 SCI Centers for the care of the spinal cord injured veteran.

Staffing, with special expertise for the care of the paralyzed veteran, was expanded during FY 1973 in VA's SCI Centers. The ratio of direct medical care staff for each patient has increased from 1.15 in FY 1969 to 2.0 in FY 1973, computed on the average daily patient census. (The current ratio computed on the basis of operating beds at 95 percent occupancy is 1.89.) A special training program for career physicians in Spinal Traumatology, which was initiated in FY 1972 at the SCI Center in the VA Hospital, Long Beach, Calif., was expanded in FY 1973 to include the SCI Center at the VA Hospital, Bronx, N.Y. Five physicians trained under this program have received appointments in VA Spinal Cord Injury Centers.

The VA has focused upon and emphasized the psychological and psycho-social aspects of disability and rehabilitation for SCI patients by conducting training courses for its staff and developing rehabilitation programs. Training courses held at the VA Hospitals at Castle Point, N.Y., Richmond Va., and Hines, Ill., were attended by over 180 multidisciplinary staff members.

The Spinal Cord Injury Home Care Program for continuing rehabilitation of SCI patients was activated in FY 1972 at the VA Hospitals, Long Beach, Calif., and Richmond, Virginia. Two more VA Hospitals, Bronx, N.Y., and Castle Point, N.Y., activated the program in FY 1973. During FY 1973, 127 severely disabled veterans returned to their home communities. Of this total, 60 were severely disabled quadriplegics, many of whom are sharing living accommodations with other disabled veterans. One facet of the program is to train family members to assume patient care and rehabilitation responsibilities whenever possible. A training program was conducted at the VA



Hospital, Richmond, Va., for home care team members from the four VA hospitals involved in the program.

Based on the 20 percent sample census of patients in VA hospitals on October 18, 1972, it is estimated that there were 2,625 spinal cord injury patients, approximately evenly divided between the 14 hospitals with VA Spinal Cord Injury Centers (1,300 cases) and all other VA hospitals (1,325 cases). Traumatic paraplegia and quadriplegia accounted for 1,791 cases, and non-traumatic paralysees for 834 cases, giving a ratio of 2.15 traumatic to 1 non-traumatic – about the same as the 2 to 1 ratio in the 1971 census. Some data on spinal cord injury patients from the 1972 census are given below:

Place of Treatment and Nature of Condition	Total	Age Group					
		Under 35	35-44	45-54	55-64	65-74	75-plus
All VA Hospitals	2,625	576	536	809	470	118	116
Traumatic	1,791	548	383	537	251	36	36
Non-traumatic	834	28	153	272	219	82	80
Hospitals with Spinal Cord Injury Centers	1,300	370	227	458	197	27	21
Traumatic	1,100	358	196	387	133	10	16
Non-traumatic	200	12	31	71	64	17	5
Hospitals Without Spinal Cord Injury Centers	1,325	206	309	351	273	91	95
Traumatic	691	190	187	150	118	26	20
Non-traumatic	634	16	122	201	155	65	75

An appended table at the end of this report shows the above data for each of the Spinal Cord Injury Centers.

Vietnam era veterans accounted for 484 of the 2,625 spinal cord injury patients, and for 437 of the 1,791 patients with traumatic spinal cord injuries. Thus, while all Vietnam era veterans made up only 10.6 percent of the VA hospital census on October 18, 1972 (8,869 out of 83,425) they comprised 18.4 percent (484 out of 2,625) of the total patients with spinal cord injuries.

Among the estimated 2,625 SCI patients in the sample census, 1,638, or 62.4 percent, are designated as service-connected, including those whose application for compensation is pending VA adjudication. An additional 858 (or 32.7 percent) are in receipt of a VA pension, indicating that virtually all (95.1 percent) of SCI veteran patients are receiving, or have applied for, compensation or pension from the VA.

Nuclear Medicine

Nuclear Medicine Services were added to the patient care program of 17 VA hospitals during FY 1973, making 110 the number of VA hospitals providing these services. Of all patients entering VA hospitals, at least one out of every four benefits from nuclear medicine procedures. Whereas there is a 25 to 35 percent increase in patient nuclear medicine services throughout the nation each year, the increase in some VA hospitals has been as high as 49 percent, and none falls below the national average.

The VA has embarked on wide programs of innovative advances in nuclear medicine services, applying creatively the concept of regionalization:

- With the cooperation of VA's Surgical Services and the Atomic Energy Commission, VA's Nuclear Medicine Services were the first in the country to provide atomic pacemakers for heart disease patients. Thus, veteran patients were the first to benefit from this great advance, and VA's lead is now being followed by non-VA hospitals.

- The VA Hospital, St. Louis, Mo., developed a telephone line network linking VA hospitals in various locations in two States in a computerized nuclear medicine system. The network will provide patients in outlying areas with the most up-to-date nuclear medicine services and, again, will undoubtedly become a model for hospitals throughout the country.

- In a similar effort, an intracity nuclear medicine network is being established in Seattle, Wash., joining the University of Washington's hospital and two community hospitals with the computer center based at the local VA hospital. The sharing and interchange of services among all four units, with clear VA leadership, will result in lower costs and enhance services for each.

- The VA Hospital, Tucson, Ariz., is purchasing computer services from a private contractor in Mednet, Calif., for nuclear medicine aspects of the kidney transplant program which results in reduced operating costs.

- High quality radioimmunoassay procedures developed in the VA Hospital, Bronx, N.Y., are receiving widespread regional utilization and have provided a pattern that is now generally copied.

- The program of the Nuclear Medicine Service has been expanded to incorporate other energy

forms in the electromagnetic spectrum. The advantages of such modalities as infra-red (Thermography), lasers, microwaves, holography, and ultrasound are being explored for their usefulness in patient care. With respect to ultrasound, a major cooperative program is being actively developed with the National Science Foundation. The goal of this program is to make more widely available to patients the well recognized benefits of ultrasonic diagnosis.

Coupled with the above activities, ongoing programs in patient care, research, and education in nuclear medicine are being continued and expanded.

Radiology

Fiscal year 1973 has been a rewarding year in the field of radiology in the VA, with the planning and development of the most modern and advanced technical X-ray departments for the newly proposed VA Hospitals at Loma Linda and Los Angeles, Calif., and with the completion of one of the finest up-to-date X-ray departments at the VA Hospital, Lexington, Ky.

VA Radiology continues to be an essential supportive and consultative service to other specialties. During FY 1973, 4,891,279 examinations of inpatients and outpatients were performed, and 13,668,623 X-ray films were processed.

Twenty-three VA hospitals offered supervoltage radiotherapy to patients with deep seated malignancies, involving 131,826 treatments with cobalt 60, linear accelerator, and betatron supervoltage therapy units. At other VA hospitals, radiotherapy was given to the VA patients either through regionalization, by transferring the patient to the nearest VA radiotherapy center, or through a contractual or sharing agreement with a community or university radiotherapy center.

Space and equipment were upgraded in many of the X-ray departments in order to provide improved diagnostic X-ray service, with due consideration of the modern concept of radiation protection. Also, to improve service to VA patients, there is a continuing study and on-site evaluation of automated reporting systems for speeding up the availability of X-ray reports in the wards and clinics.

A concentrated effort is being made to update and modernize radiation therapy services through the use of higher energy therapy machines such as the linear accelerator and betatron.

The VA continues to make rapid advancements in technological development and radiation control and safety in cooperation with The Department of Health, Education and Welfare. The Radiology Service in VA's Central Office, along with the VA Marketing Center, Hines, Ill., is involved in the evaluation and purchase of equipment for other Federal and State government agencies.

Rehabilitation Medicine

VA's Physical Medicine and Rehabilitation Service has undergone a number of changes during FY 1973. Important among them is the change of the name of the service to Rehabilitation Medicine which was done to designate its broad interest and scope. During the year over 38 percent of the hospitalized veterans were treated in Rehabilitation Medicine programs, and there was a significant increase in the number of veterans treated as outpatients. Much attention was directed to the quality and scope of rehabilitation programs in VA hospitals.

A multidisciplinary approach in treatment is being encouraged in which Rehabilitation Medicine Service works with other treatment services to maximize the rehabilitation goals of each veteran in relation to his social, physical, emotional, and vocational needs. At VA's Central Office level, the Rehabilitation Medicine Service has active liaison with the Mental Health and Behavioral Sciences Service, Spinal Cord Injury Service, and Ambulatory Care Service.

New and innovative rehabilitation programs are being evaluated and established. Two under consideration have to do with preparing handicapped veterans to work in the telecommunications part of police work, and preparing the nonambulatory and homebound veterans to participate in the information industry. These are challenging new vocational opportunities not previously available to the handicapped veterans.

In 43 VA hospitals throughout the United States there are "Work-for-Pay" programs administered by the Rehabilitation Medicine Service. Over 7,000 veterans are involved in these treatment programs. The age of the participants range from youthful Vietnam era veterans to geriatric individuals. Treatment emphases in the programs are focused on regaining or developing work skills, assessing individual work abilities, and developing appropriate interpersonal work relationships.

Movement from these realistic work programs in the hospital to employment in the community is the goal. There is close liaison between the hospital and the community with active participation from interested industrial, labor, and community agency groups. Multidisciplinary collaboration is a feature of the "Work-for-Pay" programs with Rehabilitation Medicine Service, Mental Health and Behavioral Sciences Service, Nursing Service, Social Service, and Voluntary Service actively involved in many of them.

The Driver Training Project for severely disabled patients was completed this year with guidelines developed and prepared for publication. Further work is to be done relative to the use of simulators as teaching aids in driver training of the handicapped. As a part of the Driver Training Project a national insurance program was developed and made operational under which every patient involved in driver education is covered.

Much attention continues to be directed toward the educational needs of the veteran. Increasing numbers of Vietnam era veterans are taking and passing the General Educational Development tests. Numerous patients discharged from hospitals but still needing educational evaluation and assistance are being followed on an outpatient basis by Education Therapy staff. Active collaboration with local educational institutions is being fostered with Rehabilitation Medicine Service staff serving as consultants for veterans having special educational problems. Many education therapy programs continue to have the services of teachers from local education systems assigned to the hospital as part of adult education. The VA Hospital, Martinez, Calif., has developed a collaborative relationship with the University of California at Davis where many veteran patients are continuing their education.

VA's three Blind Rehabilitation Centers provided services to a total of 369 blinded veterans during FY 1973, 71 of whom were Vietnam era veterans. In addition, VA's three Psychiatric-Blind Rehabilitation Clinics provided rehabilitation services to 88 other veterans who had psychiatric illnesses in addition to blindness, including six Vietnam era veterans.

During FY 1973 a contract was entered into with the Blinded Veterans Association (BVA) under which BVA will supplement the rehabilitation and job placement services which the Veterans Administration and other agencies provide.

Audiology and Speech Pathology Services were established at 15 additional VA hospitals during the past year bringing to 87 the number of programs available for the communicatively impaired. Such services include examinations by audiologists and speech pathologists which can offer important diagnostic and prognostic information to the referring physician, and therapeutic efforts to overcome the disabling effects of speech, hearing, and language malfunctioning and to restore maximum communicative ability. Services provided by the VA in this area increased from a total of 261,442 patient visits in FY 1972 to 299,837 in FY 1973, or 14.7 percent.

Dentistry

A significant undertaking of VA Dentistry has been to lead its clinical services toward a greater inclusion of patient-controlled preventive measures as part of patient care. Patient motivation and education are now considered basic to any successful preventive dentistry/disease control program. The long-range success of conservative and prosthetic dental treatment depends on reaching as many patients as effectively possible, in order to motivate and educate them in assuming optimal responsibility for their own oral health. More than 60 professional staff and auxiliary personnel, representing approximately the same number of VA stations, participated in three preventive dentistry workshops during FY 1973. These were the first such workshops ever conducted by the VA Dental Service and were designed to assist trainees in initiating patient participation programs in preventive dentistry at their respective stations. A new module for teaching patients techniques of oral hygiene self-care was made available to VA stations through the General Services Administration by the Office of Dentistry.

Continued progress was made toward long-range objectives in improved patient care and delivery of health care services. During the year, 32 VA stations began or completed renovation projects to modernize facilities and equipment in line with the requirements of the efficient practice of sit-down team dentistry, which will add convenience and comfort for the veteran patients receiving care.

A review of diagnostic treatment procedures accomplished reflects the effectiveness of a program of fully integrated dental care in VA's hospital system. A greater number of patients

received dental and oral examinations by a dentist as part of their admission physical examination, and these VA dentists initially detected a record number (620) of malignant tumors of the oral cavity. Many of the lesions were in their early stages, when the chance of successful therapy is greatly enhanced.

The year's statistics also revealed a trend toward a more successful conservative management of dental disease, with fewer teeth being lost, and more retained and treated through the application of new and sophisticated treatment approaches.

Action was taken during the year to facilitate earlier advancement of young, promising staff dentists. Revisions were made to the qualification and time-in-grade for promotion requirements, thus permitting VA dentists to attain a more competitive salary level, increasing the prospects of retaining the services of highly competent career professionals.

A noteworthy accomplishment in professional public relations was achieved by the publication in the March 1973 *Journal of the American Dental Association* of the report of the VA Advisory Council on Dentistry. It was entitled, "Helping to meet the dental health care needs of the nation: The potential role of the Dental Service of the VA's health care system." Working with VA's Assistant Chief Medical Director for Dentistry, the council examined, reported, and made recommendations regarding the activities of the VA's dental health care system. The publication elicited many complimentary responses and will continue to be a reference for greater public understanding of the VA Dental Service and its potential for the future.

An innovative cooperative program in maxillofacial prosthetics was initiated at the VA Center, Wilmington, Delaware. A maxillofacial unit was added to the Center's Dental Service which offers specialized treatment to all veterans in that Regional Medical District who suffer severe maxillofacial injuries or major loss of tissue from orofacial structures from cancer surgery. Such veterans are among the most seriously handicapped of all disabled individuals, since they suffer lack of social acceptance, as well as loss of function. Additionally, the maxillofacial unit is the focal point of closely coordinated research and education activities involving Temple University's School of Dentistry and VA's Prosthetic and Sensory Aids Service. Through a contract awarded

to Temple University by the VA, sophisticated biomaterials and clinical research is being conducted at the VA Center as a joint effort with the maxillofacial unit. This has great potential for developing improved treatment procedures for these patients. The maxillofacial unit will also offer pre- and post-doctoral education for dentists and training for prosthetic technicians, thereby adding to the short supply of these health professionals in our society.

Pathology and Allied Sciences

VA's Laboratory Services are becoming increasingly complex in response to the increasing spectrum of needs of clinical medicine. Laboratory functions are performed on a round-the-clock basis in the average size hospitals, and include diversified operations in clinical pathology, such as chemistry, microbiology, blood banking, and serology, and anatomic pathology which involves the preparation of surgical and autopsy tissues for microscopic and ultrastructural examination, and cytological studies. A broad range of services support the clinical staff in rapidly developing fields and specialized medical programs, such as drug dependence treatment, dialysis and transplantation. Selected VA Laboratory Service data are shown below:

Item	Fiscal Year 1973	Fiscal Year 1972	Percent Increase
Tests - Unweighted	112,509,407	96,633,728	16
Tests - Weighted	512,044,618	445,222,148	15
Deaths	45,642	43,867	4
Autopsies	20,806	20,346	2
Surgical Accessions	286,613	263,485	9
Cytology Accessions	148,519	134,289	11

As of June 30, 1973, 164 of the 167 reporting VA Laboratory Services had been inspected by the Commission on Laboratory Inspection and Accreditation of the College of American Pathologists (CAP). Of those inspected, 154 were accredited, eight were not accredited and required improvements were underway, and two were awaiting accreditation decision. The other three were awaiting inspection. CAP accreditation indicates that a laboratory meets accepted national standards. The results of VA participation in this program are considered very favorable. The program has been well received by hospital and clinic directors, and has contributed significantly to the raising of standards.

Seven VA Special Reference Laboratories provide special medical service resources to meet unusual nationwide VA needs. During the fiscal year, they performed special laboratory procedures for: (a) cytogenetics; (b) serology for viral, fungal and other special infectious diseases; (c) coccidioidomycosis; (d) staphylococcal phage typing; (e) radioimmunoassays for hormones; and (f) tuberculosis and other mycobacterial diseases (one at VA Hospital, West Haven, Conn. for the eastern part of the United States, and one at VA Hospital, Long Beach, Calif. for the western part of the United States).

Nine VA General Reference Laboratories had been functioning for a number of years in providing professional support for the VA stations assigned to each. However, it was determined that the Medical Districts could assume these functions due to the increased sophistication and expertise of the District Laboratories brought about by improved instrumentation, automation, methodology, training and staffing. As a positive forward step in achieving VA goals for regionalization and decentralization of operations to the consumer level, these General Reference Laboratories were discontinued at the end of FY 1973. Each of the 37 VA Medical Districts is assuming responsibility for procedures previously sent to General Reference Laboratories. The advantages of this regionalization action are shortened line of communication, closer contacts leading to closer cooperation, and an incentive to make regionalization work through direct involvement in planning operation.

Ultrastructural study of human tissues by electron microscopy has become an important part of diagnostic pathology in the VA. For instance, certain kidney diseases can be detected only by ultrastructural studies, and such decisions are directly related to the type of treatment required. Increasingly, exact diagnosis of puzzling tumors depends on electron microscopic examinations. The importance to care of cancer patients has been demonstrated. Another use is monitoring of therapy for certain unusual inflammatory diseases, particularly those affecting the intestinal tract. The VA is moving forward to meet these needs through the Electron Microscopy Special Medical Program.

The VA provides suitable blood, blood components and derivatives to meet the transfusion needs of patients under treatment in VA facilities. The VA is fortunate in that about 77 percent of its

needs for blood is obtained from voluntary donors, and plans are underway to increase the use of voluntary donor blood. All blood is screened for the hepatitis associated antigen, thought to be the infectious agent responsible for serum hepatitis. The use of specific blood components is encouraged to insure that blood and blood products are utilized in an optimal manner.

In recent years the VA has been actively exploring the role of automatic data processing for laboratory service. Based on the experience with several systems, the comprehensive set of functional requirements for automated data processing for laboratory services were developed and formed the basis for systems being installed at the VA Hospitals, Houston, Tex.; Hines, Ill.; Birmingham, Ala.; Long Beach, Calif.; and Los Angeles, (Wadsworth), Calif. Computers will be playing a more important role in VA laboratories by assisting certain operations which now require extensive human effort, thus allowing the staffs to concentrate their efforts upon professional activities. An anticipated result is that the professionals will more readily control laboratory operations and provide more accessible and speedier support to the care of patients.

Nursing

The rapid pace of an everchanging society and the continued expansion in the nursing profession presented many challenges to the VA Nursing Service during FY 1973.

Today, nursing participation is expanding. Professional nurses are involved in direct patient care, counseling and follow-up as staff members, primary therapists, and co-therapists.

Nurse clinical specialists replacing the nurse supervisor is a growing trend in both psychiatric and general hospitals. Clinical specialists are in charge of patient care programs in many settings, including those in mental health, and act as mental health integrators and consultants in general medical and surgical services. This is particularly true in the specialized medical programs, such as hemodialysis, organ transplantation, spinal cord injury, intensive care and coronary care. The specialist's autonomous role encourages imagination in treatment programs, education of other nursing personnel, and development of colleague relationships with members of other disciplines. Examples of their participation in the "broadly defined" mental health programs include family

therapy, couples groups, therapeutic community programs, psychodrama, suicide prevention, and resocialization programs for lonely veterans.

Psychiatric nurses are involved as directors of programs such as the Day Hospital, Nurse Administered Wards, and Satellite Clinics, as members of traveling mental health teams, and in the screening of patients for admission to special treatment modalities. Community liaison and follow-up of patients is performed by many individual nurse clinicians and practitioners in close collaboration with Social Work Service and other services.

The VA Nursing Service continued to be very active in promoting and participating in multidisciplinary planning with Mental Health and Behavioral Sciences, Spinal Cord Injury and Neurology Services. The relationships resulted in multidisciplinary conferences, workshops and intensive training courses geared toward producing more effective and humanistic health care delivery to veterans in the specialty medical care programs.

VA nurses are involved in the Admission Model Test at 12 VA hospitals providing services as a basic categorical part of the admission unit 7 days a week, 24 hours a day. Fifty-seven nurse clinicians and nurse practitioners assigned in the admission area have been trained to perform expanded roles and functions as members of health care teams. They collaborate with appropriate disciplines to facilitate entry of the veteran into the VA health care system, or his referral to an appropriate resource if ineligible for medical care in the facility or in need of new medical intervention. Nursing services at other VA hospitals have also developed programs for nurse clinicians to function in this expanded role.

Other activities during the year included:

- The Annual Clinical Nursing Conference was attended by 659 people from 18 States, including representatives of 14 colleges and 26 community hospitals.

- Five nurses with doctoral degrees were recruited during the year, bringing the total number of nurses with such degrees employed by the VA to 12.

- Criterion test items were translated into Spanish by Nursing Education personnel at the VA Center, San Juan, Puerto Rico, and by a hospital volunteer at the VA Hospital, Long Beach, Calif. The format for the self-instructional materials

developed through the project is applicable for patient and family health education as well as inservice and continuing education for health care personnel.

- Many VA nurses were recognized nationally including one who received a "Nurse of the Year" award, and one who received an "Outstanding College Alumnus" award.

Dietetics

During the fiscal year, 107,011,263 meals were served in VA stations, at a raw food cost of \$49.6 million, or 46.3 cents per meal. This was a 9.7 percent increase in raw food cost per meal, as compared with the previous fiscal year.

The nutritional care of veteran beneficiaries was expanded during the year in specialized medical services. For example, VA dietitians' participation in the recently established Specialized Diagnostic and Treatment Units includes planning a variety of complex and highly specialized diets for patients representing a broad spectrum of medical and surgical problems. The dietitians are responsible for assuring accuracy in preparation and service of meals and for monitoring dietary intake in relation to specific diagnostic procedures and treatment modalities. Individual counseling is essential to gain the patient's cooperation in accepting the prescribed modifications of the diet and to prevent failures in studies due to uncontrolled food intake.

As VA Nursing Home Care Units have increased in size and number, the nutritional care needs of the aging veteran have become more prominent. Special attention has been given the aging veteran to assure the adequacy of his nutritional intake despite waning appetite, reduced ability to masticate food, diminished sensory acuity, and sometimes unpleasant diet modifications for the physical disabilities so often concomitant with age.

One hundred and seventy-one new food products were sensory-evaluated at the VA Dietetic Laboratory for acceptability and potential use in hospital feeding. Modification and standardization of recipes for cook/freeze type food preparation of menu items not available on the commercial market was initiated.

Six of the ten categories of VA Standardized Recipes were published, and the remaining recipes are being readied for publication by the close of calendar year 1973. These recipes, which include patient favored ones, will be used VA-wide for planning station cycle menus.

The last four hospitals activated (Gainesville and Tampa, Fla.; Columbia, Mo.; and San Diego, Calif.) use fresh, frozen and canned commercially prepared food to the maximum extent available in their market area. The other hospitals are increasing the use of such foods. For example, 47 percent of the hospitals use convenience entrees to some extent; 80 percent use off-premise prepared dessert items; and 57 percent use some off-premise processed or fully prepared fruits and vegetables.

Dietitians are participating in classes for Home Health Aides who go into the veterans' community homes. These aides can give the veteran basic nutrition guidance and observe and evaluate the veteran's dietary intake. They can provide the dietitian with feedback on the veteran's need for assistance with his nutritional care.

Pharmacy

VA Pharmacy activities increased considerably during FY 1973:

Item	Fiscal Year 1973	Fiscal Year 1972	Percent Increase
Total prescriptions dispensed	21,399,695	16,706,385	28
Prescriptions mailed to VA Beneficiaries	6,690,491	6,039,365	11
Hospital ward and clinic drug line items dispensed	7,427,470	7,172,940	4
Hospital ward and clinic drug enforcement administration controlled drugs dispensed	429,904	386,778	11

A high point during the year was the development of a standardized Patient Medication Profile Folder for all VA beneficiaries who are receiving drugs and medical supplies from VA Pharmacies. This profile contains all prescriptions for inpatient and outpatient medications, prosthetic medical supplies and allied medical supplies. It allows pharmacists to review total patient medication usage prior to dispensing, enabling them to consult with and to alert the physician in situations of duplicate prescriptions, potential drug abuse, iatrogenic reactions, adverse reactions and contraindications.

A new Doctors Order—Medications Record—was developed for optional use. This form permits the pharmacists to dispense patients' medications directly from a copy of the physician's order in unit dose/unit of use quantities and facilitates the patient drug profile. Its use may be evaluated for specialized programs, e.g.

hyperalimentation and IV additive. It saves innumerable physician and nurse manhours, and is helpful in meeting the accreditation standards of the Joint Commission on Accreditation of Hospitals.

Improved productivity and timeliness in outpatient prescription service was obtained in most VA activities by use of automated filing and retrieval equipment and systems, such as code-a-phone telephone recorders, automated typing of prescription refill and mailing labels, automated drug storage, dial-a-count automated dispensing equipment, and the teleautograph system which enables the pharmacist to obtain a copy of the physician's medication order as it is being written.

During the year total unit dose drug distribution systems and satellite pharmacy services were established in the pharmacy services of the VA Hospitals at Fargo, N. Dak.; San Diego, Calif.; and Tampa, Fla. The unit dose drug distribution system was also implemented or expanded on a planned and systematic basis in various other station pharmacy services. A recent report by the General Accounting Office concluded that the unit dose drug distribution system not only is less expensive, but also results in an increase in nursing staff efficiency and a reduction in medication errors.

Several programs were developed to regionalize pharmacy functions to the extent feasible. Such programs included bulk compounding, imprinting of pharmacy labels, drug information, inter-station sharing of pharmacy personnel in emergency situations, pharmacy employee training and education, and a common drug formulary.

VA's policy on inspection of controlled substances and alcoholics was strengthened, establishing requirements for a comprehensive system to insure the safety and control of stocks of these items. The VA policy meets all the requirements of the Drug Enforcement Administration.

Prosthetic and Sensory Aids

The VA Prosthetic and Sensory Aids Service continued to expand its facilities to serve increasing numbers of veterans requiring prosthetic services. In FY 1973, prosthetic services were provided to 521,915 (27,465 to Vietnam era veterans) compared with 506,154 (30,603 to Vietnam era veterans) in FY 1972.

One new Prosthetics Treatment Center was activated in FY 1973, bringing the total to 19; two additional Prosthetics Treatment Centers are planned for later activation for a total of 21 which will complete the plan. These centers provide special facilities in selected locations to assure that the most sophisticated prosthetics treatment is available to the nation's most seriously disabled veterans.

The number of VA Orthotics Laboratories was increased by three during FY 1973 for a total of 48. Six additional Orthotics Laboratories are planned for future activation. This will complete the plan for the establishment of such specialized activities at the larger General Medical Hospitals, Prosthetics Treatment Centers and Spinal Cord Injury Centers. The existence of these in-house Orthotics Laboratories greatly enhances the prosthetics treatment of patients in hospitals, particularly for the spinal cord injured group which requires constant prosthetics services.

As in the past years, the continuing value of an integrated research and operational Prosthetic and Sensory Aids Service Program has been demonstrated through effective transition of devices from research, evaluation and ultimately to general clinical use. During the past year, significant new devices have been introduced into routine use for amputees, the blind and the spinal cord injured.

Closed-circuit TV (CCTV) magnifying systems for legally blind but partially sighted veterans achieved extensive use. Each candidate is initially fitted and evaluated with other head-mounted or hand-held magnifiers indicated for his condition, and then his reading capability is evaluated. If he is a CCTV candidate he is then trained in the use of the CCTV and furnished one if significant benefits accrue. Both reading speed and duration of comfortable reading has been increased several-fold through these techniques.

The Optacon tactile-output reading aid was purchased for issuance to blinded veterans after training at VA Blind Rehabilitation Centers or by contract. The American Institutes for Research began development of a new training program for the Stereotoner audible-output blind reading aid and started a year-long evaluation program.

Seven of eight blinded veterans who were trained in the use of the laser guidance cane during 1971 have continued to use the device. In addition, clinical trials of other mobility aids are being conducted. Feedback to the manufacturers is

influencing design of improved models. This has resulted in an improved laser cane, model C-5.

The first of a series of clinical application studies on myoelectric and switch controlled battery powered hands and elbows for upper level amputees was completed. Two electric hands and one electric elbow have been approved for use by disabled veterans. A film, "Within Our Grasp," demonstrates to the medical profession and others the impressive capabilities of amputees using these new devices, and depicts the cooperation between the Army Medical Service and the VA Prosthetic and Sensory Service.

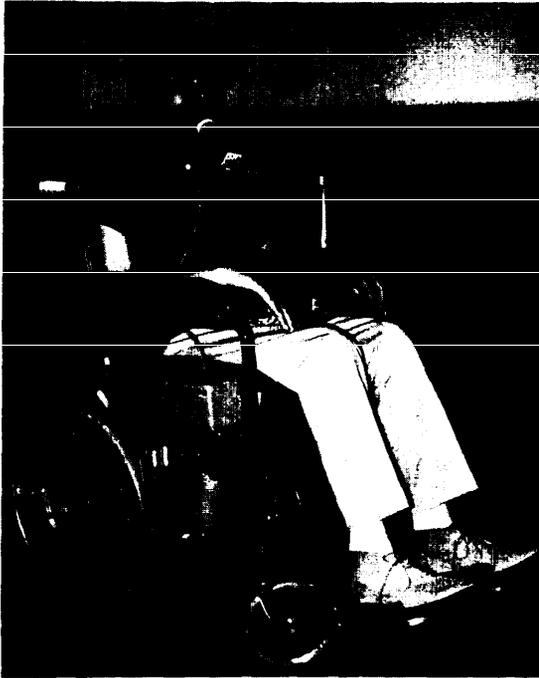
Intensive efforts have been expended in the redesign of the Mauch Laboratories Cognodictor personal-type reading machine for the blind. This is a semi-portable device using a two-dimensional multiple snapshot process to recognize letters and assemble their pronounced names into word groups as the blind user moves a probe over the line of text.

Emphasis continued on development of a new fabrication technique for artificial limbs. Modular construction with a cosmetic skin-type cover and centralized fabrication techniques aim at increasingly effective use of the prosthetist's professional skills.

The VA Prosthetics Center continued its broad spectrum program of research, development and evaluation. The prosthetics-orthotics development effort was maintained, achieving a break-through in a project with the Northrop Company in applying graphite composites (with their special high strength-to-weight ratios) to lower-limb prosthetic systems, thus achieving significant weight decrements. Also, for orthopedic lower limb disabilities, replacement of the commonly used heavy bulky metal bars by thermoplastics has progressed steadily in the VA Prosthetics Center clinics.

But the main thrust of the VA Prosthetics Center's efforts has been toward enhancing the mobility and independence of paraplegics and quadriplegics, particularly the young Vietnam era patients. Environmental control systems operated by a patient's breath were developed, and a program of deployment of such systems to VA Spinal Cord Injury Centers was begun. These breath control systems are used not only to control TV, lights and alarm systems but also the movements of powered wheelchairs. Similar controls and those based on the use of the patient's chin motions are used for manipulating

SIGNIFICANT NEW DEVICES



Chin Control of Powered Wheelchair



Single Pedestal Control Can Be Used by Quadriplegic with Limited Arm Capability

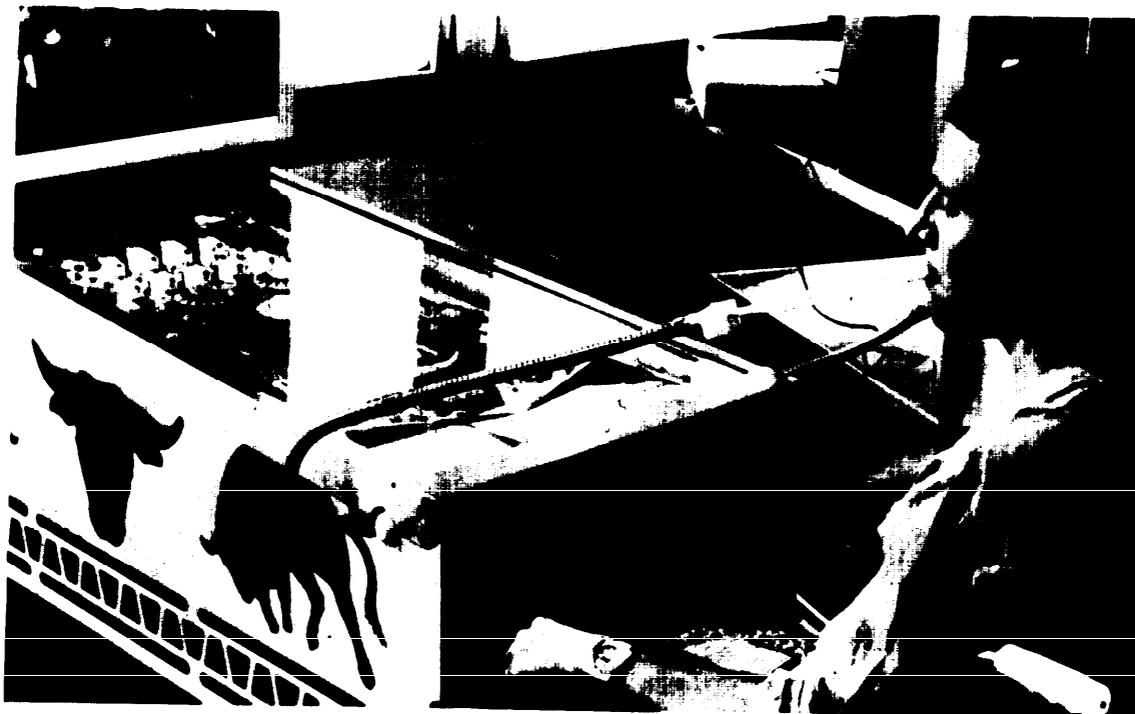
the controls on pinball machines and special video games.

Wheelchairs with improved performance have been developed at the VA Prosthetics Center and are currently in commercial production. The effort to increase the patient's range of mobility and thus his vocational potential was enhanced by the availability of several designs of specially equipped automotive vans. The VA Prosthetics Center has undertaken an evaluation of several of these vans using patients at selected Spinal Cord Injury Centers. The development of tentative standards of quality and safety for adaptive automotive equipment for use by handicapped drivers, as required by Public Law 91-666, was completed. All known adaptive equipment manufacturers were contacted and their systems were purchased and tested in the VA Prosthetics Center's laboratories, using both standard engineering testing methods and automobile simulators. The equipment which met laboratory requirements was then

subjected to actual highway driving tests to further evaluate the quality and safety of this equipment.

A primary goal of the VA is to make the results of research in prosthetic and sensory aids generally available for all disabled people. Systematic efforts are made to assure that VA Prosthetics research developments are swiftly and meaningfully moved from the research setting into clinical practice. Centrally directed educational and training programs, supplemented by widespread dissemination of information in a variety of ways, are used to achieve this objective.

The VA helped support the three educational centers which are engaged in conducting short-term courses in the various aspects of prosthetics and orthotics training. These educational centers - New York University, Northwestern University and the University of California at Los Angeles - provide specialized training for physicians, therapists, prosthetists, orthotists, prosthetic representatives, and other clinicians engaged in



Pneumatic Control Used for Games

rendering prosthetics and orthotics services. During the year, some 365 VA staff personnel, representing all the disciplines involved, received training. This number was approximately 15 percent of the total number of students trained by the universities in these short term courses.

A National Program of Apprenticeship for Prosthetists, Orthotists, and Restoration Technicians was established during the year as a result of the coordination of VA officials and staff of the Department of Labor's Bureau of Apprenticeship and Training. This is the first national training program of any kind developed between the Department of Labor and the Veterans Administration.

The Prosthetic and Sensory Aids Service for many years has conducted on-the-job training programs for prosthetists and orthotists but not under such a clearly defined and formally structured program as the one now established. The developmental process provided an excellent opportunity to study the special laboratory and academic requirements of each specialty. This has resulted in a sophisticated training program which includes university level courses which were developed in coordination with New York University.



Polypropylene Knee-Ankle-Foot Orthosis (KAFO)

Effective March 1, 1973, the beginning of the contract year for the procurement of artificial limbs, the VA launched its new VA-qualification

Program for Prosthetists. A system has been developed wherein commercial prosthetists who supply limbs for VA beneficiaries must meet certain standards of professional and technical competence to achieve the designation of VA-qualified prosthetists. To date, 721 prosthetists, employed in 372 commercial limb facilities, have demonstrated this achievement and have been awarded VA certificates and VA-qualified prosthetist numbers. Those limb facilities which do not have at least one VA-qualified prosthetist in their employ have not been awarded contracts. It is commonly agreed that this program has been a milestone in the elevation of the professional standards of prosthetics services for all amputees, whether veteran or civilian.

Social Work

Program activities and priorities of VA's Social Work Service were focused during the year on enhancing the veteran's level of social functioning by his potential for self-care, self-support and personal independence. When non-institutional living was indicated, an appropriate setting was located, developed, sponsor trained, and the veteran assisted in returning to community living. Assessment of the veteran's psychosocial problems could take place at any point in the continuum of care: pre-admission, admission, inpatient care, planning for discharge, post-hospital care, and community care. A high priority continues to be the development of community supports as alternatives to institutional care, such as ambulatory care, hospital-based home care services, home dialysis, family care, halfway houses for alcohol and drug abuse, and visual impairment services.

The vehicles for changing priorities and strengthening services have been through the VA Medical Districts and active participation within the functional alignment of interdisciplinary teams to meet the complex medical, psychosocial, economic and environmental problems presented by veterans and their families. Carefully selected and designed continuing educational programs have sharpened the focus on critical patient care programs, such as a non-reject policy in admissions, alternatives to nursing home care, and catastrophic illness (renal disease, emphysema, stroke centers, and terminal illness). Increased emphasis was placed on the Problem Oriented Medical Record to

improve the quality of care. The doctoral student program has been expanded to lend impetus to social research. The Social Work Administrative Leadership Training Program has been a source of candidates for Chief Social Worker positions. An educational and documentary film, "To Help You Understand," was completed, which demonstrates social work innovative approaches to the Vietnam era veteran.

Direct liaison has been established at the Federal level in a number of program areas. Social Work Service representation has been established with the Renal Disease Task Force of the Department of Health, Education and Welfare (HEW) in the implementation of Public Law 92-603, Title II, Section 299I. Activity has continued with the HEW Task Group on the President's Nursing Home Program and the five state demonstration project of Investigative Ombudsman for nursing homes. Social Work Service is an active member of a VA committee planning and working with the Administration on Aging on improving services to senior citizens. A collaborative relationship has been developed with the Interagency Liaison Branch of the National Institutes of Health with the objective of building closer ties between VA Mental Health and Behavioral Sciences' programs and Community Mental Health Centers. Active committee participation is also underway with the National Kidney Foundation and many others.

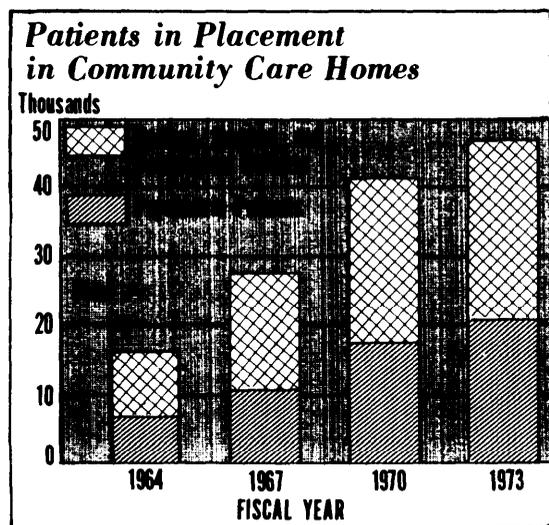
The VA Community Care Program continues to grow. Supportive and follow-up services were provided to 46,781 veteran patients in FY 1973, in all types of community care placements. The accompanying chart shows the steady increase in patients in community care placements over the past 10 years.

A major focus in VA's Social Work Service is on developing standards for social data collection and assessment, and for identifying social supports necessary to sustain the well-being of the patients and families confronted with the crisis of illness. During the year, methods of social intervention including consumer oriented self-help programs, were studied and evaluated. These serve as the basis for staff training both within and outside the VA.

An outreach program through social services for Puerto Rican veterans was developed in 11 continental major population centers. The emphasis has been two-fold: to develop viable linkages between VA hospitals and clinics and the local offices of the Puerto Rican Forum; and to

sensitize VA staff to the bilingual and bicultural heritage of these, mostly Vietnam era veterans.

A further outreach thrust is in four training programs designed to increase social work training



opportunities for minority groups. These programs are underway in four different locations for the Black, Chicano, American Indian, and Puerto Rican students at the undergraduate and graduate levels.

Chaplain Service

The VA Chaplain Service staff is comprised of full and part-time chaplains representing all major faith groups and denominations.

The VA Chaplain Service has extended its ministry to VA nursing homes and outpatient services. This program is in effect at only a limited number of stations, but it is intended to expand this activity to as many VA stations as possible.

The Chaplain School at the VA Hospital, Jefferson Barracks, St. Louis, Mo., is charged with the responsibility of training both new VA chaplains and chaplains already on duty. During FY 1973, its curriculum was expanded to train and orient the chaplains with new techniques and concepts of Chaplaincy ministry. Clinical education and training programs for clergymen was also provided at four other VA hospitals. In addition, a joint program with the Army Chaplain School at Ft. Hamilton, N.Y., and the VA Hospital at Brooklyn, N.Y., has been mutually advantageous.

The VA Chaplain Service has expanded its involvement with other agencies and groups. A joint workshop (a pilot project) in professional and educational areas was inaugurated in January 1973, with the Chaplain Corps of the Army, Air Force and Navy. The military services have always served as one source for the recruitment of VA chaplains. Relationships with veterans organizations, National Chaplain organizations, and health care associations continued in an effective fashion.

The major religious faith groups and their ecclesiastical endorsing agencies have continued to give their counsel and assistance to the VA Chaplain Service, manifesting their concern in a variety of ways. VA chaplains were encouraged to attend their denominational meetings and to be active in the affairs of their respective church bodies.

In line with the strengthening of the regional concept of the VA medical program, and in an effort to be more responsive to the needs of individual VA hospitals it is planned to establish chaplain positions in the field in each of the regions. These chaplains will be responsive to the Regional Medical Director and through him to the Director of the Chaplain Service. In addition a plan has been submitted to establish Chiefs of Service at major VA hospitals.

This organization structure will serve to meet another essential element of the total Chaplain Service, that is, the provision of a career ladder for the orderly advancement of chaplains. These actions will enable the Chaplain Service to increase its supervisory commitments and enhance the effective and efficient utilization of chaplain personnel.

Library Service

VA libraries are evolving into learning resources centers which provide access to a wide variety of audiovisual nonbook resources as well as the traditional books and journals. The learning resources centers in the VA network work closely with other local, regional, and national facilities to maximize utilization of print and nonprint resources and to avoid the expense of unnecessary duplication of resources. Within VA hospitals there are appropriate tie-ins with other resources such as medical illustration and photography, pathology, radiology, and medical records. To facilitate the use of audiovisuals in the libraries,

space criteria have been revised to provide for electronic carrels.

During the year, the medical libraries of several VA hospitals were updated and upgraded.

Trial use of MEDLINE (MEDlars on-LINE) bibliographic searching service through terminals installed in seven VA hospital libraries and its Central Office Library was completed. With MEDLINE, the time used in retrieving citations to the biomedical literature is minutes rather than days. Citations—author, title, and source—are printed out on the terminal in sequence, obviating the need to search through volumes of printed indexes, making handwritten notes and later transcribing them. The value of immediate access to 400,000 biomedical citations from 1,200 medical journals to VA medical practitioners and allied health personnel as needed has been demonstrated. Additional VA stations are now considering installation of MEDLINE terminals for direct access to the computer at the National Library of Medicine in Bethesda, Maryland. The use of MEDLINE in VA libraries is one facet of the development of VA relationships to the National Library of Medicine biomedical communications network.

In furtherance of the goals of VA regionalization, several objectives for VA libraries have been suggested, including the coordination of selection, binding and retention of journal holdings; the purchase of reading aids for the handicapped; the purchase of audiovisuals, hardware and software; and the selection and purchase of books.

Because traditional medical journal procedures are affected by the constraints imposed by available shelf space in VA hospital libraries, alternatives are being considered to the binding of journals. Wherever cost benefits will accrue, microforms will be used as media for housing and using books, journals, monographs, reports and other library materials which are unavailable except in microform or whose retention in hard copy cannot be justified.

Veterans Canteen Service

The Veterans Canteen Service (VCS) continued during the year to emphasize improved food service. Overall food sales increased from \$24,701,000 in FY 1972 to \$26,960,000 in FY 1973.

A program to upgrade VA canteen facilities was also continued. Canteen remodelings were completed for 26 activities in FY 1973, compared with 21 in FY 1972 and an additional 13 projects were in process at the end of the year. The canteen remodeling program involves total renovation of space, fixtures, equipment, and decor for selected activities. In addition to the 26 full scale remodelings, partial projects were completed which expanded dining facilities, converted equipment in retail stores, and widened aisle space for improved traffic flow.

Investment in equipment remained high in conjunction with the program to upgrade canteen facilities. Equipment acquisition during FY 1973 amounted to \$1,294,852, which represented 24 percent of the net fixed assets on June 30, 1972.

Space available for canteen activities improved considerably during FY 1973. Such space, which influences the type and extent of services and the efficiency and control over operations, was rated outstanding at 70 canteens, compared to 63 the previous year. Space in each canteen is evaluated annually on the basis of location, size adaptability, and type of construction.

Public Law 92-392, passed August 15, 1972, brought approximately half of the VCS hourly rate employees under a new wage and job grading system for trade, craft, and manual labor occupations in the federal government. The law provides that for nonappropriated fund employees, wage surveys will be made in retail, wholesale, service, and recreational firms in the immediate locality. This continues the previous VCS wage survey policy.

Through improved management practices, security techniques, and employee training, the Veterans Canteen Service substantially reduced losses resulting from pilferage and other causes during FY 1973.

Voluntary Service

In FY 1973, a monthly average of 106,220 volunteers gave a total of 9,822,416 hours of service to the VA. Large groups of volunteers were involved in VA stations in the escort service, in recreational activities, as receptionists, and as ward hostesses. Others, using their individual resources and experience, gave their time in such services as providing employment consultation, helping staff locate community living facilities, participating in

group therapy sessions, and visiting patients in terminal cancer wards.

Continuous attention during FY 1973 was given to the appropriate roles of volunteer assistance in the hospital admission activities and in treatment programs for drug abuse. Members of the National VA Voluntary Service Advisory Committee, with consultation and coordination by VA Voluntary Service staff, are conducting special studies which include site visits to stations. The members are deeply concerned about veterans and their needs, and their observations and recommendations are particularly valuable as their recommendations are based on the patient's point of view and needs.

A noteworthy example of the interest and concern of organizations on the National VAVS Committee for veteran-patients is the nationwide Arts and Crafts Contest of the Elks National Service Commission. Patients submit entries made during their hospitalization period and winners at both hospital and state levels are awarded monetary prizes by the Elks. The activity uses the particular resources of this organization in a planned way, and has proven to be therapeutically and financially rewarding to patients.

Nationwide use has been made of the film "Today and Tomorrow," completed at the end of FY 1972, showing volunteers of high school age giving service to patients and exploring health careers in VA hospitals. Prints of the film were placed in each of the 37 VA Medical Districts and were used extensively by high schools, community organizations, TV stations, and within hospitals for staff orientation. As a result, schools are turning to the VA for school year volunteer assignments through which students can see and experience the practical application of academic work relating to both clinical and clinical support fields and areas of social concern.

A constant goal of the VA Voluntary Service is to expand the quality of volunteer assistance and adapt the many talents and interest of volunteers to nursing the needs of patients. Recent developments have led to the training by hospital staff of



Taking Vital Signs

selected volunteers in taking vital signs (temperature, pulse, blood pressure). With this training, and under the supervision of VA's Nursing Service, volunteers assist in patient care in such hospital areas as admissions, spinal cord injury wards, and medical wards.

Ongoing coordination between ACTION and VA's Voluntary Service staff has had beneficial results for both agencies. The experience gained through 27 years of developing and administering the VA Voluntary Service program has been made available to ACTION staff, and that agency, through the Retired Senior Volunteer Program, has included VA hospitals as a placement for the older volunteer whom they, with their resources, are able to recruit.

EDUCATION AND TRAINING



The role of Education and Training as essential elements in the maintenance of effective patient care has long been recognized within the VA.

Starting in 1946, over a quarter of a century ago, the VA first engaged in the training of medical residents through affiliations established with medical schools. From that beginning a wide ranging program of education and training has developed within the VA, involving almost all professions and occupations in the health care field, and including affiliation with over 1,000 schools of medicine, dentistry, nursing, and both graduate and undergraduate programs in psychology, social work, and other allied health fields.

These activities play a pivotal role in the operations of the nation's largest health care delivery system - the VA. Not only does the Education and Training Program contribute to the effectiveness and career progression of persons involved in the care of the veteran patient, but in addition, through this program, recruitment of VA personnel is encouraged, continued employability of skilled staff is assured by providing the opportunities for meeting continuing education requirements for relicensure and recertification, service to the veteran patient is enhanced by skilled trainees engaged in "on-the-job" training, and significant contributions to the health manpower pool of the nation are made.

While for many years the nation's needs for personnel in almost all health care professions and occupations remained critical, it has become increasingly clear that the single overriding objective of training as many as possible of all categories of health personnel is no longer appropriate. Since the need for such personnel now varies according

to location and occupation, the VA has reordered its priorities with the objective of providing education and training opportunities and programs by applying the criteria of geographic and occupational need. Therefore, as each VA hospital has taken steps to meet its own changing manpower and training requirements, it has simultaneously helped to meet the needs of the community of which it is a part. This is further demonstration of the fact that the VA hospital system cannot be viewed only as a nationwide system, but also must be recognized as a "national system of community hospitals". Thus, in FY 1973 the increases in existing education and training activities and the introduction of new programs were made on a selected basis, employing the discriminating criteria indicated above. This applies to those in-service training programs directed to regular full time VA employees, as well as to those trainees who receive their clinical training in the VA hospital system, complementing their academic instruction obtained in affiliated institutions.

The trainees, other than regular full time personnel, are subject to varying compensation arrangements, depending on specific agreements with the cooperating schools, the custom of the profession, and the availability of funding. Thus, some trainees receive a stipend for a minimum number of training hours, some are paid on a part-time basis, and some serve without compensation. In FY 1973 approximately two-thirds of the 65,528 persons provided training in VA hospitals and clinics participated without compensation.

The VA's clinical facilities and staff represent essential training resources for the associated

academic institutions which provide the classroom instruction in the health care disciplines. These VA clinical resources are becoming of greater and greater importance in view of the recent trend on the part of many of the nation's hospitals and medical centers to reduce or discontinue their participation in supervised clinical experience as a means of reducing the costs of the delivery of patient care.

School Affiliations

Under a policy established in 1946, the VA has participated in the training of new health manpower in affiliation with accredited educational institutions at every level. As the fiscal year ended, 104 VA hospitals were participating in a close "Deans Committee" affiliation with 88 medical schools, and every one of the 169 VA hospitals was engaged in integrated training programs with one or more universities, schools, colleges, and junior or community colleges.

In the preceding 12 months, the following new VA-medical school affiliations were established:

VA Hospital, Amarillo, Texas - Texas Tech University, Lubbock, Texas

VA Hospital, Big Spring, Texas - Texas Tech University, Lubbock, Texas

VA Hospital, Martinez, California - University of California at Davis, California

VA Hospital, Providence, Rhode Island - Brown University at Providence, Rhode Island

The fundamental consideration for VA affiliation with educational institutions is the mutual willingness and ability of both parties to contribute to one or more training programs of mutual benefit and relevance to VA needs. To these affiliations the VA brings its essential clinical facilities, its highly trained clinical staff, its ability to commit and coordinate resources at a national level, almost 30 years of experience in health curriculum development and manpower utilization, and the capacity to coordinate activities and resolve problems at the national level with accrediting agencies, the Department of Health, Education, and Welfare, the Civil Service Commission, and the Department of Labor.

Multiple affiliation relationships are not uncommon, such as the affiliation of the University of Alabama School of Medicine with the four VA Hospitals in that state—Birmingham, Montgomery, Tuskegee, and Tuscaloosa, and that of the University of California at Los Angeles School of

Medicine with the Los Angeles (Wadsworth), Sepulveda, and Los Angeles (Brentwood) VA Hospitals. In addition, some VA hospitals are engaged in as many as 40 or more discreet training programs through affiliation with as many as 20 different educational institutions in the surrounding community.

VA - Educational Institution Affiliations

Educational Institutions	VA	
	Schools	Hospitals
Medical Schools	88	104
Dental Schools	57	50
Nursing Schools	314	123
Schools of Pharmacy	45	45
University Psychology Programs at Doctorate Level	89	126
Schools of Graduate Social Work	80	137
All Other Allied Health Professions and Occupations Programs	687	159

In furtherance of the close cooperative arrangements between the VA hospitals and educational institutions providing training in the health care professions and occupations, many VA staff members hold faculty appointments in these institutions. In FY 1973, 3,078 VA physicians, 247 VA dentists, and 751 other VA staff members held such appointments.

VA Hospital Personnel Serving as Faculty in Medical Schools and Other Academic Institutions

Academic Title	Number of Individuals Appointed as of December 31, 1972			
	Total	VA Physicians	VA Dentists	Other VA Categories
Total	4,076	3,078	247	751
Professor	402	363	5	34
Clinical Professor	92	73	9	10
Associate Professor	618	533	21	64
Associate Clinical Professor	187	147	19	21
Assistant Professor	1,160	957	40	163
Assistant Clinical Professor	412	333	40	39
Instructor	513	321	26	166
Clinical Instructor	266	197	28	41
Adjunct Titles	70	10	15	45
Other Titles	356	144	44	168

Graduate Medical and Dental Education

Effective cooperation between growing numbers of VA hospitals and medical and dental schools continues to be a mutually beneficial program to both the VA and the participating schools.

In addition to the formal VA-medical school affiliations, there are also program affiliations between a number of VA hospitals and community hospitals without formal medical school affiliation. Many of the latter will evolve into medical school affiliations as new schools currently anticipated become a reality.

VA residency programs represent all accredited clinical specialties and subspecialties in the fields of medicine and surgery with the exception of those areas such as pediatrics and obstetrics in which there are no VA patient care responsibilities. The number of programs in VA hospitals ranges from a single specialty in a few small unaffiliated hospitals to a full complement of all recognized medical specialties in those hospitals with full and active Deans Committee affiliations. Nine VA hospitals maintain small residency programs without a medical school affiliation. These VA hospitals have a Medical Advisory Committee drawn from prominent physicians in the community to advise them in their educational responsibilities. Twelve hospitals participate in one or two residency programs in cooperation with community hospitals and without either a Deans Committee or a Medical Advisory Committee relationship.

In its medical and dental internships and residencies, the VA supported 6,066 positions in FY 1973. These programs, combined with the teaching activities of the VA staff members in support of medical student development, constitute a major mechanism by which the quality of patient care in our hospitals is maintained at a level commensurate with that in the best medical centers.

Fiscal year 1973 was a year in which Education Service concentrated on the consolidation of gains realized through some 3 years of eliminating programs and policies no longer contributing adequately to the VA mission. New programs and policies were instituted where the opportunity existed to improve the yield from educational involvement, and administrative and professional procedures were revised in order to achieve greater efficiency and improved productivity.

For example, the Career Residency Program, which served so well in the past as an attraction for resident physicians in specialty areas once highly competitive and in which recruits to VA were scarce, was terminated. Those career residents currently serving will complete their training although no new entries to the program are being accepted. It was found that this particular program has, at least temporarily, served its purpose and no longer constituted a significant source for staff recruitment. Funds which had been supporting this program are being used to support a larger number of residents at a reduced overall cost.

The Advanced Specialty Training Program, through which Education Service stimulated the development of physicians in significant new clinical subspecialty areas, has also achieved its purpose. It was established to provide a clear-cut, disciplined training program in these areas which had become important to patient care. During 1973, Education Service determined that it could relinquish the special arrangements for these clinical subspecialists and include the training in regular residency programs. This released some funds from a relatively high-cost program and permitted the support of other programs requiring reinforcement.

Coordination of Educational Programs

By the strategic placement of senior health professionals as educational coordinators on the staffs of some of the VA's largest and most active teaching hospitals, the Education Service has begun to develop a small but very effective field service which serves to coordinate the multi-level and multi-disciplinary training programs of these hospitals. In addition, these individuals provide advice based upon first-hand experience in the field. By the close of FY 1973, 13 persons were serving in this capacity in geographically dispersed areas of the United States.

Allied Health Training

In FY 1973 several of the Education Service programs, initiated as experiments in previous years, either culminated in full production as regular ongoing activities, or were phased out as ineffective or no longer needed.

The participation of VA hospitals as clinical affiliates in programs in the training of assistants

Number of VA House Staff

Specialty or Subspecialty	As of December 31				
	1970	1971	1972		
			Total	Career	All Other
House Staff - Total	5,286	5,438	6,381	171	6,210
Medical Residents, Total	4,476	4,546	5,366	102	5,264
Allergy	9	6	6	-	6
Anesthesiology	120	133	155	-	155
Cardiology	63	65	65	-	65
Colon and Rectal Surgery	1	1	1	-	1
Dermatology	98	93	109	-	109
Gastroenterology	45	51	84	-	84
General Surgery	854	807	888	-	888
Internal Medicine	1,409	1,402	1,824	-	1,824
Neurology	130	161	177	6	171
Neurosurgery	70	78	84	-	84
Ophthalmology	178	177	177	-	177
Orthopedic Surgery	206	204	228	-	228
Otolaryngology	122	127	133	-	133
Pathology	199	202	229	13	216
Physical Medicine	57	59	66	11	55
Plastic Surgery	38	42	53	-	53
Psychiatry	268	298	365	63	302
Pulmonary Diseases	37	47	63	-	63
Radiology	355	368	430	9	421
Thoracic Surgery	38	43	49	-	49
Urology	179	182	180	-	180
Dental Residents, Total	127	136	153	40	113
Endodontia	8	9	11	4	7
Oral Pathology	2	2	4	1	3
Oral Surgery	67	73	84	16	68
Periodontia	20	21	23	9	14
Prosthodontia	30	31	31	10	21
Medical and Dental Interns, Total	683	756	862	29	833
Medical	585	667	771	-	771
Dental	98	89	91	29	62

to primary care physicians developed to the extent of formal affiliations with 18 of the 30 programs presently approved and in existence throughout the country. Experiments with the training of specialty physician's assistants have generally been discontinued, principally because the graduates of such programs cannot be fully and effectively utilized in institutional practice. Three experimental programs in the training of non-physician personnel for anatomic pathology laboratories are being extended for further observation and evaluation.

The training of biomedical equipment technicians and repairmen has been expanded in order to meet the expanding needs of the VA and the Nation for cost-effective maintenance of increasingly complex equipment.

New and apparently effective educational affiliations with schools of podiatry and optometry serve not only as an adjunct to the offerings of the schools involved, but demonstrate the effectiveness of these disciplines in meeting some very

highly specialized, and some very routine but important, needs for services on the part of veteran patients.

It has been particularly gratifying to have arranged, for the nurse administrators of VA Nursing Homes, a program of training equivalent to that which is required of their counterparts in the private sector as a criterion for certification. Representatives of the senior administrative staff of approximately two-thirds of the system's 82 nursing homes completed this training in FY 1973 and the balance is scheduled for early in FY 1974.

High priority has been given to the development of training programs for new and expanded roles for nursing personnel at all levels. Senior and experienced professional nurses have been afforded specially arranged training experiences to qualify them for increasingly independent responsibilities in admitting services and specialty clinics. Equally important, although perhaps more traditional, training in special skills such as coronary and intensive care, acute drug and alcohol detoxification, and renal dialysis are provided both to VA and community nurses through innovative programs of affiliation. Nursing assistant personnel have been offered many opportunities to acquire specialized technical skills in such areas as spinal cord injury, orthotics and prosthetics and inhalation therapy.

A select group of VA hospitals offering training of Mental Health Associates has been organized in order to provide the basis for study of the training and utilization of these new health workers.

Continuing Education

Through its continuing education program the VA conducts a nationwide educational effort designed to bring the latest medical, scientific, and administrative knowledge to VA employees who provide treatment to the veteran patient. The ultimate objective of the activities conducted within this program is the achievement of effective, up-to-date, high quality medical care in VA hospitals and clinics. The program is conducted through a variety of educational modes. Experts representing virtually all medical and allied disciplines delivered 3,866 lectures at VA facilities during FY 1973. Arrangements were made for 95 visits by senior medical and dental teachers to peripherally located and other non-affiliated VA hospitals and 7,042 VA staff members were

assigned to selected VA hospitals either for specialized training or to participate in educational conferences, institutes, or workshops held under VA auspices. Some examples of such workshops or specialized training activities follow:

- A special intensive course in neuromuscular diseases presented by the VA Hospital in Houston, Tex.
- A training program for VA physicians in spinal traumatology, initiated in FY 1972 and continued in FY 1973 at the VA Hospitals in Bronx, N.Y. and Long Beach, Calif.
- A multidisciplinary stroke care team workshop held at the VA Hospital in West Haven, Conn.
- A series of educational conferences and workshops focusing upon the Problem Oriented Medical Record and techniques of medical care evaluation. Such workshops were held during FY 1973 at VA Hospitals in Boston, Mass.; Denver, Colo.; Richmond, Va.; and Temple, Tex.

In addition to the above educational activities, 19,679 employees were detailed to non-VA courses, institutes, seminars, conferences, workshops, or meetings conducted by professional organizations, universities, and medical schools.

Fiscal year 1973 also witnessed the development and implementation of plans, with the cooperation of the American Medical Association and various state medical societies, under which VA hospitals may be accredited for their continuing medical education programs. Under these special plans, most affiliated VA hospitals will eventually become eligible for such accreditation through the continuing education programs of affiliated medical schools, and many other VA stations will be able to seek accreditation through programs developed by state medical societies. By the end of FY 1973 the continuing medical education programs of 17 VA hospitals had been accredited, 15 of them through their affiliated medical school and two via state medical society programs.

The effectiveness of the Department of Medicine and Surgery in carrying out its mission is inseparably and significantly related to how well the Department as a whole, and its individual hospitals, are managed. During FY 1973, additional emphasis was placed on administrative training, especially because it was anticipated that during the next few years attrition in higher-level administrative positions would be particularly

heavy, as increasing numbers of experienced management personnel retire.

Among the more notable administrative training activities to bear fruit in FY 1973 was the program of Graduate Education in Health Care Administration. In order to enrich the pool of promotable management personnel by adding to the number of candidates with a truly "professional" preparation in the field of Health Care Administration, the Department of Medicine and Surgery in the fall of 1971 entered 38 of its employees in various graduate schools of Health Care Administration for a 2-year residential program in that field. The first large group of employees in this program completed their graduate level training in the summer of 1973. It is expected that many of them will later make their way—under the procedures of the VA's Merit Promotion Program—to such positions as service chief, assistant hospital director, and hospital director.

Area Health Education Centers

Increased emphasis has been placed on programs at VA hospitals which serve communities remote from major medical centers.

Eight of the hospitals which fall into this category continue to serve as the focal point for the development of Area Health Education Center activities in their communities. These hospitals are located in Boise, Idaho; Erie, Penn.; Fresno, Calif.; Lincoln, Nebr.; Oteen, N.C.; Saginaw, Mich.; Togus, Maine; and Tuskegee, Ala. This is part of a nationwide effort begun in 1972 to make fuller utilization of the educational and health care resources of communities which lie at some distance from major medical centers but which, through establishment of effective linkages with such centers, can extend their effectiveness to provide more and better health manpower, and therefore more and better health care, to their citizens. Support for operational activities of such centers is provided from a wide spectrum of both public and private resources including various grant programs of the Department of Health, Education, and Welfare, state systems of higher education, private foundations, local voluntary funds, and in-kind contributions of facilities and clinical instruction from the VA hospital and its professional staff. Progress is varied as a result of local imperatives but the programming being developed in at least four of the eight centers is gaining

considerable local and national attention as effective demonstrations of the Area Health Education Center concept. For example, area wide programs have been initiated in dentistry, dietetics, family practice residency, team nursing, radiology, and social work, among others.

Educational Resources and Communications

It has become increasingly apparent that with the rapid increase in the variety and complexity of modalities through which educational materials can be developed and presented, a coordinated approach is necessary to realize adequately the potential of available communications technology. This approach is being used in the VA education and training activities with the objective of providing compatible systems within and between hospitals, and also, of making available to users those modalities and techniques which most effectively deliver available educational materials.

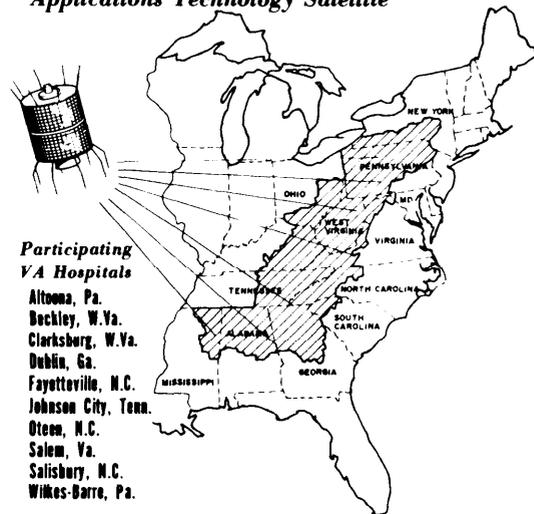
The establishment of the Instructional Resource Center at the VA Hospital, Chicago (West Side) Ill., is an example of this type of development. This Center provides a focus for the variety of media used for dissemination of information along with a repository of educational materials presented via these media.

Exchange of Medical Information - The Exchange of Medical Information (EMI) Program is a manifestation of the recognition of those contributions that modern technology can make in bringing the most recently acquired medical and related knowledge to any location regardless of its distance from urban medical teaching centers.

The EMI Program concluded its 6th year of operation in FY 1973. In the past year, 17 separate pilot projects were conducted involving all VA hospitals either as "core" hospitals from which information flowed to outlying institutions or as recipients of information. In every instance the projects were designed as instruments for the improvement of the delivery and quality of patient care at the involved VA hospitals. The activities vary in concept, scope, and content, although each has as its objective the investigation, development, and implementation of innovative programs in exchange of medical information. The following are typical of the pilot projects conducted in FY 1973 under this program.

(1) Participation in a series of biomedical communication experiments via a satellite which will be launched in April 1974 by the National Aeronautics and Space Administration. This satellite, known as Applications Technology Satellite-F (ATS-F), provides a unique opportunity for this agency to explore new modalities of information exchange involving ten VA hospitals located in the Appalachian region of the United States. ATS-F is an attempt to broaden, through experimentation, the scope of health services through long distance, simultaneous, low-cost, interactive transmission of consultations and pertinent clinical and educational materials. The Veterans Administration, with its nationwide hospital system, is the agency which stands to benefit most from development of effective delivery of medical information via satellite and concomitantly, it is the Veterans Administration which can most effectively demonstrate the efficacy of satellite-conducted experiments in medical communications.

Applications Technology Satellite



(2) Establishment of a pilot Nuclear Medicine Network consisting of the four VA institutions in eastern Missouri and southern Illinois. The participating hospitals are Marion, Ill.; Poplar Bluff, Mo.; St. Louis (John Cochran Division), Mo.; and St. Louis (Jefferson Barracks Division), Mo. This is a patient care oriented project which will, when fully operational, investigate the feasibility of utilizing a geographic electronic network to provide diagnostic nuclear medicine services. The major impediment to the establishment of nuclear medicine services in outlying hospitals has been

the lack of trained professional and technical nuclear medicine personnel in these institutions. The Nuclear Medicine Network is a plan to provide the highest level of nuclear medicine services through the use of computer communications technology and without the need for a professional specialist in residence at the remote hospitals. These services include dynamic and static imaging, *in vitro* procedures, and *in vivo* function and volume measurements. All the major items of nuclear medicine equipment have been installed. The procurement of the computer equipment is in process and various necessary instructional materials have been prepared so as to ensure effective utilization of the Nuclear Medicine Network.

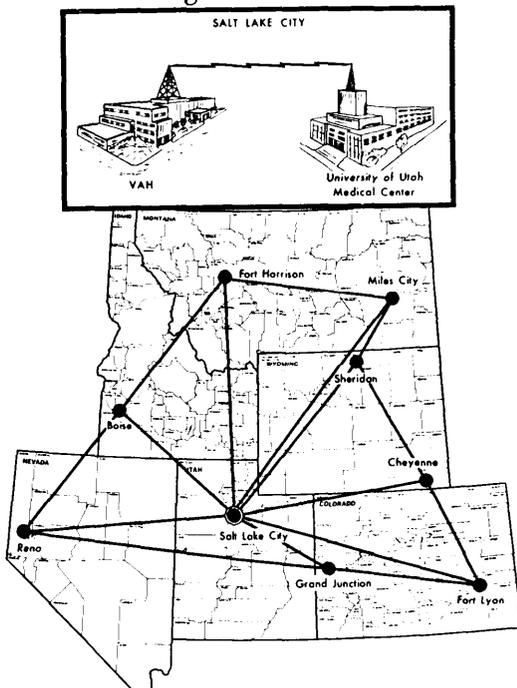
(3) Development of a Center for Continuing Health Education (CCHE) in the Rocky Mountain Region through a grant with the University of Utah Medical Center. Initially the VA Hospitals at Boise, Idaho; Fort Harrison, Mont.; Grand Junction, Colo.; Reno, Nev.; Salt Lake City, Utah; and Sheridan, Wyo., were included in the project. During FY 1973, the VA Hospitals at Cheyenne, Wyo.; Fort Lyon, Colo.; and Miles City, Mont., became active participants in the network. The major purpose of this project is to create an environment conducive to the delivery of the best

possible patient care at the participating hospitals by fostering educational programs which meet the hospitals' needs. In keeping with the intent of the Exchange of Medical Information legislation, development of the CCHE is also directed toward improvement in the quality of patient care delivered to all residents of each community in which the participating VA hospitals are located.

The impact of the CCHE activities on patient care in the isolated locales of the participating hospitals is demonstrable. During fiscal year 1973 high priority was given to programs that represent continuing needs, were hospital based, and were considered most likely to influence day-to-day patient care.

(4) In FY 1973 a project was approved and initiated under the rubric, the Veterans Educational Training and Extramural Regional Audio-visual Network (VETERAN). This is a conceptual merger of the Exchange of Medical Information Program and the regionalization policy of the Agency. When fully developed it will provide for access and exchange of medical information via television between the VA Hospitals in St. Louis, Mo.; Poplar Bluff, Mo.; and Marion, Ill., as well as with the medical schools and other major health care delivery facilities in the St. Louis area. Thus, it will serve to bring those VA hospitals which are in the district, but remote from urban medical centers, within one orbit educationally and clinically by facilitating cost effective exchange of medical information. It will also provide the opportunity for close cooperation between the VA medical programs and other public and private health care delivery agencies in the region.

Intermountain Program For Continuing Health Education



Medical Illustration - In FY 1973, 275 full-time and 24 part-time employees were assigned to Medical Illustration Services in 90 hospitals. They produced almost 2 million individual workpieces such as drawings and photographs for publication, and color slides for projection. Many were collated into teaching sets, were used as pilot series for motion picture production, or became parts of scientific exhibit presentations. More than 2,000 hours were devoted to closed circuit television production and 4,000 hours were required for recording and video taping. More than 5,000 hours of pre-taped programs from various VA hospitals or non-VA subscription sources were placed on closed circuit television or otherwise made available to viewers throughout the system.

The summer internship program was continued in FY 1973. Four internships were offered to photographic students at the VA Hospitals, Miami, Fla.; San Diego, Calif.; and Syracuse, N.Y.; and the VA Center, Wood, Wisc.; three were offered to students in accredited schools of medical art at the VA Hospitals, Birmingham, Ala.; Brooklyn, N.Y.; and Palo Alto, Calif. The VA hospitals were selected on the basis of the scope of the medical illustration program, the interest of the professional staff, and the potential for meaningful and relevant technical exposure.

In FY 1973, 74 new scientific exhibits were produced—67 by medical illustration services at VA hospitals throughout the country, and seven by the Audio Visuals Service in VA's Central Office. During the fiscal year, approximately 130 separate exhibit showings were recorded, 70 of which were at national meetings.

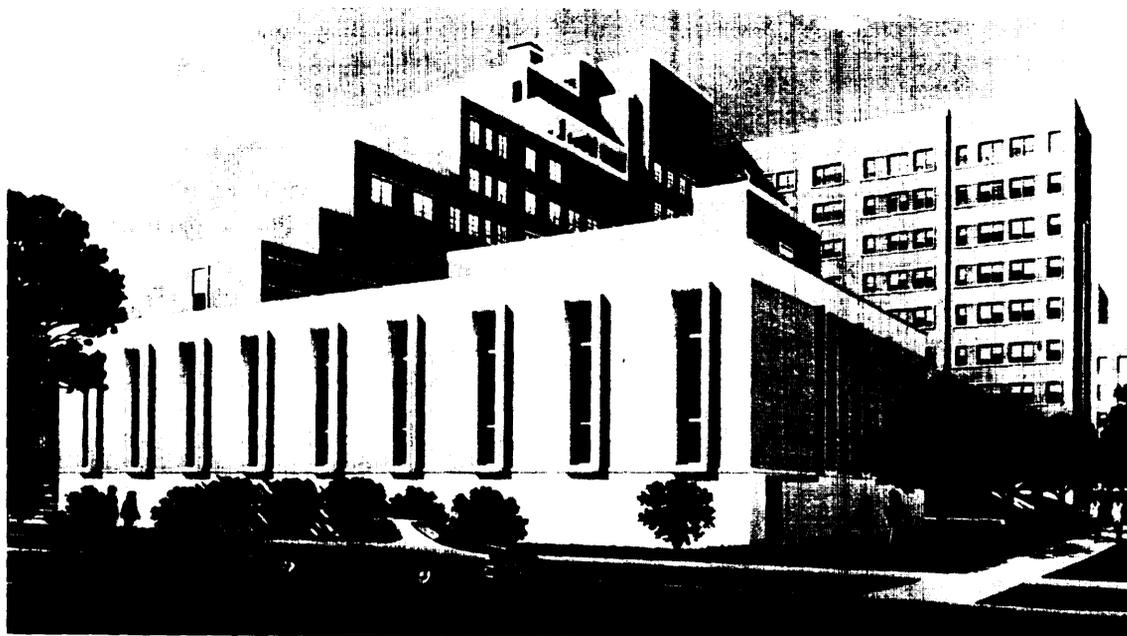
Medical illustration employees received recognition from outside organizations, pointing out the excellence of the products from VA hospital laboratories. Seven employees received 12 awards at the Salon Exhibition of the 42nd Annual Meeting of the Biological Photographic Association. One employee received certification as a Registered Biological Photographer, and one was granted membership in the Association of Medical Illustrators. The Chief of VA's Medical Illustration

Staff was elected to the Board of Governors of the Biological Photographic Association at its annual meeting.

Specialized Equipment - The variety of supplies and equipment which is required for the effective conduct of ongoing educational activities necessitates their timely evaluation, purchase, and installation. The burgeoning variety of equipment serving differing but sometimes overlapping uses requires judicious consideration of the available alternatives.

This is particularly true, for example, of items of equipment involving major purchases such as closed circuit television. The utilization of this medium as an educational device has continued to grow in acceptance and usage within the VA. In FY 1973, new or augmented closed circuit television installations were supported at 19 VA hospitals or centers.

Education Space - In FY 1973, the VA supported 97 projects involving the renovation of 155,000 square feet of space to create training facilities at 56 hospitals. Necessary teaching aids and furnishings were included in these facilities such as classrooms, medical residents' offices, dental training operatories, and allied health training suites.



Dental Education and Training Facility

Both VA hospitals participating in the "clinical campus" concept for expanding medical schools had construction projects approved to implement the affiliation. Creating such enabling facilities at Salem, Va., and Northport, N.Y., will not only help relieve the national physician shortage but will also upgrade medical care to veterans, and infuse quality medicine into the communities.

Major education buildings were completed at the VA Hospitals at Birmingham, Ala., for dental training, and at Seattle, Washington, for allied health and professional medical training. The Birmingham addition is unique in providing the largest training area in the VA with instructional capability in modern team dentistry. Innovative methods applicable to large numbers of dental students, residents in most dental specialties, dental assistants, and laboratory technician trainees will be implemented.

Planning for extensive education space in new or replacement hospital buildings continued at locations such as Los Angeles, Calif.; Bronx, N.Y.; West Roxbury, Mass.; and Columbia, S.C.

Distinguished Physicians

A select group of Distinguished Physicians brings to the VA the clinical, teaching, and research experience of outstanding American physicians and surgeons. Their skills are available throughout VA's health care system rather than to a single hospital. During FY 1973, Dr. Maxwell Finland and Dr. Leslie Zieve were appointed to this group. Former VA Distinguished Physicians include Dr. William B. Castle, who retired from active participation in 1972, and Dr. Charles B. Puestow, who died in 1973. The participation of these outstanding physicians in the programs of the VA is strongly supportive of the VA's mission: the best possible medical care for the Nation's veterans.

Distinguished Physicians Fiscal Year 1973

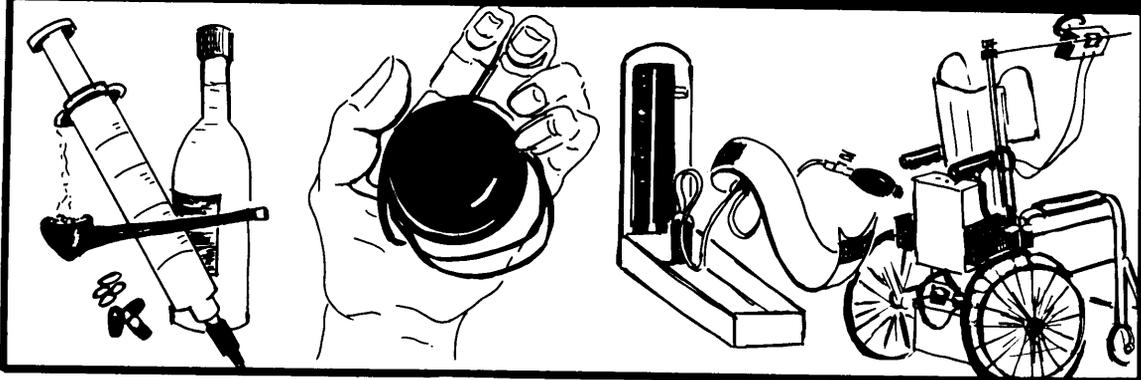
Name	VA Hospital	Position Prior to Distinguished Physician Appointment
Brian Blades, M.D.	Washington, D.C.	Lewis Saltz Professor of Surgery, The George Washington University School of Medicine
Maxwell Finland, M.D.	Boston, Massachusetts	George Richards Minot Professor Emeritus, Harvard Medical School
Tinsley R. Harrison, M.D.	Birmingham, Alabama	Distinguished Professor of Medicine, University of Alabama School of Medicine
William S. Middleton, M.D.	Madison, Wisconsin	Professor Emeritus, Department of Medicine and Dean Emeritus, University of Wisconsin Medical School
I. Arthur Mirsky, M.D.	Brentwood (Los Angeles), California	University Professor (At Large) and Director, Laboratory of Clinical Science, University of Pittsburgh School of Medicine
Charles B. Puestow, M.D. (Deceased)	Chicago (Research), Illinois	Clinical Professor of Surgery, Emeritus, University of Illinois College of Medicine
Barnes Woodhall, M.D.	Durham, North Carolina	James B. Duke Professor of Neurosurgery, Duke University School of Medicine
Leslie Zieve, M.D.	Minneapolis, Minnesota	Associate Chief of Staff for Research, VAH Minneapolis, and Professor of Medicine, University of Minnesota - Minneapolis Medical School

Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972

During FY 1973, the VA undertook initial planning for two new major areas of responsibility following the passage and signing of Public Law 92-541, the Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972.

This act authorized the VA to offer both grant funds and expanded use of its land and facilities to academic institutions for expanding and improving the nation's supply of physicians and other health services personnel. It also directed the VA to designate certain hospitals as Regional Medical Education Centers to provide continuing medical and related education, primarily for career VA personnel.

MEDICAL RESEARCH



The VA medical research program continues to be oriented towards several predominant objectives, namely, to improve diagnostic and treatment methods for use in the care of veteran patients; to contribute to medical knowledge in proportion to the agency's obligation as a health resource of the nation; to continue study of health problems having greatest importance to the aging veteran population; to promote research in the basic sciences of medicine that are essential to the completion of clinical objectives; and to assist in recruitment and retention of high-calibre physicians and scientists for the Veterans Administration.

During fiscal year 1973, medical research programs were conducted in 132 VA hospitals and 4 outpatient clinics. A total of 5,695 research investigators participated in 5,376 research projects and 24 cooperative studies. They contributed 5,736 reports published in professional and scientific journals and presented 5,346 papers at medical meetings.

Following are numbers and types of investigators involved:

	No. of Investigators
Fiscal Year 1973	
Total	5,695
Staff Physicians	2,217
Consultants	629
Attending Physicians	160
Interns and Residents	248
Dentists	114
Research fellows	97
Ph.D.'s	893
Doctors of veterinary medicine	18
Other scientific personnel	521
Without VA compensation	798

The distribution of total costs by research activity for the year was:

Total	\$75,399,000
Institutional Research:	
Administration	6,143,000
Common research support	3,887,000
Biomedical research projects	29,831,000
Other professional research	6,120,000
Animal research facilities	3,984,000
Special Research:	
Special laboratories or programs	1,146,000
Cooperative studies	4,093,000
Career development program	8,130,000
Other designated research	849,000
Minor alterations and improvements	973,000
Equipment:	
Construction projects	1,545,000
All other	8,698,000

Recent Contributions

Some examples of research projects and areas of investigation follow. It should not be assumed, however, that these studies are of greater scientific significance than others which are not cited here because of space limitations.

Hypertension Treatment - "The Modern Management of Hypertension" (IB 11-35), a new monograph, was published this past year by Dr. Edward D. Freis, Senior Medical Investigator at the VA Hospital, Washington, D.C.

Dr. Freis states that hypertension is currently the most important of the chronic cardiovascular disorders of man because it is the one common cardiovascular disease in which treatment has been shown to be effective. An improvement in the quality of life and increase in life-span is now possible for many of the 23 million probable

hypertensives in this country. However, Dr. Fries indicates that only half the people with high blood pressure know they have it; only half of those are being treated; and only half of those receiving treatment are being managed effectively. He cites the need for a more concerted effort to identify patients and place them under treatment.

He discusses epidemiology and pathology of hypertension in detail, suggests criteria for patients who should be treated for high blood pressure, and describes the pharmacology of the principal drugs administered.

Nuclear Pacemakers - The VA Hospital, Buffalo, N.Y. is the first government facility to be licensed by the U.S. Atomic Energy Commission (AEC) to implant nuclear pacemakers. Dr. Andrew Gage, Chief of Surgical Services at the hospital, has implanted three of the new long-life pacemakers powered with plutonium-238. The AEC secured the new devices from the French AEC (associated with the Societe' Alcatel of France in producing the pacemaker).

The nuclear pacemaker is believed to have a life at least 10 years and perhaps as much as 20 years, considerably longer than the 3-year life of the original pacemaker developed and implanted by Dr. William Chardack of the VA Hospital, Buffalo, N.Y., in 1960. Dr. Chardack, now semi-retired, assisted Dr. Gage in the first two implants of the nuclear pacemaker. One of the first veterans to receive the new nuclear pacemaker is the same 48-year-old World War II veteran who received Dr. Chardack's first pacemaker in 1960.

The implant is a relatively minor operation in which the nuclear device replaces the old pacemaker and is attached to two wires already implanted in the patient's heart.

Advances in PM&R Techniques - VA has made several advances in physical medical and rehabilitation techniques to control walking and arm movement. Wladimir T. Liberson, M.D., Ph. D., VA Hospital, Miami, Fla., who introduced functional electric stimulation in physical medicine 10 years ago, has successfully stimulated nerves and muscles by electricity to improve walking and arm movements. He presented his findings this past fiscal year at international meetings in France and Belgium. Work in Holland and Yugoslavia is now being modeled after his technique.

His latest advances incorporate a silverized tissue electrode which makes the application of

functional electrical stimulation much easier. Functional electrical stimulation is also applied by using implanted electrodes where required. His method of stimulation through the skin has been successfully applied in the case of intractable pain and muscle contracture.

To overcome the serious problem of persuading a patient to walk, if one of his legs cannot bear his full weight, investigators at the VA Hospital, Portland, Ore., continue to develop their Systems for Control of Ambulation Pressure (SCAP) which are sturdy devices that give a warning sound when pressure on the shoe or prosthesis rises above the permitted maximum. SCAP III prevents excessive pressure on a lower extremity during healing of a fracture and certain other disabilities. The original SCAP I prevented excessive pressure on the amputation stump following immediate post-operative prosthetic fitting.

New Form of Vitamin D Evaluated - A new form of Vitamin D, recently isolated and evaluated by VA research investigators in treatment of patients, may be used to treat calcium deficiency in victims of advanced kidney failure. Patients with advanced kidney damage and uremia and those on hemodialysis with the artificial kidney often develop low calcium levels in the blood, and decreased absorption of calcium from their food - symptoms typical of Vitamin D deficiency or rickets.

The effects of the newly-isolated hydroxylated Vitamin D on uremic patients were evaluated at the VA Hospital, Los Angeles (Wadsworth), Calif. The Food and Drug Administration has approved the new form as an investigational new drug. So much of the new Vitamin D is required to test long-term effects that it will have to be synthesized.

Rapid Diagnosis of Heart Condition - Recent development of the gamma-ray scintillation camera has made possible the rapid, dynamic visualization of blood flow through the heart and major vessels and organs of the body without the use of X-ray techniques which are often hazardous to patients with congestive heart failure.

Physicians in the Nuclear Medicine Service at the VA Hospital, Los Angeles (Wadsworth), Calif., have used this technique for rapid diagnosis of pericardial effusion (hemorrhage or infectious discharge beneath the heart's membrane). Radioisotope technetium sulfide (^{99m}Tc) is injected, and may be observed passing through the heart

and liver, not unlike a swallow of food passing down the throat and through the intestines. The new method demonstrates differentiation between an enlarged heart and possible pericardial effusion; this differentiation is essential to administering appropriate and sometimes life-saving therapy.

Cartilage Regeneration—Hope for Arthritis -

After his work on limb regeneration 2 years ago, Robert O. Becker, M.D., VA Hospital, Syracuse, N.Y., has been directing his attention to another primary tissue—joint cartilage. An ability to stimulate regeneration of this tissue in controlled fashion could be the basis of effective treatment of arthritis (excepting rheumatoid arthritis). The hyaline cartilage which lines the joint is the most important structure in maintaining the function of the joint. It is this tissue which is damaged in traumatic arthritis, worn away in osteoarthritis, and destroyed in rheumatoid arthritis in a manner not yet understood.

The chief clinical problem in traumatic and osteoarthritis is that damaged cartilage is replaced with fibrous scar tissue, which is inadequate to function normally, produces pain and causes increased damage to the remaining joint cartilage. The actual course of most human arthritis involves not only cartilage destruction but damage to underlying bone as well.

Dr. Becker had observed that pure silver metal, by virtue of its specific electronic charge, is capable of inducing rapid bone formation.

He has proposed that a specific type of material be produced which could temporarily fill the bony defect, stimulate bone growth into the material itself (a kind of pure silver mesh) and provide for the overgrowth of normal joint cartilage stimulated by an implanted electrode.

Biomedical engineers have indicated that material called for is well within the range of present technology. Dr. Becker is setting up a research project on joint tissue at Upstate Medical Center, N.Y., with the cooperation of the State University of New York College of Veterinary Medicine at Cornell. Final testing of the "biogenic prostheses" will be on large animals that have arthritic problems identical to those in man.

Alcoholism and Drug Dependence - Although alcohol is the oldest and most widely abused drug known to man, the central unresolved problem deterring effective prevention and treatment of alcohol abuse and alcoholism still exists. The

search continues to determine how the simple alcohol molecule produces addiction. A number of research programs throughout the VA system, such as the Neurochemistry and Addiction Research Laboratory at the VA Hospital, Houston, Tex., are providing new approaches for investigating the biochemical changes which could underlie the addiction. By inquiry, for example, into metabolic changes resulting in the formation of pharmacologically active alkaloids, it has been established that these alkaloids inhibit normal enzymatic disposition of catecholamines and interfere with the uptake and storage of neurotransmitters in nerve endings. Other laboratories and treatment units, such as those at the VA Hospitals, Tuscaloosa, Ala., and Coatesville, Pa., have demonstrated some control over the alcohol consumption response through aversive conditioning techniques and through a series of studies focusing on effects of decisions to drink or not drink available alcohol.

The clinical implications and applications of these findings are complex and may lead to new developments in defining concepts of the cause and treatment not only for alcoholism, but for a variety of other central nervous system disorders as well.

In the Addiction Research Laboratory at the VA Hospital, Sepulveda, Calif., methadone maintenance has been established to care for addicted veterans. It is the goal of this laboratory to understand how methadone and other narcotics effect the brain, since other problems have arisen in the treatment program such as the abuse of other drugs and alcoholism. Animal models of methadone maintenance have been established to simulate oral methadone administration. These experiments indicate that there is a real pharmacological basis toward a tendency to alcoholism in patients maintained on methadone. Other studies in this laboratory are exploring the types and extent of psychopathology in chronic heroin addicts.

Advances in Surgical Research

Speech After Laryngectomy - A new surgical technique for providing speech after total laryngectomy is being developed by the VA Hospital, Houston, Tex. Present methods of vocal rehabilitation have had several disadvantages. Duration of speech, pitch and volume control, and intelligibility are poor. The Houston surgeons have

created a tube (Tracheoesophageal shunt) that connects the pulmonary air supply with the hypopharynx.

This tube has been used in patients either at the time of laryngectomy or as a second procedure in patients who have had a laryngectomy and have not been vocally rehabilitated. Speech, under the new technique, resembles laryngeal, as opposed to esophageal speech, and intelligibility scores are much better. Because it is a new procedure, several surgical problems must be studied further and eliminated. However, preliminary results are very encouraging.

Hemodialysis Problems Reduced - Serious complications attending the currently used teflon-silastic external prostheses for hemodialysis have been largely eliminated by a new surgical procedure developed by surgeons at the VA Hospital, Little Rock, Ark. The procedure involves an end-to-side radiocephalic shunt created by connecting an artery to a vein above the patient's wrist. The new internal shunt technique reduces the risk of infection, thrombosis, hemorrhage and skin erosion, as well as eliminating frequent replacement when external prostheses are used. After experience with approximately 100 such shunts, the investigators confirm their earlier report that this new technique is the best of several possible internal shunt procedures.

Acute Septic Pericarditis Managed Surgically - Surgeons at the VA Hospital, Oteen, N.C., reported this past year on four highly successful cases in which acute septic pericarditis was managed by removal of the infected pericardium (the fibrous sac containing the heart). Current medical management of ordinary acute pericarditis is usually successful. However, acute septic pericarditis—characterized by deposits of fibrin and bacteria—causes the death of many patients by poisoning from the septic process, or by cardiac tamponade—compression of the heart by fluid accumulating within the pericardial sac. Following surgery, adequate heart action returned promptly and the septic course was terminated. All four survived and followup studies show no post-operative complications. The surgeons concluded that the surgical procedure is relatively safe and easy.

Coronary Artery Bypass - Surgeons at the VA Hospital, Albuquerque, N.M., reported good success with a new technique to bypass blockage in

the coronary arteries which supply the muscles of the heart with blood, by using the terminal end of the left internal mammary artery attached by an end-to-side anastomosis to the left descending coronary artery.

Prior to this new technique, grafts from the saphenous vein in the leg have been the operation of choice. However, the aorta-to-coronary artery failure rates of 15 to 30 percent in 1 year and occasional absence of suitable saphenous veins have required the exploration of other techniques for this life-prolonging operation. After 3 years of experience, the surgeons concluded that the new procedure is entirely practical and durable with satisfactory circulation.

Cooperative Studies

The VA Department of Medicine and Surgery has demonstrated a unique capacity for cooperative biomedical and clinical research, identified as Cooperative Research Studies. Under this system, investigators from a number of VA hospitals, working alone or together with their medical school colleagues under a uniform protocol, have developed solutions to several major problem areas.

Examples of recent accomplishments of this important form of collaboration include seven significant and completed cooperative studies, which are described below.

- A cooperative study of the long-term need for antiparkinson drugs by chronic schizophrenics, conducted in 23 VA hospitals, is expected to have important implications for the treatment of the large population of chronic schizophrenics in the VA. The data support the view that antiparkinson drugs are overused with patients receiving anti-psychotic drugs for extended periods of time, and it was recommended that clinicians reconsider their prescribing habits for antiparkinson drugs, particularly prophylactic and long-term use.

- A cooperative clinical investigation, undertaken in 15 VA hospitals, to determine whether long-term therapy with conjugated estrogens prevented recurrent strokes or death due to atherosclerosis failed to demonstrate any beneficial effect in men suffering from strokes following administration of estrogens in moderate amounts for as long as 5 years. There was, however, no evidence to support current reports that prolonged estrogen use in these dosages produces an increased mortality from thromboembolism.

- A cooperative study of portacaval shunt in the treatment of esophageal gastric varices assessed the efficacy of the shunts in the survival of patients with cirrhosis of the liver and esophageal varices. In the prophylactic series (no hemorrhages from varices), it was found that the probability of survival of patients with well-established cirrhosis was not significantly improved by surgical insertion of a portacaval shunt. Results from the therapeutic series (hemorrhage from varices), however, show that the stabilized cirrhotic patient has a more favorable opportunity for a prolonged survival if he receives a portacaval shunt. Although technical misadventure and infection can occur, the definite advantage of the shunt in preventing rehemorrhaging makes surgical insertion the recommended therapy in bleeding cirrhotic patients.

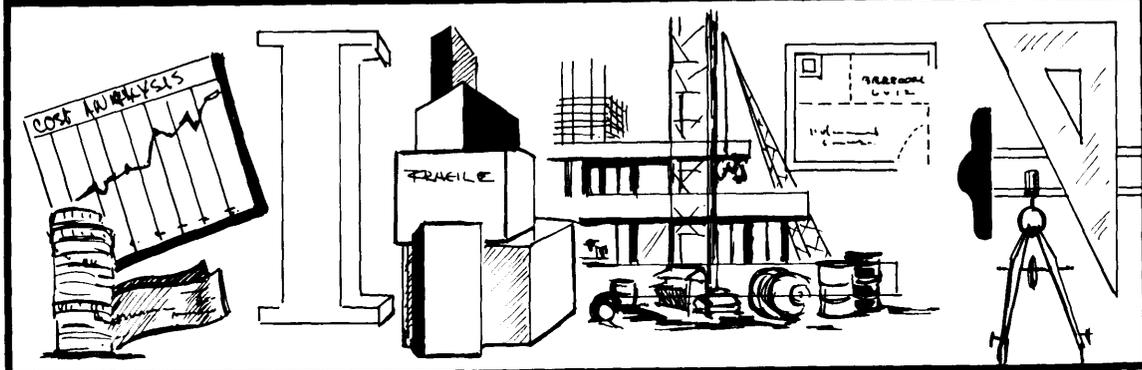
- An important contribution of the cooperative study of anesthesia and analgesia has been the development of a methodology for the quantitative assessment of pain relief and effects of sleep-inducing hypnotic drugs. The results conclude that it is more important to adjust dosage of a narcotic analgesic in relation to a patient's age than in relation to height, weight, or other patient characteristics.

- In a cooperative study on carcinoma of the prostate, more than 5,278 patients were examined, 3,345 of whom were included in the study. For patients with "early" prostatic cancer (Stages I and II), the results indicate that radical prostatec-

tomy without supplemental estrogen is the treatment of choice. The best course of action in treating Stage III patients is to withhold therapy until severe symptoms appear, then treat with 1.0 mg stilbestrol daily. In advanced (Stage IV) cancer, preliminary results suggest that 1.0 mg stilbestrol is not associated with an excess cardiovascular hazard and that it is as effective as 5 mg in controlling this stage.

- The Central Neuropsychiatric Research Laboratory at the VA Hospital Perry Point, Md., has published the findings of the National Institute of Mental Health-VA collaborative study group comparing lithium carbonate and chlorpromazine in the treatment of mania. The 255 manic patients involved in the study, which included 18 VA hospitals, were designated highly active or mildly active on the basis of the degree of motor activity observed when admitted. Chlorpromazine was clearly superior to lithium in treating the highly active patients. With regard to the mildly active patients, the difference was less pronounced and reversed; lithium carbonate appeared to be the better treatment. Both drugs effectively reduced the lesser manic symptoms, but lithium left the patients less sluggish and fatigued and produced fewer severe toxic reactions. The group cautioned, however, that while chlorpromazine was superior to lithium in treating highly active manic patients, it may not necessarily be the best treatment for these patients.

SUPPORT



Operating Costs

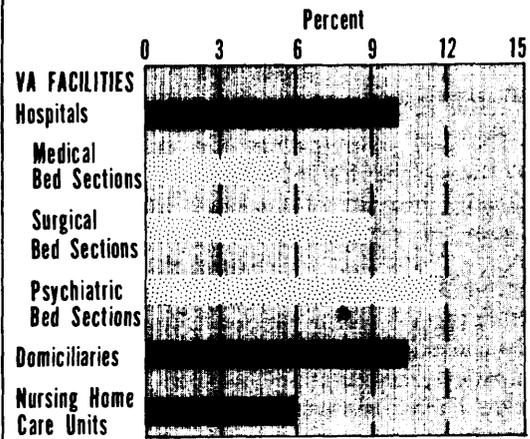
As shown in the following table, the cost of operating VA's Health care programs in FY 1973 was \$2,661,711,000, which represents an increase of \$281,466,000, or 12.1 percent over FY 1972.

Activity	Gross Cost (thousands)
Total	\$2,661,711
Medical administration	17,855
Medical research	75,399
Prosthetic research	3,186
Postgraduate and inservice training	5,166
Exchange of medical information	2,033
Inpatient care	1,934,377
VA hospitals	1,745,859
Non-VA hospitals	23,651
Hospitals	1,769,510
VA nursing home care	71,793
Non-VA nursing home care	35,746
Nursing home care	107,539
VA domiciliaries	49,228
State home domiciliaries	8,100
Domiciliary care	57,328
Outpatient care	437,134
Education and training	138,130
Miscellaneous benefits and services	44,307
Maintenance and operation of supply depots	4,125

Approximately \$119 million of the increase is attributable to legislative increases for salaries and personnel benefits made available during the year. Other significant increases due to increased usage, price escalation, increased turnover and new specialized medical services in the Medical Care program are shown :

Item	Increase	
	Amount (in thousands)	Percent
Beneficiary travel	\$ 3,898	18.9
Utilities	4,046	15.6
Outpatient dental fees	7,239	15.0
Medical and nursing fees	5,242	22.4
Community nursing home care	4,588	19.4
Other contractual services	8,714	26.7
Provisions	4,300	9.4
Drugs and medicines	10,623	14.4
Medical and dental supplies	11,616	23.5
Operating supplies	8,301	39.1
Prosthetic appliances	3,363	17.0

Percent Increase in Per Diem Costs Over Previous Year

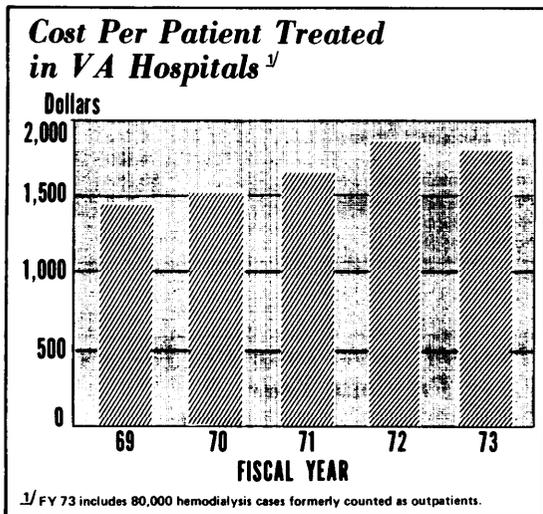


The increases in costs for salaries and other items have resulted in higher per diem costs. The

following table compares the per diem costs in VA facilities for FY 1972 and 1973.

Type of VA Facility	Fiscal Year		Changes	
	1973	1972	Amount	Percent
Hospitals	\$57.92	\$52.61	+\$5.31	+10.1
Medical Bed Sections	60.98	57.83	+3.15	+ 5.4
Surgical Bed Sections	80.33	73.74	+6.59	+ 8.9
Psychiatric Bed Sections	41.15	36.92	+4.23	+11.5
Domiciliaries	13.13	11.90	+1.23	+10.3
Nursing home care	32.27	30.43	+1.84	+ 6.0

The per diem cost in VA hospitals rose \$5.31, or 10.1 percent in FY 1973 compared to FY 1972. However, in keeping with the VA's policy to shorten hospital lengths of stay, the cost per patient treated in VA hospitals was down from \$1,851 in FY 1972 to \$1,769 in FY 1973, a decrease of \$82. So, in a time of rising costs, by more effective use of hospital beds and outpatient modalities, the VA is treating more patients at a lesser cost per patient treated.



The cost of outpatient care provided in FY 1973 was higher by 16.5 percent than in FY 1972 primarily because of increased workloads. The increase in workloads was due mainly to the continued discharge of Vietnam era veterans, the continued impact of new treatment modalities within the VA system which decrease the patient's stay and release him for further treatment as an outpatient, and continuing effects of legislation which liberalized benefits related to outpatient services.

Employment

The following table shows a comparison of the net full-time equivalent employment (FTEE) in

VA's Department of Medicine and Surgery for FY 1972 and FY 1973.

Appropriation/Fund	Fiscal Year		Change
	1973	1972	
Total	161,250	153,031	+8,219
Medical Administration & Miscellaneous			
Operating Expenses	722	656	+ 66
Medical and Prosthetic Research	3,807	3,546	+ 261
Medical Research ¹	(3,757)	(3,499)	+ 258
Prosthetic Research	(50)	(47)	+ 3
Medical Care	153,070	145,227	+7,843
Canteen Service Revolving Fund	2,975	2,940	+ 35
Supply Fund	627	628	- 1
Consolidated Working Fund	49	34	+ 15

¹Includes Cancer Chemotherapy

The overall increase of 8,219 FTEE resulted mainly from an increase of 7,843 FTEE in Medical Care. The larger portion of the increase in Medical Care occurred in VA hospitals where FTEE increased from 119,100 in FY 1972 to 124,928 in FY 1973, or 5,828. This additional FTEE raised the staff to patient ratio in VA hospitals from 1.46:1 in FY 1972 to 1.51:1 in FY 1973. The remaining increase of 2,105 FTEE in Medical Care was the net result of changes in the outpatient care program (+1,685), nursing home care program (+623), domiciliary program (-167), and other minor changes.

An increase of 261 average employment in Medical & Prosthetic Research was due to new and expanded career development, cooperative studies, and the drug dependence and sickle cell disease programs.

Supply

VA renders supply support to the most extensive medical program in the Federal Government. A Marketing Center, two Supply Depots and a Subdepot, and 165 Supply Services in field stations furnish support to about 250 VA installations and 400 other government agency installations throughout the United States, the Republic of the Philippines, and the Commonwealth of Puerto Rico. The annual expenditure for supplies and equipment approximates \$452 million a year; services, including such items as utilities, equipment, and rentals, approximates \$97 million a year.

The VA operates a business-type revolving fund, without fiscal year limitation. Important objectives of the Supply Fund are efficient management of inventories, and the achievement of a break-even operation during the year. During FY 1973 the Fund was operated with a profit of

\$38,699, which represents two hundredths of 1 percent of the \$192 million Supply Fund sales.

To accomplish its mission, the supply program provides centralized direction of VA supply activities, a national buying and distribution system, and supply support for field station activities.

The VA Marketing Center at Hines, Ill., purchased and contracted for goods and services totaling \$250 million during the year. In addition to VA requirements, this Center supports Federal Civilian Agencies by contracting for nonperishable subsistence, drugs and for X-ray film requirements. It also supports about 20 Federal Civilian Agency customers by supplying medical supplies and equipment. This support amounted to \$83 million of the \$250 million business.

The VA has main storage and distribution points at Bell, Calif., Hines, Ill., and Somerville, N.J., occupying approximately one million square feet of space for the storage of about 2,000 food, medical and general supply items. Eight commercial warehouses are also utilized for the storage and distribution of frozen fruits, juices, vegetables and meats. During the year nearly 44,000 tons were shipped to VA facilities, and about 3,000 tons to other government agencies. The 47,000 tons shipped contained about 630,000 line items. A service and reclamation division and library cataloging and periodical service are also part of the depots' service to field stations.

The Supply Services at field stations are responsible for planning, directing, and managing the total program to supply all staff and operating elements with necessary goods and services. The service at VA hospitals has been extended to support a number of small installations of other government agencies located in the same vicinity. During FY 1973 this support exceeded \$1.2 million.

Two task forces of the Commission on Government Procurement, on which the VA was represented, in their report to the Congress in December, 1972, recognized VA's supply system as being sensitive to the customers' (users') requirements, effective in procurement methods, and most economical when compared to other government systems. A GAO proposed report on drug procurement in government also referenced the effectiveness of VA's supply system.

Some examples of the activities of VA's Supply Service follow:

- The VA has continued its active participation with other agencies, the President's Advisor on Consumer Affairs, and industrial and professional organizations in matters of consumer product safety, voluntary standards, and product information. The Director of VA's Supply Service is a member of the Inter-agency Advisory Council on Consumer Product Information, and memberships are also held in the American National Standards Institute Consumer Council and its Standards Screening and Review Committee which reviews all voluntary standards for consumer products.

- The VA continued in the forefront of civilian and government health services agencies in the application of safety and performance requirements for medical equipment. VA's X-ray, nuclear and monitoring equipment procurement and quality assurance programs received national recognition. VA maintained active representation, including physicians and equipment specialists, on a wide range of standards, safety and reliability committees of the American National Standards Institute, the Association for Advancement of Medical Instrumentation, the National Fire Protection Association, and others.

- VA's Supply Service has continuously pursued the total supply support concept. Automated processing and distribution systems have been provided in all new construction projects and extensive remodernization projects have been completed which have provided the means for efficient and effective materials management. The VA Supply Service recently published sterile supply processing and distribution operational standards aimed at reducing infection rates in new hospitals and raising the overall hospital standards of processing and distribution of sterile supplies. These standards have been recognized by the Joint Commission on Hospital Accreditation whose chairman asked VA for advice on upgrading applicable standards in their accreditation manual.

- A project for centralizing the cataloging of equipment, requested by the Office of Management and Budget, and the equipment phase of a computerized cataloging system were completed. As a result, the VA will be able to use personal property assets more efficiently.

- Over \$800,000 worth of silver and exposed X-ray film was collected from 168 VA stations during the year. The silver was reclaimed from exhausted X-ray development solutions and the exposed X-ray film from stations which no longer needed it for medical purposes. The silver recovery

program of the VA has long been used as a model throughout the Government. Industry uses approximately four times more silver than the country produces and the rapid increases in the price of silver dictate the strong emphasis being placed on the silver recovery program to obtain the maximum amount of the recoverable potential.

- Procurement for a two-way radio communications system programmed for each VA hospital was completed in FY 1973. These systems, which by the end of the year were in operation in all except three hospitals, have already proven beneficial in daily security and administrative management. Each hospital has revised its emergency preparedness program to include this capability and is in a much better position to effectively cope with disastrous events in its locality. Participation in local emergency networks continues to grow.

- Utilization and disposal of excess and surplus personal property continued to be a major effort. Total excess generated in the VA during FY 1973 amounted to \$4.9 million; excess used within VA amounted to \$2.1 million; excess transferred by VA to other agencies amounted to \$1.8 million; and excess acquired by VA from other agencies amounted to \$4.5 million.

Facilities

In FY 1973 total construction obligations amounted to \$136.6 million, the largest obligation year since 1950.

Of this total, 36 major design and construction contracts amounting to \$77.5 million were awarded by Central Office. This includes design contracts for Phase II of the Los Angeles, Calif. replacement hospital; the 702 bed Bronx, New York replacement hospital, and the 500 bed replacement hospital at Loma Linda, Calif. Major construction contracts were awarded for Phase I of the 820 bed replacement hospital at Los Angeles, Calif. and the 460 bed replacement hospital at San Francisco, Calif. Two major sites were purchased at Loma Linda, Calif. and Augusta, Ga. In addition, 35 design and construction contracts totaling \$6.1 million were awarded to minority firms through the Small Business Administration Section 8(a) procedure against a goal of \$3.0 million.

At the end of FY 1973, 183 projects were under construction at a total estimated cost of \$195.6 million. Major construction projects under way during FY 1973 included the 328 bed addition at Phoenix, Ariz.; the 760 bed hospital at San Antonio, Tex.; and the 204 bed addition in White River Junction, Vt.

In FY 1973, 91 projects were completed at a construction cost of \$63.1 million. These projects include replacement, modernization, alteration and improvement of existing VA facilities. Major projects completed during this period included modernization and expansion of facilities at Dallas, Tex. and the 370 bed hospital at Lexington, Ky.

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

Description	Construction Status							
	Total		Completed		Under construction		Authorized but not under construction	
	Number	Estimated construction cost (millions)	Number	Estimated construction cost (millions)	Number	Estimated construction cost (millions)	Number	Estimated construction cost (millions)
Total	429	\$1,017.6	91	\$63.1	183	\$195.6	155	\$758.8
Replacement and relocation hospitals	16	617.9	1	15.2	3	64.9	12	537.8
Modernization	20	133.8	8	22.4	6	32.8	6	78.6
Domiciliary	1	3.5	0	.0	1	1.0	1	2.5
Nursing home care units	27	28.9	3	1.9	9	5.8	15	21.2
Research facilities	25	56.3	4	2.6	11	16.8	10	36.9
Other improvements	340	177.2	75	21.0	153	74.3	112	81.8
Air conditioning	21	64.0	2	4.3	8	26.1	11	33.6
Hemodialysis units	6	1.2	2	.2	3	.6	1	.3
Intensive care units	69	12.3	22	4.6	32	5.4	15	2.3
Other	244	99.7	49	11.9	110	42.2	85	45.6

Construction Management—A Construction Management Information System is being used by VA in programming all construction projects. This system monitors actions taken from the planning stage through completion of construction. The system is a network-based ADP system processed by VA computers on a monthly basis. The system currently monitors schedules and makes monthly obligation predictions. It is being revised and extended to allow the analysis of manpower resources for design, production of monthly construction progress reports and development of actual and predicted expenditures for budget purposes.

In addition, all projects under construction, over one million dollars in cost, are scheduled and monitored on a monthly basis using a network-based management system.

During FY 1973 the VA entered into a contract with a construction management organization to provide construction management services on the 702 bed replacement hospital at Bronx, N.Y.

Land Management—In compliance with the National Environmental Policy Act of 1969, the VA has issued Final Environmental Statements and received clearance from the Environmental Protection Agency for a replacement hospital in Los Angeles, Calif., a replacement hospital and modernization project in Columbia, S.C., and a new hospital in Loma Linda, Calif.

A 40-acre site in Loma Linda, Calif., has been acquired by the VA at a cost of \$577,302. The VA also obligated \$2,150,000 for the purchase of 20 acres in Augusta, Ga., for a proposed new hospital; and \$199,500 for a 9.4 acre site adjacent to the VA Hospital, San Diego, Calif., for surface parking.

The VA reported to General Services Administration an excess of 302.03 acres in FY 1973.

Construction Research—As a part of the program to provide the most advanced concepts, materials and techniques in VA hospital design and construction, nine research and development project studies in building technology were in progress during the year. The majority of these studies were performed through contracts with private consultants. The reports on these studies are the basis for establishing policy and technical criteria in the form of construction standards for the VA hospital program. They are made available to other government agencies and to the public.

Some of the more significant projects in progress in FY 1973 involved fire safety testing of carpeting and other finish materials for use in corridors; development of design requirements for protection of VA structures against earthquakes and high intensity winds; and development of an analytical procedure for determining the most cost-beneficial transport systems for new VA hospitals. A study on improvement of VA master specifications was completed and the recommendations have been adopted.

Two major studies were initiated this year. The first will determine the potential path of smoke and toxic gases in the event of a fire in a VA hospital. The objective is to develop improved design criteria and operating procedures for smoke exhaust. The second study concerns the development of a computerized system to aid in the planning and design of VA hospitals. This system will allow detailed investigation of more alternative design solutions within a shorter period of time than is now practicable.

Earthquake Engineering Program—The VA is continuing with a program to investigate the extent of exposure of existing and proposed sites of VA hospitals to potential earthquake forces. This program was initiated in the California area, extended to other parts of the West, and has now progressed into areas of lower seismic risk. A handbook has been issued setting forth the requirements for earthquake-resistant design of VA hospital facilities.

To date contracts have been completed for site evaluation studies to identify seismic and geologic hazards at 68 VA hospital sites where moderate or more severe earthquakes have occurred. The program to evaluate the seismic resistance of VA facilities in those areas that were not designed for earthquake forces is progressing, and completion by FY 1975 is planned.

Pre-Engineered Buildings—In an effort to obtain adequate and urgently needed buildings for a limited but varied range of uses, VA has purchased several small buildings characterized by factory produced components. The objective in such procurements is speed of erection. Such buildings have been obtained to meet educational and training needs at VA Hospital, Durham, N.C., and educational and outpatient requirements at the VA Hospital, Seattle, Wash. They were also used in

the outpatient clinic expansion at VA Hospitals in Newington, Conn., and Durham, N.C. These buildings are limited to one or two stories in height and are not intended for housing of patients.

Health Care Facilities Planning—During FY 1973, the VA developed master plans for completely new hospitals at Bronx, N.Y., Loma Linda, Calif., and Los Angeles, Calif.; for a new hospital building at Columbia, S.C.; for a Spinal Cord Rehabilitation Center at West Roxbury, Mass.; and for 174 other construction projects estimated to cost \$73,187,000. These include three projects to provide 420 nursing home care beds by new construction, 577 nursing home care beds by alterations to existing facilities, and 50 specialized medical facilities including 18 intensive care units. Other projects developed during the year were for air conditioning, research, education, improvement to outpatient facilities, nurses call systems, centralized oxygen systems, correction of deficiencies in clinical areas and for elimination of safety and fire hazards.

As new medical specialties and health care programs develop, such as for the treatment of drug dependence, there is a need for new criteria for allocating space for these functions in new and existing VA health care facilities. It is equally important that criteria for existing functions, such as pharmacy, be modernized to reflect innovations.

During FY 1973 new criteria for dietetics, warehouse, supply processing and distribution, and canteen were approved. Other criteria developed were for alcohol treatment units, drug dependence treatment units, nursing home care facilities, and radiology. Work continued on ambulatory care, and criteria for pharmacy, reflecting space allocations for such innovative concepts as the unit dose system and clinical pharmacy, were almost completed.

A space survey of all medical facilities was essentially completed in all VA hospitals. The data will be computerized and space profiles of all locations will be available for future hospital planning.

A post-occupancy evaluation was conducted of the new 1,200-bed hospital at Hines, Ill. From the data gathered during the survey, information was provided VA Central Office staffs concerned with planning, design and construction of VA hospitals for consideration in the design of future hospitals.

Engineering—VA's Engineering Service, in keeping with its overall responsibility for the maintenance and operations of the VA-owned physical facilities, administered approximately 1,700 non-recurring minor improvement and building service equipment projects amounting to approximately \$50 million. The work represented space changes, rearrangement, utility modifications and other physical maintenance, alterations or upgrading. Special medical programs and the impact of the Occupational Safety Health Act of 1970 and the National Environmental Policy Act of 1969 contributed toward the nonrecurring maintenance and construction program expenditure. Approximately 150 minor construction projects amounting to \$26 million were delegated to the Engineering Service for administration and station level accomplishment using hospital engineers as resident engineers. Twenty-nine of these delegated construction projects amounting to \$5,354,000 were awarded to minority contractors.

The VA policy manual governing safety, occupational health, and fire protection was completely revised to conform to the requirements of the Williams-Steiger Occupational Safety and Health Act of 1970 (OSHA) and Executive Order 11612. Consequently, VA stations are cognizant of OSHA requirements and changes are easily adaptable to the work environment. A Safety and Occupational Health Committee was established at VA's Central Office to identify problem areas associated with medical environments. Evaluations of health and disease potential were conducted and appropriate standards published.

A comprehensive program for the upgrading of security at VA hospitals introduced in FY 1972 was progressively developed during FY 1973. Approximately two-thirds of the VA hospital guard personnel were replaced with personnel selected under Federal Civil Service police standards. A total of 370 VA hospital police received training at the VA's Hospital Police Training Center on the grounds of the VA Hospital, North Little Rock, Ark., and another 200 received limited unarmed defense and weapon training at their respective stations. At the conclusion of the second full year of coping with criminal offenders and armed or violent assaults, the VA's concept of meeting such situations with skills in unarmed defense and the non-lethal chemical irritant projector (MACE), in lieu of firearms, proved to be an unqualified success.

A biomedical engineering function is being established which has primary responsibility for the biomedical support, direction and training of technical medical, nursing, engineering, and medical personnel in the application of the clinical and biomedical engineering techniques. The program goal is to provide biomedical engineering support either on a full-time or shared basis to every VA hospital within the system to support the clinician, and maintain and repair the increasingly sophisticated biomedical instrumentation introduced into the hospital environment. Several educational programs have been established to provide the skill levels necessary for biomedical engineering support. These educational programs include a graduate engineer training program for biomedical engineers with masters or undergraduate degrees, and a continuing education program for in-service biomedical engineering technicians and medical equipment repairmen.

ADMINISTRATIVE ACTIONS AND IMPROVEMENTS

Research and Development in Health Services

Research and Development (R&D) by VA is directed toward improvements in the delivery of health services to veterans. Stress is placed on improving the accessibility, effectiveness, and economy of health care delivery through the adaptation and evaluation of both new and existing models, technologies, and modalities of care in the actual VA field station environment. To achieve these objectives, the Health Systems Research and Development Service develops and conducts R&D projects as well as sponsoring and monitoring projects suggested by others. The need for improvement, the probability of positive impact and the likelihood of wide applicability are important factors which lead to areas selected for project emphasis, for example:

Health Care Availability—The chronic problem is having health care programs available at places, times, and in operational environments to satisfy the needs of existing and potential patients. R&D in this area looks to the introduction of innovations and adjustments in the health care delivery system necessary to meet changing demands on

the system, such as developing and testing methods of ambulatory care as an alternative to inpatient care.

Health Care Provider Roles—This is an important sector of the health systems R&D field because it attacks problems of economy and efficiency in the area of the scarcest and most expensive health care personnel resources (e.g., physicians). Projects in this group are directed toward developing or redefining “provider roles”, that is, the functions and responsibilities of the members of the health care team so as to maximize the use of their highest skills, and to delegate or reassign tasks that can be performed by others at lower skill levels, and evaluating the effects of these changes on patients, providers, and the delivery system itself.

Health Care Quality—Quality health care is an issue of increasing medical and social interest, but difficult of assessment. The VA has long been involved in evaluation of factors generally considered to be related to the quality of care provided. Questions being considered include: which of the many criteria do, in fact, effectively evaluate the quality of health care; which approaches are realistic as well as effective in an ongoing sense; which are the optimum techniques for utilizing both client and direct care provider inputs; and based on results of assessments, what are the best methods of incorporating the findings into a viable, dynamic continuing education program for clients and direct care providers.

In FY 1973 a procedure for evaluating the quality of medical care (known as district evaluation) was pre-tested in eight VA hospitals. Members of visiting evaluation teams evaluated both structural (management) and process (professional care) aspects of patient care, recording their observations on standardized forms. Patient satisfaction with the care they received was measured by self-administered questionnaires. The data collected are being analyzed and consideration is being given to extending the district evaluation procedures to the total VA system.

Thus far, the district evaluation approach has been concerned mainly with the care of medical and surgical patients. An independent effort is also underway to evaluate the treatment of psychiatric (including drug-dependent) patients. Desirable treatment outcomes have been conceptualized and

rated by staff of VA's Central Office and field stations for relative importance. Rating scales have been developed to assess treatment outcomes for drug-dependent patients and for day-hospital patients. If this outcome-oriented approach proves successful, it will be extended to additional patient and program groups.

Health Care (Medical) Information--This area relates to the foundation of any proper medical treatment: the clinical data base which includes those items of data about a client's medical history; his physical, psychosocial, physiological, and economic status; and his perception of these elements. These all contribute to rational decision making concerning his need for health care. Work concerned with the clinical data base has concentrated primarily on data sets required for decision making during the initial (or episodic) encounters the veteran has with the VA Medical Care Program, primarily adapting various existing systems to the VA environment. Continuing effort will analyze such factors as exportability to other sites, costs, manpower requirements, and acceptability to clients and direct care providers. Most of the work that has been done has centered on the data requirements for patients receiving traditional institutional bed care; with the expansion of non-bed care programs, further analysis will be needed to determine if and how the data requirements differ.

Health Care Technologies and Modalities--The objective is to develop, adapt, improve, replace, or discard models or methods of health care delivery with the objective of making the VA system more responsive and more effective. Primary attention is given to adaption and export to other sites of problem solutions already developed that appear to have potential for wide application. The accent is on the needs and demands of patients, and the realistic appraisal of alternative means of meeting these needs, as well as to achieve better outcomes for patients without increasing the cost or complexity of the health care process.

Medical ADP Systems

Positive progress was made during FY 1973 in the area of Medical ADP Systems. A plan for the future was developed in conceptual form, new emphasis was placed on the development of ADP systems for assisting patient care, and previously

developed systems were maintained in an economic and effective manner.

A long range plan was developed for the use of ADP technology in health care delivery, using the clinical laboratory system as a base. This area has proved to be most susceptible to automation because of the high volume and the repetitive nature of functions. Specifications for a base automated clinical laboratory system were developed that took advantage of an inter-agency study involving the Army, Navy, Air Force, and the National Institutes of Health, and a contract was awarded for installation of automated clinical laboratory systems in three VA hospitals. Two other hospitals were added later. These five systems were judged cost effective on laboratory performance alone. However, each has a residual capacity which will make possible the use of the existing system for other medical ADP applications and remote servicing of other VA hospitals. Additional base laboratory systems can be added with remote servicing capabilities as justified by need and continuing assessment of cost effectiveness.

The laboratory based concept provides a foundation by controlled expansion with minimum capital investment. Exploration of additional medical applications was started. Possible areas include electrocardiograph analysis, problem oriented medical records, and scheduling of available resources. The planning concept lends itself to eventual development of a network connecting all VA hospitals and making available to each as required the sum total of the Agency's ADP resources. It is flexible enough that each increment to the plan can be measured on its own merit and implemented only when proved feasible and justified.

In addition to the clinical laboratories, VA extended the assistance of ADP to other new areas. Examples are:

Nuclear Medicine--This involves the servicing of four remote sites by a central facility. The remote sites will acquire and store data (administrative, medical, radionuclide image) for transmission to the central facility, which in turn will provide permanent storage and expertise for analysis, interpretation and diagnosis.

Hypertensive Screening--This program will help identify and evaluate hypertensives and assist in initiation and maintenance of appropriate therapy.

Computer Assisted Psychiatric Assessment

This involves the use of a computer to maintain a data base. The data will be collected by paramedical personnel. The system is expected to aid in providing a more adequate assessment of the patient and in establishing an adequate foundation for evaluating subsequent therapy.

Drug Treatment—This is a patient record, scheduling and management system for the use of Drug Dependency Treatment Clinics engaged in methadone maintenance programs.

During the year, work continued on many other ADP Systems which had been developed in prior years. These included applications involving most areas of VA hospital activities such as:

Patient Treatment File—This is an automated patient history file of hospital, nursing, and domiciliary episodes of care.

Supply (Logistics)—This is designed as a direct access, immediate update system to assist in managing vast amounts of supplies and equipment more efficiently and with greater economy.

Requirements Data—This is a project oriented system which uses the computer to assist in the space planning and equipment requirements for the construction of new hospitals and modernization or alteration of existing ones.

Regionalization

Regionalization has as its primary goal the provision of the best possible patient care to veterans by placing heavy emphasis on the coordinated sharing of resources among VA hospitals in a geographic area identified as a Medical District. Additionally, regionalization provides a mechanism for linking patient care with research and education within the communities of a Medical District to provide a mutually beneficial interaction of health care professionals.

During FY 1973, there was an increase in the regional approach to the care of the eligible veteran patients, with greater integration and coordination, to provide optimum delivery of health services. Other significant advances in regionalization includes:

- Development of a spectrum of regionalized

services which include diagnosis, specific treatment, and rehabilitation.

- Establishment of a regionalized system which provides for continuity of care from the time of the eligible veteran's primary contact with the system throughout his hospital, outpatient, or nursing home care to the termination of his needs.

- Extension of regionalized use of expensive equipment, facilities, and scarce category personnel.

- Implementation of regionalized education and training programs, and

- Increased participation in Comprehensive Health Planning and Regional Medical programs, community hospitals, and other health care activities.

Sharing of Specialized Medical Resources

For the seventh consecutive year, growth and development continued in the sharing of specialized medical resources, under the provision of Public Law 89-785. This law permits the VA to share the specialized medical resources of other Federal, State, and community hospitals. Conversely, it permits the VA to share its specialized medical resources with other hospitals when the resources are not being used to the maximum for the care and treatment of eligible VA beneficiaries. Sharing agreements include "exchange of use," where both parties to the agreement are exchanging services, or "mutual use," where only one of the parties provides or receives a service.

The program has been very beneficial to both the VA and the community. Sharing agreements have avoided duplication of often costly, highly specialized resources, and have resulted in better care to patients through better use of scarce medical specialists and better cooperation between VA hospitals and their community counterparts. Most of the sharing agreements once entered into have been renewed and new services have been added each year. During FY 1973, there were 67 VA hospitals with approved sharing agreements involving some 120 individual contracts. The services provided for in the contracts have an annual value of \$4.5 million.

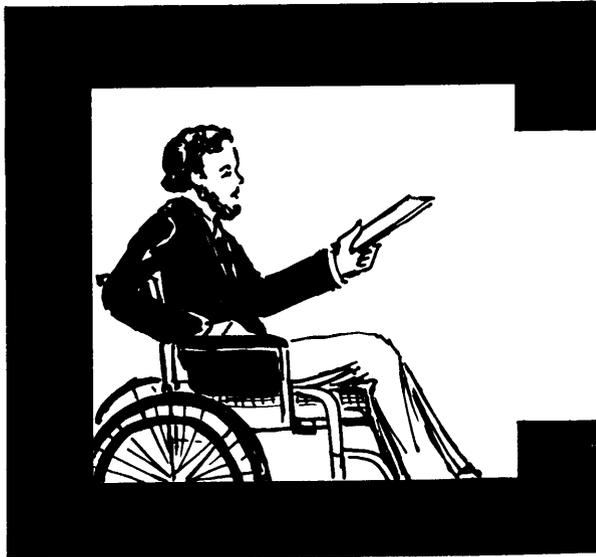
The extent and diversity of services may be indicated by some examples. The VA Hospital, Cheyenne, Wyo., furnished radiation therapy services to the Memorial Hospital of Laramie County, and received from it esophageal motility procedures. The VA Hospital, Martinsburg, W. Va.,

furnished nuclear medicine and spirometry services to three community hospitals. The VA Hospital, Columbia, Mo., furnished echocardiography tests, certain pathology and laboratory procedures and argon laser photocoagulator services to the University of Missouri Columbia Medical Center, and received from it cardiac catheterization, radiation therapy, xenon arc photocoagulator, and many other specialized services. Other examples of the services involved in sharing agreements include the furnishing of open heart surgery procedures by one facility in exchange for organ transplantation services by the other.

VA Hospital Organization

A new flexible organizational policy applicable

to VA hospitals was developed and published. Its objective is to increase the capability of each hospital organization to be more responsive to the needs of each particular institution. A core organization fixes the jurisdictional responsibility for Administrative Services and Patient Care Services to the Assistant Hospital Director and the Chief of Staff, respectively. However, the Hospital Director may assign jurisdiction over any or all Allied Health Services to either of these officials, as determined appropriate for maximum operational effectiveness. Provision has also been made for the establishment of a line supervisory position to assist the Chief of Staff at large, complex hospitals, where he has jurisdiction over a majority of the Allied Health Services.



COMPENSATION and PENSION

COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1973	1972	
Cost (billions)	\$6.6	\$6.2	+6.5
Disability cases on rolls (thousands)	3,256	3,268	-0.4
Service connected	2,203	2,182	+1.0
Non-service connected	1,053	1,086	-3.0
Death cases on rolls (thousands)	1,655	1,641	+0.9
Service connected	374	375	-0.3
Non-service connected	1,281	1,266	+1.2

SUMMARY

Compensation and pension benefits paid to veterans and their dependents amounted to \$6.6 billion in FY 1973, an increase of 6.5 percent from last year. The increasing cost is attributable primarily to two factors: additional Vietnam era and World War II veterans and beneficiaries on the rolls and payment increases necessitated by legislation.

Service connected disability and non-service-connected death caseloads were greater than a year ago, by 21,000 and 15,000, respectively. The service-connected disability caseload increased primarily because of the number of Vietnam era veterans receiving compensation. The increase in World War II death cases receiving pension payments offset in part by the deaths of World War I dependents accounted for most of the death pension increase. Mortality incidence is high for this latter group whose average age is 78.5.

In death benefit cases alone, the increase is attributable to all periods of service, except World War I. The largest increase was in World War II cases with a net increase of 14,600. The caseload for dependents of World War I veterans, based on disability pension, decreased last fiscal year from 620,300 to 616,800 reflecting the high mortality rate of World War I widows.

During FY 1973 four statutes affecting the Compensation and Pension program were implemented:

• *Public Law 92-328 (June 30, 1972)*—provided:

a. A 10 percent increase in disability compensation for all rates except the \$47 rate under 38 U.S.C. 314(k) and the \$67 rate for arrested tuberculosis. This increase in disability compensation payments was made automatically by the computer for a total of 2.1 million accounts. Letters advising the beneficiaries of the increase were also computer prepared.

b. A 10 percent increase also applicable to additional benefits for dependents.

c. A \$150 annual clothing allowance for veterans who wear prosthetic devices which may wear out their clothing or who use wheelchairs.

d. Repeal of withholding of compensation or retirement pay from veterans hospitalized at Government expense 6 months or more.

e. Extension to Spanish American War widows the right to elect current law pension on the same basis as exists for Spanish American War veterans.

f. Equitable relief to persons who suffered a loss as a consequence of reliance upon a VA determination of eligibility or entitlement, without knowledge it was erroneously made.

g. Liberalization of standards governing recovery of overpayments and other debts, authorizing waiver where collection would be against equity and good conscience.

h. Review of forfeiture actions imposed prior to September 2, 1959, and remission of those which would not have been imposed under the law in effect after September 1, 1959.

i. Release of veteran from liability on loan guaranty debt established for deficiency if acceptable transferee is legally liable for the indebtedness.

j. Equalization of rates of compensation for wartime and peacetime service-incurred disabilities, effective July 1, 1973. The compensation and pension computer system was programmed to automatically increase the rates of peacetime payments by 20 percent. A total of 186,703 accounts were adjusted.

• *Public Law 92-341 (July 10, 1972)*—*provided:*

An increase from \$12,500 to \$17,500 as the maximum amount of monetary assistance for severely disabled veterans to acquire homes with special facilities and equipment so that these handicapped veterans may live comfortably outside of a hospital or nursing home.

• *Public Law 92-425 (September 21, 1972)*—*provided:*

a. A new program of survivor benefits for military personnel in retirement. It permitted all current and future military retirees the opportunity to leave their surviving dependents up to 55 percent of their military retired pay.

b. That if a member of the Armed Forces dies on active duty after he has become entitled to retired pay, but his spouse is eligible for Dependency and Indemnity Compensation (DIC) in an amount less than the annuity under the Survivor Benefit Plan, the spouse would receive an annuity equal to the difference between DIC and the annuity. This provision requires new adjudicative procedures and information exchange as well as development of procedures to coordinate the payment of benefits.

c. That an annuity is in addition to any other payment to which a person is entitled under any other provision of law and shall be considered as income under laws administered by the VA.

d. A separate program of a minimum income guarantee for current military widows who are not eligible for an annuity under the Survivor Benefit Plan in an amount which when added to VA pension, and exclusive of any pension payment, equals \$1,400 per year.

• *Public Law 92-540 (October 24, 1972)*—*provided:*

That for all VA purposes, a “wife” shall include the husband of a female veteran and the term “widow” shall include the widower of a female veteran.

(Prior to enactment of this legislation, it was required, in certain cases, to show that the husband or widower was incapable of self-maintenance and permanently incapable of self-support due to mental or physical disability.)

COMPENSATION

Veterans receiving compensation payments rose to 2.2 million by June 1973. Barring unforeseen events, this should be the high point of the number of recipients. The increase in Vietnam era veterans on the compensation rolls should taper off rather substantially in the coming fiscal year, as the decline in World War II veterans accelerates. Since 1968, approximately 100,000 World War II veterans have left the rolls. The 354,000 Vietnam era veterans drawing compensation came on the rolls over that same period of time. This latter group now represents the second largest number on the rolls, exceeded only by World War II veterans.

Cases of death compensation declined slightly in the past year, with declines recorded for all periods of service except the Vietnam era. The increase here was only 3,500, not enough to offset combined declines of 5,200 for the other periods of service. Here also, Vietnam era death cases exceed both the Korean conflict and World War I.

PENSION

Veteran pension recipients present a different picture from those drawing compensation. Over the past 5 years the total number receiving such

benefits has gradually decreased. This was primarily due to the declining World War I population, not offset by increases in World War II and Korean conflict. An increase is projected for future years as these latter groups advance in age and disability.

For the first time the number of World War II veterans receiving pension exceeded those with World War I service. At the peak of World War I participation, there were slightly more than 1 million veterans on the pension rolls. When one considers that there were approximately four World War II participants for each World War I participant, continued increases can be anticipated.

Cases of deceased veterans dependents receiving pension payments have shown a steady rate of growth over the past 25 years. While for the first time the number of cases of World War I veterans declined, significant increases continued in both World War II and Korean conflict veterans.

TRENDS

Benefit payments continue long after hostilities are ended and even long after all the participants are deceased. For example, the last veteran of our Indian wars died on June 18, 1973 approximately 75 years after these wars were fought. However, there are still 102 widows and 20 children of the veterans of this period of service on our rolls. There were at the end of the fiscal year 289 widows and 259 children of Civil War veterans receiving compensation or pension payments. The Civil War concluded 108 years ago. Consider too the number of participants for those wars compared to conflicts occurring in the twentieth century:

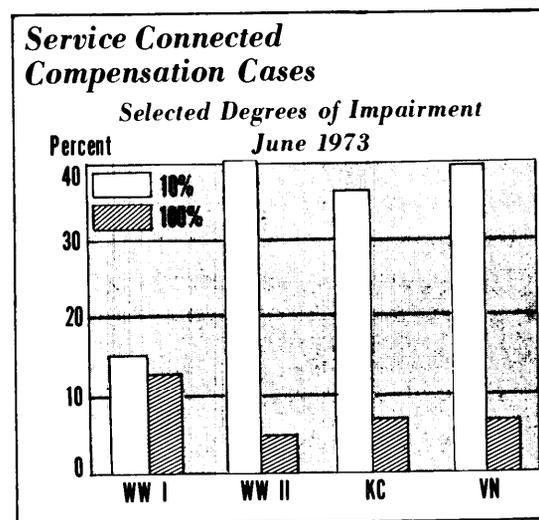
	Participants
Civil War	2,213,000 (Union only)
Indian Wars	106,000
Spanish-American War	392,000
World War I	4,744,000
World War II	16,535,000
Korean conflict	6,807,000
Vietnam era	8,756,000

DISABILITY COMPENSATION AND PENSION

Age of Beneficiaries—The average age of veterans receiving compensation or pension payments was 56 years. Those who were drawing disability

benefits based on service connection averaged 49 years of age, while those who were receiving pension payments based on non-service connection were slightly over 69 years old. The largest number of veterans in receipt of compensation were those between age 50 and 54. World War II veterans accounted for 92 percent of the recipients in this age group. The group containing the largest number of pensioners was the 75-79 age group, and here the World War I veteran accounted for 96 percent of the total. At the extreme ends of the groupings were the Vietnam era veterans, average age 29.7, and the Spanish-American War Veterans, average age 94.

Degree of Impairment—Of the 2.2 million veterans receiving disability compensation, almost 900,000 (approximately 40 percent) had been found to have a 10 percent degree of impairment. The 100 percent disabled veterans accounted for slightly under 6 percent of the total number. As shown in the accompanying chart, there is considerable uniformity in the degree of impairment granted, by period of service. This is true particularly of the Korean conflict and Vietnam era veterans.



OTHER BENEFITS

Burial allowances—Payment was authorized to cover the burial and funeral expenses of approximately 310,000 veterans during the past year. The statutory burial allowance is \$250 plus transportation charges where death occurs under VA care. Total expenditures in FY 1973 exceeded \$77 million.

Burial flags—The VA furnishes a flag to drape the casket of each deceased veteran. In FY 1973 a total of 275,000 flags were furnished compared to 256,000 the previous year.

Clothing allowance—Under a law effective in

FY 1973 the VA may pay a clothing allowance of \$150 a year to each veteran who wears or uses a prosthetic or orthopedic appliance which tends to wear out or tear the clothing of such veteran. A total of \$7.1 million was expended for this purpose in the first year.



EDUCATION BENEFITS

COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1973	1972	
Benefit costs (millions)	\$ 2,685	\$ 1,954	+37.4
Post-Korean trainees (thousands)	2,126	1,864	+14.0
Sons & Daughters	57,678	54,996	+ 4.9
Wives and Widows	10,505	9,560	+ 9.9
Voc. Rehab. trainees	29,537	31,635	- 6.6
Trainees counseled	83,568	87,795	- 4.8

SUMMARY

Over 2.2 million persons trained under the various VA educational programs during FY 1973. This represented a 13 percent increase over FY 1972.

Three programs of educational benefits exist for veterans, servicemen and their beneficiaries--educational assistance for veterans and servicemen who have completed at least 181 days of active duty; for wives, or widows and sons and daughters of veterans who are permanently and totally disabled, or whose death was a result of an illness or injury sustained while on active military duty; and for disabled veterans needing vocational rehabilitation.

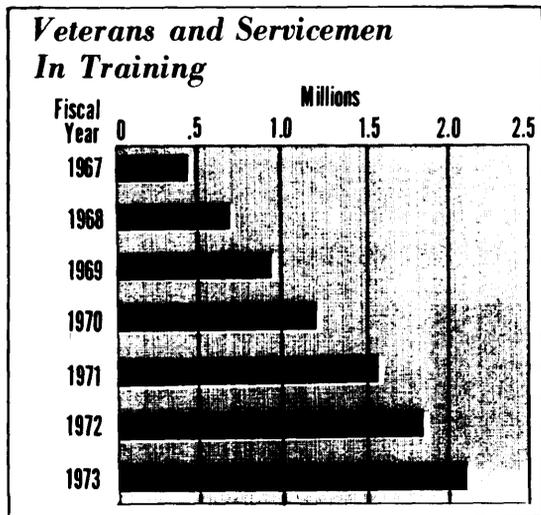
A program innovation providing use of an optical character recognition document as the input medium was installed in June in the original award education system. The application, certificate of eligibility, and award transactions will be processed in this manner replacing two and possibly three separate input transactions via the flexowriter.

EDUCATION AND TRAINING

Veterans Educational Assistance--The four millionth trainee under the current G.I. Bill entered training in late FY 1973. From the effective date of the program in June 1966 through June 1973, 4,102,814 individuals had taken advantage of VA educational assistance. Included are 3,092,111 Vietnam era trainees of whom 362,763 are servicemen; the remainder are post-Korean veterans who were separated from service before August 5, 1964, the beginning date of the Vietnam era. Educational benefits will expire for post-Korean veterans on May 31, 1974, except for flight training, on-job-training and farm training which will expire on August 30, 1975. The current educational program accounts for almost 29 percent of those who have trained under the various G.I. Bills since World War II.

In FY 1973, over 2.1 million veterans and servicemen were in training compared to slightly less than 1.9 million in FY 1972 and 468,000 in FY 1967, the first year of the program. Of these, 1.9 million were veterans and .2 million were servicemen. As of June 30, 1973, a total of 47.2 percent of the Vietnam era and post-Korean eligibles have taken advantage of the program, 85 months after the current program began. This compares to 41.9 percent of the Korean conflict veterans and 48.8 percent of the World War II veterans who had taken advantage of their respective G.I. Bills after similar periods of time. The

increasing number of veterans and servicemen who are taking advantage of educational assistance is well illustrated in the accompanying chart.



Individuals receiving educational assistance allowance may attend approved courses at colleges, universities, business and technical schools, high schools and, in some cases, even schooling below the high school level. Assistance may also be provided for on-job training, farm training, flight training and correspondence courses.

Some 51.2 percent of the post-Korean and Vietnam era trainees who have used the current G.I. Bill through June 1973, have taken college level courses. About 40.0 percent were involved in below college level training. On-job training accounted for 8.4 percent of the veteran trainees and farm cooperative training for 0.4 percent. The following table compares the types of training pursued by veterans under the World War II and Korean conflict G.I. Bills with participants under the current bill.

Type	WW II	Korean conflict	Post-Korean & Vietnam era	Vietnam era	
				Vets	Servicemen
Total	100.0%	100.0%	100.0%	100.0%	100.0%
College	28.6	50.7	51.2	56.1	22.1
Below College	44.6	36.0	40.0	32.9	77.9
On-Job	17.9	9.3	8.4	10.7	
Farm	8.9	4.0	0.4	0.3	

Trainees who received training under the current G.I. Bill from its inception in June 1966 through April 1973 had the following characteristics:

- 90 percent had completed at least 4 years of high school when they applied for educational benefits.
- 22 percent had completed at least 1 year of college at that time.
- 44 percent received educational assistance allowance for one or more dependents.
- 58 percent were full-time college trainees.
- 23 percent were attending below college level courses full time.
- 81 percent of the college trainees were attending public schools.
- 85 percent of the below college level trainees were attending private schools.
- 24.7 years was the median age for Vietnam era veterans when they entered training (cumulative through June 1973).
- 25.9 years was the median age for post-Korean veterans entering training (cumulative through June 1973).

Educationally disadvantaged veterans and servicemen, those who have not completed high school and do not have a General Educational Development (GED) Equivalency Certificate, are granted "free entitlement" under the G.I. Bill so they can earn their high school diplomas without using any of their entitlement to educational benefits. Free entitlement is also provided those who have completed high school but lack certain credits required for entrance into their selected training programs. To date 195,653 veterans and servicemen have taken advantage of this opportunity, including 69,445 servicemen whose program is called Predischarge Educational Program (PREP). The number of veterans who have used free entitlement increased by 37,556 to 126,208 during this past fiscal year, and the cumulative PREP figure more than tripled.

Up to \$450 may be paid for tutorial assistance to trainees in scholastic difficulty. As of June 30, a cumulative total of 26,574 veterans and servicemen had been paid over \$2.5 million in tutorial assistance allowance.

Under the new work-study program, a selected number of veterans in full-time attendance at educational institutions may work up to 100 hours at a VA station or at schools and are paid \$2.50 per hour. This program was in operation the last 2 months of FY 1973 and 573 veteran-students worked a total of 36,366 hours. Preference in hiring under this program is to be given to veterans with service-connected disabilities of at least 30 percent.

Dependents Educational Assistance—This educational program serves survivors of those veterans who died from service-connected causes or of those veterans whose service-connected disability is rated total and permanent. Wives and children of servicemen who are prisoners of war, missing in action, or interned by a hostile foreign Government for more than 90 days are also eligible under this program. Up to 36 months of full-time training is provided in approved schools.

A total of 68,183 dependents took training under this program this year. Of the recipients, 57,678 were sons and daughters and 10,505 were wives and widows. Included in these figures are 133 wives and children of POW's. Most of the dependents (77.3 percent) attended college level courses.

Vocational Rehabilitation—Providing effective, individualized service to assist disabled veterans in programs that culminate in successful adjustment in suitable employment continued to be a major VA objective.

There were 29,537 service-disabled veterans in training under the vocational rehabilitation program in FY 1973, of whom 23,983 were Vietnam era veterans. Of the total number of trainees, 21,034 were attending colleges and universities, 6,590 were in trade schools, or special rehabilitation centers, and 1,913 were in on-the-job and on-the-farm training.

Under the vocational rehabilitation program the Government pays the school the cost of the veteran's tuition, books and supplies, and the veteran receives a monthly subsistence allowance while in training. This subsistence allowance was increased by approximately 25 percent in October 1972 by Public Law 92-540. This law also increased from \$100 to \$200 the amount which a disabled veteran may receive from the Vocational Rehabilitation Revolving Fund. Such advancements may be authorized to help the veteran meet financial problems that arise while he is in training, and are repayable without interest. Both of these increased benefits should contribute significantly to the ability of disabled veterans to maintain themselves in training and complete their programs.

COUNSELING

In FY 1973, educational and vocational counseling services were provided to a total of 83,568 veterans and other eligible applicants under the

three education programs. Assisted by professionally qualified counselors, these beneficiaries were helped to identify and assess their vocational interests, values, aptitudes and abilities; to explore potentially suitable career possibilities; and to plan programs of education that would enable them to attain the educational and vocational goals they selected.

Under the vocational rehabilitation program, counseling is an integral part of the process through which each disabled veteran is helped to develop and pursue an individualized program of rehabilitation training compatible with his disability and suitable to his needs and characteristics. During FY 1973, 30,319 disabled veterans, 6,251 fewer than in FY 1972, were provided such counseling assistance. As part of its effort to help disabled veterans get an early start toward rehabilitation, VA continued to provide rehabilitation counseling to servicemen in military hospitals due to be discharged for disability.

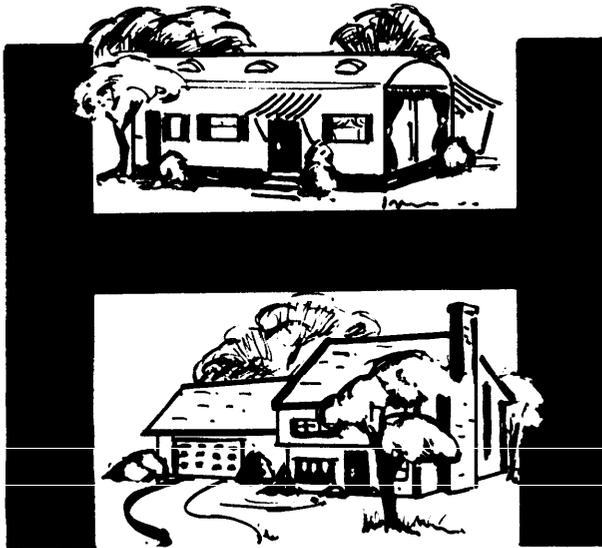
Applicants for GI Bill education benefits and wives and widows applying for dependents' educational assistance are provided counseling on request. During FY 1973, 31,270 veterans were counseled under the GI Bill education program, compared with 24,994 in the prior year. The number of wives and widows provided counseling declined from 1,005 in FY 1972 to 878 in FY 1973.

Prior to October 24, 1972, all veterans' children eligible for benefits under the dependents' education program were required to avail themselves of VA counseling assistance. Public Law 92-540, enacted on that date, eliminated the requirement for children who at the time of application had been accepted for or were pursuing programs leading to a standard college degree in an approved institution of higher learning. Counseling continues to be available to this group on request. Nevertheless, the change in the law regarding mandatory counseling was reflected in a decline in the number of sons and daughters provided counseling from 25,226 in FY 1972 to 21,101 this year. To ensure that all eligible children are informed on a timely basis of the availability of VA counseling assistance, a procedure was recently instituted for sending appropriate notification to each potentially eligible son or daughter at age 16.

So that VA counseling is widely and easily accessible, services are provided in nearly 200 contract VA guidance centers, as well as some 70 VA locations. Of the 83,568 cases counseled this

year, 53,824 were completed by VA counselors and 29,744 by guidance center counselors. In a further effort to make educational-vocational counseling more immediately and directly available, VA has recently assigned qualified staff to

provide these services to each of the major U.S. Veterans Assistance Centers throughout the country, thereby enhancing the capacity of these centers to provide direct and immediate assistance to veterans over a broad range of areas of need.



HOUSING ASSISTANCE

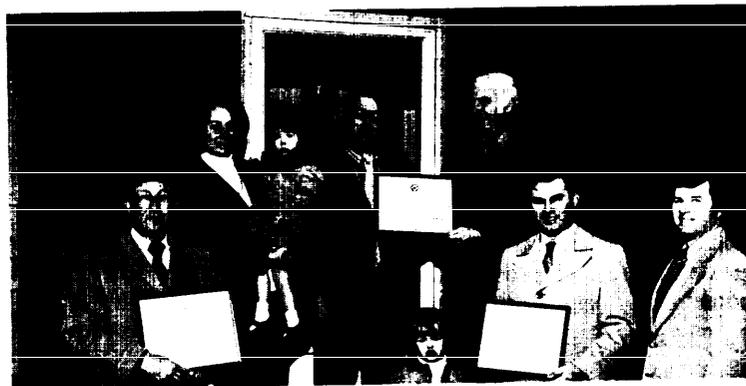
COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1973	1972	
Loans Closed			
Guaranteed or insured	359,276	354,580	+ 1.3
Mobile home	5,856	4,430	+ 32.2
Direct	2,930	3,245	- 9.7
Average Loan Amount			
Guaranteed or insured			
(Pimary loans for homes)	\$22,890	\$22,440	+ 2.0
Mobile homes	8,787	8,600	+ 2.2
Direct	15,652	15,180	+ 3.1
Maximum Interest Rate			
GI	7%	7%	0
Mobile homes	10-3/4%	10-3/4%	0
GI Loans outstanding	3,661,383	3,745,991	- 2.3
Loans in default	37,221	38,247	- 2.7
Defaults as percent of outstanding loans	1.02	1.02	0
Properties on hand	11,459	10,656	+ 7.5

SUMMARY

VA guaranteed more than 365,000 loans to veterans, 6,000 more than the previous year and the highest total in 16 years. GI mobile home loans increased by 32 percent over last year, while 2,930 direct loans in the amount of \$45.9 million were made and 665 paraplegic grants, totaling \$12.5 million, were issued. Altogether, nearly 375,000 veterans received housing assistance from VA during the year.

In December, 1972, the 8 millionth home loan guaranteed since the beginning of the program was closed at the Boston VA Regional Office.



8 Millionth G.I. Loan

In the Spring of 1973 VA implemented joint HUD-VA affirmative fair housing marketing requirements for brokers participating in VA and FHA property management activities.

Instructions were issued to alert all builders, lenders, brokers and other program participants as to the hazards of lead-based paint and to inform them of the policy of VA to prohibit the use of such paint. Warnings about the hazards of lead-based paint and instructions on how to treat painted areas in older homes to minimize the danger were inserted in VA pamphlets which are distributed to veterans.

Public Law 92-328, approved June 30, 1972, authorized VA to relieve the original veteran borrower from liability to the Government arising from foreclosure of a VA loan which had been assumed by a transferee under certain conditions, even though the veteran had disposed of the property without receiving such a release.

Briefly stated, the new law provides that, although the loan may have been defaulted, VA may determine if a release of liability would have been granted if the veteran had requested a release at the time he disposed of the property. If it is determined that this would have been so, and there is a transferee legally liable for the debt, the veteran may be released from liability.

EFFECTS OF VETERANS' HOUSING ACT OF 1970

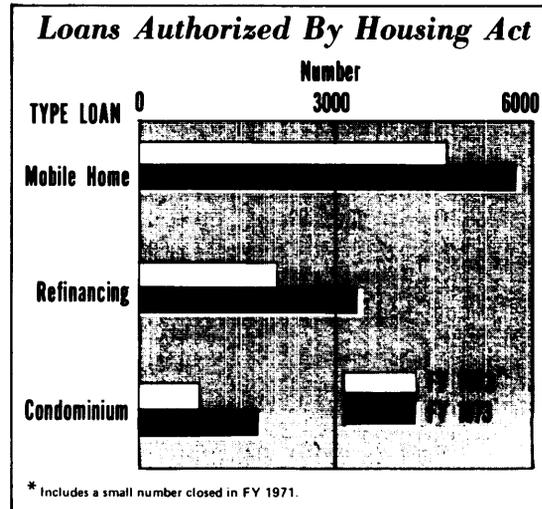
The impact of the Veterans' Housing Act of 1970 on the VA loan program was pronounced throughout FY 1973. The three new types of loans authorized by the act (mobile homes, refinancing and condominiums) all registered substantial gains over the totals for the previous year, although the absolute numbers of these loans were still small relative to the total number of guaranteed loans.

In addition to a 32 percent increase in the number of mobile home loans guaranteed, there was a 73 percent increase in refinancing loans and the number of condominium loans guaranteed more than doubled.

With the continued rapid rise in the price of single-family homes, it appears that the relative

importance of these loans may further increase in future years.

The accompanying chart shows the volume of these loans for FY 1972 and FY 1973.



FAIR HOUSING PROGRAM

The VA took major steps in FY 1973 to ensure affirmative marketing in the sale of VA acquired properties. In the spring of 1973, VA implemented joint HUD-VA affirmative fair housing marketing requirements for brokers participating in FHA and VA property management activities. A certification must be signed and returned by brokers for continued participation in the Federal programs. The certification requires each broker to: instruct sales staff in the policies of nondiscrimination and fair housing laws; prominently display fair housing posters in all sales and rental offices; use the Equal Housing Opportunity logo, slogan, or statement in all advertising; utilize minority media in advertising properties; and maintain nondiscrimination hiring and affirmative recruiting policies. The certification requirements apply to all the broker's listings, not just FHA and VA acquired properties.

A directory of all minority media was developed to ensure that all minority groups are reached and the requirement that VA acquired properties are advertised in the minority media is effectively implemented. The directory lists all minority presses, radio stations, and radio and TV programming and broadcast time to a minority audience.

Recognizing that increased public awareness of nondiscrimination requirements and the availability of complaint procedures are necessary for effective implementation of Title VIII, Public Law 90-284, VA designed and distributed fair housing posters. The VA posters, in Spanish as well as English, advise potential complainants that VA field stations will assist them in filing housing discrimination complaints.

A pilot counseling program, which was initiated in 1970 to assist minority homebuyers in Los Angeles, has been gradually extended over the intervening years to 10 cities. During FY 1973, VA developed and announced formal policies, standard procedures and requirements for the counseling program. Basically, the counseling program is designed to improve opportunities for minority persons to become homeowners and to increase the probability that such persons will discharge their responsibilities as mortgagors and homeowners. This counseling is available to minority veterans seeking to use their loan benefits, as well as any minority person seeking to purchase a VA acquired property.

A revised brochure explaining VA's continuing efforts to enlist the services of minority businessmen in the GI housing program was widely distributed during the fiscal year. The brochure outlined the opportunities in the Loan Guaranty program for management brokers, repair and maintenance contractors, sales brokers, appraisers, and compliance inspectors.

Fiscal year 1973 is the first full year for which comprehensive data on minority participation in VA housing programs is available. In the two largest VA housing programs, guaranteed loans and acquired properties, minority participation exceeded minority representation in both the veteran and the general population, as the accompanying table illustrates. (It should be noted that minority participation in the GI loan program is compared with the veteran population, as only veterans are eligible for VA guaranteed loans. Similarly, as acquired properties are available to all prospective purchasers, minority participation in the acquired properties program is compared with general population statistics.)

To obtain a statistical index of the degree of integration, VA has collected data on the composition of neighborhoods in the acquired properties program since March 1972. During the year, the VA appraisal form was revised to provide neighborhood data for GI loans as well.

The revised VA appraisal form provides for identification of the neighborhood composition—all white, all minority, or mixed. At the conclusion of an appraisal, the appraiser is required to certify that in estimating reasonable value he has not been influenced by the race, religion or national origin of persons residing in the neighborhood of the appraised property. By signing this certification, an appraiser indicates his understanding that violation of the certification will result in his removal from VA's roster of approved fee appraisers.

Program participants	VA guaranteed home loans closed			VA acquired properties sold		
	Number Closed ¹	Percentage Distribution		Number	Percentage Distribution	
		Loans	Vet. Popu.		Prop. Sold	General Popu.
Total	352,824	100.0	100.0	16,182	100.0	100.0
White	298,136	84.5	89.1	9,839	60.8	82.6
Negro	34,930	9.9	7.1	4,709	29.1	10.9
Spanish Am	13,054	3.7	2.9	1,149	7.1	5.0
Oriental	1,058	0.3	0.5	65	0.4	0.4
Am. Indian	369	0.1	0.3	32	0.2	0.7
Other	2,117	0.6	0.2	146	0.9	0.4
Not Represented	3,160	0.9	-	242	1.5	-

¹ Excludes direct loans sold and guaranteed.

MOBILE HOME LOAN GUARANTY

Since the beginning of the mobile home loan program in February of 1971, VA has guaranteed 10,564 mobile home loans, thereby assisting lenders in providing nearly \$100 million in loans to veterans, many of whom would have been unable to afford homes in the conventional market. During FY 1973, 6,898 applications were received and 5,856 mobile home loans guaranteed.

VA continues to conduct an active promotion campaign by informing lenders and dealers about the program. Field stations have insured that the lending community and other institutions concerned with mobile homes know about the program, the investment opportunities in mobile homes and the characteristics of the mobile home market. VA forms have been simplified and many lenders have enough experience now to make loans without the agency's prior approval.

Nevertheless, problems have been encountered by VA in its attempt to implement a large scale mobile home loan program. Mobile home dealers are most influential in determining financing arrangements for the sales of their products. These dealers are accustomed to closing sales and delivering their homes in a much shorter span of time than that required for the sale and financing of

conventionally built homes. The prior approval procedure of processing VA loans is just too time consuming to be attractive to these dealers--no matter how expeditiously the loans are handled.

To encourage more widespread participation of dealers and lenders in the VA mobile home loan program, VA field stations were authorized to approve supervised lenders for automatic processing of mobile home loans, with specific instructions not to impose any arbitrary requirements for designation as an automatic mobile home lender.

Stations were also instructed to increase their promotional efforts in respect to mobile homes by: conducting seminars for lenders, dealers and manufacturers; by making presentations at meetings of appropriate trade organizations; by making personal visits to lenders, dealers and manufacturers to solicit their involvement in the program; and by disseminating promotional information to the public through any available media.

Plant Inspections--Each mobile home plant producing mobile home units to be sold to veterans is inspected by VA staff personnel every 3 months. The purpose of the VA inspections is to see that the units produced and the manufacturing processes are in compliance with the American National Standards Institute A119.1 standards adopted by the VA as its mobile home construction requirements.

Since plant inspections commenced in March 1972, 542 mobile home plants in 37 States have been identified as producing mobile homes for veterans and have been scheduled for inspections. The inspection of the manufacturing process in mobile home plants involves observing the handling of materials and the assembly operation at all stages of construction. In addition, the quality control program is checked, including the type of materials used and material storage provisions.

A total of 1,844 mobile home plant inspections were made by VA during FY 1973. Approximately 30 percent or 579 inspections, noted noncompliance with the appropriate standard. The noncompliances noted typically did not involve major structural items and were either immediately corrected or satisfactory arrangements were made to assure prompt correction. The majority of the noncompliances noted were centered in the area of plumbing and heating.

No pattern of noncompliances has developed from the inspections. There appears to be a tendency in all plants to place a premium on speed

through the incentive system which results in workmanship problems. The use of unskilled labor in training capacities for plumbing and electrical installations continues to be a problem.

In all cases, the mobile home industry and the industry associations, both State and national, have cooperated fully with VA inspectors. There have been no instances of flagrant, willful violation of the standard, and no instances of manufacturers refusing to cooperate or permit inspections.

Mobile Home On-Site Inspections--During FY 1973, VA personnel made 1,556 inspections of mobile homes securing GI loans. Each inspection covered the mobile home and its site and, where possible, an interview with the veteran owner or spouse, or both.

Every inspector was provided with a set of guidelines outlining items to be checked. In some cases the inspectors were unable to check some of the items and, therefore, total responses relating to a particular item do not always equal the total number of inspections. The percentage figures given below relate to the total number of responses for a particular item.

The inspectors found that 78 percent of the mobile homes were located in mobile home parks, 21 percent were on individual sites and 1 percent were located in subdivisions.

They found that 93 percent of the units were at the locations named in the original loan applications and that 7 percent had been moved from the locations specified in the applications.

The average size of the units inspected was 725 square feet, approximately the area of a 60 x 12 unit. For 91 percent of the units, the inspectors considered the size of the lot to be adequate for the mobile home. Provisions for automobile parking were provided for 87 percent of the mobile homes.

Public water facilities were connected to 73 percent of the homes, while 27 percent had private water supply systems. Sewage was disposed of through public or community disposal systems in 70 percent of the homes and the remaining 30 percent were equipped with individual septic tank systems.

At the time of the inspections, 82 percent of the units had skirting, but only 38 percent had tiedowns installed which were adequate to withstand hurricane force winds.

Many of the homes had additional optional items added enhancing the utility or appearance of the units, e.g., 23 percent had fencing, 47 percent had patios, 22 percent had additional storage

facilities and 7 percent had other added features such as carports, outside planters, etc.

The inspectors also compared the invoices with the units, where possible, and found that in only 14 percent of the cases were there discrepancies between the optional equipment listed on the invoice and the equipment actually installed in the unit. In 23 percent of the cases there were discrepancies between the serial or model numbers on the units and the numbers shown on the invoices.

Inspections of the mobile home parks where units were located revealed that 18 percent of the parks deviated in some degree from the standards of utility and ecology prescribed by VA.

The general condition of the mobile home units was also reported. Only 1 percent were reported as being in poor condition while 23 percent were reported in excellent condition and 76 percent in good condition.

Interviews were conducted with occupants of 79 percent of the 1,556 units inspected. Their units had been occupied, on average, about 4½ months at the time of the interviews.

Some of the results of the interviews are:

- 99 percent were satisfied with the treatment received from VA
- 98 percent were satisfied with their lenders
- 92 percent were satisfied with their park operators
- 76 percent were satisfied with their dealers

When asked their general opinion of mobile home living, 91 percent rated their living conditions as good, 7 percent rated them as excellent and 2 percent rated them poor. As to future housing plans, 65 percent planned to remain in their mobile homes, 22 percent wanted to move into conventional housing, 2 percent wanted to move their home to a private site and 11 percent had no definite future housing plans.

Compliance With Warranty—Every mobile home financed by a GI loan must have a written warranty from the manufacturer to the purchaser which includes a specific statement that the mobile home meets the manufacturing standards prescribed by VA.

VA field stations reported 389 complaints received from veteran purchasers during FY 1973. Of this total, only eight were determined to be unjustified.

The nature of the complaints varied widely, from relatively minor defects to long lists of

defective items to be corrected.

By the end of FY 1973, resolution of 293 of the justified complaints had been effected and 88 were pending resolution.

Defaults and Claims—Mobile Home Loans—VA has had only 2 full years of experience with mobile home loans. This means that, on average, the mobile home loans outstanding have been on the books less than 1 year. Of the 10,564 mobile home loans guaranteed by VA, about 2 percent have resulted in claims paid by VA as the consequence of defaults.

As would be expected, those field stations with the largest number of mobile home loans also had the largest number of claims on these loans. Ten field stations have accounted for 63 percent of all the mobile home loans guaranteed by VA and the same 10 stations have paid 85 percent of the total claims. Texas is the leading State in both number of mobile home loans (1,777) and number of claims (58).

The liquidation of a mobile home debt after default is a specialized undertaking. Since in most States mobile home mortgages are secured by chattel instruments, repossession is the major method for handling defaults. Repossession is normally effected by the physical transfer of the security to a dealer's lot. Repair and cleanup operations are done and the home is then resold. Since VA is not equipped to handle such operations, the mobile home liquidation operations are handled by the dealers who are better equipped to perform the necessary services.

In order to complete the liquidation transaction, it is necessary for the dealer to sell the repossessed mobile home before the amount of claim payment can be determined. Early experience with claims indicated that the losses on these loans were very high (often resulting in payment by VA of the maximum claim amount) if the dealer had to dispose of these mobile homes at greatly discounted prices in order to make a cash sale.

To reduce such losses, VA developed a procedure of continued liability under indemnity agreement whereby the purchaser of a repossessed mobile home may, in effect, assume the loan on the home. In these cases, any costs incurred by the dealer in repossessing and refurbishing the home are added to the outstanding indebtedness and the home is resold for as close to this amount as possible. If the price obtained on the resale is less than the outstanding indebtedness, VA pays the

difference as a claim payment to the lender. Usually this amounts to about \$500 to \$600, compared to \$3,000 for a maximum claim payment.

In these cases VA agrees to continued liability to the lender for an amount equal to the amount of the guaranty at time of foreclosure minus any amount paid as a claim to the lender. The original veteran borrower is responsible only for the amount paid as a claim to the lender and is relieved of responsibility for any future losses.

Widespread use of this new procedure should minimize the actual dollar loss to both the veteran borrower and the Government. Thus, even if the incidence of claims on mobile homes proves to be considerably higher than that on conventionally built homes (and this is a reasonable prospect, considering the fact that mobile homes depreciate in value instead of appreciating as most conventionally built homes do during inflationary periods), the actual expenditure of money for payment of claims should not exceed a tolerable level.

Profile of Mobile Home Market vs. GI Home Market—The purpose of the mobile home loan program, as stated in the enabling legislation, is "... to make available lower cost housing to low and lower income veterans, especially those who have been recently discharged ..."

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

Characteristics	Mobile home loans	Home loans
Percent of total number of loans	1.3	98.7
Average maturity (months)	142	353
Average purchase price	\$8,920	\$23,998
Average loan amount	\$8,832	\$23,576
Average monthly income	\$ 512	\$ 727
Average monthly housing expense	\$ 182	\$ 251
Average assets	\$ 600	\$ 2,385
Housing expense as a percent of monthly income	35.5	34.5

In addition to being less affluent than the purchasers of conventional housing, the mobile home buyers were somewhat younger (40 percent

were 26 years old or less compared to only 20 percent of conventional home purchasers in this age group) and more than three-fourths of them were Vietnam era veterans.

DIRECT LOANS

The VA direct loan program was established to assist veterans living in non-urban areas where housing credit is not generally available. To date, VA has made direct loans to more than 300,000 veterans in the amount of \$3.1 billion.

Each direct loan application which is approved for VA financing is sent to private lenders to be considered for a guaranteed loan, in order to assure that Government funds are not being substituted for private credit.

GI LOANS

Although the rapid upsurge in GI loan activity leveled off in FY 1973, the second full year following approval of the Veterans' Housing Act of 1970, the number of loans guaranteed was slightly higher than the previous year (365,132 vs. 359,010), and was the highest annual total since 1957.

Midway through FY 1973, the 8 millionth home loan guaranteed since the beginning of the program was closed in the Boston regional office. The recipient of the 8 millionth loan was a 29 year old Navy veteran of the Vietnam era.

By the end of FY 1973, the total number of loans guaranteed by VA had passed the 8.5 million mark in the amount of nearly \$99 billion.

Figures in the millions are just part of the GI loan story. VA procedures have been perfected over the years to the point where veteran homebuyers are assured to the fullest possible extent that they will receive maximum benefits. The VA counsels prospective purchasers and protects them from discrimination and other undesirable practices. Those builders and lenders, few in number, whose practices have been unfair or prejudicial to the interests of veterans or the Government have been identified and are prevented from participating in the program. The VA inspects new houses during and after completion. All houses securing guaranteed mortgages are appraised and their reasonable values determined prior to the loan closing. VA's guaranty results in the veteran getting a loan at a favorable interest rate. He is not required by the Government to make a downpayment and may take up to 30 years to pay. The

veteran has the option of prepaying his mortgage without penalty and may be released from liability when he sells his home.

Sometimes veterans, usually through no fault of their own, experience difficulty in meeting mortgage payments. Lenders are required to report defaults to VA representatives in the field who promptly contact the homeowners by phone, letter and/or personal visit. Together, the lender, the VA, and the veteran work toward a solution and succeed in resolving whatever difficulties may have arisen about 85 percent of the time. It is an eloquent tribute to the good intentions of veterans and lenders and to the efficacy of VA procedures that only one percent of the nearly 4 million outstanding GI loans were in default at the close of 1973.

ECONOMIC CONDITIONS

The VA interest rate ceiling of 7 percent established in early 1971, remained in effect throughout the year despite a rise in interest rates generally. Yields in the FHA-VA auctions of FNMA exceeded 8 percent by the end of the eleventh month, while the Federal Reserve discount rate climbed sharply to 6.5 percent on June 11th—the highest since 1921.

Rapid increases in interest rates were detrimental to VA housing programs but were offset somewhat by record increases in the money supply.

However, declines in housing starts and savings inflows during the last half of the year detracted from the viability of VA home loan program. From January through May, the net inflow of funds into savings and loan associations was down 27 percent while mutual savings banks experienced a drop of 35 percent during the same period. An inexplicable record number of housing starts in May only served to temper the general decline in starts to an annual rate of 2.1 million in April from 5 million in January. The building permit rate dropped from 2.2 million to 1.8 million during the same period.

Continuing increases in lumber prices and other factors drove the cost of housing to record highs. The price index of one family houses sold jumped 3.35 percent in the quarter ending December 31, the highest such increase since 1963. By the end of calendar year 1972, the median sales price of existing homes had advanced to \$26,860, which was 8.3 percent higher than the previous year. In April, the median sales price of new homes sold

soared 22.8 percent over the same price a year before.

Increases in interest rates and housing costs, coupled with equally sharp decreases in savings inflows and housing starts, could have been disastrous for VA housing assistance to veterans. But the VA has always enjoyed exceptionally good relations with lenders and decades of careful cultivation of the lending community paid off for VA, as lenders maintained diversification of their portfolios with relatively greater use of GI loans.

FUNDING OPERATIONS

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

Last year the agency collected more than \$300 million in principal and interest payments with the interest portion amounting to one third. Loan sales from VA's own portfolio of loans totaled nearly \$500 million.

ADP

During the fiscal year a number of improvements were made to the Portfolio Loan Computer System that reduced processing time requirements and enhanced the type of output produced. ADP equipment facilitated the large volume of portfolio loan sales to private investors. The computer was used exclusively for the identification and selection of loans that were available for sale, production of sales availability lists, production of individual and consolidated portfolio loan—Statement of Settlements, calculation of the sales amount due on settlement dates and production of turnabout input data to terminate the loan accounts at time of sales.

PARAPLEGIC HOUSING GRANTS

Severely disabled veterans declared eligible for grants for specially adapted housing have special needs. If able to move about at all, they must do so in wheelchairs. Doorways have to be very wide and stairs are not permitted. Bathrooms need to be oversized and specially equipped.

Seeing to it that structural requirements are met is only one part of the VA specially adapted housing program. Oftentimes VA representatives find it necessary to escort the veteran or take his

place during frequent contacts with builders, lenders, and architects. Because of the difficulty such veterans experience in getting mortgage money from private lenders on some occasions, the VA is authorized to make direct loans for specially adapted housing without regard to geographic location. Another problem which had long plagued severely disabled veterans has been alleviated through mortgage insurance available to such veteran homeowners. To help offset the

continuing rise in the price of homes, the maximum amount of grant was increased from \$12,500 to \$17,500 by Public Law 92-341, approved July 10, 1972.

There were 665 specially adapted grants made for a total of \$12.5 million last year. These are small numbers compared to the hundreds of thousands of GI loans closed, but it is this aspect of the Agency's housing assistance which is most rewarding to VA personnel.



LIFE INSURANCE

for SERVICEMEN and VETERANS

COMPARATIVE HIGHLIGHTS

Program (in thousands)	Fiscal Year		Percent Change
	1973	1972	
USGLI			
Policies	165	176	- 5.8
Amount	\$ 704,198	\$ 751,107	- 6.2
Death benefits	\$ 39,820	\$ 40,895	- 2.6
NSLI			
Policies	4,178	4,261	- 1.9
Amount	\$ 27,540,503	\$ 28,067,635	- 1.9
Death benefits	\$ 254,083	\$ 244,747	+ 3.8
VSLI			
Policies	604	609	- 0.8
Amount	\$ 5,294,900	\$ 5,340,021	- 0.8
Death benefits	\$ 12,821	\$ 11,576	+10.8
SDVI			
Policies	145	129	+11.8
Amount	\$ 1,304,053	\$ 1,161,706	+12.3
Death benefits	\$ 14,703	\$ 14,073	+ 4.5
VRI			
Policies	188	190	- 1.3
Amount	\$ 1,309,958	\$ 1,326,127	- 1.2
Death benefits	\$ 9,882	\$ 9,481	+ 4.2
SGLI			
Policies	2,517	2,645	- 4.8
Amount	\$ 37,660,200	\$ 39,597,400	- 4.9
Death benefits	\$ 91,037	\$ 89,457	+ 1.8
VMLI			
Policies	5.2	4.5	+15.6
Amount	\$ 88,680	\$ 65,868	+34.6
Death benefits	\$ 2,297	\$ 1,188	+93.3

SUMMARY

Life insurance protection for the Nation's servicemen and veterans is provided under five separate programs administered by the VA and two programs which are supervised by the VA.

The first five programs are totally administered by the VA and the latter two supervised through a contractual relationship with private companies. The SGLI program is administered by the Prudential Insurance Company, Newark, N.J. and the VMLI program by the Bankers Life Insurance Company of Lincoln, Nebr.

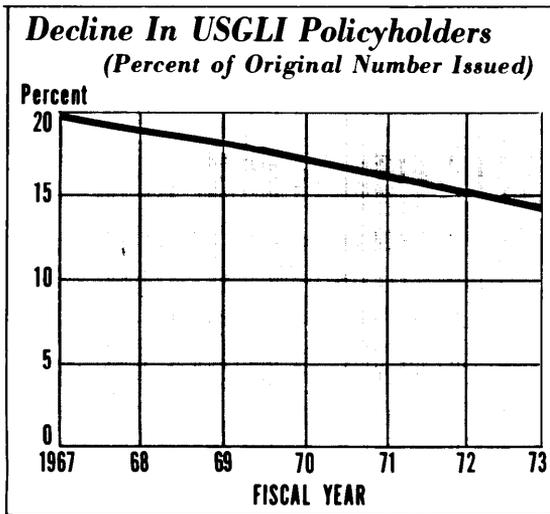
At the end of FY 1973 the seven life insurance programs supervised or administered by the VA provided coverage exceeding \$73.9 billion to nearly 7.4 million insureds. These programs are comprised of the following:

Program	Abbreviated reference	Policy prefix letter	Program beginning	Ending date for new issues
U.S. Government Life Insurance	(USGLI)	K	1-1-19	4-24-51
National Service Life Insurance	(NSLI)	V,II	10-8-40	4-24-51
Veterans Special Life Insurance	(VSLI)	RS,W	4-25-51	12-31-56
Service-Disabled Veterans Insurance	(SDVI)	RH	4-25-51	Open
Veterans Reopened Insurance	(VRI)	J,JR,JS	5-1-65	5-2-66
Servicemen's Group Life Insurance	(SGLI)		9-29-65	Open
Veterans Mortgage Life Insurance	(VMLI)		8-11-71	Open

GOVERNMENT ADMINISTERED PROGRAMS

United States Government Life Insurance (USGLI)—This is the oldest Government administered program, established in 1919 to handle the conversion of World War I Risk Term Insurance. The program was closed to new issues after April 24, 1951. During this period of time, approximately 1,150,000 policies were issued of which 165,000 policies remained in force at the end of the fiscal year, with a face value of \$704.2 million. The peak of this program was reached in 1927 when more than 675,000 policies were in force for over \$3.2 billion face value. The program is self-supporting except for administrative

expense and claims traceable to the extra hazard of military service, which are paid by the Government. There has been a steady decline in the number of policyholders. This trend will continue as the average age of these insureds is now 72.8. Dividends are paid to USGLI policyholders from excess earnings of the Trust Fund. The 1973 dividend payments will amount to \$21 million, an average of \$142 per insured, compared to \$136 in 1972.



National Service Life Insurance (NSLI)—This program was established October 8, 1940, to serve the insurance needs of World War II servicemen. More than 22 million policies were issued by April 25, 1951 when the program was closed to new issues. The peak year of enrollment was in 1944 when nearly 16 million policies were in force with a face value exceeding \$121 billion. By the end of FY 1973, 4.2 million of these remained in force with a face value of \$27.5 billion. The program is self-supporting except for administrative expense and claims traceable to the extra hazards of military service, which are paid by the Government. The 1973 dividend payments from the excess earnings of the Trust Fund will amount to \$276 million, an average of nearly \$72 per insured compared to \$68 last year. This is the largest regular dividend declared to date.

Legislation which became effective July 1, 1972 had a decided impact on NSLI policyholders. Public Law 92-193 authorized a new Modified Life Age 70 plan. The face amount of the insurance reduces by one-half on the day before the insureds 70th birthday, but the premium remains the same. The reduced amount

of insurance can be replaced with an equal amount of Ordinary Life insurance by payment of an additional premium. This plan is similar to the Modified Life Age 65 plan in effect except protection in the full amount is continued for an additional 5-year period at a slightly higher premium rate. A direct mailing of approximately 544,000 applications was made outlining the advantages of exchanging or converting to the new plan of insurance. As of June 30, 1973, 189,000 Modified Life Age 70 plan policies were in force.

Public Law 92-188 provided that NSLI policyholders may use dividends to buy more insurance protection as paid-up additions to their policy. For the first time, this permitted a veteran to have more than \$10,000 Government life insurance in force. Dividends held under the dividend credit/deposit options could be used to purchase paid-up additions if a request was submitted prior to December 31, 1972. Election to have future dividends applied to buy paid-up additions may be made at any time by the insured. All eligible policyholders were invited to take advantage of the benefits resulting from this legislation by a direct mailing of approximately 4.4 million applications. The response was significant. At the end of FY 1973, there were 914,000 insureds who had selected the paid-up addition option and 604,134 with paid-up additions on their policy totalling \$276,059,000. Individual insureds who used accumulated dividends being held under the dividend credit/deposit options to buy paid-up additions have added insurance coverage as high as \$8,000 to their basic policy.

Veterans Special Life Insurance (VSLI)—This insurance program was available to veterans separated from service on or after April 25, 1951 through December 31, 1956, at which time the program was closed to new issues. Application for coverage had to be submitted within 120 days following separation. This insurance was a means of providing post-service Government life insurance for Korean veterans, as had been true for their World War I and World War II counterparts.

The Korean conflict serviceman was in a different circumstance, since he carried no premium paying insurance during service (the Government covered his insurance requirements with a \$10,000 Servicemen's Indemnity). During the above stated period, about 800,000 policies were issued and 604,000 remained in force on June 30, 1973 with a face value of \$5.3 billion. Initially, only renewable term insurance was available. Effective

January 1, 1959, legislation modified this program to permit exchange to a lower cost term policy which was non-renewable after age 50, or to convert to a permanent plan of insurance. This program is nonparticipating and is self-supporting except for the administrative expense.

Service-Disabled Veterans Insurance (SDVI)—This is the only Government administered program remaining open to new issues and was designed to assure that service-disabled veterans could obtain life insurance at standard rates. Every veteran separated from service on or after April 25, 1951, who receives a service-connected disability rating for which compensation would be payable if 10 percent or more in degree, and who is otherwise insurable, has 1-year from the date of notice of the VA rating to apply for this coverage. If the veteran is totally disabled (statutory disability) for insurance purposes the VA automatically issues a \$10,000 paid-up policy (less any Government life insurance in force). The VA makes a special effort to assure that all eligible veterans are made aware of their eligibility for this coverage. Each receives a notice of eligibility at the time he is granted a VA service-connected rating. About 6 months later a reminder notice is sent to each. In addition, publicity is given to this program through service organizations and periodic information releases to press, radio and television stations. Since the program insures substandard risks at standard premium rates, it is not self-supporting and requires periodic appropriations to meet the costs. At the end of FY 1973, there were nearly 145,000 RH policies in force with a face value of \$1.3 billion.

Veterans Reopened Insurance (VRI)—This program was a limited reopening of National Service Insurance for certain disabled World War II and Korean veterans and was designed to afford these veterans the opportunity of obtaining insurance where because of their disability they were unable to obtain commercial life insurance or could not obtain it at reasonable cost. Applications for this insurance were accepted from May 1, 1965 through May 2, 1966. Cost for administration of the program is borne by the insureds. About 210,000 policies were issued of which 187,684 policies remained in force at the end of FY 1973, with a face value of \$1.3 billion. The legislation that created this program authorized the Administrator to adjust premium rates up or down at intervals of not less than two years to keep the

program self-supporting. Since the beginning of the program, there has been only one adjustment, a reduction of premiums on those policies with a "J" prefix. There are no dividends payable on policies issued under this program.

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

This provision was first made available in 1928 to USGLI policyholders and provides a benefit of \$5.75 per \$1,000 of insurance for total disability. As of June 30, 1973, there were 5,286 riders in force with a face value of \$40,177,500.

The rider became available on NSLI on August 1, 1946. This rider paid \$5 per \$1,000 of insurance with coverage to age 60. Subsequent changes increased the payment to \$10 per \$1,000 to age 60 and then extended the coverage to age 65. The following table shows the modifications to the law affecting NSLI policies and the current status of these riders:

Effective date of modification	Monthly Income per \$1,000 of insurance	Coverage to age	In force as of June 30, 1973	
			No. of policies	Amount of insurance (in thousands)
August 1, 1946	\$ 5.00	60	20,050	148,581
November 1, 1958	10.00	60	188,075	1,375,793
January 1, 1965	10.00	65	521,475	4,171,428

Civil Relief—The VA administers Article IV of the Soldiers' and Sailors' Civil Relief Act which deals specifically with commercial life insurance purchased by service personnel. This insurance had to be purchased and in force on a premium paying basis for 180 days before the insured entered into active duty. In order that service personnel may continue the protection provided by their commercial insurance policies during a period where they may have a reduced income, the Act provides that premiums becoming due and not paid by the insured shall be treated as a loan by the insurer. The protection under this Act continues for the duration of the insured's military service and for two years thereafter. The Government guarantees to the insurer the repayment of 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. They also limit the amount to be protected to a maximum of \$10,000 of life insurance on the life of the serviceman. This program is declining rapidly. On June 30, 1973, 108 policies were protected under this act compared to 164 as of June 30, 1972.

GOVERNMENT SUPERVISED PROGRAMS

Servicemen's Group Life Insurance (SGLI)

This program was established in September 1965 to provide insurance coverage for members on active duty in the uniformed services. This program is supervised by the VA, but is administered by the Prudential Insurance Company of America as primary insurer. During FY 1973, 616 other commercial companies also participated in the SGLI program on a reinsurer/converter or converter only basis. Claims are paid by the primary insurer. However, in cases where there is some question as to the existence of the coverage, the VA makes the final decision.

Initially, maximum coverage was for \$10,000. Each uniformed service member was automatically insured for the maximum amount unless he elected, in writing, only \$5,000 or not to be insured at all. Coverage was limited only to persons on active duty under orders not specifying 31 days or less. SGLI coverage continued for 120 days following separation from service without any premium payment. Public Law 91-291, effective June 25, 1970, boosted the maximum coverage to \$15,000. The serviceman was automatically insured for this amount unless he requested, in writing, only \$10,000 or \$5,000 or not to be insured at all. This law also extended coverage to reservists, members of the National Guard, and ROTC members when engaged in authorized training duty.

Public Law 92-315, which was effective June 20, 1972, extended SGLI coverage to the four service schools (U.S. Military Academy, U.S. Naval Academy, U.S. Air Force Academy and the U.S. Coast Guard Academy).

Upon separation, the service member may convert the amount of SGLI carried while on active duty to an individual commercial policy with any participating company licensed to do business in his State, effective the 121st day following separation. The insurance is issued at standard insurance rates regardless of his physical condition. If the individual is totally disabled at separation, his post-service SGLI continues without premium payment for 1 year, or until the

disability ceases to be total in degree, whichever occurs first. Reserve, National Guard and ROTC members have no conversion privilege, unless they become uninsurable at standard rates during authorized duty because of an incurred disability or the aggravation of a pre-existing condition in which case the conversion may be effected on the 91st day following separation.

Premiums for the SGLI coverage, including administrative costs, are deducted from the members pay by the service department which remits them to the VA. The VA then forwards the payments to the primary insurer, the Prudential Insurance Company.

Premium rates for the maximum \$15,000 coverage is \$2.55 per month for active duty members and \$1.50 per year for reservists coverage, as they are only insured while on authorized training duty. The Government pays the cost of all death claims in excess of the level of death claims which would result from normal peacetime service in the Uniformed Services.

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. The beneficiary may choose the mode of payment unless the insured, by designation, restricts the payment to 36 monthly installments.

Veterans Mortgage Life Insurance (VMLI)—This program was established by Public Law 92-95, enacted August 11, 1971. VMLI is supervised by the VA and is administered by the Bankers Life Insurance Company of Lincoln, Nebraska. This program provides mortgage protection life insurance for any veteran who receives a VA grant for specially adapted housing, unless he declines, fails to furnish information to establish the premium, or he does not pay the premium. Coverage is limited to a maximum of \$30,000 with any unused portion transferable to a subsequent home mortgage after the preceding one is disposed of. Coverage ceases when the mortgage is paid off, the home is sold, the veteran reached age 70, or he dies.

The monthly premium paid by the disabled veteran is the same as that charged for standard lives with the Government paying the extra mortality costs and administrative expenses. VMLI does not operate through a separately established Fund, but rather through the Compensation and Pension Appropriation.

VETERANS



ASSISTANCE

COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1973	1972	
Away from office interviews ¹	266,673	198,937	+34.1
Telephone actions	13,324,359	11,456,390	+16.3
Military hospital interviews	61,275	74,690	-18.0
Servicemen oriented	268,977	511,996	-48.1

¹ Excluding those at military hospitals and separation points.

SUMMARY

The Veterans Assistance program continued in FY 1973 to reach out to the veteran and his family--emphasis was clearly placed on making assistance and service readily available and responsive to the needs of the veteran population.

Mobile vans, staffed with Veterans Benefits Counselors, toured in 24 States and stopped in 1,087 communities to bring service virtually to the doorstep of those not in close proximity to an established VA installation. For many communities it was the first time representatives of this agency came to their town square to say, "Can we help you on veterans benefits?"

In 108 communities and 14 entire States veterans and their families could pick up their telephone and as though calling their neighbor or their corner drugstore, talk toll free to a trained Veterans Benefits Counselor located in the Regional Office several hundred miles away. The help needed or the information sought was available with minimum effort and expense to the veteran.

In urban areas, too, service was vastly improved through the use of more modern and effective equipment to cope with the increasing use of the telephone by the veteran population to obtain assistance. Stress was placed on making the telephone interview as qualitative and complete as the personal interview.

Veterans Benefits Counselors were assigned to interview, at an appropriate time, former prisoners of war who were released, and the families of those missing in action and subsequently determined to have been killed in action. A very close relationship has been developed with the military for providing information and assistance to these individuals on the benefits available to them from this Agency.

As part of its efforts to stimulate interest nationally in increasing employment opportunities for Vietnam era veterans and as a means of supporting the National Jobs for Veterans Campaign, the VA sponsored a poster contest among high school students around the theme "Hire the Veteran." In all, 10,267 entries were received and the total face value of local and State prizes was \$51,533.

RECOMMENDATIONS FOR IMPROVEMENT OF OUTREACH DURING FY 1974¹

Based on the very favorable responses received from Members of Congress, service organizations and others on the mobile van program, the

¹ This information is included in compliance with Section 244, Title 38, USC.

recommendation has been approved that mobile vans continue to tour throughout continental United States.

A recommendation has been approved for special telephone service (WATS and FX) to be placed in additional States as rapidly as possible to the end that veterans residing in rural as well as urban areas will have benefit assistance available at their finger tips.

A recommendation has also been approved that the Veterans Assistance program identify those educationally disadvantaged veterans who have not availed themselves of benefits, and an additional attempt made to motivate these veterans to resume educational pursuits.

OUTREACH

"Outreach" as conducted by the Veterans Assistance program involves several areas of activities. The first GI Bill was once referred to as an "investment in human beings." Using the same logic, outreach activities are similarly an investment in human beings—today's veterans and particularly those who have faced socioeconomic problems when they returned home and who, in many instances, are less able or equipped to cope with their problems than their predecessors. The primary thrust of outreach activities is to make veterans aware that the Nation stands ready to back their civilian chances in making good—in becoming self-supporting, self-sufficient, self-respecting American Citizens. Outreach activities are a reflection of the Federal government's interest in the veteran as an individual and in the collective well-being of the total veteran population.

In FY 1973, with diminished military involvement in Vietnam, there was a marked reduction (35.6 percent) in the number of groups oriented on benefits at overseas locations and at points of separation state side. A little more than 250,000 persons were provided this orientation. At military hospitals, initial interviews with those scheduled for separation from the armed forces for reason of disability were down 21 percent and the overall hospital interview load was down 18 percent. Because of the reduction in armed forces strength and the concept of an all-volunteer military establishment, full-time veterans benefits assistance was withdrawn from military installations by the end of the fiscal year. Future VA emphasis will be on training and assisting armed

forces counselors to conduct orientations and provide guidance to those in military hospitals. Veterans Administration regional offices will continue to maintain liaison with hospitals and other military installations to assure that armed forces personnel concerned with separation and retirement processing are fully conversant with the full range of veterans benefits. "On Call" service will be provided as required by individual circumstances.

By the end of the year, only two VA representatives remained overseas—at Yokota Air Force Base, Japan and at Worms, Germany. These employees provide guidance to military installations on benefits matters.

In accordance with a procedure in effect for several years the VA has continued to write to each serviceman released from active duty at the address given on his separation document. The basic system, Veterans Assistance Discharge system, includes a record for each discharge, regardless of eligibility to benefits, and all data necessary to the VA for the purposes of identification and of determining eligibility automatically. Programs are now complete for the automatic issuance of a Notice of Eligibility to Education and Training Benefits. Our letter reminds the veteran of benefits and suggests that he get in touch with the nearest VA installation. With the letter to the veteran goes a postcard which he can use to request a telephone call from a VA representative.

There were 462,591 letters sent to veterans in FY 1973. Of these letters 55,946 were to educationally disadvantaged veterans. A similar program of automatic issuance is underway to provide a Certificate of Eligibility for home and farm loans. During the coming year programs will be developed to provide an interface with the Beneficiary Identification and Records Locator subsystem for the purpose of creating an index record at the time of the veteran's discharge.

Another letter is sent to the veteran 6 months after his separation from service. This letter reminds the veteran of his benefits at a time when he has had an opportunity to crystalize his employment and educational desires.

In accordance with an agreement reached in 1971 between the Department of Labor and the VA, an additional contact is made by the VA with Vietnam era veterans who have been receiving unemployment benefits for a period of 13 weeks or more. Unemployment compensation offices in

each State provided a total of 274,806 names of Vietnam era veterans receiving unemployment benefits. The VA succeeded in contacting 264,267 of these veterans by telephone or by letter to encourage them to attend school or take on the job training under the GI Bill.

Veteran-student workers authorized by Public Law 92-540 have been used most effectively in contacting veterans in this category. As peer group members, their own experiences in the armed forces, in adjusting to civilian pursuits, and in returning to school, serve as a basis for motivating other veterans to use their GI benefits.

The VA provides full support to the many programs designed to increase employment opportunities for veterans. One staff member has been assigned full-time to the President's Jobs for Veterans Campaign. Across the country VA personnel have sponsored and participated in a variety of grass roots community programs designed to provide additional services to veterans at the local level. On May 23, the VA participated in the "Today on the Hill" sponsored by the Jobs for Veterans National Committee in the Veterans Affairs Committee room of the U.S. House of Representatives. The purpose of this special day was to bring to the attention of Congressmen the scope of activities that are underway to provide jobs and training opportunities to young veterans.

OVERALL VETERANS ASSISTANCE PROGRAM ACTIVITIES

As in previous years, Veterans Benefits Counselors were assigned to all VA hospitals to provide personal interviews to all patients. During FY 1973, about 122,000 interviews were conducted with Vietnam era veterans who were patients. Group "rap" sessions of Vietnam era veteran patients and VA employees are conducted to provide improved communications with this group of veterans.

Regularly scheduled visits by Veterans Benefits Counselors were provided to 63 cities throughout the U.S. Of the approximately 207,000 interviews conducted at these community service points during FY 1973, about 20 percent of them were with Vietnam era veterans.

Veterans Assistance personnel completed a total of 3,082,387 personal interviews, an increase

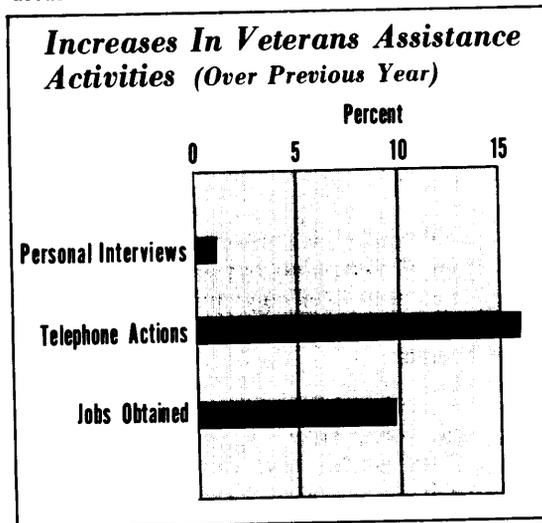
of 1.1 percent during FY 1973, broken down as follows:

At Office	2,140,607
VA Hospital	549,520
Away From Office	392,260

Telephone actions showed a 16.3 percent increase from 11,456,390 in FY 1972 to 13,324,359 in 1973.

Correspondence decreased 11.2 percent from 574,573 in FY 1972 to 511,921 in FY 1973.

As the year ended, plans were underway for further expansion of service in rural areas and for improved outreach and telephone assistance in all areas.



In addition to the local community activities, the VA sponsored and conducted a national "Hire A Veteran" poster contest open to all secondary school students. Letters were written to Governors of all States, to State Commissioners of Education and to school principals. There were 917 local and State prizes given on the 10,267 entries. Prizes were donated by veterans service organizations and other civic groups.

At the national level, Michael Winsor from Wilmington, Delaware was first place winner and was awarded a \$1,500 bond and sculpture of "Omen of Life" by Michael Naranjo, blinded Vietnam era veteran from Albuquerque, New Mexico. Second place winner with a prize of a \$1,000 bond was Thomas L. Jenkins, Williamsburg, Virginia. Frank Saenz, Colton, California, won third place and was awarded a \$500 bond. Publicity at the State and local level was excellent.



"Hire a Veteran" Winners

The poster contest was viewed as a tremendous success from all viewpoints but primarily because it served to increase total community involvement and concern for the employment needs of Vietnam era veterans.

U.S. Veterans Assistance Center (USVAC) activities took place at 72 locations across the country. These centers have continued their efforts to facilitate the readjustment to civilian life of Vietnam era veterans. A number of the USVAC's are staffed by representatives of the State Employment Service (to provide job finding assistance) and the Civil Service Commission in addition to Veterans Benefits Counselors and Community Service Specialists (Social Workers of the VA). Each veteran interviewed at these locations is provided a structured interview to insure he is fully enlightened and encouraged to take full advantage of his benefits. Particular emphasis is placed upon reaching the educationally disadvantaged.

USVAC activities for FY 1973 reflect the following:

- 183,124 Vietnam era veterans were provided initial interviews.
- 23,733 of these interviews were with educationally disadvantaged veterans.
- 29,523 Vietnam era veterans obtained jobs through USVAC.

The Community Service program formed an integral part of the Veterans Assistance activities during FY 1973. Thirty-two Community Service Specialists, five Community Service Associates and 51 Veterans Assistance Counselors served in 33 regional offices, 45 VA hospitals and 2 separate outpatient clinics.

The Community Service program provides services to veterans in response to a variety of problems; it functions in three major areas:

1. It provides outreach and services to those Vietnam era veterans who lack a high school diploma or its equivalent. The Community Service staff seeks to motivate the veterans to take advantage of the VA benefits that are available to them, and offers services to help overcome some of the environmental obstacles which hinder their rehabilitation and readjustment to civilian life.
2. It provides rehabilitation services to veterans in the post-hospital phase of the drug dependence treatment program, to facilitate re-entry into the community and the resumption of productive living by drug dependent veterans.
3. It establishes a liaison with non-Va community service resources, to refer veterans to agencies which offer services that the VA does not provide, and conducts a follow up to assure their effective use in meeting problems faced by veterans in their rehabilitation and readjustment.

For FY 1973, the Community Service program served a total of 28,708 veterans, of whom 45.3 percent had less than a high school diploma or its equivalent. Over half of this total, or 14,455 veterans, were provided with rehabilitation services in the VA drug dependence treatment program. The Community Service staff provided assistance with 82,147 problems presented by the veterans.

Commencing late in FY 1972 a program to provide veterans assistance to certain areas by the use of Mobile Office Vans was instituted. The initial results justified an expansion. During FY 1973 a total of ten such vans were operated to locations remote from VA installations. Special effort was made to attract Vietnam era veterans, particularly the educationally disadvantaged.

At the end of June 1973 the mobile units had traveled over 120,000 miles in 24 States visiting almost 1,100 locations. Almost 59,000 interviews were conducted, an average of 54 per location visited. This includes about 11,000 Vietnam era veterans of whom more than 10 percent were educationally disadvantaged. More than 15 percent of the interviews were conducted with members of

minority groups. About 1,200 persons were referred to Department of Labor for assistance in seeking employment.

Mobile vans are continuing tours in other States. In all instances there is wide advance publicity. The reaction of the veteran public has been excellent. This service dramatizes both the VA's desire to serve the veteran population and the ability to provide face-to-face interviews in remote areas. "First time in history" hometown help for veterans is being offered from mobile vans staffed with Veterans Benefits Counselors.

The end of FY 1973 saw "finger-tip" benefit assistance available to over half of the veteran population. In all, 108 communities and 14 entire States had toll-free telephone service available and rapid expansion plans in process for other locations. It is hoped that by FY 1976, all of the continental United States will be included under this vastly improved telephone assistance. This service enables veterans to get information or the help they need for the price of a local call without their leaving their homes, businesses or schools.



ADMINISTRATION and MANAGEMENT

COMPARATIVE HIGHLIGHTS

	Fiscal Year		Percent Change
	1973	1972	
Total Appropriations (billions)	\$ 12.4	\$10.9	+13.3
Compensation and Pension	6.4	6.2	+ 3.0
Medical care	2.6	2.3	+13.4
Readjustment benefits	2.7	1.9	+43.3
All other	0.7	0.5	+29.0
Total Employment	198,421	187,988	+ 5.5
Minority Group employment	50,218	47,764	+ 5.1
Women	96,637	89,735	+ 7.8
Veterans Preference	86,325	84,812	+ 1.8
Vietnam era veterans	19,297	15,014	+28.5
Employees under 35	54,764	46,371	+18.1
Records holdings (Thousands of cubic feet)	1,241	1,224	+ 1.4
Forms and form letters	10,945	10,962	- 0.2
Appeals filed	50,381	54,189	- 7.0
Appeals disposed of	53,515	54,023	- 0.9
Appeals allowed	13,946	13,597	+ 2.6
Tort Claims workload	634	532	+19.2
Minority Business contracts			
Number	56,050	45,346	+23.6
Amount (millions)	\$ 22.2	\$ 15.1	+47.0

AGENCY FUNDING

Appropriations needed to fund the various programs administered by the VA continued to increase. The overall amount in FY 1973 exceeded \$12 billion for a 13.3 percent increase compared to 10.4 percent increase the year before.

The readjustment benefits appropriation reached \$2.7 billion in FY 1973, an increase of over \$800 million from 1972. This appropriation provides primarily for the payment of readjustment and rehabilitation benefits to or on behalf of veterans for education and training opportunities.

Significant changes occurred during 1973 with a sizeable increase in enrollments (13 percent) and with the enactment of Public Law 92-540. Rates for educational and training assistance allowances were increased approximately 25 percent along with certain other changes such as:

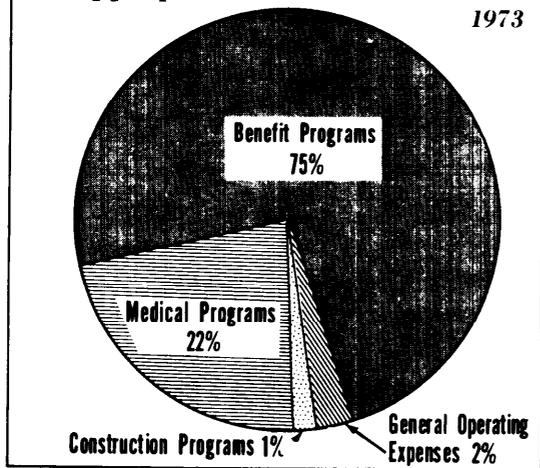
1. Providing for the prepayment and advance payment of certain educational and training allowances.
2. Authorizing work study allowances.
3. Extending other educational benefits to certain dependents which were previously restricted to veterans.

The Medical Care appropriation showed the next largest increase, over \$300 million.

Legislative increases for salaries and personnel benefits made available during the year, along with increased employment, accounted for a sizable portion of this amount. Increased turnover, new specialized medical services as well as price escalations in provisions, drugs and medicines and medical and dental supplies accounted for the remainder.

Seventy-five cents of each appropriated dollar continued to be used for direct benefits programs such as compensation and pension, and educational assistance. Another twenty-two cents went toward medical care and related programs. The remaining three cents of each dollar was divided between the Construction programs and general operating expenses.

VA Appropriated Dollar—Fiscal Year 1973



PERSONNEL MANAGEMENT

The substantial increase in VA employment and the several changes in organization patterns and methods of doing the VA's job made FY 1973 a very active year for those engaged in personnel management.

Staffing—During FY 1973 over 70,000 employees were hired in the VA, requiring extensive recruitment efforts on the part of agency personnel, both on the national and at local levels. The labor market was mixed. Qualified, available employment prospects in most of the lower level, unskilled and semi-skilled occupations became more plentiful on Civil Service Commission registers. For many of the highly skilled technical and professional fields, extensive supplementary VA recruitment activities were necessary to locate qualified personnel in sufficient numbers. Shortages continued, particularly in many of the health care fields.

VA took special steps to capitalize on the skills of recently discharged servicemen—particularly former “medics,” “corpsmen,” nurses, and physicians. This took the form of special Veteran Readjustment Appointments, utilization by the VA field stations of the monthly listings of military specialists being discharged in the veterans' home States, and of cooperating with the joint HEW-DOD “Operation MEDIHC” program of directing medically experienced veterans toward civilian health care employment.

The involvement of VA officials in many “Job Marts” and other programs to counsel and locate

employment for veterans in both the private and public sectors extended beyond VA's role of service to the veteran and involved the agency as an employer seeking to tap this market as a source of recruitment.

VA's participation in “career day” programs at both the high school and college level was a frequently used means of increasing the number of students entering the health occupation and professions.

VA continued efforts to attract and develop young people. Nearly 900 visits were made to universities and colleges to recruit professional personnel. Opportunities for employees under age 35 increased. This group that makes up 31 percent of the total VA employment received a substantially higher percent of VA promotions during the year.

Recruitment efforts for professional nurses involved an increasing number of activities designed to reach the student nurse earlier. Our institutional advertising which featured those VA hospital locations with greatest needs was aimed at the student as well as the experienced nurse.

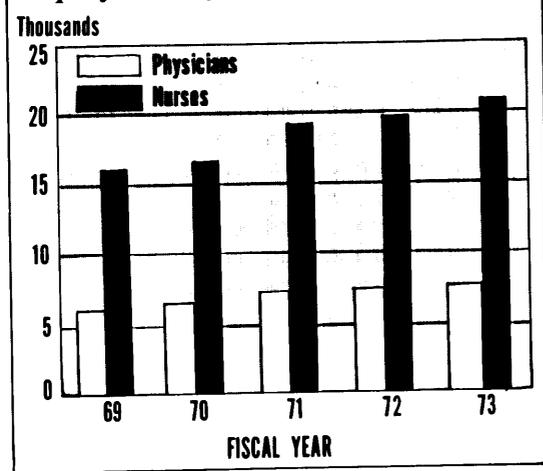
National recruitment advertising campaigns were also inaugurated for psychiatrists and spinal cord injury physicians. A special effort to recruit black physicians was made at the national convention of the National Medical Association.

At both the State and national levels, VA conducted recruitment activities at conferences and conventions of professional associations of physicians, nurses, student nurses, licensed practical nurses, psychologists and social workers.

The number of nurses (full- and part-time) on VA's rolls on June 30, 1973, totaled 21,417. This is an increase over the number employed in the previous year and reflects the rising trend in the employment of VA nurses over the past several years. In spite of the increases however, over 65 VA hospitals continued to experience some difficulties in recruiting nurses. The increasing demand for medical services is expected to continue the need for more VA nurses.

The number of physicians on duty (full- and part-time) June 30, 1973 totaled 7,491. While the number of physicians employed by the VA has been gradually increasing, shortages in certain specialties and in some geographic locations continued to be a problem during the year. The expanding demand for medical services in all specialties is expected to continue.

Employment of Physicians and Nurses



To acquire the services of specialized employees of superior stature, VA also made use of statutory provisions which permit exceptional pay considerations. Authorizations were obtained for exceptions to the limitations to retired military pay of the dual compensation statutes. This enabled the employment of physicians highly qualified in a scarce specialty upon their retirement from military careers. In addition, appointments of highly skilled employees were accomplished through obtaining authorizations to recognize their superior qualifications in setting their initial pay. These appointments were primarily in medical support positions; e.g., psychologist, audiologist, speech pathologist, physicist, and veterinary medical officer.

VA's staffing efforts also reflect the affirmative action the agency has been taking to assure that individuals of varying backgrounds have the opportunity to develop their full potential.

Employment of Veterans—During the year ending June 30, 1973, the VA hired 70,536 employees for full-time, part-time, and intermittent positions. Of these employees, 14,394 were Vietnam era veterans, accounting for 20 percent of the total hires. At the end of the fiscal year the Vietnam era veterans on VA rolls totaled 19,297. This is nearly 10 percent of all employees. About 30 percent of VA's Vietnam era veteran employees are members of minority groups.

The Veterans Readjustment Appointment (VRA) authority, established by Executive order in April 1970, permits the immediate employment, coupled with an agreement for on-the-job

training or schooling, of these veterans who need assistance in making the transition to civilian employment. As a result of the emphasis given to the hiring of these deserving veterans, the VA appointed 5,770 Vietnam era veterans under this special authority.

This brings to over 15,000 the number of VRA appointments made by VA since April 1970. About 38 percent of the veterans hired under this authority are minorities. VA employs about one-third of all those appointed under the VRA authority in the Federal Government.

To secure career employment in the Federal Civil Service, the veteran must satisfactorily complete his training or education agreement and 2 years of work under the VRA appointment. The VA converted 1,165 Vietnam era veterans to competitive status during the fiscal year.

The Civil Service Commission also authorized in March 1972, the temporary employment of certain Vietnam era veterans without regard to the Commission's lists of eligible applicants. The VA has used this authority to meet short-term staffing needs by appointing 1,511 Vietnam era veterans during the fiscal year.

Employment of Minorities—During the year the VA continued its affirmative efforts to provide members of minority groups equal employment opportunity. As of May 31, 1973, employment of minorities in the VA totaled 50,218 compared to 47,764 during the preceding year. About 30 percent of VA's employees belong to minority groups.

The end of the year saw minority employees holding 28 percent of VA positions in the GS-5/8 range, 13 percent of GS-9/11, 6 percent of the positions in GS-12/13 and 12 percent in the GS-14/15 range. All of these are substantially higher than the percentage of positions in the same grade levels held by minorities throughout the Government as a whole.

The following positions are representative of some of the upper-level assignments held by minority group employees: eleven hospital and regional office directors; seven assistant directors; four assistant director trainees; and eight top management officials in various policymaking and line positions at Central Office. Minority employees in title 38 positions, grade GS-15 and equivalent, total 415.

The VA continues its high level of participation in programs for youth and for the disadvantaged. For example, 5,678 summer workers were employed as part of the 1972 Federal Summer

Employment Program for Youth. The majority of these, 4,517, were needy youth—a figure well in excess of the goal of one to-forty regular employees, as set by the President. During the first quarter of FY 1973, the peak enrollment period, the VA served as the work site for 5,365 enrollees training under Economic-Educational Opportunity Programs (Neighborhood Youth Corps, College Work-Study, New Careers, etc.). This comprised nearly 18 percent of all enrollees hosted by Federal agencies. A total of 417 such enrollees received regular appointments during the year.

Intensive efforts continue to be geared to the recruiting of minority group youth. Twenty-one predominately black colleges, plus 4 schools in the Southwest with a high percentage of Spanish-surnamed Americans were visited this year. In addition, the cooperative education program is being utilized to attract promising minority youth into our administrative training programs.

In keeping with the requirements of the Equal Employment Opportunity Act of 1972, new impetus has been given to the Upward Mobility program by the issuance of agency guidelines and the commitment of resources for upgrading under-utilized employees. This new program will facil-

itate the identification of lower graded employees who demonstrate potential for advancement, and will provide for them planned programs of counseling, education, and/or training leading to placement in specific target positions.

The year also saw the conclusion of the Public Service Career program and the initiation of its successor, the Worker Trainee Opportunities program. Since its inception in 1970, 455 disadvantaged persons received appointments and training under the PSC program. In addition, over 531 VA employees received upgrade training.

Employment of Women—VA continues to lead the Federal Government in providing equal employment opportunity for women. As of June 30, 1973, the number of women in VA positions had reached 96,637 or 49 percent of all VA positions. At the higher grade levels, GS-12 and equivalent and above, 2,488 or 16 percent of these positions were occupied by women. Latest available statistics shown women in 6 percent of these positions throughout Government. There is continuing opportunity for career advancement for women in VA. Although numerically they comprise slightly



Anne Armstrong (left) Counselor to the President and Jayne Spain, Vice-Chairman of the Civil Service Commission Discuss the Role of Women in the VA Workforce with Administrator Johnson

less than 50 percent of VA employment, they received one-half of the training and slightly over 51 percent of all VA promotions during the year.

A variety of high level and policymaking positions are occupied by women. A woman is an Assistant Administrator in charge of Personnel and Equal Employment Opportunity. Several women are in high policymaking positions in the Department of Medicine and Surgery.

Almost 600 women occupy positions in grades GS-14 and equivalent and above in the medical program. Currently, two women are hospital directors, and three are assistant hospital directors. An additional three women are in training as hospital directors.

In the Department of Veterans Benefits, two women are directors of regional offices and one is an Assistant Director. Others are in division chief and policy positions.

Employment of the Handicapped—At the end of the year there were 11,303 handicapped full-time employees on the rolls, more than 6.6 percent of the workforce. Handicapped employees again demonstrated their performance capabilities with over 1,216 receiving grade promotions and an additional 361 receiving other salary advancements. These employees earned 151 awards for employee suggestions, 829 other awards, and 107 citations and commendations.

In a National program designed to recognize Federal Employees who have successfully overcome their handicap, Gwenyth R. Vaughn, Ph.d., was selected as one of the ten finalists for the 1972 award. Dr. Vaughn is the Chief, Audiology and Speech Pathology Service at the VA Hospital, Birmingham, Alabama and has been handicapped by the effects of bulbar spinal polio developed at age 34.

Labor Relations—Approximately 122,000 VA employees are represented exclusively in 307 local bargaining units. Agreements have been negotiated for 257 of these units. These agreements deal with a wide variety of local personnel policies, practices, and working conditions. During the year Central Office guidance on the full-range of labor relations matters was provided field station management through periodic conferences, training sessions, on-site visits and written issuances.

Executive Development and Training—In recognition of the increasing demands upon agency management and the need to provide capable

“backup” for key VA posts, there has been substantial effort put into the Executive Development program this year.

An overall resource plan for executive development was prepared, providing for continued or increased VA participation in such activities as the Federal Executive Institute, the Executive Interchange program, The Brookings Institution educational programs, and university-sponsored executive development programs. Plans for a training center for VA executives were formulated with a view toward early implementation.

Educational programs for positions of assistant hospital director and chief of staff were redesigned to provide for current and future needs of the agency. The graduate program in Health Care Administration was further refined. Selected candidates are given the opportunity to participate in the program and upon completion are assigned to various kinds of administrative health care positions in the hospital system.

Agency needs and requirements in Central Office and field stations resulted in 60,650 employees receiving training of 8 hours or more during FY 1973. This was an increase of 7 percent over FY 1972. The preponderance of training was in the medical, technical, scientific and related health fields. Of particular note was the continuing effort in the cooperative educational programs in the health care fields. The Mental Health Associate program conducted in conjunction with VA Hospitals in California and local 2-year community colleges provides for academic training by the school and clinical training by the hospital. The Inhalation Therapy program in Iowa is of a similar nature. In both instances VA employees and personnel from the local private and non-federal hospitals are involved. Successful completion of the program will facilitate licensure and registration of VA employees.

Employee Recognition and Incentives—VA employees again demonstrated they are an innovative and dedicated group deserving of recognition. Most of the 2,418 adopted suggestions contribute to better medical care for veterans. Many had a potential impact on improved medical service to the general population. A total of 6,226 suggestions were submitted by VA employees and \$828,206 in tangible benefits to the Government was realized.

Awards have become an integral part of many programs and activities emphasized by the President, the Civil Service Commission, and the VA.

In support of these special goals 852 employees were honored for achievements in the areas of improving communications and services, to the public, the employment of youth, supervisory excellence, and equal employment opportunity. Commendations were also given to 465 private citizens or organizations on behalf of the veterans whom they voluntarily serve.

During the year quality increases were awarded to 4,758 employees in recognition of high level performance. In addition, 4,903 employees were recognized for special achievements.

Three organizational elements working together as a single unit resulted in VA's first group nomination for the Federal Paperwork Management Award.

AUTOMATIC DATA PROCESSING

The nation's veterans and their families obtain prompt and accurate service from the VA through the extensive use of computers and other automated devices and techniques. The VA data processing centers are equipped with 40 computer systems to assist in processing the ever increasing workloads related to veterans benefits and health care. VA hospitals are equipped with 52 smaller computers supporting medical research projects designed to help the hospitalized veteran in various ways.

During FY 1973, the importance of VA-wide ADP training has been stressed. The ADP training staff has developed, coordinated, promoted, and maintained a comprehensive and continuing ADP training program. During FY 1973, in-house, inter-agency, and manufacturers' courses were attended by over 600 Central Office employees. Approximately 40 different courses were given during the year which covered a wide variety of ADP subjects.

Although VA's larger automated systems have been operating on a 24-hour per day schedule for a number of years, intensive study is continually directed toward improving operations of the existing systems. During FY 1973 improvement efforts have been concentrated in three areas: improved computer utilization, increased programmer productivity, and more effective management control of ADP project requests. The results of these efforts are as follows.

Improved Computer Utilization—Through the use of a more advanced operating system, through installation of an automated utilization reporting

system and job scheduler, and through the use of a configuration utilization monitor, the large Data Processing Centers realized a substantial increase in computer capability and, as a result, an increase in throughput.

Increased Programmer Productivity—By installing a remote job entry system and by mechanically converting second generation programs to run in a third generation multi-programming environment, valuable programming manhours were saved and productivity was enhanced.

More effective management control of ADP project requests—In an effort to provide improved management controls, the Department of Data Management led an agency task force in the writing of standard policy and procedures for initiation, evaluation, and implementation of ADP projects.

Accomplishments in the various ADP systems during the year are highlighted in the program chapters.

TELECOMMUNICATIONS

The demand for telecommunication services grew rapidly during FY 1973. Many new and innovative systems were designed and installed which provided direct support to the veteran and his family.

Data Transmission—During the past year, the computer time-sharing services of the National Teleprocessing Information Network (INFONET) were made available to all VA hospitals, domiciliaries and out-patient clinics. The INFONET provides a readily accessible and manipulative data base for the generation and retrieval of management statistics by the Department of Medicine and Surgery through the use of communication terminals located at the VA Central Office.

As a result of increasing VA data transmission requirements for FY 1974 through 1977, the General Services Administration is enhancing their Advanced Record System which serves VA installations. The new system design resulted in: 1) installation of a GSA computer based message switching center co-located with the Austin, Texas VA Data Processing Center, 2) selection of new data transmission terminals, and 3) increased speed of transmission. The GSA switching center computers, in addition to handling the flow of data traffic between VA data processing centers and

field installations will provide pre and post processing of all data traffic. Near immediate response to field station inquiries is provided for data processing systems requiring such turnaround.

Telephone services for Assistance to Veterans—During FY 1973 special telephone services to veterans were expanded. An additional 46 of the large metropolitan areas were provided with foreign exchange telephone lines, bringing the total to 108 metropolitan areas with toll free telephone lines. Additionally, seven more States were provided with inward intrastate wide area telecommunications service lines. More areas and States are being considered for coverage. Intensive engineering efforts were made to improve the telephone answering facilities at many VA regional office locations. These efforts resulted in the installation of both automatic and manual call distribution systems. Continuing technical assistance was provided to VA hospitals to modernize, enlarge, or modify their telephone systems. An automatic call distributing system was installed in the Sepulveda, California VA hospital's centralized appointment scheduling unit to improve medical care service to veterans. Another similar telephone call distributing system has been engineered and ordered for installation at the Wadsworth, California VA hospital.

Closed Circuit Television Nineteen new closed circuit television system contracts were awarded during FY 1973 to meet the ever expanding medical and educational requirements of the Veterans Administration. Four older systems had contracts awarded for updating to meet individual hospital project needs.

During FY 1973, installation of the first VA-owned and operated microwave system was begun. This system will support the closed circuit television requirements of the Waco, Marlin, and Temple, Texas VA stations. Also this year, the VA designed and engineered a laser beam transmission system for the VA Hospital in Lexington, Kentucky. This system will be used to send and receive audio and video television programs for medical technology and education to and from the University of Kentucky Medical School.

One unique system that was explored and is now being designed is the transmission of medical television data via a communications satellite. VA

will be a participant in the Application Technology Satellite (ATS-F) that has been scheduled for launching during FY 1974. The VA is exploring the technical communications mechanism required to transmit high quality audio/medical education research data via this satellite.

A new use of closed circuit television this year was the application of a fibre-optic bundle for endoscopic medicine. This application permits the viewing of the inside of hollow organs in clinical examinations and treatments as well as producing valuable teaching materials. The system permits many students to view on-going clinical procedures as well as providing the facility for real-time and lapse-time recording with slow motion and stop-action playback using video disc recorder.

Two-Way Radio Communications—The VA completed its two-way radio communications program. Except for a small number of hospitals, each VA hospital has in operation a radio communications system which enables hospital authorities to coordinate emergency efforts from a command post. In addition, some stations have consolidated their systems by establishing VA radio networks to provide assistance during normal operations and/or emergency conditions. A number of VA hospitals also have the ability to communicate with city, community or State hospital emergency administrative networks via two-way radio.

MANAGEMENT AND ORGANIZATION

Paperwork Management—Records holdings increased this past year as they have for 4 out of the past 5 years. The increase this year was only 1.4 percent, to a total of 1,240,900 cubic feet. This is a very stable situation reflecting the success of the records management program when measured against a creation factor (new materials added to the files) averaging 12 percent annually over the past 5 years, 40 percent higher than for the prior 5 years. Major credit must go to records management actions to reduce retention periods for major files series, to improve files maintenance practices, to retire inactive records at earlier dates to low cost storage in GSA Federal Archives and Records Centers, and to remove 142,000 cubic feet of obsolete and inactive records from active files for destruction or retirement.

Significant records management accomplishments include the following:

1. Although 374,000 cubic feet of records were added to files of the agency's medical activities over the past 5 years, equivalent to 74 percent of the present medical records inventory, today's inventory is slightly less than it was 5 years ago. Records management actions were successful in reducing the retention period for X-rays and is giving greater emphasis to the screening and disposition of medical records folders.

2. An inter-agency agreement with the Department of Treasury resulted in release of 30,000 square feet of space at the Philadelphia VA center in exchange for a shelf filing installation. The agency benefited in an improved filing system in less space and the release of 8,000 file cabinets for critical expansion needs at other field station locations.

3. A total of 483,800 less active claims folders were relocated from 56 field stations to the VA Records Processing Center, St. Louis, Missouri, releasing 2,415 file cabinets and 16,000 square feet of prime office space for higher priority purposes, at a net savings of \$247,500.

4. The interfiling of dependents education folders with claims folders in field stations resulted in an improved filing system, the destruction or retirement of 1,200 cubic feet of folders, the recovery of 211 file cabinets with a replacement value of \$14,800, and the reallocation of 1,500 square feet of floor space at a savings of \$11,000.

5. An accelerated retirement of 10,300 cubic feet of loan guaranty folders to Federal Archives and Records Centers recovered 1,174 file cabinets with a replacement value of \$82,200 and 8,200 square feet of files space at a savings of \$60,800. Further, plans are already drawn for another retirement that should make available another 500 file cabinets with a value of \$35,000 and make available space valued at \$27,000.

Another aspect of paperwork management is to prevent the creation of records by applying strict essentiality standards, especially in computer generated reports, listings and printouts. Studies over the past 4 years applying need-to-know standards, reducing the number of copies, and eliminating confirmation messages in VA's six major computer programs have eliminated production of an estimated 5,400,000 pages annually. This is of special

significance in view of a probable shortage of computer and manifold printing stock for both Government and private users, in addition to the reduction in handling, storage and disposal activities.

On June 30, 1973, there were 10,945 different VA forms and form letters in use of which 39 percent were standardized for VA-wide use. During the year 172 standardized forms and form letters were eliminated as no longer necessary, 211 were created to meet new requirements, and 642 were updated and improved.

As the result of a VA circular reaffirming the importance of effective letters and urging increased training in letterwriting, 900 employees received at least 8 hours of this type of training during the past year. Participants included new employees and others without previous training in letterwriting, as well as experienced employees seeking refresher training.

The Department of Veterans Benefits continued to expand and improve its word processing capability during the past year. It authorized a centralized transcription activity at four field stations (in addition to the 48 stations already having this type of activity), and replaced obsolete equipment at 17 stations with highly sophisticated continuous loop dictation/transcription systems. A manpower savings of 25 percent and a productivity increase of 10 percent are being realized at each location where a centralized transcription activity has been established. To further expand the capability of these transcription activities, utilization of automatic typewriters has also been increased, and 73 machines are now in use for automated preparation of repetitive correspondence where form letters are inappropriate.

Management Improvement—Increased emphasis is being placed on the total review and analysis of major programs to assure optimum operations. Attention is being focused on evaluation of the effectiveness of each element within the program and the contribution it makes to accomplishment of the overall mission of service to the veteran.

A revised policy has been issued to insure that development, expansion or implementation of an automated data system is preceded by an appropriate cost-benefit analysis. The revised policy assures that appropriate data is developed to provide, for various ADP alternatives, the range of costs and benefits which are to be considered in

formulating program priorities.

During the past year the Department of Data Management reorganization has been fully implemented, transferring systems development responsibility directly to the user.

A study has been completed of the Central Office elements of the Department of Medicine and Surgery and that organization is being modified to improve its responsiveness to field station needs with the ultimate goal of improved service to the veteran. It is anticipated the planned reorganization can significantly improve timeliness and service to the field stations.

Certain functions of budgeting, finance, and research and statistics in the Department of Veterans Benefits were consolidated under the Controller to eliminate duplication, and action is underway to strengthen the management appraisal activities of the Department. Policy modifications permitted the elimination of nonessential field examinations and field attorneys were reassigned to the office of the General Counsel, where their skills will strengthen the field operations of the Chief Attorney's activities. Guardianship activities were consolidated into the existing field structure.

A study of telephone service to veterans resulted in revised equipment, staffing and emphasis on service provided by telephone through Veterans Assistance Divisions, improving the Outreach program.

The Centralized Accounting for Local Management (CALM) ADP system which is under development was improved by initiating statistical sampling of vouchers under \$100. Plans for computerized audit of supply vouchers are currently being subject to cost-benefits analysis.

A study of Contract Compliance Service has recommended actions to significantly improve manpower utilization and workflow processing.

In the interest of economies and savings the VA has made a continuing and concentrated effort to direct the use of less costly air travel accommodations for employees in the conduct of official business. During FY 1973, of all the air travel performed, 94.1 percent was accomplished by less than first-class accommodations.

Audit Responsibility—Fiscal audits of regional offices and hospitals are scheduled at recurring intervals depending upon the quality evaluation of the previous audit, and are generally accomplished at intervals ranging from 18 to 36 months. During FY 1973, fiscal audits were conducted at 46

hospitals, 19 regional offices, 9 State homes, 1 VA insurance center and 2 data processing centers. Auditors are stationed full time at major data processing centers with fiscal systems.

Negotiated contracts are reviewed for adequacy of contract terms and validity of cost and pricing data. Audits are made on active contracts for services, such as hospital treatment, to assure cost data submitted are adequate and accurate to support payments. Fiscal auditors are also participating in major programs and procedural reviews more frequently. In 1970 the fiscal audit staff commenced making limited audits of flight schools which veterans were attending for training under the Veterans Assistance Act. These audits have been effective in obtaining the accomplishment of new definitive criteria for prescribed courses of training and in promoting the maintenance by the schools of adequate records to support all charges for training provided to veterans.

Management audits cover a wide variety of studies, audits and special analyses. The management audit staff completed 42 projects in FY 1973, compared to 35 accomplished in FY 1972. This included audits of five of the 44 drug dependence treatment centers and extensive surveys conducted to assist major task forces. Immediate savings of approximately \$2 million and potential savings of more than \$6 million will result from these activities.

Capacity for ADP evaluation was enhanced through the recruitment of professionally qualified staff to perform this function. Efforts are being directed to continuing evaluation of the agency's ADP activities including post installation evaluation of major systems. Expansion of this function will parallel extension of the utilization of automatic data processing in management of the agency.

Presidential Memorial Certificate Program—VA had issued 2,202,673 Presidential Memorial Certificates to next of kin of honorably discharged deceased veterans, since the program was initiated in March 1962. Certificates may also be issued upon request to other relatives and friends of the deceased. The Certificate bears the President's signature and expresses the country's grateful recognition of the veteran's service in the Armed Forces. During FY 1973, 206,862 certificates were issued on about 63 percent of the veteran deaths for that year.



VA Technician Instructs Youth Volunteer

Audiovisuals—In the area of motion picture production two feature film documentaries were completed during the year. The film "Today and Tomorrow" highlights volunteer youth career exploration as they work in VA hospitals on direct patient service assignments.

The Council on International Non-Theatrical Events (CINE) presented this production with the CINE Golden Eagle Award as evidence of its suitability for international film festival use. The film "To Help You Understand" photographed at VA hospitals in Palo Alto, New York, Little Rock, Brentwood (Calif.) and Albuquerque, presents the attitudes and problems of the Vietnam era veteran and the VA's efforts to further identify these problems and take positive, humanistic steps to establish programs adapted to America's youngest generation of ex-servicemen. The motion picture film "Holography-A Window To The Future" continued to receive honors for its effectiveness in medical and scientific research. The International Scientific and Didactic Film Conference, Madrid, Spain, presented this production with the Ring of Gold Trophy, the top award of Spain's Official School of cinematography.

Three television spot announcements were produced during FY 1973 and distributed nationwide to inform veterans, their dependents, and the public of entitlements under laws administered by the VA.

The audiovisuals activity maintains a centralized motion picture film library with over 700 titles and 4,400 prints for use in orientation, training, medical and scientific research, information, and rehabilitation programs. In FY 1973, over 6,600 prints were distributed to VA offices, other Federal and State agencies, Veterans Service Organizations, educational institutions, and professional and scientific groups.

LAW AND LEGISLATION

Legal Actions—Such actions for FY 1973 reached a total of 5,290. These include written opinions, as well as briefs, reports and other pleadings prepared for use in connection with litigated cases.

In addition, the General Counsel through his Chief Attorneys in 56 regional offices furnished legal advice to the field stations. In this connection

16,490 written legal opinions were prepared in FY 1973. More than half of these were on questions involving title to real property.

On June 30, 1972, 943 civil litigation suits of all types were pending. During the year, 852 new cases were received and 838 were disposed of, leaving a balance of 957 as of June 30, 1973.

An increase in tort claims resulted in a total workload of 634 cases. Of these, 340 were closed resulting in a year end remaining balance of 294 cases.

Sixty-nine insurance cases were terminated during the year, leaving a balance pending of 95.

Legislative Functions—The type of activity classified as legislative functions includes the preparation of draft bills, participation in hearings before congressional committees, and analyses of legislation for the use of the committees or as requested by either the President or the Office of Management and Budget. As a necessary preparatory step, all of the 15,050 bills and resolutions introduced in Congress during FY 1973 were reviewed to determine their relevancy to veterans' programs. During the fiscal year, legislative functions totalled 865.

APPELLATE REVIEW

All questions on claims for benefits under laws administered by the VA are subject to review on appeal. The Board of Veterans Appeals was established by law to provide this appellate review, independent of the field offices responsible for the initial adjudication. The scope of the Board's statutory authority and responsibility is contained in 38 U.S.C. 4001-4009. In each case the appeal is filed with the field office that took the action in question. If that office cannot settle the appeal to the satisfaction of the claimant, the case must be certified to the Board of Veterans Appeals for de novo review and final decision.

In FY 1973, under the VA Appellate program almost 54,000 final dispositions were entered, close to last year's record which was the highest in the past decade. The cases on hand were reduced by more than 2,000, bringing the pending workload down to a more satisfactory and normal level. Processing time from receipt of the appeal until final decision by the Board was reduced from a high of just over 8 months last year to about 7.5 months.

The Board of Veterans Appeals observed the 40th anniversary of its founding on July 27, 1973. Since its founding, in 1933, the Board has decided

almost 1¼ million appeals for benefits to veterans and their dependents.

The Board conducted 971 formal hearings during FY 1973, including 356 by travel sections in 33 field offices.

The medical and legal expertise available for consideration of appeals continued high. The Board alone had 130 attorneys and 18 physicians. The office of the Chief Medical Director of the VA provided advisory opinions to the Board as requested. Aside from this vast VA expertise, 298 independent advisory medical opinions were requested from leading medical schools under the authority of 38 U.S.C. 4009.

Service organizations held power of attorney in 76 percent of the cases decided by the Board in FY 1973. Another 2 percent were represented by attorneys and agents, and 22 percent of the claimants prosecuted their appeals without representation. Vigorous and competent representation assists claimants in perfecting their appeals and the Board in making equitable and reasoned decisions.

During the year 50,381 appeals were filed, a slight decrease from the preceding year. This downward trend is attributable primarily to the leveling off of the workload generated by the Vietnam conflict. Claims for alleged service-incurred disabilities represented about half of the appeals filed, one-fourth wanted greater benefits, and the remaining one-fourth were distributed over a wide variety of benefits including pension, education and training, insurance, death benefits, waiver of indebtedness, etc.

Final dispositions of 53,515 appeals were entered during FY 1973. Of these, 13,946 claimants were granted the benefit(s) sought, 15,315 were closed for failure to respond to the statement of case, 3,774 were withdrawn by the claimants and, in 20,480 cases the benefits sought were denied. The accompanying table shows in greater detail the appellate processing during FY 1973.

Pending beginning of year	-	27,360
Undocketed, field office development not completed	22,129	-
Docketed, pending in BVA	5,231	-
Filed during year	-	50,381
Settled in field offices	-	28,618
Allowed on review of appealed action	9,803	-
Closed, failure to respond to statement of case	15,315	-
Withdrawn by appellant	3,500	-
Submitted to BVA	-	28,987
Decided by BVA	-	29,825
Allowed	4,143	-
Remanded for further action	4,928	-
Withdrawn	274	-
Denied or Dismissed	20,480	-
Pending end of year	-	25,326
Undocketed, in field offices	20,933	-
Docketed, in BVA	4,393	-

At the end of the fiscal year, 25,326 appeals were pending: 20,933 of these were undocketed in various stages of development in the field offices and 4,393 were docketed in the Board.

CIVIL RIGHTS

Continuing Achievements in Minority Business Enterprise—The Minority Business Enterprise (MBE) program in the VA is an integral part of all VA operations, nationwide. The VA program is coordinated by the VA Committee for Minority Business Enterprise, composed of key officials of major departments and staff officers and chaired by the Director of the Contract Compliance Service.

In FY 1973, VA increased its participation in minority business to an even greater degree. Successes in this area enabled the VA to accomplish the highest SBA Section 8(a) totals in the history of the program. During FY 1973, the VA issued contracts for a total dollar value of \$11,700,000.

A review of the overall FY 1973 totals follows:

	<u>Number</u>	<u>Amount</u>
SBA 8 (a)	256	\$ 11,700,000
VA Negotiated	81	397,000
Competitive	<u>55,713</u>	<u>10,066,000</u>
	56,050	\$ 22,163,000

The VA exceeded its FY 1972, SBA 8(a) total amount of \$7,857,000 by \$3,843,000 or 48.9 percent.

Construction Compliance—VA construction compliance operates under a basic mission so constituted as to ensure equal employment opportunity on all VA construction site forces. The effectiveness of VA policy and practice in regard to Federal contracting is evidenced by the fact

that the site forces on major construction projects, those of \$500,000 or more, have consistently included an average of 25 percent minority group workers.

Characteristic of the results reflecting VA's effectiveness in contract compliance during FY 1973, are the following:

1. Fifty Pre-Bid/Pre-Construction Conferences were conducted, to make contractors cognizant of what they would be expected to do to meet requirements.
2. Approximately 277 Pre-Award Reviews were performed on low bidders, to assess the probable ability of each to comply with requirements.
3. Approximately 4,800 Desk Reviews were conducted of VA contractors to evaluate day-to-day performance and identify need for improvement.
4. Site Surveys of 234 VA contractors were performed at work at VA construction sites to evaluate their performance firsthand and to obtain commitments for corrective action where appropriate.

Industrial Compliance—The VA is charged with the mission of ensuring compliance with Federal Equal Employment Opportunity regulations on the part of all Federal contractors in the pharmaceutical, soap and detergent, cosmetics, and biological products industries. To accomplish this mission, employment statistics for more than 1,800 contractors' facilities were maintained and updated during FY 1973. Affirmative Action Programs for Equal Employment Opportunity at most of these facilities were kept under review by desk audits, and by 144 on-site reviews in cases where these were warranted.

Major efforts were employed in processing requests for pre-award clearance of contractors for VA contracting officers as well as for other Federal agencies. A total of 2,509 of these requests were processed.

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Estimated Number, State, Period of Service—June 30, 1973

(In thousands)

State	Total Veterans	War veterans						Service between Korean conflict and Vietnam era only ⁵	
		Total ¹	Vietnam era ²		Korean conflict		World War II ⁴		World War I
			Total ³	No service in Korean conflict	Total ⁴	No service in World War II			
Total.....	*29,073	*25,967	6,557	6,151	5,936	4,675	13,955	1,184	3,106
State total.....	28,853	25,783	6,483	6,079	5,883	4,631	13,902	1,171	3,070
Alabama.....	419	373	94	88	92	72	197	16	46
Alaska.....	40	35	12	12	9	7	16	(⁶)	5
Arizona.....	274	245	65	61	60	44	127	13	29
Arkansas.....	247	223	53	50	47	36	122	15	24
California.....	3,231	2,881	771	716	736	518	1,534	113	350
Colorado.....	336	297	86	81	72	53	150	13	39
Connecticut.....	462	413	97	90	96	76	230	17	49
Delaware.....	79	70	20	19	16	12	37	2	9
District of Columbia.....	111	100	24	22	27	20	53	5	11
Florida.....	1,108	1,004	230	213	238	161	552	78	104
Georgia.....	587	520	153	144	129	101	258	17	67
Hawaii.....	92	79	29	27	21	17	33	2	13
Idaho.....	97	87	22	21	18	15	46	5	10
Illinois.....	1,562	1,399	326	306	312	263	769	61	163
Indiana.....	717	637	169	160	141	118	331	28	80
Iowa.....	369	328	83	78	68	59	170	21	41
Kansas.....	308	276	70	66	58	46	148	16	32
Kentucky.....	396	354	87	82	79	66	189	17	42
Louisiana.....	445	398	99	93	92	75	213	17	47
Maine.....	140	125	30	29	26	21	68	7	15
Maryland.....	597	531	142	132	133	100	282	17	66
Massachusetts.....	870	780	190	178	173	136	429	37	90
Michigan.....	1,186	1,056	269	254	229	198	561	43	130
Minnesota.....	541	479	135	128	103	85	240	26	62
Mississippi.....	239	215	47	44	50	41	119	11	24
Missouri.....	677	606	148	139	137	111	324	32	71
Montana.....	101	90	23	22	19	16	47	5	11
Nebraska.....	193	171	45	42	37	31	88	10	22
Nevada.....	87	78	20	18	20	15	43	2	9
New Hampshire.....	118	105	28	26	23	19	55	5	13
New Jersey.....	1,090	980	212	196	227	183	561	40	110
New Mexico.....	136	120	33	30	30	23	62	5	16
New York.....	2,516	2,266	494	453	497	421	1,290	102	250
North Carolina.....	602	535	143	135	120	100	279	21	67
North Dakota.....	67	59	15	15	12	11	30	3	8
Ohio.....	1,512	1,350	340	320	283	236	739	55	162
Oklahoma.....	377	337	91	86	75	55	177	19	40
Oregon.....	346	309	81	76	67	49	167	17	36
Pennsylvania.....	1,752	1,675	362	339	327	264	904	68	177
Rhode Island.....	147	131	34	32	28	21	72	6	16
South Carolina.....	309	273	80	76	62	50	137	10	36
South Dakota.....	79	70	15	14	14	14	37	5	9
Tennessee.....	515	459	120	114	103	86	239	20	56
Texas.....	1,536	1,371	359	337	317	242	735	57	165
Utah.....	141	124	40	38	27	21	60	5	17
Vermont.....	61	54	15	14	12	10	27	3	7
Virginia.....	630	560	159	149	139	96	295	20	70
Washington.....	553	491	144	134	119	81	255	21	62
West Virginia.....	233	210	46	44	42	36	118	12	23
Wisconsin.....	574	510	132	125	110	92	264	29	64
Wyoming.....	49	44	11	11	9	8	23	2	5
Outside U.S.—total ⁵	218	182	74	72	53	44	53	13	36

NOTE: These estimates have been developed from "benchmark" veteran population statistics for the states as of June 30, 1970, based on 1970 Census of Population data on veterans' place of residence, extended to June 30, 1973 on the basis of (1) 1955-1960 veteran interstate migration statistics from the 1960 Census; (2) Bureau of the Census provisional estimates of 1970-

1971 net civilian migration of the states: "Current Population Reports," Series P-26, No. 168, October 5, 1971; and (3) mobility of the United States Population 1970-1971, "Current Population Reports," Series P-20, No. 255, April 1972. They are independent of, and therefore not directly comparable with estimates for June 30, 1970 through June 30, 1972, previously published.

See footnotes at end of table 3.

VETERAN POPULATION

TABLE 2

Estimated Number, Regional Office, Period of Service—June 30, 1973

(In thousands)

Regional Office	Total Veterans	War veterans						Service between Korean conflict and Vietnam era only *	
		Total †	Vietnam era ‡		Korean conflict		World War II §		World War I
			Total ‡	No service in Korean conflict	Total §	No service in World War II			
Total.....	*29,073	*25,967	6,557	6,151	5,936	4,675	13,955	1,184	3,106
Alabama: Montgomery.....	419	373	94	88	92	72	197	16	46
Alaska: Juneau.....	40	35	12	12	9	7	16	(*)	5
Arizona: Phoenix.....	274	245	65	61	60	44	127	13	29
Arkansas: Little Rock.....	251	227	54	51	48	37	124	15	24
California:									
Los Angeles †.....	1,968	1,755	468	435	451	316	936	68	213
San Francisco.....	1,257	1,121	302	280	284	201	595	45	136
Colorado: Denver.....	336	297	86	81	72	53	150	13	39
Connecticut: Hartford.....	462	413	97	90	96	76	230	17	49
Delaware: Wilmington.....	79	70	20	19	16	12	37	2	9
District of Columbia: Washington.....	436	388	112	105	106	69	203	11	48
Florida: St. Petersburg.....	1,108	1,004	230	213	238	161	552	78	104
Georgia: Atlanta.....	587	520	153	144	129	101	258	17	67
Hawaii: Honolulu.....	92	79	29	27	21	17	33	2	13
Idaho: Boise.....	97	87	22	21	18	15	46	5	10
Illinois: Chicago.....	1,670	1,435	351	330	333	281	820	64	175
Indiana: Indianapolis.....	609	541	144	136	120	100	280	25	68
Iowa: Des Moines.....	369	328	83	78	68	59	170	21	41
Kansas: Wichita.....	308	276	70	66	58	46	148	16	32
Kentucky: Louisville.....	396	354	87	82	79	66	189	17	42
Louisiana: New Orleans.....	445	398	99	93	92	75	213	17	47
Maine: Togus.....	140	125	30	29	26	21	68	7	15
Maryland: Baltimore.....	404	360	91	85	87	69	193	13	44
Massachusetts: Boston.....	787	705	173	162	157	123	387	33	82
Michigan: Detroit.....	1,186	1,056	269	254	229	198	561	43	130
Minnesota: St. Paul.....	509	451	128	121	97	80	226	24	58
Mississippi: Jackson.....	239	215	47	44	41	41	119	11	24
Missouri: St. Louis.....	677	606	148	139	137	111	324	32	71
Montana: Fort Harrison.....	101	90	23	22	19	16	47	5	11
Nebraska: Lincoln.....	193	171	45	42	37	31	88	10	22
Nevada: Reno †.....	93	83	21	19	21	16	46	2	10
New Hampshire: Manchester.....	118	105	28	26	23	19	55	5	13
New Jersey: Newark.....	1,090	980	212	196	227	183	561	40	110
New Mexico: Albuquerque.....	136	120	33	30	30	23	62	5	16
New York:									
Buffalo.....	652	585	136	127	130	110	323	25	67
New York.....	1,864	1,681	348	326	367	311	967	77	183
North Carolina: Winston-Salem.....	602	535	143	135	120	100	279	21	67
North Dakota: Fargo.....	99	87	22	22	18	16	44	5	12
Ohio: Cleveland.....	1,512	1,350	340	320	283	236	739	55	162
Oklahoma: Muskogee.....	377	337	91	86	75	55	177	19	40
Oregon: Portland.....	345	309	81	76	67	49	167	17	36
Pennsylvania:									
Philadelphia.....	1,109	995	236	221	211	168	563	43	114
Pittsburgh.....	670	604	131	123	121	100	355	26	66
Puerto Rico: San Juan.....	156	131	35	34	52	44	48	5	25
Rhode Island: Providence.....	230	206	51	48	44	34	114	10	24
South Carolina: Columbia.....	309	273	80	76	62	50	137	10	36
South Dakota: Sioux Falls.....	79	70	15	14	16	14	37	5	9
Tennessee: Nashville.....	515	459	120	114	103	86	239	20	56
Texas:									
Houston.....	682	608	159	150	143	109	326	23	74
Waco.....	850	759	199	186	173	132	407	34	91
Utah: Salt Lake City.....	141	124	40	38	27	21	60	5	17
Vermont: White River Jct.....	61	54	15	14	12	10	27	3	7
Virginia: Roanoke.....	498	443	122	113	106	78	234	18	55
Washington: Seattle.....	553	491	144	134	119	81	255	21	62
West Virginia: Huntington.....	206	186	41	39	37	32	104	11	20
Wisconsin: Milwaukee.....	574	510	132	125	110	92	264	29	64
Wyoming: Cheyenne.....	49	44	11	11	9	8	23	2	5
Philippines: Manila.....	10	7	(*)	(*)	(*)	(*)	4	3	3
All other †.....	52	44	39	38	1	(*)	1	5	8

NOTE: For all regional offices whose jurisdiction includes only part of a state or extends into another state, the estimates of veterans are computed by applying the most recent veteran population ratio factors for the counties or urban places involved. These factors were developed from county veteran

population estimates as of June 30, 1970 based on the U.S. Census of Population 1970. Refer to general note below the table, "Estimated Number of Veterans in Civil Life, by State."

See footnotes at end of table 3.

Estimated Age, Period of Service—June 30, 1973

(In thousands)

Age	Total Veterans	War veterans							Service between Korean conflict and Vietnam era only ⁵
		Total ¹	Vietnam era ²		Korean conflict		World War II ⁴	World War I	
			Total ³	No service in Korean conflict	Total ^{3,4}	No service in World War II			
All ages.....	*29,073	*25,967	6,557	6,151	5,936	4,675	13,955	1,184	3,106
Under 20 years.....	41	41	41	41					
20 to 24 years.....	1,363	1,363	1,363	1,363					
25 to 29 years.....	3,537	3,420	3,420	3,420					117
30 to 34 years.....	2,564	1,197	1,197	1,196	1	1			1,367
35 to 39 years.....	2,422	998	140	111	887	887	(*)		1,424
40 to 44 years.....	3,551	3,369	152	13	3,156	3,068	288		182
45 to 49 years.....	4,459	4,446	119	5	1,121	653	3,788		13
50 to 54 years.....	4,792	4,789	74	2	441	47	4,740		3
55 to 59 years.....	2,903	2,903	39	(⁶)	2,867	16	2,887		
60 to 64 years.....	1,365	1,365	11	(⁶)	80	3	1,362		
65 to 69 years.....	645	645	1	(⁶)	31	(⁶)	645	(*)	
70 to 74 years.....	293	293	(⁶)		10	(⁶)	188	105	
75 to 79 years.....	749	749			3		49	700	
80 to 84 years.....	330	330			(⁶)		6	324	
85 years and over.....	*59	*59			(⁶)		2	55	
Average age ¹⁰	45.0 yrs.	46.3 yrs.	28.2 yrs.	27.0 yrs.	43.9 yrs.	41.9 yrs.	53.5 yrs.	78.5 yrs.	34.7 yrs.

¹ Veterans who served in both World War II and the Korean conflict, and in both the Korean conflict and the Vietnam era are counted once.
² Service after August 4, 1964.
³ Includes 406,000 veterans who served in both the Korean conflict and the Vietnam era.
⁴ Includes 1,261,000 veterans who served in both World War II and the Korean conflict.
⁵ Former members of the Armed Forces whose only service was on active

duty between January 31, 1955 and August 5, 1964.
⁶ Less than 0.5 (thousands).
⁷ Change in jurisdictional boundaries effective February 26, 1973.
⁸ Includes Commonwealth of Puerto Rico, U.S. Possessions and outlying areas and foreign countries.
⁹ Outside Regional Office Areas.
¹⁰ Computed from data by single year of age.
^{*} Includes 2,000 Spanish-American War veterans—average age 93.7 years.

TABLE 4

HEALTH CARE

Hospital and Extended Care: Average Daily Census, Average Operating Beds—Fiscal Years 1969-73

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	State homes	Total	VA domiciliaries	State homes
1973.....	115,170	84,556	82,479	1,031	1,046	16,286	10,261	6,025
1972.....	113,905	83,185	80,971	1,154	1,060	17,324	11,355	5,969
1971.....	115,758	86,319	84,002	1,251	1,066	17,888	12,008	5,880
1970.....	116,580	87,460	85,547	1,495	418	18,680	11,998	6,682
1969.....	122,771	93,547	91,878	1,669		19,552	12,412	7,140

Fiscal year	Average daily patient, member, restoree and nursing bed care census ¹					Average operating beds ²			
	Restorees	Nursing bed care			VA hospitals		VA domiciliaries	VA restoration centers	
		VA restoration centers	Total	VA hospitals	State homes	Community nursing homes			Patient beds	Nursing beds
1973.....	(³)	14,328	6,094	3,662	4,572	97,689	6,508	11,172	(³)
1972.....	631	12,765	5,440	3,335	3,990	96,352	5,819	12,338	759
1971.....	677	10,874	4,599	2,898	3,277	98,956	5,052	12,873	759
1970.....	667	9,773	3,760	2,432	3,581	102,633	4,002	13,200	759
1969.....	642	9,030	3,700	2,153	3,177	107,013	4,000	13,523	759

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.
³ Program discontinued effective fiscal year 1973.

Hospital and Extended Care: Applications for Care—Fiscal Year 1973

Applications	Hospitalization	Domiciliary care			State home nursing care
		Total	VA	State home	
Pending beginning of year.....	2,279	49		49	61
Total received during year.....	1,640,855	23,221	14,251	8,970	2,451
From veteran or his representative ¹	1,609,078	20,923	11,953	8,970	2,451
By transfer.....	31,777	2,298	2,298		
Total dispositions.....	1,639,880	23,148	14,180	8,968	2,473
Canceled or withdrawn-prior to eligibility determination.....	58,886	505	476	29	39
By transfer-prior to eligibility determination.....	29,907	1,611	1,594	17	
Eligible and in need of care.....	1,023,296	18,895	10,173	8,722	2,431
Not eligible or not in need of care.....	527,791	2,137	1,937	200	3
Pending end of year.....	3,254	122	71	51	39

¹ Includes applications reinstated after cancellation.

INPATIENT CARE

TABLE 6

VA, Non-VA and State Home Hospitals: Admissions, Discharges, Remaining—Fiscal Years 1969-73

Fiscal year	Admissions				Discharges			
	Total	Hospitals			Total	Hospitals		
		VA ¹ *	Non-VA ²	State home ³		VA ¹ *	Non-VA ² *	State home ³
1973.....	932,481	905,545	20,816	6,120	933,237	906,015	21,084	6,138
1972.....	793,538	765,786	21,578	6,174	794,785	766,892	21,682	6,211
1971.....	750,546	723,907	20,952	5,687	765,268	738,594	21,022	5,652
1970.....	711,289	687,037	20,524	3,728	717,022	693,496	20,840	2,686
1969.....	689,459	667,383	22,076		698,926	676,773	22,153	
Remaining June 30								
Total	VA hospitals			Non-VA hospitals			State home hospitals ³	
	Total	Bed occupants	ABO ⁴	Total	Bed occupants	ABO ⁵	Bed occupants	
1973.....	81,146	79,336	77,356	1,980	793	762	31	
1972.....	81,489	79,406	77,344	2,062	1,053	820	233	
1971.....	82,207	79,985	78,453	1,532	1,146	952	194	
1970.....	96,040	93,805	81,976	11,829	1,202	1,034	168	
1969.....	101,541	99,541	85,909	13,632	1,545	1,402	143	

¹ Interhospital transfers data are excluded.

² Includes transfers.

³ Program initiated Dec. 30, 1969.

⁴ Includes regular discharges, irregular discharges and deaths.

⁵ Denotes patients who were absent bed occupants, i. e., on leave or trial

visit on the last of the fiscal year. Beginning with FY 73 the placement of patients (primarily psychiatric) to trial visit was sharply reduced.

⁶ Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis were considered to be inpatients. During Fiscal Year 1973, there were about 80,000 admissions (and discharges) for one day duration of stay.

TABLE 7

INPATIENT CARE

VA, Non-VA and State Home Hospitals: Admissions, Discharges, Remaining; Type of Hospital and Bed Section—Fiscal Year 1973

Hospital group	All hospitals	Patients by type of bed section				State home hospitals
		Total	Psychiatry	Surgery	Medical	
ADMISSIONS ¹						
All hospitals ¹	932,481	926,361	147,221	291,741	487,399	6,120
Total VA hospitals ¹	905,545	905,545	141,294	288,443	475,808	
Psychiatric hospitals.....	66,121	66,121	50,68 ²	2,545	12,894	
General hospitals.....	837,424	837,424	90,61 ²	285,898	492,914	
Total non-VA hospitals.....	20,816	20,816	5,927	3,298	11,591	
Federal Government hospitals.....	4,815	4,815	265	1,371	3,179	
U.S. Army.....	2,380	2,380	114	905	1,360	
U.S. Air Force.....	1,191	1,191	127	324	740	
U.S. Navy.....	1,074	1,074	4	119	951	
U.S. Public Health Service.....	145	145	14	18	113	
Other.....	25	25	6	4	15	
Non-Federal hospitals (Veterans Memorial Hospital, Manila).....	1,388	1,388	137	354	897	
State and local government hospitals ²	4,755	4,755	3,177	222	1,356	
Nonpublic hospitals.....	9,858	9,858	2,348	1,351	6,159	
Total state home hospitals.....	6,120					6,120
DISCHARGES ¹						
All hospitals ¹	933,237	927,099	152,378	302,528	472,193	6,138
Total VA hospitals ¹	906,015	906,015	146,226	299,224	460,565	
Psychiatric hospitals.....	70,122	70,122	54,791	2,582	12,749	
General hospitals.....	835,893	835,893	91,435	296,642	447,816	
Total non-VA hospitals.....	21,084	21,084	6,152	3,304	11,628	
Federal Government hospitals.....	4,852	4,852	272	1,403	3,177	
U.S. Army.....	2,356	2,353	113	915	1,328	
U.S. Air Force.....	1,194	1,194	127	327	740	
U.S. Navy.....	1,128	1,128	4	137	987	
U.S. Public Health Service.....	144	144	20	19	105	
Other.....	30	30	8	5	17	
Non-Federal hospitals (Veterans Memorial Hospital, Manila).....	1,439	1,439	147	384	908	
State and local government hospitals ²	4,968	4,968	3,398	219	1,351	
Nonpublic hospitals.....	9,825	9,825	2,335	1,298	6,192	
Total state home hospitals.....	6,138					6,138
REMAINING						
Bed occupants in hospital June 30, 1973:						
All hospitals.....	79,135	78,118	27,083	13,887	37,148	1,017
Total VA hospitals.....	77,356	77,355	26,754	13,703	36,816	
Psychiatric hospitals.....	23,804	23,804	14,778	331	8,695	
General hospitals.....	53,552	53,552	11,976	13,375	28,201	
Total non-VA hospitals.....	762	762	329	181	252	
Federal Government hospitals.....	211	211	17	68	126	
U.S. Army.....	131	131	5	53	73	
U.S. Air Force.....	31	31	5	11	15	
U.S. Navy.....	27	27		2	25	
U.S. Public Health Service.....	13	13		2	11	
Other.....	9	9	7		2	
Non-Federal hospitals (Veterans Memorial Hospital, Manila).....	99	99	21	23	55	
State and local government hospitals ²	141	141	130	3	8	
Nonpublic hospitals.....	311	311	161	87	63	
Total state home hospitals.....	1,017					1,017
REMAINING						
Absent bed occupants June 30, 1973:						
All hospitals.....	2,011	2,011	1,466	226	319	
Total non-VA hospitals.....	31	31	28	1	2	
Total VA hospitals.....	1,980	1,980	1,438	225	317	
Psychiatric hospitals.....	878	878	799	6	73	
General hospitals.....	1,102	1,102	639	219	244	

¹ Exclude interhospital transfers for VA hospitals; include transfers for non-VA hospitals. Discharges include deaths.

² Includes hospitals operated by State, County and Municipal governments.

VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated—During Fiscal Year 1973

Hospital	Average operating beds ¹				Average daily patient census ²				Total number of patients treated
	Total	Bed section ¹			Total	Bed section ¹			
		Psychiatry ⁴	Surgery	Medical ⁴		Psychiatry ⁴	Surgery	Medical ⁴	
All hospitals.....	97,689	32,788	19,640	45,261	82,479	28,036	15,691	38,753	¹¹ 985,351
Psychiatric hospitals ⁷	27,654	17,896	418	9,341	24,558	15,600	330	8,610	¹¹ 94,804
General hospitals ⁷	70,035	14,892	19,222	35,920	57,922	12,427	15,370	30,135	¹¹ 890,547
PSYCHIATRIC HOSPITALS ⁷									
Alabama: Tuscaloosa.....	777	540	-----	237	644	458	-----	186	4,603
California: Los Angeles (Brentwood).....	476	446	-----	30	397	373	-----	24	3,805
Colorado: Fort Lyon.....	600	435	-----	165	550	403	-----	155	2,094
Illinois: Downey.....	2,046	1,371	41	684	1,856	1,236	30	590	5,683
Indiana: Marion.....	1,335	570	-----	765	1,072	385	-----	708	3,639
Iowa: Knoxville.....	788	400	-----	388	672	292	-----	381	1,772
Kansas: Topeka.....	890	512	-----	378	765	422	-----	299	5,071
Maryland: Perry Point.....	1,072	592	15	465	963	499	12	452	3,733
Massachusetts:									
Bedford.....	963	659	33	271	870	581	32	258	4,193
Brockton.....	853	629	21	203	808	601	13	194	2,981
Northampton.....	733	477	26	230	648	414	17	216	2,315
Michigan: Battle Creek.....	1,240	1,057	-----	183	1,084	909	-----	175	4,532
Minnesota: St. Cloud.....	1,070	561	14	445	911	476	11	425	2,972
New Jersey: Lyons.....	1,603	1,044	30	529	1,444	908	24	512	4,199
New York:									
Canandaigua.....	1,072	634	15	423	966	566	12	387	2,908
Montrose.....	1,511	1,185	23	303	1,374	1,099	11	264	3,961
North Carolina: Salisbury.....	909	639	40	230	834	579	42	214	4,199
Ohio:									
Brecksville ¹⁰	899	702	2	195	830	638	1	191	5,059
Chillicothe.....	1,538	987	25	526	1,374	836	24	513	4,500
Oregon: Roseburg.....	436	255	20	161	351	202	15	134	2,598
Pennsylvania:									
Cortessville.....	1,482	1,018	25	439	1,333	924	18	392	4,043
Pittsburgh.....	951	632	13	308	846	542	4	300	3,017
South Dakota: Fort Meade.....	430	240	20	160	387	222	20	145	2,265
Tennessee: Murfreesboro.....	1,007	441	-----	566	867	362	-----	505	3,247
Texas: Waco.....	1,100	750	-----	350	1,059	733	-----	325	4,593
Washington: American Lake.....	720	532	-----	188	591	431	-----	160	2,510
Wisconsin: Tomah.....	800	387	-----	413	722	338	-----	384	2,488
Wyoming: Sheridan.....	413	252	-----	161	314	181	-----	133	1,909
GENERAL HOSPITALS ⁷									
Alabama:									
Birmingham.....	484	15	253	216	388	7	203	178	10,007
Montgomery.....	243	-----	87	156	123	-----	25	98	3,243
Tuskegee.....	1,106	542	107	457	990	479	81	429	5,382
Arizona:									
Phoenix.....	219	38	81	100	210	37	76	96	4,384
Prescott.....	245	14	40	191	196	15	37	144	3,342
Tucson.....	330	33	118	178	257	31	93	133	6,647
Arkansas:									
Fayetteville.....	310	-----	78	152	277	-----	74	203	4,707
Little Rock ⁷	1,609	799	245	566	1,407	695	208	504	17,000
California:									
Fresno.....	272	35	108	129	233	31	95	108	4,849
Livermore.....	104	-----	39	65	165	-----	54	111	2,327
Long Beach.....	1,659	150	335	1,174	1,467	131	280	1,057	22,794
Los Angeles (Wadsworth).....	743	-----	249	493	604	-----	182	422	9,941
Martinez.....	498	70	178	250	420	54	153	214	8,246
Palo Alto ⁷	1,451	1,131	144	176	1,126	895	113	118	10,600
San Diego.....	585	89	216	280	335	57	136	142	9,728
San Francisco.....	352	-----	189	163	269	-----	143	126	6,308
Sepulveda.....	919	327	202	391	757	267	139	351	9,125
Colorado:									
Denver.....	423	76	180	167	359	68	151	141	10,280
Grand Junction.....	191	-----	69	122	165	-----	54	111	1,544
Connecticut:									
Newington.....	190	24	90	76	160	19	77	63	3,364
West Haven.....	724	105	177	442	215	83	128	167	8,196
Delaware: Wilmington.....	343	-----	148	196	252	-----	110	142	4,704
District of Columbia: Washington.....	707	180	201	326	621	167	175	279	11,806
Florida:									
Bay Pines.....	699	147	154	398	650	125	138	387	7,518
Gainesville.....	480	90	207	183	412	78	184	150	9,182
Lake City.....	437	-----	103	334	301	-----	71	230	5,256
Miami.....	789	164	228	397	674	148	186	339	14,626
Tampa ⁸	231	39	77	115	172	33	43	95	2,681
Georgia:									
Atlanta.....	510	57	224	230	415	52	185	178	10,190
Augusta ⁷	1,318	707	151	460	1,103	593	125	385	9,170
Dublin.....	500	-----	104	396	398	-----	58	340	3,642

See footnotes at end of table.

*VA Hospitals: Average Operating Beds, Average Daily Census,
Patients Treated—During Fiscal Year 1973*

Hospital	Average operating beds ²				Average daily patient census ³				Total number of patients treated
	Total	Bed section ¹			Total	Bed section ¹			
		Psychiatry ⁴	Surgery	Medical ⁴		Psychiatry ⁴	Surgery	Medical ⁴	
Idaho: Boise.....	172		77	95	114		43	72	2,725
Illinois:									
Chicago (Research).....	531	28	232	271	460	26	200	233	10,729
Chicago (West Side).....	545	84	192	269	510	80	180	249	9,241
Danville.....	1,395	807	98	490	1,087	641	59	387	4,505
Hines.....	1,525	231	472	822	1,327	199	405	723	22,262
Marion.....	141		29	112	123		24	99	3,083
Indiana:									
Fort Wayne.....	178		67	111	154		54	100	2,883
Indianapolis ⁵	664	78	195	391	528	69	164	294	12,137
Iowa:									
Des Moines.....	362		160	202	312		123	189	5,981
Iowa City.....	417	62	181	174	297	41	136	120	7,924
Kansas:									
Leavenworth.....	607	206	118	284	487	157	85	245	6,626
Wichita.....	198		95	103	161		67	94	2,975
Kentucky:									
Lexington ⁶	877	477	96	305	772	411	77	283	7,216
Louisville.....	437	49	207	180	319	40	140	139	5,888
Louisiana:									
Alexandria.....	435		151	284	342		92	250	5,486
New Orleans.....	580	62	216	302	511	55	189	266	9,898
Shreveport.....	456	66	138	252	403	64	115	223	8,368
Maine: Togus.....	810	505	100	205	706	455	71	180	5,300
Maryland:									
Baltimore.....	291	14	109	168	230	11	84	135	5,898
Fort Howard.....	237			237	225			225	1,673
Massachusetts:									
Boston.....	851	108	261	483	696	100	209	387	12,961
West Roxbury.....	295		74	221	215		48	167	2,520
Michigan:									
Allen Park.....	704	15	206	483	564	12	166	387	7,707
Ann Arbor.....	416	76	162	178	312	63	118	131	8,437
Iron Mountain.....	234		95	139	193		71	122	2,892
Saginaw.....	199		88	111	179		74	105	2,501
Minnesota: Minneapolis.....	907	108	372	427	700	93	293	314	15,507
Mississippi:									
Biloxi ⁷	899	548	84	267	757	457	75	226	5,069
Jackson.....	498	70	188	240	440	60	166	214	8,415
Missouri:									
Columbia.....	221	30	92	98	143	20	60	62	3,312
Kansas City.....	502	63	208	231	397	57	169	172	8,672
Poplar Bluff.....	199		88	111	179		74	105	3,334
St. Louis ⁷	1,146	455	246	444	864	265	205	394	13,532
Montana:									
Fort Harrison.....	160		60	100	144		50	95	2,492
Miles City.....	92		41	51	73		29	44	1,543
Nebraska:									
Grand Island.....	172		43	129	149		35	113	1,998
Lincoln.....	211	60	86	65	185	58	69	58	3,226
Omaha.....	473	88	135	250	353	72	106	175	9,044
Nevada: Reno.....	176		90	86	153		84	69	3,247
New Hampshire: Manchester.....	150		56	94	139		51	88	2,832
New Jersey: East Orange.....	1,085	258	248	579	929	203	216	509	12,705
New Mexico: Albuquerque.....	439	73	146	220	360	66	130	163	9,223
New York:									
Albany.....	881	160	224	497	697	110	183	405	8,485
Batavia.....	241		44	197	201		24	177	1,801
Bath.....	188	11	31	146	170	10	30	130	1,269
Bronx.....	1,015	112	321	582	808	92	257	458	12,980
Brooklyn.....	1,000	121	295	584	826	96	211	518	11,474
Buffalo.....	887	134	232	522	774	108	203	463	9,607
Castle Point.....	258		67	191	224		64	161	2,194
New York.....	1,070	183	383	504	878	161	291	427	15,065
Northport.....	1,098	419	112	568	826	389	59	378	4,706
Syracuse.....	411	91	181	138	312	67	145	100	5,090
North Carolina:									
Durham.....	500	81	216	203	393	71	169	153	9,402
Fayetteville.....	386	39	110	237	340	36	82	222	5,817
Oteen.....	562	30	147	385	497	28	132	337	6,875
North Dakota: Fargo.....	224		72	152	185		58	127	3,272
Ohio:									
Cincinnati.....	458	78	199	181	381	69	177	135	6,773
Cleveland ¹⁰	786	40	293	453	663	30	248	386	9,563
Dayton.....	844	186	197	461	753	178	159	416	6,974
Oklahoma:									
Muskogee.....	253		100	153	212		85	127	4,345
Oklahoma City.....	481	100	168	214	384	90	141	154	10,378
Oregon: Portland.....	527	30	197	300	456	20	176	260	10,515

See footnotes at end of table.

VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated—During Fiscal Year 1973

Hospital	Average operating beds ¹				Average daily patient census ²				Total number of patients treated
	Total	Bed section ¹			Total	Bed section ¹			
		Psychiatry ⁴	Surgery	Medical ⁴		Psychiatry ⁴	Surgery	Medical ⁴	
Pennsylvania:									
Altoona.....	170		45	125	155		51	104	1,914
Butler.....	396			396	266			266	2,568
Erie.....	134		42	92	125		34	91	2,262
Lebanon.....	896	622	31	243	820	583	26	210	2,482
Philadelphia.....	478	38	182	258	416	30	156	230	8,293
Pittsburgh ⁶	746	30	302	415	591	17	230	344	9,962
Wilkes-Barre.....	500	112	121	267	425	104	99	223	4,583
Puerto Rico: San Juan.....	693	240	161	293	638	232	140	265	12,049
Rhode Island: Providence.....	352	39	96	217	298	37	75	187	6,130
South Carolina:									
Charleston.....	402	54	168	180	316	51	120	145	7,037
Columbia.....	428	34	179	215	386	31	148	207	6,344
South Dakota:									
Hot Springs.....	234	19	41	174	210	22	37	151	2,386
Sioux Falls.....	250	29	84	137	207	26	65	115	4,278
Tennessee:									
Memphis.....	923	180	208	535	798	157	165	475	14,516
Mountain Home.....	500	73	138	289	458	68	112	279	6,274
Nashville.....	502	50	211	241	398	35	177	186	9,537
Texas:									
Amarillo.....	435		151	284	342		92	250	2,385
Big Spring.....	225		52	173	191		43	149	3,570
Bonham.....	70	14	26	30	68	13	24	31	1,270
Dallas.....	727	102	324	301	622	112	242	269	13,090
Houston.....	1,251	377	272	602	1,138	363	241	533	17,237
Kerrville.....	310		84	226	277		74	203	3,476
Marlin.....	222			222	197			197	1,802
Temple.....	733	154	196	383	641	121	174	346	8,463
Utah: Salt Lake City.....	569	196	145	228	410	124	106	180	7,966
Vermont: White River Junction.....	200	15	100	85	150	13	66	71	3,304
Virginia:									
Hampton.....	502	89	106	306	406	65	86	255	4,319
Richmond.....	853	9	205	639	725	8	169	548	12,040
Salem.....	1,233	796	80	357	918	520	57	341	7,664
Washington:									
Seattle.....	344	66	124	154	299	60	108	131	8,133
Spokane.....	211		95	116	177		79	97	3,393
Vancouver.....	384	40	117	227	303	34	99	170	4,173
Walla Walla.....	209		44	166	160		34	127	2,443
West Virginia:									
Beckley.....	169		50	119	145		39	106	3,403
Clarksburg.....	210	25	89	96	169	25	70	74	3,675
Huntington.....	180		63	117	165		47	119	4,604
Martinsburg.....	691	9	146	536	577	6	93	478	5,966
Wisconsin:									
Madison.....	410	22	150	237	317	14	133	170	8,169
Wood.....	923	192	270	461	689	157	211	321	10,825
Wyoming: Cheyenne.....	127		49	78	114		43	72	2,123

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 1972-June 1973). 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 "Psychiatry" (Psychiatric medically infirm program phased out July 1, 1973). "Medical" includes data for neurological, intermediate, spinal cord injury, physical medical and rehabilitation, blind 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 two VA general hospitals at Indianapolis, Ind.

⁶ Includes data for the VA hospital, Aspinwall, Pa.

⁷ During fiscal year 1973, data for the Psychiatric hospitals, Augusta, Ga., Gulfport, Miss., Jefferson Bks. Mo., North Little Rock, Ark. and Palo Alto, Calif. have been consolidated respectively with the VA General hospitals, Augusta, Biloxi, St. Louis, Little Rock and Palo Alto.

⁸ The new VAH Tampa, Fla. opened August 21, 1972 for care of patients.

⁹ The new VA hospital Lexington, Ky. Cooper Drive Division opened June 8, 1973 for the admission of patients; hospital to function under consolidated management with the VAH Lexington, Ky., Leestown Division. The Cooper Drive and Leestown division will each be counted as a separate VA general hospital.

¹⁰ Effective May 16, 1973, the VAH Brecksville (Psy.) and VAH Cleveland (Gen.) were approved for consolidated management.

¹¹ Transfers are excluded in overall total; included in total for individual stations.

INPATIENT CARE

TABLE 9

VA, Non-VA Hospitals: Patient Turnover, Type of Hospital—Fiscal Year 1973

Item	All hospitals	VA hospitals			Non-VA hospitals					State home hospitals
		Total	Type of hospital		Total	Type of hospital				
			Psychiatric ¹	General ¹		Federal ²	Non-federal (VMH Manila)	State and local government ³	Nonpublic	
Average daily patient census, fiscal year 1972.....	83,185	80,971	24,620	56,532	1,154	334	137	275	408	1,060
Bed occupants and absent bed occupants as of June 30, 1972.....	⁶ 81,497	79,406	25,200	54,206	⁶ 1,061	⁶ 249	154	⁶ 366	292	1,030
Total bed occupant and absent bed occupant gains during fiscal year 1973.....	1,114,463	1,086,964	98,973	987,991	20,963	4,877	1,457	4,755	9,874	6,536
Admissions ⁸	932,481	905,545	66,121	839,424	20,816	4,815	1,388	4,755	9,858	6,120
Transfers from other hospitals ^{4 5}	27,497	27,497	7,598	19,899	(4)					416
From leave of absence.....	416						69		16	
Changes in bed section.....	154,069	153,922	25,254	128,668	147	62				
Total bed occupant and absent bed occupant losses during fiscal year 1973.....	1,114,814	1,087,034	99,491	987,543	21,231	4,914	1,508	4,968	9,841	6,549
Deaths-bed occupants.....	46,279	45,020	2,719	42,301	718	308	78	62	270	541
Deaths-absent bed occupants.....	205	205	72	133	(7)					
Discharges to post hospital care ⁸	497,702	497,702	21,422	476,280	(7)					
Other discharges ⁴	389,051	363,088	45,909	317,179	20,366	4,544	1,361	4,906	9,555	5,597
Transfers to other hospitals ^{4 5}	27,097	27,097	4,115	22,982	(4)					411
To leave of absence.....	411				(7)					
Changes in bed section.....	154,069	153,922	25,254	128,668	147	62	69		16	
Bed occupants and absent bed occupants as of June 30, 1973.....	81,146	79,336	24,682	54,654	793	212	103	153	325	1,017
Bed occupants remaining in hospital June 30, 1973.....	79,135	77,356	23,804	53,552	762	211	99	141	311	1,017
Average daily patient census, fiscal year 1973.....	84,556	82,479	24,558	57,922	1,031	236	105	251	439	1,046
Patients treated.....	1,014,383	985,351	94,801	890,547	21,877	5,064	105	251	439	7,155
Total patients in extramural status June 30, 1973.....	2,011	1,980	878	1,102	31	1	4	12	14	
Absent bed occupants.....	2,011	1,980	878	1,102	31	1	4	12	14	
Post-hospital-care status (PHC).....										
Research followup status.....										

¹ During fiscal year 1973, data for the VA psychiatric hospitals, Augusta, Ga., Gulfport, Miss., Jefferson Bks., North Little Rock, Ark., and Palo Alto, Calif., have been consolidated respectively with the VA general hospitals, Augusta, Biloxi, St. Louis, Little Rock and Palo Alto.
² Includes U.S. Army, Navy, Air Force, and Public Health Service hospital; 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.
⁵ Includes only patients transferred as VA beneficiaries.
⁶ Data adjusted.
⁷ Data for non-VA hospitals are not available.
⁸ Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis were considered to be inpatients. During FY 1973, there were about 80,000 admissions (and discharges) for one day duration of stay.

TABLE 10

INPATIENT CARE

VA, Non-VA and State Home Hospitals: Patient Turnover, Type of Bed Section—Fiscal Year 1973

Item	Type of bed section ¹								State home hospitals
	VA hospitals				Non-VA hospitals				
	Total	Psychiatry	Surgery	Medical	Total	Psychiatry	Surgery	Medical	
Average daily patient census fiscal year 1972.....	80,971	31,422	15,340	34,208	1,154	482	189	482	1,060
Bed occupants and absent bed occupants as of June 30, 1972.....	79,406	29,279	13,911	36,216	² 1,061	² 579	² 127	² 355	1,030
Total bed-occupant and absent bed-occupant gains during fiscal year 1973.....	1,086,964	170,997	351,490	564,477	20,963	5,936	3,396	11,631	6,536
Admissions ⁷	905,545	141,294	288,443	475,808	20,816	5,927	3,298	11,591	6,120
Transfer from other hospitals ^{4, 5}	27,497	8,045	9,581	9,871	(⁴)	(⁴)	(⁴)	(⁴)	
From leave of absence.....									
Change in bed section.....	153,922	21,658	53,466	78,798	147	9	98	40	416
Total bed occupant and absent bed-occupant losses during fiscal year 1973.....	1,087,034	172,084	351,470	563,480	21,231	6,158	3,341	11,732	6,549
Deaths-bed occupants.....	45,020	407	10,423	34,190	718	22	126	570	541
Deaths-absent bed occupants.....	205	82	17	106	(⁶)	(⁶)	(⁶)	(⁶)	
Discharges to post hospital care ⁷	497,702	48,689	220,338	228,675	20,366	6,130	3,178	11,058	
Other discharges ⁴	363,088	97,048	68,446	197,594	(⁴)	(⁴)	(⁴)	(⁴)	5,597
To leave of absence.....									411
Changes in bed section.....	153,922	20,522	43,689	89,711	147	6	37	104	
Transfers to other hospitals ^{4, 5}	27,097	5,336	8,557	13,204	(⁴)	(⁴)	(⁴)	(⁴)	
Bed occupants and absent bed occupants as of June 30, 1973.....	79,336	28,192	13,931	37,213	793	357	182	254	1,017
Bed occupants remaining in hospital June 30, 1973.....	77,356	26,754	13,706	36,896	762	329	181	252	1,017
Average daily patient census fiscal year 1973.....	82,479	28,036	15,691	38,753	1,031	450	158	423	1,046
Patients treated.....	985,351	174,418	313,155	497,778	21,877	6,509	3,486	11,882	7,155
Patients in extramural status June 30, 1973:									
Total.....	376,473	46,987	178,971	150,515	31	28	1	2	
Absent bed occupants.....	1,980	1,438	225	317	31	28	1	2	
Post hospital care status.....	371,353	45,497	176,931	148,925					
Research followup status.....	3,140	52	1,815	1,273					

¹ Beds are classified according to their intended use and patients occupying them are classed accordingly, rather than on a diagnostic basis. "Medical" bed sections include data for tuberculosis, neurological etc. patients.

² Data adjusted.

³ Data for non-VA hospitals are not available separately; they are included with admissions and discharges to and from non-VA hospitals.

⁴ Non-VA hospital transfers are included with other admissions and other discharges.

⁵ Includes only patients transferred as VA beneficiaries.

⁶ Included with bed occupant deaths.

⁷ Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis were considered to be inpatients. During Fiscal Year 1973, there were about 80,000 admissions (and discharges) for one day duration of stay.

TABLE 11

VA and Non-VA Hospitals: Patients Remaining, Chronicity, Compensation and Pension Status, Diagnostic Grouping—October 18, 1972¹

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 "non-chronic" ⁴ 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 ⁵	
All patients.....	84,875	16,863	10,243	19,942	14,366	380	22,614	467
Tuberculosis.....	1,826	116	157	619	264	5	661	4
Pulmonary tuberculosis.....	1,652	102	128	577	231	5	605	4
Other tuberculosis.....	174	14	29	42	33		56	
Psychoses.....	25,250	10,408	1,404	9,597	1,467	80	2,180	114
Functional.....	20,124	9,765	881	6,407	1,072	75	1,829	95
Organic.....	5,126	643	523	3,190	395	5	351	19
Other psychiatric.....	14,648	2,043	1,873	4,234	1,456	117	4,887	38
Neurological.....	7,414	1,039	951	2,330	1,281	35	1,712	66
Vascular lesions affecting central nervous system.....	2,463	122	303	846	615	11	560	6
Other neurological.....	4,911	912	637	1,484	662	24	1,132	60
Neurological diseases of the sense organs.....	40	5	11		4		20	
General medical and surgical.....	35,737	3,257	5,858	3,162	9,898	143	13,174	245
Infective and parasitic diseases.....	529	73	100	50	79	10	217	
Malignant neoplasms.....	4,957	176	737	451	1,598	5	1,980	10
Benign and unspecified neoplasms.....	411	32	76	16	100	5	178	4
Allergic and endocrine system.....	1,942	237	339	226	490	7	638	5
Heart diseases.....	3,913	305	692	389	1,308	8	1,184	27
Vascular diseases.....	3,346	332	580	367	910	15	1,123	19
Acute respiratory diseases ⁶	654	45	154	22	216		207	10
Other respiratory diseases with asthma ⁶	2,668	267	399	404	768		810	20
Digestive diseases ⁶	5,625	369	1,011	195	1,409	15	2,592	34
Genitourinary diseases ⁶	2,419	179	381	179	748	21	884	27
Diseases of skin and cellular tissue.....	1,396	219	179	158	333	5	502	
Diseases of bones and organs of movement ⁶	2,679	467	424	266	599	26	873	24
Accidents, poisonings and violence ⁷	2,799	285	468	260	607	11	1,133	35
All other.....	2,399	271	318	179	733	15	853	30

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

² 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 non-service-connected psychoses or tuberculosis, and those hospitalized for the treatment of other non-service-connected disabilities for 90 or more days as of the census date.

⁴ This group of presumed "non-chronic" patients includes veterans hospitalized for non-service-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

⁶ Includes ill-defined conditions of the specified disease group which are classified separately in table in class XVI-a.

⁷ Excludes accidents resulting in neurological conditions.

INPATIENT CARE

TABLE 12

VA and Non-VA Hospitals: Patients Remaining, Compensation and Pension Status, Type of Patient—October 18, 1972¹

Hospital group and compensation and pension status	All patients	Type of patient				
		Tuberculosis	Psychoses	Other psychiatric	Neurological	General medical and surgical
VA and non-VA hospitals.....	84,875	1,825	25,250	14,644	7,414	35,745
Received care for a service-connected disability.....	16,864	116	10,407	2,043	1,037	3,261
Received care for a non-service connected disability only:						
And having a service-connected compensable disability, which did not require medical care.....	10,241	158	1,403	1,869	951	5,890
And having a claim for VA compensation pending.....	499	5	121	172	46	155
An on VA pension rolls.....	25,740	466	7,704	3,633	2,498	11,439
And having a claim for VA pension pending.....	924	53	165	279	102	325
And having no claim filed.....	30,145	1,026	5,334	6,609	2,712	14,464
Nonveterans.....	469	4	115	38	66	246
VA hospitals.....	83,425	1,449	24,935	14,596	7,344	35,100
Received care for a service-connected disability.....	16,544	94	10,205	2,015	1,033	3,197
Received care for a non-service connected disability only:						
And having a service-connected compensable disability, which did not require medical care.....	10,059	135	1,393	1,864	930	5,737
And having a claim for VA compensation pending.....	499	5	121	172	46	155
An on VA pension rolls.....	25,595	455	7,695	3,633	2,483	11,329
And having a claim for VA pension pending.....	920	53	165	279	102	321
And having no claim filed.....	29,339	707	5,238	6,594	2,684	14,116
Nonveterans.....	469	4	115	38	66	246

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

INPATIENT CARE

TABLE 13

VA and Non-VA Hospitals: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence—October 18, 1972¹

Reported State of residence	All patients		Type of patient									
			General medical and surgical		Tuberculous		Psychotic		Other psychiatric		Neurological	
	Total	Hospitalized in same State Number Percent	Total	Percent hospitalized in same State	Total	Percent hospitalized in same State	Total	Percent hospitalized in same State	Total	Percent hospitalized in same State	Total	Percent hospitalized in same State
Total.....	84,875	70,272 82.8	35,736	86.3	1,829	65.9	25,253	79.6	14,647	81.6	7,416	83.2
United States.....	83,118	69,329 83.4	34,975	86.9	1,447	82.9	24,794	79.6	14,584	81.6	7,313	83.5
Alabama.....	1,796	1,567 87.2	667	89.1	72	88.9	566	88.3	375	83.2	116	83.6
Alaska.....	9	0 0.0	9	0.0	-----	0.0	-----	-----	-----	-----	-----	0.0
Arizona.....	767	598 78.0	454	92.5	15	60.0	141	22.7	103	80.6	54	100.0
Arkansas.....	1,371	1,191 86.9	689	80.0	14	100.0	319	95.9	275	91.6	94	81.4
California.....	5,708	5,511 96.5	3,293	97.1	54	92.6	989	93.6	833	96.6	539	98.9
Colorado.....	678	579 85.4	299	91.0	9	55.6	211	79.6	115	87.0	44	77.3
Connecticut.....	1,067	702 65.8	453	98.0	23	100.0	368	21.7	121	51.2	102	91.2

Delaware	232	110	47.4	100	85.0	0	0.0	87	0.0	25	80.0	20	50.0
District of Columbia	547	305	55.8	212	90.6	10	50.0	117	32.5	113	43.4	95	22.1
Florida	2,850	2,152	75.5	1,535	92.3	41	90.2	556	31.5	446	85.0	272	85.7
Georgia	1,727	1,256	72.7	862	78.7	33	69.7	388	66.0	329	63.5	115	78.3
Hawaii	75	70	93.3	34	85.3	0	0.0	30	100.0	5	100.0	6	100.0
Idaho	261	121	46.4	150	69.3	5	0.0	34	11.8	43	0.0	29	44.8
Illinois	5,256	4,704	89.5	2,022	87.2	44	77.3	1,903	91.9	871	92.7	416	84.6
Indiana	2,115	1,616	76.4	652	71.9	34	100.0	842	80.5	458	80.1	129	52.7
Iowa	1,128	982	85.3	462	77.5	10	100.0	372	92.5	188	89.9	96	84.4
Kansas	1,172	948	80.9	470	83.6	5	0.0	279	71.7	301	82.4	117	91.5
Kentucky	1,215	880	72.4	504	56.5	6	100.0	300	76.7	319	91.8	86	76.7
Louisiana	1,367	1,071	78.3	789	96.2	34	109.0	253	19.8	170	68.8	121	91.7
Maine	713	669	93.8	228	95.6	0	0.0	211	95.3	250	96.0	24	41.7
Maryland	1,354	932	68.8	608	63.7	37	70.3	304	86.2	249	69.1	156	54.5
Massachusetts	2,702	2,520	93.3	711	84.2	11	0.0	967	96.4	740	98.8	273	94.5
Michigan	2,520	2,311	91.7	1,019	91.2	28	100.0	941	92.7	426	89.7	106	94.3
Minnesota	1,606	1,416	88.2	526	80.0	10	100.0	687	95.5	239	87.9	144	82.6
Mississippi	1,029	742	72.1	504	75.2	52	71.2	272	66.2	140	79.3	61	57.4
Missouri	1,822	1,241	67.7	884	82.8	15	66.7	447	49.4	335	53.4	151	65.6
Montana	382	192	50.3	199	75.9	0	0.0	70	0.0	93	37.6	20	30.0
Nebraska	829	559	67.4	420	87.1	12	100.0	167	15.6	166	59.6	64	87.5
Nevada	265	123	46.4	178	66.3	0	0.0	29	0.0	28	0.0	30	16.7
New Hampshire	369	124	33.6	198	54.5	0	0.0	64	7.8	76	0.0	31	35.5
New Jersey	2,604	2,131	81.8	732	74.6	92	100.0	1,220	87.9	385	81.0	175	62.3
New Mexico	384	300	78.1	224	88.8	4	100.0	83	34.9	42	88.1	31	100.0
New York	7,905	7,583	95.9	3,078	97.8	143	93.0	2,840	93.1	904	97.5	940	97.3
North Carolina	1,977	1,687	85.3	828	88.4	19	78.9	473	85.8	379	89.7	278	69.8
North Dakota	288	121	42.0	122	88.5	10	0.0	90	0.0	43	9.3	23	39.1
Ohio	3,887	3,494	89.9	1,283	87.2	78	76.9	1,351	93.1	716	88.1	459	92.8
Oklahoma	977	603	61.7	511	92.0	13	100.0	255	21.2	148	30.4	50	42.0
Oregon	938	692	73.8	524	70.2	27	0.0	116	91.4	183	71.0	88	100.0
Pennsylvania	5,065	4,535	89.5	1,516	89.4	66	77.3	2,231	88.7	827	92.5	425	90.1
Rhode Island	405	196	48.4	166	94.0	0	0.0	110	14.5	82	14.6	47	25.5
South Carolina	1,258	652	51.8	682	67.2	52	63.5	230	10.9	179	45.3	115	47.8
South Dakota	550	482	87.6	250	84.0	6	100.0	124	88.7	160	91.3	10	100.0
Tennessee	2,039	1,863	91.4	801	96.1	35	74.3	731	87.4	356	88.8	116	96.6
Texas	4,882	4,381	89.7	2,233	91.8	189	92.1	1,197	88.8	866	83.3	397	94.0
Utah	296	265	89.5	122	95.1	9	100.0	58	67.2	67	91.0	40	100.0
Vermont	151	78	51.7	68	85.3	0	0.0	30	0.0	38	39.5	15	33.3
Virginia	2,062	1,596	77.4	844	74.4	86	100.0	338	76.9	536	75.0	258	85.3
Washington	1,282	1,168	91.1	564	89.7	5	100.0	430	92.1	220	90.0	63	100.0
West Virginia	1,218	657	53.9	512	86.9	22	22.7	353	7.1	217	54.4	114	56.1
Wisconsin	1,762	1,493	84.7	655	86.9	17	100.0	563	76.2	379	91.0	148	89.9
Wyoming	246	180	73.2	149	73.2	0	0.0	57	100.0	25	20.0	15	60.0
Outside United States	1,763	943	53.5	761	58.3	382	1.6	459	82.1	63	82.5	98	65.3
Canal Zone	5		0.0		0.0		0.0	5	0.0		0.0		0.0
Philippines, Republic of	765		0.0	296	0.0	376	0.0	58	0.0	6	0.0	29	0.0
Puerto Rico	963	943	97.9	444	100.0	6	100.0	387	97.4	57	91.2	69	92.8
Others	30		0.0	21	0.0		0.0	9	0.0		0.0		0.0

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of cards for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

VA Hospitals: Patients Remaining, Chronicity, Compensation and Pension Status, Diagnostic Grouping—October 18, 1972

Diagnostic composition of patients	All patients ¹	Treated for SC disabilities	Veterans with compensable SC disabilities but treated for NSC disabilities only	Treated for "chronic" NSC disabilities ²	Treated for presumed "non-chronic" ⁴ NSC disabilities, and—			Non-veterans
					In receipt of or filed for VA pension ³	Filed claim for VA compensation ³	Filed no claim for VA compensation ³	
All patients.....	83,425	16,544	10,063	19,680	14,257	380	22,033	467
Tuberculosis.....	1,451	94	134	477	259	5	478	4
Pulmonary tuberculosis.....	1,277	80	105	435	226	5	422	4
Other tuberculosis.....	174	14	29	42	33		56	
Psychoses.....	24,934	10,208	1,394	9,538	1,467	80	2,133	114
Functional.....	19,813	9,565	871	6,353	1,072	75	1,782	95
Organic.....	5,121	643	523	3,185	395	5	351	19
Other psychiatric.....	14,598	2,014	1,868	4,234	1,456	117	4,871	38
Neurological.....	7,344	1,034	929	2,325	1,266	35	1,689	66
Vascular lesions affecting central nervous system.....	2,420	122	298	841	605	11	537	6
Other neurological.....	4,884	907	620	1,484	657	24	1,132	60
Neurological diseases of the sense organs.....	40	5	11		4		20	
General medical and surgical.....	35,097	3,194	5,738	3,106	9,809	143	12,862	245
Infective and parasitic diseases.....	494	56	94	50	79	10	205	
Malignant neoplasms.....	4,919	176	732	434	1,593	5	1,969	10
Benign and unspecified neoplasms.....	411	32	76	16	100	5	178	4
Allergic and endocrine system.....	1,888	232	329	220	485	7	610	5
Heart diseases.....	3,808	285	681	389	1,290	8	1,128	27
Vascular diseases.....	3,297	332	563	357	910	15	1,101	19
Acute respiratory diseases ⁶	622	45	144	22	206		195	10
Other respiratory diseases with asthma ⁶	2,611	261	382	392	768		788	20
Digestive diseases ⁶	5,515	369	989	195	1,387	15	2,526	34
Genitourinary diseases ⁶	2,375	174	381	173	748	21	851	27
Diseases of skin and cellular tissue.....	1,386	219	179	158	328	5	497	
Diseases of bones and organs of movement ⁶	2,656	467	413	266	593	26	867	24
Accidents, poisonings and violence ⁷	2,745	275	463	260	601	11	1,100	35
All other.....	2,370	271	312	174	721	15	847	30

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

² 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 non-service-connected psychoses or tuberculosis, and those hospitalized for the treatment of other non-service-connected disabilities for 90 or more days as of the census date.

⁴ This group of presumed "non-chronic" patients includes veterans hospitalized for non-service-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

⁶ Includes ill-defined conditions of the specified disease group which are classified separately in table in class XVI-a.

⁷ Excludes accidents resulting in neurological conditions.

*VA Hospitals: Patients Remaining, Compensation and Pension Status,
Type of Patient, Age—October 18, 1972¹*

Type of patient and age group	Total all patients	Service-connected veterans				Non-service-connected			Non-veterans
		Total	10% or more	Less than 10%	NSC with SC ²	Total	Pension	Other	
All patients.....	83,425	26,603	15,708	836	10,059	56,353	25,595	30,758	469
Under 25.....	4,015	1,699	1,252	113	334	2,097	52	2,045	218
25-34.....	5,604	2,291	1,850	66	375	3,247	193	3,054	68
35-44.....	11,005	3,864	2,720	188	956	7,123	2,205	4,918	15
45-54.....	25,954	9,271	5,423	325	3,523	16,644	6,373	10,271	46
55-64.....	17,501	5,847	2,668	124	3,055	11,589	5,411	6,158	88
65 and over.....	19,345	3,631	1,795	20	1,816	15,673	11,361	4,312	34
Tuberculosis.....	1,449	229	84	10	135	1,220	455	765	4
Under 25.....	14	5	5			9		9	
25-34.....	56	10	10			46		46	
35-44.....	228	39	29	5	5	189	43	146	
45-54.....	574	110	30		80	466	161	305	
55-64.....	389	60	5	5	50	326	113	213	4
65 and over.....	188	5	5			184	138	46	
Psychoses.....	24,935	11,598	9,631	574	1,393	13,219	7,695	5,524	115
Under 25.....	1,433	890	747	80	63	461	10	451	82
25-34.....	2,288	1,327	1,209	45	73	948	97	851	13
35-44.....	4,472	2,102	1,796	156	150	2,363	1,354	1,009	5
45-54.....	7,962	3,814	3,194	218	402	4,149	2,592	1,557	
55-64.....	4,044	1,868	1,399	65	404	2,177	1,340	837	
65 and over.....	4,736	1,597	1,286	10	301	3,121	2,302	819	15
Other psychiatric.....	14,596	3,879	1,901	114	1,864	10,678	3,633	7,045	38
Under 25.....	1,127	320	167	28	125	773	13	760	33
25-34.....	1,169	242	128		114	927	15	912	
35-44.....	2,264	515	248	6	261	1,747	239	1,508	
45-54.....	4,609	1,584	873	51	660	3,027	820	2,207	
55-64.....	2,473	850	365	19	466	1,623	679	944	
65 and over.....	2,954	368	120	10	238	2,581	1,867	714	5
Neurological.....	7,344	1,963	1,018	15	930	5,315	2,483	2,832	66
Under 25.....	344	146	115		31	148	15	133	50
25-34.....	514	195	168	6	21	305	46	259	16
35-44.....	807	247	183		64	560	176	384	
45-54.....	2,205	670	311		359	1,535	665	870	
55-64.....	1,732	430	183	9	238	1,300	597	703	
65 and over.....	1,742	275	58		217	1,467	984	483	
General medical and surgical.....	35,100	8,934	3,074	123	5,737	25,921	11,329	14,592	246
Under 25.....	1,097	338	218	5	115	706	14	692	53
25-34.....	1,577	517	335	15	167	1,021	35	986	39
35-44.....	3,234	961	464	21	476	2,264	393	1,871	10
45-54.....	10,604	3,093	1,015	56	2,022	7,467	2,135	5,332	46
55-64.....	8,863	2,639	716	26	1,897	6,143	2,682	3,461	84
65 and over.....	9,725	1,386	326		1,060	8,320	6,070	2,250	14

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal

the sum of the component parts due to the machine rounding of sample data.
² Veterans with compensable SC disabilities but treated for non-service-connected disabilities only.

VA Hospitals: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group—October 18, 1972¹

Diagnostic category and ICDA codes ²	All patients	Period of service					Average age	Age group					
		Korean conflict ³	World War II	World War I	Vietnam era	All others		Under 35	35-44	45-54	55-64	65-74	75 and over
All diseases and conditions.....	83,425	9,044	45,448	13,331	8,869	6,736	53.7	9,617	11,010	25,947	17,500	7,174	12,177
I. Infective and parasitic diseases.....	1,916	239	1,102	206	240	129	51.7	216	273	688	447	118	172
Pulmonary tuberculosis (011).....	1,277	189	832	98	76	82	52.6	56	205	513	353	67	82
Tuberculosis, late effects (019).....	9	4	4	5	5	(*)	(*)	4	4	4	4	4	5
Tuberculosis, other (010, 012-018).....	93	8	46	21	18	(*)	(*)	13	13	20	26	5	15
Cardiovascular syphilis (093).....	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
Syphilis of central nervous system (094).....	25	20	5	5	5	(*)	(*)	10	5	10	6	6	6
Other forms of late syphilis, latent or unspecified (095-097).....	11	6	6	5	5	(*)	(*)	10	5	10	6	6	6
All other venereal diseases (090-092, 098-099).....	11	6	6	5	5	(*)	(*)	10	5	10	6	6	6
Infectious hepatitis (070).....	68	5	5	5	5	(*)	(*)	64	5	5	5	5	5
Malaria (084).....	5	5	5	5	5	(*)	(*)	5	5	5	5	5	5
All other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083, 085-089, 100-104, 110-117, 120-129, 130-136).....	417	42	195	71	78	31	52.4	68	55	131	63	30	70
II. Neoplasms.....	5,512	293	3,641	1,148	200	230	59.8	189	285	1,533	1,651	816	1,037
Malignancy of buccal cavity and pharynx (140-149).....	553	4	428	105	9	7	60.8	4	4	175	221	58	96
Malignancy of digestive organs and peritoneum (150-159).....	807	25	528	212	11	31	62.9	6	26	221	211	124	220
Malignancy of respiratory system (160, 162-163).....	1,281	40	970	191	25	55	59.0	15	56	402	460	191	157
Malignancy of larynx (161).....	246	5	221	15	5	5	58.9	5	5	85	97	58	6
Malignancy of lymphatic and hematopoietic tissue (200-209).....	474	56	258	77	54	29	53.9	54	66	133	109	45	67
Malignancy of genitourinary organs (180-189).....	775	24	346	348	20	37	68.0	10	19	86	165	185	311
Malignancies of all other systems (170-174, 190-199).....	860	96	529	141	60	34	55.5	79	74	251	250	83	121
Neoplasms, benign (210-228).....	251	30	161	30	21	19	54.2	25	20	84	71	20	30
Neoplasms, of unspecified nature (230-239).....	265	23	200	29	13	13	58.3	20	20	96	67	52	29
III. Endocrine, nutritional, and metabolic diseases.....	1,935	170	1,274	266	139	87	55.6	113	184	714	478	215	234
Diabetes mellitus (250).....	1,250	107	886	160	55	42	56.5	38	104	483	324	170	132
Diseases of thyroid and other endocrine glands (240-246, 251-258).....	250	15	168	25	27	15	53.6	31	22	84	74	10	31
Avitaminosis and other nutritional deficiency (260-269).....	163	26	64	46	12	15	59.7	5	26	30	35	25	41
Obesity not specified as of endocrine origin (277).....	112	16	77	14	5	47.6	15	22	51	20	5	5	
Other metabolic diseases (270-276, 278-279).....	161	6	79	35	31	10	52.9	24	10	66	25	5	30
IV. Diseases of blood and blood-forming organs.....	355	21	215	62	26	31	58.8	27	16	97	96	46	73
Anemia, iron deficiency (280).....	62	47	10	10	5	(*)	(*)	10	22	10	10	20	20
Pernicious anemia (281.0).....	16	10	10	6	6	(*)	(*)	6	5	5	5	5	5
Anemia, other (281.1-285).....	248	16	153	43	15	21	57.6	21	11	72	69	26	48
All other diseases of blood and blood-forming organs (286-289).....	29	5	5	9	5	5	(*)	5	10	10	10	10	5
V. Mental disorders.....	39,476	5,267	19,429	5,406	5,261	4,113	51.1	6,007	6,722	12,550	6,510	2,825	4,860
Psychoses not attributed to physical conditions (295-299).....	19,813	3,067	9,523	1,760	2,851	2,612	47.9	3,564	4,187	6,776	2,765	1,070	1,451
Alcoholic psychosis (291).....	1,428	114	1,132	86	40	56	56.1	39	87	494	561	182	65
Psychoses with organic brain syndrome, except syphilitic (290, 292.2-294).....	3,369	234	1,492	1,329	116	198	64.3	117	198	625	652	522	1,255
Psychoses associated with syphilis (292.0, 292.1).....	324	143	171	171	10	10	67.5	10	67	67	66	56	135
Alcoholism (303).....	4,939	921	2,963	93	485	477	48.4	381	1,154	2,254	898	174	78
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9).....	4,359	249	1,984	1,870	113	143	65.9	104	244	665	866	688	1,792
Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 304-307, 307.3, 307.4).....	5,155	682	2,120	92	1,649	612	42.1	1,795	847	1,611	688	128	84
Mental retardation (310-315).....	89	72	5	5	7	5	(*)	7	5	58	14	5	5
VI. Diseases of nervous system and sense organs.....	4,088	462	2,405	576	323	322	53.8	349	580	1,334	958	374	489
Inflammatory diseases of central nervous system (320-324).....	51	5	30	6	10	(*)	(*)	10	5	15	9	6	6
Epilepsy (345).....	236	32	158	25	25	21	47.5	25	46	109	56	5	5
Amyotrophic lateral sclerosis (348.0).....	72	5	51	5	11	(*)	(*)	5	31	26	5	5	5
Paraplegia, cerebral or spinal (344.2, 349.3).....	234	30	93	15	70	26	44.4	74	19	94	19	10	15

Quadruplegia, cerebral or spinal (344.3, 349.4).....	270	40	145	5	39	41	45.6	54	61	101	40	10	5
Other diseases of central nervous system, including hereditary and familial disease of nervous system (330-333, 340-344.1, 344.9, 346-347, 348.1-349.2, 349.5-349.9).....	1,903	242	1,150	250	80	181	54.4	91	303	644	493	178	195
Diseases of nerves and peripheral ganglia (350-358).....	327	62	175	24	36	30	50.8	40	66	96	68	32	24
Inflammatory diseases of the eye and other diseases and conditions of the eye, except blindness (360-369, 370-378).....	711	31	420	219	32	9	62.0	26	48	151	180	102	204
Blindness (379).....	123		78	26	10	9	57.0	14		46	21	15	16
Diseases of ear and mastoid process (380-389).....	161	15	105	26	10	5	52.3	10	32	47	46	16	9
VII. Diseases of the circulatory system.....	9,512	618	5,672	2,498	352	372	60.8	211	623	2,595	2,649	1,129	2,304
Chronic rheumatic heart disease (393-398).....	144	5	122		10	7	51.4		18	85	36	5	
Hypertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 403).....	53	6	31	16			(*)		6	14	11	5	16
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 403).....	726	109	472	67	33	45	52.8	28	119	296	189	37	56
Acute myocardial infarction (410).....	470	35	308	73	20	34	58.6	5	46	119	182	49	69
Chronic ischemic heart disease (412).....	2,194	119	1,163	793	44	75	63.6		135	581	451	308	720
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414).....	154	10	112	10	5	17	56.4		10	57	68	9	10
Other forms of heart disease (391, 392.0, 402-429).....	777	61	473	200	33	10	60.3	29	51	184	246	82	184
Cerebral hemorrhage (431).....	470		30	5		5	(*)		6	5	20	10	
Cerebral thrombosis (433).....	704	15	450	219	15	5	64.1	10	15	126	242	103	207
Cerebral embolism (434).....	21		15	6			(*)			5	9	6	
Generalized ischemic cerebrovascular disease (437).....	398	6	164	213		15	69.8	6		43	72	73	203
All other cerebrovascular disease (430, 432, 435, 436, 438).....	1,258	66	764	354	46	28	62.1	26	35	322	409	135	332
Arteriosclerosis (440).....	649	21	363	243	5	17	65.2			168	161	95	224
All other diseases of arteries, arterioles and capillaries (441-448).....	909	64	539	211	47	48	60.4	30	51	213	289	145	180
Varicose veins, lower extremities (454).....	304	17	230	38	5	14	58.2	5	15	113	101	28	43
Hemorrhoids (455).....	159	20	79	5	23	32	44.6	31	36	79	9		5
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458).....	552	64	357	45	66	20	53.7	41	80	185	154	39	55
VIII. Diseases of the respiratory system.....	3,066	196	1,962	661	123	124	59.9	119	155	830	943	404	618
Acute respiratory infections including influenza (460-466, 470-474)....	112	9	64	5	24	10	48.5	29	4	44	16	14	5
Pneumonia (480-486).....	473	24	277	140	16	16	61.9	11	20	125	127	64	126
Bronchitis, unqualified and chronic (490-491).....	369	14	241	90	5	19	61.6	5	18	83	128	65	71
Emphysema (492).....	1,047	63	685	264		35	63.3		19	260	320	195	253
Asthma (493).....	125	7	104	4	5	5	54.9		10	57	43	11	4
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519).....	940	79	591	158	73	39	56.4	74	84	261	309	55	159
IX. Diseases of the digestive system.....	5,109	559	3,193	602	439	316	53.7	431	616	1,795	1,353	369	546
Diseases of oral cavity, salivary glands, and jaws (520-529).....	80	5	41	5	29		(*)	29		32	14		5
Ulcers, digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534).....	884	70	623	74	60	57	52.9	79	82	333	261	69	58
All other diseases, esophagus, stomach and duodenum (except ulcers) (530, 535-537).....	337	29	199	62	26	21	55.8	26	35	104	92	34	47
Hernia of abdominal cavity (550-553).....	990	95	585	179	66	55	57.3	64	89	279	280	91	178
Other diseases of intestine and peritoneum (540-543, 560-569).....	991	101	531	168	144	47	53.2	156	95	310	201	76	152
Cirrhosis of liver (571).....	1,036	158	709	26	59	84	51.4	31	190	443	310	36	26
Other diseases of liver, gall bladder and pancreas (570, 572-577).....	801	101	505	88	55	52	53.7	46	125	294	195	63	80
X. Diseases of the genitourinary system.....	2,177	192	1,145	589	146	105	58.9	176	170	539	546	174	573
Nephritis and nephrosis (580-584).....	318	61	163	30	35	29	49.4	39	59	135	56	5	25
Other diseases of urinary system (590-599).....	870	98	477	198	71	26	56.4	81	77	269	211	41	191
Diseases of the prostate (600-602).....	754	4	383	332	10	25	67.9	10	5	75	226	113	324
Other diseases of male genital organs (603-607).....	181	9	108	29	15	20	55.0	30	9	46	48	15	33
Diseases of breast, gynecological conditions (610-616, 620-629).....	54		14		15		(*)	16	20	14	5		
XI. Deliveries and complications of pregnancy, childbirth and the puerperium (630-678).....													
XII. Diseases of skin and subcutaneous tissue.....	1,386	126	798	153	202	107	51.6	217	150	469	313	95	144
Infections of skin and subcutaneous tissue (680-686, 694-698).....	630	55	353	56	123	43	49.6	122	73	210	150	20	56
All other diseases of skin and subcutaneous tissue (690-693, 700-709)....	756	71	445	97	79	64	53.3	95	77	259	163	75	88

See footnotes at end of table.

INPATIENT CARE

TABLE 16—Continued

VA Hospitals: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group—October 18, 1972 1

Diagnostic category and ICDA codes 2	All patients	Period of service					Average age	Age group					
		Korean conflict 3	World War II	World War I	Vietnam era	All others		Under 35	35-44	45-54	55-64	65-74	75 and over
XIII. Diseases of the musculoskeletal system and connective tissue.....	2,651	318	1,557	305	268	203	52.3	258	458	918	538	184	297
Arthritis and rheumatism, except rheumatic fever (710-718).....	1,388	132	876	222	73	85	55.7	65	191	464	351	111	207
Displacement of intervertebral disc (725).....	258	46	174	5	4	29	50.4	5	59	123	54	12	5
Osteomyelitis and other diseases of bone and joint (720-724, 726-729).....	660	95	302	44	149	70	46.4	152	127	221	91	31	39
Other diseases of musculoskeletal system (730-738).....	345	45	205	34	42	19	51.7	36	81	110	42	30	46
XIV. Congenital deformities (743-759).....	150	9	88	.....	26	27	45.6	36	19	67	6	21	.....
XVI. a Symptoms and ill-defined conditions.....	1,678	137	906	269	225	141	53.4	258	152	543	322	135	268
Senility without mention of psychosis (794).....	18	.....	10	8	.....	.....	(4)	.....	.....	.....	4	4	10
Symptoms and all other ill-defined conditions (780-792, 795-796).....	1,660	137	896	261	225	141	53.2	258	152	543	318	131	258
XVI. b Observation and examination cases, followup and special admissions.....	631	56	400	93	42	40	54.8	51	77	196	167	50	89
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63).....	75	10	47	9	.....	9	(4)	5	10	37	10	5	9
Mental (793.0, Y00.1, Y03.4), (316, 318, APA Code).....	57	10	27	5	15	.....	(4)	10	15	20	6	.....	5
Malignancy (793.1, Y03.3).....	141	10	93	33	5	.....	62.0	5	5	21	56	25	29
All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11-Y12, Y20-Y29).....	353	26	228	46	22	31	53.6	31	47	118	90	20	46
Diagnosis deferred, mental observation (319.0: APA Code).....	5	.....	5	.....	.....	.....	(4)	.....	.....	.....	5	.....	.....
XVII. Accidents, poisonings, and nature of injury.....	3,785	381	1,661	497	857	389	48.5	959	530	1,079	523	219	473
Fracture of skull and facial bones (800-804).....	147	13	79	5	41	9	44.3	44	12	63	17	5	5
Fracture of skull and facial bones, late effects (800-804).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fracture of spine and trunk (805-809).....	431	55	174	12	108	82	42.5	140	86	132	58	4	12
Fracture of spine and trunk, late effects (805-809).....	223	20	116	29	21	37	50.8	38	40	65	35	21	25
Fracture of upper limb (810-819).....	167	33	85	20	14	15	52.4	14	38	45	35	14	20
Fracture of upper limb, late effects (810-819).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fracture of lower limb (820-829).....	929	84	418	241	130	56	55.8	124	112	239	152	71	231
Fracture of lower limb, late effects (820-829).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dislocation without fracture (830-839, 840-848).....	329	50	120	23	89	47	44.1	109	61	85	40	.....	33
Intracranial injury—without skull fracture, late effects (830-839, 840-848).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intracranial injury—without skull fracture (850-854).....	368	31	141	44	111	41	44.4	132	41	121	30	6	38
Intracranial injury—without skull fracture, late effects (850-854).....	40	6	12	.....	22	.....	(4)	22	6	12	.....	.....	.....
Internal injury of chest, abdomen and pelvis (860-869).....	17	.....	6	.....	11	.....	(4)	5	.....	11	.....	.....	.....
Internal injury of chest, abdomen and pelvis, late effects (860-869).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Traumatic amputation of arm and hand—complete/partial (887).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Traumatic amputation of arm and hand—complete/partial, late effects (887).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Traumatic amputation of foot and leg(s)—complete/partial (896-897).....	14	.....	5	9	.....	.....	(4)	.....	.....	5	.....	5	5
Traumatic amputation of foot and leg(s)—complete/partial, late effects (896-897).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Burns (940-949).....	14	.....	9	.....	5	.....	(4)	5	.....	5	.....	4	.....
Burns, late effects (940-949).....	114	14	44	15	30	11	48.0	33	16	25	15	15	10
Injury to nerves and spinal cord (950-959).....	155	20	73	8	36	18	45.8	46	19	49	30	4	8
Injury to nerves and spinal cord, late effects (950-959).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 997-999).....	449	21	215	55	110	48	48.8	122	55	97	88	36	50
All other accidents, poisonings and violence (870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996).....	388	34	164	36	129	25	46.0	125	44	125	23	34	36
All other accidents, poisonings and violence, late effects (870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

1 Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

2 The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Hospital Records", USPHS Pub. No.

1693. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Causes of Perinatal Morbidity and mortality", in which no cases occurred, is not included in this table.

3 Service between June 27, 1950 and January 31, 1955.

4 Average age not calculated for totals less than 100 cases.

VA Hospitals: Patients Remaining, Percent by Attained Stay, Diagnostic Grouping—October 18, 1972¹

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.....	83,425	62.9	37.1	22.0	16.9	11.0	7.4	4.2
Tuberculosis.....	1,448	60.1	39.9	5.5	2.5	0.4	0.4	0.0
Pulmonary tuberculosis.....	1,275	59.4	40.6	4.3	2.4	0.5	0.5	0.0
Other tuberculosis.....	173	65.3	34.7	14.5	2.9	0.0	0.0	0.0
Psychoses.....	24,934	29.2	70.8	50.7	41.1	30.0	21.9	13.0
Functional.....	19,814	31.6	68.4	49.1	40.9	31.9	24.6	15.1
Organic.....	5,120	20.1	79.9	57.0	41.9	22.8	11.5	4.7
Other psychiatric.....	14,597	62.5	37.5	20.2	14.1	5.8	2.4	1.0
Neurological.....	7,345	56.0	44.0	23.2	15.6	8.7	4.2	1.0
Vascular lesions affecting central nervous system.....	2,422	58.5	41.5	15.5	8.8	3.5	2.1	0.7
Other neurological.....	4,883	54.4	45.6	27.2	19.2	11.3	5.2	1.1
Neurological diseases of the sense organs.....	40	100.0	0.0	0.0	0.0	0.0	0.0	0.0
General medical and surgical.....	35,102	88.6	11.4	2.9	1.7	0.7	0.2	0.1
Infective and parasitic diseases.....	496	88.5	11.5	2.2	1.2	0.0	0.0	0.0
Malignant neoplasms.....	4,918	89.4	10.6	2.1	0.8	0.3	0.1	0.1
Benign and unspecified neoplasms.....	411	93.9	6.1	0.0	0.0	0.0	0.0	0.0
Allergic and endocrine system.....	1,887	84.6	15.4	4.5	2.4	0.6	0.4	0.2
Heart diseases.....	3,809	88.1	11.9	4.7	3.4	1.1	0.1	0.1
Vascular diseases.....	3,298	85.7	14.3	3.3	2.2	1.1	0.5	0.3
Acute respiratory diseases ²	622	95.7	4.3	1.3	0.6	0.0	0.0	0.0
Other respiratory diseases with asthma ²	2,613	81.0	19.0	7.1	3.9	1.8	0.6	0.2
Digestive diseases ²	5,516	94.6	5.4	0.4	0.3	0.2	0.1	0.1
Genitourinary diseases ²	2,374	90.8	9.2	3.0	2.8	0.7	0.5	0.2
Diseases of skin and cellular tissue.....	1,385	84.0	16.0	2.2	1.1	0.3	0.0	0.0
Diseases of bones and organs of movement ²	2,657	87.5	12.5	4.0	2.1	0.8	0.2	0.0
Accidents, poisonings and violence ²	2,746	86.7	13.3	2.3	1.3	0.8	0.2	0.2
All other.....	2,370	90.8	9.2	2.1	1.1	0.3	0.0	0.0

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "Number of patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

² Includes ill-defined conditions of the specified disease group which are classified separately in table in class XVI-a.

³ Excludes accidents resulting in neurological conditions.

VA Hospitals: Patients Remaining, Age, Diagnostic Grouping—October 18, 1972¹

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.....	83,425	100.0	46,576	55.8	17,501	21.0	7,173	8.6	12,173	14.6
Tuberculosis.....	1,450	100.0	871	60.1	389	26.8	78	5.4	112	7.7
Pulmonary tuberculosis.....	1,276	100.0	774	60.6	353	27.7	67	5.3	82	6.4
Other tuberculosis.....	174	100.0	97	55.8	36	20.7	11	6.3	30	17.2
Psychoses.....	24,935	100.0	16,155	64.8	4,044	16.2	1,830	7.3	2,906	11.7
Functional.....	19,813	100.0	14,527	73.3	2,765	14.0	1,070	5.4	1,451	7.3
Organic.....	5,122	100.0	1,628	31.8	1,279	25.0	760	14.8	1,455	28.4
Other psychiatric.....	14,597	100.0	9,170	62.9	2,473	16.9	995	6.8	1,959	13.4
Neurological.....	7,344	100.0	3,870	52.7	1,732	23.6	649	8.8	1,093	14.9
Vascular lesions affecting central nervous system.....	2,420	100.0	599	24.8	752	31.0	326	13.5	743	30.7
Other neurological.....	4,884	100.0	3,241	66.3	976	20.0	317	6.5	350	7.2
Neurological diseases of the sense organs.....	40	100.0	30	75.0	4	10.0	6	15.0	0	0.0
General medical and surgical.....	35,097	100.0	16,510	47.0	8,863	25.3	3,621	10.3	6,103	17.4
Infective and parasitic diseases.....	495	100.0	331	66.9	58	11.7	36	7.3	70	14.1
Malignant neoplasms.....	4,918	100.0	1,705	34.7	1,497	30.4	739	15.0	977	19.9
Benign and unspecified neoplasms.....	410	100.0	207	50.4	109	26.6	40	9.8	54	13.2
Allergic and endocrine system.....	1,887	100.0	988	52.4	452	24.0	214	11.3	233	12.3
Heart diseases.....	3,808	100.0	1,341	35.1	1,004	26.4	459	12.1	1,004	26.4
Vascular diseases.....	3,297	100.0	1,485	45.0	903	27.4	345	10.5	564	17.1
Acute respiratory diseases ²	622	100.0	247	39.7	146	23.5	88	14.1	141	22.7
Other respiratory diseases with asthma ²	2,612	100.0	942	36.0	845	32.4	331	12.7	494	18.9
Digestive diseases ²	5,515	100.0	3,060	55.6	1,447	26.2	399	7.2	609	11.0
Genitourinary diseases ²	2,375	100.0	950	40.0	577	24.3	215	9.1	633	26.6
Diseases of skin and cellular tissue.....	1,385	100.0	835	60.3	313	22.6	94	6.8	143	10.3
Diseases of bones and organs of movement ²	2,657	100.0	1,652	62.2	524	19.7	184	6.9	297	11.2
Accidents, poisonings and violence ³	2,745	100.0	1,707	62.1	411	15.0	208	7.6	419	15.3
All other.....	2,371	100.0	1,060	44.8	577	24.3	269	11.3	465	19.6

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. The figures shown in the column for "All patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

² Includes ill-defined conditions of the specified disease group which are classified separately on table in class XV1-a.

³ Excludes accidents resulting in neurological conditions.

TABLE 19

INPATIENT CARE

VA Hospitals: Patients Remaining, Age Groups by Regions and Type of Hospital—October 18, 1972¹

Region and type of hospital	Total all patients	Age group					
		Under 25	25-34	35-44	45-54	55-64	65 and over
All patients	83,423	4,014	5,604	11,006	25,954	17,500	19,345
Psychiatric hospitals.....	24,668	1,049	1,875	4,185	7,925	4,425	5,209
General hospitals.....	58,774	2,964	3,732	6,829	18,032	13,072	14,145
Region I.....	24,170	1,098	1,492	3,286	7,320	5,064	5,910
Psychiatric hospitals:							
Bedford, Mass.....	892	61	30	95	215	191	310
Brockton, Mass.....	808	34	56	179	299	110	130
Canandaigua, N.Y.....	937	21	52	171	284	149	260
Coatesville, Pa.....	1,336	57	115	202	477	260	225
Lyons, N.J.....	1,483	48	78	279	499	254	335
Montrose, N.Y.....	1,357	61	70	293	457	271	205
Northampton, Mass.....	628	10	50	111	245	99	113
Perry Point, Md.....	956	35	69	168	272	154	258
Pittsburgh, Pa.....	851	41	88	130	340	176	76
Total.....	9,248	358	608	1,628	3,078	1,664	1,912
General hospitals:							
Albany, N.Y.....	697	39	29	50	157	132	290
Altoona, Pa.....	154	4			53	44	53
Baltimore, Md.....	232		16	31	79	53	53
Batavia, N.Y.....	202	5	5	23	27	50	92
Bath, N.Y.....	189			14	22	18	115
Beckley, W. Va.....	153	6		37	18	37	55
Boston, Mass.....	717	38	60	74	187	192	166
Bronx, N.Y.....	825	40	60	126	216	212	171
Brooklyn, N.Y.....	830	55	82	135	188	239	131
Buffalo, N.Y.....	779	33	37	82	175	138	314
Butler, Pa.....	256	12		12	113	42	77
Castle Point, N.Y.....	222	12	35	12	12	64	87
Clarksburg, W. Va.....	182	8	8	27	60	39	40
East Orange, N.J.....	880	38	69	69	314	222	168
Erie, Pa.....	134	9		18	60	14	28
Ft. Howard, Md.....	232		14	37	88	37	56
Huntington, W. Va.....	159	4			49	45	57
Lebanon, Pa.....	826	70	49	126	222	151	208
Manchester, N.H.....	151			22	65	16	48
Martinsburg, W. Va.....	605		15	45	155	160	230
Newington, Conn.....	173	3	20	33	38	59	20
New York, N.Y.....	907	60	44	104	259	197	243
Northport, N.Y.....	802	32	27	91	296	156	200
Philadelphia, Pa.....	379	42	21	23	84	124	85
Pittsburgh, Pa.....	621	32	39	34	146	141	229
Providence, R.I.....	287	16	18	30	79	69	75
Syracuse, N.Y.....	328	16	22	39	104	61	86
Togus, Me.....	731	31	36	87	271	152	154
Washington, D.C.....	610	59	75	86	203	96	91
West Haven, Conn.....	571	30	29	58	191	120	143
West Roxbury, Mass.....	234	19	29	24	76	53	33
White River Junction, Vt.....	179	11		26	64	40	38
Wilkes-Barre, Pa.....	425	11	21	58	101	122	112
Wilmington, Del.....	270	5	15	25	70	105	50
Total.....	14,922	740	884	1,658	4,242	3,400	3,998
Region II.....	23,962	1,184	1,500	3,216	8,012	5,194	4,856
Psychiatric hospitals:							
Murfreesboro, Tenn.....	849	20	39	119	270	151	250
Salisbury, N.C.....	821	15	66	177	320	172	71
Tuscaloosa, Ala.....	615	33	39	72	227	119	125
Waco, Tex.....	1,109	58	85	236	385	193	152
Total.....	3,394	126	229	604	1,202	635	598
General hospitals:							
Alexandria, La.....	369	10	19	44	82	92	122
Amarillo, Tex.....	112	7	7	39	26	13	20
Atlanta, Ga.....	452	41	39	45	147	134	46
Augusta, Ga.....	1,083	50	87	224	348	195	179
Bay Pines, Fla.....	600	30	29	41	210	115	235
Big Spring, Tex.....	196			19	57	63	57
Biloxi, Miss.....	745	67	45	72	298	200	63
Birmingham, Ala.....	410	16	16	77	115	131	55
Bonham, Tex.....	71			4	26	15	26
Charleston, S.C.....	310	36	26	57	92	68	31
Columbia, S.C.....	416	8	9	41	151	134	73
Dallas, Tex.....	620	16	26	99	235	163	81
Durham, N.C.....	415	21	13	29	101	109	142
Dublin, Ga.....	374	19	30	66	138	69	52
Fayetteville, Ark.....	198	9	9	14	32	78	56
Fayetteville, N.C.....	344	5	21	21	113	87	97
Gainesville, Fla.....	443	32	33	37	165	99	77
Hampton, Va.....	396	9	25	22	92	85	163
Houston, Tex.....	1,160	56	96	191	482	245	90

See footnote at end of table.

VA Hospitals: Patients Remaining, Age Groups by Regions and Type of Hospital—October 18, 1972¹

Region and type of hospital	Total all patients	Age group					
		Under 25	25-34	35-44	45-54	55-64	65 and over
Jackson, Miss.	447	16	25	37	213	98	58
Kerrville, Tex.	297	5	14	24	96	57	101
Lake City, Fla.	283		15	35	86	56	91
Lexington, Ky.	751	5	59	122	260	163	142
Little Rock, Ark.	1,425	62	90	176	490	316	291
Louisville, Ky.	277	12	11	36	80	75	63
Marlin, Tex.	194	7	7	7	60	20	93
Memphis, Tenn.	821	66	85	128	278	138	126
Miami, Fla.	703	47	67	110	216	141	122
Montgomery, Ala.	160	7	7	4	45	45	57
Mountain Home, Tenn.	462	8	18	50	120	99	137
Nashville, Tenn.	423	22	17	39	173	95	77
New Orleans, La.	534	46	35	92	137	135	89
Oteen, N.C.	487	16	4	47	153	109	158
Richmond, Va.	755	14	29	96	306	167	143
Salem, Va.	879	61	38	147	251	184	198
San Juan, P.R.	672	157	85	72	212	63	83
Shreveport, La.	437	13	24	53	141	112	94
Tampa, Fla.	125			19	38	46	22
Temple, Tex.	670	30	23	83	170	144	220
Tuskegee, Ala.	992	32	88	93	375	171	233
Total	20,568	1,058	1,271	2,612	6,810	4,559	4,258
Region III	23,829	1,124	1,701	3,110	7,160	4,776	5,958
Psychiatric hospitals:							
Battle Creek, Mich.	1,096	68	184	220	352	166	106
Brecksville, Ohio	855	57	142	184	237	153	82
Chillicothe, Ohio	1,370	36	40	141	484	315	354
Downey, Ill.	1,824	53	137	333	629	386	286
Ft. Meade, S. Dak.	397	29	39	52	124	65	88
Knoxville, Iowa	699	13	40	98	147	124	277
Marion, Ind.	1,137	30	66	176	306	149	410
St. Cloud, Minn.	940	49	58	121	212	156	344
Tomah, Wis.	725	14	42	73	220	159	217
Topeka, Kans.	797	66	58	137	240	99	197
Total	9,840	415	806	1,535	2,951	1,772	2,361
General hospitals:							
Allen Park, Mich.	597	34	41	56	213	152	101
Ann Arbor, Mich.	347	34	46	24	84	91	68
Chicago, Ill. (West Side)	513	12	53	81	195	57	115
Chicago, Ill. (Research)	468	10	26	26	126	126	154
Cincinnati, Ohio	367	21	9	39	122	69	107
Cleveland, Ohio	685	48	45	106	214	171	101
Columbia, Mo.	148	13	7	18	30	31	49
Dayton, Ill.	1,103	6	34	183	418	185	277
Des Moines, Iowa	794	41	33	32	223	145	290
Fargo, N. Dak.	299	18	13	31	66	57	114
Fort Wayne, Ind.	190	9	22	13	35	47	64
Grand Island, Nebr.	160	20		15	50	30	45
Hines, Ill.	144			16	24	32	72
Hot Springs, S. Dak.	1,347	49	120	192	441	280	265
Indianapolis, Ind.	207			6	56	38	107
Iowa City, Iowa	545	24	47	52	182	124	116
Iron Mountain, Mich.	313	33	42	12	107	70	49
Kansas City, Mo.	205	5	5	19	24	43	109
Lincoln, Nebr.	430	5	50	45	115	97	118
Madison, Wis.	199	5	20	30	66	62	16
Marion, Ill.	328	6	9	28	87	77	121
Minneapolis, Minn.	126	6	6	24	36	30	24
Muskogee, Okla.	770	56	52	38	232	205	187
Oklahoma City, Okla.	200	5	15	15	60	45	75
Omaha, Nebr.	419	19	44	62	121	106	67
Poplar Bluff, Mo.	342	18	18	25	157	82	42
Saginaw, Mich.	149		5	10	29	33	72
Sioux Falls, S. Dak.	198	13	20	33	59	53	20
St. Louis, Mo.	210			23	58	49	67
Wadsworth (Leavenworth), Kans.	864	89	59	152	217	148	199
Wichita, Kans.	503	10	19	62	125	120	167
Wood, Wis.	160	5	11	16	53	27	48
Total	689	82	39	91	184	122	171
Total	13,989	709	895	1,575	4,209	3,004	3,597

See footnote at end of table.

VA Hospitals: Patients Remaining, Age Groups by Regions and Type of Hospital—October 18, 1972¹

Region and type of hospital	Total all patients	Age group					
		Under 25	25-34	35-44	45-54	55-64	65 and over
Region IV.....	11,481	607	914	1,402	3,465	2,463	2,630
Psychiatric hospitals:							
American Lake, Wash.....	583	24	83	88	200	111	77
Brentwood, Calif.....	370	51	66	123	93	28	9
Fort Lyon, Colo.....	572	41	32	88	231	101	79
Roseburg, Oreg.....	345	21	37	66	94	78	49
Sheridan, Wyo.....	316	13	14	53	76	36	124
Total.....	2,186	150	232	418	694	354	338
General hospitals:							
Albuquerque, N. Mex.....	370	36	8	75	71	100	80
Boise, Idaho.....	137	—	—	17	47	43	30
Cheyenne, Wyo.....	118	—	8	4	20	31	55
Denver, Colo.....	354	39	36	28	105	93	53
Fort Harrison, Mont.....	156	6	6	6	48	42	48
Fresno, Calif.....	220	5	20	20	70	25	80
Grand Junction, Colo.....	87	—	—	19	19	25	24
Livermore, Calif.....	155	5	5	5	65	45	30
Long Beach, Calif.....	1,483	112	161	143	474	349	244
Martinez, Calif.....	454	10	22	58	163	82	119
Miles City, Mont.....	57	5	—	14	5	14	19
Palo Alto, Calif.....	1,149	63	107	182	371	198	228
Phoenix, Ariz.....	206	5	—	16	90	79	16
Portland, Oreg.....	485	9	32	58	115	154	117
Prescott, Ariz.....	205	—	4	15	30	44	112
Reno, Nev.....	160	5	11	16	48	21	59
Salt Lake City, Utah.....	386	14	35	67	111	96	63
San Diego, Calif.....	297	35	46	22	52	71	71
San Francisco, Calif.....	290	—	9	14	127	63	77
Seattle, Wash.....	306	21	11	22	108	88	56
Sepulveda, Calif.....	719	61	67	61	233	146	151
Spokane, Wash.....	170	5	—	10	50	35	70
Tucson, Ariz.....	261	—	22	21	63	63	92
Vancouver, Wash.....	298	11	33	38	98	32	86
Wadsworth, Los Angeles, Calif.....	616	10	39	49	133	143	242
Walla Walla, Wash.....	156	—	—	4	55	27	70
Total.....	9,295	457	682	984	2,771	2,109	2,292

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining October 18, 1972.

The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

VA Hospitals: Patients Remaining, Age Distribution of Spinal Cord Injury Patients in VA Hospitals and S.C.I. Centers—October 18, 1972¹

Spinal cord injury patients	Total patients	Age groups					
		Under 35	35-44	45-54	55-64	65-74	75 and over
Total VAH S.C.I. patients.....	2,625	576	536	809	470	118	116
Traumatic—Total.....	1,791	548	383	537	251	36	36
Paraplegia.....	994	300	195	308	147	16	28
Quadriplegia.....	797	248	188	229	104	20	8
Non-traumatic—Total.....	834	28	153	272	219	82	80
Paraplegia.....	588	4	99	189	147	73	56
Quadriplegia.....	266	24	54	83	72	9	24
Total S.C.I. Center patients.....	1,300	370	227	458	197	27	21
Traumatic—Total.....	1,100	358	196	387	133	10	16
Paraplegia.....	583	211	87	210	70	.....	5
Quadriplegia.....	517	147	109	177	63	10	11
Non-traumatic—Total.....	200	12	31	71	64	17	5
Paraplegia.....	100	6	21	45	11	12	5
Quadriplegia.....	100	6	10	26	53	5	.....
Bronx, N.Y.—Total.....	93	24	25	39	5	.....	.....
Traumatic—Total.....	88	24	25	34	5	.....	.....
Paraplegia.....	44	10	15	19	.....	.....	.....
Quadriplegia.....	44	14	10	15	5	.....	.....
Non-traumatic—Total.....	5	.....	.....	5	.....	.....	.....
Paraplegia.....	5	.....	.....	5	.....	.....	.....
Quadriplegia.....	5	.....	.....	5	.....	.....	.....
Castle Point, N.Y.—Total.....	42	24	.....	6	6	6	.....
Traumatic—Total.....	18	12	.....	6	.....	.....	.....
Paraplegia.....	.....	.....	.....	.....	.....	.....	.....
Quadriplegia.....	18	12	.....	6	.....	.....	.....
Non-traumatic—Total.....	24	12	.....	.....	6	6	.....
Paraplegia.....	12	6	.....	.....	.....	6	.....
Quadriplegia.....	12	6	.....	.....	6	.....	.....
Cleveland, Ohio—Total.....	105	35	30	30	10	.....	.....
Traumatic—Total.....	85	35	25	20	5	.....	.....
Paraplegia.....	50	25	5	15	5	.....	.....
Quadriplegia.....	35	10	20	5	.....	.....	.....
Non-traumatic—Total.....	20	.....	5	10	5	.....	.....
Paraplegia.....	10	.....	5	5	5	.....	.....
Quadriplegia.....	10	.....	.....	5	5	.....	.....
East Orange, N.J.—Total.....	16	.....	.....	10	6	.....	.....
Traumatic—Total.....	5	.....	.....	5	.....	.....	.....
Paraplegia.....	.....	.....	.....	.....	.....	.....	.....
Quadriplegia.....	5	.....	.....	5	.....	.....	.....
Non-traumatic—Total.....	11	.....	.....	5	6	.....	.....
Paraplegia.....	5	.....	.....	5	.....	.....	.....
Quadriplegia.....	6	.....	.....	.....	6	.....	.....
Hampton, Va.—Total.....	58	6	17	23	12	.....	.....
Traumatic—Total.....	52	6	17	23	6	.....	.....
Paraplegia.....	12	6	.....	6	.....	.....	.....
Quadriplegia.....	40	.....	17	17	6	.....	.....
Non-traumatic—Total.....	6	.....	.....	.....	6	.....	.....
Paraplegia.....	6	.....	.....	.....	6	.....	.....
Quadriplegia.....	.....	.....	.....	.....	.....	.....	.....
Hines, Ill.—Total.....	138	57	29	23	17	0	6
Traumatic—Total.....	126	57	23	23	17	.....	6
Paraplegia.....	47	29	6	12	.....	.....	.....
Quadriplegia.....	79	28	17	11	17	.....	6
Non-traumatic—Total.....	12	.....	6	.....	.....	6	.....
Paraplegia.....	12	.....	6	.....	.....	6	.....
Quadriplegia.....	.....	.....	.....	.....	.....	.....	.....

See footnotes at end of table.

TABLE 20—CONTINUED

INPATIENT CARE

*VA Hospitals: Patients Remaining. Age Distribution of Spinal Cord Injury Patients in
VA Hospitals and S.C.I. Centers—October 18, 1972¹*

Spinal cord injury patients	Total patients	Age groups					
		Under 35	35-44	45-54	55-64	65-74	75 and over
Houston, Tex.—Total	35	10	5	5	10	5	
Traumatic—Total	25	10	5	5	5		
Paraplegia	15	5	5	5			
Quadriplegia	10	5			5		
Non-traumatic—Total	10				5	5	
Paraplegia							
Quadriplegia	10				5	5	
Long Beach, Calif.—Total	242	79	30	83	45		5
Traumatic—Total	207	79	25	73	30		
Paraplegia	163	74	10	49	30		
Quadriplegia	44	5	15	24			
Non-traumatic—Total	35	5	5	10	15		5
Paraplegia	15	5	5	5	5		5
Quadriplegia	20			5	15		
Memphis, Tenn.—Total	100	35	20	30	10		5
Traumatic—Total	100	35	20	30	10		5
Paraplegia	40	20	5	5	5		5
Quadriplegia	60	15	15	25	5		
Non-traumatic—Total							
Paraplegia							
Quadriplegia							
Miami, Fla.—Total	41	10	10	16	5		
Traumatic—Total	36	10	5	16	5		
Paraplegia	31	10	5	11	5		
Quadriplegia	5			5			
Non-traumatic—Total	5		5				
Paraplegia	5		5				
Quadriplegia							
Richmond, Va.—Total	176	34	25	87	30		
Traumatic—Total	166	34	20	77	25		
Paraplegia	78	5	15	43	15		
Quadriplegia	78	29	5	34	10		
Non-traumatic—Total	20		5	10	5		
Paraplegia	10			10			
Quadriplegia	10		5		5		
San Juan, Puerto Rico—Total	24	12	6		6		
Traumatic—Total	18	12	6				
Paraplegia	18	12	6				
Quadriplegia					6		
Non-traumatic—Total	6						
Paraplegia					6		
Quadriplegia	6						
West Roxbury, Mass.—Total	153	39	20	54	30	5	5
Traumatic—Total	143	39	20	49	25	5	5
Paraplegia	59	10	10	29	10		
Quadriplegia	84	29	10	20	15	5	5
Non-traumatic—Total	10			5	5		
Paraplegia	10			5	5		
Quadriplegia							
Wood, Wis.—Total	77	5	10	52	5	5	
Traumatic—Total	41	5	5	26		5	
Paraplegia	26	5	5	16			
Quadriplegia	15			10		5	
Non-traumatic—Total	36		5	26	5		
Paraplegia	10			10			
Quadriplegia	26		5	16	5		

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. Being based on a sample, the data are subject to error due to sampling variability and do not agree with other data on counts of S.C.I. patients. The intent of this table is to present a relative distribution of the ages of

S.C.I. patients. The figures shown in the column for "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

Source: Patient treatment file.

INPATIENT CARE

TABLE 21

VA Hospitals: Patients Remaining. Compensation and Pension Status and Period of Service of Spinal Cord Injury Patients in VA Hospitals and S.C.I. Centers¹ October 18, 1972

Place of treatment and diagnosis	Total cases	Compensation and pension status							Period of service								
		Service-connected veterans			Non-service-connected veterans				Non-veteran	Span. Amer.	WW I	WW II	Peace time	Korean conflict	Post Korean	Vietnam era	All other
		10% or more	Less than 10%	NSC with SC ²	Comp. claim pending	On VA pension rolls	Pension claim pending	No claim pending									
Hospitals and S.C.I. centers.....	2,625	601	16	209	26	858	37	812	50	-----	136	1,316	24	339	261	484	50
Total traumatic.....	1,780	420	16	110	21	570	32	566	45	-----	40	783	24	242	208	437	45
Paraplegia, traumatic.....	988	256	10	55	5	313	21	299	29	-----	25	450	20	121	104	238	29
Quadruplegia, traumatic.....	792	164	6	55	16	257	11	267	16	-----	15	333	4	121	104	199	16
Total—non-traumatic.....	829	181	-----	99	5	288	5	246	5	-----	96	533	-----	97	53	47	5
Paraplegia, non-traumatic.....	564	103	-----	84	5	207	5	155	5	-----	91	335	-----	72	37	25	5
Quadruplegia, non-traumatic.....	265	78	-----	15	-----	81	-----	91	-----	-----	5	198	-----	25	16	22	-----
Spinal cord injury centers.....	1,287	282	11	73	11	414	17	438	41	-----	27	611	15	173	140	277	41
Total traumatic.....	1,088	244	11	51	11	351	17	362	41	-----	16	466	15	147	128	272	41
Paraplegia, traumatic.....	575	155	5	25	5	168	11	176	30	-----	5	225	15	81	58	158	30
Quadruplegia, traumatic.....	513	89	6	26	6	183	6	186	11	-----	11	241	-----	66	70	114	11
Total—Non-traumatic.....	199	38	-----	22	-----	63	-----	76	-----	-----	11	145	-----	26	12	5	-----
Paraplegia, non-traumatic.....	100	5	-----	22	-----	32	-----	41	-----	-----	11	62	-----	16	6	5	-----
Quadruplegia, non-traumatic.....	99	33	-----	-----	-----	31	-----	35	-----	-----	-----	83	-----	10	6	-----	-----
Hospitals without SCI centers.....	1,322	319	5	136	15	444	20	374	10	-----	109	705	9	166	121	207	10
Total traumatic.....	692	176	5	59	10	219	15	204	5	-----	24	317	9	95	80	165	5
Paraplegia, traumatic.....	413	101	5	30	-----	145	10	123	-----	-----	20	225	5	40	46	80	-----
Quadruplegia, traumatic.....	279	75	-----	29	10	74	5	81	5	-----	4	92	4	55	34	85	5
Total—non-traumatic.....	630	143	-----	77	5	225	5	170	5	-----	85	388	-----	71	41	42	5
Paraplegia, non-traumatic.....	464	98	-----	62	5	175	5	114	5	-----	80	273	-----	56	31	20	5
Quadruplegia, non-traumatic.....	166	45	-----	15	-----	50	-----	56	-----	-----	5	115	-----	15	10	22	-----

Source: Patient Treatment file.

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 18, 1972. Being based on a sample, the data are subject to error due to sampling variability and may not agree with other data on counts of S.C.I. patients. The

intent of this table is to present a distribution of the compensation and pension status and period of service of S.C.I. patients. The figures shown in the column for "Total Cases" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

² Veterans with compensable SC disabilities but treated for non-service-connected disabilities only.

TABLE 22

INPATIENT CARE

VA and Non-VA Hospitals: Patients Discharged, Age, Marital Status, Diagnostic Grouping—Fiscal Year 1973¹

Diagnostic composition of patients	Total patients ²	Age group					Marital status					
		Under 45	45-54	55-64	65-74	75 and over	Never married	Married	Separated	Widowed	Divorced	Unknown
All patients.....	834,294	238,921	254,871	183,422	61,771	95,309	145,134	465,478	48,951	50,376	121,140	3,215
Tuberculosis.....	8,914	1,392	3,682	2,405	710	725	1,243	4,825	698	615	1,505	28
Pulmonary tuberculosis.....	6,538	979	2,740	1,800	536	483	855	3,620	523	466	1,049	25
Other tuberculosis.....	2,376	413	942	605	174	242	388	1,205	175	149	456	3
Psychoses.....	70,276	38,441	19,501	7,377	1,880	2,577	29,083	22,942	5,088	1,949	10,575	639
Functional.....	59,725	36,032	16,062	5,710	1,005	916	27,120	18,246	4,255	1,117	8,385	602
Organic.....	10,551	2,409	3,439	2,167	875	1,661	1,963	4,696	833	832	2,190	37
Other psychiatric.....	129,524	56,132	45,938	19,537	3,791	4,126	25,638	58,621	10,997	5,308	28,632	328
Neurological.....	50,097	12,958	14,878	11,503	4,221	6,537	7,133	30,932	2,458	3,096	6,283	195
Vascular lesions affecting central nervous system.....	15,123	602	3,161	4,608	2,309	4,443	1,496	9,695	619	1,649	1,604	60
Other neurological.....	34,169	12,131	11,440	6,685	1,857	2,056	5,541	20,690	1,805	1,408	4,591	134
Neurological diseases of the sense organs.....	805	225	277	210	55	38	96	547	34	39	88	1
General medical and surgical.....	575,483	129,998	170,872	142,100	51,189	81,344	82,037	348,158	29,710	39,408	74,145	2,025
Infective and parasitic diseases.....	10,242	5,481	2,106	1,430	465	760	3,009	5,118	563	388	1,127	37
Malignant neoplasms.....	56,545	4,799	14,106	17,506	7,669	12,465	6,537	36,127	2,319	4,879	6,560	123
Benign and unspecified neoplasms.....	7,165	1,656	2,100	1,831	662	916	1,046	4,547	305	413	837	17
Allergic and endocrine system.....	25,212	4,736	9,074	6,745	2,158	2,499	3,213	15,809	1,351	1,604	3,154	81
Heart diseases.....	70,229	5,758	22,079	20,407	7,572	14,413	6,171	47,109	2,982	6,071	7,469	427
Vascular diseases.....	39,184	7,140	12,930	10,490	3,559	5,065	5,081	23,837	2,270	2,683	5,226	87
Acute respiratory diseases ³	18,829	4,048	4,783	4,118	1,794	4,086	3,057	10,028	1,216	1,767	2,676	85
Other respiratory diseases with Asthma ³	46,728	7,982	13,667	13,739	5,224	6,116	5,650	28,357	2,396	3,496	6,626	203
Digestive diseases ³	88,794	22,879	30,173	21,017	6,256	8,469	12,953	52,013	5,277	5,188	13,068	295
Genitourinary diseases ³	43,402	9,419	10,229	10,082	4,590	9,082	6,090	27,562	1,859	3,360	4,350	181
Diseases of skin and cellular tissue.....	22,851	8,807	6,610	4,238	1,380	1,816	5,081	11,882	1,393	1,149	3,301	45
Diseases of bones and organs of movement ³	39,981	12,323	13,714	9,084	2,221	2,639	5,043	26,507	1,852	1,687	4,796	96
Accidents, poisonings and violence ⁴	51,476	22,218	14,237	8,481	2,527	4,013	11,472	25,011	3,428	2,855	8,488	222
All other.....	54,845	12,752	15,084	12,932	5,092	9,005	7,634	34,251	2,499	3,868	6,467	126

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 35,359 incomplete discharge records in file at the time the table was prepared.

³ Includes ill-defined conditions of the specified disease group.

⁴ Excludes accidents resulting in neurological conditions.

VA Hospitals: Patients Discharged, Age, Diagnostic Category—Fiscal Year 1973¹

Diagnostic category and ICDA codes ¹	Total diagnoses ²	Principal diagnosis ³	Associated diagnosis ³	Average age	Age group of principal diagnosis					
					Under 35	5-44	45-54	55-64	65-74	75 and over
All diseases and conditions.....	2,068,145	812,537	1,255,608	51.6	132,757	100,494	247,637	177,932	59,996	93,721
I. Infective and parasitic diseases.....	39,441	15,806	23,635	46.6	4,757	1,891	4,302	2,717	841	1,298
Pulmonary tuberculosis (011).....	6,890	4,614	2,276	52.9	278	675	1,885	1,075	307	394
Tuberculosis, late effects (019).....	752	147	605	54.3	7	13	69	32	11	15
Tuberculosis, other (010, 012-018).....	2,427	816	1,611	52.8	101	111	277	156	59	112
Cardiovascular syphilis (093).....	256	105	151	68.8	-----	3	15	20	15	52
Syphilis of central nervous system (094).....	428	115	313	61.6	-----	5	28	32	11	34
Other forms of late syphilis, latent or unspecified (095-097).....	3,819	126	3,693	54.7	15	8	33	42	18	10
All other venereal diseases (090-092, 098-099).....	2,317	1,022	1,295	32.9	735	112	105	47	9	14
Infectious hepatitis (070).....	1,883	1,577	306	30.8	1,271	119	116	56	7	8
Malaria (084).....	212	150	62	28.0	141	3	3	2	-----	1
All other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083, 085-089, 100-104, 110-117, 120-129, 130-136).....	20,457	7,134	13,323	46.9	2,204	842	1,771	1,255	404	658
II. Neoplasms.....	114,196	64,265	49,931	59.6	3,202	3,549	16,441	19,425	8,319	13,329
Malignancy of buccal cavity and pharynx (140-149).....	6,103	4,552	1,551	58.6	36	205	1,526	1,674	592	519
Malignancy of digestive organs, peritoneum (150-159).....	9,864	7,855	2,009	62.5	121	254	1,836	2,525	1,155	1,964
Malignancy of respiratory system (160, 162-163).....	16,164	13,727	2,437	59.7	49	558	4,088	5,290	1,853	1,889
Malignancy of larynx (161).....	2,263	1,769	494	59.5	2	67	567	648	263	222
Malignancy of lymphatic and hematopoietic tissue (200-209).....	9,931	7,313	2,618	54.1	1,032	746	1,953	1,828	609	1,145
Malignancy of genitourinary organs (180-189).....	15,059	10,421	4,638	67.2	309	218	1,229	2,407	1,826	4,432
Malignancies of all other systems (170-174, 190-199).....	36,681	10,803	25,878	59.1	556	720	2,927	3,060	1,321	2,219
Neoplasms, benign (210-228).....	15,162	6,460	8,702	52.5	987	656	1,952	1,602	533	730
Neoplasms, of unspecified nature (230-239).....	2,969	1,365	1,604	56.6	110	125	363	391	167	209
III. Endocrine, nutritional, and metabolic diseases.....	119,763	24,800	94,963	54.1	1,668	2,996	8,950	6,626	2,100	2,450
Diabetes mellitus (250).....	64,716	16,802	47,914	55.1	804	1,987	6,015	4,648	1,525	1,823
Diseases of thyroid and other endocrine glands (240-246, 251-258).....	7,732	2,697	5,035	49.8	472	321	925	638	171	170
Avitaminosis and other nutritional deficiency (260-269).....	6,789	951	5,838	57.5	43	74	312	264	101	157
Obesity not specified as of endocrine origin (277).....	20,945	1,537	19,408	49.7	154	252	653	363	77	38
Other metabolic diseases (270-276, 278-279).....	19,581	2,813	16,768	53.7	195	362	1,045	713	226	272
IV. Diseases of blood and blood-forming organs.....	34,635	4,133	30,502	56.2	506	390	1,062	899	409	867
Anemia, iron deficiency (280).....	9,657	1,032	8,565	60.8	40	67	313	255	116	301
Fernicious anemia (281.0).....	784	249	535	65.6	6	6	55	45	36	101
Onemia, other (281.1-285).....	18,578	2,100	16,568	54.9	289	227	480	430	200	384
All other diseases of blood and blood-forming organs (286-289).....	5,616	782	4,834	50.0	171	90	214	169	57	81
V. Mental disorders.....	318,929	194,465	124,464	44.2	54,120	37,383	63,910	26,850	5,576	6,616
Psychoses not attributed to physical conditions (295-299).....	66,665	56,393	10,272	40.2	22,136	11,757	15,193	5,439	967	901
Alcoholic psychosis (291).....	8,995	6,045	2,950	49.5	436	1,185	2,698	1,346	291	89
Psychosis with organic brain syndrome, except syphilitic (290, 292.2-294).....	6,952	4,258	2,694	61.3	470	274	685	775	554	1,500
Psychoses associated with syphilis (292.0, 292.1).....	154	119	35	69.2	1	1	17	22	23	56
Alcoholism (303).....	106,983	61,079	45,904	47.7	5,546	14,186	27,976	11,332	1,626	413
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9).....	22,241	10,048	12,193	61.1	610	835	2,256	1,984	1,205	3,158
Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 304-307, 307.3, 307.4).....	106,241	56,379	49,862	39.4	24,901	9,119	15,023	5,928	905	503
Mental retardation (310-315).....	698	144	554	48.0	21	26	62	24	5	6
VI. Diseases of nervous system and sense organs.....	114,770	38,441	76,329	53.7	4,779	4,440	11,627	8,890	3,347	5,358
Inflammatory diseases of central nervous system (320-324).....	1,035	499	536	48.4	85	85	180	97	27	25
Epilepsy (345).....	9,513	3,327	6,186	44.7	831	632	1,192	490	95	87
Amyotrophic lateral sclerosis (348.0).....	508	380	128	55.7	6	31	151	129	37	26
Paraplegia, cerebral or spinal (344.2, 349.3).....	3,701	999	2,702	43.9	289	177	333	142	34	24
Quadriplegia, cerebral or spinal (344.3, 349.4).....	2,079	666	1,413	42.4	199	162	202	68	23	12

Other diseases of central nervous system, including hereditary and familial disease of nervous system (330-333, 340-344.1, 344.9, 346-347, 348.1-349.2, 349.5-349.9)	24,224	8,249	15,975	52.3	889	1,164	2,680	1,983	676	857
Diseases of nerves and peripheral ganglia (350-358)	14,049	4,405	9,644	50.1	613	620	1,692	935	263	282
Inflammatory diseases of the eye and other diseases and conditions of the eye, except blindness (360-369, 370-378)	41,695	15,079	26,616	60.3	907	887	3,502	4,083	1,947	3,753
Blindness (379)	2,998	380	2,618	52.2	51	92	119	92	27	41
Disease of ear and mastoid process (380-389)	14,968	4,457	10,511	48.0	909	632	1,576	871	218	251
VII. Diseases of the circulatory system	350,782	120,292	230,490	58.8	4,044	9,056	36,811	34,092	12,894	23,395
Chronic rheumatic heart disease (393-398)	8,630	3,883	4,747	53.6	162	423	1,660	1,098	290	241
Hypertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 404)	3,225	1,877	1,348	56.1	28	173	749	563	175	189
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 403)	37,215	10,265	26,950	51.6	766	1,520	4,217	2,638	592	532
Acute myocardial infarction (410)	10,813	7,648	3,165	58.6	52	518	2,644	2,482	728	1,244
Chronic ischemic heart disease (412)	94,567	39,859	54,708	61.3	185	2,234	11,746	11,452	4,529	9,713
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414)	13,208	2,428	10,780	55.2	20	255	1,054	706	191	202
Other forms of heart disease (391, 392.0, 402-429)	68,894	11,635	57,259	59.1	564	821	3,282	3,154	1,322	2,492
Cerebral hemorrhage (431)	1,132	692	440	58.7	18	48	214	223	66	123
Cerebral thrombosis (433)	6,256	3,673	2,583	63.9	14	102	770	1,199	540	1,048
Cerebral embolism (434)	417	134	283	61.0	1	8	31	50	17	27
Generalized ischemic cerebrovascular disease (437)	8,966	2,203	6,763	69.5	1	20	255	500	359	1,068
All other cerebrovascular disease (430, 432, 435, 436, 438)	16,810	7,968	8,842	63.0	79	300	1,781	2,472	1,236	2,100
Arteriosclerosis (440)	21,542	5,395	16,147	65.4	10	111	1,042	1,596	807	1,829
All other diseases of arteries, arterioles and capillaries (441-448)	17,375	6,462	10,913	59.6	199	386	1,744	2,082	885	1,166
Varicose veins, lower extremities (454)	8,307	3,430	4,877	54.4	223	312	1,298	995	282	320
Hemorrhoids (455)	12,105	5,466	6,639	47.3	1,052	984	1,947	1,004	236	243
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458)	21,320	7,274	14,046	54.2	670	841	2,368	1,878	639	878
VIII. Diseases of the respiratory system	164,266	57,282	106,984	56.3	6,052	4,209	15,250	15,846	6,405	9,520
Acute respiratory infections including influenza (460-466, 470-474)	13,973	6,077	7,896	49.8	1,593	546	1,524	1,188	447	779
Pneumonia (480-486)	28,855	11,649	17,206	59.6	775	940	2,921	2,654	1,221	3,138
Bronchitis, unqualified and chronic (490-491)	26,987	8,192	18,695	59.6	179	442	2,267	2,831	1,119	1,354
Empysema (492)	42,128	11,504	30,624	62.2	59	305	2,695	4,147	2,000	2,298
Asthma (493)	5,860	2,770	3,090	50.1	367	388	1,004	727	171	113
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519)	46,563	17,090	29,473	51.9	3,079	1,588	4,839	4,299	1,447	1,838
IX. Diseases of the digestive system	259,256	79,682	179,574	52.0	10,051	10,154	27,260	18,970	5,611	7,636
Diseases of oral cavity, salivary glands, and jaws (520-529)	92,967	4,162	88,805	47.3	1,117	477	1,246	799	221	302
Ulcers, digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534)	23,565	12,775	10,790	51.9	1,390	1,687	4,615	3,256	817	1,010
All other diseases, esophagus, stomach and duodenum (except ulcers) (530, 535-537)	18,094	6,677	11,417	51.9	806	914	2,258	1,610	497	592
Hernia of abdominal cavity (550-553)	37,323	18,957	18,366	54.6	2,040	1,770	5,763	5,132	1,798	2,454
Other diseases of intestine and peritoneum (540-543, 560-569)	37,874	16,598	21,276	51.7	2,983	2,014	4,830	3,319	1,205	2,247
Cirrhosis of liver (571)	28,061	10,404	17,657	51.1	448	1,625	4,922	2,736	454	219
Other diseases of liver, gall bladder and pancreas (570, 572-577)	21,372	10,109	11,263	50.7	1,267	1,667	3,626	2,118	619	812
X. Diseases of the genitourinary system	112,908	39,003	73,905	56.6	4,964	3,350	9,078	9,143	4,214	8,254
Nephritis and nephrosis (580-584)	7,715	4,096	3,619	48.5	635	731	1,421	991	154	164
Other diseases of urinary system (590-599)	59,551	16,450	43,101	55.3	2,134	1,659	4,369	3,579	1,532	3,177
Diseases of the prostate (600-602)	30,862	11,867	18,995	65.7	420	270	1,458	3,300	2,122	4,297
Other diseases of male genital organs (603-607)	11,972	5,297	6,675	48.4	1,475	520	1,369	1,060	335	538
Diseases of breast, gynecological conditions (610-616, 620-629)	2,808	1,293	1,515	47.4	300	170	461	213	71	78
XI. Deliveries and complications of pregnancy, childbirth and the puerperium	34	17	17	(^c)	14	3				
XII. Diseases of skin and subcutaneous tissue	57,496	22,399	35,097	47.6	5,886	2,813	6,450	4,124	1,344	1,782
Infections of skin and subcutaneous tissue (680-686, 694-698)	22,579	10,446	12,133	46.1	3,097	1,334	2,978	1,833	528	676
All other diseases of skin and subcutaneous tissue (690-693, 700-709)	34,917	11,953	22,964	49.0	2,789	1,479	3,472	2,291	816	1,106
XIII. Diseases of the musculoskeletal system and connective tissue	96,541	39,418	57,123	49.4	6,796	5,429	13,605	8,909	2,136	2,543
Arthritis and rheumatism, except rheumatic fever (710-718)	48,103	16,274	31,829	55.0	962	1,565	5,815	4,921	1,279	1,732
Displacement of intervertebral disc (725)	5,780	4,112	1,668	45.8	703	940	1,629	699	90	51
Osteomyelitis and other diseases of bone and joint (720-724, 726-729)	24,669	11,934	12,735	44.5	3,434	2,017	3,821	1,843	383	436
Other diseases of musculoskeletal system (730-738)	17,989	7,098	10,891	47.2	1,697	907	2,340	1,446	384	324
XIV. Congenital deformities (741-759)	9,512	3,362	6,150	46.5	815	512	1,099	644	131	161
XVI. A. Symptoms and ill-defined conditions	96,221	31,859	64,362	51.4	5,031	4,201	10,163	6,603	2,230	3,631
Senility without mention of psychosis (794)	1,265	208	1,057	77.5			1	7	24	176
Symptoms and all other ill-defined conditions (780-792, 795-796)	94,956	31,651	63,305	51.3	5,031	4,201	10,162	6,596	2,206	3,455

See footnotes at end of table.

VA Hospitals: Patients Discharged, Age, Diagnostic Category—Fiscal Year 1973¹

Diagnostic category and ICDA codes ²	Total diagnoses ³	Principal diagnosis ⁴	Associated diagnosis ⁵	Average age	Age group of principal diagnosis					
					Under 35	35-44	45-54	55-64	65-74	75 and over
XVI. b Observation and examination cases, followup and special admissions.....	62,483	21,303	41,180	53.2	2,965	2,423	6,211	5,151	1,786	2,767
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63).....	5,201	1,407	3,794	54.6	51	136	589	415	99	117
Mental (793.0, Y00.1, Y03.4) 316, 318, APA Code).....	793	602	191	39.2	264	117	144	58	11	8
Malignancy (793.1, Y03.3).....	12,647	5,745	6,902	62.0	170	220	1,292	1,762	845	1,456
All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11-Y12, Y20-Y29).....	43,445	13,166	30,279	50.3	2,249	1,888	4,129	2,889	828	1,183
Diagnosis deferred, mental observation (319.0 APA Code).....	397	383	14	35.1	231	62	57	27	3	3
XVII. Accidents, poisonings, and nature of injury.....	116,912	56,010	60,902	45.9	17,107	7,695	15,418	9,043	2,653	4,094
Fracture of skull and facial bones (800-804).....	4,369	2,872	1,497	40.7	1,155	484	790	316	70	57
Fracture of skull and facial bones, late effects (800-804).....	493	9	484	(⁶)	4	1	3	1		
Fracture of spine and trunk (805-809).....	6,075	3,075	3,000	51.0	579	354	927		223	360
Fracture of spine and trunk, late effects (805-809).....	4,511	1,465	3,046	41.0	538	319	397	141	36	34
Fracture of upper limb (810-819).....	6,988	4,558	2,430	46.6	1,340	561	1,251	829	226	351
Fracture of upper limb, late effects (810-819).....	813	1	812	(⁶)				1		
Fracture of lower limb (820-829).....	12,765	9,766	2,999	51.0	2,129	1,101	2,627	1,821	650	1,438
Fracture of lower limb, late effects (820-829).....	1,754	4	1,750	(⁶)			2			2
Dislocation without fracture (830-839, 840-848).....	8,714	5,961	2,753	41.5	2,325	966	1,620	739	152	159
Dislocation without fracture, late effects (830-839, 840-848).....	414	28	386	(⁶)	12	4	7	4		1
Intracranial injury—without skull fracture (850-854).....	3,396	2,342	1,054	44.5	764	347	626	389	115	101
Intracranial injury—without skull fracture, late effects (850-854).....	1,641	366	1,275	39.8	155	62	102	34	10	3
Internal injury of chest, abdomen and pelvis (860-869).....	1,500	742	758	42.4	269	119	210	100	18	26
Internal injury of chest, abdomen and pelvis, late effects (860-869).....	175	8	167	(⁶)	6	1	1			
Traumatic amputation of arm and hand—complete/partial (887).....	15	9	6	(⁶)	3	2	3			1
Traumatic amputation of arm and hand—complete/partial, late effects (887).....	27	8	19	(⁶)	2	1	3	1		
Traumatic amputation of foot and leg(s)—complete/partial (896-897).....	80	44	36	(⁶)	19	7	11	3	2	2
Traumatic amputation of foot and leg(s)—complete/partial, late effects (896-897).....	142	62	80	(⁶)	40	8	6	6	1	1
Burns (940-949).....	2,757	1,767	990	47.1	411	272	577	315	97	95
Burns, late effects (940-949).....	221	10	211	(⁶)	6	1	2			
Injury to nerves and spinal cord (950-959).....	1,403	941	462	40.1	395	166	233	115	20	12
Injury to nerves and spinal cord, late effects (950-959).....	1,139	118	1,021	37.3	62	19	24	10	1	2
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 987-989).....	30,853	9,531	21,322	48.1	2,469	1,136	2,642	1,877	579	828
All other accidents, poisonings and violence (870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-986).....	24,308	12,278	12,030	43.4	4,406	1,759	3,345	1,700	448	620
All other accidents, poisonings and violence, late effects (870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-986).....	2,359	45	2,314	(⁶)	18	5	9	9	3	1

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Hospital Records," USPHS Publication No. 1093. The numbers following the diagnosis are the identifying code numbers of this diagnostic classification. Category XV, "Certain Causes of Perinatal Morbidity and Mortality," in which no cases occurred, is not included in this table.

³ This figure is based on completed records. In addition, there were 34,856 incomplete discharge records in the file at the time the table was prepared.

⁴ Principal diagnosis is that diagnosis designated by the treating physician as responsible for the major portion of the patient's length of stay.

⁵ Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.

⁶ Average age not calculated for totals of less than 100 cases.

TABLE 24

INPATIENT CARE

VA Hospitals: Patients Discharged, Marital Status, Manner of Disposition, Diagnostic Grouping—Fiscal Year 1973¹

Type of patient	Total all discharges ²	Marital status			Discharge status						
		Single	Married	All other	Regular ³	Nonbed care ⁴	Irregular	Deaths			Transfers to further VA inpatient care at VA or non-VA hospital
								Total	With autopsy	Without autopsy	
All patients.....	812,537	142,248	450,983	219,306	697,222	5,656	41,239	42,801	20,293	22,508	25,619
Tuberculosis.....	6,958	1,174	3,087	2,697	5,576	10	490	303	160	143	579
Pulmonary tuberculosis.....	4,614	791	1,907	1,916	3,133	9	401	212	129	113	529
Other tuberculosis.....	2,344	383	1,180	781	2,143	1	89	61	31	30	50
Psychoses.....	66,838	27,886	21,619	17,303	46,800	4,082	9,330	1,583	745	838	5,043
Functional.....	56,393	25,944	17,006	13,443	39,348	3,755	8,438	670	319	321	4,182
Organic.....	10,445	1,942	4,613	3,860	7,452	327	892	913	396	517	861
Other psychiatric.....	128,252	25,386	57,958	44,908	103,142	1,172	18,769	1,624	723	901	3,545
Neurological.....	48,991	7,002	30,178	11,811	40,907	89	1,083	4,287	1,836	2,451	2,625
Vascular lesions affecting central nervous system.....	14,670	1,468	9,334	3,968	11,157	31	146	2,797	1,101	1,606	539
Other neurological.....	33,528	5,439	20,308	7,781	29,008	58	924	1,487	734	753	2,051
Neurological diseases of the sense organs.....	793	95	536	162	742	-----	13	3	1	2	35
General medical and surgical.....	561,498	80,800	338,111	142,587	500,797	303	11,667	35,004	16,829	18,175	13,827
Infective and parasitic diseases.....	9,873	2,918	4,853	2,072	9,107	2	312	359	183	176	93
Malignant neoplasms.....	55,810	6,490	35,562	13,758	39,949	11	523	12,637	5,736	6,901	2,690
Benign and unspecified neoplasms.....	7,057	1,035	4,463	1,559	6,565	3	105	93	56	37	291
Allergic and endocrine system.....	24,452	3,146	15,259	6,047	22,666	23	590	787	374	413	386
Heart diseases.....	67,586	6,053	45,223	16,310	57,389	37	1,245	6,945	3,265	3,680	1,970
Vascular diseases.....	38,222	5,011	23,078	10,133	31,510	33	694	2,000	1,054	946	985
Acute respiratory diseases ⁵	18,303	3,005	9,716	5,642	14,898	25	434	2,893	1,374	1,519	113
Other respiratory diseases with asthma ⁶	45,306	5,543	27,322	12,440	41,225	30	1,091	2,287	1,112	1,175	673
Digestive diseases ⁷	86,561	12,731	50,416	23,414	79,106	36	2,397	3,762	2,055	1,707	1,260
Genitourinary diseases ⁸	42,179	5,981	26,863	9,535	39,709	25	441	884	448	436	1,120
Diseases of skin and cellular tissue.....	22,399	5,015	11,559	5,825	21,475	11	475	147	73	74	291
Diseases of bones and organs of movement ⁹	39,298	4,993	25,972	8,333	37,480	6	616	239	121	115	957
Accidents, poisonings and violence ¹⁰	50,568	11,309	24,537	14,722	46,740	36	1,395	794	409	385	1,603
All other.....	53,824	7,540	33,487	12,797	49,978	25	1,249	1,177	566	611	1,395

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 34,856 incomplete discharge records in file at the time the table was prepared.

³ Includes discharges to VA outpatient programs.

⁴ Committed patients and institutional award patients who were released for the purpose of determining the patient's ability to make a satisfactory adjustment outside the hospital.

⁵ Includes ill-defined conditions of the specified disease group.

⁶ Excludes accidents resulting in neurological conditions.

INPATIENT CARE

TABLE 25

VA Hospitals: Patients Discharged, Age, Selected Period of Service, Diagnostic Grouping—Fiscal Year 1973¹

Diagnostic composition of patients	World War II					Korean conflict					Vietnam era							
	Total patients ²	Age distribution				Total patients ²	Age distribution				Total patients ²	Age distribution						
		Under 45	45-54	55-64	65 and over		Under 35	35-44	45-54	55-64		65 and over	Under 25	25-34	35-44	45-54	55-64	65 and over
All patients.....	433,258	5,623	210,366	165,713	51,556	87,982	568	58,629	22,188	5,214	1,383	127,597	49,495	61,071	8,578	6,174	1,858	421
Tuberculosis.....	4,475	49	2,462	1,565	399	897	3	596	227	55	16	418	92	231	50	38	6	1
Pulmonary tuberculosis.....	2,939	31	1,637	1,013	255	617	3	444	158	32	10	270	61	139	37	30	2	1
Other tuberculosis.....	1,536	15	825	552	144	250	-----	152	69	23	6	148	31	92	13	8	4	-----
Psychoses.....	21,495	522	15,498	6,974	1,501	10,171	245	7,644	2,020	226	36	19,861	7,736	10,863	867	287	61	47
Functional.....	18,771	431	12,610	4,991	739	8,890	67	6,871	1,754	176	22	18,931	7,471	10,436	750	199	33	42
Organic.....	5,724	91	2,888	1,983	762	1,281	178	773	266	50	14	930	265	427	117	88	28	5
Other psychiatric.....	60,645	1,452	38,046	17,834	3,313	19,626	98	14,049	4,636	773	70	28,441	11,463	13,693	1,974	1,062	186	63
Neurological.....	26,445	309	12,367	10,332	3,437	5,210	34	3,445	1,302	301	128	6,464	2,016	3,291	517	395	185	30
Vascular lesions affecting central nervous system.....	8,683	43	2,680	4,114	1,846	666	1	287	198	103	77	246	28	51	37	76	44	10
Other neurological.....	17,299	260	9,464	6,028	1,547	4,463	32	3,108	1,077	195	51	6,087	1,981	3,176	461	306	140	20
Neurological diseases of the sense organs.....	463	6	223	190	44	81	1	50	27	3	-----	131	37	64	16	13	1	-----
General medical and surgical.....	317,198	3,291	141,993	129,008	42,906	52,078	188	32,895	14,003	3,859	1,133	72,413	28,158	32,993	5,170	4,392	1,420	280
Infective and parasitic diseases.....	3,302	39	1,667	1,230	366	831	6	594	173	47	11	4,171	2,215	1,721	104	74	15	12
Malignant neoplasms.....	35,094	172	12,150	16,296	5,476	3,176	4	1,532	1,003	386	151	2,534	630	1,108	271	336	161	25
Benign and unspecified neoplasms.....	4,014	29	1,764	1,619	572	617	1	387	152	60	17	1,035	380	479	74	61	37	4
Allergic and endocrine system.....	15,605	189	7,570	6,049	1,797	2,825	8	1,787	757	224	49	1,821	424	878	252	194	66	7
Heart diseases.....	43,084	313	18,278	18,231	8,232	4,930	7	2,581	1,639	509	194	2,098	214	545	506	587	190	26
Vascular diseases.....	23,468	266	10,733	9,495	2,974	3,947	13	2,467	1,090	317	60	3,227	838	1,574	391	324	89	11
Acute respiratory diseases ³	9,323	94	3,951	3,756	1,522	1,472	4	398	397	120	53	2,345	1,041	992	143	126	33	10
Other respiratory diseases with asthma ³	28,195	224	11,325	12,498	4,148	3,709	14	2,164	1,054	352	125	4,427	1,716	1,934	327	332	99	19
Digestive diseases ³	50,037	649	25,031	19,042	5,315	9,813	44	6,549	829	255	88	5,333	2,027	2,525	360	292	102	27
Genitourinary diseases ³	21,605	174	8,387	9,149	3,895	3,278	11	2,995	2,526	605	119	11,727	4,339	5,389	912	787	234	36
Diseases of skin and cellular tissue.....	10,668	179	5,478	3,852	1,159	2,376	14	1,329	573	127	33	5,333	2,027	2,525	360	292	102	27
Diseases of bones and organs of movement ³	21,889	287	11,438	8,296	1,868	4,677	18	3,114	1,209	273	63	5,784	2,624	2,699	248	153	43	17
Accidents, poisonings and violence ⁴	21,968	393	11,728	7,658	2,189	5,483	28	3,360	1,281	247	67	13,796	6,490	6,284	568	327	89	38
All other.....	28,946	253	12,493	11,807	4,393	4,914	16	3,138	1,320	337	103	7,175	2,641	3,443	483	410	166	32

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 34,856 incomplete discharge records in file at the time the table was prepared.

³ Includes ill-defined conditions of the specified disease group.

⁴ Excludes accidents resulting in neurological conditions.

NOTE: If a veteran served in 2 or more war periods, he was coded to the latest war for a service-connected condition incurred in a prior war period.

*VA and Non-VA Hospitals: Patients Discharged, Compensation and Pension Status,
Type of Patient—Fiscal Year 1973¹*

Hospital group and compensation and pension status	Total discharges ²	Type of patient				
		Tuberculous	Psychotic	Other psychiatric	Neurological	General medical and surgical
VA and non-VA hospitals.....	834,294	8,914	70,276	129,524	50,097	575,483
Received care for a service-connected disability.....	109,193	814	31,115	15,894	6,736	54,634
Received care for a non-service-connected disability only:						
And having a service-connected compensable disability, which did not require medical care.....	132,519	1,101	4,741	18,605	7,627	100,445
And having a claim for VA compensation pending.....	5,235	99	614	1,028	353	3,141
And on VA pension rolls.....	202,017	2,101	11,538	18,086	14,050	156,232
And having a claim for VA pension pending.....	14,887	290	1,121	2,482	1,164	9,830
And having no claim filed.....	360,729	4,433	20,115	71,409	19,499	245,273
Non-veterans.....	9,714	76	1,032	2,010	668	5,928
VA hospitals.....	812,537	6,958	66,838	128,252	48,991	561,498
Received care for a service-connected disability.....	101,004	660	28,200	15,093	6,313	50,738
Received care for a non-service-connected disability only:						
And having a service-connected compensable disability, which did not require medical care.....	130,465	944	4,669	18,514	7,514	98,824
And having a claim for VA compensation pending.....	5,080	45	601	1,022	350	3,062
And on VA pension rolls.....	200,337	2,001	11,482	18,051	13,927	154,876
And having a claim for VA pension pending.....	14,787	289	1,118	2,476	1,152	9,752
And having no claim filed.....	351,174	2,943	19,739	71,094	19,067	238,331
Non-veterans.....	9,690	76	1,029	2,002	668	5,915

¹ Patient treatment files. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 35,359 incomplete discharge records in the file at the time the table was prepared.

VA Hospitals: Patients Discharged, Compensation and Pension Status,
Type of Patient, Age—Fiscal Year 1973¹

Type of patients and age group	Total all patients ²	Service-connected veterans				Non-service-connected			Non-veterans
		Total	10% or more	Less than 10%	NSC with SC ³	Total	Pension	Other	
All patients	812,537	231,469	98,056	2,948	130,465	571,378	200,337	371,041	9,690
Under 25	54,859	16,365	10,814	691	4,860	34,037	648	33,389	4,457
25-34	77,898	27,127	17,966	546	8,615	49,389	1,902	47,487	1,382
35-44	100,494	28,861	15,663	385	12,813	70,511	11,803	58,708	1,122
45-54	247,637	76,239	30,353	735	45,151	170,083	47,599	122,484	1,315
55-64	177,932	55,684	17,049	444	38,191	121,368	48,045	73,323	880
65 and over	153,717	27,193	6,211	147	20,835	125,990	90,340	35,650	534
Tuberculosis	6,958	1,604	636	24	944	5,278	2,001	3,277	76
Under 25	123	31	24		7	65	1	64	27
25-34	312	83	50	3	30	218	11	207	11
35-44	929	199	89	3	107	724	169	555	6
45-54	2,809	654	237	9	408	2,135	662	1,473	20
55-64	1,674	451	172	6	273	1,215	491	724	8
65 and over	1,111	186	64	3	119	921	667	254	4
Psychoses	66,838	32,869	27,464	736	4,669	32,940	11,482	21,458	1,029
Under 25	8,810	4,941	4,394	223	324	3,101	127	2,974	768
25-34	14,232	8,015	7,207	167	641	6,045	502	5,543	172
35-44	13,218	6,162	5,269	146	747	7,005	2,426	4,579	51
45-54	18,598	8,770	7,009	135	1,626	9,813	4,529	5,284	15
55-64	7,586	3,738	2,767	52	919	3,835	1,773	2,062	13
65 and over	4,394	1,243	818	13	412	3,141	2,125	1,016	10
Other psychiatric	128,252	33,607	14,632	461	18,514	92,643	18,051	74,592	2,002
Under 25	13,225	2,490	1,227	113	1,150	9,277	114	9,163	1,458
25-34	18,117	3,898	1,872	74	1,952	14,014	271	13,743	205
35-44	24,283	5,172	2,175	55	2,942	18,974	2,028	16,946	137
45-54	45,461	14,057	6,218	141	7,698	31,288	6,644	24,644	116
55-64	19,326	6,432	2,625	68	3,739	12,850	4,654	8,196	44
65 and over	7,840	1,558	515	10	1,033	6,240	4,340	1,900	42
Neurological	48,991	13,827	6,202	111	7,514	34,496	13,927	20,569	668
Under 25	2,381	900	664	9	227	1,244	87	1,157	237
25-34	4,319	1,816	1,339	23	454	2,414	263	2,151	89
35-44	5,986	1,903	1,148	14	741	4,007	1,005	3,002	76
45-54	14,566	4,313	1,772	33	2,508	10,163	3,392	6,771	90
55-64	11,204	3,266	964	18	2,284	7,840	3,214	4,626	98
65 and over	10,535	1,629	315	14	1,300	8,828	5,966	2,862	78
General medical and surgical	561,498	149,562	49,122	1,616	98,824	406,021	154,876	251,145	5,915
Under 25	30,320	8,003	4,505	346	3,152	20,350	319	20,031	1,967
25-34	40,918	13,315	7,498	279	5,538	26,698	855	25,843	905
35-44	56,078	15,425	6,982	167	8,276	39,801	6,175	33,626	852
45-54	166,203	48,445	15,117	417	32,911	116,684	32,372	84,312	1,074
55-64	138,142	41,797	10,521	300	30,976	95,628	37,913	57,715	717
65 and over	129,837	22,577	4,499	107	17,971	106,860	77,242	29,618	400

¹ Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 34,856

incomplete records in file at the time the table was prepared.

³ Veterans with compensable service-connected disabilities but treated for non-service-connected disabilities only.

TABLE 28

INPATIENT CARE

VA Hospitals: Patients Discharged, Type of Patient, Age, Length of Stay—Fiscal Year 1973¹

Type of patient and age group	Total patients ²	Average days	Length of stay distribution (days)												Total days	
			1 day	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730		731 plus
All patients.....	812,537	42.1	70,614	74,501	112,534	170,487	107,093	85,846	109,283	35,692	28,828	7,091	3,148	3,428	3,992	34,204,568
Under 20.....	2,977	15.0	495	472	618	576	274	174	219	86	55	5	3	-----	-----	44,708
20-24.....	51,882	20.6	8,388	7,203	9,966	9,778	4,378	3,282	4,744	1,910	1,629	356	139	89	20	1,106,547
25-29.....	51,672	24.1	7,586	6,575	9,088	9,913	4,693	3,729	5,258	2,124	1,887	435	184	152	48	1,245,904
30-34.....	26,226	30.7	3,021	2,855	4,295	5,027	2,802	2,197	3,122	1,224	1,099	265	129	121	69	805,090
35-39.....	35,363	33.8	3,488	3,727	5,596	7,013	4,030	3,290	4,473	1,604	1,385	335	156	163	133	1,196,189
40-44.....	65,131	37.8	5,944	6,258	9,740	13,504	7,923	6,557	8,522	2,829	2,424	618	249	285	278	2,463,232
45-49.....	109,043	41.2	8,686	9,862	15,273	23,284	14,332	11,780	14,601	5,024	3,936	933	406	409	517	4,488,495
50-54.....	138,594	37.9	10,455	11,893	18,596	29,760	19,571	15,453	19,373	6,031	4,745	1,133	504	528	552	5,247,737
55-59.....	104,588	41.3	7,409	8,565	13,088	22,856	15,110	12,260	14,951	4,635	3,634	863	348	406	463	4,314,742
60-64.....	73,344	39.1	4,982	5,738	8,744	15,997	10,940	8,915	10,834	3,248	2,391	610	303	291	351	2,866,782
65-69.....	36,524	43.4	2,494	2,840	4,293	7,932	5,352	4,365	5,390	1,685	1,310	322	139	193	209	1,583,473
70-74.....	23,472	71.9	1,582	1,704	2,628	4,877	3,524	2,788	3,809	1,106	893	252	110	148	250	1,688,352
75-79.....	57,223	75.3	3,635	4,163	6,444	12,391	8,760	6,788	8,605	2,573	2,043	565	266	382	608	4,309,545
80-84.....	28,971	77.7	1,908	2,079	3,325	6,084	4,297	3,397	4,431	1,287	1,114	314	176	196	368	2,252,355
85 and over.....	7,527	83.9	541	567	870	1,495	1,107	870	1,151	326	283	85	41	65	126	631,417
Tuberculous.....	6,958	77.6	572	282	432	816	566	572	1,086	688	1,175	489	158	88	34	539,786
Under 20.....	3	30.7	-----	-----	1	1	-----	-----	-----	1	-----	-----	-----	-----	-----	92
20-24.....	120	36.6	10	12	10	24	10	6	24	9	14	1	-----	-----	-----	4,397
25-29.....	173	45.6	15	10	14	25	12	20	32	19	23	5	-----	-----	-----	7,892
30-34.....	139	59.3	6	9	10	22	11	20	12	12	25	10	2	-----	-----	8,239
35-39.....	271	67.7	13	16	17	40	13	25	42	36	45	18	4	1	1	18,349
40-44.....	658	74.2	25	28	33	71	56	53	110	73	130	48	13	7	1	48,843
45-49.....	1,268	75.2	33	42	83	123	104	90	176	143	228	110	33	10	3	95,321
50-54.....	1,541	77.2	140	56	89	161	126	130	246	139	277	114	39	18	6	118,898
55-59.....	1,065	72.3	111	46	59	137	88	77	156	104	169	76	26	14	2	77,046
60-64.....	609	92.5	38	20	40	79	46	46	99	51	111	47	16	8	8	56,351
65-69.....	322	79.2	26	13	14	42	30	28	51	32	47	21	8	2	2	25,501
70-74.....	154	129.8	20	3	15	18	14	13	24	13	20	5	2	4	3	19,990
75-79.....	396	97.7	20	14	27	48	36	48	70	34	52	17	8	15	7	38,698
80-84.....	208	82.9	11	12	19	21	19	24	32	21	27	14	4	3	1	17,237
85 and over.....	31	94.6	4	1	1	4	2	1	4	1	7	3	3	-----	-----	2,932
Psychotic.....	66,838	203.6	3,387	3,173	5,223	7,429	5,831	6,453	13,337	6,694	7,478	2,362	1,306	1,608	2,557	13,610,474
Under 20.....	381	32.3	30	22	43	64	45	43	74	34	24	2	-----	-----	-----	12,301
20-24.....	8,429	46.8	581	492	800	1,053	735	844	1,793	950	878	181	77	41	4	394,254
25-29.....	9,203	54.5	636	511	803	1,137	835	895	1,904	984	991	264	125	94	24	501,328
30-34.....	5,029	73.9	280	248	485	592	450	488	1,009	509	575	154	94	86	59	371,871
35-39.....	5,420	99.9	286	420	611	496	528	1,116	540	626	180	99	124	108	108	541,240
40-44.....	7,798	141.0	412	359	638	905	692	806	1,549	766	826	291	149	182	223	1,099,698
45-49.....	9,462	203.3	380	473	728	1,050	826	902	1,885	939	1,102	340	208	224	405	1,923,807
50-54.....	5,136	206.5	366	381	658	912	789	916	1,911	882	1,057	358	215	293	398	1,885,199
55-59.....	5,019	297.8	194	303	484	431	485	1,001	501	617	225	108	185	295	295	1,494,660
60-64.....	2,567	333.4	96	91	151	252	198	217	442	264	305	131	89	111	220	855,859
65-69.....	1,144	411.9	32	40	62	91	97	95	196	111	139	63	36	60	122	471,206
70-74.....	694	1,114.7	21	22	39	58	45	47	112	55	71	41	24	37	138	773,622
75-79.....	1,507	1,372.7	38	30	54	125	100	114	212	98	162	91	50	100	333	2,068,713
80-84.....	805	1,239.5	28	16	37	72	70	53	94	49	85	34	28	59	180	997,804
85 and over.....	214	893.1	7	12	18	23	22	20	39	12	20	7	4	12	48	217,912

See footnotes at end of table.

VA Hospitals: Patients Discharged, Type of Patient, Age, Length of Stay—Fiscal Year 1973¹

Type of patient and age group	Total patients ¹	Average days	Length of stay distribution (days)												Total days	
			1 day	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730		731 plus
Other psychiatric.....	128,252	40.4	12,060	12,244	17,518	20,908	13,530	12,792	20,855	8,523	6,468	1,460	578	625	591	5,179,094
Under 20.....	963	15.2	199	152	164	167	96	56	77	30	19	2	1			14,591
20-24.....	12,262	22.8	2,297	1,355	1,886	2,077	1,110	876	1,488	581	454	95	22	17	4	279,777
25-29.....	11,660	26.0	1,973	1,174	1,708	1,861	1,030	975	1,591	683	526	82	28	24	5	302,903
30-34.....	6,457	27.7	851	659	1,002	1,013	634	543	948	423	299	54	15	13	3	178,537
35-39.....	9,134	27.7	997	1,463	1,467	1,467	872	904	1,449	569	381	75	23	11	7	253,010
40-44.....	15,149	32.2	1,239	1,600	2,215	2,513	1,552	1,520	2,530	1,022	711	138	39	47	23	487,122
45-49.....	22,511	35.7	1,684	2,215	3,099	3,720	2,440	2,371	3,826	1,620	1,114	223	77	74	48	803,786
50-54.....	22,950	38.0	1,469	2,029	3,032	3,718	2,585	2,514	4,173	1,724	1,208	240	100	89	69	871,673
55-59.....	12,878	48.8	709	1,104	1,497	2,119	1,544	1,499	2,294	912	769	184	79	82	86	628,664
60-64.....	6,448	52.4	366	531	755	1,053	743	712	1,159	424	369	102	67	53	59	337,656
65-69.....	2,571	65.1	131	184	305	439	343	300	401	163	167	47	20	32	39	167,405
70-74.....	1,181	123.1	59	78	98	189	151	120	198	67	81	40	21	34	45	145,328
75-79.....	2,400	151.4	100	103	164	351	279	252	429	175	206	102	51	90	98	363,394
80-84.....	1,268	193.7	45	38	100	162	151	118	216	94	134	60	29	46	75	245,579
85 and over.....	420	237.4	22	25	30	59	45	32	76	36	30	16	6	13	30	99,699
Neurological.....	48,991	47.2	3,066	3,655	5,473	9,489	6,754	5,910	7,781	2,579	2,564	712	315	369	324	2,313,432
Under 20.....	137	21.5	15	27	29	23	17	8	8	2	5	1	2			2,950
20-24.....	2,244	34.2	288	282	357	476	221	164	200	63	91	47	25	22	8	76,814
25-29.....	2,701	37.2	245	306	403	588	318	248	277	92	114	49	21	25	15	100,425
30-34.....	1,618	35.3	118	176	250	331	206	174	184	65	61	24	10	13	6	57,182
35-39.....	2,144	39.2	160	219	283	435	315	222	260	81	99	25	15	16	14	84,122
40-44.....	3,842	39.9	283	346	488	814	490	481	555	147	148	42	16	28	24	153,176
45-49.....	6,474	41.9	424	502	732	1,355	956	795	958	316	275	58	31	39	33	271,195
50-54.....	8,092	45.1	455	582	865	1,639	1,182	1,014	1,298	408	404	107	50	40	48	364,551
55-59.....	6,532	49.2	367	408	649	1,173	868	868	1,149	360	402	105	35	47	39	321,361
60-64.....	4,672	46.9	259	257	419	839	627	655	860	311	275	76	32	33	29	219,078
65-69.....	2,485	58.9	115	137	228	418	357	292	468	186	168	43	23	31	19	146,246
70-74.....	1,614	66.9	61	104	167	264	228	181	304	119	107	30	13	15	21	108,037
75-79.....	4,014	65.7	153	195	365	732	587	495	785	263	268	62	32	35	42	263,790
80-84.....	1,980	55.3	104	91	197	331	259	258	401	136	123	35	9	16	20	109,494
85 and over.....	442	79.2	19	23	41	71	61	55	94	30	24	8	1	9	6	35,011
General medical and surgical.....	561,498	22.4	51,529	55,147	83,888	131,845	80,312	60,119	66,224	17,208	11,143	2,068	791	738	486	12,561,782
Under 20.....	1,493	9.9	251	271	381	321	116	67	60	19	7					14,774
20-24.....	28,827	10.8	5,212	5,062	6,913	6,148	2,302	1,392	1,239	307	192	32	15	9	4	311,305
25-29.....	27,935	11.9	4,717	4,574	6,160	6,302	2,500	1,591	1,454	346	233	35	10	9	4	333,356
30-34.....	12,983	14.6	1,766	1,763	2,548	3,069	1,500	981	961	215	139	23	8	9	1	189,261
35-39.....	18,394	16.3	2,209	3,383	4,460	2,334	1,611	1,606	378	234	37	15	11	3	299,468	
40-44.....	37,684	17.9	3,975	3,925	6,366	9,201	5,133	3,697	3,798	821	609	99	32	21	7	674,393
45-49.....	69,328	20.1	6,075	6,630	10,631	17,036	10,006	7,622	7,756	2,006	1,217	202	57	62	28	1,394,386
50-54.....	96,875	20.7	8,025	8,845	13,952	23,330	14,889	10,879	11,745	2,878	1,799	314	100	88	31	2,006,416
55-59.....	79,094	22.7	6,028	6,817	10,580	18,943	12,117	9,331	10,351	2,758	1,677	273	100	78	41	1,793,011
60-64.....	59,048	23.7	4,223	4,839	7,379	13,774	9,271	7,285	8,274	2,198	1,331	254	99	86	35	1,397,858
65-69.....	30,002	25.8	2,190	2,466	3,684	6,942	4,525	3,650	4,274	1,193	789	148	52	62	27	773,115
70-74.....	18,829	32.3	1,421	1,497	2,325	4,348	3,086	2,428	2,971	852	614	136	50	58	43	641,375
75-79.....	48,906	32.2	3,324	3,821	5,834	11,135	7,758	5,879	7,109	2,003	1,355	293	125	142	128	1,574,980
80-84.....	24,710	35.7	1,720	1,922	2,972	5,498	3,798	2,944	3,688	987	745	171	72	92	82	882,241
85 and over.....	6,390	43.2	489	506	780	1,338	977	762	938	247	202	51	27	31	42	275,863

¹ Patient treatment file. This table, as well as all others in this hospital discharges series, excludes approximately 80,000 one-day hemodialysis discharges.² This figure is based on completed records. In addition, there were 34,856 incomplete records in file at the time the table was prepared.

TABLE 29

INPATIENT CARE

VA Hospitals: Patients Discharged, Compensation and Pension Status, Type of Hospital, Type of Patient, Sex—Fiscal Year 1973¹

Compensation and pension status	All patients						Female						Male					
	Total ²	Tuber- culosis	Psy- choses	Other psychi- atric	Neuro- logical	GM&S	Total	Tuber- culosis	Psy- choses	Other psychi- atric	Neuro- logical	GM&S	Total	Tuber- culosis	Psy- choses	Other psychi- atric	Neuro- logical	GM&S
VA hospitals—total.....	812,537	6,958	66,838	128,252	48,991	561,498	11,880	31	1,533	1,553	697	8,066	800,657	6,927	65,305	126,699	48,294	553,432
Service-connected.....	101,004	660	28,200	15,093	6,313	50,738	1,426	5	495	201	87	638	99,578	655	27,705	14,892	6,226	50,100
10 percent or more.....	98,056	636	27,464	14,632	6,202	49,122	1,387	5	482	197	85	618	96,669	631	26,892	14,435	6,117	48,504
Less than 10 percent.....	2,948	24	736	461	111	1,616	39	-----	13	4	2	20	2,909	24	723	457	109	1,596
Non-service-connected with SC.....	130,465	944	4,669	18,514	7,514	98,824	1,586	3	75	178	86	1,244	128,879	941	4,594	18,336	7,428	97,580
NSC with compensation pending.....	5,080	45	601	1,022	350	3,062	94	-----	12	16	12	54	4,986	45	589	1,006	338	3,008
NSC with pension.....	200,337	2,001	11,482	18,051	13,927	154,876	2,571	5	400	270	145	1,751	197,766	1,996	11,082	17,781	13,782	153,125
NSC with pension pending.....	14,787	289	1,118	2,476	1,152	9,752	193	2	23	29	8	131	14,594	287	1,095	2,447	1,144	9,621
NSC no claim pending.....	351,174	2,943	19,739	71,094	19,067	238,331	5,071	9	513	798	243	3,508	346,103	2,934	19,226	70,296	18,824	234,823
Non-veterans.....	9,690	76	1,029	2,002	668	5,915	939	7	15	61	116	740	8,751	69	1,014	1,941	552	5,175
Psychiatric hospitals—total.....	72,125	132	27,882	33,356	1,370	9,385	1,551	-----	829	477	32	213	70,574	132	27,053	32,879	1,338	9,172
Service-connected.....	19,981	21	13,165	5,207	297	1,291	396	-----	303	65	4	24	19,585	21	12,862	5,142	293	1,267
10 percent or more.....	19,198	21	12,661	4,990	290	1,236	379	-----	292	62	3	22	18,819	21	12,369	4,928	287	1,214
Less than 10 percent.....	783	-----	504	217	7	55	17	-----	11	3	1	2	766	-----	493	214	6	53
Non-service-connected with SC.....	8,065	21	1,536	4,611	187	1,710	101	-----	25	45	4	27	7,964	21	1,511	4,566	183	1,683
NSC with compensation pending.....	516	-----	201	263	6	46	9	-----	4	4	-----	1	507	-----	197	259	6	45
NSC with pension.....	12,755	24	5,586	3,980	395	2,770	397	-----	238	98	8	53	12,358	24	5,348	3,882	387	2,717
NSC with pension pending.....	1,339	5	494	729	18	93	28	-----	13	8	2	5	1,311	5	481	721	16	88
NSC no claim pending.....	28,797	60	6,714	18,180	461	3,382	569	-----	241	241	11	76	28,228	60	6,473	17,939	450	3,306
Non-veterans.....	672	1	186	386	6	93	51	-----	5	16	3	27	621	1	181	370	3	66
General hospitals—total.....	740,412	6,826	38,956	94,896	47,621	552,113	10,329	31	704	1,076	665	7,853	730,083	6,795	38,252	93,820	46,956	544,260
Service-connected.....	81,023	639	15,035	9,886	6,016	49,447	1,030	5	192	136	83	614	79,993	634	14,843	9,750	5,933	48,833
10 percent or more.....	78,858	615	14,803	9,842	5,912	47,886	1,008	5	190	135	82	596	77,850	610	14,613	9,507	5,830	47,290
Less than 10 percent.....	2,165	24	232	244	104	1,561	22	-----	2	1	1	18	2,143	24	230	243	103	1,543
Non-service-connected with SC.....	122,400	923	3,133	13,903	7,327	97,114	1,485	3	50	133	82	1,217	120,915	920	3,083	13,770	7,245	95,897
NSC with compensation pending.....	4,564	45	400	759	344	3,016	85	-----	8	12	12	53	4,479	45	392	747	332	2,963
NSC with pension.....	187,582	1,977	5,896	14,071	13,532	152,106	2,174	5	162	172	137	1,698	185,408	1,972	5,734	13,899	13,365	150,408
NSC with pension pending.....	13,448	284	624	1,747	1,134	9,659	165	2	10	21	6	126	13,283	282	614	1,726	1,128	9,533
NSC no claim pending.....	322,377	2,883	13,025	52,914	18,606	234,949	4,502	9	272	557	232	3,432	317,875	2,874	12,753	52,357	18,374	231,517
Non-veterans.....	9,018	75	843	1,616	662	5,822	888	7	10	45	113	713	8,130	68	833	1,571	549	5,109

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.² This figure is based on completed records. In addition, there were 34,856 incomplete records in the file at the time the table was prepared.

*Surgical Operations Performed in VA Hospitals—Fiscal Year 1973*¹

Surgical operations and ICDA codes ¹	All hospitals	General medical and surgical hospitals			Psychiatric hospitals ²
		Total	Affiliated hospitals ³	Nonaffiliated hospitals ³	
Surgical Operations (01-98) ¹	285,008	278,658	230,084	48,574	6,350
Neurosurgery (01-05).....	8,848	8,783	7,855	928	65
Incision and excision of skull and intracranial structure (01).....	2,000	1,982	1,942	40	18
Other operations on brain and cerebral meninges (02).....	1,064	1,063	1,041	22	1
Operations on spinal cord structures (03).....	1,618	1,615	1,427	188	3
Operations on peripheral nerves (04).....	2,636	2,623	2,308	315	13
Operations on sympathetic nerves or ganglia (05).....	1,530	1,500	1,137	363	30
Ophthalmology (06-14).....	16,798	16,652	14,591	2,061	146
Operations on lacrimal apparatus (06).....	167	166	150	16	1
Operations on eyelids (07).....	3,415	3,329	2,838	491	86
Operations on conjunctiva (08).....	1,209	1,200	1,009	191	9
Operations on orbit (09).....	452	449	400	49	3
Operations on eyeball and muscles (10).....	719	714	647	67	5
Operations on cornea and sclera (11).....	707	704	660	44	3
Operations on iris and ciliary body (12).....	754	751	633	118	3
Operations on choroid, anterior chamber and retina (13).....	1,276	1,275	1,219	56	1
Operations on lens and vitreous (14).....	8,099	8,064	7,035	1,029	35
Otorhinolaryngology (16-21).....	19,078	18,896	16,644	2,252	182
Operations on external ear (16).....	1,382	1,350	970	380	32
Operations on middle ear (17).....	3,679	3,675	3,448	227	4
Operations on inner ear (18).....	49	48	46	2	1
Operations on nose and accessory sinuses (19).....	7,380	7,290	6,329	961	90
Operations on larynx and trachea (20).....	4,843	4,805	4,372	433	38
Operations on pharynx, tonsils and adenoids (21).....	1,745	1,728	1,479	249	17
Operations on thyroid, parathyroid, thymus and adrenals (22-23).....	717	706	604	102	11
Operations on thyroid and parathyroid (22).....	646	635	537	98	11
Operations on thymus and adrenals (23).....	71	71	67	4	.....
Vascular and cardiac surgery (24-30).....	30,007	29,805	27,079	2,726	202
Operations on peripheral blood vessels (24).....	8,621	8,481	7,308	1,173	140
Operations on lymphatic system (25).....	2,059	2,036	1,704	332	23
Operations on blood vessels of head, neck, and base of brain (26).....	1,308	1,306	1,213	93	2
Operations on intra-abdominal blood vessels (27).....	3,453	3,426	3,052	374	27
Operations on intrathoracic vessels (28).....	541	540	511	29	1
Operations on heart and pericardium (29).....	1,851	1,847	1,752	95	4
Other heart procedures (30).....	12,174	12,169	11,539	630	5
Thoracic Surgery (32-35).....	10,436	10,307	8,814	1,493	129
Operations on chestwall, pleura and mediastinum (32).....	6,269	6,207	5,405	802	62
Operations on bronchus (33).....	93	92	75	17	1
Operations on lung (34).....	2,238	2,203	1,881	322	35
Operations on esophagus (35).....	1,836	1,805	1,453	352	31
Abdominal Surgery (38-48).....	59,346	58,037	46,694	11,343	1,309
Repair of hernia (38).....	18,355	17,830	13,719	4,111	525
Incision and excision of abdominal wall region (39).....	9,872	9,699	8,067	1,632	173
Other operations on region of abdomen and peritoneum (40).....	2,029	1,984	1,568	416	45
Operations on appendix (41).....	2,978	2,893	2,257	636	85
Operations on liver (42).....	158	157	136	21	1
Operations on biliary tract (43).....	4,977	4,855	3,855	1,000	122
Operations on pancreas (44).....	460	451	403	48	9
Operations on spleen (45).....	925	922	843	79	3
Incision, excision, resection and enterostomy of intestines (47).....	10,812	10,647	8,717	1,930	165
Anastomosis, repair and other operations on the intestines (48).....	6,334	6,198	5,165	1,033	136
Proctological Surgery (50-52).....	2,446	2,401	1,964	437	45
Operations on rectum (50).....	10,531	10,205	7,346	2,859	326
Operations on anus (51).....	2,279	2,225	1,732	493	54
Operations on pilonidal sinus or cyst (52).....	6,732	6,488	4,430	2,058	244
Urological Surgery (54-61).....	1,520	1,492	1,184	308	28
Operations on kidney (54).....	38,017	37,095	30,522	6,573	922
Operations on ureter (55).....	2,639	2,617	2,372	245	22
Operations on urinary bladder (56).....	1,964	1,931	1,603	328	33
Operations on urethra (57).....	6,076	5,957	4,997	960	119
Operations on prostate and seminal vesicles (58).....	6,165	4,989	3,982	1,007	176
Operations on scrotum and contents and spermatic cord (59).....	11,699	11,382	9,284	2,098	317
Operations on epididymis and vas deferens (60).....	4,482	4,366	3,375	991	116
Operations on penis (61).....	3,191	3,142	2,649	493	49
.....	2,801	2,711	2,260	451	90

See footnotes at end of table.

Surgical Operations Performed in VA Hospitals—Fiscal Year 1973 ¹

Surgical operations and ICDA codes ²	All hospitals	General medical and surgical hospitals			Psychiatric hospitals ⁶
		Total	Affiliated hospitals ⁴	Nonaffiliated hospitals ⁵	
Breast Surgery (65).....	719	691	527	164	28
Gynecological Surgery (67-72).....	1,632	1,388	1,229	159	244
Operations on ovary (67).....	147	144	119	25	3
Operations on fallopian tubes (68).....	21	20	14	6	1
Hysterectomy (69).....	180	175	142	33	5
Other operations on uterus and supporting structures (70).....	340	314	256	58	26
Operations on vagina (71).....	115	106	74	32	9
Operations on vulva and perineum (72).....	629	629	624	5	200
Obstetrical Procedures (74-78).....	11	9	9		2
Antepartum obstetrical operations (74).....					
Operations inducing or assisting delivery (75).....					
Operations inducing or assisting delivery (continued) (76).....					
Cesarean section (77).....	1	1	1		
Operations after delivery or abortion (78).....	10	8	8		2
Orthopedic Surgery (80-90).....	40,564	39,899	32,999	6,900	665
Incision and excision of bones (80).....	6,096	6,025	5,049	976	71
Repair and plastic operations on bone (81).....	3,847	3,765	2,906	859	82
Reduction of fracture and fracture-dislocation of hip (82).....	2,175	2,075	1,678	397	100
Reduction of fracture and fracture-dislocation of ankle and wrist (83).....	1,261	1,221	980	241	40
Reduction of other fracture and fracture-dislocation (84).....	2,160	2,108	1,668	440	52
Amputation and disarticulation of extremities (85).....	5,290	5,226	4,178	1,048	64
Incision and excision of joint structures (86).....	7,976	7,927	6,785	1,142	49
Other operations on joint structures (87).....	6,611	6,525	5,681	844	86
Operation on muscles, tendons, fascia and bursa except of hand (88).....	3,497	3,405	2,719	686	92
Operation on muscles, tendon and fascia of hand (89).....	1,644	1,615	1,351	264	29
Reattachment of extremities (90).....	7	7	4	3	
Plastic Surgery (92-94).....	42,179	40,621	30,687	9,934	1,558
Operations on skin and subcutaneous tissue (92).....	33,119	31,630	22,916	8,714	1,489
Reparative and reconstructive surgery (93).....	7,953	7,889	6,822	1,067	64
Reparative and reconstructive surgery (continued) (94).....	1,107	1,102	949	153	5
Oral and Maxillofacial Surgery (95-98).....	6,125	5,564	4,484	1,080	561
Operations on salivary glands and ducts (95).....	1,426	1,022	572	450	404
Operations on buccal cavity, tongue and palate (96).....	1,551	1,506	1,271	235	45
Operations on jaws (bone and joint) (97).....	1,678	1,581	1,324	257	97
Reduction of fracture and fracture-dislocation of jaw bone (98).....	1,470	1,455	1,317	138	15

¹ Patient Treatment File. Since one or more operations may be recorded for any episode of care, data indicate the number of times a particular operation was performed, and also the number of patients on whom this type of operation was performed.

² The surgical operations included in this table was based on the "International Classification of Diseases Adapted for Indexing of Hospital Records", USPHS Publication No. 1693. The numbers following the operation are the

identifying code numbers of this operation classification. Dental Surgery data are excluded from this table.

³ For purposes of this table surgical operations excluding dental surgery (99) and procedures A1-A9, R1-R9.

⁴ 90 VA General Medical and Surgical Hospitals affiliated through Dean Committee relationship with 85 medical schools.

⁵ 50 VA General Medical and Surgical non-affiliated Hospitals.

⁶ 28 Psychiatric Hospitals.

*VA and Non-VA Hospitals: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence—
Fiscal Year 1973¹*

Reported State of residence	All patients				Type of patient									
	Total ²	Discharge rate per 1,000 living veterans	Hospitalized in same state		General medical and surgical		Tuberculous		Psychotic		Other psychiatric		Neurological	
			Number	Percent	Total	Percent hospitalized in same state	Total	Percent hospitalized in same state	Total	Percent hospitalized in same state	Total	Percent hospitalized in same state	Total	Percent hospitalized in same state
Total.....	834,295	28.7	727,523	87.2	575,484	88.0	8,914	89.3	70,276	85.0	129,524	85.1	50,097	86.0
United States.....	815,715	28.3	709,295	87.0	562,984	87.8	6,928	86.3	67,658	84.6	128,883	85.0	49,262	85.8
Alabama.....	18,300	43.7	16,636	90.9	11,328	91.6	183	84.7	1,780	87.1	4,007	91.4	1,002	88.4
Alaska.....	293	7.3	0	0.0	203	0.0	2	0.0	26	0.0	38	0.0	24	0.0
Arizona.....	11,545	42.1	10,715	92.8	8,788	95.1	72	94.4	807	77.4	1,223	86.8	655	92.2
Arkansas.....	18,904	76.5	15,706	83.1	13,854	81.3	165	83.6	815	90.1	3,069	91.0	1,001	77.2
California.....	73,567	22.8	71,623	97.4	51,668	97.6	452	95.8	6,109	95.7	10,769	96.9	4,569	97.8
Colorado.....	9,203	27.4	8,466	92.0	6,481	93.8	36	91.7	736	90.6	1,370	84.5	580	91.4
Connecticut.....	8,728	18.9	8,077	92.5	5,995	97.7	48	0.0	876	66.2	1,110	83.5	699	94.7
Delaware.....	2,480	31.4	2,280	91.9	1,854	97.3	13	92.3	127	51.2	318	78.0	168	89.9
District of Columbia.....	5,036	45.4	4,163	82.7	3,475	85.5	71	81.7	397	65.5	695	78.6	398	82.7
Florida.....	36,888	33.3	34,412	93.3	26,669	95.7	259	91.1	3,103	81.3	4,617	86.8	2,240	94.8
Georgia.....	19,840	33.8	15,960	80.4	13,889	81.8	201	77.6	1,416	74.1	2,959	76.2	1,375	82.4
Hawaii.....	909	9.9	878	96.6	614	98.2	3	0.0	83	91.6	150	92.7	59	96.6
Idaho.....	3,977	41.0	2,288	57.5	3,012	61.6	17	35.3	144	20.1	573	47.6	231	53.7
Illinois.....	43,751	28.0	37,587	85.9	29,487	84.5	458	87.8	4,091	88.7	6,969	90.9	2,746	84.4
Indiana.....	17,595	24.5	13,187	74.9	11,132	73.3	507	95.1	1,456	76.1	3,504	78.4	996	69.4
Iowa.....	13,186	35.7	10,396	78.8	10,243	79.2	57	80.7	811	82.1	1,276	74.7	799	78.0
Kansas.....	11,738	38.1	9,290	79.1	7,437	75.6	53	49.1	764	80.9	2,739	91.1	745	70.5
Kentucky.....	14,472	36.5	9,999	69.1	9,583	65.0	93	50.5	1,136	82.7	2,831	79.7	829	63.1
Louisiana.....	19,058	42.8	17,535	92.0	14,681	95.6	204	96.1	922	53.7	2,010	81.9	1,241	93.3
Maine.....	4,908	35.1	4,447	90.6	2,606	88.9	19	78.0	485	93.8	1,550	95.2	248	75.0
Maryland.....	11,497	19.3	7,249	63.1	7,949	62.2	122	73.8	868	74.4	1,712	62.6	846	58.6
Massachusetts.....	18,941	21.8	16,984	89.7	10,970	86.4	103	68.9	2,353	95.9	4,273	94.6	1,242	91.5
Michigan.....	19,531	16.5	18,421	94.3	12,498	95.3	198	97.5	2,512	93.3	3,189	92.8	1,134	89.8
Minnesota.....	15,461	28.6	13,127	84.9	10,922	83.4	49	85.7	1,276	90.2	2,254	88.7	990	86.4
Mississippi.....	13,361	55.9	10,182	76.2	9,842	77.2	114	71.1	731	73.3	1,875	75.6	799	69.1
Missouri.....	25,103	37.1	19,713	78.5	17,825	83.9	220	86.4	1,517	73.4	4,010	54.8	1,531	82.4
Montana.....	5,113	50.6	3,677	71.9	3,614	80.7	38	76.3	251	22.7	903	48.2	307	77.5
Nebraska.....	10,480	54.3	9,039	86.3	7,379	88.8	52	90.4	506	63.8	2,016	81.8	527	88.6
Nevada.....	3,496	40.2	2,327	66.6	2,738	69.3	10	70.0	146	45.2	412	57.0	190	64.2
New Hampshire.....	4,052	34.3	2,183	53.9	2,912	59.8	14	21.4	214	21.0	665	41.4	247	47.8
New Jersey.....	12,700	11.7	9,251	72.8	7,160	66.7	208	86.5	2,121	83.1	2,500	82.2	711	67.1
New Mexico.....	6,605	48.6	5,928	89.8	4,735	91.2	37	97.3	473	77.8	875	84.6	485	96.5
New York.....	52,828	21.0	51,713	97.9	36,304	98.5	417	96.9	6,059	95.5	7,247	97.4	2,801	96.6
North Carolina.....	22,119	36.7	20,031	90.6	15,604	91.4	218	81.2	1,410	88.7	3,530	90.4	1,357	84.5
North Dakota.....	2,850	42.5	2,043	71.7	1,942	83.9	6	50.0	173	16.8	548	45.6	181	72.4
Ohio.....	25,730	17.0	22,032	85.6	15,644	83.0	200	86.5	3,135	92.1	5,203	89.8	1,548	85.3
Oklahoma.....	13,300	35.3	11,300	85.0	9,686	90.6	154	89.6	752	54.1	1,846	65.5	862	89.2
Oregon.....	11,493	33.3	8,643	75.2	8,319	77.5	107	48.6	693	83.4	1,672	61.4	702	76.2
Pennsylvania.....	29,437	16.8	27,244	92.6	19,146	92.5	310	86.1	3,352	92.9	4,805	93.7	1,824	90.4
Rhode Island.....	3,181	21.6	2,562	80.5	2,255	91.8	21	95.2	286	24.8	430	61.9	159	70.9
South Carolina.....	16,103	52.1	11,444	71.1	11,786	77.7	157	77.7	1,114	49.9	2,152	45.6	864	70.0
South Dakota.....	6,264	79.3	5,516	88.1	4,115	87.1	27	70.4	377	89.7	1,350	92.8	395	81.0
Tennessee.....	21,545	41.8	20,607	95.6	15,223	96.2	166	84.9	1,467	91.4	3,447	95.2	1,242	97.0
Texas.....	53,068	34.5	49,497	91.4	38,028	92.1	564	91.1	4,334	90.4	7,094	88.6	3,048	89.8
Utah.....	4,655	33.0	4,482	96.3	3,041	96.5	18	0.0	314	90.8	1,008	97.6	274	91.9
Vermont.....	2,241	36.7	1,964	87.6	1,636	91.7	8	87.5	107	38.3	342	84.2	148	85.8

Virginia.....	22,360	35.5	18,467	82.6	15,191	82.2	211	83.9	1,427	85.3	4,232	83.5	1,299	81.5
Washington.....	13,803	25.0	12,930	93.7	9,374	93.2	57	80.7	1,163	94.1	2,425	95.3	784	94.4
West Virginia.....	14,515	62.3	11,555	79.6	10,399	86.2	117	77.8	784	35.5	2,470	66.6	745	77.4
Wisconsin.....	17,001	29.6	14,596	85.9	12,002	85.0	90	90.0	1,511	86.8	2,142	89.4	1,256	86.5
Wyoming.....	2,504	51.1	1,943	77.6	1,746	74.1	2	50.0	148	85.8	479	89.4	129	72.9
Outside United States.....	18,580	85.2	18,228	98.1	12,500	98.6	1,986	99.9	2,618	96.3	641	93.0	835	96.9
Canal Zone.....	16		14	87.5	14	92.9		0.0		0.0		0.0	2	50.0
Guam.....	9		5	55.6	7	71.4		0.0	2	0.0		0.0		0.0
Republic of Philippines.....	7,711		7,704	99.9	5,077	99.9	1,922	100.0	264	99.2	83	100.0	365	100.0
Puerto Rico.....	10,629		10,505	98.8	7,261	99.6	63	98.4	2,321	97.3	534	96.1	450	98.4
Others.....	215			0.0	141	0.0	1	0.0	31	0.0	24	0.0	18	0.0

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² This figure is based on completed records. In addition, there were 35,359 incomplete discharge records in the file at the time the table was prepared.

*VA Hospitals: Patients Discharged, Diagnostic Grouping, Average Length of Stay, Length of Stay Distribution—
Fiscal Year 1973¹*

Diagnostic category and ICDA codes ¹	Total patients ²	Average length of stay	Length of stay distribution (days)													Total days
			1 day	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 plus	
All diseases and conditions.....	812,537	42.1	70,614	74,501	112,534	170,487	107,093	85,846	109,283	35,692	28,828	7,091	3,148	3,428	3,992	34,204,568
I. Infective and parasitic diseases.....	15,806	47.1	1,558	1,547	2,180	2,851	1,631	1,242	1,820	845	1,317	509	160	95	51	744,854
Pulmonary tuberculosis (011).....	4,614	99.3	161	130	245	388	302	353	757	549	1,030	440	148	80	31	458,054
Tuberculosis, late effects (019).....	147	32.1	10	10	17	46	20	15	12	4	6	6	1	1	1	4,714
Tuberculosis, other (010, 012-018).....	816	52.4	39	48	69	132	105	90	168	64	70	21	3	4	3	42,767
Cardiovascular syphilis (093).....	105	21.0	6	7	21	24	18	15	6	4	4	4	1	1	1	2,201
Syphilis of central nervous system (094).....	115	42.2	12	5	5	12	13	16	15	14	11	3	1	1	8	48,787
Other forms of late syphilis, latent or unspecified (095-097).....	126	69.3	24	9	11	32	19	7	17	3	3	1	1	1	1	8,727
All other venereal diseases (090-092, 098-099).....	1,022	7.7	192	283	224	195	61	31	32	2	3	1	1	1	1	7,866
Infectious hepatitis (070).....	1,577	15.5	53	116	256	539	271	174	146	19	3	1	1	1	1	24,435
Malaria (084).....	150	10.7	10	32	58	30	14	3	2	1	1	1	1	1	1	1,600
All other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083, 085-089, 100-104, 110-104, 110-117, 120-129, 130-136).....	7,134	20.4	1,051	907	1,274	1,453	808	538	665	186	189	39	9	7	8	145,703
II. Neoplasms.....	64,265	29.0	6,490	5,913	6,884	10,395	7,708	7,421	11,990	4,292	2,549	392	116	87	28	1,866,011
Malignancy of buccal cavity and pharynx (140-149).....	4,552	41.6	238	239	406	630	476	483	1,017	589	362	90	14	7	1	189,576
Malignancy of digestive organs peritoneum (150-159).....	7,855	36.8	418	427	745	996	930	1,149	2,025	669	423	14	8	5	5	288,760
Malignancy of respiratory system (160, 162-163).....	13,727	32.0	873	912	1,356	2,034	1,684	1,814	3,166	1,135	639	74	21	16	3	439,801
Malignancy of larynx (161).....	1,769	40.1	75	114	144	208	201	213	452	211	129	8	7	6	1	70,946
Malignancy of lymphatic and hematopoietic tissue (200-209).....	7,313	23.5	1,040	815	864	1,230	867	750	1,151	326	207	39	14	7	3	171,766
Malignancy of genitourinary organs (180-189).....	10,421	27.9	702	887	1,015	2,073	1,537	1,321	1,858	607	314	64	23	15	5	290,539
Malignancies of all other systems (170-174, 190-199).....	10,803	26.0	1,654	1,204	1,121	1,739	1,185	1,095	1,689	605	407	56	18	24	6	280,614
Neoplasms, benign (210-228).....	6,460	15.3	1,310	1,147	1,038	1,208	659	443	477	113	49	12	1	2	1	98,680
Neoplasms, of unspecified nature (230-239).....	1,365	25.9	180	168	195	277	169	153	155	37	19	3	4	2	3	35,329
III. Endocrine, nutritional and metabolic diseases.....	24,800	26.2	1,314	1,662	2,980	5,985	4,208	3,197	3,480	963	738	134	69	54	16	649,499
Diabetes mellitus (250).....	16,802	27.1	869	1,044	1,879	4,038	3,008	2,174	2,395	672	526	105	54	39	9	454,921
Diseases of thyroid and other endocrine glands (240-246, 251-258).....	2,697	22.0	176	226	317	647	430	350	381	94	66	6	1	3	1	59,385
Avitaminosis and other nutritional deficiency (260-269).....	951	45.2	33	47	77	137	120	150	223	83	54	10	6	6	5	42,974
Obesity not specified as of endocrine origin (277).....	1,537	26.1	74	104	227	407	225	187	190	50	53	8	5	6	1	40,108
Other metabolic diseases (270-276, 278-279).....	2,813	18.5	162	241	480	756	425	336	301	64	39	5	3	1	1	52,111
IV. Diseases of blood and blood-forming organs.....	4,133	23.5	370	451	455	794	637	538	634	155	76	15	5	1	2	97,179
Anemia, iron deficiency (280).....	1,092	24.5	36	49	65	240	228	192	228	33	19	2	2	1	1	26,737
Pernicious anemia (281.0).....	249	54.6	14	16	7	31	38	50	66	17	7	2	1	1	1	13,589
Anemia, other (281.1-285).....	2,010	21.6	252	297	254	329	250	215	274	84	40	9	4	1	1	43,357
All other diseases of blood and blood-forming organs (286-289).....	782	17.3	68	89	129	194	121	81	66	21	10	2	1	1	1	13,496
V. Mental disorders.....	194,465	96.1	15,315	15,316	22,667	28,251	19,404	19,212	34,118	15,194	13,924	3,816	1,883	2,231	3,134	18,694,351
Psychoses not attributed to physical conditions (295-299).....	56,393	200.6	2,969	2,531	3,935	5,912	4,821	5,570	11,738	6,041	6,643	2,026	1,085	1,224	1,898	11,311,452
Alcoholic psychosis (291).....	6,045	97.7	287	518	1,056	1,047	663	528	832	322	335	117	68	123	149	590,615
Psychosis with organic brain syndrome, except syphilitic (290, 292.2-294).....	4,258	309.1	126	121	229	464	342	348	759	324	486	218	149	250	442	1,315,942
Psychoses associated with syphilis (292.0, 292.1).....	119	3,016.0	5	1	2	6	2	4	5	6	10	1	4	11	62	358,907
Alcoholism (303).....	61,079	28.7	4,259	7,032	9,285	10,099	6,556	6,296	10,060	4,299	2,586	362	95	96	54	1,750,316
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9).....	10,048	144.8	417	539	833	1,271	1,020	970	1,817	828	967	413	229	309	435	1,454,505
Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 301-307, 307.3, 307.4).....	56,379	32.6	7,246	4,569	7,320	9,439	5,983	5,478	8,882	3,361	2,886	674	249	212	80	1,838,863
Mental retardation (310-315).....	144	512.2	6	5	7	13	17	18	25	13	11	5	4	6	14	73,751
VI. Diseases of nervous system and sense organs.....	38,441	31.7	3,029	3,793	6,471	9,729	4,962	3,553	3,922	1,133	1,090	281	148	167	163	1,217,771
Inflammatory diseases of central nervous system (320-324).....	499	40.8	33	41	47	66	54	82	92	32	55	9	2	6	1	20,371
Epilepsy (345).....	3,327	24.0	264	370	521	872	470	326	341	75	63	12	5	2	6	80,001

Amyotrophic lateral sclerosis (348.0).....	380	47.4	24	22	50	74	58	33	65	20	16	8	5	5	18,003	
Paraplegia, cerebral or spinal (344.2, 349.3).....	999	80.7	56	98	116	135	91	95	153	71	92	35	21	21	80,666	
Quadriplegia, cerebral or spinal (344.3, 349.4).....	666	140.0	32	51	64	110	62	53	85	48	74	29	19	22	93,226	
Other diseases of central nervous system, including hereditary and familial disease of nervous system (330-333, 340-344.1, 344.9, 346-347, 348.1-349.2, 349.5-349.9).....	8,249	64.0	371	500	751	1,479	1,132	1,068	1,508	512	503	142	82	97	527,916	
Diseases of nerves and peripheral ganglia (350-358).....	4,405	23.8	277	373	634	1,036	704	527	575	121	110	24	9	12	104,844	
Inflammatory diseases of the eye and other diseases and conditions of the eye, except blindness (360-369, 370-378).....	15,079	14.9	1,497	1,471	2,986	4,873	1,984	1,062	889	172	118	13	4	4	224,451	
Blindness (379).....	380	54.4	19	25	55	75	25	21	40	36	66	9	4	4	20,679	
Disease of ear and mastoid process (380-389).....	4,457	10.7	456	842	1,246	1,009	382	286	174	46	13	2	2	1	47,614	
VII. Diseases of the circulatory system.....	120,292	28.1	6,325	8,335	16,241	29,003	20,483	15,373	15,930	3,934	3,113	720	282	311	242	3,384,713
Chronic rheumatic heart disease (393-398).....	3,883	20.1	182	331	655	939	616	475	531	84	55	8	4	2	1	77,999
Hypertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 404).....	1,877	23.1	73	134	277	464	330	271	218	56	48	2	1	-----	3	43,421
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 403).....	10,265	18.1	636	917	1,719	2,927	1,634	1,094	982	215	107	16	4	8	6	186,094
Acute myocardial infarction (410).....	7,648	29.5	617	332	588	1,416	1,890	1,516	1,009	142	74	21	12	11	20	225,766
Chronic ischemic heart disease (412).....	39,859	24.4	1,461	2,936	6,270	10,663	6,925	4,930	4,690	981	663	143	61	78	58	972,563
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414).....	2,428	13.9	151	232	475	707	453	223	159	15	12	1	-----	-----	-----	33,681
Other forms of heart disease (391, 392.0, 402-429).....	11,635	21.1	762	980	1,820	3,014	1,944	1,260	1,342	287	159	28	13	12	14	245,348
Cerebral hemorrhage (431).....	692	32.9	142	63	77	89	60	63	105	51	26	8	1	6	1	22,784
Cerebral thrombosis (433).....	3,673	73.0	92	154	248	524	436	486	779	345	396	97	31	44	41	268,273
Cerebral embolism (434).....	134	40.3	2	6	13	31	16	18	19	10	17	2	-----	-----	-----	5,401
Generalized ischemic cerebrovascular disease (437).....	2,203	42.2	80	79	221	446	337	308	417	129	117	36	13	12	8	93,039
All other cerebrovascular disease (430, 432, 435, 436, 438).....	7,968	46.6	349	404	719	1,407	1,170	1,018	1,555	533	540	127	55	47	41	371,358
Arteriosclerosis (440).....	5,395	50.6	129	231	493	978	842	781	1,047	333	315	119	44	48	35	272,555
All other diseases of arteries, arterioles and capillaries (441-448).....	6,462	39.0	375	411	555	1,035	958	978	1,246	393	365	79	32	28	7	252,257
Varicose veins, lower extremities (454).....	3,430	24.2	337	247	281	742	558	473	537	152	81	11	5	5	1	82,980
Hemorrhoids (455).....	5,466	12.6	552	469	985	1,779	882	488	275	23	10	-----	1	2	-----	69,138
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458).....	7,274	22.2	385	409	845	1,842	1,432	991	1,019	195	128	22	5	8	3	161,756
VIII. Diseases of the respiratory system.....	57,282	26.8	2,542	5,388	10,603	15,184	8,267	5,807	6,237	1,515	1,048	260	124	150	157	1,534,219
Acute respiratory infections including influenza (460-466, 470-474).....	6,077	11.9	375	1,017	1,715	1,612	654	375	249	48	19	2	3	6	2	72,240
Pneumonia (480-486).....	11,649	45.7	475	583	1,615	3,157	1,937	1,408	1,520	379	284	83	49	66	93	532,390
Bronchitis, unqualified and chronic (490-491).....	8,192	21.6	298	591	1,409	2,445	1,328	861	842	207	131	46	13	15	6	177,064
Emphysema (492).....	11,504	30.2	381	628	1,506	3,136	1,895	1,404	1,626	415	329	75	39	41	29	347,074
Asthma (493).....	2,770	15.9	181	323	550	781	377	250	234	37	27	6	1	3	-----	43,995
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519).....	17,090	21.2	832	2,246	3,808	4,053	2,076	1,509	1,766	429	258	48	19	19	27	361,456
IX. Diseases of the digestive system.....	79,682	20.2	4,186	5,289	11,448	22,786	13,462	9,503	9,635	2,074	1,058	145	42	28	26	1,606,317
Diseases of oral cavity, salivary glands, and jaws (520-529).....	4,162	9.9	794	871	983	848	307	172	136	31	16	-----	1	1	2	41,390
Ulcers, digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534).....	12,775	20.5	563	650	1,407	3,385	2,421	2,085	1,828	299	118	10	2	4	3	261,273
All other diseases, esophagus, stomach and duodenum (except ulcers) (530, 535-537).....	6,677	18.1	452	685	1,104	1,824	1,059	720	633	119	60	11	4	2	4	120,579
Hernia of abdominal cavity (550-553).....	18,957	15.7	555	590	2,848	7,759	3,701	1,858	1,364	169	90	16	4	2	1	298,413
Other diseases of intestine and peritoneum (540-543, 560-569).....	16,598	19.9	1,194	1,499	3,122	4,433	2,444	1,652	1,632	370	198	30	13	9	12	331,015
Cirrhosis of liver (571).....	10,404	30.7	337	520	991	1,882	1,642	1,561	2,373	698	415	61	15	7	2	318,983
Other diseases of liver, gall bladder and pancreas (570, 572-577).....	10,109	23.2	291	474	1,093	2,655	1,888	1,455	1,669	388	171	17	3	3	2	234,664
X. Diseases of the genitourinary system.....	39,003	18.1	3,407	5,131	5,880	9,264	5,758	4,166	4,006	825	428	69	33	20	16	705,664
Nephritis and nephrosis (580-584).....	4,096	20.7	469	796	562	663	441	384	492	164	85	23	12	4	1	84,797
Other diseases of urinary system (590-599).....	16,450	18.0	1,594	2,242	2,661	3,901	2,283	1,588	1,610	317	188	32	10	12	12	296,614
Diseases of the prostate (600-602).....	11,867	21.1	892	896	1,070	2,828	2,308	1,794	1,652	302	129	12	9	3	2	249,981
Other diseases of male genital organs (603-607).....	5,297	11.0	381	992	1,270	1,496	571	318	207	35	22	2	2	1	-----	58,438
Diseases of breast, gynecological conditions (610-616, 620-629).....	1,293	12.2	101	205	317	376	155	82	45	7	4	-----	-----	-----	1	15,834
XI. Deliveries and complications of pregnancy, childbirth and the puerperium (630-678).....	17	4.8	3	4	7	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	81
XII. Diseases of skin and subcutaneous tissue.....	22,399	19.3	4,221	2,915	3,361	4,380	2,291	1,852	2,087	599	456	101	51	42	10	433,020
Infections of skin and subcutaneous tissue (680-686, 691-698).....	10,446	17.6	1,109	1,122	1,891	2,503	1,328	1,012	1,049	228	162	21	12	6	3	183,755
All other diseases of skin and subcutaneous tissue (690-693, 700-709).....	11,953	20.9	3,112	1,823	1,473	1,877	963	840	1,038	371	294	80	39	36	7	249,265

See footnotes at end of table.

VA Hospitals: Patients Discharged, Diagnostic Grouping, Average Length of Stay Distribution—Fiscal Year 1973¹

Diagnostic category and ICDA codes ²	Total patients ³	Average length of stay	Length of stay distribution (days)													Total days		
			1 day	2-3	4-7	8-14	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 plus			
XIII. Diseases of the musculoskeletal system and connective tissue.....																		
Arthritis and rheumatism, except rheumatic fever (710-718).....	39,418	23.0	3,361	2,980	5,030	8,772	6,028	5,190	5,631	1,337	812	148	50	60	19			906,877
Displacement of intervertebral disc (725).....	16,274	26.2	1,070	924	1,816	3,526	2,562	2,393	2,731	692	410	79	28	34	9			425,965
Osteomyelitis and other diseases of bone and joint (720-724, 726-729).....	4,112	22.4	197	155	304	901	889	771	738	103	49	3		2				92,078
Other diseases of musculoskeletal system (730-738).....	11,934	21.8	1,145	987	1,619	2,820	1,704	1,416	1,537	380	242	52	13	13	6			260,723
	7,098	18.0	949	914	1,291	1,525	873	610	625	162	111	14	9	11	4			128,111
XIV. Congenital deformities (741-759).....	3,362	19.8	400	327	512	742	431	384	408	86	58	8	2	2	2			66,430
XVI. a Symptoms and ill-defined conditions.....	31,859	16.2	2,907	4,171	6,274	8,455	4,263	2,675	2,330	437	246	44	22	21	14			516,426
Senility without mention of psychosis (794).....	208	42.2	10	32	23	31	33	18	34	13	9	2	2		1		8,773	
Symptoms and all other ill-defined conditions (780-792, 795-796).....	31,651	16.0	2,897	4,139	6,251	8,424	4,230	2,657	2,296	424	237	42	20	21	13			507,653
XVI. b Observation and examination cases, followup and special admissions.....	21,303	16.0	5,342	4,114	3,230	3,518	1,757	1,158	1,348	400	314	59	26	24	13			341,293
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63).....	1,407	30.7	364	94	102	251	141	114	154	75	78	22	8	3	1			43,176
Mental (793.0, Y00.1, Y03.4), (316, 318, APA Code).....	602	102.4	132	99	73	86	54	30	71	22	18	6	1	2	8			61,659
Malignancy (793.1, Y03.3).....	5,745	9.9	1,552	1,480	844	831	401	232	276	70	46	5	4	4				56,915
All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11Y-12, Y20-Y29).....	13,166	13.5	3,073	2,371	2,154	2,328	1,158	778	842	233	171	26	13	15	4			178,139
Diagnosis deferred, mental observation (319.0 APA Code).....	383	3.7	221	70	57	22	3	4	5		1							1,404
XVII. Accidents, poisonings, and nature of injury.....	56,010	25.7	9,844	7,135	8,308	10,375	5,803	4,575	5,707	1,903	1,601	390	135	135	99			1,439,365
Fracture of skull and facial bones (800-804).....	2,872	18.7	238	339	578	814	329	228	220	57	42	12	7	5	3			53,742
Fracture of skull and facial bones, late effects (800-804).....	9	35.3				2	2	1	1	1	1							318
Fracture of spine and trunk (805-809).....	3,075	40.1	201	295	426	642	400	335	454	133	113	32	18	13	13			123,169
Fracture of spine and trunk, late effects (805-809).....	1,465	96.3	85	136	163	226	131	144	184	99	128	67	26	48	28			141,081
Fracture of upper limb (810-819).....	4,558	15.0	1,406	662	620	687	341	295	353	99	85	5	1	2	2			68,597
Fracture of upper limb, late effects (810-819).....	1	16.0																16
Fracture of lower limb (820-829).....	9,766	41.5	1,199	833	962	1,426	1,120	1,039	1,679	686	613	136	31	22	20			405,655
Fracture of lower limb, late effects (820-829).....	4	15.8				1	1		1									63
Dislocation without fracture (830-839, 840-848).....	5,961	14.7	983	719	1,076	1,388	719	511	434	87	35	4	2	2	1			87,617
Dislocation without fracture, late effects (830-839, 840-848).....	28	33.1	2	2	3	3	2	5	5	5	1							928
Intracranial injury—without skull fracture (850-854).....	2,342	47.0	352	294	316	366	277	198	288	83	91	29	11	19	18			110,055
Intracranial injury—without skull fracture, late effects (850-854).....	366	40.0	38	28	50	85	39	28	46	16	24	5	2	4	1			14,657
Internal injury of chest, abdomen and pelvis (860-869).....	742	18.9	43	65	151	203	87	74	71	34	12	2						13,994
Internal injury of chest, abdomen and pelvis, late effects (860-869).....	8	27.1		2		1	2		2									217
Traumatic amputation of arm and hand—complete/partial (887).....	9	36.7		1		2	1		2	1	1							330
Traumatic amputation of arm and hand—complete/partial, late effects (887).....	8	18.9	3	1		1		1	2									151
Traumatic amputation of foot and leg(s)—complete/partial (896-897).....	44	62.6	1	2	3	9	4	4	8	3	6	2	2					2,755
Traumatic amputation of foot and leg(s)—complete/partial, late effects (896-897).....	62	29.2	6	3	10	5	5	6	8	5	3		1					1,811
Burns (940-949).....	1,767	31.7	167	135	186	259	207	214	359	126	85	22	2	5				55,945
Burns, late effects (940-949).....	10	16.9	1	1	2	2	1		3									169
Injury to nerves and spinal cord (950-959).....	941	38.5	66	92	142	183	84	114	115	54	57	16	8	7	3			36,260
Injury to nerves and spinal cord, late effects (950-959).....	118	30.3	11	6	22	40	6	3	18	4	5	1	1		1			3,581
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 997-999).....	9,531	17.5	1,163	1,348	1,646	2,047	1,155	813	881	254	171	39	8	3	3			166,929
All other accidents, poisonings and violence (870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996).....	12,278	12.3	3,867	2,160	1,947	1,904	884	559	571	155	127	18	15	5	6			150,760
All other accidents, poisonings, and violence, late effects (870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996).....	45	12.6	11	10	4	9	6	2	2		1							565

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 80,000 one-day hemodialysis discharges.

² The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Records," USPHS Publication No. 1693. The numbers following the diagnosis are the identifying code numbers of this diagnostic classification.

Category XV, "Certain Causes of Perinatal Morbidity and Mortality," in which no cases occurred, is not included in this table.

³ This figure is based on completed records. In addition, there were 34,856 incomplete discharge records in the file at the time the table was prepared.

Cost of Operation of Medical Inpatient Facilities—Fiscal Year 1973

(Dollars in thousands)

Activity	VA hospital care				VA nursing care	VA domiciliaries
	Total	Medical bed section	Surgical bed section	Psychiatric bed section		
Total costs¹	\$1,745,859	\$863,516	\$460,662	\$421,681	\$71,793	\$49,228
Professional and ancillary:						
Medical services ²	413,632	207,891	118,774	86,966	8,282	7,582
Nursing service.....	515,789	260,028	138,386	117,376	24,853	1,523
Chaplain service.....	8,906	4,270	1,881	2,755	565	738
Dietetic service.....	158,809	76,848	33,591	48,370	11,022	14,201
Dental service.....	19,892	9,093	4,507	6,293	572	1,208
Audiology & speech pathology.....	1,714	1,254	325	135	126	87
Direct care, total	1,118,742	559,384	297,464	261,894	45,450	25,339
Administrative support	221,241	107,044	60,008	54,189	7,672	6,824
Engineering support.....	189,071	86,282	44,911	57,678	10,951	12,402
Building management ³	99,641	47,014	24,257	28,370	5,463	2,487
Research support.....	29,595	17,235	8,422	3,938	51	43
Asset acquisitions.....	87,570	46,557	25,601	15,412	2,206	2,133
Support, total	627,117	304,132	163,198	159,787	26,343	23,890

¹ Components may not add to totals due to rounding.² Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, physical medicine and rehabilita-

tion, social service, clinical psychology, radiology, medical illustration and library.

³ Includes operation of laundry.

EXTENDED CARE

TABLE 34

VA Domiciliaries and Restoration Centers, State Domiciliaries: Turnover During Fiscal Year 1973

Item ¹	VA Facilities			State domiciliaries (Homes)
	Total	Domiciliaries	Restoration centers ²	
Average daily member census fiscal year 1972	11,986	11,355	631	5,969
Members remaining June 30, 1972.....	10,736	10,225	511	5,872
Total gains during fiscal year 1973	23,906	23,906	.....	18,460
Admissions from hospitals, domiciliaries, nursing and restoration care	3,918	3,918	.....	1,527
Other admissions.....	6,447	6,447	.....	5,567
Transfers from other VA domiciliaries.....	111	111	.....	.....
From extramural status.....	13,430	13,430	.....	11,366
Total losses during fiscal year 1973	24,630	24,119	511	18,349
Deaths-bed occupants	149	149	.....	333
Discharges to hospitals, domiciliaries, nursing and restoration care.....	1,001	490	511	1,808
Other regular discharges.....	2,357	2,357	.....	4,609
Irregular discharges.....	3,076	3,076	.....	.....
Transfers to other VA domiciliaries.....	84	84	.....	.....
To extramural status.....	17,963	17,963	.....	11,599
Members remaining June 30, 1973	10,012	10,012	.....	5,949
Average daily member census, fiscal year 1973	10,261	10,261	.....	6,025
Discharges while on extramural status.....	4,362	4,362	.....	(²)
Deaths while in extramural status.....	287	287	.....	(²)
Members in extramural status June 30, 1973	1,361	1,361	.....	(²)
Absent (in hospital status)	393	393	.....	(²)
Absent (Other)	968	968	.....	(²)
Members treated	22,094	22,094	.....	12,699

¹ In addition to member care, restoree care is also implied in each line item.² Data not reported.³ Program discontinued effective July 1, 1973.

VA and State Domiciliaries Average Daily Census, Average Operating Beds—Fiscal Year 1973

VA and State domiciliaries ¹	Domiciliary		VA and State domiciliaries ¹	Domiciliary	
	Average daily member census ²	Average operating beds ³		Average daily member census ²	Average operating beds ³
Total—VA and State domiciliaries	16,286	11,172	Indiana: Lafayette	91	
Total—VA domiciliaries	10,261	11,172	Iowa: Marshalltown	151	
Arizona:			Kansas: Fort Dodge	72	
Prescott	225	233	Louisiana: Jackson	117	
Tucson	68	80	Massachusetts:		
California: Los Angeles	492	550	Chelsea	234	
Florida: Bay Pines	312	326	Holyoke	79	
Georgia: Dublin	412	424	Michigan: Grand Rapids	215	
Kansas: Leavenworth	808	975	Minnesota: Minneapolis	361	
Mississippi: Biloxi	700	723	Missouri: St. James	55	
New York: Bath	634	671	Montana: Columbia Falls	61	
Ohio: Dayton	1,009	1,096	Nebraska: Grand Island	206	
Oregon: White City	1,131	1,165	New Hampshire: Tilton	23	
South Dakota: Hot Springs	507	541	New Jersey:		
Tennessee: Mountain Home	1,108	1,280	Menlo Park	109	
Texas:			Vineland	72	
Bonham	235	238	New York: Oxford	29	
Temple	494	552	North Dakota: Lisbon	102	
Virginia: Hampton	717	750	Ohio: Erie County	671	
Washington: Vancouver	94	110	Oklahoma:		
West Virginia: Martinsburg	532	548	Ardmore	110	
Wisconsin: Wood	784	910	Clinton	17	
			Norman	226	
Total—State homes (domiciliaries)	6,025		Sulphur	39	
California: Napa County	485		Pennsylvania: Erie	97	
Colorado: Homelake	82		Rhode Island: Bristol	114	
Connecticut: Rocky Hill	557		South Dakota: Hot Springs	88	
District of Columbia: Washington	233		Vermont: Bennington	17	
Georgia: Milledgeville	631		Washington:		
Idaho: Boise	113		Orting	82	
Illinois: Quincy	213		Retsil	155	
			Wisconsin: King	80	
			Wyoming: Buffalo	37	

¹ The VA Restoration Program was discontinued for fiscal year 1973.
² Based on total member days during year divided by number of days in year.

³ Based on the number of operating beds at end of each month for 13 consecutive months (June 1972 thru June 1973).

VA and State Nursing Homes: Average Operating Beds, Average Daily Census—Fiscal Year 1973

Location	Fiscal year 1973		Location	Fiscal year 1973	
	Average operating beds	Average daily nursing census		Average operating beds	Average daily nursing census
Total—all	6,508	14,328	North Dakota: Fargo	50	48
Total—VA nursing care stations	6,508	6,094	Ohio:		
Alabama: Tuskegee	120	108	Brecksville	100	97
Arizona: Tucson	41	39	Chillicothe	99	97
Arkansas: Little Rock	150	145	Cincinnati	205	199
California:			Dayton	215	145
Palo Alto	150	147	Oregon: Roseburg	75	65
San Diego ¹	60	52	Pennsylvania:		
Sepulveda	80	77	Altoona	18	20
Colorado:			Butler	101	87
Fort Lyon	37	35	Coatesville	50	50
Grand Junction	42	41	Erie	40	39
Connecticut: West Haven	87	74	Lebanon	97	97
Florida:			Pittsburgh (GEN.)	208	201
Bay Pines	28	12	South Carolina: Columbia	72	68
Miami	90	85	South Dakota: Sioux Falls	75	72
Georgia:			Tennessee:		
Augusta	40	38	Mountain Home	58	57
Dublin	84	81	Murfreesboro	48	47
Illinois:			Texas:		
Danville	120	113	Big Spring	25	27
Downey	190	171	Bonham	94	66
Indiana:			Houston	78	75
Fort Wayne	40	38	Kerrville	36	35
Indianapolis	46	45	Waco	84	82
Marion	69	67	Utah: Salt Lake City	46	42
Iowa: Knoxville	200	193	Virginia:		
Kansas:			Hampton	41	40
Topeka	79	75	Salem	100	95
Leavenworth	45	44	Washington: American Lake	76	74
Kentucky: Lexington	101	96	West Virginia: Beckley	42	40
Louisiana: Alexandria	95	90	Wisconsin:		
Maine: Togus	60	59	Tomah	100	96
Maryland:			Wood	195	196
Fort Howard	47	45	Wyoming: Cheyenne	47	45
Perry Point ¹	50	51			
Massachusetts:			Total State homes nursing care		3,662
Bedford	162	157	California: Napa County		368
Brockton	100	96	Colorado: Homelake		10
Northampton	46	45	Georgia: Augusta		169
Michigan:			Illinois: Quincy		300
Allen Park	72	67	Indiana: Lafayette		133
Battle Creek	180	171	Iowa: Marshalltown		68
Minnesota: St. Cloud	44	43	Kansas: Fort Dodge		44
Mississippi: Biloxi	71	68	Massachusetts:		
Missouri:			Chelsea		53
Columbia	35	14	Holyoke		153
Poplar Bluff	49	48	Michigan: Grand Rapids		430
St. Louis ²	93	84	Missouri: St. James		82
Montana: Miles City	18	16	Nebraska: Grand Island		136
Nebraska: Grand Island	42	41	New Hampshire: Tilton		47
Nevada: Reno	22	21	New Jersey:		
New Hampshire: Manchester	38	38	Menlo Park		156
New Jersey:			Vineland		164
East Orange	37	34	New York: Oxford		12
Lyons	50	45	Oklahoma:		
New Mexico: Albuquerque ¹	47	44	Ardmore		76
New York:			Clinton		92
Albany	97	87	Norman		47
Bath	169	171	Sulphur		128
Buffalo	36	36	Pennsylvania: Erie		64
Canandaigua	100	95	Rhode Island: Bristol		165
Castle Point	96	87	South Carolina: Columbia		140
Montrose	64	54	South Dakota: Hot Springs		28
Syracuse	37	33	Vermont: Bennington		76
North Carolina:			Washington:		
Fayetteville	39	38	Orting		77
Oteen	47	46	Retsil		77
Salisbury	93	90	Wisconsin: King		369

¹ Program activated at station during fiscal year 1973.

² Includes data for VAH Jefferson Barracks, Mo.

Community Nursing Homes: Patients Placed by VA Hospitals, Average Daily Nursing Census, Remaining—Fiscal Year 1973

Hospital	Patients placed	Average daily nursing census ¹	Remaining in nursing home June 30, 1973	Hospital	Patients placed	Average daily nursing census ¹	Remaining in nursing home June 30, 1973
Total.....	11,837	4,572	14,600	Michigan:			
Alabama:				Allen Park ²	47	19	17
Birmingham.....	81	20	23	Ann Arbor.....	31	8	9
Montgomery.....	19	4	5	Battle Creek ²	2	2	2
Tuscaloosa.....	17	9	11	Iron Mountain.....	16	5	7
Tuskegee ¹	15	7	6	Saginaw.....	5	2	3
Alaska: Juneau (RO).....	29	7	7	Minnesota:			
Arizona:				Minneapolis.....	253	103	93
Phoenix.....	155	63	60	St. Cloud ²	49	29	30
Prescott.....	15	9	8	Mississippi:			
Tucson ²	91	31	30	Biloxi ¹	63	19	15
Arkansas:				Jackson.....	71	20	26
Fayetteville.....	37	8	10	Missouri:			
Little Rock ²	104	61	61	Columbia ²	15	4	5
California:				Kansas City.....	125	37	35
Fresno.....	37	10	12	Poplar Bluff ²	51	13	14
Livermore ²	35	26	20	St. Louis ²	110	48	41
Long Beach.....	429	160	154	Montana:			
Los Angeles (Wadsworth).....	187	96	93	Fort Harrison.....	25	15	15
Los Angeles (Brentwood).....	72	50	42	Miles City ²	13	5	3
Martinez.....	32	9	14	Nebraska:			
Palo Alto ²	30	17	19	Grand Island ¹	8	2	3
San Diego ²	117	55	36	Lincoln.....	11	9	8
San Francisco.....	128	30	37	Omaha.....	104	22	27
Sepulveda ²	147	83	70	Nevada: Reno ²	3	1	1
Colorado:				New Hampshire: Manchester ²	87	22	21
Denver.....	91	35	39	New Jersey:			
Fort Lyon ²	24	19	24	East Orange ²	84	43	49
Grand Junction ²	28	9	9	Lyons ²	1	3	1
Connecticut:				New Mexico: Albuquerque ²	96	40	40
Newington.....	99	26	33	New York:			
West Haven ²	51	17	20	Albany ²	11	5	4
Delaware: Wilmington.....	164	54	65	Batavia.....	3	1	3
District of Columbia: Washington.....	183	73	80	Bath ²	21	5	10
Florida:				Bronx.....	19	7	5
Bay Pines ²	330	147	110	Brooklyn.....	15	4	5
Gainesville.....	106	38	40	Buffalo ²	39	16	21
Lake City.....	40	14	14	Canandaigua ²	15	5	1
Miami ²	217	61	53	Castle Point ²	15	5	5
Tampa.....	72	12	30	Montrose ²	2	3	2
Georgia:				New York.....	1	2	1
Atlanta.....	130	39	35	Northport.....	3	3	3
Augusta ²	74	77	83	Syracuse ²	10	4	6
Dublin ²	18	7	8	North Carolina:			
Hawaii: Honolulu (RO).....	21	5	5	Durham.....	60	21	23
Idaho: Boise.....	36	11	14	Fayetteville ²	43	12	18
Illinois:				Oteen ²	46	19	26
Chicago (West Side).....	185	65	67	Salisbury ²	31	14	15
Chicago (Research).....	165	50	60	North Dakota: Fargo ²	51	21	20
Danville ²	45	16	19	Ohio:			
Downey ²	53	45	51	Brecksville ²	15	8	8
Hines.....	358	116	112	Chillicothe ²	116	94	91
Marion.....	174	52	58	Cincinnati ²	171	48	77
Indiana:				Cleveland.....	181	65	66
Fort Wayne ²	29	12	14	Dayton ²	73	30	26
Indianapolis ²	105	31	32	Oklahoma:			
Marion ²	13	7	11	Muskogee.....	117	33	31
Iowa:				Oklahoma City.....	192	40	39
Des Moines.....	82	27	29	Oregon:			
Iowa City.....	160	35	44	Portland.....	148	45	43
Knoxville ²	2	2	2	Roseburg ²	23	11	9
Kansas:				Pennsylvania:			
Leavenworth ²	67	30	25	Altoona ²	10	6	4
Topeka ²	31	28	28	Butler ²	16	5	6
Wichita.....	7	8	8	Coatesville ²	38	116	113
Kentucky:				Erie ²	19	8	5
Lexington ²	79	31	29	Lebanon ²	24	26	25
Louisville.....	147	41	37	Philadelphia.....	282	80	86
Louisiana:				Pittsburgh (General) ²	40	15	15
Alexandria ²	22	5	11	Pittsburgh (Psychiatric).....	17	16	18
New Orleans.....	128	37	32	Wilkes-Barre.....	65	24	28
Shreveport.....	128	31	26	Puerto Rico: San Juan.....	78	21	32
Maine: Togus ²	70	25	27	Rhode Island: Providence.....	92	32	34
Maryland:				South Carolina:			
Baltimore.....	97	18	18	Charleston.....	55	15	13
Fort Howard ²	28	10	11	Columbia ²	43	16	20
Perry Point ²	19	22	24	South Dakota:			
Massachusetts:				Fort Meade.....	25	9	9
Bedford ²	36	43	43	Hot Springs.....	14	3	8
Boston.....	136	61	41	Sioux Falls ²	45	10	7
Brockton ²	24	13	17	Tennessee:			
Northampton ²	42	56	56	Memphis.....	89	23	31
West Roxbury.....	14	4	4	Mountain Home ²	148	78	43
				Murfreesboro ²	5	3	2
				Nashville.....	180	45	43

See footnotes at end of table.

Community Nursing Homes: Patients Placed by VA Hospitals, Average Daily Nursing Census, Remaining—Fiscal Year 1973

Hospital	Patients placed	Average daily nursing census ¹	Remaining in nursing home June 30, 1973	Hospital	Patients placed	Average daily nursing census ¹	Remaining in nursing home June 30, 1973
Texas:				Washington:			
Amarillo.....	35	8	8	American Lake ²	4	6	6
Big Spring ¹	20	12	12	Seattle.....	247	63	56
Bonham ¹	50	14	13	Spokane.....	59	17	24
Dallas.....	221	67	68	Vancouver.....	53	21	22
Houston ¹	225	70	62	Walla Walla.....	25	5	3
Kerrville ¹	63	28	31	West Virginia:			
Marlin.....	24	9	10	Beckley ²	14	4	3
Temple.....	111	50	43	Clarksburg.....	34	6	7
Waco ¹	71	37	41	Huntington.....	87	25	24
Utah: Salt Lake City ²	12	8	7	Martinsburg.....	74	23	33
Vermont: White River Junction.....	7	2	1	Wisconsin:			
Virginia:				Madison.....	60	21	23
Hampton ²	46	14	13	Tomah ²	5	5	5
Richmond.....	72	24	26	Wood ²	228	81	88
Salem ²	82	57	52	Wyoming:			
				Cheyenne ¹	19	4	4
				Sheridan.....	25	36	35

¹ Based on total patient days of care during fiscal year divided by number of days in year.

² Indicates hospitals having a VA Nursing Bed Unit in operation.
³ Excludes 95 patients in absent sick, in hospital status.

EXTENDED CARE

TABLE 38

EXTENDED CARE

TABLE 39

VA Nursing Home Care Units: Patient Turnover—During Fiscal Year 1973

State Nursing Homes: Patient Turnover—During Fiscal Year 1973

Item	Total
Patients remaining, June 30, 1972.....	5,385
Total gains during fiscal year 1973.....	7,474
Direct admission.....	4,002
From VA hospitals and other.....	3,557
From VA domiciliaries.....	445
From extramural status.....	3,397
Transfers in.....	75
Total losses during fiscal year 1973.....	6,607
Deaths—bed occupants.....	491
Maximum benefit discharges.....	1,167
To VA domiciliaries.....	53
Irregular discharges.....	75
To extramural status.....	4,720
Transfers out.....	101
Patients remaining, June 30, 1973.....	6,252
Average daily nursing census, fiscal year 1973.....	6,094
Discharges while on extramural status.....	809
Deaths while in extramural status.....	414
Patients in extramural status June 30, 1973.....	274
Absent (in hospital status).....	132
Absent (Other).....	142
Patients treated.....	9,535

Item	Total
Patients remaining, June 30, 1972.....	13,534
Total gains during fiscal year 1973.....	6,395
Direct admissions.....	1,678
Admissions from State Home domiciliary care.....	1,809
From leave of absence.....	2,908
Total losses during fiscal year 1973.....	6,122
Deaths.....	780
Other discharges.....	885
Discharges to State Home domiciliary care.....	1,495
To leave of absence.....	2,962
Patients remaining, June 30, 1973.....	3,807
Average daily patient census, fiscal year.....	3,662
Patients treated.....	6,967

1 Data adjusted.

EXTENDED CARE

TABLE 40

*Community Nursing Homes: Patient Turnover—
Fiscal Year 1973*

Item	Total
Patients remaining, June 30, 1972.....	4,656
Total gains during fiscal year 1973.....	13,335
Direct admissions.....	10,774
Readmissions after temporary rehospitalization.....	1,063
Transfers from other community nursing homes.....	344
From leave of absence.....	1,154
Total losses during fiscal year 1973.....	13,391
Deaths-bed occupants.....	2,014
Maximum benefit discharges.....	1,142
Irregular discharges.....	375
Nursing home benefits expired.....	5,688
Readmitted to VA hospital or domiciliary.....	763
Moved to another private nursing home.....	211
Remained at same private nursing home.....	2,771
All other.....	1,943
Transfers to other community nursing homes.....	320
Absent (in hospital status).....	3,779
Absent (other).....	73
Patients remaining, June 30, 1973.....	4,600
Average daily patient census, fiscal year 1973.....	4,572
Discharges while on extramural status.....	1,804
Deaths while in extramural status.....	569
Patients in extramural status June 30, 1973:	
Absent (in hospital status).....	95
Absent (other).....	
Patients treated.....	16,287

EXTENDED CARE

TABLE 41

*Outpatient Medical Care: Purpose of Visit, Staff,
Fee—Fiscal Year 1973*

Purpose of visit	Total	Staff	Fee
Total.....	10,858,491	9,165,094	1,693,397
Compensation or pension.....	339,557	310,686	28,871
Determine need for hospital or domiciliary care.....	1,577,282	1,576,143	1,139
Outpatient treatment (Service connected).....	4,355,368	2,997,053	1,358,315
Insurance.....	5,187	5,187	
Aid and attendance.....	367,417	81,101	286,316
Prebed care.....	611,969	611,969	
Outpatient treatment (Non-Service connected) ¹	2,894,062	2,879,739	14,323
Non-bed care ²	68,473	68,473	
Other ¹	639,176	634,743	4,433

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.

² Data were previously designated Post Hospital Care.

³ Data were previously designated trial visit.

EXTENDED CARE

TABLE 42

Outpatient Dental Care: (Class 1-VI) Applications, Staff, Fee—Fiscal Years 1969-1973

Applications	Fiscal year				
	1969	1970	1971	1972	1973
Pending, beginning of fiscal year.....	21,355	49,466	68,027	64,573	64,530
Received during year.....	180,015	248,485	301,501	309,606	257,388
Total workload.....	201,370	297,951	369,528	374,179	321,918
Dispositions during year.....	151,904	229,924	304,955	309,649	321,918
Pending, end of year.....	49,466	68,027	64,573	64,530	39,684

EXTENDED CARE

TABLE 43

*Outpatient Dental Care: Examinations and Treatment Cases Completed,
Staff, Fee—Fiscal Years 1969-73*

Fiscal year	Examination cases completed			Treatment cases completed		
	Total	By VA staff dentists ¹	By fee-basis dentists (net authorizations)	Total	By VA staff dentists ²	By fee-basis dentists (net authorizations)
1973.....	227,777	114,199	113,578	248,388	82,916	165,472
1972.....	256,738	142,919	113,819	248,692	82,873	165,819
1971.....	239,354	147,794	91,560	228,388	82,724	145,664
1970.....	180,890	131,542	49,348	135,790	81,110	54,680
1969.....	121,508	102,593	18,915	92,712	71,162	21,550

¹ Includes prebed care, post-hospital care etc. cases.

² Includes patients whose dental treatment was completed in posthospital (PHC) status.

*Prescriptions Filled for VA Patients by VA and
Community Pharmacies—Fiscal Year 1973*

Patient category	Prescriptions filled
Total.....	21,399,695
Hospital inpatients—total.....	5,359,993
Outpatients—total.....	16,039,702
Other Federal.....	65,794
Aid and attendance and housebound.....	1,567,414
Employees.....	154,857
All other outpatients (service-connected, etc.).....	14,251,637
Staff prescriptions.....	10,597,434
Fee-basis prescriptions.....	3,654,203
Fee-basis prescriptions filled by community pharmacies ¹	713,464

¹ Not included in total.

TABLE 45

CONSTRUCTION

*Replacement and Relocation Hospital Construction Projects Fiscal Year 1973—
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 award (A)
Total, 16 projects.....	8,992	\$617,889,445	\$51,274,187	8	
A. Project completed ⁴ in fiscal year 1973.....					
Total, 1 project.....	370	15,240,000	15,240,000	100	
Kentucky: Lexington (Cooper Dr. Div.).....	370	15,240,000	(⁵)	100	February, 1973 (C)
B. Projects under construction ⁶ 6/30/73:					
Total, 3 projects.....	1,220	64,864,845	36,034,187	56	
California:					
Los Angeles (Phase I).....	(820)	13,589,600	0	0	June, 1973 (A)
San Francisco (Ex. Blr. Plnt.).....	460	14,978,845	2,475,647	17	November, 1972 (A)
San Francisco (Boiler Plant).....		1,373,400	274,647	20	July, 1972 (A)
Texas: San Antonio.....	760	34,923,000	33,283,893	95	October, 1970 (A)
C. Projects authorized ⁷ not under construction 6/30/73:					
Total, 12 projects.....	7,402	537,784,600			
Arkansas: Little Rock.....	720				
California:					
Loma Linda.....	500				
Los Angeles.....	820				
Florida: Bay Pines.....	720				
Georgia: Augusta (Reloc.).....	440				
Maryland: Baltimore.....	450				
New York: Bronx.....	702				
Virginia: Richmond.....	820				
Washington: Seattle.....	250				
West Va.:					
Martinsburg.....	840				
Philadelphia/ S. New Jersey.....	500				
Portland/Vancouver.....	640				

¹ Includes receiving, recovery and Nursing Home Care Beds. All are General Hospitals.

² Construction anticipated, issued, 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.

Modernization Construction Projects,¹ Fiscal Year 1973—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) ²
Total.....	20 projects.....	\$133,812,821	\$36,568,453	27	
A. Projects completed, total.....	8 projects.....	22,376,969	22,376,969	100	
Alabama: Tuskegee.....	Air conditioning & alts. of various bldgs	4,726,992	(?)	100	December, 1972 (C)
Illinois:					
Marion.....	Replace elevator P1, P2 bldg. #1.....	103,500	(?)	100	June, 1973 (C)
Marion.....	Air conditioning & alts. to bldgs. 1 & 2	2,977,772	(?)	100	June, 1973 (C)
Iowa: Des Moines.....	Phase III; modernization & alts. to bldgs 2 & 4.	465,900	(?)	100	January, 1973 (C)
Missouri:					
St. Louis (SLD).....	Phase I; modernization, convert laundry bldg. #7 to research, expand pathology, provide special procedure room & cardiac catheterization room, 2nd. floor.	694,644	(?)	100	April, 1973 (C)
St. Louis A (SLD).....	Consolidation psy. svc. & day hosp. ph III	353,479	(?)	100	September, 1972 (C)
Texas: Dallas.....	Modernization & expansion of facilities.	12,084,180	(?)	100	April, 1973 (C)
Virginia: Hampton A.....	Modernization heating plant replacement.	970,502	(?)	100	October, 1972 (C)
B. Projects under construction, total.....	6 projects.....	32,826,490	14,191,484	43	
Arizona: Phoenix.....	328 bed addition.....	19,272,750	6,895,343	36	February, 1972 (A)
Missouri: St. Louis B (SLD).....	Modernization-provide central tray svc. & dishwashing area; relocate canteen O med. admin. svc. ph. II.	288,515	232,141	80	February, 1972 (A)
Vermont: White River Jct.....	Phase III; modernization, new 204 bed hospital, bldg. #31.	6,282,500	4,345,719	69	January, 1972 (A)
Virginia:					
Hampton E.....	Modernization (ph. IV), (air conditioning 6 nursing unit in main hospital bldg.).	2,158,325	1,331,037	62	May, 1972 (A)
Hampton C.....	New 4 story clinic addition to bldg. #110	3,403,000	305,306	9	October, 1972 (A)
Wisconsin: Madison.....	Surgical suite expansion, air conditioning, 8 bed surgical-intensive care & 4 bed recovery unit and emergency generator.	1,441,400	1,081,938	75	June, 1972 (A)
C. Projects not under construction, total.....	6 projects.....	78,609,362			
Colorado: Denver.....	Clinical support wing and air conditioning.	11,642,000			
Idaho: Boise.....	New clinical support facilities.....	7,350,000			
Indiana: Indianapolis (TSD).....	Air conditioning, clinic consolidation, 178 bed addition & additional research.	18,590,000			
Massachusetts: West Roxbury.....	Spinal cord rehabilitation & center. modernize bldg. #1.	15,222,390			
Pennsylvania: Philadelphia (OC).....	Outpatient clinic expansion.....	1,346,972			
South Carolina: Columbia.....	New bed bldgs. and modernization of existing hospital bldgs.	24,458,000			

¹ Projects included in table if approved for development by Administrator's Office or if there has been an appropriation of funds available for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

³ For Purchase and Hire Projects, the date the station reports construction started.

*Nursing Home Care Units Construction Projects,¹ Fiscal Year 1973—
Completions and Year End Status*

Location	Projects	Number of nursing home care beds	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract awarded (A)
Total.....	27 projects	2,408	\$28,919,896	\$2,242,724	8	
A. Projects completed, total.....	3 projects	203	1,910,504	1,910,504	100	
Florida: Bay Pines.....		120	1,578,799	(?)	100	March, 1973 (C)
Michigan: Allen Park.....		36	114,405	(?)	100	April, 1973 (C)
Wisconsin: Tomah.....		47	217,300	(?)	100	May, 1973 (C)
B. Projects under construction, total.....	9 projects	764	5,785,650	332,220	6	
Project \$1,000,000 and over.....	1 project	180	2,980,800	0	0	
California: Long Beach.....	1 project	180	2,980,800	0	0	June, 1973 (A)
Projects under 1,000,000.....	8 projects	584	2,804,850	332,220	12	
C. Projects not under construction, total.....	15 projects	1,441	21,223,742			
Projects \$1,000,000 and over.....	8 projects	985	19,210,410			
Alabama: Tuscaloosa.....		120	2,636,000			
California: Sepulveda.....		120	3,468,750			
Delaware: Wilmington.....		60	1,267,120			
D. of Columbia: Washington.....		120	3,112,300			
Michigan: Battle Creek.....		205	1,410,600			
Mississippi: Jackson.....		120	2,061,400			
New Hampshire: Manchester.....		120	2,175,840			
New York: Brooklyn.....		120	3,078,400			
Projects under \$1,000,000.....	7 projects	456	2,013,332			

¹ Projects included in table if approved for development by Administrator's Office or if there has been an appropriation of funds available for financing all or part of the Project.

² Same as value of construction issued or awarded when project is financially complete.

³ For Purchase and Hire Projects, the date the station reports construction started.

TABLE 48

Research Facilities Construction Projects,¹ Fiscal Year 1973—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)
A. Total.....	25 projects.....	\$56,329,828	\$9,457,755	17	
A. Projects completed, total.....	4 projects.....	2,607,149	2,607,149	100	
Delaware: Wilmington.....	Research addition.....	1,060,900	(?)	100	December, 1972 (C)
Michigan: Ann Arbor.....	Research addition.....	883,820	(?)	100	January, 1973 (C)
New Mexico: Albuquerque.....	New animal research bldg. & air condition bldg. #10.....	535,908	(?)	100	January, 1973 (C)
New York: New York.....	Dental consolidation, 2nd flr.....	126,521	(?)	100	November, 1972 (C)
B. Projects under construction, total.....	11 projects.....	16,790,179	6,850,606	41	
Projects \$1,000,000 and over, total.....	5 projects.....	16,066,925	6,601,148	41	
Missouri: Kansas City.....	Research & education trng. facs.....	4,801,125	1,299,248	90	June, 1971 (A)
Nebraska: Omaha.....	Research addition.....	2,990,400	0	0	June, 1973 (A)
New York: New York.....	Research & alterations, bldg. #1.....	2,200,100	1,781,705	81	June, 1971 (A)
Ohio: Cleveland.....	Research addition.....	2,186,100	302,121	14	August, 1972 (A)
Pennsylvania: Philadelphia.....	Research addition.....	3,889,200	217,984	6	August, 1972 (A)
Projects under \$1,000,000, total.....	6 projects.....	\$723,254	249,458	34	
C. Projects not under construction, total.....	10 projects.....	36,932,500			
Projects \$1,000,000 and over, total.....	7 projects.....	35,360,500			
California: Long Beach.....	Addition research & education.....	7,220,500			
Florida: Miami.....	Addition.....	6,285,000			
Illinois: Chicago (Research).....	Addition.....	4,931,000			
Louisiana: Shreveport.....	Alterns. for research & education.....	4,152,000			
Mississippi: Jackson.....	Addition research & education.....	4,308,000			
Texas: Dallas.....	Addition research & education.....	3,875,000			
Houston.....	Addition research & education.....	4,589,000			
Projects under \$1,000,000.....	3 projects.....	1,572,000			

¹ Projects included in table if approved for development by Administrator's Office or if there has been an appropriation of funds for financing all or part of the project.

² Same as value of construction issued or awarded when project is financially complete.

³ For Purchase and Hire Projects, the date the station reports construction started.

Other Improvement Construction Projects,¹ Fiscal Year 1973—
Completions and Year End Status

Location	Description	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract award (A)
I. Air conditioning—Construction projects					
Total.....	21 projects.....	\$63,983,940	\$10,969,960	17	
A. Projects completed, total.....	2 projects.....	4,328,990	4,328,990	100	
Mississippi: Biloxi (BD) (GPD)	And 7 bed intensive care unit.....	818,990	(?)	100	July 1972 (C).
North Carolina: Durham.....	And morgue renovation and warehouse addition to bldg. #1.	3,510,000	(?)	100	
B. Projects under construction, total.....	8 projects.....	26,059,550	6,640,970	25	
Projects \$1,000,000 and over, total.....	6 projects.....	25,329,550	6,640,970	26	
California: Long Beach.....	And centralized tray service.....	2,461,500	419,163	17	September 1972 (A).
Iowa: Iowa City.....	And additional electric power and auxiliary electric power.	5,015,750	709,140	14	
Kansas: Leavenworth.....		4,199,500	0	0	June 1973 (A).
Kentucky: Louisville.....		3,907,700	3,740,885	96	June 1971 (A).
Nebraska: Omaha.....		4,616,500	407,195	9	January 1973 (A).
Tennessee: Murfreesboro.....	And provide auxiliary electrical system.....	5,128,600	1,364,587	26	July 1972 (A).
Projects under \$1,000,000, total.....	2 projects.....	730,000	0	0	
C. Projects not under construction, total.....	11 projects.....	33,595,400			
Projects \$1,000,000 and over, total.....	8 projects.....	31,765,400			
Alabama: Tuscaloosa.....		2,410,000			
California: Sepulveda.....		6,020,000			
Indiana: Indianapolis (TSD).....		4,270,000			
North Carolina:					
Fayetteville.....		1,930,000			
Salisbury.....		6,000,000			
Ohio: Chillicothe.....		7,520,000			
Texas: Kerrville.....		2,094,400			
West Virginia: Huntington.....	And connecting corridors and alterations.....	1,521,000			
Projects under \$1,000,000, total.....	3 projects.....	1,830,000			
II. Hemodialysis unit—Construction projects:					
Total.....	6 projects.....	Beds 60	\$1,168,607	\$218,601	19
A. Projects completed, total.....	2 projects.....	20	212,761	212,761	100
California: Los Angeles (WADS)		12	181,261	(?)	100
New York: Buffalo.....		8	31,500	(?)	100
B. Projects under construction, under \$1,000,000 total.....	3 projects.....	30	615,846	5,840	1
C. Projects not under construction, under \$1,000,000 total.....	1 project.....	10	340,000		
III. Intensive care unit—Construction projects:					
Total.....	69 projects.....	Beds 621	\$12,339,596	\$6,521,158	53
A. Projects completed, total.....	22 projects.....	235	4,589,557	4,589,557	100
Alabama: Tuskegee.....	Surg 5	5	138,370	(?)	100
Arkansas: Fayetteville.....	4 4 2	25	418,700	(?)	100
Colorado: Grand Jct.....		4	85,650	(?)	100
Delaware: Wilmington.....	6 4 3	13	303,443	(?)	100
Florida: Lake City.....	4 3 2	9	243,600	(?)	100
Georgia: Atlanta.....	8 8 4	20	314,972	(?)	100
Indiana: Marion.....		6	146,200	(?)	100
Louisiana: Alexandria.....	6 2	8	203,400	(?)	100
Michigan: Allen Park.....	8 5	13	376,000	(?)	100
Montana:					
Fort Harrison.....		6	65,902	(?)	100
Miles City.....		6	74,800	(?)	100
New Jersey: East Orange.....	8 8 5	21	365,500	(?)	100
New York:					
Brooklyn.....	9 16 4	36	605,700	(?)	100
Castle Point.....		8	174,414	(?)	100
North Carolina: Fayetteville.....		10	298,012	(?)	100
Pennsylvania: Lebanon.....		5	66,700	(?)	100
Washington:					
Seattle.....	8	8	186,944	(?)	100
Spokane.....		4	108,800	(?)	100
Walla Walla.....		4	64,100	(?)	100
West Virginia: Clarksburg.....		12	214,100	(?)	100
Texas:					
Amarillo.....		6	84,800	(?)	100
Big Springs.....	4 2	6	49,-50	(?)	100
B. Projects under construction, under \$1,000,000 total.....	32 projects.....	281	5,403,272	1,931,601	36
C. Projects not under construction, under \$1,000,000 total.....	15 projects.....	105	2,346,767		

Other Improvement Construction Projects,¹ Fiscal Year 1973—Completions and Year End Status

Location	Description	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract award (A)
IV. Other improvement—Construction projects:					
Total.....	244 projects.....	\$99,716,271	\$31,889,955	32	
A. Projects completed, total.....	49 projects.....	11,939,740	11,939,740	100	
Alabama: Birmingham.....	Education and training facilities.....	1,597,000	(?)	100	November 1972 (C).
Arkansas: Fayetteville.....	Nuclear medicine laboratory.....	110,600	(?)	100	February 1973 (C).
California:					
Fresno.....	Central oxygen, suction and compressed air system.....	125,700	(?)	100	April 1973 (C).
Livermore.....	Relocate fire house and engineering to bldg. #65.....	523,300	(?)	100	February 1973 (C).
Los Angeles (Brent.....	Alterations to bldgs #205 thru 210, 256 thru 258 and relocate canteen bldg. #209 (seismic related).....	280,000	(?)	100	March 1973 (C).
Los Angeles (WADS).....	Laundry sorting bldg.....	58,000	(?)	100	March 1973 (C).
Los Angeles (DOM).....	Earthquake damage.....	61,000	(?)	100	November 1972 (C).
Oakland (OCS).....	Relocate out patient clinic.....	101,500	(?)	100	November 1972 (C).
Palo Alto (PAD).....	Isolated power center coronary care unit.....	61,000	(?)	100	May 1973 (C).
Sepulveda.....	Renovate bldg. #2, relocate GM patients (seismic related).....	280,000	(?)	100	July 1972 (C).
Connecticut:					
Newington.....	New administration bldg.....	562,700	(?)	100	April 1973 (C).
West Haven.....	Expand radiological facilities.....	155,968	(?)	100	February 1973 (C).
West Haven.....	Storm windows.....	83,403	(?)	100	July 1972 (C).
Delaware: Wilmington.....	Relocate D.V.B. regional office.....	550,000	(?)	100	November 1972 (C).
District of Columbia: Washington.....	Install traffic light.....	8,200	(?)	100	June 1973 (C).
Florida:					
Gainesville.....	Additional freezer space.....	47,410	(?)	100	August 1972 (C).
Miami.....	Expand out patient service, eye clinic and medical adm.....	333,950	(?)	100	November 1972 (C).
Georgia:					
Atlanta.....	Pre-engineered bldg. (for storage).....	22,100	(?)	100	October 1972 (C).
Kentucky: Lexington (Leestown Div.).....	Prefabricated storage bldg.....	58,500	(?)	100	November 1972 (C).
Maine: Togus.....	Connecting corridors bldgs #200 and #209.....	110,250	(?)	100	June 1973 (C).
Maryland: Perry Point.....	Install electrical distribution system and emergency generator.....	240,000	(?)	100	March 1973 (C).
Michigan: Ann Arbor.....	Install bi-plane angiography.....	37,500	(?)	100	May 1973 (C).
Minnesota: Minneapolis.....	Admission and out patient addition and porch enclosure for drug abuse unit.....	500,474	(?)	100	September 1972 (C).
Mississippi:					
Biloxi (BD).....	Acute respiratory unit basic pulmonary function lab.....	221,700	(?)	100	May 1973 (C).
Biloxi (BD).....	Replace electrical distribution system.....	278,300	(?)	100	February 1973 (C).
Missouri:					
Kansas City.....	Additional parking facilities.....	119,091	(?)	100	October 1972 (C).
St. Louis (JB).....	Prosthetic treatment center.....	120,075	(?)	100	January 1973 (C).
Nebraska:					
Grand Island.....	Pulmonary function laboratory.....	38,340	(?)	100	October 1973 (C).
Omaha.....	Central tray service.....	126,035	(?)	100	July 1972 (C).
New Jersey: East Orange.....	Consolidate out patient dental clinic with the hospital.....	390,983	(?)	100	June 1973 (C).
New Mexico: Albuquerque.....	Pharmacy addition and alterations.....	184,670	(?)	100	June 1973 (C).
New York:					
Albany.....	Alterations to bldg. #5 for day hospital.....	40,800	(?)	100	June 1973 (C).
Northport.....	Demolition of bldg. #3 and reroute utilities.....	187,560	(?)	100	October 1972 (C).
Northport.....	Sewage treatment plant.....	756,700	(?)	100	January 1973 (C).
North Carolina: Fayetteville.....	Tornado damage.....	407,600	(?)	100	October 1972 (C).
Ohio: Cincinnati.....	Auxiliary electrical power.....	301,978	(?)	100	July 1972 (C).
Pennsylvania:					
Coatesville.....	Internal auxiliary electrical power.....	126,400	(?)	100	January 1973 (C).
Philadelphia.....	Clinical pathology expansion.....	42,100	(?)	100	May 1973 (C).
Philadelphia.....	Additional transformer and mod. of electrical power bldg. #1.....	99,000	(?)	100	June 1973 (C).
Tennessee:					
Knoxville.....	Provide ward kitchen bldg. #74.....	73,300	(?)	100	December 1972 (C).
Knoxville.....	Installation of elevators, bldgs. #81, #82, and #85.....	190,700	(?)	100	February 1973 (C).
Nashville.....	Roof deck for TB patients.....	55,597	(?)	100	August 1972 (C).
Utah: Salt Lake City.....	Isolated power centers.....	52,000	(?)	100	December 1972 (C).
Virginia: Richmond.....	Modernize spinal cord injury ward.....	1,011,600	(?)	100	June 1973 (C).
Washington:					
Seattle B.....	Education and out patient facilities (excluding storm and sanitary sewer-A).....	667,500	(?)	100	November 1972 (C).
Vancouver.....	Correction of seismic deficiencies.....	48,684	(?)	100	September 1972 (C).
West Virginia:					
Beckley.....	22 Bed pulmonary emphysema unit and pulmonary function lab.....	118,684	(?)	100	December 1972 (C).
Huntington.....	Audio visual patient, nurses call system.....	100,328	(?)	100	July 1972 (C).
Wisconsin: Madison.....	Remodel processing and distribution unit.....	271,460	(?)	100	March 1973 (C).
B. Projects under construction, total.....	110 projects.....	\$42,190,526	\$19,950,215	47	
Projects \$1,000,000 and over, total.....	4 projects.....	17,443,041	10,926,598	63	
California: Los Angeles.....	Design, alteration and construction for seismic relocation of patients.....	11,885,000	9,411,684	79	January 1972 (A).
Connecticut: Newington.....	Out patient clinic expansion and alterations to bldg #1.....	1,515,200	0	0	June 1973 (A).
Missouri: St. Louis (JB).....	58 bed spinal cord injury unit.....	1,525,341	0	0	June 1973 (A).
North Carolina: Durham.....	Out patient clinic expansion.....	2,517,500	1,514,914	60	June 1972 (A).
Projects under \$1,000,000, total.....	106 projects.....	24,747,485	9,023,617	36	

Other Improvement Construction Projects,¹ Fiscal Year 1973—Completions and Year End Status

Location	Description	Estimated construction cost	Value of work in place	Percent complete	Date construction completed (C) or contract award (A)
C. Projects not under construction, total.....	85 projects.....	\$45,586,005			
Projects \$1,000,000 and over, total.....	14 projects.....	27,997,394			
California: Palo Alto (PAD).....	Out patient clinic expansion.....	2,739,550			
Illinois: Hines.....	Out patient clinic.....	1,880,000			
Iowa:					
Iowa City.....	Parking facilities.....	1,037,357			
Iowa City.....	Replace boiler plant.....	1,231,400			
Kansas: Leavenworth.....	New laundry.....	2,272,050			
Missouri: St. Louis (JB).....	Out patient clinic expansion.....	1,520,000			
New Mexico: Albuquerque.....	Out patient clinic expansion.....	1,770,000			
New York:					
Brooklyn.....	Additional elevators.....	1,017,000			
Buffalo.....	Out patient clinic expansion.....	5,528,250			
Syracuse.....	300 car multi-story parking garage.....	1,429,687			
North Carolina: Durham.....	Multi-story parking garage.....	2,315,700			
Ohio: Cleveland.....	Out patient clinic expansion.....	1,420,000			
Oklahoma: Oklahoma.....	Out patient clinic.....	1,410,000			
Vermont: White River Jct.....	Clinical improvements.....	2,406,400			
Projects under \$1,000,000 total.....	71 projects.....	17,608,611			

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 Also includes Hemodialysis Unit.

⁴ For Purchase and Hire Projects, the date the station reports construction started.

Disability, Death: Number of Cases, Amount, Period of Service

Item	Average amount paid (at end of each fiscal year)		Number (June 30, 1973)	Expenditures (000 omitted)	
	1973	1972		Fiscal year 1973	Total to June 30, 1973 ¹
Grand total.....	\$1,270.44	\$1,233.36	4,911,033	\$6,426,647	\$112,621,479
Living veterans.....	1,371.96	1,301.40	3,256,746	4,591,457	-----
Deceased veterans.....	1,070.28	1,097.76	1,654,287	1,835,190	-----
Indian wars.....	959.16	941.88	121	119	118,477
Living veterans.....	1,896.00	1,920.00	1	2	60,426
Deceased veterans.....	951.36	934.56	120	117	58,651
Civil War.....	1,121.88	1,128.36	537	623	8,220,157
Deceased veterans.....	1,121.88	1,128.36	537	623	8,220,157
Spanish-American War.....	1,066.92	1,028.16	32,704	35,741	5,079,499
Living veterans.....	1,746.60	1,746.00	1,850	3,674	3,362,115
Deceased veterans.....	1,026.12	975.12	30,854	32,067	1,717,384
World War II.....	1,262.52	1,211.04	2,595,746	3,356,899	49,570,064
Living veterans, total.....	1,333.20	1,254.60	1,860,092	2,538,534	37,817,758
Service-connected.....	1,333.56	1,196.16	1,351,425	1,796,250	32,254,802
Reserve officers' retirement.....	4,832.04	4,616.04	3	15	325,666
Non-service-connected.....	1,332.24	1,423.56	506,664	732,360	5,089,427
Deceased veterans, total.....	1,083.60	1,100.64	735,654	818,365	11,752,306
Service-connected.....	1,761.60	1,712.64	200,639	340,017	7,675,623
Non-service-connected.....	829.32	860.76	535,015	478,348	4,076,683
Regular establishment.....	1,496.28	1,400.40	240,887	360,253	4,369,924
Living veterans.....	1,275.12	1,152.48	191,671	242,373	2,873,954
Deceased veterans.....	2,357.88	2,357.04	49,216	117,880	1,495,970
World War I.....	1,063.32	1,120.44	1,215,287	1,389,703	36,398,027
Living veterans, total.....	1,335.00	1,361.04	561,980	811,685	26,471,783
Service-connected.....	2,115.84	1,949.52	65,163	140,503	9,283,544
Emergency officers' retirement.....	3,411.00	3,262.44	460	1,658	178,517
Non-service-connected.....	1,230.60	1,285.80	496,357	669,524	17,009,722
Deceased veterans, total.....	829.68	886.08	653,307	578,018	9,926,244
Service-connected.....	2,337.24	2,329.44	36,553	86,485	2,659,502
Non-service-connected.....	740.28	799.80	616,754	491,533	7,266,742
Korean conflict.....	1,483.92	1,403.52	407,354	612,401	6,462,431
Living veterans, total.....	1,588.08	1,459.20	281,867	451,532	4,838,447
Service-connected.....	1,615.56	1,452.96	240,756	388,596	4,469,019
Non-service-connected.....	1,426.92	1,500.72	41,111	62,936	369,428
Deceased veterans, total.....	1,250.16	1,273.68	125,487	160,869	1,623,984
Service-connected.....	1,889.28	1,851.48	39,401	75,408	1,105,467
Non-service-connected.....	957.72	983.28	86,086	85,461	518,517
Vietnam era.....	1,600.44	1,519.68	417,448	669,850	2,206,245
Living veterans, total.....	1,511.28	1,402.80	358,822	542,968	1,729,354
Service-connected.....	1,511.52	1,400.64	354,062	535,324	1,709,337
Non-service-connected.....	1,492.08	1,582.44	4,760	7,644	20,017
Deceased veterans, total.....	2,146.08	2,215.32	58,626	126,882	476,891
Service-connected.....	2,441.04	2,468.40	47,528	116,786	451,619
Non-service-connected.....	882.96	893.64	11,098	10,096	25,272
Mexican Border Service.....	934.44	1,034.76	949	1,058	2,123
Living veterans, total.....	1,200.24	1,235.88	463	689	1,439
Service-connected.....	2,676.97	2,174.54	13	74	144
Non-service-connected.....	1,157.52	1,208.16	450	615	1,295
Deceased veterans, total.....	681.24	756.00	486	369	684
Service-connected.....	2,340.00	2,208.00	2	5	9
Non-service-connected.....	674.40	751.92	484	364	675

¹ Includes \$194,532 expended for War of 1812, Mexican War and unclassified.

Disability, Age Group, Period of Service—June 1973

Age group	Grand total			World War II			World War I		
	Total	Service connected ¹	Non-service connected ⁴	Total	Service connected ¹	Non-service connected	Total	Service connected ²	Non-service connected
Average age.....	55.5	49.4	69.1	55.9	54.7	59.5	78.8	78.5	79.0
Total veterans.....	3,256,746	2,203,540	1,053,206	1,860,092	1,351,428	508,664	561,980	65,623	496,357
Under 20.....	835	827	8						
20 to 24.....	94,614	93,855	759						
25 to 29.....	168,081	165,355	2,726						
30 to 34.....	69,441	68,326	1,115						
35 to 39.....	83,406	76,286	7,120						
40 to 44.....	211,917	183,285	28,632	5,536	2,554	2,982			
45 to 49.....	404,286	336,624	67,662	313,111	252,409	60,702			
50 to 54.....	655,596	550,431	105,165	606,091	501,686	104,405			
55 to 59.....	465,278	367,038	98,240	430,660	332,834	97,826			
60 to 64.....	276,972	186,035	90,937	260,768	170,030	90,738			
Under 65.....	2,430,426	2,028,062	402,364	1,616,166	1,259,513	356,653			
65 to 69.....	178,435	80,887	97,548	169,444	72,176	97,268	164	4	160
70 to 74.....	99,701	25,377	74,324	57,245	13,637	43,608	36,384	5,732	30,652
75 to 79.....	335,164	46,509	288,655	15,490	4,956	10,534	317,372	39,517	277,855
80 to 84.....	178,406	19,030	159,376	1,410	913	497	176,069	17,318	158,751
85 to 89.....	31,288	3,276	28,012	255	190	65	30,612	2,804	27,808
90 to 94.....	2,394	336	2,058	57	26	31	1,219	213	1,006
95 and over.....	932	63	869	25	17	8	160	35	125
65 and over.....	826,320	175,478	650,842	243,926	91,915	152,011	561,980	65,623	496,357

	Korean conflict			Vietnam era			Regular Estab-lishment ³	Spanish-American War ⁴	Indian wars ⁵	Mexican Border service ⁴
	Total	Service connected	Non-service connected	Total	Service connected	Non-service connected				
Average age.....	44.9	45.4	42.8	29.7	30.2	28.2	43.9	93.8	101.0	79.5
Total veterans.....	281,867	240,756	41,111	358,822	354,062	4,760	191,671	1,850	1	463
Under 20.....				835	827	8				
20 to 24.....				94,606	93,847	759				
25 to 29.....				163,380	160,654	2,726				
30 to 34.....	42	15	27	34,866	33,778	1,088				
35 to 39.....	23,082	16,098	6,984	8,828	8,692	136				
40 to 44.....	157,436	131,810	25,626	19,775	19,751	24				
45 to 49.....	57,500	50,552	6,948	14,166	14,154	12				
50 to 54.....	20,002	19,243	759	12,633	12,632	1				
55 to 59.....	12,375	11,963	412	7,437	7,435	2				
60 to 64.....	6,149	5,951	198	1,888	1,887	1				
Under 65.....	276,586	235,632	40,954	358,414	353,657	4,757	179,260			
65 to 69.....	3,152	3,034	118	355	353	2	5,320			
70 to 74.....	1,328	1,302	26	52	51	1	4,655			
75 to 79.....	600	593	7	1	1		1,442			
80 to 84.....	191	185	6				614			
85 to 89.....	8	8					274			
90 to 94.....	2	2					95	1,015		
95 and over.....							11	733	1	
65 and over.....	5,281	5,124	157	408	405	3	12,411	1,850	1	463

¹ Includes reserve officers in receipt of retirement pay under Public Law 262, 77th Congress.

² Includes emergency, provisional, probationary, or temporary officers in receipt of retirement pay.

³ Includes 62 Special Act (non-service connected) cases.

⁴ Service connected and non-service connected are combined in S.A.W. and Mexican Border serv.

⁵ The Indian wars veteran (non-serv. con.) died 6-18-73.

TABLE 52

COMPENSATION AND PENSION

Terminations of Awards, Disability, Death—Fiscal Year 1973

Reasons for terminations	Total	World War II		World War I		Korean conflict		Vietnam era		Regular Estab- lishment	Spanish- Ameri- can War	Civil War	Indian wars ²	Mexican Border Service
		Service connected	Non- service connected	Service connected	Non- service connected	Service connected	Non- service connected	Service connected	Non- service connected					
TERMINATIONS OF COMPENSATION OR PENSION DISABILITY AWARDS														
Total	208,091	21,938	74,208	6,283	82,519	2,864	4,846	10,069	939	3,586	716			123
Death of veteran.....	131,503	20,909	37,624	6,234	57,118	2,331	1,826	1,869	175	2,633	700			84
Disability less than 10 percent.....	5,550	321				193		4,658		378				
Disability less than permanent and total.....	969		654		2		231		81					
Estate in excess of \$1,500.....	343	65	103	25	53	21	14	20	5	35				1
Excessive corpus of estate.....	336		178		148		6		2		1			
Failure to cooperate.....	1,899	36	632	2	177	29	97	781	27	118				36
Income provision.....	61,479		33,846		24,518		2,481		597		1			
Person entitled is incarcerated.....	94		66		3		18		7					
Veteran on active duty or in receipt of retirement pay.....	1,640	67	25	1	7	58	2	1,355	2	123				
Failure to return questionnaire.....	410		321		35		48		6					2
Miscellaneous ¹	3,869	540	759	21	458	232	123	1,386	37	299	12			
TERMINATIONS OF COMPENSATION, DEPENDENCY AND INDEMNITY COMPENSATION OR, PENSION DEATH AWARDS														
Total	248,072	17,485	145,112	1,877	47,656	4,400	13,419	6,098	1,758	5,646	4,462	103	14	42
Dependency not established or discontinued.....	117,117	2,868	98,200	50	2,497	1,618	7,614	1,458	117	2,607	88			
Payee incarcerated.....	33		29				3		1					
Death of payee.....	51,976	11,845	4,587	1,716	26,375	1,582	179	691	15	1,466	3,391	103	14	12
Income provisions.....	50,658	818	28,148		15,107	475	3,125	1,523	978	459				25
Excess corpus of estate.....	802	54	261		451	11	21	1		3				4
Widow remarried.....	17,260	871	9,399	59	1,867	328	1,702	1,942	480	578	30			
Failure to return questionnaire.....	447		269		123		43		12					1
Miscellaneous ¹	9,779	1,029	4,219	52	1,236	386	732	483	155	533	953			

¹ Includes temporary terminations.² Indian War Veteran, died 6/18/73, terminated as of 7/1/73.

Disability, Degree of Impairment, Type of Major Disability, Period of Service—June 1973

Degree of impairment	Total				Tuberculosis (lungs and pleura)				Psychiatric and neurological diseases			General medical and surgical conditions				
	Number	Percent of total	Monthly value	Average monthly value	Number	Percent of total tuberculosis	Percent of degree of impairment	Average monthly value	Number	Percent of total psychiatric and neurological diseases	Percent of degree of impairment	Average monthly value	Number	Percent of total general medical and surgical conditions	Percent of degree of impairment	Average monthly value
ALL PERIODS																
Total.....	2,203,041	100.0	\$259,061,389	\$117.59	61,561	100.0	2.8	\$124.23	476,132	100.0	21.6	\$197.74	1,665,348	100.0	75.6	\$94.43
No disability.....	29,133	1.3	1,884,708	64.69	27,248	44.3	93.5	65.86					1,885	.1	6.5	47.00
10 percent.....	865,895	39.3	24,129,977	27.87	1,344	2.2	.2	54.83	145,837	30.6	16.8	27.78	718,714	43.2	83.0	27.83
20 percent.....	341,823	15.5	17,445,952	51.04	7,705	12.5	2.3	66.67	26,150	5.5	7.6	51.69	307,968	18.5	90.1	50.59
30 percent.....	313,520	14.2	24,203,556	77.20	11,799	19.2	3.8	75.39	82,155	17.3	26.2	76.30	219,566	13.2	70.0	77.63
40 percent.....	178,512	8.1	19,290,122	108.06	1,562	2.5	.9	108.28	26,218	5.5	14.7	106.55	150,732	9.0	84.4	108.32
50 percent.....	112,697	5.1	19,436,301	172.47	2,645	4.3	2.4	174.27	41,972	8.8	37.2	167.49	68,080	4.1	60.4	175.46
60 percent.....	113,459	5.2	32,978,268	290.66	1,637	2.7	1.4	277.70	18,912	4.0	16.7	252.01	92,910	5.6	81.9	296.76
70 percent.....	72,532	3.3	26,301,892	362.62	1,251	2.0	1.7	276.16	35,370	7.4	48.8	387.60	35,911	2.2	49.5	341.04
80 percent.....	36,580	1.7	14,191,451	387.96	1,972	3.2	5.4	321.12	9,886	2.1	27.0	399.34	24,722	1.5	67.6	388.74
90 percent.....	12,732	.6	5,545,730	435.57	137	.2	1.1	416.39	3,351	.7	26.3	444.07	9,244	.5	72.6	432.78
100 percent.....	126,158	5.7	73,653,492	583.82	4,261	6.9	3.4	529.47	86,281	18.1	68.4	564.92	35,616	2.1	28.2	636.10
WORLD WAR I																
Total.....	65,163	100.0	11,489,809	176.32	9,996	100.0	15.4	131.60	13,182	100.0	20.2	264.95	41,985	100.0	64.4	159.15
No disability.....	798	1.2	47,312	59.29	463	4.6	58.0	67.00					335	.8	42.0	47.00
10 percent.....	10,180	15.6	349,577	34.34	27	.3	.3	58.78	679	5.2	6.7	35.18	9,474	22.6	93.0	34.21
20 percent.....	15,700	24.1	995,656	63.42	7,054	70.6	44.9	66.90	1,903	13.7	11.5	65.91	6,843	16.3	43.6	59.18
30 percent.....	8,507	13.0	717,124	84.30	607	6.1	7.1	87.94	1,563	11.9	18.4	85.76	6,337	15.3	74.5	83.59
40 percent.....	9,267	9.6	726,118	115.86	345	3.5	5.5	118.47	1,057	8.0	16.9	118.78	4,865	11.6	77.6	115.05
50 percent.....	5,403	8.3	906,728	167.82	392	.9	1.7	166.95	1,896	14.4	35.1	168.30	3,415	8.1	63.2	167.57
60 percent.....	5,515	8.5	1,692,707	306.93	125	1.2	2.3	371.49	868	6.6	15.7	224.00	4,522	10.8	82.0	321.06
70 percent.....	2,540	3.9	842,292	331.61	37	.4	1.5	267.08	902	6.8	35.5	332.86	1,601	3.8	63.0	331.94
80 percent.....	1,550	2.4	561,633	362.34	13	.1	.8	363.62	423	3.2	27.3	325.67	1,114	2.7	71.9	376.25
90 percent.....	364	.6	152,777	419.72	11	.1	3.0	350.00	45	.3	12.4	424.89	308	.7	84.6	421.45
100 percent.....	8,339	12.8	4,497,385	539.38	1,222	12.2	14.7	519.86	3,946	29.9	47.3	537.15	3,171	7.5	38.0	549.68
WORLD WAR II																
Total.....	1,351,425	100.0	150,186,401	111.13	32,452	100.0	2.4	128.69	308,126	100.0	22.8	175.76	1,010,847	100.0	74.8	90.87
No disability.....	17,734	1.3	1,174,100	66.21	16,919	52.1	95.4	67.00					815	.1	4.6	47.00
10 percent.....	551,007	40.8	15,578,506	28.27	745	2.3	.1	60.05	108,388	35.2	19.7	28.10	441,876	43.7	80.2	28.26
20 percent.....	201,914	14.9	10,355,413	51.29	421	1.3	.2	66.88	16,975	5.5	8.4	51.15	184,517	18.3	91.4	51.26
30 percent.....	198,639	14.7	15,926,883	78.17	6,668	20.6	3.4	77.14	56,465	18.3	28.4	77.16	135,506	13.4	68.2	78.64
40 percent.....	111,816	8.3	12,170,683	108.85	751	2.3	.7	108.06	17,743	5.8	15.9	106.87	93,322	9.2	83.4	109.23
50 percent.....	69,112	5.1	12,082,240	174.82	1,287	4.0	1.9	183.16	25,239	8.2	36.5	170.61	42,586	4.2	61.6	177.06
60 percent.....	69,000	5.1	20,269,737	293.76	1,085	3.3	1.6	277.40	11,497	3.7	16.7	249.06	56,418	5.6	81.7	303.19
70 percent.....	42,510	3.2	15,792,097	371.49	1,021	3.2	2.4	277.24	20,736	6.7	48.8	409.04	20,753	2.1	48.8	338.61
80 percent.....	21,788	1.6	8,295,263	380.73	1,778	5.5	8.2	322.17	5,670	1.9	26.0	397.45	14,340	1.4	65.8	381.38
90 percent.....	6,818	0.5	2,896,777	424.87	112	.3	1.6	417.79	1,614	.5	23.7	428.49	5,092	.5	74.7	423.88
100 percent.....	61,087	4.5	36,044,602	590.05	1,665	5.1	2.7	561.23	43,800	14.2	71.7	579.73	15,622	1.5	25.6	622.08
KOREAN CONFLICT																
Total.....	240,756	100.0	32,412,658	134.63	11,190	100.0	4.6	90.59	45,379	100.0	18.9	277.95	184,187	100.0	76.5	101.99
No disability.....	7,645	3.2	507,698	66.41	7,340	65.6	96.0	67.00					305	.2	4.0	47.00
10 percent.....	85,982	35.7	2,460,703	28.62	256	2.3	.3	64.11	10,137	22.3	11.8	28.27	75,589	41.0	87.9	28.55
20 percent.....	37,173	15.4	1,912,838	51.46	105	.9	.3	66.38	2,016	4.4	5.4	51.63	35,052	19.0	94.3	51.40
30 percent.....	32,985	13.7	2,593,586	78.63	2,289	20.4	6.9	77.19	6,501	14.3	19.7	77.22	24,195	13.1	73.4	79.14
40 percent.....	20,328	8.4	2,232,060	109.80	254	2.3	1.2	107.11	2,357	5.2	11.6	107.80	17,717	9.6	87.2	110.11
50 percent.....	11,784	4.9	2,157,556	183.09	344	3.1	2.9	176.81	3,744	8.3	31.8	179.92	7,696	4.2	65.3	181.92
60 percent.....	13,231	5.5	4,017,826	305.94	202	1.8	1.5	267.00	1,614	3.6	16.4	278.00	10,862	5.9	82.1	312.23
70 percent.....	9,074	3.8	3,527,371	388.73	98	.9	1.1	296.51	4,247	9.4	46.8	414.63	4,729	2.6	52.1	367.39

80 percent.....	4,319	1.8	1,829,303	423.55	77	.7	1.8	357.05	1,193	2.6	27.6	442.74	3,019	1.7	70.6	417.72
90 percent.....	1,567	.7	712,119	454.45	8	.1	.5	422.38	447	1.0	28.5	468.90	1,112	.6	71.0	448.15
100 percent.....	16,668	6.9	10,431,598	625.85	217	1.9	1.3	549.06	12,570	27.7	75.4	611.89	3,881	2.1	23.3	675.32
VIETNAM ERA																
Total.....	354,062	100.0	44,596,458	125.96	2,196	100.0	0.6	256.39	69,676	100.0	19.7	217.15	282,190	100.0	79.7	102.42
No disability.....	164	0.0	8,274	50.45	5	0.2	3.0	67.00					159	0.1	97.0	47.00
10 percent.....	141,035	39.8	3,993,101	28.31	202	9.2	0.1	28.00	17,194	24.7	12.2	28.27	123,639	43.8	87.7	28.32
20 percent.....	57,766	16.3	2,964,199	51.31	22	1.0	0.0	54.50	3,852	5.5	6.7	51.47	53,892	19.1	93.3	51.30
30 percent.....	45,960	13.0	3,599,305	78.31	412	18.7	0.9	76.91	11,575	16.6	25.2	77.56	33,973	12.0	73.9	78.59
40 percent.....	27,495	7.8	3,024,484	110.00	74	3.4	0.3	105.61	3,656	5.3	13.3	108.16	23,765	8.4	86.4	110.30
50 percent.....	19,140	5.4	8,261,063	170.38	645	29.4	3.4	170.74	7,606	10.9	39.7	164.25	10,889	3.9	56.9	174.64
60 percent.....	16,270	4.6	4,493,949	276.21	91	4.1	0.6	236.07	3,111	4.5	19.1	256.03	13,068	4.6	80.3	281.30
70 percent.....	12,559	3.6	4,333,798	345.08	30	1.4	0.2	259.80	5,867	8.4	46.7	344.44	6,662	2.4	53.1	346.02
80 percent.....	6,562	1.9	2,693,646	410.49	11	0.5	0.2	402.00	1,999	2.7	29.1	408.46	4,642	1.6	70.7	411.35
90 percent.....	3,287	0.9	1,520,457	462.57	2	0.1	0.1	498.50	1,050	1.5	31.9	471.18	2,235	0.8	68.0	458.49
100 percent.....	23,824	6.7	14,704,177	617.20	702	32.0	2.9	528.59	13,856	19.9	58.2	563.77	9,266	3.3	38.9	703.82
REGULAR ESTABLISHMENT																
Total.....	191,609	100.0	20,365,670	106.29	5,727	100.0	3.0	101.20	39,763	100.0	20.7	220.16	146,119	100.0	76.3	75.50
No disability.....	2,791	1.4	147,264	52.76	2,521	44.0	90.3	54.15					270	0.2	9.7	39.84
10 percent.....	77,690	40.5	1,747,982	22.50	114	2.0	0.1	46.47	9,441	23.7	12.2	22.21	68,135	46.6	87.7	22.50
20 percent.....	29,267	15.3	1,217,693	41.61	103	1.8	0.4	52.99	1,503	3.8	5.1	41.37	27,661	18.9	94.5	41.58
30 percent.....	27,427	14.3	1,766,505	64.41	1,823	31.8	6.6	62.21	6,051	15.2	22.1	62.50	19,553	13.4	71.3	65.20
40 percent.....	12,606	6.6	1,136,777	90.18	138	2.4	1.1	87.62	1,405	3.5	11.1	87.09	11,063	7.6	87.8	90.60
50 percent.....	7,255	3.8	1,028,246	141.73	277	4.8	3.8	140.42	3,486	8.8	48.1	138.11	3,492	2.4	48.1	145.45
60 percent.....	9,441	4.9	2,473,315	291.98	134	2.4	1.4	237.11	1,269	3.2	13.5	243.66	8,038	5.5	85.1	295.28
70 percent.....	5,848	3.1	1,806,074	308.84	65	1.1	1.1	229.92	3,618	9.1	61.9	316.63	2,165	1.5	37.0	298.19
80 percent.....	2,361	1.2	811,606	343.76	93	1.6	3.9	255.83	691	1.7	29.3	359.86	1,577	1.1	66.8	341.88
90 percent.....	696	0.4	263,600	378.74	4	0.1	0.6	307.00	195	0.5	28.0	374.63	497	0.3	71.4	380.92
100 percent.....	16,227	8.5	7,966,628	490.95	455	8.0	2.8	431.11	12,104	30.5	74.6	472.90	3,668	2.5	22.6	557.94
SPANISH AMERICAN WAR																
Total.....	13	100.0	7,493	576.38					3	100.0	23.1	791.33	10	100.0	76.9	511.90
No disability.....																
10 percent.....																
20 percent.....																
30 percent.....																
40 percent.....																
50 percent.....	1	7.7	149	149.00									1	10.0	100.0	149.00
60 percent.....	1	7.7	179	179.00									1	10.0	100.0	179.00
70 percent.....	1	7.7	259	259.00									1	10.0	100.0	259.00
80 percent.....																
90 percent.....																
100 percent.....	10	76.9	6,906	690.60					3	100.0	30.0	791.33	7	70.0	70.0	647.43
MEXICAN BORDER SERVICE																
Total.....	13	100.0	2,900	223.08					3	100.0	23.1	450.00	10	100.0	76.9	155.00
No disability.....	1	7.7	47	47.00									1	10.0	100.0	47.00
10 percent.....	1	7.7	28	28.00									1	10.0	100.0	28.00
20 percent.....	3	23.1	153	51.00									3	30.0	100.0	51.00
30 percent.....	2	15.4	154	77.00									2	20.0	100.0	77.00
40 percent.....																
50 percent.....	2	15.4	314	157.00					1	33.3	50.0	149.00	1	10.0	50.0	165.00
60 percent.....	1	7.6	495	495.00									1	10.0	100.0	495.00
70 percent.....																
80 percent.....																
90 percent.....																
100 percent.....	3	23.1	1,709	569.66					2	66.7	66.7	600.50	1	10.0	33.3	495.00

COMPENSATION

TABLE 54

Disability: Class of Dependent, Period of Service—June 1973

Class of dependent	Total			World War II		World War I		Korean conflict		Vietnam era		Regular Establishment		Spanish-American War		Mexican Border Service	
	Number	Monthly value	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value
Total veterans.....	2,203,041	\$259,061,389	\$117.59	1,351,425	\$111.13	65,163	\$176.32	240,756	\$134.63	354,062	\$125.96	191,609	\$106.29	13	\$576.38	13	\$223.08
Veterans less than 50 percent disabled (no dependency benefit).....	1,728,883	86,954,315	50.30	1,081,110	50.69	41,452	68.41	184,113	52.72	272,420	49.88	149,781	40.17			7	53.43
Veterans 50 percent or more disabled.....	474,158	172,107,074	362.97	270,315	352.85	23,711	364.98	56,643	400.86	81,642	379.79	41,828	343.06	13	576.38	6	417.50
Without dependents.....	118,194	43,004,018	363.84	57,545	361.68	8,594	371.88	11,081	398.14	29,061	361.47	11,902	342.27	7	515.43	4	423.25
With dependents.....	355,964	129,103,056	362.69	212,770	350.46	15,117	361.05	45,562	401.52	62,581	389.92	29,926	343.37	6	647.50	2	403.00
Wife only.....	158,614	56,024,162	353.21	108,385	347.70	14,724	360.26	10,825	399.34	15,226	365.86	9,446	332.00	6	647.50	2	403.00
Wife, child or children.....	166,826	60,168,571	360.67	88,908	242.75	310	391.64	28,533	390.97	32,567	393.56	16,508	339.32				
Wife, child or children, and parent or parents.....	3,588	1,692,311	471.66	1,903	441.66	1	862.00	812	536.21	513	500.15	359	442.88				
Wife, parent or parents.....	1,888	866,523	458.96	1,284	448.52	3	269.67	236	516.25	260	462.35	105	454.96				
Child or children only.....	16,292	6,093,331	374.01	7,614	358.18	75	378.00	3,410	397.70	2,861	408.10	2,332	349.07				
Child or children and parent or parents.....	624	310,856	498.17	238	469.61			170	553.72	115	518.37	101	448.94				
Parent or parents only.....	8,132	3,947,281	485.40	4,438	485.41	4	534.75	1,576	512.70	1,039	491.62	1,075	439.13				
Total dependents on whose account additional compensation was being paid.....	749,147			405,936		15,647		132,663		119,153		76,140		6		2	
Wives.....	330,916			200,480		15,038		40,406		48,566		26,418		6		2	
Children.....	402,200			196,857		501		89,000		68,047		47,795					
Parents.....	16,331			8,599		8		3,257		2,540		1,927					

Death: Total, Class of Beneficiary, Period of Service—June 1973

Class of Beneficiary	Total			World War II		World War I		Korean conflict		Vietnam era	
	Number	Monthly value	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value
Total cases.....	373,643	\$62,178,173	\$166.41	200,639	\$146.80	36,553	\$194.77	39,401	\$157.44	47,528	\$203.42
Compensation.....	107,379	8,197,700	74.34	85,937	76.71	854	81.96	16,486	76.70	33	134.03
Dependency and indemnity compensation.....	260,516	52,427,473	201.24	110,431	196.51	35,688	197.44	21,880	212.84	47,466	203.43
Dependency and indemnity compensation and compensation.....	5,748	1,553,000	270.18	4,271	271.59	11	272.27	1,035	272.38	29	266.62
Widow alone.....	147,515	32,053,132	217.29	72,377	215.83	34,898	196.14	12,135	243.72	7,555	233.59
Widow and children.....	34,247	9,174,569	267.89	8,341	250.36	525	278.38	3,079	268.68	14,605	276.55
Widow, children and mother.....	3,293	1,153,346	350.24	388	343.22	-----	-----	172	346.07	1,932	353.07
Widow, children and father.....	457	156,893	343.31	50	334.96	-----	-----	24	332.92	286	346.85
Widow, children, mother and father.....	1,112	408,191	367.08	45	358.09	-----	-----	45	351.18	811	369.59
Widow and mother.....	8,317	2,440,772	293.47	5,349	286.76	23	287.39	1,008	298.42	822	305.86
Widow and father.....	1,354	387,932	286.51	981	283.63	-----	-----	128	293.51	117	295.91
Widow, mother and father.....	1,444	440,959	305.37	804	305.11	-----	-----	203	287.17	265	314.03
Children alone.....	23,183	2,873,252	123.94	3,798	124.31	484	146.19	2,069	124.24	9,207	125.10
Children and mother.....	2,471	502,080	203.19	255	206.81	-----	-----	191	199.83	1,118	206.78
Children and father.....	353	70,737	200.39	33	207.36	-----	-----	29	199.76	164	206.10
Children, mother and father.....	954	209,266	219.36	37	221.59	-----	-----	55	215.47	561	222.32
Mother alone.....	107,949	8,646,495	80.10	80,718	80.88	598	82.11	13,917	78.21	5,815	77.72
Father alone.....	16,172	1,310,973	81.06	12,587	83.35	23	79.61	1,928	76.98	766	66.45
Mother and father.....	24,822	2,349,576	96.66	14,876	94.32	2	80.00	4,420	88.02	3,514	105.39
Total dependents.....	516,088	-----	-----	241,144	-----	37,280	-----	54,342	-----	105,439	-----
Widows.....	197,739	-----	-----	88,335	-----	35,446	-----	16,794	-----	26,393	-----
Children.....	121,319	-----	-----	20,924	-----	1,186	-----	10,707	-----	57,734	-----
Mothers.....	150,362	-----	-----	102,472	-----	623	-----	20,011	-----	14,838	-----
Fathers.....	46,668	-----	-----	29,413	-----	25	-----	6,830	-----	6,474	-----

Class of Beneficiary	Regular Establishment		Spanish-American War		Civil War		Indian Wars		Mexican Border Service	
	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value
Total cases.....	49,201	\$196.55	305	\$199.42	13	\$174.23	1	\$147.00	2	\$195.00
Compensation.....	4,066	65.46	3	87.00	-----	-----	-----	-----	-----	-----
Dependency and indemnity compensation.....	44,733	207.99	302	200.53	13	174.23	1	147.00	2	195.00
Dependency and indemnity compensation and compensation.....	402	249.76	-----	-----	-----	-----	-----	-----	-----	-----
Widow alone.....	20,257	237.26	285	201.09	6	206.00	-----	-----	2	195.00
Widow and children.....	7,694	269.43	3	337.33	-----	-----	-----	-----	-----	-----
Widow, children and mother.....	801	347.70	-----	-----	-----	-----	-----	-----	-----	-----
Widow, children and father.....	97	339.76	-----	-----	-----	-----	-----	-----	-----	-----
Widow, children, mother and father.....	211	362.73	-----	-----	-----	-----	-----	-----	-----	-----
Widow and mother.....	1,115	312.15	-----	-----	-----	-----	-----	-----	-----	-----
Widow and father.....	128	292.96	-----	-----	-----	-----	-----	-----	-----	-----
Widow, mother and father.....	172	314.74	-----	-----	-----	-----	-----	-----	-----	-----
Children alone.....	7,600	120.77	17	147.00	7	147.00	1	147.00	-----	-----
Children and mother.....	907	198.46	-----	-----	-----	-----	-----	-----	-----	-----
Children and father.....	127	191.35	-----	-----	-----	-----	-----	-----	-----	-----
Children, mother and father.....	301	214.26	-----	-----	-----	-----	-----	-----	-----	-----
Mother alone.....	6,901	76.61	-----	-----	-----	-----	-----	-----	-----	-----
Father alone.....	890	69.89	-----	-----	-----	-----	-----	-----	-----	-----
Mother and father.....	2,010	92.95	-----	-----	-----	-----	-----	-----	-----	-----
Total dependents.....	77,557	-----	310	-----	13	-----	1	-----	2	-----
Widows.....	30,475	-----	288	-----	6	-----	-----	-----	2	-----
Children.....	30,738	-----	22	-----	7	-----	1	-----	-----	-----
Mothers.....	12,418	-----	-----	-----	-----	-----	-----	-----	-----	-----
Fathers.....	3,926	-----	-----	-----	-----	-----	-----	-----	-----	-----

Disability: Total, Period of Service, Type of Major Disability—June 1973

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	Average monthly value	Number	Percent of total	Average monthly value
Total.....	1,053,179	100.0	\$113,160,994	\$107.45	508,664	100.0	\$111.02	496,356	100.0	\$102.55
Tuberculosis (lungs and pleura).....	16,121	1.5	1,814,789	112.57	11,133	2.2	112.71	3,625	.7	110.52
Psychiatric and neurological diseases.....	212,543	20.2	27,844,514	131.01	134,304	26.4	126.76	53,321	10.7	147.21
Psychoses.....	55,924	5.3	6,375,383	114.00	37,482	7.4	112.29	5,481	1.1	138.96
Other psychiatric and neurological diseases.....	156,619	14.9	21,469,131	137.08	96,822	19.0	132.37	47,840	9.6	148.16
General medical and surgical conditions.....	747,765	71.0	77,058,055	103.05	313,323	61.6	108.24	414,283	83.5	98.21
No disability shown.....	176,750	7.3	6,443,636	83.96	49,904	9.8	85.75	25,127	5.1	78.13
Protected pension.....	146,804	13.9	12,180,961	82.97	11,648	2.3	85.45	132,659	26.7	82.49
PL 86-211.....	906,375	86.1	100,980,033	111.41	497,016	97.7	111.62	363,697	73.3	109.87

	Korean conflict			Vietnam era			Spanish-American War			Mexican Border Service		
	Number	Percent of total	Average monthly value	Number	Percent of total	Average monthly value	Number	Percent of total	Average monthly value	Number	Percent of total	Average monthly value
Total.....	41,111	100.0	\$118.91	4,760	100.0	\$124.34	1,837	100.0	\$142.50	450	100.0	\$96.46
Tuberculosis (lungs and pleura).....	1,315	3.2	117.77	45	.9	105.47	3	.2	173.00			
Psychiatric and neurological diseases.....	21,703	52.8	119.31	2,976	62.5	117.40	214	11.6	171.07	25	5.6	169.72
Psychoses.....	11,304	27.5	108.83	1,653	34.7	107.95	2	.1	237.50	2	.4	173.00
Other psychiatric and neurological diseases.....	10,399	25.3	130.70	1,323	27.8	129.21	212	11.5	170.44	23	5.2	169.43
General medical and surgical conditions.....	17,998	43.8	118.63	1,735	36.5	136.73	377	20.5	169.24	49	10.9	150.55
No disability shown.....	95	2	95.69	4	.1	131.00	1,243	67.7	129.40	376	83.5	84.54
Protected pension.....	1,210	2.9	83.33				1,286	70.0	109.97			
PL 86-211.....	39,901	97.1	119.99	4,760	100.0	124.34	551	30.0	218.41	450	100.0	96.46

¹ Includes one Indian wars pensioner, \$158 monthly value, who died 6-18-73.

Death: Total, Class of Beneficiary, Period of Service—June 1973

Class of beneficiary	Total			World War II		World War I		Korean conflict	
	Number	Monthly value	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value
Total cases.....	1,280,605	\$85,373,004	\$66.67	535,015	\$69.11	616,754	\$61.69	86,086	\$79.81
Widow alone.....	811,682	51,724,492	63.73	184,603	67.96	592,094	61.25	4,349	75.38
Widow and children.....	152,661	15,985,976	104.72	113,255	102.85	12,959	97.08	21,980	119.73
Children alone.....	316,262	17,662,536	55.85	237,157	53.89	11,701	44.90	59,757	65.45
Total dependents.....	1,851,585			927,008		636,008		232,202	
Widows.....	964,343			297,858		605,053		26,329	
Children.....	887,242			629,150		30,955		205,873	

Class of beneficiary	Vietnam era		Spanish-American War		Civil War		Indian wars		Mexican Border Service	
	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value
Total cases.....	11,098	\$73.58	30,538	\$84.40	512	\$93.14	118	\$79.27	484	\$56.20
Widow alone.....	537	80.62	29,247	84.67	281	109.17	100	79.78	471	55.46
Widow and children.....	4,212	100.35	243	98.49	2	133.00	1	133.00	9	101.22
Children alone.....	6,349	55.23	1,048	73.41	229	73.13	17	73.12	4	42.00
Total dependents.....	24,301		30,926		522		120		498	
Widows.....	4,749		29,490		283		101		480	
Children.....	19,552		1,436		239		19		18	

Death: Special Acts, Class of Beneficiary, Period of Service—June 1973

Class of beneficiary	Total			Regular Establishment		Spanish-American War		Civil War		Indian War	
	Number	Monthly value	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value	Number	Average monthly value
Total cases.....	39	\$704	\$18.05	15	\$14.27	11	\$20.55	12	\$21.00	1	\$12.00
Widow alone.....	21	348	16.57	15	14.27	5	24.40	-----	-----	1	12.00
Widow and children.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Children alone.....	18	356	19.78	-----	-----	6	17.33	12	21.00	-----	-----
Total dependents.....	40	-----	-----	15	-----	11	-----	13	-----	1	-----
Widows.....	21	-----	-----	15	-----	5	-----	-----	-----	1	-----
Children.....	19	-----	-----	-----	-----	6	-----	13	-----	-----	-----

TABLE 59

Incompetent and Minor Beneficiaries Served—Fiscal Years 1969-73

Fiscal year	Total beneficiaries	Incompetent adults				Minors		
		Total	Type of fiduciary			Total	Type of fiduciary	
			State court appointed fiduciaries	Federal fiduciaries	Supervised direct payment ¹		State court appointed fiduciaries	Federal fiduciaries
1973.....	699,028	115,495	61,399	52,251	1,845	583,533	43,857	539,676
1972.....	730,532	114,092	64,635	48,740	717	616,440	53,941	562,499
1971.....	770,972	114,751	68,087	46,664	-----	656,221	63,738	592,483
1970.....	786,053	114,741	69,844	44,897	-----	671,312	68,268	603,024
1969.....	746,806	112,206	70,433	41,773	-----	634,600	71,334	563,266

¹ This type payment first authorized in fiscal year 1972.

Persons in Training During Fiscal Year by Program and Period of Service

Program	Fiscal year			
	1973	1972	1971	1970
Post Korean Educational Assistance Program:				
In training during year, total.....	2,125,595	1,864,158	1,584,866	1,210,731
Institutions of higher learning.....	1,181,350	1,064,513	917,399	677,240
Schools below college level.....	755,559	637,962	521,873	416,658
On-job training.....	188,686	161,683	145,604	116,833
Children's Educational Assistance Program:				
In training during year, total.....	57,678	54,996	50,724	45,391
Institutions of higher learning.....	51,972	49,252	45,383	40,695
Schools below college level.....	5,559	5,657	5,282	4,638
Special restorative training.....	73	87	59	58
Job training.....	74			
Period of service of deceased or totally disabled veteran:				
World War I.....	382	429	480	512
World War II.....	31,079	31,496	30,250	27,930
Korean conflict.....	9,962	9,291	8,474	7,587
Other.....	16,255	13,780	11,520	9,362
Wives and Widows Educational Assistant Program				
In training during year, total.....	10,505	9,560	8,796	7,071
Institutions of higher learning.....	7,600	6,474	5,326	3,884
Schools below college level.....	2,880	3,076	3,459	3,187
Special restorative training.....	12	10	11	
Job training.....	13			
Period of service of deceased or totally disabled veteran:				
World War I.....	76	76	111	102
World War II.....	2,893	2,939	2,981	2,631
Korean conflict.....	1,333	1,089	949	697
Other.....	6,203	5,456	4,755	3,641
Vocational Rehabilitation Program for Disabled Veterans:				
In training during year, total.....	29,537	31,635	30,471	24,457
Institutions of higher learning.....	21,034	22,097	20,116	14,928
Schools below college level.....	6,590	7,638	8,550	7,934
Job training.....	1,730	1,718	1,625	1,418
Institutional on farm.....	183	182	180	177
Period of service of veteran:				
World War II.....	422	571	681	812
Korean conflict.....	526	628	809	891
Peacetime.....	28,589	30,436	28,981	22,754

TABLE 61

EDUCATION BENEFITS

Post-Korean Veterans and Servicemen Training Programs—Individuals Trained

Training programs	During FY 1973	Cumulative through June 1973			
		Total	Graduate	Undergraduate	Nondegree
Total all types of training.....	2,125,595	4,102,814			
COLLEGE LEVEL					
Total.....	1,181,350	2,099,950	382,692	1,671,751	45,507
Academic degrees—field not specified—total.....	666,521	1,091,803	112,045	979,758	
Associate in arts.....	207,731	332,362		332,362	
Associated in science.....	24,547	41,460		41,460	
Associated degree, nec ¹	110,490	160,535		160,535	
Bachelor of arts.....	74,924	122,417		122,417	
Bachelor of science.....	50,887	87,874		87,874	
Bachelor's degree, nec.....	138,005	235,110		235,110	
Master of arts.....	14,210	26,305	26,305		
Master of science.....	7,608	14,919	14,919		
Master's degree, nec.....	27,463	50,384	50,384		
Doctor of philosophy.....	9,082	17,190	17,190		
Doctor's degree, nec.....	1,482	3,084	3,084		
Post doctoral, nec.....	84	163	163		
Business and commerce.....	153,360	310,196	68,429	241,767	
Education.....	57,502	122,003	59,683	62,320	
Engineering.....	32,378	75,905	10,880	65,025	
English and journalism.....	4,902	11,054	3,793	7,261	
Fine and applied arts.....	13,222	26,237	5,169	21,068	
Foreign languages.....	1,157	3,056	1,537	1,519	
Law.....	20,944	37,734	30,926	6,808	
Liberal arts (major not specified).....	27,139	50,125	1,417	48,708	
Life sciences-total.....	42,688	83,731	44,165	39,566	
Agricultural sciences.....	6,149	13,088	2,460	10,628	
Biological sciences.....	8,807	15,915	4,416	11,499	
Medical and health sciences.....	27,732	54,728	37,289	17,439	
Mathematics.....	3,304	7,849	2,289	5,560	
Physical sciences.....	6,696	14,339	5,198	9,141	
Social sciences.....	34,458	71,323	27,275	44,048	
Theology.....	4,739	10,161	4,219	5,942	
Technician courses-total.....	90,160	148,679		103,172	45,507
Business and commerce.....	16,231	28,766		16,569	12,197
Engineering and related.....	2,440	4,877		4,271	606
Medical and related.....	5,019	8,397		4,249	4,148
Other technician courses.....	66,470	106,639		78,083	28,556
All other academic fields.....	22,180	35,755	5,667	30,088	
BELOW COLLEGE					
		Cumulative through June 1973			
	During FY 1973	Total below college	Vocational or technical post-high school	Other voca- tional or technical	High school
Total.....	755,559	1,659,354	322,217	1,211,978	125,159
Arts.....	31,915	105,832	26,813	79,019	
Business.....	94,181	314,378	93,662	220,716	
Services.....	44,150	109,132	25,530	83,602	
Technical courses—total.....	69,510	192,980	55,786	137,194	
Electronic.....	54,858	135,179	41,672	93,507	
Engineering.....	5,411	33,284	4,960	28,324	
Legal.....	3,015	8,116	3,106	5,010	
Medical and related.....	3,536	7,123	3,183	3,940	
Other technical, nec.....	2,690	9,278	2,865	6,413	
Trade and industrial—total.....	350,665	649,847	107,152	542,695	
Air conditioning.....	52,178	90,040	12,309	77,731	
Construction.....	13,246	23,103	3,911	19,192	
Electrical and electronic.....	118,914	205,541	37,016	168,525	
Mechanical.....	102,732	182,755	26,624	156,131	
Metal work.....	20,837	50,236	11,841	38,395	
Other trade and industrial.....	42,758	98,172	15,451	82,721	
Other institutional.....	122,077	185,664	13,274	47,231	125,159
Flight training-total.....	43,061	101,521		101,521	

See footnotes at end of table.

Post-Korean Veterans and Servicemen Training Programs—Individuals Trained

	During FY 1973	Cumulative through June 1973		
		Total job	Apprentice	Other On-job
MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING				
Total.....	188,686	343,510	183,687	159,923
Technical and managerial.....	24,458	36,510	2,910	33,600
Clerical and sales.....	5,510	7,904	1,026	6,878
Service occupations.....	26,446	53,327	5,350	47,977
Farming, fishery, forestry occupations.....	1,502	2,519	289	2,230
Trade and industrial—total.....	123,049	228,565	165,892	62,673
Processing occupations.....	4,854	8,794	5,954	2,840
Machine trades occupations.....	36,167	62,453	46,603	15,850
Benchwork occupations.....	6,743	11,829	7,560	4,269
Structural work occupations.....	75,285	145,489	105,775	39,714
Miscellaneous occupations.....	7,721	14,685	8,220	6,465

¹ Not elsewhere classified.

Sons, Daughters, Wives and Widows Training Programs

Training programs	During FY-1973	Individuals trained Cumulative thru June 1973				
		All Trainees				
		Total	Sons	Daug.	Widows	Wives
Total all types of training.....	68,183	225,557	105,194	100,369	14,953	5,041
COLLEGE LEVEL						
Total.....	59,572	181,021	89,366	79,186	9,372	3,097
Academic degrees, field not specified—total.....	35,819	85,398	42,019	36,607	5,080	1,692
Associate in arts.....	8,162	14,541	6,466	5,709	1,764	602
Associate in science.....	997	1,840	770	740	240	90
Associated degree, nec ¹	3,708	9,962	5,095	3,912	694	261
Bachelor of arts.....	6,655	12,211	5,514	5,901	595	201
Bachelor of science.....	3,218	6,178	3,426	2,402	288	82
Bachelor's degree, nec.....	11,742	36,911	19,194	16,412	986	319
Master of arts.....	426	1,032	324	508	162	38
Master of science.....	102	252	124	83	34	11
Master's degree, nec.....	672	2,090	886	861	270	73
Doctor of philosophy.....	119	258	136	57	51	14
Doctor's degree, nec.....	18	123	84	22	16	1
Business and commerce.....	4,269	17,736	11,069	5,810	675	182
Education.....	5,598	21,101	5,832	13,181	1,583	505
Engineering.....	1,137	5,686	5,471	207	3	5
English and journalism.....	451	2,225	798	1,322	73	32
Fine and applied arts.....	982	4,014	2,070	1,816	101	27
Foreign languages.....	93	501	129	342	25	5
Home economics.....	274	1,276	33	1,167	64	12
Law.....	379	1,559	1,331	181	39	8
Liberal arts (major not specified).....	1,878	11,225	5,631	5,323	200	71
Life sciences—total.....	3,214	11,557	4,668	6,182	497	210
Agricultural sciences.....	272	1,249	1,183	109	4	3
Biological sciences.....	655	2,449	1,640	776	23	10
Medical and health sciences.....	2,287	7,859	1,895	5,297	470	197
Mathematics.....	187	964	653	301	9	1
Physical sciences.....	263	1,698	1,385	303	8	2
Social sciences.....	1,799	7,218	3,848	2,973	313	84
Theology.....	118	563	427	123	11	2
Technician courses—total.....	2,450	5,914	2,944	2,317	476	177
Business and commerce.....	562	1,025	243	483	214	85
Engineering and related.....	40	96	93	2	1	0
Medical and related.....	656	1,706	252	1,289	122	43
Other technical courses.....	1,192	3,087	2,356	543	139	49
All other academic fields.....	681	2,286	1,058	1,031	215	82
BELOW COLLEGE LEVEL						
Total.....	8,524	44,449	15,754	21,183	5,573	1,939
Arts.....	429	2,016	1,366	490	126	34
Business.....	2,300	14,717	2,714	9,645	1,758	600
Services.....	2,371	12,408	1,297	7,968	2,243	895
Technical courses—total.....	660	2,240	1,244	804	146	46
Electronic.....	198	745	731	10	2	2
Engineering.....	43	219	209	7	1	2
Medical and related.....	293	917	125	645	115	32
Other technical, nec.....	126	359	179	142	28	10
Trades and industrial—total.....	2,318	11,810	8,521	1,926	1,097	266
Construction.....	80	289	382	3	3	1
Dressmaking.....	912	4,124	1,246	1,090	991	197
Electrical and electronic.....	229	1,670	1,692	69	11	8
Mechanical.....	584	3,507	3,434	61	5	7
Metalwork.....	205	1,051	1,017	21	7	6
Other trade and industrial.....	308	1,099	650	92	80	47
Other institutional.....	446	1,258	612	360	198	98
JOB TRAINING						
Total.....	87	87	74	0	8	5

¹ Not elsewhere classified.

Guaranteed or Insured Loans, Direct Loans, Property Management

Item	Cumulative through June 30, 1973	Fiscal year 1973	Fiscal year 1972
Guaranteed or Insured Loans			
Number of loans, total.....	8,505,979	365,132	359,010
¹ Home.....	8,195,000	359,266	354,571
Mobile home.....	10,564	5,856	4,430
Farm.....	71,158	7	4
Business.....	229,257	3	5
Amount of loans (\$000), total.....	\$98,599,052	\$8,357,618	\$7,880,833
¹ Home.....	97,571,248	8,306,047	7,822,580
Mobile home.....	91,788	51,459	38,118
Farm.....	283,870	70	88
Business.....	652,146	42	47
Amount of guaranty and insurance (\$000), total.....	\$50,841,433	\$4,051,064	\$3,921,657
¹ Home.....	508,881	4,035,625	3,910,178
Mobile home.....	27,497	15,406	11,428
Farm.....	120,101	24	41
Business.....	184,954	9	10
Defaults and claims:			
Defaults reported.....	2,137,174	92,204	88,868
Loans in default—end of period.....	37,221	37,211	38,247
Defaults disposed of, total.....	2,099,879	93,240	86,887
Cured or withdrawn.....	1,796,879	78,377	75,047
Percent.....	85.6	84.1	86.4
Claims vouchered for payment.....	303,083	14,863	11,838
Rate per 1,000 loans outstanding.....		4.01	3.22
Average number of loans outstanding.....		3,708,529	3,672,690
Direct Loans			
Number of loans fully disbursed.....	317,281	2,930	3,245
Amount of loans fully disbursed (\$000).....	\$3,107,479	\$45,861	\$49,251
Property Management			
Number acquired.....	330,794	17,221	15,470
Number sold.....	315,969	16,182	14,561
Number redeemed.....	3,388	238	382
Number on hand—end of period.....	11,459	11,459	10,656

¹ Includes condominium and refinancing loans.

Appropriations and Other Receipts Versus Expenditures Cumulative Through June 30, 1973

Item	United States Government life insurance fund	National service life insurance fund	Veterans reopened insurance fund	Veterans special life insurance fund	Service-disabled veterans insurance fund	Servicemen's group life insurance fund
Appropriations and other receipts:						
Appropriations.....					\$ 4,250,000	
Receipts other than appropriations.....	\$4,334,032,350	\$28,339,170,153	356,922,224	\$674,083,217	201,407,931	\$1,159,341,741
Total.....	4,334,032,350	28,339,170,153	356,922,224	674,083,217	205,657,931	1,159,341,741
Expenditures:						
Fiscal year 1973.....	90,289,185	920,391,961	14,130,746	24,614,251	22,045,777	98,050,101
Cumulative to June 30, 1973.....	3,570,507,043	20,731,867,598	89,909,596	288,498,394	181,984,662	1,159,340,101
Covered into U.S. Treasury.....				4,250,000		
Investments, loans and liens.....	761,102,198	7,694,650,928	268,297,708	387,840,563	26,828,808	
Balance.....	2,428,119	-87,348,373	-1,285,080	-6,505,740	-3,155,539	1,000

Summary of Operations (Accrual Basis)

(In thousands)

Item	U.S. Government life insurance		National service life insurance		Veterans special life insurance		Service-disabled veterans insurance		Veterans reopened insurance	
	Fiscal year 1973	Cumulative totals from origin January 1919 to June 30, 1973	Fiscal year 1973	Cumulative totals from origin October 1910 to June 30, 1973	Fiscal year 1973	Cumulative totals from origin April 1951 to June 30, 1973	Fiscal year 1973	Cumulative totals from origin April 1951 to June 30, 1973	Fiscal year 1973	Cumulative totals from origin May 1965 to June 30, 1973
INCOME										
Premiums.....	\$ 8,446	\$2,033,917	\$669,161	\$15,986,006	\$39,762	\$535,200	\$16,543	\$128,866	\$33,679	\$285,144
Policy proceeds left to be paid in installments.....	6,506	749,790	40,682	5,132,572	1,851	28,454	980	18,217	899	7,011
Dividends left on credit or deposit.....	1,484	50,835	25,396	1,098,127	-----	-----	-----	-----	-----	-----
Investment income.....	33,842	1,887,008	346,361	5,840,026	17,373	110,530	570	3,458	15,520	61,634
Extra hazard contributions from the U.S. Government.....	50	142,097	2,347	4,796,073	-----	-----	-----	-----	-----	-----
Total.....	50,308	4,863,617	1,083,917	32,760,804	58,986	674,181	18,093	150,511	50,098	353,789
DISPOSITION OF INCOME										
Death benefits.....	40,045	1,290,984	257,129	7,761,341	12,999	146,955	14,936	131,550	9,904	60,973
Matured endowments.....	751	492,556	29,329	415,972	137	317	76	120	269	520
Surrender benefits.....	3,437	300,237	35,328	568,554	2,808	19,605	1,025	6,743	1,163	5,811
Disability benefits.....	1,660	377,960	33,143	452,871	1,017	6,939	4,735	33,541	1,192	4,374
Payments from policy proceeds left to be paid in installments.....	22,545	902,395	139,378	6,738,168	1,638	23,044	1,271	14,155	884	4,952
Dividends withdrawn.....	2,367	44,093	137,304	922,143	-----	-----	-----	-----	-----	-----
Net deposits for policy reserves	-39,294	693,548	267,082	6,988,783	34,437	374,994	9,674	88,133	33,835	219,127
Reserve for dividends left on credit or deposit.....	-258	17,233	-102,776	217,537	-----	-----	-----	-----	-----	-----
Administrative costs.....	-----	-----	-----	-----	-----	-----	-----	-----	719	13,174
Total.....	31,253	4,029,006	795,917	24,065,369	53,036	571,854	31,717	274,242	47,966	338,931
Net gain (+) or loss (-) from operations before dividends and transfers.....	19,055	834,641	288,030	8,695,435	5,950	102,330	-13,624	-123,701	2,132	14,858
Dividends to policyholders.....	19,483	815,916	288,711	8,603,790	-----	¹ 48,999	-----	-----	-----	-----
Transfers to U.S. Government.....	-----	-----	-----	-----	6,000	53,113	-----	-----	-----	-----
Gain (+) or loss (-) after dividends and transfers.....	-428	18,725	-681	91,645	-50	218	-13,624	-123,701	2,132	14,858

¹ Special dividend authorized by legislation.

In Force—Fiscal Year 1973

Item	Participating				Nonparticipating					
	U.S. Government life insurance		National service life insurance		Veterans special life insurance		Service-disabled veterans insurance		Veterans reopened insurance	
	Number of policies	Amount of insurance (thousands)	Number of policies	Amount of insurance (thousands)	Number of policies	Amount of insurance (thousands)	Number of policies	Amount of insurance (thousands)	Number of policies	Amount of insurance (thousands)
In force at beginning of year...	175,601	\$761,107	4,255,615	\$28,039,753	609,478	\$5,340,021	129,262	\$1,161,706	190,155	\$1,326,127
Insurance issued during year							19,668	183,994		
Insurance reinstated during year	16	63	2,549	14,664	307	2,755	103	965	78	450
Insurance terminated during year by:										
Death	8,806	39,820	39,737	253,647	1,515	12,821	1,625	14,708	1,524	9,882
Maturity as endowment	120	721	6,462	29,302	19	135	15	71	56	259
Permanent total disability	168	976								
Lapse, expiry, and net changes	197	1,123	26,644	194,858	2,934	28,060	2,401	23,753	528	3,367
Cash surrender	956	4,833	11,900	63,263	911	6,860	491	4,085	441	3,111
Total terminated	10,249	46,972	84,743	541,070	5,379	47,876	4,532	42,612	2,549	16,619
In force at end of year	165,367	704,198	4,173,421	27,513,347	604,406	5,294,900	144,521	1,304,058	187,684	1,309,958
Selected year end items:										
In force on 5-year term plan	1,211	7,801	1,729,056	13,368,465	418,113	3,827,548	78,528	752,973		
In force on all other plans	164,156	696,397	2,444,366	14,144,882	186,293	1,467,352	65,993	551,080	187,684	1,309,958
In force with disability income rider	5,286	40,178	607,329	4,604,804	108,871	991,895			12,466	92,544
In force under disability premium waiver	166	1,054	111,056	763,874	3,598	30,629	29,292	276,367	4,129	28,122

TABLE 67

PERSONNEL

Employment: Full and Part Time by Installation

Installation	June 30	
	1973	1972
Total	198,421	187,988
Central Office	3,598	3,823
Field	194,823	184,165
Hospitals (separate)	151,631	140,943
Domiciliary and hospital centers	15,573	15,888
Regional Offices (separate)	14,570	13,928
Regional Office and hospital centers	7,377	7,791
Regional Offices with insurance activities	2,004	2,099
Outpatient Clinics (separate)	1,397	1,411
Data Processing Centers	1,492	1,320
Supply Depots and Marketing Centers	471	464
Miscellaneous activities (including Veterans Canteen Service Field Offices; Prosthetic Center)	308	312

TABLE 68

PERSONNEL

Employment: Full and Part Time by Pay System

Pay system	June 30	
	1973	1972
Total	198,421	187,988
General schedule	115,537	108,884
Title 38 (excludes Canteen)	39,524	36,222
Wage system	37,135	36,181
Canteen	3,138	3,020
Nationals (Manila)	264	265
Other (includes stay-in-school)	2,823	3,316

Employment: Minority Group by Grade—May 31, 1973

Grade or Supervisory level	Total employment (full time)	Percent minority employment	Negro	Spanish surnamed	American Indian	Oriental
Total all pay plans.....	170,752	29.4	43,946	3,990	371	1,911
GS and similar:						
GS-1 thru 4.....	48,017	35.9	15,630	1,251	127	209
GS-5 thru 8.....	42,709	28.1	10,661	853	93	402
GS-9 thru 11.....	28,054	13.2	2,746	344	39	599
GS-12 and above.....	15,781	8.8	524	306	22	539
Wage systems:						
Non-supervisory.....	28,844	46.7	12,190	1,043	77	129
Leader.....	1,162	42.4	461	26	4	2
Supervisory.....	3,321	36.9	1,113	92	5	15

TABLE 70

Employment: Sex and Veterans Preference—June 30, 1973

Eligibility	All employees		Male employees		Female employees	
	Number	Percent	Number	Percent	Number	Percent
Total.....	198,421	100.0	101,784	100.0	96,637	100.0
Veterans preference:						
With preference.....	86,325	43.5	76,826	75.5	9,499	9.8
Without preference.....	112,096	56.5	24,958	24.5	87,138	90.2

TABLE 71

Appeals to Board of Veterans Appeals

Item	Number of cases	
	Fiscal year 1972	Fiscal year 1973
Pending beginning of year.....	26,291	27,360
Undocketed, field office development not completed.....	20,694	22,129
Docketed, pending in BVA.....	5,597	5,231
Filed during year.....	54,189	50,381
Settled in field offices.....	28,659	28,618
Allowed on review of appealed action.....	9,860	9,803
Closed, failure to respond to statement of case.....	15,741	15,315
Withdrawn by appellant.....	3,058	3,500
Submitted to Board of Veterans Appeals.....	29,326	28,987
Decided by Board of Veterans Appeals.....	29,692	29,825
Allowed.....	3,737	4,143
Remanded for further action.....	4,328	4,928
Withdrawn.....	268	274
Denied or Dismissed.....	21,359	20,480
Pending end of year.....	27,360	25,326
Undocketed, field office development not completed.....	22,129	20,933
Docketed, pending in BVA.....	5,231	4,393
SUMMARY		
Appeals filed.....	54,189	50,381
Final Dispositions.....	54,023	53,515
Allowed (percent).....	25.2	26.1
Closed (percent).....	29.1	28.6
Withdrawn (percent).....	6.2	7.1
Denied or Dismissed (percent).....	39.5	38.2
Pending end of year.....	27,360	25,326

TABLE 72

Advisory Opinions Requested by The Board of Veterans Appeals From Outside Medical Experts

Medical specialty	Number of advisory opinions requested	
	Fiscal year 1972	Fiscal year 1973
All specialties.....	252	298
Number requested in connection with:		
Appellate consideration.....	233	252
Reconsideration.....	19	46
Internal medicine:		
General.....	13	17
Cardiovascular.....	24	43
Gastroenterology.....	11	17
Pulmonary diseases.....	13	15
Surgery:		
General.....	2	2
Orthopedic.....	11	14
Thoracic.....	2	0
Otolaryngology & ophthalmology.....	10	10
Psychiatry.....	74	79
Neurology—medical and/or surgical.....	28	24
Pathology—medical and/or surgical.....	61	69
Other.....	13	8

Analysis of Cases Decided by Board of Veterans Appeals Fiscal Year 1973

Benefits involved	Cases				
	Total	Allowed	Denied	Remanded	Withdrawn and dismissed
Total	29,825	4,143	20,480	4,928	274
Disability.....	25,247	3,569	17,388	4,092	198
Death.....	2,444	378	1,620	426	20
Insurance and indemnity.....	328	15	257	49	7
Education and training.....	808	106	548	143	11
Loan guaranty, waiver of indebtedness.....	114	11	57	45	1
Waivers and forfeitures.....	255	22	149	80	4
Medical treatment and reimbursement.....	629	42	461	93	33
Period of service					
Total	29,825	4,143	20,480	4,928	274
W W I.....	692	100	487	98	7
W W II.....	14,642	1,750	10,644	2,129	119
Korean conflict.....	3,972	517	2,825	597	33
Vietnam.....	8,927	1,568	5,438	1,847	74
Regular establishment.....	1,583	208	1,078	266	41
Other.....	9	0	8	1	0

TABLE 74

Appropriations, Expenditures and Balances—Cash Basis

Items	Appropriations	Expenditures		Nonexpenditure transfers	Covered into U.S. Treasury or restored	Investments	Cash Balance
		Fiscal Year 1973	Cumulative through June 30, 1973				
General and special funds:							535,102,147
Compensation and pensions	98,637,902,000	6,544,233,702	98,102,699,853				55,966,944
Readjustment benefits	33,013,004,404	2,751,481,386	32,957,017,460				1,720,843
Veterans insurance and indemnities	322,500,036	10,248,234	367,869,193	47,000,000			263,553,103
Medical care, 1973	2,606,079,672	2,276,698,607	2,276,698,607		65,827,962		9,767,380
Medical care, 1954-72	21,899,969,539	235,817,647	21,792,223,169		97,978,990		17,803,024
Medical and prosthetic research	555,771,131	74,054,305	537,968,107				20,000,000
Assistance for health manpower training institutions, 1973-79	20,000,000						4,777,845
Medical administration and miscellaneous operating expenses, 1973	28,737,000	21,246,851	21,246,851		2,712,304		963,337
Medical administration and miscellaneous operating expenses, 1954-72	379,822,904	3,837,650	370,603,562		8,236,005		28,025,875
General operating expenses, 1973	319,513,466	290,869,840	290,669,840		817,751		189,136
General operating expenses, 1954-72	3,527,400,967	23,826,021	3,496,251,494		30,960,337		60,661,029
Construction of hospital and domiciliary facilities	1,042,596,863	71,120,685	978,935,834				111,979,128
Construction, major projects	125,993,000	14,013,872	14,013,872				44,326,221
Construction, minor projects	55,000,000	10,673,779	10,673,779				6,000,000
Grants for construction of state extended care facilities, 1973-75	6,000,000				417,400		19,055,533
Grants for construction of state extended care facilities, 1966-74	34,000,000	2,579,719	14,527,067				152
Grants to the Republic of the Philippines	500,000	7,046	499,848		189,414		189,645
Grants to the Republic of the Philippines, 1973	2,000,000	1,620,941	1,620,941		11,973,356		1,478
Grants to the Republic of the Philippines, 1950-1972	36,345,232	137,764	24,371,398		4,295		555,308,313
Construction, Corregidor-Bataan Memorial	1,500,000	37,628	1,495,705				928,216,077
Loan guaranty revolving fund	26,453,788	148,783,009	441,916,879	970,771,404			7,904,433
Direct loans to veterans and reserves	1,733,055,589	1,241,122,291	1,211,738,820	1,016,578,342			6,411
Canteen service revolving fund	4,965,000	1,672,381	15,007,519		12,068,086		12,367,931
Rental maintenance and repair of quarters		17,113	1,102,382		95,971		15,760
Service-disabled veterans insurance fund	4,500,000	1,560,071	7,867,931		1,500,000		539,958
Soldiers' and sailors' civil relief	3,528,000	1,929	2,012,240			252,993,000	716,979
Veterans reopened insurance fund		1,32,651,736	1,253,582,958	1,48,650,000	4,250,000	352,638,000	94,185
Veterans special life insurance fund	250,000	1,37,312,927	1,406,004,979		1,600,000		1,000
Vocational rehabilitation revolving fund	2,000,000	152,371	305,815				9,241,246
Servicemen's group life insurance fund		11,362,849	1,000				241,822
Supply fund		1,402,548	1,24,990,225	1,71,400	15,677,579		2,697,826,935
Consolidated working fund		2,882	1,241,822				
Total: appropriations and funds	164,389,379,601	11,878,935,000	160,784,083,878	1,47,528,338	254,309,450	605,631,000	2,697,826,935
Deduct: proprietary receipts from the public		1,995,594					
Total: federal funds	164,389,379,601	11,876,939,406	160,784,083,878	1,47,528,338	254,309,450	605,631,000	2,697,826,935
Trust funds:							
General post fund, national homes	50,359,186	3,152,515	44,652,526		387	1,429,000	4,277,273
National service life insurance fund	25,350,413,548	518,895,882	18,595,289,431		89	6,737,365,000	17,759,028
U.S. government life insurance fund	3,666,315,420	66,253,027	2,971,496,395		1,811,199	689,705,000	3,302,826
Sub-total: trust funds	29,067,088,154	588,301,424	21,611,438,352		1,811,675	7,428,499,000	25,339,127
Deduct: Proprietary receipts from the public		494,650,888					
Total: trust funds	29,067,088,154	93,641,536	21,611,438,352		1,811,675	7,428,499,000	25,339,127
Deduct: intragovernmental transactions		2,428,475					
Total: Veterans Administration	193,456,467,755	11,968,152,467	182,395,522,230	1,47,528,338	256,121,125	8,034,130,000	2,723,166,062
Appropriations and funds not included above:							
Personal funds of patients		1,410,841	1,52,821,935				52,821,935
Funds due incompetent beneficiaries		46,201	1,144,146				144,146
Miscellaneous administrative and construction expenses	10,853,583,789		10,474,607,118		378,976,671		
Miscellaneous benefit and insurance expenses	25,110,301,012		24,621,740,653		488,560,359		
Miscellaneous trust funds	4,700,842,343		4,658,621,658		42,220,735		
Miscellaneous transfer appropriations and working funds	38,631,995		31,269,691		7,365,305		
Total: Other appropriations and funds	40,703,362,190	1,405,740	39,733,273,039		917,123,070		52,966,081

¹ Indicates credit.

FISCAL

TABLE 75

VA Gross Expenditures¹—Fiscal Years 1964-1973

Fiscal year	Grand total	Medical and administrative expenses					Hospital and domiciliary facilities (construction and related costs)	Compensation and pension	
		Total	General operating expenses	Medical administration and miscellaneous operating expenses	Medical care	Medical and prosthetic research		Total	Compensation and pensions
1973	\$14,030,425,498	\$2,966,237,960	\$317,104,938	\$25,044,116	\$2,545,676,531	\$78,412,475	\$92,635,174	\$6,568,081,137	\$6,426,646,756
1972	12,778,621,582	2,650,992,373	290,516,258	22,321,769	2,269,185,623	68,958,723	107,335,950	6,167,996,446	6,045,214,262
1971	11,622,023,722	2,256,979,848	260,146,750	20,185,893	1,913,508,523	63,138,682	80,919,238	5,839,390,281	5,726,457,889
1970	10,259,746,879	2,007,783,909	243,024,302	17,781,534	1,687,822,806	59,354,767	71,153,768	5,357,407,811	5,253,839,611
1969	9,158,983,042	1,735,043,428	206,239,450	14,322,334	1,464,103,543	50,378,100	46,102,621	4,939,409,724	4,848,841,703
1968	8,552,577,453	1,620,046,513	189,640,831	12,762,188	1,372,300,914	45,342,579	47,993,173	4,611,180,743	4,519,304,373
1967	8,121,543,326	1,518,199,132	173,939,727	14,000,224	1,281,231,866	44,027,313	59,957,224	4,494,130,947	4,392,834,057
1966	7,473,628,178	1,406,409,126	164,338,764	13,142,466	1,190,450,963	38,476,932	53,464,488	4,391,943,302	4,305,367,750
1965	7,139,296,223	1,358,051,155	162,763,754	14,137,422	1,144,011,420	37,133,557	47,996,460	4,107,721,051	4,042,143,626
1964	7,051,816,611	1,291,662,430	157,844,659	14,295,645	1,087,347,711	31,704,413	68,576,499	3,959,187,575	3,900,202,688
Compensation and pension—Continued									
	Statutory burial awards	Special allowance (sec. 412, title 38, U.S.C.)	Mortgage life insurance	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	Grants for construction of State extended care facilities
1973	\$77,701,419	\$759,462	\$1,249,917	\$48,959,907	\$3,340,854	\$2,559,306	\$15,324	\$6,848,192	\$2,448,163
1972	75,753,044	663,017	1,850,000	42,051,401	3,007,622	2,257,664	37,254	2,837,818	2,553,288
1971	69,644,373	603,653		39,561,067	2,541,021	2,005,881	92,616	1,516,219	4,168,114
1970	73,385,181	572,946		27,866,405	1,459,706	1,542,930	172,400	1,400,304	3,451,335
1969	66,949,861	477,137		20,042,537	783,728	1,650,080	90,950	563,724	1,769,335
1968	63,798,148	398,030		15,622,758	419,877	1,463,611	215,085	9,968,857	1,890,043
1967	61,425,288	314,126		13,495,763	175,866	1,119,286	103,500	24,673,055	77,471
1966	58,486,893	248,406		12,055,219	157,874	1,060,419	82,750	14,483,989	
1965	56,727,747	139,534		8,936,869	43,575	561,725	272,715	1,104,043	
1964	50,169,202	127,817		7,507,674	22,304			1,157,688	
	National Cancer Institute Public Health service (transfer to Veterans' Administration)	Grants to the Republic of the Philippines	*Servicemen's group life insurance fund	Veterans reopened insurance fund	Veterans special life insurance fund	Service-disabled veterans insurance	Soldiers' and sailors' civil relief	Military and naval insurance	U.S. Government life insurance
1973		\$1,816,967	\$79,426,528	\$18,408,675	\$24,346,142	\$20,082,876	\$2,602	\$1,090,058	\$85,585,236
1972	870	1,954,474	113,341,078	16,021,871	22,629,652	18,909,369	9,957	1,227,405	104,217,996
1971	2,379	1,652,300	163,988,014	14,710,802	22,063,259	17,590,247	10,318	1,352,490	101,057,270
1970	1,020,531	1,454,083	135,216,033	13,586,911	21,910,442	23,847,187	2,539	1,519,693	106,955,265
1969	800,750	1,369,022	194,788,657	10,073,725	16,480,391	17,126,352	334	1,741,466	96,385,699
1968	964,936	1,309,692	229,532,406	8,549,402	14,011,961	13,312,743	5,827	1,867,140	94,509,559
1967	990,312	445,809	150,449,931	9,054,310	19,944,577	13,828,964	2,796	2,016,259	97,216,854
1966	938,419	326,408	79,619,142	9,380,355	17,509,282	12,793,723	7,873	2,262,913	94,861,296
1965	1,007,250	360,303		2,987,212	11,428,839	11,521,826	23,945	2,198,332	97,273,775
1964	1,160,261	258,345			19,590,061	10,836,011	22,831	2,372,299	97,560,092

	National service life insurance	Servicemens' indemnities	Readjustment benefits						
			Total	Vocational rehabilitation of disabled veterans	Post-Korean conflict veterans, educational assistance	Sons and daughters and wives and widows educational assistance	Automobiles and other conveyances for disabled veterans	Specially adapted housing for disabled veterans	Education and training advance payments and changes in receivables
1973.....	\$736,065,715	\$28,827	\$2,696,239,516	\$22,995,825	\$2,513,214,849	\$99,879,139	\$6,789,579	\$12,890,667	\$40,469,457
1972.....	958,006,040	5,683	1,935,797,731	22,937,790	1,812,434,284	76,631,860	10,539,775	7,068,429	6,185,593
1971.....	859,289,985	743	1,631,738,617	19,168,047	1,521,699,607	70,644,290	6,642,228	8,016,871	5,567,574
1970.....	877,780,135	16,443	1,018,861,723	13,776,262	938,775,099	51,927,780	5,856,799	7,785,818	739,965
1969.....	741,623,221	7,641	678,903,395	9,922,707	614,736,833	40,320,423	4,931,648	4,952,552	4,039,230
1968.....	728,478,286	40,920	461,506,628	7,132,409	407,047,466	37,104,563	3,467,763	4,416,178	\$ 406,084
1967.....	755,190,356	564,136	297,601,152	5,690,558	251,651,864	34,322,084	827,998	4,485,431	\$ 78,635
1966.....	654,392,770	4,724,313	42,097,184	5,371,195		31,112,561	929,755	4,817,823	11,488
1965.....	655,721,331	9,967,695	49,392,151	5,596,588		25,570,005	1,144,004	5,208,088	11,858,470
1964.....	691,018,072	14,913,868	68,827,750	4,249,633		24,805,193	1,287,528	4,723,825	33,935,761
	Vocational rehabilitation revolving fund	Direct loans to veterans	Loan guaranty revolving fund	Construction, Corridor-Bataan Memorial	Rental, maintenance and repair of quarters	Supply fund	General Post Fund	Personal funds of patients	All others
1973.....	\$627,319	\$104,064,742	\$372,580,455	\$37,628	\$179,495	\$199,030,568	\$3,171,917	\$57,396,402	\$841,346
1972.....	378,464	113,126,877	322,052,753		180,281	182,937,825	2,603,569	55,796,420	556,150
1971.....	351,056	147,134,261	298,240,129	761	142,653	150,744,832	2,480,062	57,341,699	649,364
1970.....	302,370	180,403,169	248,961,391	76,138	101,842	125,888,435	2,393,790	59,051,086	600,609
1969.....	6,346	208,546,050	282,955,331	776,153	107,681	123,347,400	2,228,408	59,188,589	201,315
1968.....	14,111	208,381,593	328,089,576	519,956	114,530	120,172,974	2,242,756	57,837,277	4,700
1967.....	637	161,659,592	368,873,003	7,681	113,325	109,073,031	2,442,812	59,803,006	
1966.....	\$ 1,132	92,431,897	378,027,450	65,911	114,177	140,047,826	1,910,989	56,857,989	3,442,467
1965.....	\$ 1,908	171,394,327	363,925,896	11,474	118,621	162,858,651	1,410,320	53,796,342	233,167
1964.....	30,547	237,279,600	355,313,428		93,119	176,816,043	1,600,343	54,290,727	376,702

¹ Data for fiscal years 1970-73 are on an accrued expenditures basis. Prior year data based on a non-accrual basis.

² Expenditures for yellow fever experiments, adjusted service and dependent pay, adjusted service

certificates for WWI, death gratuities, change in receivables, etc.

³ Credit

NOTE: Detail may not add to total because of rounding.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Total expenditures ¹	Vocational rehabilitation and education							
		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)		Wives and Widows (title 38, U.S.C., ch 35)	
		Total number who trained during year	Amount	Total number who trained during year	Amount	Total number who trained during year	Amount	Total number who trained during year	Amount
Grand total	\$13,076,351,170	2,223,324	\$2,685,049,720	29,546	\$71,955,732	57,678	\$87,430,177	10,505	\$12,448,962
Foreign countries	130,232,649	37,544	23,735,443	12	16,730	3,358	2,099,185	530	452,706
U.S. possessions and associated areas	145,153,943	17,766	31,923,366	313	468,416	1,316	2,213,799	285	485,298
Puerto Rico	142,212,646	16,284	31,098,407	309	463,784	1,303	2,190,661	277	480,225
All others	2,941,297	1,482	824,959	4	4,632	13	23,138	8	5,073
Total U.S.	12,800,964,578	2,168,014	2,629,390,911	29,221	71,470,586	53,004	83,117,193	9,690	11,510,958
Alabama	242,648,104	39,501	48,117,240	845	2,065,500	1,318	2,066,796	369	438,343
Alaska	12,719,859	3,970	4,822,880	31	78,618	34	53,316	9	10,691
Arizona	163,154,477	34,395	41,862,929	495	1,207,853	1,059	1,660,650	270	320,739
Arkansas	182,372,391	19,714	24,131,985	382	936,265	842	1,320,366	167	198,383
California	1,326,836,039	330,190	396,939,819	2,044	5,002,941	6,418	10,064,262	1,504	1,786,634
Colorado	168,942,341	40,479	49,417,486	856	2,094,088	960	1,505,405	208	247,088
Connecticut	157,643,417	25,412	30,539,233	337	821,912	458	718,204	44	52,269
Delaware	32,307,810	5,143	6,280,938	73	178,676	107	167,790	19	22,571
District of Columbia	250,491,420	28,905	34,856,619	408	1,000,583	320	501,802	84	99,785
Florida	596,119,239	86,654	105,586,286	1,269	3,101,823	3,311	5,192,080	823	977,659
Georgia	302,120,062	55,117	66,781,529	645	1,579,500	1,679	2,632,891	416	494,175
Hawaii	40,831,860	15,489	18,607,041	165	400,235	258	404,578	56	66,521
Idaho	51,384,069	8,602	10,401,994	156	378,794	239	374,783	35	41,577
Illinois	545,287,907	103,108	123,882,278	812	1,986,882	1,085	1,701,422	195	231,815
Indiana	237,098,212	42,712	51,453,551	474	1,157,823	729	1,143,167	112	133,017
Iowa	164,703,331	25,197	30,534,798	329	807,618	535	838,950	57	67,712
Kansas	146,797,450	23,131	28,143,539	285	700,412	619	970,673	97	115,228
Kentucky	204,385,349	26,424	32,004,041	237	578,912	796	1,248,232	105	121,732
Louisiana	223,597,414	34,545	41,850,325	292	714,706	1,074	1,684,172	240	285,101
Maine	75,703,143	9,365	11,383,920	187	457,412	340	533,164	40	47,517
Maryland	193,567,927	36,661	44,281,438	385	943,412	821	1,287,435	147	174,924
Massachusetts	396,460,889	45,469	59,263,388	837	2,044,059	1,655	2,595,256	156	185,316
Michigan	430,058,824	80,764	97,878,476	1,243	3,037,500	1,542	2,418,057	219	295,792
Minnesota	272,458,698	43,271	52,463,318	645	1,579,500	978	1,533,632	71	84,342
Mississippi	151,623,268	15,699	19,361,852	250	614,647	838	1,314,093	160	190,067
Missouri	306,233,448	47,226	57,159,126	634	1,550,912	941	1,475,611	157	186,504
Montana	46,309,929	8,222	9,975,983	103	250,147	211	330,876	29	34,450
Nebraska	100,145,694	20,051	24,338,234	270	657,529	456	715,068	48	57,020
Nevada	45,217,664	6,220	7,360,380	93	228,706	98	153,677	29	34,450
New Hampshire	47,535,055	7,596	9,323,933	212	521,735	212	379,488	40	47,517
New Jersey	322,399,670	47,540	57,588,480	776	1,901,118	697	1,092,987	131	155,618
New Mexico	87,217,411	16,119	19,755,490	338	829,059	676	1,060,056	110	130,671
New York	967,711,349	124,121	150,304,311	1,597	3,902,294	2,643	4,144,569	313	371,819
North Carolina	309,226,778	51,847	62,694,444	393	957,706	1,609	2,523,123	287	310,933
North Dakota	35,581,980	8,841	10,775,957	98	243,000	111	174,063	11	13,067
Ohio	543,718,999	90,676	109,230,913	1,413	3,458,176	1,468	2,302,016	217	257,779
Oklahoma	208,473,569	35,804	43,823,581	714	1,743,882	1,201	1,883,325	245	291,041
Oregon	153,165,204	28,400	34,483,151	460	1,122,088	613	961,264	110	130,671
Pennsylvania	654,591,264	92,072	111,422,445	1,109	2,715,882	1,799	2,821,067	177	210,262
Rhode Island	66,209,349	11,116	13,601,882	203	493,147	333	522,187	20	23,758
South Carolina	155,427,328	30,513	36,807,231	309	757,588	740	1,160,417	132	156,806
South Dakota	57,525,253	8,079	9,860,992	181	443,115	177	277,559	22	26,134
Tennessee	273,908,935	40,962	49,682,533	476	1,164,971	1,100	1,724,944	199	236,396
Texas	778,247,694	132,977	163,697,937	3,273	8,004,706	4,742	7,436,075	1,009	1,198,613
Utah	72,499,313	18,263	22,066,612	232	564,618	466	730,749	67	79,591
Vermont	31,683,188	3,155	3,837,328	67	164,382	137	214,834	8	9,503
Virginia	296,552,085	40,334	49,501,180	768	1,879,676	1,437	2,253,404	244	289,853
Washington	249,430,212	54,030	66,139,080	1,108	2,708,735	1,572	2,465,101	310	368,256
West Virginia	135,808,386	14,484	17,597,815	211	514,588	484	758,975	56	66,524
Wisconsin	255,839,972	43,201	52,207,633	148	1,093,500	964	1,511,678	76	90,282
Wyoming	30,992,249	3,848	4,687,357	53	128,647	72	112,905	10	11,879

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Vocational rehabilitation Education—Continued		Automobiles and other conveyances for disabled veterans	Homes for paraplegics	Direct loans	Insurance and indemnities	Hospital and domiciliary construction ¹	Medical services and administrative costs
	Post-Korean conflict veterans (title 38, U.S.C., ch. 34)							
	Total number who trained during year	Amount						
Grand total.....	2,125,595	\$2,513,214,849	\$6,789,579	\$12,890,667	\$79,659,213	\$709,375,305	\$95,083,337	\$3,060,856,593
Foreign countries.....	33,644	21,166,822	5,600			5,700,022		1,879,609
U.S. possessions and associated areas.....	15,852	28,755,853	47,195	62,161	22,828	1,387,958	163,880	28,713,125
Puerto Rico.....	14,391	27,963,737	47,195	62,161	22,828	1,086,958	163,880	28,713,125
All others.....	1,461	792,116				301,000		
Total U.S.....	2,076,099	2,463,292,174	6,736,784	12,828,506	79,636,385	702,287,325	94,919,457	3,030,263,859
Alabama.....	36,959	43,846,601	63,901	180,206	686,792	8,919,049	1,059,540	58,778,150
Alaska.....	3,896	4,680,255	11,738		50,000	912,974		2,776,350
Arizona.....	32,571	38,673,687	78,607	383,242	129,224	8,076,304	5,660,551	33,411,386
Arkansas.....	18,323	21,676,971	123,533	155,151	3,678,059	4,916,011	460,146	44,486,787
California.....	320,224	380,085,982	622,138	1,659,797	52,969	89,541,634	9,504,609	295,393,618
Colorado.....	38,455	45,570,905	104,440	244,603		10,464,081	186,383	36,037,855
Connecticut.....	24,573	29,066,848	60,663	118,412		13,203,002	1,052,854	44,841,985
Delaware.....	4,944	5,911,901	20,284		597,175	2,106,862	666,353	9,430,657
District of Columbia.....	28,093	33,254,444	222,220		17,500	20,653,070	8,851,088	150,146,898
Florida.....	81,251	96,314,724	342,781	921,527		32,656,360	1,674,098	138,877,352
Georgia.....	52,377	62,074,963	185,992	407,761	919,629	13,975,518	563,094	60,476,345
Hawaii.....	15,010	17,735,704	74,719	35,000		4,073,267		3,626,738
Idaho.....	8,172	9,606,840	16,610	52,500		8,022,812		6,640,323
Illinois.....	101,016	119,962,329	292,128	471,704	1,175,043	36,729,627	2,059,355	157,750,636
Indiana.....	41,397	49,019,514	109,725	308,025	614,837	11,447,283	505,386	46,516,244
Iowa.....	24,276	28,820,518	67,354	135,802	548,971	8,989,278	1,552,314	44,554,438
Kansas.....	22,130	26,357,226	84,086	92,500	383,682	7,584,703	770,069	42,556,570
Kentucky.....	25,286	30,052,165	110,285	212,262	3,221,293	7,022,873	3,386,795	38,092,462
Louisiana.....	32,639	39,166,346	83,805	244,112	1,298,059	9,129,735	105,907	45,239,291
Maine.....	8,798	10,345,827	51,145	82,500		3,090,064	118,798	15,989,443
Maryland.....	35,308	41,875,967	92,426	189,203	18,968	14,326,661	95,293	36,865,841
Massachusetts.....	45,821	54,438,757	160,566	360,455		22,051,822	468,467	94,428,743
Michigan.....	77,730	92,127,127	251,135	539,332	179,301	22,262,508	700,898	88,452,832
Minnesota.....	41,577	49,265,844	100,112	222,653	6,951,517	15,590,779	158,673	74,505,368
Mississippi.....	14,451	17,243,045	70,995	230,369	268,310	5,126,697	591,359	32,561,630
Missouri.....	45,494	53,946,099	129,206	196,388	1,287,129	14,045,747	7,609,662	74,827,643
Montana.....	7,879	9,360,510	20,840	66,001	2,860,143	2,598,463	142,317	8,705,788
Nebraska.....	19,277	22,908,617	69,254	13,936	338,702	5,126,698	907,533	27,399,599
Nevada.....	6,000	7,143,547	10,861	33,450		2,036,633	22,533	20,286,664
New Hampshire.....	7,102	8,375,193	61,526	116,069		2,879,378	7,065	6,722,256
New Jersey.....	45,936	54,438,757	182,027	401,520		28,934,238	2,220,010	56,119,911
New Mexico.....	14,095	17,735,704	26,853	88,733	112,907	3,932,809	737,564	17,297,061
New York.....	119,568	141,885,629	428,214	563,285	124,371	63,416,545	11,061,321	264,845,357
North Carolina.....	49,558	58,872,683	160,799	261,094	259,304	11,517,512	3,561,787	64,083,085
North Dakota.....	8,621	10,345,827	39,544	15,000	410,100	1,966,405	10,690	7,546,999
Ohio.....	86,978	103,211,942	368,748	452,733	1,280,886	31,251,786	735,710	112,850,213
Oklahoma.....	33,644	39,905,353	104,928	276,130	2,722,100	8,006,070	197,311	33,973,755
Oregon.....	27,217	32,269,128	67,284	152,512	1,707,335	7,935,847	197,681	33,987,404
Pennsylvania.....	88,987	105,675,234	373,014	786,366	594,103	39,328,090	3,472,839	147,226,817
Rhode Island.....	10,560	12,562,790	69,615	35,000		3,230,522		13,810,562
South Carolina.....	29,332	34,732,420	85,568	247,779	1,081,022	6,741,958	203,480	27,171,910
South Dakota.....	7,699	9,114,181	32,162	87,500	1,281,750	2,036,633	298,914	20,751,227
Tennessee.....	39,187	46,556,222	132,595	229,778	557,928	9,691,565	1,267,427	73,577,100
Texas.....	123,953	147,058,543	356,930	660,989	3,161,118	36,589,170	11,593,451	160,951,540
Utah.....	17,498	20,691,654	60,443	62,500	3,613,455	3,511,437	57,286	18,602,354
Vermont.....	2,943	3,448,609	9,251	8,757	232,904	1,474,803	4,149,429	7,106,497
Virginia.....	37,885	45,078,247	158,396	252,552	928,400	20,647,247	3,464,292	65,379,028
Washington.....	51,040	60,596,988	146,110	217,828	362,052	14,748,034	893,664	52,137,849
West Virginia.....	13,733	16,257,728	36,279	78,660	562,376	4,143,495	137,278	35,129,497
Wisconsin.....	41,713	49,512,173	141,690	236,830	1,723,011	14,748,034	1,648,445	64,967,969
Wyoming.....	3,713	4,433,926	3,259	22,500	2,548,622	1,264,117	7,900	12,465,852

See footnotes at end of table

Estimated Selected Expenditures by State—Fiscal Year 1973

Compensation and pension

State	Total living and deceased veterans							
	Total		Service connected		Non-service connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	4,911,033	\$6,426,646,756	2,577,147	\$3,852,148,394	2,333,886	\$2,574,498,362	3,256,746	\$4,501,457,264
Foreign countries.....	73,431	98,911,975	46,742	62,409,518	26,689	36,502,457	29,114	43,745,211
U.S. possessions and associated areas...	38,921	82,833,430	20,918	56,801,263	18,003	26,032,167	28,463	68,880,735
Puerto Rico.....	37,639	81,018,092	20,015	55,428,778	17,624	25,589,214	27,642	67,741,692
All others.....	1,282	1,815,338	903	1,372,485	379	442,853	820	1,139,043
Total U.S.....	4,798,681	6,244,901,351	2,509,487	3,832,937,613	2,289,194	2,511,963,738	3,199,169	4,472,831,318
Alabama.....	93,093	124,543,226	45,503	69,034,290	47,590	55,508,936	58,137	83,903,683
Alaska.....	3,489	4,144,917	2,485	3,079,868	1,004	1,065,049	2,719	3,251,445
Arizona.....	49,134	73,552,234	28,890	51,296,183	20,244	22,256,051	34,959	56,022,848
Arkansas.....	66,895	104,420,739	29,422	57,907,476	37,473	46,513,263	44,579	79,010,778
California.....	409,655	533,121,455	229,657	344,977,919	179,998	188,143,536	275,476	372,664,200
Colorado.....	51,639	72,427,493	31,679	50,844,807	19,960	21,582,686	36,300	53,582,144
Connecticut.....	58,801	67,707,268	35,776	44,708,257	23,025	22,999,011	41,673	49,907,558
Delaware.....	10,745	13,188,141	5,975	8,192,527	4,770	4,995,614	7,122	9,228,429
District of Columbia.....	19,836	29,862,311	11,295	20,038,361	8,541	9,823,950	13,193	19,939,901
Florida.....	216,057	315,141,206	114,611	202,866,643	101,446	112,274,563	148,451	233,156,298
Georgia.....	111,772	158,492,419	55,465	91,923,680	56,307	66,568,739	70,294	108,391,365
Hawaii.....	10,685	14,415,095	7,554	11,027,253	3,131	3,387,842	7,667	10,214,239
Idaho.....	17,569	23,744,381	8,856	14,075,169	8,713	9,669,212	12,363	18,311,349
Illinois.....	195,727	222,927,136	91,285	115,449,491	104,442	107,477,645	123,063	151,758,485
Indiana.....	103,825	126,143,161	49,548	69,651,828	54,277	56,491,333	66,633	88,001,554
Iowa.....	61,211	78,320,376	27,208	41,641,984	34,003	36,678,392	39,986	57,110,567
Kansas.....	52,617	67,182,301	24,339	36,794,356	28,278	30,387,945	33,814	46,977,303
Kentucky.....	90,155	120,335,338	41,482	62,720,845	48,673	57,614,493	57,756	84,318,201
Louisiana.....	90,988	125,646,180	40,335	64,593,732	50,653	61,052,448	56,925	86,557,128
Maine.....	30,020	43,785,721	14,656	26,860,759	15,364	17,924,962	20,088	32,758,863
Maryland.....	77,455	97,698,097	43,367	62,740,302	34,088	34,957,795	49,819	65,408,152
Massachusetts.....	176,401	219,727,448	113,168	153,670,135	63,233	66,057,313	127,529	166,188,757
Michigan.....	176,303	219,794,342	98,354	138,760,926	77,949	81,033,416	120,301	163,410,471
Minnesota.....	96,644	122,466,278	49,483	69,356,124	47,161	53,110,154	67,693	92,757,051
Mississippi.....	65,364	93,412,056	28,650	47,398,553	36,714	46,013,503	41,709	65,298,131
Missouri.....	117,702	150,978,547	52,335	78,294,863	65,367	72,683,684	75,253	106,755,487
Montana.....	17,180	21,940,394	8,655	12,863,266	8,525	9,077,128	11,725	16,382,304
Nebraska.....	31,476	41,951,738	15,296	23,772,053	16,180	18,179,685	21,266	31,008,310
Nevada.....	12,228	15,267,143	7,236	10,087,958	4,992	5,179,185	8,874	11,537,513
New Hampshire.....	20,877	28,424,828	11,533	18,131,465	9,244	10,293,363	14,446	21,250,442
New Jersey.....	158,562	176,953,484	92,893	111,529,468	65,669	65,424,016	108,687	126,370,727
New Mexico.....	29,427	45,265,994	17,159	30,424,948	12,268	14,841,046	21,097	34,775,104
New York.....	399,076	476,967,945	226,890	298,280,986	172,186	178,686,959	275,832	350,453,318
North Carolina.....	118,379	166,688,753	56,328	94,040,362	62,051	72,648,391	74,127	115,809,402
North Dakota.....	12,151	14,817,285	6,386	8,296,662	5,765	6,520,623	8,530	11,085,338
Ohio.....	236,404	287,548,010	125,912	170,718,934	110,492	116,829,076	158,832	208,361,320
Oklahoma.....	82,009	119,369,688	39,773	67,927,082	42,236	51,442,606	55,344	89,183,907
Oregon.....	57,236	74,633,990	25,868	40,427,029	31,368	34,206,961	39,293	56,337,893
Pennsylvania.....	292,404	351,387,590	152,819	206,037,123	139,585	145,350,467	190,210	245,690,306
Rhode Island.....	27,808	35,457,602	16,155	23,265,044	11,653	12,192,558	19,358	26,328,795
South Carolina.....	61,855	83,088,380	27,294	42,870,300	34,591	40,218,080	36,485	53,270,815
South Dakota.....	17,419	23,176,075	7,215	11,499,935	10,206	11,676,140	11,753	17,340,250
Tennessee.....	103,016	138,770,009	45,228	71,156,142	57,788	67,613,567	64,278	95,660,234
Texas.....	283,182	401,236,559	149,233	245,130,524	133,949	156,106,035	188,669	287,507,340
Utah.....	19,830	24,625,226	11,341	15,817,616	8,489	8,807,610	13,685	18,125,307
Vermont.....	10,475	14,864,219	5,298	9,176,172	5,177	5,688,047	6,892	10,870,957
Virginia.....	108,873	156,220,990	57,708	99,222,614	51,165	56,998,376	70,163	107,338,418
Washington.....	82,449	114,785,595	45,366	74,151,793	37,083	40,633,802	57,468	86,040,322
West Virginia.....	57,308	78,122,986	24,935	39,657,014	32,373	38,465,972	37,026	56,367,750
Wisconsin.....	97,544	120,166,390	47,714	65,773,755	49,830	54,392,605	66,835	89,289,287
Wyoming.....	7,701	9,992,642	3,876	5,772,737	3,825	4,219,905	5,392	7,501,532

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Total living and deceased veterans									
	Living veterans				Deceased veterans					
	Service connected		Non-service connected		Total		Service connected		Non-service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	2,203,504	\$3,114,806,084	1,053,242	\$1,476,651,180	1,654,287	\$1,835,189,492	373,643	\$737,342,310	1,280,644	\$1,097,847,182
Foreign countries.....	17,926	24,063,433	11,188	19,681,778	44,317	55,166,764	28,816	38,346,085	15,501	16,820,679
U.S. possessions and associated areas.....	18,193	51,331,621	10,270	17,549,114	10,458	13,952,695	2,725	5,460,642	7,733	8,483,053
Puerto Rico.....	17,495	50,384,967	10,147	17,356,725	9,997	13,276,400	2,520	5,043,811	7,477	8,232,589
All others.....	698	946,654	123	192,389	461	676,295	205	425,831	256	250,464
Total U.S.....	2,167,385	3,039,411,030	1,031,784	1,439,420,288	1,599,512	1,766,070,033	342,102	693,526,583	1,257,410	1,072,543,450
Alabama.....	37,216	52,819,906	20,921	31,083,777	34,956	40,639,543	8,287	16,214,384	26,669	24,425,159
Alaska.....	2,318	2,709,828	401	541,617	770	893,472	167	370,040	603	523,432
Arizona.....	24,680	42,002,582	10,279	14,020,266	14,175	17,529,386	4,210	9,293,601	9,965	8,235,785
Arkansas.....	23,932	47,782,443	20,647	31,228,335	22,316	25,409,961	5,490	10,125,033	16,826	15,284,928
California.....	195,162	265,284,757	80,314	107,379,443	134,179	160,457,255	34,495	79,693,162	99,684	80,764,093
Colorado.....	27,192	40,938,498	9,108	12,643,646	15,339	18,845,349	4,487	9,906,309	10,852	8,939,040
Connecticut.....	32,579	38,153,241	9,094	11,754,317	17,128	17,799,710	3,197	6,555,016	13,931	11,244,694
Delaware.....	5,298	6,685,786	1,824	2,542,643	3,623	3,959,712	677	1,506,741	2,946	2,452,971
District of Columbia.....	9,342	14,291,359	3,851	5,648,542	6,643	9,922,410	1,953	5,747,002	4,690	4,175,408
Florida.....	96,893	162,347,834	51,558	70,808,464	67,606	81,984,908	17,718	40,518,809	49,888	41,466,099
Georgia.....	44,680	69,425,389	25,614	38,965,976	41,478	50,101,054	10,785	22,498,291	30,693	27,602,763
Hawaii.....	6,397	8,432,095	1,270	1,782,164	3,018	4,200,836	1,157	2,595,158	1,861	1,605,678
Idaho.....	7,761	12,070,677	4,602	6,240,672	5,266	5,433,032	1,095	2,004,492	4,111	3,428,540
Illinois.....	80,229	95,044,947	42,824	56,713,538	72,664	71,168,651	11,056	20,404,544	61,608	50,764,107
Indiana.....	43,002	57,586,660	23,031	30,414,894	37,792	38,141,607	6,546	12,065,168	31,246	26,076,439
Iowa.....	23,396	34,795,874	16,590	22,314,693	21,225	21,209,809	3,812	6,846,110	17,413	14,363,699
Kansas.....	20,178	28,841,557	13,636	18,135,746	18,803	20,204,998	4,161	7,952,799	14,642	12,282,199
Kentucky.....	33,839	49,001,238	23,917	35,316,963	32,399	36,017,137	7,643	13,719,697	24,756	22,297,530
Louisiana.....	33,448	51,057,950	23,477	35,499,178	34,063	39,089,052	6,887	13,535,782	27,176	25,553,270
Maine.....	12,403	21,507,291	7,685	11,251,572	9,932	11,026,858	2,253	4,353,468	7,679	6,673,390
Maryland.....	37,368	48,585,206	12,451	16,822,946	27,636	32,289,945	5,999	14,155,096	21,637	18,134,849
Massachusetts.....	102,733	132,113,493	24,796	34,075,264	48,872	53,538,691	10,435	21,556,642	38,437	31,982,049
Michigan.....	89,119	121,715,156	31,182	41,695,315	56,002	56,383,871	9,235	17,045,770	46,767	39,338,101
Minnesota.....	44,092	59,542,228	23,601	33,214,823	28,951	28,709,227	5,391	9,813,896	23,560	18,895,331
Mississippi.....	22,783	36,060,608	18,926	29,237,523	23,655	28,113,925	5,867	11,337,945	17,788	16,775,980
Missouri.....	44,158	63,142,275	31,095	43,613,212	42,449	44,223,060	8,177	15,152,588	34,272	29,070,472
Montana.....	7,650	11,012,111	4,075	5,370,193	5,455	5,558,090	1,005	1,851,155	4,450	3,706,935
Nebraska.....	13,101	19,549,392	8,165	11,458,918	10,210	10,943,428	2,195	4,222,661	8,015	6,720,767
Nevada.....	6,496	8,452,022	2,378	3,085,491	3,354	3,729,630	740	1,635,936	2,614	2,093,694
New Hampshire.....	10,120	15,136,258	4,326	6,114,184	6,431	7,174,386	1,413	2,995,207	5,018	4,179,179
New Jersey.....	84,715	94,955,513	23,972	31,415,214	49,875	50,582,757	8,178	16,573,955	41,697	34,008,802
New Mexico.....	14,580	25,153,205	6,517	9,621,899	8,330	10,490,890	2,579	5,271,743	5,751	5,219,147
New York.....	206,229	257,881,139	69,603	92,572,179	123,244	126,514,627	20,661	40,399,847	102,583	86,114,780
North Carolina.....	46,091	73,737,699	28,036	42,071,703	44,252	50,879,351	10,237	20,302,663	34,015	30,576,688
North Dakota.....	5,638	7,075,803	2,892	4,009,535	3,621	3,731,947	748	1,220,859	2,873	2,511,088
Ohio.....	112,715	145,834,730	46,117	62,526,590	77,572	79,186,690	13,197	24,884,204	64,375	54,302,486
Oklahoma.....	32,969	55,226,653	22,375	33,957,254	26,665	30,185,781	6,804	12,700,429	19,861	17,485,352
Oregon.....	22,509	33,882,779	16,784	22,455,114	17,943	18,296,097	3,359	6,544,250	14,584	11,751,847
Pennsylvania.....	134,517	171,861,489	55,693	73,828,817	102,194	105,697,284	18,302	34,175,634	83,892	71,521,650
Rhode Island.....	14,512	19,780,416	4,846	6,548,379	8,450	9,128,807	1,643	3,481,628	6,807	5,644,179
South Carolina.....	21,561	31,081,595	14,924	22,189,220	25,400	29,817,565	5,733	11,788,705	19,667	18,028,860
South Dakota.....	6,234	9,759,317	5,519	7,808,933	5,666	5,835,825	979	1,740,618	4,687	4,095,207
Tennessee.....	36,421	55,010,766	27,857	40,649,468	38,738	43,109,775	8,807	16,145,676	29,931	26,964,099
Texas.....	124,132	192,794,526	64,537	94,712,814	94,513	113,729,219	25,101	52,335,998	69,412	61,393,221
Utah.....	9,999	13,222,939	3,686	4,902,368	6,145	6,499,919	1,342	2,594,677	4,803	3,905,242
Vermont.....	4,499	7,553,570	2,393	3,317,387	3,583	3,993,262	799	1,622,602	2,784	2,370,660
Virginia.....	47,319	75,045,044	22,844	32,293,374	38,710	48,882,572	10,389	24,177,570	28,321	24,705,002
Washington.....	39,196	60,732,528	18,272	25,307,794	24,981	28,745,273	6,170	13,419,265	18,811	15,326,008
West Virginia.....	20,425	32,064,547	16,601	24,303,203	20,282	21,755,236	4,510	7,592,467	15,772	14,162,769
Wisconsin.....	42,116	55,746,993	24,719	33,542,294	30,709	30,877,073	5,598	10,026,762	25,111	20,850,311
Wyoming.....	3,443	4,921,118	1,949	2,640,434	2,309	2,431,090	433	851,619	1,876	1,579,471

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	World War II									
	Living veterans								Deceased veterans	
	Total		Service connected		Non-service connected		Reserve officers		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total	1,860,092	\$2,538,534,294	1,351,425	\$1,806,159,821	508,664	\$732,359,332	3	\$15,141	735,654	\$818,364,314
Foreign countries	17,257	21,241,252	14,066	16,277,489	3,191	4,963,763			28,303	32,362,324
U.S. possessions and associated areas	8,615	19,561,647	4,345	12,629,067	4,270	6,932,580			2,988	3,954,717
Puerto Rico	8,281	19,158,171	4,081	12,336,977	4,200	6,821,194			2,307	3,747,828
All others	334	403,476	264	292,090	70	111,386			181	206,889
Total U.S.	1,834,220	2,497,731,395	1,333,014	1,777,253,265	501,203	720,462,989	3	15,141	704,363	782,047,273
Alabama	33,937	46,971,340	23,044	31,031,890	10,893	15,939,450			15,396	17,298,628
Alaska	1,420	1,697,771	1,179	1,370,140	241	327,631			392	397,345
Arizona	18,896	30,536,392	13,705	23,134,977	5,191	7,401,415			6,290	7,295,290
Arkansas	25,415	44,325,938	14,694	28,364,913	10,721	15,961,025			8,882	10,163,742
California	150,748	195,292,645	111,515	141,233,457	39,233	54,059,188			58,131	66,743,352
Colorado	18,550	25,886,875	14,709	20,206,345	3,841	5,580,530			6,270	6,922,799
Connecticut	25,369	28,834,020	21,451	23,476,688	3,918	5,357,332			7,899	8,561,937
Delaware	4,037	5,097,405	3,084	3,712,757	953	1,384,648			1,755	1,847,032
District of Columbia	6,971	10,098,511	4,661	6,637,069	2,310	3,461,442			2,988	4,421,368
Florida	77,212	123,275,881	54,714	90,810,922	22,498	32,464,959			27,464	32,948,482
Georgia	39,943	59,989,914	24,624	36,742,151	15,319	23,217,763			18,551	21,047,416
Hawaii	3,080	4,120,688	2,550	3,378,062	530	742,626			1,298	1,496,101
Idaho	6,826	10,273,564	4,838	7,517,175	1,988	2,756,389			2,201	2,319,907
Illinois	71,986	85,550,207	52,902	58,965,602	19,384	26,584,605			32,695	35,381,257
Indiana	36,336	45,926,317	26,725	32,846,284	9,611	13,080,033			15,550	16,289,730
Iowa	21,173	29,643,435	15,017	21,134,713	6,156	8,508,722			8,255	8,822,549
Kansas	18,288	24,585,530	12,900	17,257,442	5,388	7,328,088			7,563	8,385,082
Kentucky	35,348	50,104,804	22,237	30,349,443	13,111	19,755,361			14,109	15,697,748
Louisiana	34,083	49,998,234	20,593	29,757,252	13,490	20,240,982			15,857	18,200,579
Maine	11,149	18,122,004	7,315	12,400,020	3,834	5,721,984			4,102	4,696,342
Maryland	27,857	35,606,973	21,853	26,850,995	6,303	8,751,797	1	4,181	12,404	14,117,149
Massachusetts	78,082	100,033,484	66,787	83,474,734	11,295	16,558,750			21,352	24,827,602
Michigan	69,785	91,151,125	56,217	72,109,487	13,568	1,9041,638			25,564	27,166,589
Minnesota	36,708	49,012,398	27,203	35,987,189	9,505	13,925,209			11,956	12,775,141
Mississippi	25,207	38,036,087	14,012	21,083,399	11,195	16,952,688			10,207	11,983,241
Missouri	41,030	56,284,103	27,361	36,733,503	13,659	19,550,600			16,621	17,963,778
Montana	6,627	9,144,351	4,706	6,575,617	1,921	2,568,734			2,578	2,599,515
Nebraska	11,512	16,704,929	8,144	11,612,552	3,368	4,892,377			4,127	4,595,281
Nevada	5,112	6,468,384	3,800	4,748,262	1,312	1,720,122			1,565	1,625,502
New Hampshire	7,820	11,306,459	5,679	8,161,611	2,141	3,144,848			2,768	3,114,543
New Jersey	67,969	75,985,242	57,727	61,539,647	10,242	14,445,695			23,290	24,749,859
New Mexico	11,628	19,895,740	7,865	14,241,633	3,763	5,654,107			3,801	4,594,746
New York	172,290	215,137,094	138,685	167,878,314	33,605	47,258,780			59,127	64,516,903
North Carolina	42,017	64,025,424	26,695	40,758,123	15,322	23,267,301			19,827	22,076,198
North Dakota	4,870	6,075,944	3,641	4,325,704	1,229	1,750,240			1,563	1,637,926
Ohio	95,823	120,161,847	73,702	88,648,101	22,121	31,513,746			36,169	38,017,418
Oklahoma	30,394	48,260,646	19,022	30,978,121	11,372	17,282,525			10,550	11,964,000
Oregon	21,000	29,775,483	13,141	18,986,512	7,859	10,788,971			7,314	7,561,645
Pennsylvania	116,996	147,768,900	90,551	110,798,311	26,445	36,970,589			48,827	53,049,688
Rhode Island	11,740	15,971,509	9,655	12,971,078	2,085	3,000,431			3,574	4,085,921
South Carolina	20,126	29,049,856	11,460	16,361,005	8,666	12,688,851			11,017	12,360,281
South Dakota	5,770	8,393,913	3,506	5,293,422	2,264	3,100,491			2,101	2,261,287
Tennessee	38,455	54,725,187	23,087	32,453,195	15,368	22,271,992			16,778	18,441,187
Texas	107,688	160,620,867	72,823	109,240,030	34,863	51,369,887	2	10,960	41,512	48,645,668
Utah	7,489	9,818,356	6,057	7,734,073	1,432	2,084,283			2,755	2,870,604
Vermont	3,902	6,183,193	2,807	4,642,891	1,095	1,540,302			1,493	1,720,320
Virginia	37,263	55,188,162	24,808	37,434,918	12,455	17,753,244			16,757	19,701,290
Washington	29,019	42,488,564	20,918	30,672,337	8,101	11,816,227			10,000	11,147,083
West Virginia	22,537	33,996,139	13,044	19,831,006	9,493	14,165,133			9,596	10,618,258
Wisconsin	33,817	46,039,364	24,103	32,472,989	9,714	13,566,375			12,538	13,317,833
Wyoming	2,930	4,120,097	2,098	2,927,214	832	1,192,883			954	1,013,731

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	World War II				World War I					
	Deceased veterans				Living veterans					
	Service connected		Non-service connected		Total		Service connected		Non-service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	200,639	\$340,016,600	535,015	\$478,347,714	561,980	\$811,684,683	65,163	\$140,503,222	496,357	\$669,523,606
Foreign countries.....	24,825	28,614,832	3,478	3,747,492	8,179	15,452,049	378	1,154,994	7,800	14,294,223
U.S. possessions and associated areas.....	665	1,330,587	2,323	2,624,130	4,147	7,645,577	78	352,493	4,069	7,293,084
Puerto Rico.....	609	1,242,736	2,198	2,505,092	4,109	7,589,114	72	339,064	4,037	7,250,050
All others.....	56	87,851	125	119,038	38	56,463	6	13,429	32	43,034
Total U.S.....	175,149	310,071,181	529,214	471,976,092	549,654	788,587,057	64,707	138,965,735	484,483	647,936,299
Alabama.....	3,947	6,509,032	11,449	10,789,596	10,108	15,916,133	1,052	2,261,738	9,048	13,625,647
Alaska.....	38	78,943	354	318,402	138	181,876	7	4,614	131	177,262
Arizona.....	1,758	3,370,675	4,532	3,924,615	5,881	9,148,340	1,182	3,081,691	4,688	6,026,781
Arkansas.....	2,818	4,447,195	6,064	5,716,547	10,183	16,971,294	1,010	2,847,340	9,166	14,096,533
California.....	15,243	31,356,093	42,888	35,387,259	45,085	63,854,313	7,385	15,641,281	37,635	47,977,184
Colorado.....	1,744	3,144,275	4,526	3,778,524	6,015	9,342,987	1,124	2,885,614	4,880	6,418,057
Connecticut.....	1,836	3,391,118	6,063	5,170,819	5,712	7,618,001	1,008	1,903,576	4,699	5,698,809
Delaware.....	316	596,380	1,439	1,250,652	859	1,160,272	75	143,142	783	1,012,694
District of Columbia.....	841	2,470,609	2,147	1,950,759	1,519	2,273,665	312	603,488	1,201	1,650,500
Florida.....	7,941	16,117,224	19,523	16,831,258	31,438	44,669,995	4,192	9,091,853	27,197	35,406,130
Georgia.....	4,794	8,582,749	13,757	12,464,667	9,783	15,857,003	1,129	2,593,734	8,635	13,194,664
Hawaii.....	397	723,685	901	772,416	689	1,005,880	35	98,970	654	906,910
Idaho.....	557	888,122	1,644	1,431,785	2,717	3,841,679	231	585,201	2,486	3,256,478
Illinois.....	6,379	10,603,451	26,316	22,777,806	23,923	31,360,794	2,272	3,734,923	21,638	27,579,165
Indiana.....	3,462	5,640,941	12,088	10,648,789	13,975	18,604,730	1,570	2,775,539	12,398	15,805,989
Iowa.....	2,287	3,633,291	5,968	5,189,258	10,891	15,255,450	911	2,129,486	9,979	13,122,843
Kansas.....	2,310	3,744,214	5,253	4,640,868	8,572	11,659,342	742	1,498,407	7,827	10,150,659
Kentucky.....	4,002	6,144,844	10,107	9,552,904	11,237	16,743,437	1,444	2,818,331	9,786	13,903,421
Louisiana.....	3,347	5,867,027	12,510	12,333,552	9,570	15,392,601	714	1,890,150	8,853	13,490,016
Maine.....	1,223	2,065,270	2,879	2,631,072	3,836	5,784,536	347	851,133	3,486	4,923,278
Maryland.....	2,648	5,629,521	9,756	8,487,628	6,542	9,145,716	974	1,931,605	5,556	7,159,648
Massachusetts.....	6,034	11,270,210	15,318	13,557,392	15,051	21,910,268	2,943	6,443,201	12,093	15,415,992
Michigan.....	5,425	9,035,451	20,139	18,131,138	17,820	23,489,736	1,843	3,279,654	15,974	20,200,551
Minnesota.....	3,039	4,889,322	8,917	7,885,819	15,301	23,088,786	2,035	5,122,695	13,259	17,942,772
Mississippi.....	2,843	4,675,987	7,364	7,307,254	8,174	13,814,180	1,175	2,662,245	6,997	11,140,733
Missouri.....	4,392	7,024,329	12,229	10,929,449	18,073	26,026,308	1,715	3,595,528	16,340	22,363,627
Montana.....	530	843,336	2,048	1,756,179	2,433	3,447,535	412	842,931	2,020	2,601,007
Nebraska.....	1,244	2,087,810	2,883	2,507,471	4,985	7,200,941	452	1,071,203	4,532	6,126,461
Nevada.....	303	581,617	1,292	1,043,885	1,148	1,583,130	161	356,943	987	1,226,187
New Hampshire.....	708	1,321,103	2,060	1,793,840	2,225	3,225,289	269	646,147	1,954	2,573,379
New Jersey.....	4,904	8,911,478	18,386	15,838,381	14,076	17,845,983	1,393	2,441,659	12,674	15,369,348
New Mexico.....	1,225	2,145,704	2,576	2,449,042	2,850	4,645,564	470	1,274,181	2,378	3,364,548
New York.....	13,004	23,565,589	46,123	40,951,314	36,576	48,253,007	4,115	8,248,469	32,432	39,906,223
North Carolina.....	4,876	8,237,457	14,951	13,838,741	12,351	19,306,528	990	2,621,705	11,355	16,656,661
North Dakota.....	402	577,034	1,161	1,060,892	1,779	2,609,058	218	605,459	1,560	2,100,478
Ohio.....	7,344	12,417,187	28,825	25,600,231	24,707	33,362,990	3,090	5,892,971	21,601	27,404,307
Oklahoma.....	3,526	5,556,286	7,024	6,407,714	11,107	17,764,181	1,047	2,607,359	10,056	15,144,269
Oregon.....	1,725	2,946,145	5,589	4,615,500	9,269	12,833,061	910	2,075,131	8,352	10,737,719
Pennsylvania.....	11,109	18,603,039	37,718	34,446,649	30,450	40,298,284	3,538	6,926,332	26,887	33,285,865
Rhode Island.....	932	1,753,242	2,642	2,332,679	2,868	3,918,646	302	659,439	2,564	3,252,333
South Carolina.....	2,424	4,264,434	8,593	8,095,847	5,957	9,222,325	509	955,940	5,436	8,223,086
South Dakota.....	537	820,914	1,564	1,440,373	3,286	4,739,268	310	657,868	2,976	4,081,400
Tennessee.....	4,431	6,925,952	12,347	11,515,235	12,458	19,102,992	1,186	2,624,410	11,263	16,447,759
Texas.....	12,159	21,65,3718	29,353	26,880,350	30,302	47,150,252	3,070	7,637,119	27,212	39,441,343
Utah.....	673	1,111,036	2,082	1,759,568	2,429	3,285,077	297	652,783	2,132	2,632,294
Vermont.....	432	775,862	1,061	944,458	1,390	2,101,305	185	462,908	1,203	1,634,401
Virginia.....	4,308	8,522,370	12,449	11,178,920	10,089	14,791,794	984	2,205,056	9,089	12,522,603
Washington.....	2,722	5,114,540	7,278	6,032,543	10,391	14,787,639	1,121	2,626,601	9,261	12,128,164
West Virginia.....	2,596	3,944,330	7,000	6,673,928	6,667	9,744,545	553	1,198,962	6,112	8,537,190
Wisconsin.....	3,206	5,019,498	9,332	8,298,335	15,593	21,621,524	1,580	3,034,099	14,026	18,562,136
Wyoming.....	208	359,942	746	663,789	1,176	1,628,837	138	294,921	1,037	1,330,795

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	World War I								Korean conflict	
	Living veterans		Deceased veterans						Living veterans	
	Emergency officer retirement pay		Total		Service connected		Non-service connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	460	\$1,657,855	653,307	\$578,017,950	36,553	\$86,484,927	616,754	\$491,533,023	281,867	\$451,531,783
Foreign countries.....	1	2,832	10,679	12,183,837	560	1,328,096	10,119	10,855,741	956	2,000,438
U.S. possessions and associated areas.....			4,237	4,581,946	151	351,376	4,086	4,230,570	7,089	18,236,391
Puerto Rico.....			4,151	4,499,723	148	344,620	4,003	4,155,103	6,925	18,006,910
All others.....			86	82,223	3	6,756	83	75,467	164	229,481
Total U.S.....	459	1,655,023	638,391	561,252,167	35,842	84,805,455	602,549	478,446,712	273,822	431,294,954
Alabama.....	8	28,748	13,350	12,704,359	727	1,682,523	12,623	11,021,836	5,241	8,442,525
Alaska.....			97	84,314	5	12,378	92	71,938	346	443,125
Arizona.....	11	39,868	4,758	4,558,771	629	1,478,780	4,129	3,079,991	3,231	6,249,142
Arkansas.....	7	27,421	10,127	9,888,140	736	1,668,506	9,391	8,219,634	3,093	6,762,141
California.....	65	235,848	46,894	41,568,837	3,683	8,929,011	43,211	32,639,826	27,090	41,826,912
Colorado.....	11	39,296	5,455	5,230,463	608	1,477,879	4,847	3,752,584	3,593	5,914,498
Connecticut.....	5	15,616	6,974	5,817,130	440	1,051,248	6,534	4,765,882	3,496	4,659,879
Delaware.....	1	4,436	1,231	1,017,882	47	124,300	1,184	893,582	687	1,062,475
District of Columbia.....	6	19,677	2,043	2,080,513	221	569,786	1,820	1,510,727	1,656	3,000,981
Florida.....	49	172,012	26,664	23,572,823	1,703	4,068,032	24,961	19,504,791	12,185	23,404,893
Georgia.....	19	68,605	14,636	14,307,879	990	2,351,974	13,646	11,955,905	6,339	10,964,001
Hawaii.....			648	571,598	21	59,529	627	512,069	1,252	1,947,531
Idaho.....			2,041	1,721,547	103	240,612	1,940	1,480,935	932	1,559,285
Illinois.....	13	46,706	30,540	24,953,665	1,131	2,689,204	29,459	22,264,461	9,392	12,596,101
Indiana.....	7	23,202	16,673	14,022,152	840	1,949,447	15,833	12,072,705	5,216	7,676,552
Iowa.....	1	3,121	10,419	8,720,125	462	1,062,824	9,957	7,657,301	2,701	4,347,632
Kansas.....	3	10,276	8,274	7,017,663	377	886,717	7,897	6,130,946	2,450	4,290,702
Kentucky.....	7	21,685	13,014	12,204,404	853	1,976,942	12,161	10,227,462	4,319	6,883,622
Louisiana.....	3	12,435	13,125	12,579,366	748	1,752,315	12,377	10,827,051	5,065	8,417,720
Maine.....	3	10,125	4,279	3,769,504	198	469,967	4,081	3,299,637	1,748	3,123,551
Maryland.....	12	54,463	10,072	8,703,408	566	1,378,545	9,506	7,324,863	5,003	7,245,147
Massachusetts.....	15	51,075	21,725	19,131,969	1,526	3,679,949	20,199	15,452,020	14,057	18,802,411
Michigan.....	3	9,531	23,569	18,244,190	862	2,004,166	21,707	16,240,024	10,084	15,793,533
Minnesota.....	7	23,919	13,435	11,900,326	868	2,053,014	12,567	9,847,312	5,204	7,548,970
Mississippi.....	2	11,202	9,950	10,243,883	954	2,236,599	8,996	8,007,284	3,092	5,391,483
Missouri.....	18	67,153	19,726	17,189,295	969	2,239,321	18,757	14,949,974	5,652	9,257,245
Montana.....	1	3,597	1,954	1,672,789	112	264,465	1,842	1,408,324	877	1,292,379
Nebraska.....	1	3,277	4,456	3,820,825	218	519,711	4,238	3,301,114	1,773	2,786,243
Nevada.....			1,001	839,372	64	146,221	937	693,151	803	1,243,919
New Hampshire.....	2	5,763	2,636	2,315,506	178	416,499	2,458	1,899,007	1,246	2,026,173
New Jersey.....	9	34,976	20,487	16,393,213	721	1,724,359	19,766	14,668,854	9,726	12,239,038
New Mexico.....	2	6,835	2,645	2,693,010	316	756,226	2,329	1,936,784	2,066	3,870,765
New York.....	29	98,315	50,211	41,738,405	2,159	5,153,716	48,052	36,584,689	22,649	31,985,806
North Carolina.....	6	28,162	16,532	15,350,688	798	1,855,537	15,734	13,495,151	6,455	11,098,660
North Dakota.....	1	3,121	1,450	1,259,623	69	154,072	1,381	1,105,551	598	904,037
Ohio.....	16	65,712	30,618	25,911,686	1,558	3,707,956	29,060	22,203,730	13,182	19,043,943
Oklahoma.....	4	12,553	11,626	10,711,335	618	1,393,029	11,008	9,318,306	4,445	8,297,051
Oregon.....	7	20,211	7,708	6,518,462	424	1,008,516	7,284	5,509,946	2,589	4,390,537
Pennsylvania.....	25	86,087	41,311	34,666,506	1,820	4,348,666	39,491	30,317,840	15,259	21,874,745
Rhode Island.....	2	6,874	3,807	3,127,902	142	337,580	3,665	2,790,322	1,520	2,193,628
South Carolina.....	12	43,299	9,618	9,165,047	537	1,257,928	9,081	7,907,119	3,241	5,574,824
South Dakota.....			2,770	2,411,871	113	263,770	2,657	2,148,101	983	1,662,172
Tennessee.....	9	30,823	15,469	14,590,068	921	2,107,438	14,548	12,482,630	4,693	7,947,177
Texas.....	20	71,790	35,298	32,664,070	2,146	5,008,142	33,152	27,655,928	15,361	26,952,316
Utah.....			2,271	1,894,667	140	323,509	2,131	1,571,158	1,206	1,876,678
Vermont.....	2	3,996	1,541	1,407,533	110	281,238	1,431	1,126,295	585	1,007,512
Virginia.....	16	64,135	13,602	12,388,699	736	1,775,567	12,866	10,613,132	6,829	12,214,388
Washington.....	9	32,874	9,574	8,169,833	538	1,264,121	9,036	6,905,712	5,424	9,293,959
West Virginia.....	2	8,393	7,736	6,827,002	316	726,715	7,420	6,100,287	3,199	5,578,530
Wisconsin.....	7	25,289	14,367	12,108,220	768	1,790,379	13,599	10,317,841	5,562	7,671,223
Wyoming.....	1	3,121	934	801,529	53	126,529	881	675,000	427	657,194

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Korean conflict									
	Living veterans				Deceased veterans					
	Service-connected		Non-service connected		Total		Service connected		Non-service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	240,756	\$388,596,066	41,111	\$62,935,717	125,487	\$160,869,602	39,401	\$75,408,064	86,086	\$85,461,538
Foreign countries.....	861	1,847,887	95	152,551	956	1,605,967	485	1,128,096	471	477,871
U. S. possessions and associated areas.....	5,313	15,181,701	1,776	3,054,690	1,994	2,936,738	940	1,602,545	1,054	1,334,193
Puerto Rico.....	5,168	14,985,576	1,757	3,021,334	1,923	2,837,893	908	1,549,110	1,015	1,288,783
All others.....	145	196,125	19	33,356	71	98,845	32	53,435	39	45,410
Total U.S.....	234,582	371,566,478	39,240	59,728,476	122,537	156,326,897	37,976	72,677,423	84,561	83,649,474
Alabama.....	4,351	7,083,518	890	1,359,007	3,007	3,850,617	1,060	1,886,301	1,947	1,964,316
Alaska.....	320	415,233	26	27,892	130	132,041	13	30,233	117	101,808
Arizona.....	2,895	5,752,441	336	496,701	1,383	1,882,664	468	1,019,267	915	863,397
Arkansas.....	2,432	5,764,373	661	997,768	1,465	1,823,784	606	998,436	859	825,348
California.....	24,297	37,622,820	2,793	4,204,092	12,053	16,860,208	4,049	9,445,281	8,004	7,414,927
Colorado.....	3,279	5,399,216	314	515,282	1,463	1,923,395	457	978,148	1,006	945,247
Connecticut.....	3,113	4,085,885	383	573,994	1,233	1,511,874	284	572,874	949	939,000
Delaware.....	605	931,400	82	131,075	287	357,881	63	143,554	224	214,327
District of Columbia.....	1,378	2,548,928	278	452,053	667	1,205,455	268	805,162	399	400,293
Florida.....	10,703	21,129,571	1,482	2,275,322	5,303	8,055,387	2,178	5,128,602	3,125	2,926,785
Georgia.....	4,841	8,682,567	1,498	2,281,434	3,542	4,553,061	1,225	2,334,990	2,317	2,218,071
Hawaii.....	1,174	1,828,429	78	119,102	492	662,573	232	411,641	260	250,932
Idaho.....	822	1,371,102	110	188,183	478	555,782	117	197,548	361	358,234
Illinois.....	7,883	10,502,503	1,509	2,093,598	5,352	5,981,239	1,176	1,881,963	4,176	4,099,276
Indiana.....	4,359	6,438,719	857	1,237,833	2,847	3,284,155	698	1,130,264	2,149	2,153,891
Iowa.....	2,345	3,810,968	356	536,664	1,383	1,616,226	386	611,367	997	1,004,859
Kansas.....	2,105	3,766,285	345	524,417	1,323	1,629,870	443	782,714	880	847,156
Kentucky.....	3,418	5,435,114	901	1,448,508	2,393	2,886,855	891	1,357,491	1,502	1,529,364
Louisiana.....	4,050	6,843,486	1,015	1,574,234	2,543	3,298,840	884	1,539,416	1,659	1,759,424
Maine.....	1,433	2,605,051	315	518,500	732	947,882	258	449,007	474	498,875
Maryland.....	4,473	6,437,144	530	808,003	2,293	3,186,901	680	1,590,252	1,613	1,596,649
Massachusetts.....	12,853	17,010,306	1,204	1,792,105	2,961	3,956,446	938	1,864,659	2,023	2,091,787
Illinois.....	8,705	13,770,273	1,379	2,023,260	4,503	5,225,397	911	1,546,676	3,592	3,678,721
Minnesota.....	4,514	6,468,842	690	1,080,128	1,994	2,427,638	531	878,927	1,463	1,548,711
Mississippi.....	2,420	4,354,153	672	1,037,330	1,714	2,229,261	672	1,163,186	1,042	1,066,075
Missouri.....	4,699	7,783,280	953	1,473,965	3,085	3,642,917	932	1,563,583	2,153	2,079,334
Montana.....	778	1,138,279	99	154,100	476	536,726	100	174,395	376	362,331
Nebraska.....	1,559	2,442,109	214	344,134	815	979,436	209	365,610	606	613,826
Nevada.....	738	1,130,642	65	113,277	363	431,896	68	166,818	295	265,078
New Hampshire.....	1,062	1,713,005	184	313,168	492	634,200	148	300,211	344	333,989
New Jersey.....	8,818	10,859,268	908	1,379,770	3,319	4,110,954	785	1,557,283	2,534	2,553,671
New Mexico.....	1,741	3,339,215	325	531,550	882	1,162,719	266	539,677	616	623,042
New York.....	19,597	27,367,368	3,052	4,618,438	7,881	9,647,846	1,907	3,471,111	5,974	6,176,735
North Carolina.....	5,238	9,191,642	1,217	1,907,018	3,523	4,272,238	1,150	1,997,932	2,373	2,274,306
North Dakota.....	510	772,046	88	131,991	358	395,900	93	120,812	265	275,088
Ohio.....	11,166	16,046,634	2,016	2,997,309	5,861	6,644,574	1,350	2,145,788	4,511	4,498,786
Oklahoma.....	3,626	7,018,622	819	1,278,429	1,982	2,480,310	792	1,358,537	1,190	1,121,773
Oregon.....	2,127	3,669,005	462	721,532	1,302	1,535,497	341	637,881	961	897,616
Pennsylvania.....	13,255	18,830,527	2,004	3,044,218	6,690	8,097,217	1,877	3,169,151	4,813	4,928,066
Rhode Island.....	1,356	1,944,315	164	249,313	501	654,283	156	295,966	345	358,317
South Carolina.....	2,520	4,459,717	721	1,115,107	2,154	2,777,967	728	1,328,505	1,426	1,449,462
South Dakota.....	736	1,308,906	247	353,266	445	569,222	102	186,126	343	383,096
Tennessee.....	3,644	6,317,208	1,049	1,629,969	2,945	3,413,810	1,040	1,604,673	1,905	1,809,137
Texas.....	13,223	23,630,408	2,138	3,321,908	7,532	10,517,357	2,840	5,907,578	4,692	4,609,779
Utah.....	1,109	1,733,251	97	143,427	565	661,212	114	224,313	451	436,899
Vermont.....	506	885,748	79	121,764	258	331,424	85	143,762	173	187,662
Virginia.....	5,678	10,431,659	1,151	1,782,729	3,410	4,997,212	1,382	3,043,685	2,028	1,953,527
Washington.....	4,742	8,285,640	682	1,008,319	2,223	3,064,424	751	1,671,226	1,472	1,393,198
West Virginia.....	2,284	4,126,474	915	1,452,056	1,586	1,879,560	623	884,598	963	994,962
Wisconsin.....	4,735	6,510,109	827	1,161,114	2,143	2,589,788	606	982,638	1,537	1,607,150
Wyoming.....	367	573,074	60	84,120	205	252,776	43	87,605	162	165,171

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Vietnam era									
	Living veterans						Deceased veterans			
	Total		Service connected		Non-service connected		Total		Service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	358,822	\$542,968,160	354,062	\$535,323,712	4,760	\$7,644,448	58,626	\$126,881,710	47,528	\$116,785,715
Foreign countries.....	1,003	2,041,639	990	2,018,930	13	22,709	1,327	3,293,485	1,215	3,172,866
U.S. possessions and associated areas.....	6,013	17,980,717	5,873	17,742,698	140	238,019	659	1,377,171	592	1,301,092
Puerto Rico.....	5,840	17,653,038	5,702	17,419,632	138	233,406	600	1,220,958	533	1,146,859
All others.....	173	327,679	171	323,066	2	4,613	59	156,213	59	154,233
Total U.S.....	351,806	522,945,804	347,199	515,562,084	4,607	7,383,720	56,640	122,211,054	45,721	112,311,757
Alabama.....	5,484	8,231,286	5,408	8,098,354	76	132,932	1,537	3,371,353	1,282	3,152,502
Alaska.....	518	651,115	517	645,621	1	5,494	110	202,704	76	177,243
Arizona.....	4,406	6,463,256	4,358	6,395,508	48	67,748	788	1,803,669	651	1,677,528
Arkansas.....	3,543	6,814,235	3,472	6,705,698	71	108,537	798	1,698,362	672	1,581,834
California.....	31,900	46,094,189	31,550	45,510,977	350	583,212	6,131	13,959,881	5,043	13,027,560
Colorado.....	5,038	8,378,658	4,989	8,298,806	49	79,852	1,006	2,428,060	858	2,295,509
Connecticut.....	4,442	6,017,165	4,377	5,933,783	65	83,382	365	765,334	286	690,887
Delaware.....	1,042	1,303,837	1,039	1,298,492	3	5,345	169	397,319	140	373,074
District of Columbia.....	1,792	2,651,615	1,771	2,618,733	21	32,882	232	511,743	183	473,506
Florida.....	17,599	27,652,731	17,399	27,326,170	200	326,561	2,908	6,945,796	2,564	6,561,342
Georgia.....	9,686	15,324,886	9,554	15,106,838	132	218,048	2,396	5,499,639	2,054	5,194,454
Hawaii.....	1,775	2,249,235	1,769	2,239,314	6	9,921	307	815,867	265	717,242
Idaho.....	1,139	1,681,358	1,131	1,663,276	8	18,082	196	374,025	140	324,164
Illinois.....	12,098	16,009,671	11,867	15,684,503	231	325,168	1,724	3,222,938	1,269	2,820,168
Indiana.....	7,177	11,673,368	7,091	11,522,886	86	150,482	1,071	2,039,643	790	1,776,525
Iowa.....	3,623	5,570,830	3,568	5,493,014	55	77,816	457	886,715	332	777,257
Kansas.....	2,874	4,131,696	2,846	4,081,569	28	50,127	610	1,387,399	473	1,259,091
Kentucky.....	4,257	6,995,525	4,202	6,899,513	55	86,012	1,206	2,523,647	1,014	2,360,801
Louisiana.....	5,050	8,433,275	4,947	8,267,960	103	165,315	1,251	2,567,893	990	2,313,226
Maine.....	2,188	4,100,231	2,145	4,026,358	43	73,873	350	780,778	292	725,213
Maryland.....	6,468	9,104,025	6,425	9,037,460	43	66,565	1,158	2,725,924	978	2,565,717
Massachusetts.....	12,187	17,079,777	12,054	16,891,433	133	188,344	976	2,136,710	795	1,985,300
Michigan.....	16,073	24,906,184	15,876	24,588,092	197	318,092	1,595	2,920,187	1,116	2,493,602
Minnesota.....	7,246	9,447,584	7,139	9,256,738	107	190,846	646	1,160,742	470	1,006,428
Mississippi.....	3,275	5,229,952	3,224	5,146,486	51	83,466	848	1,815,158	703	1,678,307
Missouri.....	6,930	10,274,781	6,838	10,141,033	92	133,748	1,225	2,448,422	929	2,198,896
Montana.....	1,146	1,703,710	1,119	1,669,211	27	34,499	184	332,898	131	233,225
Nebraska.....	1,902	2,805,219	1,872	2,749,242	30	55,977	337	696,675	255	623,760
Nevada.....	1,075	1,391,835	1,064	1,373,137	11	18,698	195	420,289	154	379,343
New Hampshire.....	2,169	3,372,068	2,149	3,332,263	20	39,805	210	482,411	171	445,491
New Jersey.....	10,590	14,319,800	10,502	14,193,809	88	125,991	1,091	2,368,861	865	2,174,663
New Mexico.....	3,133	4,527,055	3,092	4,472,280	41	54,775	499	1,068,391	394	975,035
New York.....	29,521	38,303,857	29,147	37,717,066	374	586,791	2,348	4,545,866	1,777	3,995,767
North Carolina.....	8,807	14,858,725	8,698	14,678,264	109	180,461	2,303	5,221,821	1,947	4,880,376
North Dakota.....	892	1,015,950	882	985,758	10	20,192	128	238,667	101	211,487
Ohio.....	17,218	26,124,271	16,932	25,677,091	286	447,180	2,239	4,322,068	1,649	3,782,276
Oklahoma.....	6,128	10,436,790	6,018	10,224,607	110	212,183	1,147	2,455,519	966	2,287,817
Oregon.....	4,143	6,236,602	4,062	6,105,416	81	131,186	578	1,086,229	420	951,673
Pennsylvania.....	17,421	23,663,165	17,207	23,336,745	214	326,420	2,185	4,364,875	1,680	3,901,948
Rhode Island.....	2,134	2,997,306	2,114	2,967,267	20	30,039	201	499,070	170	463,760
South Carolina.....	4,772	6,483,556	4,697	6,360,366	75	123,190	1,339	3,000,394	1,120	2,785,881
South Dakota.....	1,223	1,832,145	1,198	1,796,627	25	35,518	170	318,414	131	284,558
Tennessee.....	5,636	9,317,346	5,525	9,138,128	111	179,218	1,508	3,216,683	1,234	2,956,578
Texas.....	23,704	37,404,627	23,455	36,968,023	249	436,604	4,659	10,515,804	3,935	9,828,818
Utah.....	1,657	2,134,210	1,641	2,106,888	16	27,322	257	531,969	198	482,494
Vermont.....	613	1,051,943	602	1,034,907	11	17,036	106	209,325	81	188,185
Virginia.....	10,666	18,012,803	10,570	17,855,882	96	156,921	2,215	5,233,380	1,939	5,380,505
Washington.....	8,162	13,342,296	7,999	13,106,701	163	235,595	1,184	2,638,622	973	2,452,131
West Virginia.....	2,896	4,775,457	2,830	4,655,893	66	119,564	631	1,214,523	507	1,096,243
Wisconsin.....	7,825	9,606,519	7,719	9,434,550	106	171,969	677	1,250,233	488	1,068,967
Wyoming.....	563	758,084	549	733,348	14	24,736	99	188,761	70	163,400

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Vietnam era		Mexican border period							
	Deceased veterans		Living veterans					Deceased veterans		
	Non-service connected		Total		Service connected		Non-service connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	11,098	\$10,095,995	463	\$688,993	13	\$73,920	450	\$615,073	486	\$369,968
Foreign countries.....	112	120,619								
U. S. possessions and associated areas.....	67	76,079								
Puerto Rico.....	67	74,099								
All others.....		1,980								
Total U. S.....	10,919	9,899,297	463	688,993	13	73,920	450	615,073	486	369,968
Alabama.....	255	218,851	3	3,001			3	3,001	2	3,489
Alaska.....	34	25,461								
Arizona.....	137	126,141	3	8,950	2	6,112	1	2,838	5	3,562
Arkansas.....	126	116,528	7	11,153			7	11,153	5	3,489
California.....	1,088	932,321	32	43,954	3	5,310	29	38,644	20	15,588
Colorado.....	148	132,551	1	5,585		4,717	1	868	1	533
Connecticut.....	79	74,447	12	16,655		296	12	16,359	10	5,953
Delaware.....	29	24,245		1,628				1,628	3	1,768
District of Columbia.....	49	38,237	1	162			1	162		
Florida.....	434	384,454	38	50,520	1	671	37	49,849	31	23,778
Georgia.....	342	305,185	6	10,345			6	10,345	6	4,631
Hawaii.....	42	38,625								
Idaho.....	56	49,861	1	1,579			1	1,579	1	1,009
Illinois.....	455	402,770	10	12,331		303	10	12,028	12	8,824
Indiana.....	281	263,118	11	17,592		974	11	16,618	16	11,352
Iowa.....	125	109,458	20	24,323			20	24,323	13	12,238
Kansas.....	137	128,308	7	28,814	1	20,897	6	7,917	8	6,715
Kentucky.....	192	162,846	6	10,902			6	10,902	7	5,347
Louisiana.....	261	254,667	1	1,286			1	1,286	2	890
Maine.....	58	55,563	1	1,482			1	1,482	6	5,350
Maryland.....	180	160,207	4	5,630			4	5,630	22	18,933
Massachusetts.....	181	151,410	17	26,112	1	4,810	16	21,302	29	19,959
Michigan.....	479	426,585	15	17,071	1	1,645	14	15,426	12	9,505
Minnesota.....	176	154,314	13	32,290	1	15,988	12	16,302	19	14,696
Mississippi.....	145	136,851								
Missouri.....	296	249,526	10	11,900			10	11,900	13	9,137
Montana.....	53	49,673								
Nebraska.....	82	72,915	6	8,523			6	8,523	3	3,452
Nevada.....	41	40,946								
New Hampshire.....	39	36,920	17	29,070			17	29,070	9	6,364
New Jersey.....	226	194,198	8	10,737			8	10,737	9	4,680
New Mexico.....	105	93,356	5	7,109			5	7,109	6	3,538
New York.....	571	550,099	25	31,346			25	31,346	41	26,699
North Carolina.....	356	341,445	14	22,972			14	22,972	8	4,318
North Dakota.....	27	26,580							2	1,559
Ohio.....	590	539,792	11	19,976	1	901	10	19,075	17	13,933
Oklahoma.....	181	167,702	5	16,153	1	9,770	4	6,383	5	2,669
Oregon.....	158	134,556	7	10,089	1		6	10,089	10	7,338
Pennsylvania.....	505	462,927	39	47,959			39	47,959	46	39,421
Rhode Island.....	31	35,310	6	6,589			6	6,589	3	1,881
South Carolina.....	219	214,513	14	16,085			14	16,085	11	8,254
South Dakota.....	39	33,856	3	3,445			3	3,445	1	388
Tennessee.....	274	260,105	7	14,762			7	14,762	13	15,586
Texas.....	724	686,986	28	42,572			28	42,572	21	17,469
Utah.....	59	49,475	2	2,703			2	2,703		
Vermont.....	25	21,140	4	2,094			4	2,094	6	4,179
Virginia.....	276	252,875	12	15,282		1,526	12	13,756	2	2,205
Washington.....	211	186,491	11	13,481			11	13,481	8	5,990
West Virginia.....	124	118,280	2	3,032			2	3,032	2	1,785
Wisconsin.....	189	181,266	17	20,162			17	20,162	20	11,514
Wyoming.....	29	25,361	1	1,587			1	1,587		

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Mexican border period				Regular establishment					
	Deceased veterans				Living veterans					
	Service connected		Non-service connected		Total		Service connected		Special acts	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	2	\$5,882	484	\$364,086	191,671	\$242,372,942	191,609	\$242,361,912	62	\$11,030
Foreign countries.....					1,630	2,761,301	1,630	2,761,301		
U.S. possessions and associated areas.....					2,584	5,425,662	2,584	5,425,662		
Puerto Rico.....					2,472	5,303,718	2,472	5,303,718		
All others.....					112	121,944	112	121,944		
Total U.S.....	2	5,882	484	364,086	187,457	234,185,979	187,395	234,174,949	62	11,030
Alabama.....	1	2,779	1	710	3,353	4,315,658	3,353	4,315,658		
Alaska.....					295	274,220	295	274,220		
Arizona.....			5	3,562	2,528	3,592,113	2,527	3,591,985	1	128
Arkansas.....			5	3,489	2,318	4,072,981	2,317	4,072,698	1	283
California.....			20	15,588	20,349	25,021,146	20,346	25,020,761	3	385
Colorado.....			1	533	3,080	3,996,840	3,079	3,996,519	1	321
Connecticut.....			10	5,953	2,626	2,737,483	2,625	2,737,397	1	86
Delaware.....			3	1,768	494	595,559	494	595,559		
District of Columbia.....					1,216	1,863,785	1,214	1,863,464	2	321
Florida.....			31	23,778	9,835	13,804,107	9,834	13,803,979	1	128
Georgia.....			6	4,631	4,516	6,232,126	4,513	6,231,494	3	632
Hawaii.....					869	887,320	869	887,320		
Idaho.....			1	1,009	739	933,923	739	933,923		
Illinois.....			12	8,824	5,594	6,106,650	5,593	6,106,367	2	283
Indiana.....			16	11,352	3,254	3,963,870	3,248	3,962,491	6	1,379
Iowa.....			13	12,238	1,554	2,224,636	1,554	2,224,572		64
Kansas.....			8	6,715	1,581	2,206,681	1,581	2,206,681		
Kentucky.....			7	5,347	2,545	3,473,869	2,531	3,471,945	14	1,924
Louisiana.....			2	890	3,141	4,286,667	3,141	4,286,667		
Maine.....			6	5,350	1,161	1,614,732	1,160	1,614,604	1	128
Maryland.....			22	18,933	3,930	4,269,486	3,930	4,269,358		128
Massachusetts.....			29	19,959	8,080	8,237,934	8,080	8,237,934		
Michigan.....			12	9,505	6,474	7,956,474	6,474	7,956,474		
Minnesota.....			19	14,696	3,193	3,567,457	3,193	3,567,457		
Mississippi.....					1,950	2,794,865	1,949	2,794,737	1	128
Missouri.....			13	9,137	3,527	4,821,778	3,527	4,821,778		
Montana.....					634	782,476	634	782,476		
Nebraska.....			3	3,452	1,073	1,468,122	1,072	1,467,994	1	128
Nevada.....					733	843,038	733	843,038		
New Hampshire.....			9	6,364	959	1,277,469	959	1,277,469		
New Jersey.....			9	4,680	6,266	5,886,154	6,266	5,886,154		
New Mexico.....			6	3,538	1,410	1,819,061	1,410	1,819,061		
New York.....			41	26,699	14,660	16,566,240	14,655	16,565,191	5	1,049
North Carolina.....			8	4,318	4,467	6,460,507	4,464	6,459,803	3	704
North Dakota.....			2	1,559	386	473,715	386	473,715		
Ohio.....	1	3,103	16	10,830	7,811	9,495,931	7,807	9,495,314	4	617
Oklahoma.....			5	2,669	3,252	4,375,835	3,251	4,375,621	1	214
Oregon.....			10	7,338	2,260	3,018,118	2,260	3,018,118		
Pennsylvania.....			46	39,421	9,942	11,883,594	9,941	11,883,487	1	107
Rhode Island.....			3	1,881	1,083	1,231,443	1,083	1,231,443		
South Carolina.....			11	8,254	2,364	2,901,375	2,363	2,901,268	1	107
South Dakota.....			1	388	484	702,494	484	702,494		
Tennessee.....			13	15,586	2,975	4,447,643	2,970	4,446,609	5	1,034
Texas.....			21	17,469	11,539	15,222,766	11,538	15,222,605	1	161
Utah.....					895	995,944	895	995,944		
Vermont.....			6	4,179	397	523,120	397	523,120		
Virginia.....			2	2,205	5,266	7,052,459	5,263	7,051,868	3	591
Washington.....			8	5,990	4,407	6,008,375	4,407	6,008,375		
West Virginia.....			2	1,785	1,711	2,240,450	1,711	2,240,450		
Wisconsin.....			20	11,514	3,991	4,267,850	3,991	4,267,850		
Wyoming.....					290	389,440	290	389,440		

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Regular establishment						Spanish-American War			
	Deceased veterans						Living veterans			
	Total		Service connected		Special acts		Total		Service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	49,216	\$117,879,538	49,201	\$117,876,264	15	\$3,274	1,850	\$3,674,079	13	\$114,435
Foreign countries.....	1,726	4,088,539	1,726	4,088,539			89	248,532		
U. S. possessions and associated areas.....	376	881,834	376	881,834			15	30,741		
Puerto Rico.....	321	758,278	321	758,278			15	30,741		
All others.....	55	123,556	55	123,556						
Total U.S.....	47,114	112,909,165	47,099	112,905,891	15	3,274	1,746	3,394,806	13	114,435
Alabama.....	1,265	2,969,409	1,265	2,969,409			11	23,740		
Alaska.....	35	71,245	35	71,245			2	3,338		
Arizona.....	703	1,745,198	703	1,745,198			14	24,655		
Arkansas.....	656	1,421,619	656	1,421,619			20	53,036		
California.....	6,449	16,864,397	6,447	16,863,929	2	468	272	531,041	1	14,303
Colorado.....	818	2,005,491	818	2,005,491			23	56,721	1	7,985
Connecticut.....	350	845,852	350	845,852			16	24,355		
Delaware.....	111	269,433	111	269,433			3	7,253		
District of Columbia.....	437	1,421,895	437	1,421,895			38	51,182		
Florida.....	3,304	8,570,404	3,303	8,570,228	1	176	144	298,171	1	12,656
Georgia.....	1,714	4,013,217	1,714	4,013,217			21	43,090		
Hawaii.....	241	620,651	241	620,651			2	3,605		
Idaho.....	176	348,996	176	348,996			9	19,961		
Illinois.....	1,088	2,383,481	1,088	2,383,481			59	120,401		4,040
Indiana.....	741	1,530,871	739	1,530,520	2	351	64	139,125	2	16,565
Iowa.....	333	731,493	333	731,493			24	44,261		
Kansas.....	555	1,272,903	555	1,272,903			42	74,538		
Kentucky.....	873	1,852,143	871	1,851,686	2	457	44	106,042		5,207
Louisiana.....	918	2,063,798	918	2,063,798			15	27,345		
Maine.....	280	639,705	280	639,705			5	12,327		
Maryland.....	1,117	2,964,586	1,116	2,964,410	1	176	15	31,175		
Massachusetts.....	1,136	2,740,394	1,135	2,740,218	1	176	55	98,771		
Michigan.....	914	1,945,926	913	1,945,750	1	176	50	96,348		
Minnesota.....	477	973,575	477	973,575			28	59,566		
Mississippi.....	693	1,579,829	693	1,579,829			11	31,564	1	8,386
Missouri.....	950	2,112,043	950	2,112,043			41	79,372		
Montana.....	130	280,081	130	280,081			8	11,853		
Nebraska.....	266	619,272	266	619,272			15	34,333	1	3,015
Nevada.....	151	361,937	151	361,937			3	7,207		
New Hampshire.....	205	506,311	205	506,311			10	13,914		
New Jersey.....	900	2,197,818	900	2,197,818			52	83,673		
New Mexico.....	375	849,076	375	849,076			5	9,810		
New York.....	1,798	4,172,064	1,796	4,171,561	2	503	111	175,968	1	6,416
North Carolina.....	1,462	3,322,106	1,462	3,322,106			16	36,586		
North Dakota.....	83	157,454	83	157,454			5	6,634		
Ohio.....	1,278	2,790,904	1,278	2,790,904			80	152,362	1	8,006
Oklahoma.....	899	2,096,331	899	2,096,331			13	33,251		
Oregon.....	445	990,652	445	990,652			25	74,003	1	8,386
Pennsylvania.....	1,804	4,126,623	1,804	4,126,623			103	153,659		
Rhode Island.....	242	631,927	242	631,927			7	9,674		
South Carolina.....	921	2,143,999	921	2,143,999			11	22,794		
South Dakota.....	96	185,250	96	185,250			4	6,813		
Tennessee.....	1,163	2,503,284	1,162	2,503,108	1	176	54	105,127		393
Texas.....	4,010	9,797,087	4,009	9,796,648	1	439	47	113,940	1	13,601
Utah.....	216	450,786	216	450,786			7	12,339		
Vermont.....	88	225,377	88	225,377			1	1,790		
Virginia.....	2,018	5,440,445	2,018	5,440,445			38	63,530		
Washington.....	1,178	2,898,995	1,178	2,898,995			54	106,008		
West Virginia.....	469	940,757	468	940,581	1	176	14	29,597	1	3,369
Wisconsin.....	524	1,150,375	524	1,150,375			30	62,645	1	2,107
Wyoming.....	59	111,700	59	111,700			5	6,313		

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Spanish-American War								Civil War	
	Living veterans		Deceased veterans						Deceased veterans	
	Non-service connected		Total		Service connected		Non-service connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total.....	1,837	\$3,559,644	30,854	\$32,066,611	305	\$736,777	30,549	\$31,329,834	537	\$622,972
Foreign countries.....	89	248,532	1,323	1,629,947	5	13,656	1,318	1,616,291	3	2,595
U.S. possessions and associated areas.....	15	30,741	204	220,289	1	2,208	203	218,081		
Puerto Rico.....	15	30,741	195	211,720	1	2,208	194	209,512		
All others.....			9	8,569			9	8,569		
Total U.S.....	1,733	3,280,371	29,327	30,216,375	299	720,913	29,028	29,495,462	534	620,377
Alabama.....	11	23,740	375	415,326	5	11,838	370	403,488	23	25,529
Alaska.....	2	3,338	6	5,823			6	5,823		
Arizona.....	14	24,655	237	229,840	1	2,153	236	227,687	3	3,043
Arkansas.....	20	53,036	367	390,750	2	7,443	365	383,307	15	18,587
California.....	271	516,738	4,456	4,399,487	29	69,578	4,427	4,329,909	28	29,196
Colorado.....	22	48,736	318	325,296	2	5,007	316	320,289	7	8,479
Connecticut.....	16	24,355	294	287,879	1	3,037	293	284,842	3	3,751
Delaware.....	3	7,253	66	66,921			66	66,921	1	1,476
District of Columbia.....	38	51,182	268	268,916	2	3,227	266	265,689	6	8,472
Florida.....	143	285,515	1,810	1,832,710	28	72,525	1,782	1,760,185	24	27,720
Georgia.....	21	43,090	613	650,138	8	20,907	605	629,231	19	24,240
Hawaii.....	2	3,605	31	33,213	1	2,410	30	30,803		
Idaho.....	9	19,961	109	109,994	2	5,050	107	104,944	1	225
Illinois.....	59	116,361	1,178	1,209,549	12	24,567	1,166	1,184,982	20	22,246
Indiana.....	62	122,560	866	936,219	16	35,761	850	900,458	26	24,926
Iowa.....	24	44,261	353	404,936	11	26,196	342	378,740	11	14,396
Kansas.....	42	74,538	451	486,707	3	7,160	448	479,547	17	17,302
Kentucky.....	44	100,835	779	824,460	12	27,843	767	796,617	16	21,367
Louisiana.....	15	27,345	361	370,160			361	370,160	5	6,693
Maine.....	5	12,327	173	175,357	2	4,306	171	171,051	10	11,842
Maryland.....	15	31,175	562	562,573	9	23,072	553	539,501	7	9,138
Massachusetts.....	55	98,771	678	709,287	7	15,713	671	693,574	13	14,586
Michigan.....	50	96,348	828	853,252	8	19,569	820	833,683	14	16,290
Minnesota.....	28	59,566	415	444,985	5	9,849	410	435,136	5	7,839
Mississippi.....	10	23,178	227	243,542	2	4,306	225	239,236	15	18,454
Missouri.....	41	79,372	804	837,434	4	12,275	800	825,159	21	25,678
Montana.....	8	11,853	131	133,002	2	5,653	129	127,349	1	2,246
Nebraska.....	14	31,318	203	223,922	3	6,498	200	217,424	2	2,482
Nevada.....	3	7,207	48	49,801			48	49,801		
New Hampshire.....	10	13,914	111	114,651	3	5,592	108	109,059		
New Jersey.....	52	83,673	771	745,698	3	7,069	768	738,629	5	7,329
New Mexico.....	5	9,810	117	114,275	3	6,025	114	108,250	1	1,148
New York.....	110	169,552	1,821	1,849,993	18	42,103	1,803	1,807,890	15	14,863
North Carolina.....	16	36,586	573	607,493	4	9,255	569	598,238	21	21,989
North Dakota.....	5	6,634	35	39,181			35	39,181	1	1,404
Ohio.....	79	144,356	1,363	1,458,344	17	38,895	1,346	1,419,449	24	25,597
Oklahoma.....	13	33,251	446	463,407	3	8,429	443	454,978	9	11,377
Oregon.....	24	65,617	581	590,825	4	9,383	577	581,442	2	1,610
Pennsylvania.....	103	153,659	1,309	1,328,114	11	24,497	1,298	1,303,617	18	20,950
Rhode Island.....	7	9,674	117	123,724	1	2,153	116	121,571	5	4,099
South Carolina.....	11	22,794	325	343,582	3	7,958	322	335,624	14	17,172
South Dakota.....	4	6,813	78	83,752			78	83,752		820
Tennessee.....	54	104,734	825	884,809	17	44,506	808	840,303	35	42,860
Texas.....	46	100,339	1,451	1,534,909	11	26,713	1,440	1,508,196	22	29,499
Utah.....	7	12,339	78	88,265	1	2,539	77	85,726	1	1,404
Vermont.....	1	1,790	88	92,678	3	8,178	85	84,500	3	2,426
Virginia.....	38	63,530	685	693,284	6	16,075	679	677,209	20	25,224
Washington.....	54	106,008	805	811,484	8	18,252	797	793,232	7	6,640
West Virginia.....	13	26,228	248	260,393			248	260,393	14	12,958
Wisconsin.....	29	60,538	436	444,663	6	14,905	430	429,758	4	4,447
Wyoming.....	5	6,313	57	61,372			57	58,929		328

See footnotes at end of table.

Estimated Selected Expenditures by State—Fiscal Year 1973

State	Civil War				Indian War					
	Deceased veterans				Living veterans ¹		Deceased veterans ²			
	Service connected		Non-service connected		Non-service connected		Total ⁴		Non-service connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total	13	\$29,474	524	\$593,498	1	\$2,330	120	\$116,827	119	\$114,969
Foreign countries			3	2,595				70		70
U.S. possessions and associated areas										
Puerto Rico										
All others										
Total U.S.	13	29,474	521	590,903	1	2,330	120	116,757	119	114,899
Alabama			23	25,629			1	833	1	833
Alaska										
Arizona			3	3,043			8	7,349	8	7,349
Arkansas			15	18,587			1	1,488	1	1,488
California	1	1,710	27	27,486			17	16,309	17	16,309
Colorado			7	8,479			1	833	1	833
Connecticut			3	3,751						
Delaware			1	1,476						
District of Columbia		959	6	7,513			4	4,048	3	2,190
Florida	1	856	23	26,864			8	7,808	8	7,808
Georgia			19	24,240			1	833	1	833
Hawaii							1	833	1	833
Idaho			1	225			1	1,547	1	1,547
Illinois	1	1,710	19	20,536	1	2,330	5	5,452	5	5,452
Indiana	1	1,710	25	23,216			2	2,559	2	2,559
Iowa	1	3,682	10	10,714			1	1,131	1	1,131
Kansas			17	17,302			2	1,357	2	1,357
Kentucky			16	21,367			2	1,166	2	1,166
Louisiana			5	6,693			1	833	1	833
Maine			10	11,842						
Maryland	2	3,579	5	5,559			1	1,333	1	1,333
Massachusetts		593	13	13,993			2	1,738	2	1,738
Michigan		556	14	15,734			3	2,535	3	2,535
Minnesota	1	2,781	4	5,058			4	4,285	4	4,285
Mississippi			15	18,454			1	557	1	557
Missouri	1	2,141	20	23,537			4	4,356	4	4,356
Montana			1	2,246			1	833	1	833
Nebraska			2	2,482			1	2,083	1	2,083
Nevada							1	833	1	833
New Hampshire										
New Jersey		1,285	5	6,044			3	4,345	3	4,345
New Mexico			1	1,148			4	3,987	4	3,987
New York			15	14,863			2	1,988	2	1,988
North Carolina			21	21,989			3	2,500	3	2,500
North Dakota			1	1,404			1	833	1	833
Ohio			24	25,597			3	2,166	3	2,166
Oklahoma			9	11,377			1	833	1	833
Oregon			2	1,640			3	3,809	3	3,809
Pennsylvania	1	1,710	17	19,240			4	3,890	4	3,890
Rhode Island			5	4,099						
South Carolina			14	17,172			1	869	1	869
South Dakota				820			5	4,821	5	4,821
Tennessee	2	3,421	33	39,439			2	1,488	2	1,488
Texas	1	2,781	21	26,718			8	7,356	8	7,356
Utah			1	1,404			2	1,012	2	1,012
Vermont			3	2,426						
Virginia			20	25,224			1	833	1	833
Washington			7	6,640			2	2,202	2	2,202
West Virginia			14	12,958						
Wisconsin			4	4,447						
Wyoming				328			1	893	1	893

¹ Excludes the following which are not distributable by State: adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C., invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I; tort claim settlements; mortgage life insurance; funds transferred to Veterans' Administration by National Cancer Institute; vocational rehabilitation revolving

fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.

² Includes 2,448,163 ingrats for construction of state extended care facilities.

³ Terminated July 1, 1973.

⁴ Includes 1 service connected case in the District of Columbia for \$1,858.

Veterans Administration Comparative Consolidated Balance Sheet ¹

	June 30, 1973	June 30, 1972	Increase (Decrease)
ASSETS			
Current assets:			
Cash and disbursing authority ²	\$2,786,812,499.28	\$2,669,504,139.19	
Accounts receivable.....	105,526,171.31	64,225,852.66	
Interest receivable.....	31,311,274.62	30,790,988.32	
Advance for bidding at public sales.....	75,622.43	53,959.75	
Inventories.....	70,992,246.47	62,558,935.06	
Acquired security or collateral property.....	155,147,809.93	141,532,515.51	
Accrued reimbursements due from insurance appropriations.....	48,000.00	80,000.00	
Total current assets.....	3,149,913,624.04	2,968,746,390.49	\$181,167,233.55
Other assets:			
Loans receivable.....	1,849,729,394.07	2,054,378,689.92	
Vendee accounts receivable.....	1,033,940,263.30	1,230,139,065.75	
Investments.....	8,034,130,000.00	7,735,708,000.00	
Policy liens.....	630,065.37	576,935.29	
Deposits with trustee.....	73,722,126.78	80,916,840.95	
Total other assets.....	10,992,151,849.52	11,101,718,531.91	(109,566,682.39)
Fixed assets:			
Land, buildings and plants.....	1,825,784,755.77	1,796,235,015.35	
Construction and betterments in process.....	292,748,008.82	231,350,962.23	
Leasehold improvements.....	490,082.51	347,522.84	
Equipment.....	557,840,125.08	479,921,066.31	
Total fixed assets.....	2,676,862,970.28	2,507,854,586.73	169,008,383.55
Deferred charges:			
Construction advance.....	2,246,140.53	3,440,126.80	
Advance payments on undelivered supplies and services.....	3,556,344.87	5,522,771.87	
Advance to employees for travel expenses.....	871,050.22	951,385.32	
Value of ADP equipment purchases options.....	223,108.36	1,723,751.31	
Advance for educational benefits.....	12,156,559.66		
Total deferred charges.....	18,853,201.64	11,638,035.30	7,215,166.34
Total assets.....	16,837,781,645.48	16,589,957,544.43	247,824,101.05
LIABILITIES AND CAPITAL			
Current liabilities:			
Accounts payable.....	672,241,167.49	658,560,158.10	
Accrued salaries and wages.....	50,625,013.15	44,087,425.55	
Accrued annual leave-canteen service.....	361,064.29	312,110.04	
Accrued services and benefits.....	127,774,529.14	150,346,139.44	
Undelivered orders—personal funds of patients.....	106,431.80	95,826.53	
Employees payroll allotments for U.S. Savings Bonds.....	1,432,071.49	1,407,692.83	
Federal, state and territorial income taxes withheld and FICA taxes.....	8,644,053.58	7,882,699.48	
Canteen service unredeemed coupons.....	14,357.58	30,096.76	
Other miscellaneous liabilities—canteen service.....	20,569.79	12,777.97	
Accrued interest—U.S. Treasury.....	6,145,440.29	8,183,888.98	
Accrued interest on policy liens due general fund.....	142,178.26	153,752.98	
Accrued interest on dividend deposits.....	4,786,887.08	1,875,977.27	
Accrued reimbursements due insurance fund.....	48,000.00	80,000.00	
Premiums paid in advance.....	80,875,500.00	92,144,000.00	
Matured contracts payable.....	30,506,798.83	28,612,597.45	
Undeposited general fund receipts.....	729,161.58	763,147.14	
Total current liabilities.....	984,453,224.44	994,548,000.52	(10,094,776.08)
Other liabilities:			
Participation certificates outstanding, net.....	1,078,575,759.38	1,352,427,569.89	
Insurance program operating reserves.....	8,722,822,349.00	8,268,540,003.00	
Total other liabilities.....	9,801,398,108.38	9,620,967,572.89	180,430,535.49
Unfunded liabilities:			
Accrued annual leave.....	215,698,798.13	204,102,694.33	
Unredeemed coupons.....	267,476.41	267,476.41	
Total unfunded liabilities.....	215,966,274.54	204,370,170.74	11,596,103.80
Total liabilities.....	11,001,817,607.36	10,819,885,744.15	181,931,863.21
Accountabilities:			
Funds of patients and incompetent beneficiaries.....	51,956,552.63	48,041,439.42	
Policyholders insurance dividend deposit accounts.....	229,623,559.79	335,928,006.12	
Borrowers deposits for taxes and insurance.....	47,432,040.52	53,083,275.27	
Unapplied insurance collections.....	960,163.18	12,173,888.25	
Bid deposits and other suspense items.....	5,770,932.51	4,492,458.40	
Total accountabilities.....	335,743,248.63	453,719,067.46	(117,975,818.83)
Capital reserves:			
Insurance fund retained earnings (reserve for contingencies).....	65,340,439.91	67,480,987.45	
Direct loan and loan guaranty programs—reserve for losses.....	682,682,812.09	694,867,751.96	
Total reserves.....	748,023,252.00	762,348,739.41	(14,325,487.41)
Capital borrowings from U.S. Treasury—interest bearing—direct loan program.....	1,730,077,996.00	1,730,077,996.00	
Capital residual.....	3,022,119,541.49	2,823,925,997.41	198,193,544.08
Total liabilities and capital.....	\$16,837,781,645.48	\$16,589,957,544.43	\$247,824,101.05

¹ Contingent liabilities with respect to the guaranty or insurance of loans not shown.² Cash and disbursing authority for annual appropriations reduced by the

unobligated balance returned to the Treasury in accordance with Section 18, Title 7, GAO Policy and Procedures Manual.

VA Supply Fund Comparative Balance Sheet

	June 30, 1973	June 30, 1972	(Decrease)
Assets:			
Cash.....	\$9,241,246.09	\$7,838,697.67	-----
Advance payments on undelivered orders.....	341,297.16	466,901.11	-----
Advances to employees.....	14,314.52	14,650.65	-----
Accounts receivable.....	7,185,589.59	6,737,245.77	-----
Inventories.....	55,513,361.18	49,076,876.44	-----
Work in process—service & reclamation division.....	47,854.58	37,741.12	-----
Work in process—printing & reproduction.....	27,842.35	23,126.56	-----
Supply depot operating equipment less reserve for depreciation.....	442,271.36	381,851.81	-----
Printing & reproduction equipment less reserve for depreciation.....	208,310.68	183,622.00	-----
Marketing center equipment less reserve for depreciation.....	26,999.91	35,533.88	-----
Total assets.....	73,049,087.42	64,796,247.01	\$8,252,840.41
Liabilities and capital:			
Accrued salaries and wages.....	161,544.94	154,840.35	-----
Accrued transportation and service costs.....	253,113.19	387,033.14	-----
Accounts payable.....	15,565,716.88	15,595,239.77	-----
Advances from other government agencies.....	160,251.08	291,679.29	-----
Advance from V.A. appropriations.....	17,000,000.00	10,000,000.00	-----
Total liabilities.....	33,140,626.09	26,428,792.55	6,711,833.54
Capital at beginning of period.....	38,623,881.82	38,623,881.82	-----
Transfer of inventories from HEW.....	1,502,307.82	-----	-----
Adjusted capital.....	40,126,189.64	38,623,881.82	-----
Operating profit or loss—current fiscal year.....	38,699.05	¹ 248,171.09	-----
Operating profit or loss—prior fiscal year.....	¹ 256,427.36	¹ 8,256.27	-----
Capital at end of period.....	39,908,461.33	38,367,454.46	1,541,006.87
Total liabilities and capital.....	73,049,087.42	64,796,247.01	8,252,840.41

¹ Loss.

TABLE 79

FISCAL

VA Supply Fund—Statement of Income and Expense—Fiscal Year 1973

INCOME		
Sale of supplies and equipment.....		\$192,007,367.89
Less: cost of goods sold.....		188,262,154.07
Income on sales.....		3,745,213.82
Other income:		
Income-station transfers.....	\$4,016,518.60	-----
Discounts on purchases.....	1,071,122.86	-----
Reimbursable earnings.....	965,196.36	-----
Donated income.....	900,652.07	-----
Credit allowances.....	899,622.65	-----
Variances and adjustments.....	334,452.38	-----
Increased valuation.....	246,682.25	-----
Miscellaneous income.....	24,745.32	8,458,992.49
Total income.....		12,204,206.31
EXPENSES		
Maintenance and operation of supply depots.....		4,867,236.22
Other operating expenses.....		4,188,766.76
Net transportation costs.....		1,509,181.67
Completed S & R projects.....		848,362.11
Depot storage, handling, etc.....		445,547.43
Donations, reappraisals and write offs.....		274,121.50
Disposal of operating equipment.....		32,291.57
Total expense.....		12,165,507.26
Operating profit.....		38,699.05

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