

ADMINISTRATOR OF VETERANS AFFAIRS



Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 94th 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, 1975.

RICHARD L. ROUDEBUSH Administrator

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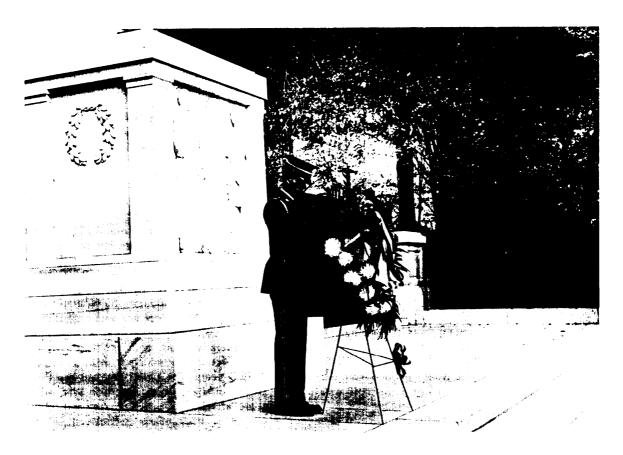
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The Veteran

COMPARATIVE HIGHLIGHTS

Period of Service	Veteran Population ¹ June 30, 1974	Net Separations from Armed Forces	Deaths in Civil Life	Veteran Population June 30, 1975	Percent Change
Total Veterans	29,294,000	523,000	358,000	29,459,000	+ 0.6
War veterans	26,194,000	523,000	350,000	26,367,000	+ 07
Vietnam era - total	7,090,000	523,000	16,000	7,597,000	+ 7.2
with no Korean conflict service	6,629,000	477,000	12,000	7,094,000	+ 7.0
with Korean conflict service	461,000	46,000	4,000	603,000	+ 9.1
Korean conflict - total	5,964,000	46,000	37,000	5,973,000	+ 0.2
with no World War II service	4,706,000	38,000	21,000	4,723,000	+ 0.4
with World War II service	1,258,000	8.000	16,000	1,250,000	- 0.6
World War II - total	13,787,000	8,000	209,000	13,586,000	- 1.5
with no Korean conflict service	12,529,000	-	193,000	12,336,000	- 1.5
with Korean conflict service	1,258,000	8,000	16.000	1,250,000	- 0.6
World War I	1,071,000		108.000	963,000	- 10.1
Spanish American War	1,000		2	1,000	-
Service between Korean					1
conflict and Vietnam era only	3,100,000		8,000	3,092,000	- 0.3

1 Revised 2 Less than 500

SUMMARY

On April 19, 1975, President Gerald R. Ford spoke at historic Concord, Massachusetts to commemorate the opening of the nation's bicentennial celebration. In the 200 years which followed those first shots at the Battles of Lexington and Concord, nearly 39 million Americans have answered the call to arms during periods of hostilities. More than a million of these participants died while serving their country and more than 26 million of the survivors of these wars are alive today.

Late in the fiscal year the Vietnam era was ended by a Presidential proclamation dated May 7, 1975. This fixed the period of Vietnam era qualifying service as that beginning on August 5, 1964, and ending on May 7, 1975. Benefits affected by the proclamation are primarily those under VA non-service connected pension and burial allowance programs.

NUMBER OF VETERANS AND PERIOD OF SERVICE

There were an estimated 29,459,000 male and female veterans in civil life on June 30, 1975. The increase of 0.6 percent over the veteran population of 1 year ago represents the smallest rate of growth since the beginning of the Vietnam era. Deaths in civil life during the year numbered 358,000; the 523,000 net separations from military service resulted in an increase of 165,000 veterans overall.

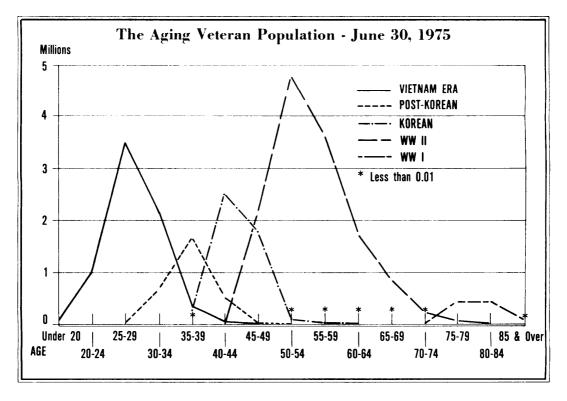
Almost 90 percent, or 26,367,000 veterans, had served in the Armed Forces during periods of war or armed conflict. The remaining 3,092,000 were those veterans whose only active duty service was between the Korean conflict and the Vietnam era. During FY 1975, the number of living Vietnam era veterans grew to 7,597,000. The Korean conflict veteran population increased only slightly, as 46,000 newly separated veterans were nearly offset by 37,000 deaths among those already in civil life. The veteran population of each of the other periods of service decreased during FY 1975. Some 8,000 of those who were separated from the Armed Forces had served in World War II as well as the Korean conflict and Vietnam era, but that number was small by comparison with the

209,000 deaths of World War II veterans; thus, the number of living World War II veterans declined to 13,586,000. The number of living veterans of World War I fell below 1 million during the past year, as some 108,000 deaths decreased their population to 963,000. The population of Spanish American War veterans numbers about 1,000. The deaths of 8,000 veterans with service only between the Korean conflict and the Vietnam era resulted in a decrease to 3,092,000 of these veterans in civil life as of June 30, 1975.

AGE OF VETERANS

The average age of the total living veteran population was 45.9 years at the end of FY 1975. This represents an increase of only 0.4 years during the previous 12 months, as 358,000 veterans (primarily older World War II and World War I veterans) died and 523,000 recently separated men and women, whose average age was only slightly more than 25 years, were added to the population.

Vietnam era veterans with no service in the Korean conflict are the youngest, with an average age of 28.3 years. The oldest veterans are those who served in the Spanish American War, all of whom are at least 87 years of age, and whose average age is 95.5 years. Between these two



extremes are the World War I veterans, averaging 80.3 years; World War II veterans, with an average age of 55.4; veterans of the Korean conflict (with no service in World War II), with an average age of 43.9 years; and veterans with service only between the Korean conflict and the Vietnam era, averaging 36.7 years of age.

More than half of all living veterans are between the ages of 40 and 59; the largest 5-year age group, 50 to 54 years, contains 4.9 million veterans. By way of contrast, veterans under 20 years of age number only 57,000. There are, however, some 4.6 million veterans under the age of 30. Veterans aged 65 and over number about 2.2 million, of which 105,000 are 85 years of age or older.

FEMALE VETERANS

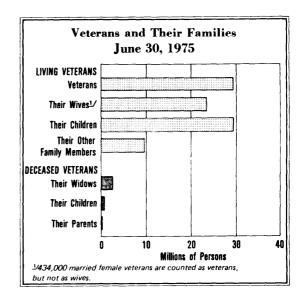
Included in the veteran population, as of June 30, 1975, were 562,000 female veterans. They range in age from under 20 years to over 85. Women participated in World War I and in each period of service thereafter. More than half (300,000) served during World War II, and one of five (117,000) were veterans of the Vietnam era (no service in the Korean conflict). Some 75,000 served during the Korean conflict (no service in World War II), and 13,000 during World War I. There were 57,000 female veterans whose only service was between the Korean conflict and the Vietnam era.

VETERANS AND THEIR FAMILIES

Veterans in civil life actually represent less than one-third of all potential recipients of VA benefits and services. The 29,459,000 living veterans as of June 30, 1975 have 29.5 million dependent children (under 18 years of age), 9.6 million other family members (18 years old or older), and 23.5 million husbands or wives. In addition there were 3.8 million dependents of deceased veterans at the end of FY 1975. There were 2.7 million widows and widowers, over 900,000 dependent children, and 175,000 dependent parents. Thus the entire population of potential beneficiaries comprise almost 96 million, or 45 percent of the population of the United States.

CHARACTERISTICS OF VETERANS

The VA obtains data on various socio-economic characteristics of male veterans and nonveterans



from the Current Population Survey (CPS) through contractual agreement with the Bureau of the Census, with the approval of the Department of Labor¹. Data available from the CPS survey include educational attainment and income, work experience and employment status. It should be noted that differences in the median income and work experience of veterans and nonveterans can be largely explained by variances in their age distributions. If the nonveterans' age distribution is made to conform with that of veterans, differences in these areas are reduced considerably.

Educational Attainment and Income

There were 63 million males 20 years old and older in the civilian noninstitutional population residing in the United States in March 1975. Of these, 28.3 million (44.9 percent) were veterans. Veterans had attained a median educational level of 12.6 years and during calendar year 1974 their median income was \$11,360, an increase of \$540 above the preceding year. Their nonveteran counterparts had attained a median educational level of 12.3 years and their median income was \$7,430, \$3,930 lower than the median income level of the veterans.

¹ The Bureau of the Census surveys only male veterans in the CPS. If data on female veterans were collected, the sample would be too small to be reliable or representative of the characteristics of female veterans as a separate group. The VA has requested that data on female veterans be collected in the 1980 Decennial Census.

The accompanying table shows the median income of veterans and nonveterans in calendar year 1974 by educational level:

Attained Level of Education	Median Income in 1974						
Attained Level of Education	Veterans	Nonveterans					
Less than high school	\$ 6,870	\$ 4,730					
Some high school	9,830	7,340					
High school graduate	11,350	8,870					
Some college	12,620	6,750					
College	17,240	11,870					

The table indicates that, as might be expected, income rises with increased educational attainment. One exception is apparent in the table; nonveterans with some college had a median income (\$6,750) which was 24 percent less than that of nonveteran high school graduates (\$8,870). It should be noted that almost half (47 percent) of the nonveterans with some college were very young (20 to 24 years of age); were still in school; had no significant work experience; and, had little or no personal income. In contrast, only 28 percent of the nonveteran high school graduates were in the 20 to 24-year age group; and most of the high school graduates (41 percent) were in their prime earning years (30 to 60 years old).

This decline in median income did not occur among veterans with some college because only 6 percent of them were in the 20 to 24-year age group, and while many are attending school their income was supplemented by veterans' educational benefits. At all educational levels veterans' median income exceeded that of nonveterans.

About nine of 10 Vietnam era veterans who did not serve in the Korean conflict are under 35 years old. Social and economic characteristics of veterans under 35 years of age are, therefore, considered representative of Vietnam era veterans. The median educational level of these young veterans was 12.8 years and during calendar year 1974 they had a median income of \$9,550, an increase of \$690 over the preceding calendar year. Nonveterans in the same age range had a median educational level of 12.9 years, but their median personal income was \$7,350, 23 percent less than that of their veteran counterparts. However, if nonveterans had the same proportionate age distribution as Vietnam era veterans their median income would be only \$720 (8 percent) lower.

Work Experience

About 90 percent of all male veterans in the civilian noninstitutional population worked during

calendar year 1974 compared with 80 percent of the nonveterans. Eight of 10 working veterans and seven of 10 working nonveterans were employed throughout the year, either full-time or part-time. Ninety-six percent of all male veteran year-round workers and 89 percent of all male nonveteran year-round workers held full-time jobs for either part or all of the year.

Ninety-five percent of all noninstitutional male Vietnam era veterans (20 to 34 years old) worked during calendar year 1974. Of these veterans more than nine of 10 worked at either a full-time or part-time job all year. Ninety-four percent of all noninstitutional male nonveterans in the same age range worked during the year and nearly nine of 10 were engaged in either full-time or part-time jobs all year long.

Employment Status

About nine of 10 (24.6 million) veterans of all ages were in the labor force during fiscal year 1975 and seven of 10 (30.8 million) male nonveterans participated in the labor force. The annual unemployment rate for these veterans and nonveterans was 4.7 percent and 8.3 percent, respectively. The unemployment rates for veterans and nonveterans alike rose over the previous fiscal year, especially during the last half of FY 1975.

Of the 6.1 million Vietnam era veterans 20 to 34 years old in the civilian labor force at the end of fiscal year 1975, 5.5 million (90.3 percent) were employed and 589 thousand were unemployed. The seasonally adjusted unemployment rate of 9.7 percent for these young veterans in June 1975 compared with 5.1 percent (revised) in the preceding June. Among young male nonveterans 20 to 34 years old, the unemployment rate increased 4.6 percentage points, from 5.4 percent (revised) in June 1974 to 10.0 percent in June 1975. Among the youngest Vietnam era veterans (20 to 24 years old) the unemployment rate was 19.9 percent in June 1975, more than double the rate of 7.6 percent for the older Vietnam era veterans aged 25 to 34 years.

NEW LEGISLATION¹

A number of laws were enacted during FY 1975 which are of particular interest to the VA.

¹ Section 102, Title 38 U.S.C. provides that for purposes of Title 38 the term "wife" includes the husband of any female veteran, and the term "widow" includes the widower of any female veteran.

Public Law 93-337

This act extends the delimiting date for veterans, wives and widows to complete their education programs from 8 to 10 years and excludes certain periods of detention and hospitalization for veteran -civilians held as prisoners of war by a foreign government or power.

Public Law 93-383

The Housing and Community Development Act of 1974, among other things, expanded the requirement that the Federal Housing Administration grant preference to veterans under its housing programs so as to include veterans who served after the Korean conflict or during the Vietnam era.

It also amended the Civil Rights Act of 1968 to prohibit discrimination on the basis of sex in financing, sale, or rental of housing, or the provision of brokerage services. It amended the National Housing Act to prohibit discrimination on the basis of sex in the making of Federally-related mortgage loans, providing insurance guarantee, or related assistance, and to require lenders to consider the combined incomes of husband and wife in extending mortgage credit.

Public Law 93-414

This act set VA's annual appropriation at almost \$14 billion for FY 1975 and also limited to \$500 million the amount of Loan Guaranty Revolving Fund assets available during the current fiscal year for operations under chapter 37 of Title 38 U.S.C.

Public Law 93-445

This act provides for complete restructuring of the Railroad Retirement Act of 1937, places it on a sound financial basis and defines terms pertinent to a determination as to whether an individual's military service is creditable for railroad retirement purposes.

It also provides that an employee's annuity based in part on military service credited under the Railroad Retirement Act will be reduced if the individual is receiving pension, disability compensation, or any other gratuitous benefits under any other Act of Congress which is based on the same military service.

Public Law 93-508

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, among other things, increases benefits in varying amounts for certain educational and vocational training. It removes the limitation of the number of veteran-students the VA may utilize under the work-study program, increases the number of hours during which they may work and raises the maximum payment they may receive from \$250 to \$625.

In addition, it liberalizes the tutorial assistance program and authorizes supplementary assistance to certain eligible veterans, or eligible wives, widows, and children through direct loans.

It provides for educational benefits for certain peacetime veterans and permits active duty for training performed by members of the Reserves and National Guard to be counted for educational benefit entitlement purposes where he or she subsequently serves on active duty for a consecutive period of 1 year or more. It permits 6 months of educational assistance to pursue refresher training.

It further authorizes through the VETREP program, assignment of representatives on either full or part time basis to institutions based on the enrollment of veterans at the institution.

Public Law 93-527

The Veterans and Survivors Pension Adjustment Act of 1974 increases monthly benefit rates by approximately 12 percent and raises by \$400 the annual income limitation applicable to payment of non-service connected disability and death pensions and payment of service connected dependency and indemnity compensation to parents of deceased veterans.

Public Law 93-538

This act extends eligibility for benefits under the automobile and adaptive equipment program and redefines the term "adaptive equipment."

It provides that the automobile assistance payment shall include all State, local and other taxes

and increases the amount of the grant from \$2800 to \$3300.

It also provides authority for the VA to provide for special driver training courses at certain VA installations and to purchase insurance appropriate to the training program. It also makes provisions affecting the VA's prosthetic research, medical research and development programs.

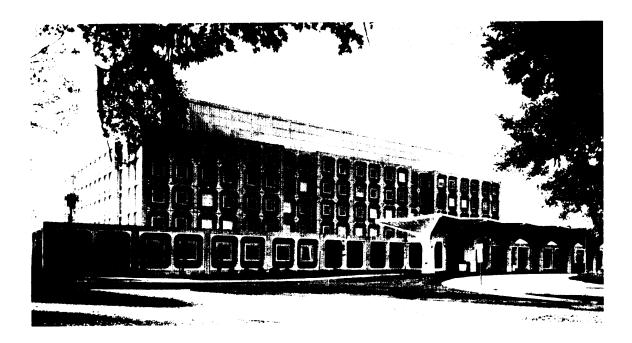
Public Law 93-569

The Veterans Housing Act of 1974 increases

maximum grants the VA can make to certain disabled veterans to assist in acquiring suitable housing and increases maximum amounts under the loan guaranty and direct loan programs from \$12,500 to \$17,500.

This Act permits loans to purchase lots on which to place mobile home units and increases maximum loan amounts for mobile homes.

It also permits the Administrator to restore a veteran's entitlement to a guaranteed, insured or direct loan under certain circumstances.



Health Care

COMPARATIVE HIGHLIGHTS

	Fiscal	Year	
ltem	1975	1974	Percent Change
Facilities operating at end of year			
Hospitals	171	171	
Domiciliaries	18	18	
Outpatient clinics	213	209	
Nursing home units	85	84	
Employment (Net full-time equivalent)	173,339	166,079	+ 4.4
Operating costs (in millions)	\$3,460.5	\$2,950.6	+ 17.3
Medical care	3,328.2	2,837.6	+ 17.2
Research	95.4	81.8	+ 16.6
Other	36.9	31.2	+ 18.2
Inpatients treated (episodes of care)	1,220,107	1,140,750	+ 6.9
VA facilities	1,142,893	1,073,539	+ 6.4
Other facilities	77,214	67,211	+ 14.8
Average daily inpatient census	114,384	114,426	'
VA facilities	95,893	97,594	- 1.8
Other facilities	18,491	16,832	+ 9.8
Outpatient medical visits	14,629,517	12,266,476	+ 19.2
VA staff	12,595,514	10,457,830	+ 20.4
Fee-basis	2,034,003	1,808,646	+ 12.4
Outpatient dental care			ļ
VA staff			İ
Examinations	85,802	79,674	+ 7.7
Treatment cases completed	83,670	79,498	+ 5.2
Net authorized on fee-basis	130,891	156,467	16.4
Prescriptions dispensed	35,760,058	29,119,910	+ 22.8
Laboratory procedures (unit count)	146,756,541	129,345,718	+ 13.5
Radiology examinations	5,421,558	5,057,117	+ 7.2

Less than 0.1 percent change.

SUMMARY

The Veterans Administration health care system at the end of FY 1975 was providing care in 171 hospitals, 213 outpatient clinics, 85 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 8 hospitals, 31 nursing homes, and 38 domiciliaries operated by 31 States.

The new program of medical care for dependents of certain veterans authorized by Public Law 93-82, the Civilian Health and Medical Program of the Veterans Administration (CHAMPVA), was fully implemented. Under a VA/Department of Defense agreement, arrangements have been made for coverage of VA beneficiaries under the same conditions by which the Secretary of Defense provides medical care to Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) beneficiaries through civilian health care providers.

There were 122 construction projects completed during the year, at a cost of \$72.7 million. An additional 182 projects at a total estimated cost of \$297.5 million were under construction at the end of the year. Major projects completed included research additions to the VA hospitals at

Omaha, NE, and Cleveland, OH; and a 180-bed nursing home care facility constructed at Long Beach, CA.

Twenty-two different types of specialized medical services, such as drug dependence treatment centers, hemodialysis units, and nuclear medicine units, were available at VA health care facilities during FY 1975. At the end of the year, there were 1,170 separate such units in operation, or about twice the number in operation 6 years ago.

The number of inpatients treated (episodes of care) rose to an all-time high. There were more than 1,220,000 episodes of care in FY 1975, or 7 percent more than in FY 1974. More than 91 percent of these were in VA hospitals.

Outpatient care provided also reached new highs. Visits for outpatient medical care to VA staff and on a fee-for-service basis amounted to 14,630,000, a 19 percent increase compared with the previous year. In the continuing effort to provide access to VA medical programs throughout the country, four new outpatient clinics were opened at Greenville, SC, Orlando, FL, Mobile, AL, and Columbus, OH. Several more are planned for opening in the near future.

Two new nursing home care units were activated at the VA health care facilities at Iron Mountain, MI, and White River Junction, VT. At the end of the year, preparations had almost been completed for the opening of a new unit at Long Beach, CA.

The VA provided training to an estimated 73,000 persons in the health care field, with 6,800 physician and dentist positions supported by VA internships and residencies. At the end of the year, 122 VA hospitals and 27 VA outpatient clinics were participating in close "Deans Committee" affiliations with 98 medical schools, and every one of the 171 VA hospitals was engaged in education and training in cooperation with one or more affiliated universities, colleges, including junior and community colleges, and other schools.

A new program for evaluating the quality of patient care, the Health Services Review Organization, was initiated during the year. The program encompasses both internal and external systematic review.

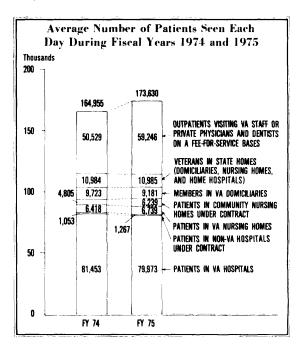
Operating costs for the Department of Medicine and Surgery amounted to \$3.46 billion, an increase of 17.3 percent over FY 1974.

To carry out its mission, the Department of Medicine and Surgery employed more than 173,000 (full-time equivalent) people, or 7,300

more than in FY 1974.

PATIENT CARE PROVIDED

During FY 1975, more patients were cared for by the VA than during any other year since the establishment of the Veterans Administration in 1930. As can be seen in the accompanying chart, an average of 173,630 veterans were under care each day - 8,675 more than the daily average during FY 1974. Of the 173,630, almost one-half were patients in VA hospitals or in non-VA hospitals under contract.



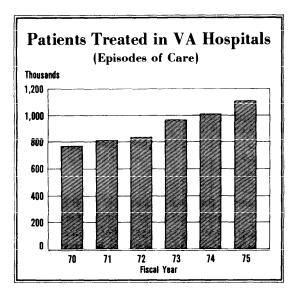
Hospital Care

During FY 1975, VA received an all-time high of 2,069,000 applications for care — almost 300,000 more than in the previous fiscal year. Of the applications processed, 17.5 percent were made by Vietnam era veterans and 11.8 percent by veterans 65 years of age or older. About 73 percent of the applicants were accepted for hospital care, and many others received ambulatory care services. Some of those who were accepted for hospital care were treated on an ambulatory care basis and admission to a hospital was not necessary. The accompanying table shows the trend in the number of applications processed during the past five years.

	į		Applic	ations Proc	essed		
Fiscal Year		Vietna Vete		Veterans of Age o		All E Vietnam E and Vetera of Age o	ns 65 Year
	All Veterans	Number	Percent of All	Number	Percent of All	Number	Percent of All
1975	1,986,036	347,703	17.5	233,750	11.8	1,404,583	70.7
1974	1,727,467	297,151	17.2	212,275	12.3	1,218,041	70.5
1973	1,551,087	273,440	17.6	214,194	13.8	1,063,453	68.6
1972	1,378,818	242,224	17.6	196,709	14.2	939,885	68.2
1971	1,219,412	183,720	15.1	187,550	15.4	848,142	69.5

There were 1,064,000 patients admitted to hospitals - 1,036,000 to VA hospitals and 28,000 to non-VA hospitals under VA authorization. Admissions of Vietnam era veterans to VA hospitals amounted to almost 145,000, an increase of about 14,000 compared with FY 1974.

The number of VA patients treated (episodes of care) in VA and non-VA hospitals during FY 1975 (i.e., the number of discharges and deaths during the year plus the number on the hospital rolls on June 30, 1975) totaled more than 1,142,000. Of this number almost 1,114,000 were treated in VA hospitals - the highest number in VA history and 71,000 more than during the prior year.



The increase in the number of patients treated was accomplished largely by reducing the length of time patients spent in a hospital during an episode of care and thus making beds available for more admissions. The most important factors contributing to this were improved staffing, higher use of ambulatory care, and more extensive placement of patients in nursing homes and other extended

care facilities.

The VA provided 29.7 million days of patient care in VA and non-VA hospitals during FY 1975. This represented, an average daily census of 81,240 patients, 79,973 of whom were in VA hospitals.

At the end of the year, VA's 171 hospitals were operating 94,477 beds, which were distributed as follows: 44,743 in medical bed sections, 19,907 in surgical bed sections, and 29,827 in psychiatric bed sections.

Extended Care

VA Domiciliaries - The VA domiciliary care 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 VA domiciliaries offer alcoholic rehabilitation programs and a variety of vocational training programs. During the past few years, emphasis has been placed on changing the character of the VA domiciliary program from that of custodial care to one of a therapeutic environment.

At the end of FY 1975, VA's 18 domiciliaries were operating 10,218 beds. During the year, the average daily census was 9,181 and 18,488 patients were treated.

Nursing Home Care - Two new nursing home care units were activated during the year at the VA health care facilities at Iron Mountain, MI, and White River Junction, VT. The unit at the VA hospital at Big Springs, TX was temporarily closed pending expansion. By the end of the year, preparations had almost been completed for the opening of a new unit constructed at Long Beach, CA.

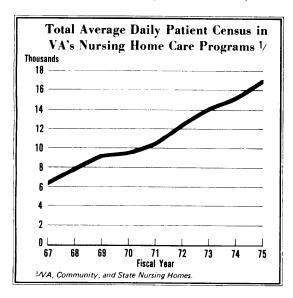
On June 30, 1975, VA was operating 7,130 nursing home care beds at 85 VA hospitals. These beds were designed for veterans who do not need hospital care but require skilled nursing care and related health services. There were 10,532 veterans treated in this program, with an average daily census of 6,739. The average length of stay of patients discharged was 456.4 days.

In addition to nursing home care units in VA



Nursing Home Care Unit - Patients' Activity Room

hospitals, the VA has contracts with over 3,300 community nursing homes in the 50 States and Puerto Rico. Veterans may receive up to 6 months of skilled nursing care in nursing homes in their communities, as a transition from VA hospitals. Veterans requiring care for a service connected disability are exempt from the 6-month limitation. A total of 21,749 veterans were treated in community nursing homes in FY 1975, with an average daily census of 6,239. The average length of stay of patients discharged was 119.3 days.



State Home Program - Through grants-in-aid, the VA assists the States in providing care to veterans in State veteran homes. VA makes per diem payments for the care of eligible veterans and

participates in the cost of constructing State home facilities (Public Law 88-450 and Public Law 91-178).

Thirty-eight State homes in 31 States (including two annexes in Nebraska) provided care to veterans during FY 1975. Of these homes, 38 provided 12,062 veterans with domiciliary care; 31 provided 7,832 veterans with nursing home care; and eight provided 6,967 veterans with hospital care. The combined average daily census during the year was 10,985.

Under the Federal/State sharing legislation to construct or remodel nursing home care facilities and to modernize existing domiciliary or hospital facilities in State homes, VA in FY 1975 approved one new nursing home construction project involving 50 beds, and 18 projects to remodel existing State home facilities. The facility at Scottsbluff, NE was also recognized as an annex to the Nebraska Veterans Home at Grand Island.

Since enactment of this legislation in 1964, VA has participated in 32 projects to construct 4,137 nursing home care beds, and 65 projects to remodel existing hospital, domiciliary and nursing home care facilities. Since the beginning of this program, VA funding for all construction projects has totaled about \$45 million.

Hospital-Based Home Care - The Hospital-Based Home Care Program allows for an early discharge of selected veterans to their own homes. The family provides the necessary personal care under coordinated supervision of a hospital-based multidisciplinary treatment team. Thirty-one hospitals are providing home health services. In FY 1975, a total of 1,570 veterans were placed in the program and 44,850 visits were made by health professionals.

Geriatric Research, Education and Clinical Centers - To ensure that aging veterans receive quality care specific to their needs, the Veterans Administration has established Geriatric Research, Education and Clinical Centers in select VA facilities across the nation. The Centers are functioning as a spearhead force in developing, modeling, and instituting new treatment policies for the provision of services to elderly citizens. They provide focus and expertise for those extended care systems, both within the VA and the larger community, which are most frequently involved with a geriatric population.

Geriatric Research Education and Clinical Centers have been organized at the VA Center, Bay

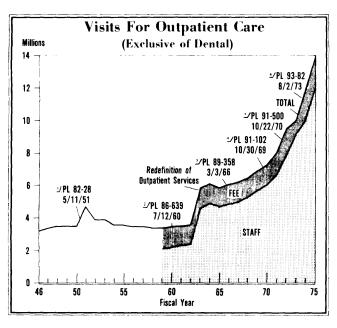
Pines, FL; VA Hospital, Little Rock, AR; VA Hospital, Palo Alto-Menlo Park, CA; and VA Wadsworth Hospital Center, Los Angeles, CA. Two joint centers were established involving the VA Outpatient Clinic, Boston, and the VA Hospital, Bedford, MA; and the VA Hospital, American Lake, and the VA Hospital, Seattle, WA. The sites were selected on the basis of the interest and experience of local staff in geriatric problems, and the quality and innovative nature of the clinical, research and educational proposals developed at the health care facility. Most centers have already organized small medical units which specialize in the treatment of geriatric patients.

The Little Rock Center staff have focused upon their particular expertise in the area of cardiology and have taken on the important task of providing innovative care for older cardiac patients. Considering their large geriatric outpatient populations the Boston/Bedford Center and the Bay Pines Center have been particularly interested in assessing the health needs of the older veteran in the community and in projecting future medical and social service demands on the Veterans Administration. The Wadsworth Center has initiated a program of clinical and physiological exploration of the aging process as reflected in endocrine and metabolic disease, particularly diabetes in the aged. Certain researchers at the Palo Alto Center are especially concerned with the social and psychological impact of aging and have developed social interactional and environmental projects geared toward improving the quality of life of older veterans. The American Lake/Seattle Center possesses medical research experts in such debilitating diseases as osteoporosis and vascular changes brought on by old age.

Ambulatory (Outpatient) Care

Outpatient Medical Services - VA's Ambulatory Care Program continues to grow. During FY 1975, there were a total of 14,629,517 visits consisting of 12,595,514 visits to VA staff and 2,034,003 visits to private physicians on a fee-for-service basis. The accompanying chart shows the relationship of workload to the progressive extension of legislation expanding the availability of outpatient services.

The Veterans Administration has made a major commitment to meet the demands of this program by implementing new programs and by improving facilities and services. In a continuing effort to provide access to the Veterans Administration medical program throughout all areas of the country, ten new clinics have been opened since 1972 and 13 additional clinics are scheduled to be opened before the end of FY 1977, including one for the western sector of Puerto Rico. The outpatient clinics at Jacksonville, FL; Honolulu, HI; Henderson, NV; and San Diego, CA, are scheduled for relocation or renovation to improve their accessibility to veterans as well as their physical plant. Many VA hospitals are also



"Eligibility for "Korean" veterans.

3/Pre-bed care and post-hospital care.

2Non-service connected hospitalization for veterans serving after 1/31/55.

 ${\it MCare}$ for any condition for war veterans totally disabled from service connected conditions.

**Care for veterans receiving aid and attendance allowances or who are permanently housebound; care for non-service connected disabilities for veterans 65 years of age or

2/Ambulatory care services to veterans eligible for hospital care to obviate need for hospital admission, and to veterans with service connected disabilities rated 80 percent or more, medical care for certain dependents of service connected veterans who are totally disabled or who died of service connected conditions. scheduled to improve their ambulatory care programs as a result of newly developed and approved space criteria. VA is anticipating a new look in many of its existing hospitals as first or main floor administrative office space gives way to ambulatory care clinical areas.

Procedural changes are also scheduled for many of VA's new facilities to coincide with space changes. Allied health workers are being assigned broader tasks in order to maximize utilization of scarce physician resources. An approach, centered on the patients' needs rather than the convenience of the system, is being implemented in the form of basic health care teams. Clinical nurse specialists and nurse practitioners are being extensively used in these treatment teams. Their assignments vary directly with the breadth of their training—from making limited judgmental decisions in evaluating patients' problems to actually initiating therapeutic regimens under direction of a physician.

Several VA hospitals have already instituted this concept of the basic health care team. The teams are made up of one or two nurse clinicians or practitioners, several health technicians (specially trained aids), and a physician supervisor. A staff physician is usually capable of supervising at least two such teams. Other allied health personnel such as social workers, dietitians, and psychologists may also participate on these teams. VA's experience in this approach has thus far been extremely rewarding.

As of the end of FY 1975, there were 448 clinical nurse specialists or nurse practitioners on duty throughout the VA system. Training sites are presently located at the VA Hospitals, Birmingham, AL, and Prescott, AZ. Four VA hospitals are presently operating "test clinics" staffed by nurse practitioners: Pulmonary Clinic, VA Hospital, Hines, IL; Arthritis Clinic, VA Hospital, Kansas City, MO; Diabetes Clinic, VA Hospital, Pittsburgh, PA; and Hypertension Clinic, VA Hospital, Birmingham, AL. Many other hospitals and clinics are using clinical nurse specialists and nurse practitioners in the Evaluation and Emergency Treatment Clinics, as well as in the scheduled specialty clinic activities.

Outpatient Dental Services - Nearly a quarter of a million veterans applied for outpatient dental benefits in FY 1975. The figure exceeded by 20,000 the applications received the previous fiscal year. Two-thirds of this number represent initial applications from Vietnam era veterans who have applied within one year of their military discharge and whose eligibility for treatment is generally limited to a one-time basis. A substantial portion of the number were authorized treatment from their hometown dental practioners under the fee dental program.

The trend toward a higher percent of repeat treatments for service-connected dental conditions continued in FY 1975. Veterans seeking repeat treatments comprised 35 percent of the applications, compared to 32 percent in FY 1974, and 25 percent in FY 1973. Monitoring of the outpatient fee dental program remained a major concern of the Office of Dentistry whose responsibility it is to assure workloads are contained and timely funding is provided for treatment authorizations. The total outpatient treatment cases completed by VA dental staffs increased by 5 percent over FY 1974.

Emergency Medical Services - During FY 1975. seven VA hospitals were selected to be sites for an Emergency Medical Services (EMS) demonstration program, and selection of one additional site was pending at the end of the year. Funds were awarded for additional personnel, equipment and some minor construction. The EMS program includes improved emergency units within hospitals. more extensive training of physicians, nurses and other allied health personnel in emergency medical skills, and the upgrading of emergency medical communications. Standards for ambulances and emergency medical technicians have been established for all VA hospitals and clinics. System-wide upgrading of all VA emergency services will begin after assessment of the new demonstration services.

Automated Scheduling System - Faced with an expanding workload, VA's Department of Medicine and Surgery recognized an increasingly urgent need to apply modern technology to data handling and communications. The two functions identified as being most critically in need of improvement were the scheduling of ambulatory care patients for clinic visits and the retrieval of records from files storage. In March 1973 a feasibility study of an automated Outpatient Scheduling System was initiated. The VA Hospital, Boston, MA, was selected for the project site because of its relatively small outpatient workload and the existence of a computer supporting an Automated Laboratory System which could also be used for the Outpatient Scheduling System.

The study of the Boston project determined that the automated system was cost effective. More than 130,600 outpatient visits for former

inpatients of the hospital were scheduled by the computer during FY 1975. The system is providing better service to veterans, improving the use of physician's time, distributing the flow of patients evenly, reducing the amount of waiting space required, and resulting in better utilization of available parking facilities. Also, prior to the installation of the centralized scheduling system, approximately 25 percent of the charts needed for a clinic had not been found by the time the clinic met; currently, approximately 95 percent of the charts are in the clinic area at the time the clinic meets.

The scheduling system developed at the VA hospital in Boston will be programmed for inclusion in those VA Automated Laboratory Systems which use Honeywell computers. This will make the system available to 10 additional health care facilities. Medical Administration Service and Health Services Research and Development Service have also developed a plan to install at least three additional computerized scheduling systems to determine the best method of conducting these functions at other VA health care facilities.

Medical Care for Dependents

The new program of medical care for dependents authorized by Public Law 93-82, the Civilian Health and Medical Program of the Veterans Administration (CHAMPVA), was fully implemented during FY 1975. The law authorizes VA to furnish medical care to the spouse or child of a veteran who has a total and permanent service connected disability, and the widowed spouse or child of a veteran who died as a result of a service connected disability. Under a VA/Department of Defense agreement, arrangements have been made for coverage of these beneficiaries under the same conditions by which the Secretary of Defense provides medical care to CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) beneficiaries through civilian health care providers.

There were 80,692 approved applications for CHAMPVA benefits through June 30, 1975, representing 152,264 persons.

The accompanying table shows the number of applications for CHAMPVA benefits approved by the VA as of June 30, 1975:

Applications approved	•	•	•	•	•	•	٠	•	•	٠	80,692
Beneficiaries-Total											152,264

Wives .								. 51,873
Husbands								. 25,288
Widows								149
Widowers								18
Daughters								36,324
Sons								38,612

During FY 1975, almost \$17.5 million was disbursed by CHAMPUS for claims approved for medical services provided to CHAMPVA beneficiaries.

The accompanying data shows the nature of the costs to the VA and workloads for CHAMPVA for FY 1975. These items exclude medical services furnished but not invoiced during the fiscal year.

Total cost of health services to VA \$17,428,679

Hospital charges

Cost						\$1	0	,253,491
Claims								19,656
Patient days .								150,851
Per diem cost								\$67.97
Cost per claim								\$521.65

Physician charges for inpatient care

Cost										- 1	\$3	,413,747
Claims												27,042
Cost pe	r	cl	ai	m								\$126.24

Physician outpatient care

Cost .										\$2	,C	76	38,	37
Visits											1	28	3,70)3
Claims												47	,25	55
Cost per	٢V	isi	t									\$1	6.1	4
Cost per	· c	lai	m									\$4	3.9	95
Visits pe	er	cla	air	n									2	.7

Prescriptions

Cost				\$806,214
Prescriptions				. 243,932
Claims				. 25,970
Cost per prescription				\$3.31
Cost per claim				. \$31.04
Prescriptions per claim				9.4

Dental

Cost .									\$30,156
Claims									145

Cost per claim	. \$207.97
Contractors' administrative cost	\$710,785
Advances on future billings	\$137,399

PATIENT CHARACTERISTICS

The demographic and medical characteristics of VA patients continue to change because of the influx of younger Vietnam era veterans and increases in the number of aged veterans.

Discharges¹

Age - During FY 1975 there was a further increase in the number of veterans 65 years of age or older discharged after care in VA hospitals. About 19.5 percent, or 173,000 of the 883,350 discharges were in this age group. Veterans with mental disorders comprised the youngest group of patients discharged with an average age of 44.2 years, and patients with neoplasms comprised the oldest group of patients discharged with an average age of 59.9 years. The age distribution of the FY 1975 hospital discharges was as follows:

Age Group	Number of Discharges (thousands)	Percent
Total	883	100.0
Under 25 25 – 34 35 – 44 45 – 54 55 – 64 65 and over	43 100 97 247 223 173	4.9 11.4 11.0 28.0 25.2 19.5

Service Connection - Almost one-half of 883,350 patients discharged in FY 1975 either had a service connected condition, or were receiving a pension as shown in the following table. Almost 192,000 discharges were reported among the approximately 1.1 million veterans on the VA pension rolls.

Service Connection Status	Number	Percent
Total discharges	883,350	100.0
Veterans with service connection or		
receiving pension	417,841	47.3
Service connected	108,497	12.3
Service connected veterans receiving		
care for a non-service connected		}
condition	117,625	13.3
Veterans on VA pension rolls	191,719	21.7
Veterans with no service connection or		
pension	456,227	51.7
Non-veterans	9,282	1.0

Diagnosis ² - The five diagnostic categories most frequently encountered as a principal diagnosis during FY 1975 are reported in the accompanying table. This table shows that about one-fourth of all VA hospital discharges are for mental disorders, including alcoholism and drug addiction. In addition, this table shows that, in general, the number of discharges for neoplasms and respiratory diseases increases with age up to 65 years of age, after which the effect of the decreasing population size contributes to the decrease in the number of discharges. The five most frequently encountered diagnostic categories identified in the accompanying table account for over 60 percent of all discharges.

	1	Age Distribution											
Principal Diagnostic Category HCDAI	Total Discharges	Under 35	35 44	45 54	55 64	65 /4	75 and over						
Total	883,350	143,254	97,262	246,989	223,330	75,197	97,318						
Mental Disorders ¹ Circulatory Digestive	218,039 132,245	64,549 4,241	37,910 8,722	65,926 36,823	35,355 42,590	7.249 15.949	7,050 23,920						
Neoplasms Respiratory All Other	83.825 74.385 58.626 316.230	10.294 3.421 5,510 55.239	9,394 3.584 3,608 34,044	26,309 17,392 13,870 86,669	22,995 24,952 18,378 79,060	7,013 10,910 7,449 26,627	7,820 14 126 9,811 34 591						

¹ Includes psychoses, psychoneuroses, elcoholism and drug addiction

Length of Stay - During FY 1975 the average length of stay of VA patients declined for the eighth consecutive year. The 883,350 discharges had accumulated almost 32 million days of care, or an average of 36.5 days per discharge. The decrease in the overall stay is a reflection of continued decline in almost all categories of patients - by diagnosis and by age.

One factor contributing heavily to the overall average length of stay figures is the long institu-

¹ All discharge data in this section excludes approximately 145,000 1-day hemodialysis patients. The data is taken from the computerized Patient Treatment File, which is closed 45 days after the end of the fiscal year. For this reason it may not correspond exactly with data derived from other statistical systems.

² In the VA system, the definition of principal and associated diagnoses are as follows: Principal Diagnosis is that diagnosis designated by the discharging physician as responsible for the major portion of the patient's length of stay. Associated Diagnoses are all other treated diagnoses designated by the discharging physician up to the time of the patient's discharge.

tional stay of psychotic patients. However, a downward trend has been observed in the length of stay of recently discharged psychotic patients. Thus, the length of stay of such patients declined from 178.6 days in FY 1974 to 159.0 days in FY 1975, or by 19.6 days.

The average length of stay of general medical and surgical patients, who comprised 68 percent of all the FY 1975 discharges, has also declined, from 21.8 days in FY 1974 to 20.9 days in FY 1975.

The average stay of general medical and surgical patients in VA hospitals is longer than the average for patients in voluntary hospitals. There are two main reasons for this:

The average length of stay of VA patients is influenced by a small proportion of patients who receive a high proportion of the days of care. In a recent study, it was shown that the first 84 percent of the general medical and surgical patient discharges (all patient discharges except those with primary diagnoses in the classes of tuberculosis, psychiatry and neurology) from VA hospitals during a year accounted for only 38 percent of the days of care. The remaining 16 percent consumed 62 percent of the days of care. The average length of stay of the 84 percent was 9.5 days - the same as for male non-veterans in voluntary hospitals (according to the National Health Interview Survey). However, the average length of stay of the 16 percent alone was 80.7 days, bringing the combined average length of stay to 20.9 days.

The other reason involves VA's practice of granting "authorized absences" to hospitalized patients. Authorized absences of 96 hours or less, referred to as "pass," are being included in the computation of the length of stay. Recently, some 30 VA general and psychiatric hospitals simulated the practice of excluding such days of absence from the computation of the length of stay, i.e., patients beginning their pass were considered as discharges and at the time their pass terminated as readmissions. The results showed that the stay on surgical bed sections would be 24 percent less than demonstrated by the current method, and the stay on medical bed sections (excluding 1-day dialysis) would decrease by 25 percent.

Disposition Status - Of the 883, 350 patients discharged from hospital care in FY 1975, 731,951 (82.9 percent) returned to the community. Of those who returned to the community, about 57.5 percent continued as VA outpatients. Of the total discharged from VA hospitals during

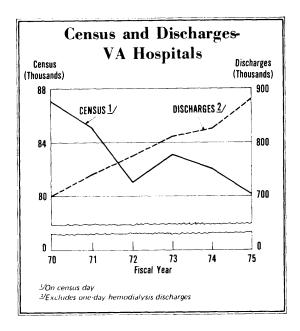
FY 1975, only 26,991, or 3.1 percent, went on to further care in VA domiciliaries or in nursing homes, either in the VA system or in the community at VA expense.

The accompanying table shows the distribution of discharges from VA hospitals in FY 1975 by the manner of disposition.

Manner of Disposition	Number	Percent of Total
Total	883,350	100.0
To outpatient care To home - no further care Irregular, refuse care, neglect	507,602 224,349	57.5 25.4
or obstruct treatment, AWOL, regulatory offense, etc. Deaths	46,491 43,386	5.3 4.9
Transferred to another VA hospital for care To nursing home care at VA or	29,534	3.3
in community To VA domiciliary care	18,412 8,579	2.1 1.0
Release of committed or institutional award cases for trial in community	4,997	0.5

Census

The annual VA hospital census taken on October 2, 1974, was based on a 20 percent sample of the VA hospital population. On this day, there



were 80,715 patients in VA hospitals, 1,770 fewer than on October 3, 1973. This decrease represents a continuation of the general decline in patient population as shown in the accompanying table. The decline in number of patients present on the census day has, however, been accompanied by significant increases in the number of patients admitted and discharged. The total number of discharges in FY 1975 was 883,350, about 7 percent greater than the number of discharges in FY 1974. The trend in patient population and number of discharges is shown in the accompanying chart.

Average Age - The average age of the 80,715 VA patients in VA hospitals on October 2, 1974, was 54.5 years. For the past ten years the average age of patients in the annual census has remained within a relatively narrow range - from 53.6 years to 54.5 years.

Older Veterans - The number of inpatients 65 years of age or older in VA facilities or in other facilities under VA auspices has increased 4.6 percent since 1970, while the total number of all inpatients has remained about the same. Significant increases in the number of inpatients 65 years of age or older occurred in four extended care programs: Community Nursing Home Care (80.4 percent), State Home Nursing Care (48.5 percent), VA Nursing Home Care (43.8 percent), and State Home Hospitals (32.1 percent). These increases are commensurate with the increased availability of beds for these programs.

Of all VA inpatients under care on October 2, 1974, approximately 32 percent (36,500) were 65 years of age or older. Compared to the census day in 1970, this represents a 5.6 percent increase in the proportion of older patients receiving health care by the VA. Almost 50 percent of these older veterans are receiving extended care.

Service Connection - Nineteen percent of the 80,715 veterans in VA hospitals on October 2, 1974, were being treated for service connected disabilities. Another 11 percent with service connected disabilities were under treatment for a non-service connected condition, making a total of 30 percent of the hospitalized veterans who had a service connected disability. The remaining 70 percent were veterans with non-service connected conditions (40 percent of whom were receiving a VA pension). A small but constant decline in the proportion of veterans with service connected

disabilities has been reflected in the annual hospital censuses since 1969.

Period of Service - In the census of patients in 1969 Vietnam era veterans comprised 6 percent of the patients in VA hospitals; 6 years later, on October 2, 1974, they constituted 12 percent. The proportion which World War II veterans comprise of the hospital population, 55 percent, has been maintained since 1969, although the World War II veteran population decreased from 14.5 million in 1969 to 13.6 million in 1974.

Diagnosis - The diagnostic categories estimated from the October 2, 1974 sample census are shown in the accompanying table. The data indicate that relatively few general medical and surgical patients remaining in the hospital are youthful - only 14 percent are under 45 years of

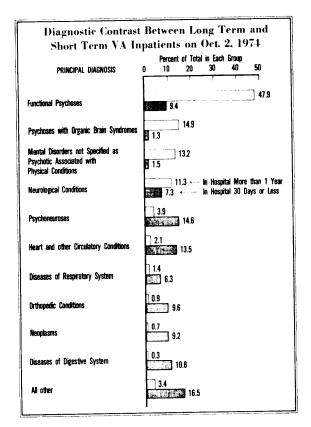
		Age Distribution									
Principat Diagnosis	Total	Under 45	45-54	55-64	65 and over						
Total	80,715	18,429	23,689	19,383	19,216						
General medical &]						
surgical	34,573	4,945	9,793	10,000	9,835						
Psychoses	22,898	7,413	6,983	4,363	4,139						
Other psychiatric	14,694	4,434	4,443	2,829	2,988						
Neurological	7,616	1,529	2,111	1,903	2,073						
Tuberculosis	936	108	359	288	181						

age. For psychoses, on the other hand, there is a tendency for patients to be young - 32 percent are under 45 years of age. The age distributions for tubercular and neurological patients are not heavily skewed toward youth or old age.

C		Psychotic Patients						
Census Date	Total	Number	Percent of Total					
Oct 2, 1974	80,715	22,898	28.4					
Oct 3, 1973	82,485	24,206	29.3					
Oct 18, 1972	83,425	24,935	29.9					
Oct 20, 1971	81,150	26,227	32.3					
Oct 14, 1970	85,550	28,563	33.4					
Oct 15, 1969	87,545	30,412	34.7					

Although psychotic patients in VA hospitals still constitute almost a third of the total patient census, their number as well as their proportion of all patients has been declining since 1969. In that year, 35 percent of the 87,545 patients in the patient census were psychotic. According to the

1974 census, only 28 percent of the census of 80,715 were similarly diagnosed. This trend reflects VA's efforts to place the psychotic patient into some environment other than the hospitals if doing so is to his benefit.



Attained Stay - Veterans hospitalized for psychotic conditions had the longest attained stay, or "hospital age," on the October 2, 1974 census day. About 67 percent of the patients hospitalized on the census day had been inpatients 90 days or more, and 10.5 percent had been in the hospital for 20 or more years. The number and proportion of veterans hospitalized for 20 or more years has been decreasing, a reflection of VA's efforts to return patients to community living if medically feasible and practicable.

On the 1974 census day, 88 percent of the general medical and surgical patients had less than 90 days of hospital stay, while six years ago (1969) 81 percent had a similar attained stay. This is consistent with the decreasing duration of stay for general medical and surgical patients.

SERVICES PROVIDED

Specialized Medical Services

Twenty-two different types of "specialized medical services" were available at VA health care facilities during FY 1975. At the end of the year, there were 1,170 separate units in operation. As shown in the accompanying table, this represents an increase of 774 units during the past 6 years.

These figures do not include VA's mental hygiene clinics, day hospitals and day centers, which were previously funded under the specialized medical services program and are now funded under the outpatient services program, or other special categories formerly tabulated under this program.

Specialized Medical Services

		No.	in Operatio	n on June 3	0 of Each Y	ear	
Түре	1969	1970	1971	1972	1973	1974	1975
Alcohol Treatment Units	29	32	37	41	65	71	71
Blind Clinics		1	1	3	3	4	5
Blind Rehabilitation Centers	2	3	3	3	3	3	3
Cardiac Catheterization Laboratories	51	53	56	57	65	65	67
Drug Dependence Treatment Centers			6	32	43	44	491
Electron Microscopy Units	15	22	24	29	41	41	42
Epilepsy Centers	1 -	1	1	3	5	5	7
Hemodialysis Units	30	32	35	42	46	49	51
Home Dialysis			-	33	47	49	50
Satellite (Self) Dialysis	-	-	1	7	25	25	74 ²
Hospital-Based Home Care	-	1	-	6	16	31	31
Intensive/Coronary Care Units		1					
No. of Hospitals	64	81	89	99	125	125	140
No. of Beds	(629)	(1,126)	(1,306)	(1,489)	(1,866)	(1,866)	(2,056)
Nuclear Medicine Units	79	84	84	93	109	109	123
Prosthetic Treatment Centers	5	5	16	18	20	20	20
Pulmonary Function Laboratories	85	94	97	112	136	137	145
Renal Transplantation Centers	5	5	5	12	12	12	16 ³
Respiratory Care Centers	68	70	74	93	117	117	129
Specialized Diagnostic and Treatment Units	_		-	-	4	5	10
Speech Pathology Units	54	62	64	72	85	86	89
Spinal Cord Injury Centers	8	10	12	14	15	17	18
Stereotactic Brain Surgery Centers	_	2	3	5	5	5	5
Supervoltage Therapy Units	16	19	20	23	23	23	25
Total	511	576	628	797	1,010	1,043	1,170

No FY 1975 activations, centen consisting of more than one health care facility are now counted separately. Count includes limited care units where hemoduly is units already exist. No FY 1975 activations, (our VA hospitals with result standardston services were designated as centers.

Medicine

During FY 1975, VA's Medical Services continued to upgrade the quality of care to our nation's veterans.

Intensive Care Units - The expansion of the Intensive Care Unit (ICU) and Coronary Care Unit (CCU) program was completed during FY 1975. On June 30, 1975, a total of 2,056 such beds were in operation at 140 VA hospitals, including beds in General Purpose Intensive Care Units located at less active hospitals. Approximately 289,000 days of patient care were given in VA Intensive and Coronary Care Units in FY 1975.

Intensive Care and Coronary Care Units are constructed to provide continuous automatic monitoring of heart rate and rhythm, and the capability for monitoring other parameters, such as respiration, blood pressure and temperature. The units also provide for direct patient observation from the nursing station.

Special equipment is provided for patient capacity and comfort and for all types of resuscitation functions. This equipment is upgraded as often as necessary to assure the utilization of the most modern models. Since much of the equipment is operated electrically, special grounding arrangements are built in and frequently tested for electrical capacity.



Intensive Care Unit Console

Intensive Care Units and Coronary Care Units are staffed with specially trained nurses and

nursing assistants and served by physicians qualified in subspecialties of medicine. All units are staffed at a higher per patient level than the usual wards and are so manned on a 24 hour basis. Patients are assigned to ICU and CCU beds for whatever time is considered necessary by the staff, and are then transferred to regular wards for further treatment.

Specialized Diagnostic and Treatment Units-The Specialized Diagnostic and Treatment Unit program was begun in 1973 to improve care by providing additional hospital resources to facilitate complicated diagnostic and therapeutic procedures. Patients are accepted from the various bed services for that portion of their overall care which requires such close monitoring. During FY 1975, an additional five units were activated increasing the total number to 10.

Cardiac Catheterization Laboratories - The Cardiac Catheterization Laboratories help to provide detailed anatomic and physiologic diagnoses of cardiovascular disease. Currently, 67 Cardiac Catheterization Laboratories have been activated in the VA system. There were approximately 73,740 procedures performed in VA Cardiac Catheterization Laboratories during FY 1975.

Respiratory Care Units and Pulmonary Function Laboratories - During FY 1975, there were 145 Pulmonary Function Laboratories in operation. These laboratories support the care programs for patients with respiratory diseases by providing ongoing capability for tests (pulmonary function tests, blood pH, blood gas determinations) needed in diagnosis and in the evaluation of treatment.

At the end of the fiscal year, the VA was also operating 129 Respiratory Care Centers. These Centers are designed to treat pulmonary in-



Patient Receiving Inhalation Therapy

sufficiency, most commonly due to pulmonary emphysema. In the near future, Respiratory Care Centers will be established in almost all VA hospitals. Up to 10 percent of the beds in these centers are planned to have monitoring capability. About 984,000 patient days of this type of care were provided by the VA during FY 1975.

Hypertension Screening and Treatment Program - Development and activation of VA's Hypertension Screening and Treatment Program continued into its fourth year. Eight hospitals will be added in FY 1976 to the 24 programs already operational. Approximately 230,000 veterans have been screened, 32 percent of whom were found to be hypertensive. Primary care provided by allied health professionals comprise 85 percent of the patient treatment visits.

Dialysis Program - Expansion of the VA Dialysis Program continued during FY 1975 in order to meet the needs of the increasing number of patients requiring such care to sustain life. Two additional Hemodialysis Centers were added, bringing the total to 51. Approximately 1,150 patients are treated in VA's Hemodialysis Centers. The centers also offer limited or self care programs which enable suitable patients to actively dialyze themselves with minimal staff assistance. In addition the centers provide training and support for those patients able to continue their maintenance dialysis at home or in a limited or self care setting in a medical facility. Approximately 1,000 patients are presently dialysing at home, a modality which may offer greater rehabilitation potential as well as lower cost. The VA also has 24 smaller "satellite" dialysis units located at other VA facilities which care for approximately 130 patients. The Veterans Administration continues to support studies on dialysis therapy including chronic peritoneal dialysis care using automated equipment.

Sickle Cell Screening¹ - The VA sickle cell screening, education and counseling program was largely concerned during FY 1975 with consolidation of the program in 16 existing hospitals (Brooklyn, NY, Birmingham, AL, San Francisco, CA, Dallas, TX, East Orange, NJ, Buffalo, NY, Washington, DC, Tuskegee, AL, Detroit, MI, Memphis, TN, Hines, IL, Little Rock, AR, St. Louis, MO, Chicago, IL, Jackson, MS, and Cleve-

land, OH), and the establishment of new programs in seven additional hospitals (Los Angeles, CA, Richmond, VA, Louisville, KY, San Juan, PR, Houston, TX, New Orleans, LA, and Augusta, GA). This brings to 23 the number of participating hospitals. In total, 24,847 patients were screened, 7,482 attended educational sessions, and 1,488 were counseled, including 139 spouses.

A meeting of the directors of each of the sickle cell programs was held in Atlantic City on May 3, 1975, with experts on sickle cell anemia from VA Central Office participating. The program directors presented personal experiences and problems relative to operations at their own hospitals.

The counselors of each of the sickle cell programs met for a day and a half session in Detroit in February 1975. Counselors from five hospitals which activated sickle cell screening and counseling programs in the spring of 1975 later had an intensive three-day indoctrination at the Sickle Cell Center in Detroit.

Questionaires are being developed to evaluate the educational impact of education and counseling sessions on patients, both immediately after the sessions and at a later date. These will be reviewed by the members of the Executive Committee of the Sickle Cell Screening, Education and Counseling Program.

One of the outgrowths of the sickle cell screening program is a pilot study at the VA Hospital, Brooklyn, NY, for the thalassemia trait. It appears that about 23 percent of all patients with hypochromic, microcytic anemia, with a maximum corpuscular volume of less than $73\mu^3$ have the thalassemia trait. This figure coincides with a study in a population of Greek origin in New Haven, CT, about 2 years ago. The VA Hospital, Buffalo, NY, plans a similar study. The need for a program in thalassemia in the VA similar to the sickle cell study is under consideration.

Another program instituted at the VA Hospital, Birmingham, AL, is funduscopic and slip lamp examinations in all patients with the sickle cell trait or allied disorders. It is too early to know whether any pathological changes are present.

Other subjects under consideration as outgrowths of the sickle cell study are the mechanisms behind "mild" homozygeous sickle cell disease; evaluation of renal function in sickle cell trait, especially in those patients with a history of hematuria; and frequency of bone changes as

¹This information is included in compliance with section 654, Title 38, U.S.C.

demonstrated on x-ray in cases of sickle cell trait.

The sickle cell exhibits developed at VA's Central Office and the VA Hospital, Brooklyn, NY, have been on rotational loan around the country, and are shown at individual VA institutions for 2-month periods. The exhibits have also been shown at several professional meetings. Posters and educational pamphlets have been developed and are in constant use and on exhibit.

Surgery

During the year, the VA remained the largest single provider of surgical care in the United States, operating 19,733 acute surgical beds. Although this number is essentially the same as that in FY 1974, more surgical patients were cared for in FY 1975. Also, while only 13 percent of all VA physicians are surgeons, they accounted for 30 percent of the discharges from all VA hospital beds in FY 1975,

VA surgery has advanced to the forefront of this discipline of medicine, and has contributed significantly to the development of new techniques and the improvement of patient care through continuing research. Surgeons are employed only if they are certified or qualified by the American Surgical Board in their respective specialties, a major reason for the high caliber of surgery in the VA. Three VA surgeons became chairmen of university departments of surgery during FY 1975, and at the beginning of the year a permanent Director of VA's Surgical Service was appointed.

Considerable study is being given to regionalization and sharing of specialized surgical programs among neighboring VA facilities. Preliminary steps have been taken in some localities. Modernization of space and design criteria for surgical areas in VA hospitals, initiated in FY 1974, is now being completed. An extensive study of surgical intensive care units throughout the system was made in FY 1975, and the optimum number of such specialized beds was determined for every VA hospital. The computerized reporting of surgical operations, by hospital and throughout the system, was refined during FY 1975.

As a result of Public Law 93-82, the Office of Director of Optometry was established within VA's Department of Medicine and Surgery and assigned to the Surgical Service.

Open Heart Surgery - The open heart surgery program continued to increase in volume, while

improving in quality of service and administrative organization. Consolidation and regionalization of cardiac surgery centers was defined as a significant program objective. This will maximize efficiency of the centers, and allow for optimum geographic availability to veterans requiring cardiac surgery. The VA cooperative study on vein by-pass grafting of occluded coronary arteries, completed during FY 1974, was taken under review during FY 1975. The results of the study are expected to provide a definitive evaluation of this operation. A similar study is now underway in patients with unstable ("pre-infarction") angina pectoris.

Renal Transplanation - The volume of renal transplantation procedures in the VA continues to increase. In the first half of calendar year 1975, approximately one-fifth (383) of all renal transplants performed in the United States were carried out in 28 VA hospitals. About 1,150 veterans currently on hemodialysis are considered candidates for kidney transplants; not all will receive transplants, however, because of a nationwide shortage of kidney donors. Hopefully, organ donations will become more common in the next few years. In the meantime, existing kidney transplant programs in the VA are being consolidated, persistently low-volume programs are being phased out, and a few new programs may be initiated in order to maintain reasonable geographic availability. It is anticipated that when kidney donors become adequate in number, transplant programs will be required at 36 VA hospitals to perform a minimum of 35 procedures annually. In addition to renal transplantation, the VA is in the forefront of investigating transplantation of other organs.

Other Types of Surgery - The large volume of total hip and knee replacements, involving an artificial type of internal joint far superior to all other artificial joints previously used, continued in approximately 70 VA hospitals. This procedure restores almost normal joint function in patients, particularly the elderly, with crippling arthritis, complicated fractures involving the major joints, and various other disabling joint disorders. In FY 1974, a VA hospital pioneered in total shoulder joint replacement, and in FY 1975, total wrist joint and ankle joint replacement were first performed in two VA hospitals respectively. The VA is keeping pace with the rest of the country in the selective use of other types of implant devices which have recently been introduced. VA has representation in the new medical devices program of the Food and Drug Administration (FDA).

Microsurgery continues to expand in VA hospitals in the areas of eye, ear, vascular and neurosurgery. A workshop on methods of education in microsurgery has been planned for FY 1976. Audio-visual teaching techniques have recently become more sophisticated and some unique applications of these techniques are being investigated in a few VA hospitals.

Chemonucleolysis, which consists of injection of an enzyme into herniated vertebral discs causing their dissolution and thereby avoiding surgery for this disorder, is in the investigational phase under FDA licensure and control. Surgeons at two VA hospitals are participating in the national investigation of chemonucleolysis and, in the process, acquiring expertise in this new modality of treatment.

Prosthetic and Sensory Aids - The need for prosthetic services has been increasing dramatically, requiring additional manpower, facilities and funding to support the expanding activities. In FY 1975, VA provided approximately 800,000 prosthetic services for disabled veterans; more than 30,000 of these services were for Vietnam era veterans. The cost of new appliances and repairs in FY 1975 was almost \$34 million, an increase of 18 percent over the previous year.

The VA Prosthetics Research and Development and Prosthetics Patient Care Programs are closely integrated to assure the dynamic application of the results of prosthetics research to patient care. Systematic educational efforts are made to assure that research developments are quickly and effectively moved from research programs to patient care. Centrally directed educational and training programs, supplemented by widespread



VA Surgeons Utilizing Operating Room Microscope as They Perform a Radical Mastoidectomy

dissemination of information in a variety of ways, are used to achieve this objective.



Training in the Use of a Prosthesis

The VA Qualification Program for Prosthetists which became effective on March 1, 1973, is proving highly successful. Commercial prosthetists who supply limbs for VA beneficiaries must meet certain standards of competence in order to achieve the designation of VA-qualified prosthetists. To date, 818 prosthetists, employed in 442 commercial limb facilities, have demonstrated the level of competence required for VA qualification.

Two more issues of the Bulletin of Prosthetics Research were published by the Research Center for Prosthetics. This publication, which is sold by the Government Printing Office and is indexed by Index Medicus, is a renowned research document both in this country and abroad. A comprehensive index to the first 20 issues was published in the 21st issue (BPR 10-21 Spring 1974). The 22nd issue (BPR 10-22 Fall 1974) was devoted to a conference of VA Researchers in Prosthetics, Orthotics, and Sensory Aids.

The Prosthetics Reference Collection at the Research Center for Prosthetics has been reorganized and expanded in order to provide better

service to researchers and clinicians. The collection now includes video tape cassettes which are available on a loan basis to VA personnel and the general public.

Neurology

Multiple Sclerosis - Multiple sclerosis remains a growing area of attention for VA neurologists. During FY 1975, 2,180 veterans were discharged from VA hospitals with a principal diagnosis of multiple sclerosis, and on the October 2, 1974 inpatient census, there were 542 patients in the VA hospital system with a principal diagnosis of multiple sclerosis. VA neurologists are studying all aspects of multiple sclerosis, for which, to date, no completely satisfactory treatment for amelioration, much less cure, has been discovered. Because its etiology and pathogenesis remain unknown, therapeutic attempts have been empiric and often unscientific. For this reason, a program of multiple sclerosis therapy evaluation on a controlled basis is planned. The intent is to evaluate objectively treatment programs that are purported as being useful, using carefully controlled and, where possible, double-blind studies. Patients receiving the experimental therapy will be under the critical observation of neurologists who are thoroughly familiar with the many facets of the disease.

Epidemiological evidence suggests that multiple sclerosis may be an acquired, possibly infectious, disease, and the role of slow and latent viruses is being considered. Immunological studies are being carried out in patients suspected of having multiple sclerosis at the VA Hospital, East Orange, NJ, and the VA Wadsworth Hospital Center, Los Angeles, CA, and their application being emphasized at the VA Hospital, West Haven, CT. The members of the staff of the Neurovirology Laboratory at the VA Hospital, San Francisco, CA, are focusing their attention on viruses affecting nervous system tissue in a manner which hopefully could lead to an important breakthrough. There is close, ongoing collaboration among these several laboratories.

Although multiple sclerosis is the principal target of the immunological and virological studies that are being carried out, the work being done at the VA Hospital, San Francisco, CA, may be of special relevance in the understanding of the basic causes of other chronic neurological diseases, such as amyotrophic lateral sclerosis ("Lou Gehrig's disease"), Parkinson's disease, and hydrocephalus.

A discovery reported this year by the

Neurology Service of the VA Hospital, Minneapolis, MN, indicates that a genetic factor, which appears to be transmitted from parent to child, has been identified in families in which individuals have developed multiple sclerosis. All individuals with multiple sclerosis in nine out of 10 families that were studied inherited this factor, while only two families of those without the disease inherited it.

Cerebrovascular Disease - Since it accounts for a high percentage of VA neurological admissions, cerebrovascular disease (stroke—cerebral thrombosis, cerebral embolus, and cerebral hemorrhage) holds special attention in the VA neurology program. Plans are being laid for strategically located Acute Stroke Care Units, where staff interest in stroke is strong. It is expected that these units will reduce mortality and further morbidity from stroke and permit an improved quality of survival, as already documented by the pilot unit at the VA Hospital, West Haven, CT. They will also serve as demonstration and training units for personnel from neighboring hospitals.

Epilepsy Centers - Epilepsy care continued to receive high priority during FY 1975. Two specialized Epilepsy Centers were activated and there are now seven centers in operation, providing highly sophisticated observation, diagnosis, and treatment for epileptic patients with seizure disorders that are difficult to control. These are located at the VA Hospitals, West Haven, CT, Durham, NC, Madison, WI, Minneapolis, MN, Omaha, NE, Dallas, TX, and Seattle, WA. The centers provide a type of documented observation not ordinarily available. Split-screen video tape recording devices enable the simultaneous recording of the electroencephalogram and the patient as he is having a seizure, and telemetry electroencephalographic equipment enables a patient with a seizure disorder to be free to move about the Epilepsy Center. Gas chromatography, analytic chemistry technique, enables physicians at the centers to determine the blood levels of anticonvulsant medications, thereby providing knowledge of the individual's absorption, elimination, and dose requirement of medication. This permits better control of seizures.

Mental Health and Behavioral Sciences

In the area of mental health and behavioral sciences, VA has currently 24 designated psychia-

tric hospitals, 96 general hospitals with psychiatric services, 86 mental hygiene clinics, 51 day treatment facilities, 38 day hospitals, 71 alcoholism treatment units, and 49 drug dependence treatment facilities. The delivery of mental health services and diversity of treatment modalities in these facilities utilizes the collective skills of a multidisciplinary treatment team which includes psychiatrists, psychologists, nurses, social workers, rehabilitation specialists, and other mental health personnel. On any given day, almost 26,000 psychiatric inpatients are receiving comprehensive mental health services, including traditional psychotherapies; group, individual and family therapy; chemotherapy; and treatment in special programs, such as behavior modification, token economy, social incentive work programs, therapeutic communities, and programs for vocational educational appraisal or training. Special outreach programs have been placed into effect in an attempt to bring veterans suffering from alcoholism and drug addiction into treatment. Goals of treatment have been established and relate to restoring the patient to the highest possible functional capacity and independence.

The trends in inpatient psychiatry, shown in the accompanying table, reflect the shift in emphasis towards increasing the number of patients treated while decreasing the number of psychiatric beds.

	Psychiatric Inpatients											
	To	tal	Psych Hosp		General Hospitals							
Item	FY 1975	FY 1967	FY 1975	FY 1967	FY 1975	FY 1967						
Operating beds at end			.0.750	47.750	16.474	6 595						
of fiscal year Average daily census	29,827 26,059	54,345 51.667	13,353	45.726	114.154	5.941						
Admissions	154,435	71,076	43,661	42,159	110,774	28,197						
Average monthly turnover rates Patients treated	51.8 188,268	12.7 142,471	34.0 60,667	9.2 106,245	66.8 127,601	40.0 36,226						

Eliven VA hospitals identified as psychiatric in FY 1967 were redesignated in the interval to general hospitals

During the year, special conferences were held for teams composed of key professional personnel from VA hospitals to study and discuss policies and guidelines relating to multidisciplinary approaches to patient care, education and research, and to develop more effective ways of working together to serve better the patients' needs. Team visits to numerous facilities served as models to stress the need for a multidisciplinary involvement in mental health problems.

Related to the multidisciplinary approach is the emphasis given to mental health efforts within VA's medical districts. Mental health committees

and task forces have been implemented in some districts not only to minimize duplication of effort but more importantly to assure than each patient with psychiatric problems has access to all available treatment and rehabilitative approaches and programs.

The evaluation 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 treatment responsibilities.

Mental Hygiene Clinics, Day Hospitals and Day Treatment Centers - Emphasis during the year remained on rapid intensive treatment with shorter periods of hospital stay, and continuing treatment as necessary on an outpatient basis. The VA has increased its commitment to various kinds of outpatient facilities. Treatment alternatives to hospitalization for psychiatric patients include three outpatient programs: mental hygiene clinics, day hospitals, and day treatment centers. VA operates 86 mental hygiene clinics, four of which were activated during the past year. Funding has been approved for an additional 32 clinics. The mental hygiene clinics serve the basic outpatient needs of veterans requiring any of the modalities of modern psychiatric treatment short of hospitalization. All forms of mental illness are treated, from the psychoneurotic or anxiety states to the stabilized psychiatric condition. Day Treatment Centers operate 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. These centers provide continuing treatment to about 2,000 long-term psychiatric veterans on any given day. Day Hospital programs provide intensive treatment for veterans with more acute psychiatric conditions on a day basis, which permits the patient to live in the community and retain interpersonal contacts with family and friends. These day hospital programs provided treatment to 5,217 patients in FY 1975, and the number of patient visits was 153,775. The psychiatric ambulatory care program reflects the philosophy of early short-term treatment on an ambulatory basis as the treatment of choice. Such programs provide a broad array of comprehensive psychiatric services so that quality treatment can be given without undue separation of the veteran from his family, job, and community.

Alcohol and Drug Dependence - VA alcohol

and drug dependence treatment activities have escalated considerably during the past few years and continued to increase during FY 1975.

Alcohol continues to be the primary drug of abuse. During FY 1975, VA facilities admitted approximately 92,473 veterans for treatment of alcoholism. Of these, 36,416 were treated in specialized alcoholism treatment units and 56,057 were treated in other hospital-based programs. The number of veterans returning for outpatient treatment for alcoholism after discharge from the hospital increased from 45,377 in FY 1974 to 57,786 in FY 1975, or 27 percent.

For treatment of other drug abuse, the VA admitted to the program as inpatients or outpatients 24,901 veterans in FY 1975, compared to 21,083 in FY 1974. On June 30, 1975, there were 8,873 patients being treated, 1,460 of whom were inpatients and 7,413 of whom were outpatients. There were 1,065,169 outpatient visits made in FY 1975. Of all veterans admitted to VA hospitals for drug abuse treatment during the fiscal year, 42.7 percent were Vietnam era veterans. Also, of all patients treated during the fiscal year, 64.9 percent were admitted with a primary addiction to opiates or opiate-related drugs, and 13 percent with a primary problem of alcohol abuse, often with a polydrug abuse problem. The latter patients were treated by a new modality which, at 10 program locations, responds to all forms of substance abuse.

To provide service for more veterans in need of these specialized forms of treatment, a strong outreach and followup program was initiated. From September 1974 through the end of the fiscal year more than 297,798 outreach and followup contacts were accomplished. Admissions to VA facilities for drug abuse treatment are expected to continue increasing in FY 1976.

A major study to investigate the feasibility of treating alcohol and drug abusers in the same setting became fully operational during FY 1975. The evaluation plan for this project will compare treatment outcomes and effectiveness in separate alcohol or drug dependence treatment and rehabilitation settings. The results of this study may enable the VA to serve more veterans with the resources available if the traditional delineation between treatment services for alcoholism and other drug addiction is found to be nonessential or latently counter-productive.

Spinal Cord Injury

The acute and early care of the spinal cord

injured veteran received special attention during FY 1975. Greater efforts are being made to facilitate expeditious transfers of spinal cord injury patients from military and VA hospitals to VA hospitals with Spinal Cord Injury Centers. During FY 1975, there were 1,007 spinal cord injury patients admitted to VA hospitals for the first time, 449 of whom were admitted within 6 months of injury. A total of 155 spinal cord injured patients were admitted to VA Spinal Cord Injury Centers from the military during FY 1975. Of these, 28.5 percent had been injured less than 1 month, 28.5 percent between 1 to 2 months, 26 percent between 2 to 3 months, and 17 percent from 3 to 6 months.

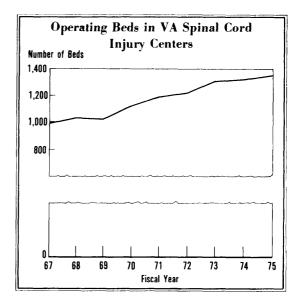
During FY 1975, the VA Hospital, Brockton, MA, activated a 60-bed Spinal Cord Injury Center, emphasizing comprehensive physical, vocational and community oriented rehabilitation. This activation increased the number of spinal cord injury beds to 1,390.

Six physicians were recruited and trained during FY 1975, and seven other physicians, already possessing special training, were added through the Spinal Cord Injury Intensive Recruitment Program. The training program for physicians in spinal traumatology at the VA Hospitals, Bronx, NY, and Long Beach, CA, was expanded to include the VA Hospital, West Roxbury, MA.

Increasingly, the Veterans Administration's training in the management of the spinal cord injury patient involves medical and allied health professionals in the private sector. A 4-day clinical conference held in Palo Alto, CA, in April attracted 137 VA and 164 non-VA participants. The conference focused on the need for comprehensive care of patients with spinal cord injuries, including acute care, intensive rehabilitation, and transitional living.

During FY 1975, continued rehabilitation through the Spinal Cord Injury Home Care Unit program was expanded to include the Spinal Cord Injury Centers at the VA Hospitals, Memphis, TN, Hines, IL, Palo Alto, CA, Wood, WI, and West Roxbury, MA. This brought the total number of such programs in the VA to nine. Earlier activations were at the VA Hospitals, Long Beach, CA, Richmond, VA, Bronx, NY, and Castle Point, NY. These programs have been exceptionally productive in the outplacement of spinal cord injury patients with difficult problems and special needs. Ninety-nine patients were outplaced to the Spinal Cord Injury Home Care Unit Program

during FY 1975.



Rehabilitation Medicine

VA's Rehabilitation Medicine Service (RMS) concentrated its efforts during FY 1975 on consolidating programs developed the previous year, with major emphasis placed on cardio-pulmonary conditions and arthritis.

Geriatric care has been one of the primary interests of rehabilitation medicine. In recognition of the growing number of older veterans needing medical care and/or general nursing care, there has been an increasing focus on intensive rehabilitation centers. For example, the VA hospital at Fort Howard, MD, has been designated as a Rehabilitation Hospital and will specialize in patients needing long-term rehabilitation. RMS has also been a major resource in VA's domiciliary program.

Development and improvement of rehabilitation techniques through a multidisciplinary approach was continued. Workshops and conferences reflected this concept, as did a trend towards moving rehabilitation staff away from clinics and into hospital wards and the community. With the expansion of community care programs, participation of these specialists on the clinical team working with patients towards outpatient rehabilitation and adjustment was considered vital.

Twelve workshops were sponsored during the year. Policies and guidelines presented at the workshops highlighted education, research, and

new approaches to patient care. In response to an increasing interest in techniques for evaluating the effectiveness of patient care, one of the workshops concentrated on the development of outcome goals for RMS. Subsequent meetings will deal with the development of other level goals.

In conjunction with plans to establish several Cardiopulmonary Rehabilitation Centers, a conference was conducted in June 1975 to discuss current trends in cardiopulmonary treatment. The 40 participants at the conference represented every specialty involved in the care of this type of patient.

Efforts were continued on behalf of patients in VA's Spinal Cord Injury Centers. RMS personnel attended a 3-day conference held in January 1975, at which the participants met with a delegation from the Paralyzed Veterans of America to discuss current treatment needs, therapeutic roles, and philosophy of care. Attempts were also advanced to determine staffing needs for this service at the various Spinal Cord Injury Centers.

Compensated Work Therapy - In a major policy development, VA determined that its Compensated Work Therapy program (Work-for-Pay) would follow the wage guidelines for sheltered workshops stated in the Fair Labor Standards Act. Although not legally required to conform to these guidelines, VA supports their philosophy and intent. Therefore, noncompensated work therapy programs have been eliminated and all patients who perform work therapy assignments in which there is economic benefit to the facility receive remuneration. In March 1975, a 3-day workshop was held for representatives of all VA Compensated Work Therapy programs, who were instructed in implementation of the new policy.

Automobiles and Driver Training for Disabled Veterans - There continues to be extensive activity in the Prosthetic and Sensory Aids program for providing automotive adaptive equipment for seriously disabled veterans entitled to this benefit under Public Law 91-666 and Public Law 93-538. Heavy emphasis was placed during FY 1975 on research and development on adaptive equipment and on the development of standards of safety and quality for adaptive equipment. Revised Federal Standards go into effect on January 1, 1976. An estimated 63,000 disabled veterans are eligible for or have received one-time VA grants towards the purchase of an automobile or other conveyance which may then be equipped with aids that

modify operating controls. These veterans have continuing eligibility for adaptive equipment for subsequent vehicles purchased by them.

Public Law 93-538, "The Disabled Veterans" and Servicemen's Automobile and Adaptive Equipment Amendment of 1974," which became effective on February 1, 1975, specifies that the Administrator of Veterans Affairs shall provide for the conduct of special driver training courses, directly or by contract in VA facilities where appropriate. Since such driver training had been provided almost universally at VA hospitals having spinal cord injury centers, rather than by the geographic distribution of veterans, it was decided to have at least one driver training center in each of VA's 30 Medical Districts and additional centers in those areas having high veteran population density. Consequently, by the fall of 1975, 40 VA hospitals strategically located coast to coast (including San Juan, PR) will be in a position to offer driver training for handicapped individuals.

The first group of driver training instructors—all Rehabilitation Medicine Service therapists—has already completed a concentrated course in Safety and Driver Training for the Handicapped at the Institute of Rehabilitation Medicine, New York University Medical Center, followed with practical experience at VA hospitals having ongoing programs. Second and third groups will receive training at the Southern Illinois University and at the California State University at Long Beach.

A universal contract is currently being developed for local commercial driver training schools and rehabilitation centers which covers instructor training, vehicles with specially adapted equipment, medical examinations of the client, licensure, driving lessons, and reporting on patient progress.

Audiology and Speech Pathology - Services have continued to be provided to patients with loss of hearing, speech and voice anomalies, or disordered language. Audiological examinations, besides revealing the extent of impairment, provide valuable diagnostic information to several medical specialties. VA's hearing aid procurement program includes an assessment of performance characteristics that is done at the National Bureau of Standards. Since the hearing aids the VA purchases are of high quality and low cost, they are also used by the Department of Defense and the Department of Health, Education, and Welfare.

When cancer requires that the larynx be removed, the speech pathologist helps the patient

learn how to produce voice and to speak by other means than is normally used. Brain damage, after a stroke or head injury, often results in serious disturbance of language. Here the effort is to restore the patient to the highest level of communicative functioning that can be achieved.



Speech Therapist Assists Patient in Learning to Speak Clearly Using Symbols and Printed Words.

During FY 1975, the number of patients served increased by 11 percent over the previous year. There was a total of 402,054 audiology and speech pathology patient visits, compared with 362,755 visits in FY 1974. Additional speech pathology programs were established at the VA health care facilities in Hot Springs, SD, Madison, WI, and San Antonio, TX.

Blind Rehabilitation - During FY 1975, 72 VA Visual Impairment Services Teams provided services to 3,580 veterans visiting blind rehabilitation clinics and made 3,954 field visits to the homes of blinded veterans. In addition, VA's three Blind Rehabilitation Centers provided regular rehabilitation and low vision services to 410 blinded veterans. A Psychiatric-Blind Rehabilitation Clinic was activated at the VA Hospital, Downey, IL, and provided services to 41 blind psychiatrically ill veterans.

The Blinded Veterans Association field personnel, under their contract with the VA, continued to visit blinded veterans in their home communities to tell them what is available through the VA and help them apply for needed benefits.

An innovative program for comprehensive care of visually impaired veterans is now under development by the new Office of Optometry of the Surgical Service. VA is creating a system of eye/vision clinics that will be jointly staffed by ophthalmologic (M.D.) and optometric (O.D.) staff doctors, residents, and students. These interdisciplinary clinics will be the first of their kind in the world and will provide a network of medical eye care and optometric vision care to eligible veterans. In addition to this program, a pilot program of three regional interdisciplinary Vision Impairment Centers To Optimize Remaining Sight (VICTORS) is envisioned to assist the VA's present three Blind Rehabilitation Centers in caring for blind or severely visually impaired veterans.

Nuclear Medicine

In September 1947, the VA established Nuclear Medicine as a new medical discipline. This action was followed in time by university, private, and other government hospitals throughout the country. Today, the VA Nuclear Medicine Service continues to optimize the existing and to create the new, both in the organization of new departments and in the development of improved diagnostic services at lower cost.

During FY 1975, the volume of patient procedures performed by VA's nuclear medicine services increased by almost 30 percent, while the total unit cost decreased from \$30.00 to \$22.90. The number of VA health care facilities with nuclear medicine services increased from 109 in FY 1974 to 123 in FY 1975, and VA expects that at least five more hospitals will be able to provide such services in the near future.

The value of nuclear medicine procedures in the medical management of the ambulatory patient has been emphasized for several years. With the impetus towards provision of ambulatory care to more VA beneficiaries, VA's Nuclear Medicine Service is preparing to accommodate a projected increase in workload of 50 to 60 percent.

In keeping with management by consortium, a roster of Nuclear Medicine Chiefs of Service who could act as leaders in their respective VA medical districts, has been compiled to provide cross-utilization of technical services and communication of knowledge and ideas throughout the VA system.

Regionalization is being implemented, and many sharing agreements have been developed with affiliated medical schools and community



Radio Nucleotide Brain Scan Recording Images on X-Ray Film

hospitals. For example, an innovative nuclear medicine computer network based at the VA Hospital, St. Louis, MO, became operational in the latter part of the fiscal year and early reports promise a success greater than had been expected. This system brings the diagnostic benefits of nuclear medicine to patients hospitalized in remote areas, and will serve as a model not only for other VA health care facilities but for medical institutions throughout the country. Consolidation of VA nuclear medicine resources is being developed between the VA hospitals at Seattle and American Lake, WA, as well as between those of the VA hospitals at Portland, OR, and Vancouver, WA.

Resource improvement in VA's Nuclear Medicine Services has also included significant advances in human resources, especially among trained professionals.

Of the 50 residencies in Nuclear Medicine established during the year under the aegis of the American Medical Association and the Board of Medical Specialties, more than one-half utilize VA health care facilities. In addition, the VA Nuclear Medicine Service co-sponsored a three day symposium on Standardization, Performance, and

Quality Control in Nuclear Medicine, the first of its kind to be held anywhere, at the National Bureau of Standards in Gaithersburg, MD. The symposium was attended by more than 300 professionals, of whom a large number were VA Chiefs of Nuclear Medicine and related VA personnel.

A Nuclear Medicine Consultants' Symposium was held in VA's Central Office during which the most advanced techniques were in the area of image production in nuclear medicine and ultrasound were discussed. VA plans to publish the proceedings of this symposium.

A highly successful symposium for supervising technologists throughout the VA System sponsored by the Nuclear Medicine Service in VA's Central Office, was held at the VA Hospital, St. Louis, MO. The same hospital, with participation by the Nuclear Medicine Service in VA's Central Office, also held a well attended 3-day symposium on ultrasound.

With respect to ultrasound, a training program in this new discipline has been developed by the VA in conjunction with the National Science foundation (NSF). By the end of the year, 76 VA

health care facilities had ultrasound capability of some degree, whereas 18 months ago only 38 facilities were utilizing this new diagnostic tool in patient care. Various branches of the Armed Services have expressed an interest in participating in the VA/NSF ultrasound training program, and have committed themselves to cooperating in the validation phase of this project as well.

Many individual VA physicians in Nuclear Medicine have distinguished themselves and brought credit to the VA during the year. One has published a book on "Physiological Chemistry of Carbohydrates in Mammals" and another on "Nuclear Medicine in Vitro." Many have been elected to high positions in national and international societies of Nuclear Medicine and one, in addition to many other honors, has been elected to the National Academy of Sciences.

Atomic cardiac pacemakers were first installed in the United States at the VA Hospital, Buffalo, NY. Fifty-two such devices have now been placed in patients in VA health care facilities with the cooperation of the Nuclear Medicine Service in a safety-surveillance capacity.

Radiology

During the year, VA Radiology continued to be a major supportive and consultative service, performing 5,421,558 examinations of inpatients and outpatients, and processing 15,842,794 x-ray films

Plans were completed for the radiology services of the new VA hospitals at Los Angeles, CA, Bronx, NY, and Loma Linda, CA. Several upgradings of older departments were accomplished, including a number of outpatient clinics which now have their own x-ray departments. Efforts continued to update and modernize VA radiation therapy services through the use of higher energy therapy machines. A new 18 MEV linear accelerator is planned for the new VA Hospital, Los Angeles, CA.

To keep abreast of developments in the diagnosis of brain disease and tumors, computerized axial tomographic (CAT) units are being installed in a few of VA's larger hospitals. It is anticipated that such equipment will eventually be needed for use in the diagnosis of brain conditions by all large VA hospitals.

Studies of automated reporting systems needed to speed up the availability of x-ray reports on wards and clinics continued during the year. Such systems, which incorporate the use of computers,

were installed at the VA Hospitals, Bronx, NY, Wood, WI, and Boston, MA.

The new Department of Health, Education and Welfare regulations for radiation protection of the patient are now fully followed by VA's health care facilities. VA's Radiology Service, in cooperation with the VA Marketing Center, Hines, IL, continued to evaluate and purchase equipment for all government agencies.

Dentistry

A new program of system management by objectives for the delivery of quality care and the integration of VA dental services to meet the overall health care needs of veterans was initiated during FY 1975. The system employs a task and goal oriented approach designed to establish and achieve objectives consonant with the overall mission of the VA Dental Service.

The planned objectives for improved care have both short and long range indicators. Each has budget and annual cost projections with flexibility for modifying stages and increments of the program as funds and resources are allocated. The approved objectives are:

Preventive Dentistry
Team Dentistry
Dental Auxiliary Expanded Function Program
Maxillofacial Centers
Health Systems Review Organization (HSRO)
Elements in Dental Services
Efficiency Indicators for all Dental Services
Updated Space Planning Criteria
Hypertensive Screening in Dental Services

Seven of these eight objectives have already been activated or are ongoing in several selected VA health care facilities. The new management approach provides a design for expansion and eventually full implementation of these programs, which have been determined vital to the delivery of high quality care.

A new program of hypertensive screening was begun during the fourth quarter of FY 1975. The screening program is an additional preventive health measure designed to reach patients who come to the dental clinic as outpatients and who would ordinarily have no other contact with other medical services in a VA health care facility. Hypertensive screening in the dental clinic is carefully coordinated with the total hypertensive screening program at each facility.

Because of the almost universal existence of dental disease, preventive dentistry is receiving special attention among the immediate objectives of the VA Dental Service. Greater emphasis has been given to training professional and auxiliary personnel in the techniques and concepts of preventive dentistry. Twenty-three additional personnel received specialized training during the year, bringing the total trained at the VA Dental Training Center to 128 during the past three years.

In the pursuit of quality care, the Office of Dentistry has engaged in a coordinated effort with Health Care Facilities Service to achieve improved space utilization and enhance professional capability for the practice of team dentistry. During FY 1975, substantial progress was made in the standardization of space and in the modernization of hospital dental facilities. Implementation of modern concepts of team dentistry requires a significant modification of space used in a dental facility. With the ongoing activation of these

relatively new programs the joint effort to improve space and planning criteria continues.

By the close of FY 1975, every VA dental clinic was supplied with at least one reclining contour type dental chair per full-time staff dentist to facilitate the practice of the modern concept of team dentistry. The replacement of outdated dental chairs, together with the installation of new dental operating units, instrument cabinets, sterilization units and lighting, in the most efficiently designed space, is progressing under the planned objectives of the VA Dental Service.

Action to evaluate the quality of dental care has gained momentum through the inclusion of a dentist as a member of every Health Service Review team. During FY 1975, dentists participated in 26 1-week surveys covering an equal number of health care facilities. The inclusion of a dentist in this mechanism for evaluation reflects a proper concern for the oral health needs of



Endodontic Surgery with Photographic Technique

patients and it enables an in-depth peer review designed to appraise the quality of dental care delivered

A sharp increase in the number of oral malignancies detected was evident in FY 1975. VA dentists initially recognized a total of 760 malignancies, or 14 percent more than in FY 1974. Early recognition and diagnosis of an oral malignancy can be a lifesaving measure and fully illustrates the significance and importance of an oral examination by a dentist.

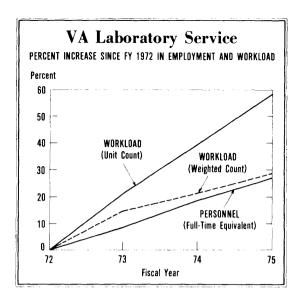
Pathology

VA's Laboratory Services are becoming increasingly complex in response to the broad spectrum of needs of clinical medicine. Laboratory functions which are becoming available on a round-the-clock basis in all health care facilities include diversified operations in clinical pathology, such as chemistry, microbiology, blood banking, serology, and anatomic pathology, which involves the study, interpretation and diagnosis of surgical, autopsy, and cytologic materials. A broad range of services support patient care, including such specialized medical programs as drug dependence treatment, dialysis and transplantation. Selected VA Laboratory Service data are shown in the accompanying table.

	FY 1975	FY 1974	FY 1973	
Procedures (Unit count)	146,756,541	129,345,718	112,509,407	
Workload (Weighted count	572,496,574	541,215,464	512,044,618	
Deaths	46,081	44,928	45,225	
Autopsies	21,060	19,865	20,806	
Surgical specimens	334,001	309,393	286,613	
Cytology specimens	119,009	162,056	148,519	

Out of 169 reporting VA Laboratory Services, 168 had been inspected as of June 30, 1975, by the Commission on Laboratory Inspection and Accreditation of the College of American Pathologists (CAP). Of those inspected, 163 were accredited and at the remaining five the required improvements are underway to attain accreditation. The results of VA participation in this program are considered very favorable. The program has been received well by Hospital and Clinic Directors, and has contributed significantly to the raising of standards.

All VA Laboratory Services also participate in CAP's Basic, Comprehensive and Special Comprehensive Syphilis Serology Laboratory Survey Programs, and their performance in these programs



compares favorably with the performance of clinical laboratories in the private sector. Selected VA hospitals participate in the Center for Disease Control Proficiency Survey for Toxicology, and selected VA outpatient clinics participate in CAP's Proficiency Evaluation Program.

The VA provides suitable blood, blood components and derivatives to meet the transfusion needs of patients under treatment in VA facilities. Plans for increasing the use of voluntary donor blood continue. During FY 1975, the proportion of voluntary donor blood obtained by the VA rose to 88 percent, up from 84 percent for the preceding year. The Veterans Administration has joined the American Blood Commission and is participating in its studies which are designed to achieve a supply of safe blood adequate to meet nationwide needs. A VA representative was elected to the Board of Directors of the Commission.

The use of specific blood components is increasing at an encouraging rate, helping to insure that blood and blood products are utilized in an optimal manner. Interest in frozen blood is growing and some VA hospitals have initiated programs for its use.

The growth in laboratory workload, particularly with use of multichannel instruments, is producing a tremendous amount of laboratory data which in turn creates management and control problems in the larger laboratories. In an effort to maintain control of the data and provide timely reporting, the VA is installing, on a gradual and systematic basis, laboratory-based computer systems. Currently, five comprehensive labora-

tory-based computer systems are operational and there are plans to install five more of the same type.

An extensive review of current space requirements was completed during the year, and several projects are underway to improve Laboratory Service space and facilities.

The VA has made major investments in Laboratory equipment and, through extensive use of automated and semi-automated equipment, has been able to meet the annually increasing workload. Several newly introduced major laboratory instruments have been evaluated by VA laboratory services in cooperation with the VA Marketing Center, Hines, IL. This is an ongoing program and provides valuable information for the selection of modern laboratory instruments.

Special Reference Laboratories - Six VA special reference laboratories provide specific resources to meet unusual nationwide VA needs. They perform the following special procedures: cytogenetics; serology for viral, fungal and other special infectious diseases; serology for coccidioidomycosis; and radio-immunoassays for hormones. Two VA special reference laboratories also perform studies for tuberculosis and other mycobacterial diseases. The VA Hospital, West Haven, CT, provides this service for the eastern part of the United States, and the VA Hospital, Long Beach, CA, does so for the western part of the United States.

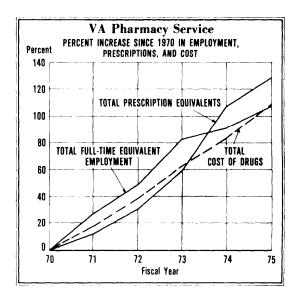
Electron Microscopy in Diagnosis and Training - Ultrastructural study of human tissues by electron microscopy has become an important part of diagnostic pathology in the VA. There are now 42 specialized medical programs in electron microscopy in VA health care facilities. The second VA Electron Microscopy Conference was held in Chicago, IL, May 13-14, 1975. During FY 1975, productivity/utilization standards and review procedures were established.

Pharmacy

The considerable growth and development of VA Pharmacy Service activities during FY 1975 are reflected in the accompanying table.

Many measures have been taken to meet this increased workload, including revised pharmacy criteria to provide for functional space configurations and allocations that reflect the most current pharmacy programs, and active involvement with automatic data processing.

Item	FY 1975	FY 1974	Percent Increase
Total prescriptions dispensed	35,760,058	29,119,910	22.8
Inpatient care prescriptions	13,377,767	10,425,898	28.3
Ambulatory care prescriptions	22,382,291	18,694,012	19.7
Prescriptions mailed to VA			
beneficiaries	8,844,486	7,501,977	17.9
Hospital ward and clinic drug			
line items dispensed	7,796,281	7,424,448	5.0
Prescriptions refilled	9,251,722	7,739,532	19.5



An Automated Prescription Processing, Labeling, Editing and Storage (APPLES) program has been designed as an on-line fast response system for outpatient prescription processing. Terminal devices located at the pharmacy provide the capability for the entry and retrieval of patient medical data via visual display units (CTR) and the printing of prescription labels, mail labels, work lists, refill or renewal requests, and patient medication profiles. Significant savings are realized by eliminating repetitive clerical functions involving the retrieval and refiling of prescriptions for each refill, the typing of labels, and by providing readily accessible information to respond to patient inquiries on the status of prescriptions. Improved service to the patient results from the reduction or elimination of backlogs in the refill mail-out program. Automated controls guard against prescription duplication and excessive drug use.

The Pharmacy segment of VA's Automated Management Information System (AMIS) was revised to include pertinent information necessary to administer a more effective program. The revision places greater emphasis on measurement and coor-

dination of functional units common to all pharmacy operations. Individualized comparisons of beds, program development, manpower requirements, and budget management are reflected in the revised reporting system. The changes made will provide management with a data base that allows for better cost utilization review of the drug budget.

VA's Pharmacy Service has also directed attention to assessing the quality of care provided to all patients. The pharmacist in the ambulatory care program reviews the patient medication profile before completing refill requests or dispensing any new prescriptions. This allows for a review of the medication regimen and consultation with the patient before drugs are dispensed. The unit dose dispensing program provides a review of the original physician's order and daily review by the pharmacist of all drugs prescribed for the patient.

The necessity of total drug security to avoid potential drug diversion was emphasized during FY 1975. The physical security of the pharmacy areas was increased with intrusion alarm devices being employed for after duty hours, and positive action was taken to reduce the potential for diversion of ward stock drugs.

A controlled unit dose dispensing program is in effect in some 20 VA hospitals. The conversion of beds to unit dose has provided a better medication management system which includes total parenteral nutrition care through the centralized intravenous admixture program. Five VA hospitals-Columbia, MO, Fargo, ND, San Antonio, TX, San Diego, CA, and Tampa, FL - provide this complete medication management service. More conversions to unit dose dispensing will provide the anticipated advantages to the individual health care center, i.e., reduced ward stock to prevent potential drug diversion, reduction of potential medication errors, increased nursing time to be applied to providing better health care delivery, and better drug utilization review and monitoring procedures applied to the individual medication regimens. Authorization was granted to dispense unit dose medications (where available) to veterans while they are in nursing homes.

Nursing

The Veterans Administration Nursing Service maintains an active involvement in a variety of health care delivery services. The major program activities have been in identifying the kinds of nursing care needed or desired by the veteran

populations in defining the spectrum of services to be provided, and in designing and monitoring responsive programs directed toward improving the quality of nursing care.

The Quality Assurance Program for Nursing was initiated this fiscal year. A workshop conducted to prepare nursing representatives from each medical district has been successful in the development of the program utilizing outcome criteria. Nurses from each VA medical district have attended local workshops, and every hospital Nursing Service has established a functioning Nursing Audit Committee. Remarkable progress has been made in the orientation and implementation of the program. Forty percent of VA's Nursing Services collaborated with others to achieve an integrated approach to assess quality patient care; twenty percent shared VA's Quality Assurance Program with non-VA nursing services. Program monitoring will enable VA to further assess, validate, and refine criteria.

The Nurse Clinic Pilot Project was completed on September 30, 1974. The three Nurse Clinics for patients with diabetes, chronic lung disease and arthritis demonstrated the effectiveness of utilizing qualified professional nurses as primary care providers for patients with chronic or stabilized conditions that require long-term management. Nurse management is accomplished within a framework of policies and protocols, with physicians retaining medical responsibility for the patients. In the pilot projects, nursing skills used by nurse practitioners met the health needs of patients and their families. Increased patient activity and decreased rehospitalization were shown, as well as evidence of positive acceptance of the concept by patients.

Professional accountability and innovations in health care delivery are reflected in the changing role of professional nursing, and in the increasing number of nurse practitioners and clinical specialists. Presently there are 377 clinical specialists and nurse practitioners providing primary care in admitting-screening, ambulatory care, hospital based home care, domiciliary care, and nurse-clinics for management of selected patients. Liaison programs with community agencies have been initiated by community health nurses. Eighty-two public health coordinators are involved in planning with other disciplines, referring patients to community agencies, and coordinating placements to nursing homes.

A "Mini-Mental Health Center" program which involves 24-hour per day inpatient and outpatient

care focuses on providing the type of continuing treatment that will support the patient most effectively in his return to the community and his adjustment there. The patient is seen by the same staff member, and, when indicated, includes home visits by nurses.

Nurses are providing individual and group psychotherapy to outpatients through VA's satellite clinics, which has resulted in improved rehabilitation for long-term patients. In one hospital, 375 former patients are recipients of nursing care in the community. In addition to meeting the physical needs of patients, VA nurses provide emotional support and instruction in Reality Orientation Programs to sponsors and families to assist them in maintaining patients in the community.

Nurses are involved in patient/family home dialysis training. Followup conferences and home visits are conducted to assess patients' needs, resolve problems and reduce fears and anxiety. Also, increased emphasis on infection control programs had resulted by the end of the fiscal year in the assignment of 84 professional nurses as practitioners in infection control.

Project proposals dealing with demonstration of geriatric care delivery have been developed in two medical districts. One would establish a multifaceted educational program in VA's Medical District No. 12, the Center of Concerns for the Elderly, to improve the knowledge base upon which quality geriatric nursing practice rests. The other would create a 20-bed demonstration center, the Geriatric Learning Center, through consortia between and among the five hospitals comprising VA's Medical District No. 9, to serve as the environment for learning the latest and most comprehensive approaches to the care of aged and chronically ill veterans.

Nurses from each of VA's Spinal Cord Injury (SCI) Centers attended two workshops in SCI care.

During the year, VA's Nursing Service had administrative, professional and developmental responsibility for the VA Nursing Home Care and Community Nursing Home Care programs and for the Hospital-Based Home Care program.

Dietetics

During the fiscal year, 104,508,609 meals were served in VA health care facilities at a raw food cost of \$66.7 million, or 63.9 cents per meal. This was a 14.5 percent increase in raw food cost per meal, as compared with FY 1974.

During this fiscal year, 12 new market forms of

food and supplementary feedings were evaluated at the VA Dietetic Laboratory in Washington, D.C. Two forms were standardized for use throughout the VA, one for sensory evaluation of commercially available convenience foods, and one for use in collecting data on rations served.

As specialized medical services have developed and expanded in the VA, the nutritional care component of these services has been more fully developed and refined. The outcome of complex tests and studies conducted in Special Diagnostic and Treatment Units may depend solely on the integrity of the dietary intake and the accuracy of the calculation, preparation, and service of prescribed diets. The metabolic requirements of spinal cord injury patients, reflected in their prescribed diets, are carefully interpreted into foods that will satisfy the patients' nutritional needs and personal preferences. The nutritional care program for coronary care patients is highly individualized following the acute stage in the Coronary Care Unit through the nutrition education program of the Cardiac Rehabilitation Unit. The diet of hemodialysis patients is carefully monitored by dietitians in Hemodialysis Centers. Patients and their family members or other responsible persons are instructed on the diet modifications required to maintain the desired protein level and electrolyte balance. Home Dialysis Training Programs include instructions on menu planning and food selection and preparation. As a member of the health care team, the dietitian coordinates her nutritional care plans with the physician, nurse, social worker, pharmacist, and such other concerned professionals as the phychologist and rehabilitation therapist. Nutrition education programs have emphasized helping the patient to develop positive attitudes toward self care, adherence to prescribed treatment, and continuing interest in management or prevention of illness. Coordination with other health care team members reinforces the dietitian's nutritional care, thus making it more effective.

The growing population of aged veterans has nutritional needs specific to their physical state and life style. A letter from VA's Chief Medical Director was sent to state agencies of the Administration on Aging (AOA) to apprize them of the nutrition programs available in VA hospitals. VA hopes through this effort to reach and inform aged veterans living in the community of nutrition programs for which they might be eligible. Plans are underway to develop a joint VA-AOA project to research at selected VA Geriatric Research,

Education and Clinical Centers specific nutritional problems of aged veterans in the community.

With the rapid growth of Ambulatory Care, the Nutrition Clinics in VA hospitals are providing service to both inpatients and outpatients where physical layout and location permit. Outpatient treatment places a demand on the dietition's skills in interpreting prescribed dietary modifications into food and meals that fit into the patient's budget, food preparation capability, and life style, as well as personal eating habits and food preferences. The list of restricted and allowed foods must be understood and questions must be answered for outpatients to satisfactorily follow their doctor's orders.

Dietitians continue to participate actively in treatment and rehabilitation programs for psychiatric patients. Food plays an important role in the resocialization program designed to help patients prepare for their return to community living. Dietitians teach psychiatric patients to select food from shelves at the market, to choose menu items at restaurants and cafeterias for nutritious meals, and to make mealtime at home an enjoyable social occasion. As one of the participating professional staff of the Group Living Improvement Program, dietitians assist patients to establish themselves in their community home and to learn how to attend to their nutritional needs. Dietitians integrate



Dietetic Intern Counsels Patient on Selecting Food for His Modified Diet

nutrition education into the treatment program for alcohol addicted patients who are often debilitated and may evidence nutritional deficiencies. Behavior modification as a treatment modality for obese patients has been employed with some success by dietitians in cooperation with psychologists.

Social Work

VA Social Work Service continues to respond to veterans' health care needs through continuing analysis and strengthening of programs, with an emphasis on improvements in the quality of services and on cost effectiveness.

There has been ongoing refinement of accountability and quality measures through the application of the management by objectives principle and the problem oriented medical record. These tools are contributing to improvements in program administration, deployment of staff, and utilization of VA and non-VA resources. They are also serving as a baseline for the development of program quality evaluation standards and criteria. Selected Chiefs of Social Work Service also participate as team members on Department of Medicine and Surgery audit surveys. The basic vehicle for furthering this effort has been small workshops and seminars covering all VA medical districts.

Operational content for the workshops and seminars was derived from management and service delivery profiles provided by the participants. Dissemination of the workshop summary and the progress reports of individual facilities to all VA medical districts provides working guidelines for day-to-day use in improving the quality of the delivery of social services.

Social work activity in special medical programs has continued to expand both in relation to the number of programs covered and the extent of involvement in all phases of illness. Greater attention is being paid to the social stresses experienced by the patient and the family during the initial crisis of illness. Social workers are increasingly being called upon by others members of the health care team to provide additional services in intensive and coronary care units, in emergency rooms, and in special surgical centers. The result has been an earlier resolution of practical and psychological problems, better communication between the patient and family with the health care team, and reduction of many psychosocial problems which impede recovery and prevent early return to community living.

New program initiatives have been introduced in the area of terminal care and day care for geriatric patients. A proposal for a Research and Training Center in Death, Dying and Bereavement is being developed.

Social Work Service has collaborated with Medical Service and Rehabilitation Medicine Service in developing special medical programs in several new areas, including rehabilitation of cardiac and pulmonary patients and development of centers for rheumatology and arthritis.

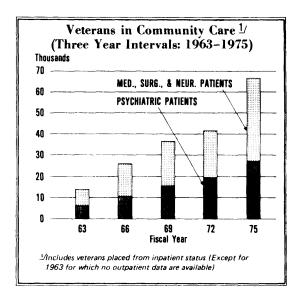
Social Work activity in Spinal Cord Injury (SCI) programs has extended to a reassessment of the role of social work in acute care and to increasing efforts in developing community resources, including group living facilities, for SCI patients.

In the Mental Health and Behavioral Sciences, Social Work Service efforts were concentrated on strengthening the multidisciplinary program planning and implementation. This has included participation in conferences related to program design and content, formulation of program guides, and development of the problem oriented medical record in psychiatric programs.

The Social Work Community Care program, which serves as a major alternative to hospitalization, continues to show a steady increase, as evidenced by the accompanying chart. Over the 12-year period covered by the chart, the number of veterans in community care has increased almost fivefold, while in the last three-year period alone, it has increased by approximately 60 percent. Medical and surgical patients have consistently comprised 50 to 60 percent of the total number of veterans in community care.

Facilities used in this program include nursing homes, personal care homes, boarding homes, and other special facilities. The choice of facility depends on the level of care required by the veteran and the rehabilitation goals being pursued. Such facilities are periodically inspected by a multidisciplinary team from the closest VA health care facility. Regular followup visits to the veteran are provided by Social Work Service and other disciplines and are aimed at helping the veteran achieve the highest possible level of community adjustment. Should the veteran's medical or psychiatric condition deteriorate so that rehospitalization is warranted, this is accomplished on a priority basis.

During the fiscal year, emphasis was placed on upgrading the physical standards of the personal care homes used in the program, and on regulating the fees paid by veterans to the sponsors of personal care homes. This will be a continuing effort in the forthcoming year.



Chaplain Service

The mission of the VA Chaplain Service is to provide a religious and pastoral ministry for the spiritual welfare of VA patients. VA employs 950 chaplains, either on a full-time or part-time basis, representing all major faiths and denominations.

The VA Chaplain Service focused its efforts and resources during the fiscal year on the integration of its activities with the multidisciplinary approach to the delivery of health care. In this endeavor, VA chaplains provided opportunities for religious worship, sacramental ministry, pastoral counseling, and related supportive services.

The role of the VA chaplains continues to expand and diversify as new trends in the VA health care delivery system emerge. For example, the VA Chaplain Service continues its pioneering efforts with the assignment of specially trained chaplains to VA's Alcoholism and Drug Abuse Treatment Units, and is designing new avenues of service and pastoral assistance to aged or chronically ill veterans in VA's expanding nursing home care program.

The quality of the veteran's life is also an essential concern of the VA chaplains' ministry. As a bridge between the hospital, church and community, VA chaplains assist in effecting a useful adjustment through specially designed programs. A clergy seminar orients communities, ministers,

priests and rabbis to the thrust of VA contributions in health care activities.

The VA Chaplain Service continued its involvement with other Federal agencies and associated groups. In cooperation with the Chaplains' Corps of the Army, Air Force, and Navy through the Military Chaplains Association, four workshops were conducted in "Crisis Ministry" and the "One Parent Family." Relationships and programs with national veterans organizations, national chaplains associations and health care associations are growing and strengthening. The major religious faith groups, through their respective ecclesiastical endorsing agencies, continue to give counsel and assistance to VA chaplains for the enhancement of spiritual programs and activities.

Providing leadership and guidelines for an effective pastoral ministry will be the scope of the new Chaplain's Manual to be published in the Fall of 1975.

Veterans Canteen Service

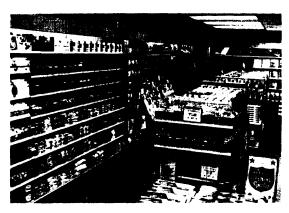
The Veterans Canteen Service (VCS) operates retail stores and food service facilities at each VA hospital. Canteens provide veterans with merchandise and services essential to their comfort and well-being. Retail stores offer patients articles for occupying their leisure time, for their personal hygiene and grooming, and for their convenience, entertainment and recreation. Food service for employees, patients' families, volunteers and visitors provides a convenient source for regular meals and refreshment snacks, often not otherwise available nearby.

The VCS is by statute an independent, self-supporting organization, financed by the revenues generated from its sales. No appropriations were required in FY 1975, nor have any appropriations been made since FY 1948. Net income beyond current and known future program requirements is returned to the U.S. Treasury. Since the inception of VCS, over \$12 million has been returned to the Treasury, nearly three times the original government investment. The program objective is to generate only sufficient funds to finance its operations. Net operating income for FY 1975 was \$2.5 million, which will be required in FY 1976 to offset increased salary costs and the impact of inflation on inventories.

The VCS is required to provide merchandise and services at reasonable prices, and has always been sensitive to the hospitalized veterans' needs and financial resources. Prices are maintained

uniformly throughout all VA canteens, although this policy results in some canteens operating at a net loss. These losses are offset by profits from other canteens calculated to maintain an overall self-supporting program providing uniform benefits to all veterans. In February 1975, VCS imposed a moratorium on selling price increases as a direct benefit to hospitalized veterans, and was able to absorb the increased cost it paid for merchandise through intensified efforts to improve both its merchandising and operating cost controls.

Space allocated to VA canteen facilities influences the type of services offered and the efficiency and control over operations. Throughout the year, VCS gave priority attention to identifying and securing suitable space, and to developing available space to the best possible advantage.



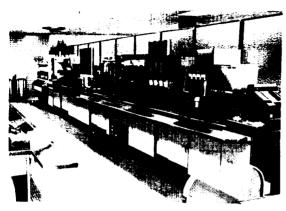
View of Retail Store

Twelve retail store remodelings involving total renovation of space were completed or were in the process of completion at the end of the fiscal year. In some facilities there was relocation to better space with improved equipment and decor. A special effort was made to improve the canteens' general appearances, music systems, barber and beauty shops, office equipment, training aids, and operating supplies.

Canteen security equipment was upgraded during the year through the guidance of the Protective Services Staff of VA's Engineering Service.

The Veterans Canteen Service continues to emphasize improvement of its overall food service program. Overall food sales rose from \$30,395,000 in FY 1974 to \$35,141,000 in FY 1975, or approximately 16 percent.

A program to upgrade VA canteen food facilities was continued. Full-scale remodelings were completed in 20 food service areas, 15 dishwashing areas, 17 kitchen areas, 24 dining rooms, and 19 vending activities.



View of Cafeteria Service Line

Continued growth is projected for VCS food service in FY 1976, as canteens at many locations are now furnishing meals previously provided by VA Dietetic Service to volunteers, outpatients, and eligible VA employees.

Efforts have been intensified to recruit, employ, and promote qualified female and minority group persons into VCS management positions. The average age of VCS management personnel has decreased while the educational level in this group of employees has increased substantially.

All VCS hourly rate positions subject to the provisions of Public Law 92-392 have been fully converted to the Nonappropriated Fund Federal Wage System. During FY 1975, the average rate for hourly employees increased by 10.4 percent.

During FY 1975 organizational and functional changes were initiated in the internal audit program of the service. This program, which had formerly operated as a section of the Finance Division, now serves immediately under the Director, VCS, and the scope of canteen audits, previously of a financial and procedural nature, was broadened. A full review of operations is now made to evaluate the economy and efficiency with which resources are utilized and to determine whether desired program results are being achieved. Reports have been expanded to depict results of the expanded operational reviews, and followup procedures have been strengthened to assure that audit recommendations and suggestions receive proper attention.

EDUCATION AND TRAINING

Since 1946, the policies of the Veterans Administration have explicitly encouraged the establishment of clinical training programs for students in health professional fields through affiliations with medical schools and other educational institutions. Beginning with the training of medical residents, an extensive program has been developed which involves most professions and occupations in the field of health care, and which now includes more than 1,700 VA hospital affiliations with schools of medicine, dentistry, pharmacy, nursing, graduate and undergraduate programs in psychology and social work, and other allied health fields.

Through these affiliations, the VA provides essential resources for clinical training of students enrolled in the associated academic institutions. Trainees receive varying amounts of compensation depending upon specific agreements with cooperating schools, or special local, regional, or national factors; however, most serve without compensation. In FY 1975, approximately three-fourths of the estimated 73,000 persons provided training in VA hospitals and clinics participated without compensation.

These affiliated training programs, together with the VA's comprehensive programs of continuing education and career development for its own employees, are deemed critically important to the effective operation of the VA health care delivery system. They facilitate both initial recruitment and subsequent career progression of VA staff; they enhance the quality of care rendered to veteran patients; and they contribute significantly to the total health manpower pool of the nation.

The further growth of educational and related activities in FY 1975 has been characterized by continued application of selective factors in developing programs to meet changing occupational needs and recognized geographical differences. By encouraging each hospital to participate in cooperative community educational programs and to develop and modify local hospital training programs to meet its own health manpower needs, the VA Department of Medicine and Surgery continues to emphasize the role of the VA hospital as an important community resource as well as a part of a nationwide health care system.

Office of Academic Affairs

Created in 1973 as a Central Office component of the Department of Medicine and Surgery, the

Office of Academic Affairs has contributed significantly to the Department's capacity to identify and assess educational needs, and to plan and coordinate the VA education and training programs on a systemwide basis.

This office has continued the placement of senior health professionals and educators as educational directors or coordinators on the staffs of some of the VA's largest and most active teaching hospitals. These carefully selected individuals coordinate training at their respective hospitals and serve as field advisors to the Office of Academic Affairs in the identification of training needs and the development of educational programs. In FY 1975, the number of persons serving in this capacity throughout the United States increased from 24 to 40.

The Office of Academic Affairs has taken a number of additional steps designed to enhance the value, effectiveness and timeliness of VA training activities. First, it has established innovative training programs for new types of health care personnel (e.g. spinal cord injury technicians and patient health educators), whose expertise promises to provide improved levels of service. Second, it has provided special training for established health occupations that are undertaking new responsibilities (e.g. nurse practitioners and clinical pharmacists). Third, it has acted to develop a series of formal evaluation studies to assure the continued effectiveness of ongoing educational programs.

School Affiliations

At the conclusion of FY 1975, there were 122 VA hospitals and 27 VA Outpatient Clinics participating in close "Deans Committee" affiliations with 98 medical schools, and every one of the 171 VA hospitals was engaged in education or training in cooperation with one or more affiliated universities, colleges, junior or community colleges, or other types of schools.

Among the new VA-medical school affiliations established during the year were the following:

- VA Hospital, Asheville, NC; Duke University Medical School.
- VA Hospital, Columbia, SC; University of South Carolina Medical School.
- VA Hospital, Danville, IL; University of Illinois, Champaign-Urbana.
- VA Hospital, Dayton, OH; Wright State University School of Medicine.
- VA Hospital, Downey, IL; Chicago Medical

School/University of Health Sciences.

- VA Hospital, Fargo, ND; University of North Dakota.
- VA Hospital, Murfreesboro, TN; Meharry Medical College.
- VA Hospital, Wilkes-Barre, PA; Hahnemann Medical College.

Medical school affiliations were also established for a number of additional VA outpatient clinics, including those at Columbus, OH (Ohio State University); Honolulu, HI (University of Hawaii); and El Paso and Lubbock, TX (both with Texas Tech University).

Two of the above new hospital affiliations—at Columbia, SC, and Dayton, OH—were developed in association with new state supported medical schools being established with the assistance of VA grants under the provisions of Public Law 92-541, the "Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972." Public Law 92-541 has also been a primary force in expanding the large number of VA affiliations with educational institutions for training in health fields other than medicine.

The fundamental consideration in VA affiliations with educational institutions is the willingness of the parties to cooperate in educational programs of mutual benefit. To such affiliations, the VA brings its substantial clinical facilities, its highly trained staff, and its capacity to coordinate activities at the national level with accrediting agencies and other organizations, both public and private.

Some VA hospitals are engaged in as many as 40 or more discrete training programs through affiliation with as many as 20 different educational institutions in the surrounding community. At the same time, it has not been agency policy to encourage the involvement of more than one educational institution in a given area of education in the same VA hospital.

The accompanying table indicates the extent of VA affiliation with educational institutions.

Educational Institution	VA Hospitals	Schools
Medical schools	122	98
Dental schools	72	57
Nursing schools	157	390
Schools of pharmacy	51	63
Departments of psychology	128	106
Schools of social work	144	105
Other health professions and occupations programs	171	899

To strengthen the close cooperative arrangements between the VA hospital and educational institutions providing training in the health care professions and occupations, many VA staff members hold faculty appointments in these institutions. As shown in the accompanying table, 3,244 VA physicians, 267 VA dentists, and 1,214 other VA staff members held such appointments in FY 1975.

	Number of Individuals Holding Appointments as of December 31, 1974				
Academic Title	Total	VA Physicians	VA Dentists	Other VA Staff	
Total	4,725	3,244	267	1,214	
Professors	478	412	13	53	
Clinical professors	94	70	11	13	
Associate professors .	640	519	22	99	
Associate clinical	ĺ				
professors	234	185	15	34	
Assistant professors .	1,318	1,046	58	214	
Assistant clinical		1			
professors	489	379	34	76	
Instructors	478	267	23	188	
Clinical instructors	363	192	45	126	
Lecturers	76	23	10	43	
Other titles	555	151	36	368	

Graduate Medical and Dental Education

Effective cooperation between VA hospitals and medical and dental schools continues to provide a mutually beneficial program to both the VA and the participating schools.

In addition to the formal VA-medical school affiliations, there are a number of program affiliations between VA hospitals and community hospitals without formal medical school affiliation. Some of these will evolve into medical school affiliations as new schools currently anticipated become a reality. Of the VA hospitals without formal medical school affiliations, 12 have a Medical Advisory Committee drawn from prominent physicians in the surrounding community. An additional hospital previously in this category converted to a formal medical school affiliation during FY 1975, and others are moving in the same direction. Seven of the 12 hospitals maintained limited residency programs in the past year.

In 1974-75, the VA participated in 988 residency programs for physicians. Of these, 856 were components of residencies approved in the name of groups of hospitals, including, among others, university or medical center hospitals and VA hospitals. Of the remaining 132 programs, 72 were approved in the name of VA hospitals, with

residents being assigned to non-VA hospitals for varying periods of training; and 60 were approved in the name of non-VA hospitals, with residents being accepted for training in VA hospitals, usually for short term assignments.

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 currently no VA patient care programs. The number of programs in individual VA hospitals ranges from a single specialty in a few of the unaffiliated hospitals to a full complement of all recognized medical specialties in those hospitals with full and active Deans Committee affiliations.

In FY 1975, 6,800 physician and dentist positions were supported in VA internships and residencies. These programs, combined with the teaching activities of VA staff members in support of medical student and dental student training, constitute a major mechanism by which the quality of patient care in VA hospitals is maintained at a level commensurate with that in the best medical centers.

Allied Health Training

Allied health personnel includes all persons, other than physicians, dentists and medical and dental students, engaged in providing direct health services to patients.

During FY 1975, VA hospitals provided training for over 43,000 persons in allied health professions and occupations. This was accomplished through affiliation with structured academic programs, or through independent job-related training. A significant feature of this training effort is that over the past 6 years the number of VA-funded allied health trainees has increased only slightly, while the number provided training on a without compensation basis has more than doubled.

In FY 1975, a number of new training programs were initiated or reemphasized under VA auspices. Some of these programs represented a continuation of pilot programs found to be of significant value. Examples are programs for the training of physician's assistants, nurse practitioners, mental health associates, basic health workers and biomedical engineers. In all of these programs, the VA has made major contributions to the process of defining optimal curricular content and training approaches.



Spinal Cord Technician with Doctor and Patient

In the role of educational innovator, the VA worked actively in FY 1975 on the design of training programs for several new types of health workers. One of these, the spinal cord injury technician, is defined as a professional who is capable of offering comprehensive basic health care services to patients with a spinal cord injury. The scope of this worker's expertise will encompass basic nursing, social work, and rehabilitative techniques. It is anticipated that the introduction and utilization of the spinal cord injury technician will result in delivery of a superior level of health care to patients with chronic and disabling illnesses.

A second type of professional now being trained under VA auspices is the health services researcher. Through this program, individuals with expertise in behavioral or managerial science will be trained to apply such expertise to problems in health care delivery.

A third new type of health professional being trained for the first time under VA auspices is the

patient health educator. These individuals are trained to provide patients with specific information about the nature of disease and its treatment, as well as about good personal and family health practices. A unique feature of this program is that the Office of Academic Affairs is not only responsible for the training programs in this area, but also for the operation of five pilot programs in the delivery of patient health education services.

A fourth developmental area of training is in the field of aging. The Office of Academic Affairs has initiated efforts to identify and define the types of professionals required to provide optimal health care to aged patients. The development of these programs is being pursued in conjunction with VA's Geriatric Research, Education and Clinical Centers and with other Federal agencies.

Continuing Education

In FY 1975, the VA's nationwide program of continuing education for Department of Medicine

and Surgery employees continued to experience the significant growth and development which has characterized the past few years. Important factors contributing to this continuing growth trend include increasing numbers of skilled VA staff; rapid changes in medical, scientific and administrative technology; and the recent move toward some form of continuing education requirements for relicensure, for recertification by professional specialty organizations, and for membership in professional associations for physicians, dentists, nurses and other categories of health care personnel.

Activities conducted through this program are designed to improve employee performance and to maintain and strengthen specialized proficiencies by bringing to VA staff the latest medical, scientific and administrative knowledge. The ultimate objective is attainment of the highest possible qualitative levels of health care for veteran patients.

The educational opportunities in which VA employees participated during FY 1975 were offered through a wide variety of educational approaches, techniques, and instructional methods. Over 3,500 lectures, workshops, and symposia were provided for staff members by individuals or organizations in medical, dental, allied health, and administrative disciplines. Nearly 28,000 employees received full or partial support for specialized, individualized training or to participate in educational conferences, workshops, seminars or institutes under VA auspices or through non-VA sources. Many programs were multidisciplinary in nature and dealt with such diverse subjects as hypertension, stroke, alcohol and drug abuse, rehabilitation medicine, and care for the aging patient.

The Dental Training Center, located at the VA Hospital, Washington, D.C., offers one example of specialized individual training. The Center provides specialized career development courses for selected dentists and dental auxiliaries. The curriculum is designed to meet the particular needs of the VA and is intended to supplement courses offered by universities and other sources. One hundred thirty-three dentists and 55 auxiliary personnel attended courses at the Center in FY 1975. In addition to class and clinic training, the Center provides audiovisual materials. Two hundred fifty-three single concept films have been produced to date, utilizing outstanding authorities in all disciplines of dentistry. These have gained wide recognition at national and State professional

meetings and requests have been received from many foreign dental schools for loan of the films.

In addition, over 20,000 employees were provided full or partial support of tuition and registration costs for attendance at non-VA courses, workshops, symposia, institutes and other educational activities and programs conducted by professional organizations, medical schools and other educational institutions. Arrangements were also made for 108 visits by senior medical and dental faculty to non-affiliated or remotely located VA hospitals.

The ongoing program by which accredited status is sought for the continuing education programs of VA health care facilities continued to receive priority emphasis in FY 1975. Through the special accrediting programs of the American Medical Association and recognized State Medical Associations, 47 VA health care facilities are now recognized as being qualified to offer appropriately accredited continuing education programs.

Regional Medical Education Centers

Public Law 92-541 contained legislation directing the Administrator to develop Regional Medical Education Centers (RMEC's) in geographically dispersed areas of the United States. To date, four such Centers have been identified and are being developed to full potential. Action was taken to establish the first three Centers late in FY 1974 and a fourth was designated in FY 1975. It is anticipated that an additional Center will be developed during FY 1976.

Regional Medical Education Centers have been established in order to bring educational programming closer to the hospitals in the areas in which Centers are located. Each Center will have the responsibility for reaching up to 30 health care facilities. It is expected that each Center will develop and conduct, first, an ongoing educational needs identification program; second, a program of educational experiences that will effectively meet the identified educational needs; and third, an evaluation program that will facilitate measurement of the impact of the educational experiences on training program participants.

The RMECs are charged with providing continuing education programs for medical and health-related personnel; including the teaching of newlydeveloped skills and techniques and the remediation of verified deficiencies of basic medical skills, and other educational and training activities.

During 1974-75, over 80 training programs were offered to more than 3,300 VA and 1,400 non-VA participants. It is expected that as the

fourth RMEC becomes functional and the others refine their programming, additional programs will be developed to accommodate an increasing number of participants.

Cooperative Health Education Programs

Throughtout FY 1975 there was continued emphasis on VA participation in cooperative community education programs through consortia such as Area Health Education Centers (AHECs). Most of this activity is centered in communities remote from major medical centers. Eight VA hospitals serve as focal points for the development of Area Health Education Center activities in their communities. Additional hospitals participate in community programs through other cooperative mechanisms. This is part of a nationwide effort begun in 1972 to assure better utilization of the educational and health care resources of such communities. Through establishment of effective linkages with major medical centers, these programs can help communities 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 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.

The AHEC Program has enabled participating VA hospitals to enhance their service to veterans by improving the training of health care personnel and by enhancing community continuing education for their own staffs. Programs underway include family practice residencies; training programs for nurse practitioners, dental technologists and dietitians; and continuing education for a wide variety of health care workers.

Administrative Training and Executive Development

During FY 1975 more than 2,500 individual management training and developmental assignments were made to selected executives and high potential mid-level managers in the Department of Medicine and Surgery. These included assignments to such activities as the Health Care Administrator's Forum; the Interagency Institute; local Management Workshop-Seminars; residential courses at

the Federal Executive Institute, the Brookings Institution, and the Civil Service Commission Executive Seminar Centers; and university-based middle management training programs.

It is expected that these developmental activities will result in improved efficiency and effectiveness among VA management personnel in the area of general management.

Exchange of Medical Information

As the nation's largest unitary health care delivery and hospital system, the Veterans Administration is interested in exploring and developing new methods of exchanging medical information for both educational and clinical purposes. Such efforts materially assist the VA in providing the most effective and up-to-date care to the veteran patient, regardless of his location in the United States.

The Exchange of Medical Information (EMI) program of the Veterans Administration authorizes the agency to support innovative pilot projects in biomedical communications. Seventeen such projects were conducted in FY 1975. Every VA hospital participated in at least one of these projects, and in most instances the communities surrounding the participating hospitals were also involved. This involvement of local communities in many EMI projects has helped to emphasize that, in addition to its role as a national health care resource, the Veterans Administration is an integral part of the community health care delivery system in each population center where a VA hospital is located.

The following are typical of the EMI projects conducted in FY 1975:

• In May 1975, the VA concluded an 11-month series of experiments in biomedical communications via the spacecraft Applications Technology Satellite-6 (ATS-6). The project involved some 90 hours of broadcasting covering about 75 subjects which were developed and presented via five modes. These included medical grand rounds, video seminars, computer-assisted instruction, clinics for outpatients and families, and teleconsultation. Careful planning of experiments, involving approximately 14 months of developmental activity prior to launch of the space vehicle, was the keynote to VA participation in this project.

Ten VA hospitals located in the Appalachian region of the United States participated in the ATS-6 experiments. These were the VA hospitals

at Altoona, PA; Asheville, NC; Beckley, WV; Clarksburg, WV; Dublin, GA; Fayetteville, NC; Mountain Home, TN; Salem, VA; Salisbury, NC; and Wilkes-Barre, PA.

The mountainous terrain and relative isolation of many of the communities in Appalachia often make communications difficult and expensive. Therefore, this region appeared to be an appropriate site to test the feasibility of satellite communications for medical purposes. Preliminary data indicate that the participating hospitals have found this to be an acceptable and effective method for meeting their medical communication needs.

• An Interactive Telecommunications System (ITS) for Central Maine was initiated for the investigation, implementation, and evaluation of an experiment in professional medical education and health care delivery for areas of low population density. Its focus will be a Family Practice Residency Program, which will be the vehicle for addressing problems of communications, continuing professional education, and personnel shortages for rural regions. ITS involves a consortium of five hospitals including the VA hospital at Togus ME. The component resources of the involved hospitals are adequate to provide the required

training and clinical experience for the successful training of residents; however, the success of the Family Practice Residency Program hinges on the ability to bring these resources together. The Interactive Telecommunications System, which the grant makes possible, will supply this ability by implementing closed circuit telecommunications among the participating institutions.

 A pilot project entitled "Regionalized Computerized Consultation: Fluid and Electrolyte" was instituted. This project involves the VA hospital at Indianapolis, IN, as the core institution, and four other VA hospitals located at Fort Wayne and Marion, IN; Danville, IL; and Cheyenne, WY. It makes possible the extension of clinical consultation for fluid and electrolyte problems to remote locations through utilization of the Federal telecommunications and teletype systems. In addition, computer stored medical information is made available to clinicians through the installation of acoustic couplers at terminals located at participating hospitals. The project not only provides consultation service for fluid and electrolyte problems for participating outlying hospitals, but provides for better patient care through improved availability of consultation services.

AN EXPERIMENT IN BIOMEDICAL COMMUNICATIONS APPLICATIONS TECHNOLOGY SATELLITE - 6



Medical Media

In FY 1975, there were 356 full-time and 27 part-time employees assigned to medical media production activities in VA hospitals. One new service was activated and another was authorized for activation in FY 1976. Over 2,750,000 individual pieces of photography and art work were produced. Much of this production was for use in teaching slide sets, motion picture segments, and videotapes for closed circuit television, as parts of scientific exhibits. More than 3,000 hours were devoted to closed circuit television activities and approximately 7,500 hours to videotaping and recording.

Educational materials from a variety of sources, including government and commercial producers, were used for patient and employee training activities. Twenty-four videotape programs were produced, including a series of 16 which comprise a basic course in radiographic film processing for x-ray technicians.

Summer internship programs for photographers were offered at the VA hospitals at Houston, TX; San Francisco, CA; Durham, NC; Palo Alto, CA; and Boston, MA. Another five internships were offered to students in accredited schools of Medical Art at the VA hospitals at Brooklyn, NY; Bronx, NY; Birmingham, AL; Palo Alto, CA; and Boston, MA. Hospitals were selected to provide a full exposure of technical and relevant subject material for students.

Eight employees had 14 entries accepted for exhibition in the international print and transparency competition of the Biological Photographic Association. The motion picture "Dialogue on Biofeedback" was awarded an Honorable Mention and was selected for exhibition at the meeting. Four employees successfully completed the requirements for certification as Registered Biological Photographers.

Library

The 365 professional librarians working in the 171 VA hospital libraries assure that their collections and services represent all the interests of the hospitals they serve including patient care, public health, education, research, administration, and patient and employee services.

During FY 1975, the number of libraries having Medical Literature On-Line (MEDLINE) computer terminals doubled, from 15 to 30. In many instances the terminals were acquired through the



VA Physician Using Interactive MEDLINE

Computer Terminal

formation of consortia with medical libraries in the community, thereby enabling a large number of hospitals and physicians within the community to have access to this invaluable source of biomedical information. The terminals provide on-line access to the National Library of Medicine's (NLM) MEDLARS computer which is programmed to store, analyze, and retrieve bibliographic citations to the 250,000 biomedical journal articles NLM indexes annually. The MEDLARS data base includes MEDLINE, covering medical literature indexed from 1973-1975, backfiles of MEDLINE for 1969-1972, and Selective Dissemination of Information Line (SDILINE), containing the most recent references indexed at NLM. SDILINE allows the libraries to furnish interested physicians automatically with citations to the most current biomedical literature in their specific areas of interest. Several other on-line data bases have proved to be especially valuable. These include CANCERLINE, containing all references indexed and abstracted in Cancer Chemotherapy Abstracts; TOXLINE, containing citations on toxicology and adverse drug reactions; and CHEMLINE, a subset of TOXLINE, containing material for identification of chemical compounds.

A contract has been awarded for production of the union list of audiovisual software (16 mm film, audiocassettes, 35 mm slides and videocassettes). By bringing together holding and location information for all software available for loan within the VA library network, the VA comes a step closer to having a nationwide collection of print and nonprint materials with easy access for all VA libraries as opposed to its current 171 separate collections. This concept provides the basis for shared acquisition programs, rapid document delivery services, and other tangible benefits in services and costs. Since a union list of periodical holdings is currently in its fifth edition, all that remains to be accomplished in reaching this goal, aside from updating, is the production of a union list of books held within the VA.

The combination of rapid access through MEDLINE data bases to the universe of medical literature, easy access through union lists to the wealth of materials comprising the total holdings of all VA libraries, and funds used to upgrade book, journal and audiovisual software collections, has begun to produce results in terms of innovative library services.

The library at the VA Hospital, Washington, D.C., is one example. It has initiated a service called LATCH—"Literature Attached to Charts." At the request of a patient's doctor or nurse, the library, using MEDLINE and printed indexes, performs a literature search relating to the patient. Within 24 hours, copies of relevant articles are attached to the patient's chart thereby making pertinent information immediately available to everyone furnishing care to the patient.

Several libraries have taken an active role in the provision of total patient care through participation in multidisciplinary hospital rounds. These "rounds," or meetings (primarily a means for planning in hospital treatment and discharge placement) are held once a week in each ward. Through participation in these meetings, the patient's librarian ascertains the informational needs of the patient or the patient's family and delivers the material accordingly.

The library at the VA Center, Waco, TX, is developing a comprehensive patient education resource center designed primarily for the neuropsychiatric patient. The primary purpose of the center is to provide a centralized service to which the physician or other health care professionals may refer a patient for information leading to an understanding of the nature and management of his illness. It also serves as an information center available to patients on a self-motivated basis, a training center for health-related education for students and volunteers, and a resource center for staff members for inservice education and other assistance.

These and many other innovative approaches to

delivering library service to health care staff and veteran patients, initiated in FY 1975, serve as models for application throughout the VA library network specifically, and the hospital library world in general.

Assistance for Health Manpower Training Institutions

During FY 1975, the Administrator of Veterans Affairs announced two additional sets of awards under Public Law 92-541, bringing to 122 the number of health professions and occupations training programs receiving assistance through this unique dual resource. In each instance, the selected institution or agency receives a direct grant of program support funds and utilizes the clinical resources of one or more VA medical facilities, through new or strengthened affiliation arrangements.

Two new State medical schools (Wright State University in affiliation with the VA Hospital Dayton, OH; and the University of South Carolina in affiliation with the VA Hospital, Columbia, SC) have begun the second of their 7-year grant supported programs and have applied for provisional accreditation by the Liaison Committee on Medical Education (American Medical Association/Association of American Medical Colleges), which will permit them to enroll charter classes in 1976. The other three universities whose applications were approved during FY 1974 (Texas A&M University/Baylor College of Medicine in affiliation with the VA Hospital, Temple, TX; East Tennessee State University in affiliation with the VA Hospital, Mountain Home, TN; and Marshall University in affiliation with the VA Hospital, Huntington, WV) still await the first step in the accreditation process. Funds for the initiation of these grants are held in reserve.

The awards made during FY 1975 bring to 18 the total number of established medical schools which have received assistance to expand and enhance their undergraduate medical education programs through broadened involvement of Veterans Administration medical facilities with which they affiliate. In addition to developing and strengthening individual clinical departments, the grant support is directed to such activities as establishment of "clinical campuses" distant from parent medical centers, and conversion from 2 to 4-year programs. The grants range from approximately \$150,000 to \$1,500,000 per year and are for periods of from 5 to 7 years.

The 41 new grants in FY 1975 to schools of other health professions and occupations support education and training projects, most of which are directed to improving the utilization or distribution of health manpower. Recipients include academic institutions with programs in nursing, dentistry, pharmacy, podiatry, social services, and the traditional allied professions, as well as consortia of academic and health care institutions. Each of the grant-supported activities encompasses one or more VA health care facilities among the clinical affiliates. Many are specifically designed to build upon the resources unique to the VA hospitals or clinics, or to produce manpower especially prepared to meet the common needs of the VA and the communities in which they are located. Among these are training for multidisciplinary services to aging adults; programs for personnel for ambulatory and outpatient activities in such fields as rehabilitation and prosthetics; programs for nurse practitioners and physician's associates; continuing education in single and multidisciplinary programs; and projects which deal generally with upgrading and expanding basic training programs which prepare personnel for medically underserved areas. These grants vary in length from 2 to 7 years and range generally from about \$15,000 to \$250,000 each year.

Close liaison is maintained with the Bureau of Health Manpower of the Health Resources Administration, Department of Health Education and Welfare, to avoid overlapping or duplication of support.

RESEARCH AND DEVELOPMENT

The research program of VA's Department of Medicine and Surgery contributes to the health care of veterans by generating new knowledge and by assisting in the recruitment and retention of competent professional people.

During the fiscal year, four VA researchers have received recognition on a national or international scale: Dr. Ludwik Gross, VA Hospital, Bronx, NY; Dr. Roger Unger, VA Hospital, Dallas, TX; Dr. Hubert Pipberger, VA Hospital, Washington, D.C.; and Dr. William Oldendorf, VA Hospital (Brentwood), Los Angeles, CA.

The Albert Lasker Basic Medical Research Award was presented to Dr. Gross for his discovery that viruses induce, or cause, leukemia and cancer in mammals, and for his continuing work in the biology and epidemiology of these viruses. His work stood alone for many years, yet today it is the basis of the major thrust in cancer research funded by the National Cancer Institute.

Dr. Unger's work has been recognized not once but twice. He received the Banting Medal of the American Diabetes Association and the David Rumbough, Jr. Award of the Juvenile Diabetes Foundation. The research which prompted these awards has shown that the body's blood sugar balance is maintained by two hormones—insulin, with a role which has been known for years, and glucagon, whose exactly opposite role was not appreciated. Dr. Unger's work is revolutionizing the understanding of diabetes and may lead to drastic changes in its treatment.

Dr. Pipberger pioneered in the computer interpretation of electrocardiograms—heart tracings. His very sophisticated technique is already used in examining patients. For his work, he received the Einthoven Medal from the University of Leiden, Holland.

Dr. Oldendorf received the first Ziedes des Plantes Medal from the Medical Physics Society of Würzberg, West Germany. Although he is a neurologist, Dr. Oldendorf originated an x-ray technique for scanning the brain. Called "transmission section" scanning, his concept is the basis for current computerized methods used for diagnosis.

Quality Review

The results of research reflect its quality and one of the essential functions of research management is to assure and improve that quality. In the VA, the evaluation of quality begins at the hospital or clinic where the research is done. A Research and Development Committee composed of local medical and scientific professionals reviews a research proposal in detail and recommends or disapproves its funding. These committees often include faculty members of the affiliated medical schools and can use outside experts to review proposals in medical or scientific fields in which they lack expertise. The review of a proposal frequently results in suggested changes which strengthen its design and improve the quality of the research.

Research projects requiring large expenditures are reviewed initially and all projects are reviewed periodically by one or more of VA's 15 categorical Merit Review Boards. These Boards and VA's Central Office research management provide quality standards and their enforcement for the decentralized research system.

While the Merit Review Boards evaluate re-

search quality and recommend funding, their opinions are returned to the individual hospital or clinic for the facility's guidance. The final decision remains at the local level.

Results of Merit Review serve another purpose. They indicate to VA's Central Office research management how well the local health care facility is administering its research program. On the basis of this evaluation, funding for each facility is determined annually.

Funding

Research Advisory Groups (RAG) provide the mechanism needed for recruitment, and also for handling unforeseeable financial needs. There are four groups—each composed of three VA professionals and each considering requests from about one-fourth of the VA health care facilities. The groups meet every 2 months, and can consider promptly any request for one-time funding. Since the members all work in health care facilities, they are sensitive to and knowledgeable about the needs of the hospitals and clinics. In calendar year 1974, the RAGs recommended \$2.1 million of \$3.9 million requested, of which VA's Central Office could allocate \$1.6 million.

The agency's reputation for quality research conducted in a decentralized, adaptable organization provides research-minded physicians and dentists a strong incentive to join the VA. Once recruited, the employee submits an abbreviated research proposal which is reviewed by the local Research and Development Committee. With the hospital or clinic's recommendation, this proposal is sent to the RAG which adds its recommendation. If both are favorable and reasonable, the investigareceives interim funds-averaging about \$20,000. As work begins, the investigator prepares a full-scale research proposal for submission to his local Committee and, if large enough, to the Merit Review Board which recommends a continuing funding level.

This mechanism provides for the continued production of research of high quality and contributes to the recruitment and retention of excellent professional personnel.

Cooperative Studies-Multi-Hospital Research

The VA is widely acclaimed for its Cooperative Studies—integrated multi-hospital research. Such a study may involve dozens of medical and scientific people. Its strength lies in its careful design,

meticulous execution, and relative speed when hundreds of patients can be studied within months. The following examples illustrate its breadth and effectiveness.

Effective Prognosis for Survival of Prostatic Cancer Patients—To predict the survival of patients with prostatic cancer, physicians have relied heavily on the clinical stage of the disease when the patient arrives for treatment as well as the pattern revealed by the microscopic study of cell structure of the tissue involved. In addition, a normal electrocardiogram and no history of cardiovascular disease have been favorable indications. Otherwise, means for prognosis in these cases has been limited.

Recently, the VA Cooperative Urologic Research Group reported on an additional aid for predicting survival of these patients. The study involved 750 patients in hospital and outpatient clinics at 21 VA hospitals. Nonprotein-bound serum cortisol (NPC), and total 17-hydroxycorticosteriod (17-OHCS) levels were determined before and after treatment. In general, it was found that the lower the initial value of NPC and 17-OHCS, the greater the probability of survival during the first year of treatment. The levels of these steroids appeared to be a better prognostic indicator of survival in the first year than did the patient's age, treatment, or stage of the disease.

Change in Blood Pressure after Stopping Treatment—Studies by the VA Cooperative Study Group on Antihypertensive Agents have indicated that adequate control of blood pressure for a sustained period on medication could result in a permanent modification in a small number of cases.

A group of 86 male patients with established hypertension had been treated for 2 years or longer with an effectiveness indicated by an average diastolic pressure below 96mm Hg during the last year of treatment. Older persons and those whose blood pressures were at the lower end of the spectrum of "high" blood pressure at the time medication started were most apt to remain with normal pressure after the treatment stopped.

Individual Research Projects and Programs

Prosthetics Research—The Prosthetics Research Study, Seattle, WA, tested a controlled environment treatment developed in England. This treatment is intended to expedite healing of freshly amputated limbs. Though it does not allow immediate prosthetic fitting and ambulation, replacement by a rigid socket and intermediate prosthesis is possible after 10 days.

The VA Prosthetics Center, New York, NY, has developed a myoelectrically controlled electric hook capable of unusually high grasping force. Several prototypes are under evaluation.

Cooperative studies were conducted involving possible prevention of amputation for peripheral vascular disease or at least amputation as distally as medically feasible. The Seattle Study, operating at the VA and other hospitals, and the VA Hospitals at San Francisco, CA, and Castle Point, NY, have found increasing success in healing after amputating not only below the knee but often at the ankle, in contrast to many texts which teach amputation through the thigh. Patients with more distal amputations, treated by immediate post-surgical prosthetics management, are more rapidly rehabilitated and discharged. Even the prosthesis costs substantially less than an above-knee artificial limb.

Experimental prototypes of a unique combination power bed-wheelchair were demonstrated during the year. They allow a quadriplegic independent mobility within a hospital or a ranch-style home and patio.

Several ambulators are being designed to enable a patient who cannot stand independently to work in the upright position and to move voluntarily for short distances on level surfaces. These will allow activities in a kitchen, bathroom, office, or at a public telephone, especially where narrow passages limit a wheelchair.

Clinical studies on mobility and reading aids for the blind and partially sighted continued at the three Blind Rehabilitation Centers. Western Michigan University, with VA education funds, conducted a series of courses for orientation and mobility instructors on two ultrasonic aids and on the VA-supported laser cane. This new pool of skilled instructors will expedite transition from evaluation to wider clinical use by blinded veterans and others.

Dental Research—A new toothpaste, designed for use by the elderly or weak who may be unable to spit it out, was developed through research in oral biology. This paste, which has already been used by the astronauts, can be swallowed with no ill effects.

A medical investigator at the VA Hospital, West Haven, CT, has made use of Scialom pins for setting fractures of facial bones which cannot be managed by splints. The pins bear the name of the French dentist who designed them originally for securing dental crowns. They are made of tantalum, a noncorrosive material used in transplantations, and range from one to two inches long and are similar to a hypodermic needle in diameter. A single pin is relatively easy to insert into the bone surrounding the tooth socket. Since it does not adhere to the bone, but actually becomes loose in a short time, the pin can be withdrawn easily by the dentist after a few days. When the investigators fused together a double tripod of pins with three prongs extending into the lower jaw-bone and the opposite three embedded in the crown, the triplant was almost impossible to dislodge. The successful use of this procedure with animals and clinical results with four accident victims was reported this past year.

Cancer Research—Advances in Lung Cancer Detection: Investigators from the Pulmonary Disease Section, VA Hospital, East Orange, NJ, and the Solomon A. Berson Research Laboratory, VA Hospital, Bronx, NY, report that the production of adrenocorticotropic hormone (ACTH)—in a "Big" form molecularly larger than the pituitary ACTH—in lung tumors is clinically useful as a biological marker in lung cancer. "Big ACTH" has no bioactivity and leads to no clinically detectable endocrine syndromes, such as Cushing's disease.

The immunoassay of "Big ACTH" is potentially useful in both diagnosis and treatment of lung cancer—the most common cancer in males. Because of the great sensitivity of radioimmunoassay, surgery may be unnecessary to obtain diagnostic specimens. In this study, bronchial washings also contained "Big ACTH."

The report further suggests that in cases in which lymph node or liver biopsy specimens are histologically positive for cancer, but the primary site of the tumor is unknown, the probability of the site being in the lung is favored if "Big ACTH" can be detected in the tissue.

Breakthrough in Diagnosis of Breast Cancer: During a study of plasma membranes of cells from normal, cancerous, and other abnormal human breast tissue, a San Francisco VA research biologist discovered alterations in the appearance of the plasma membrane of glandular epithelial cells lining the mammary ducts. Specimens of cancerous breasts (even from the supposedly normal portions), or noncancerous abnormal breasts, could be distinguished from normal. Normal epi-

thelial cells have a plasma membrane that appears to have a multitude of minute, hair-like projections, known as microvilli, giving the cells the appearance of brushes. Specimens from cancerous tissue show three distinct alterations of the microvilli, by which the investigators could easily distinguish the specimens of cancerous breast tissue from all other specimens.

Cardiovascular Research—Coronary Risk Screening: In an attempt to arrest the development of the current high mortality in coronary heart disease, a VA cardiologist and colleagues began a long-term epidemiologic study sponsored by the Long Beach, CA, Heart Association. They screened 2,524 Long Beach citizens, mostly in their forties and fifties, with no history of heart disease. Six major risk factors known to predispose people to coronary heart disease were evaluated.

The investigators found that in many adults showing no symptoms, risk factors predisposing to coronary heart disease are not being detected or treated. They conclude that the best approach to the epidemic of coronary heart disease is prevention; first, by detecting the presence of risk factors and then, by starting long-term treatment.

Computerized ECG Analysis: From the VA Hospital, Washington, D.C., computer analyses of electrocardiograms (ECG's) were submitted to a diagnostic test against two of the nation's expert cardiologists. The result showed cardiologists 64 percent correct, and the computer 88 percent correct. The computer has a precise memory of the profiles of many thousands of patients with known heart diseases. If a new record resembles a profile in the computer's memory, a diagnosis can be made.

Independently, cardiologists at the VA Hospital, Minneapolis, MN, tested the computer analyses in more than 1,000 cases and found it 88 percent correct, a degree of reliability they judge sufficient to warrant using the computer for ECG analysis on a routine basis.

Surgery Research—Pain Following Chest Surgery Alleviated by Nerve-Freezing: Pain after chest surgery limits the ability of patients to breathe deeply and cough frequently enough to avoid pulmonary complications. Drugs given to relieve the pain often leave the patient with shallow respiration and inadequate coughing reflex.

To overcome these difficulties, a new technique called "cryoneurolysis" was carried out on 38

patients, with an equal number of controls, at two hospitals—the VA Hospital, Albuquerque, NM, and the, Roswell Park Memorial Institute. A significant decrease was found in the need for narcotic dosage during the postoperative period when cryoneurolysis was used. This process anesthetizes the incision and does not require repetition. The patients breathe deeply and cough normally during convalescence and are easily able to sit up and use the arm on the operated side, which greatly simplifies nursing care.

National Study of Operating Room Hazards: An investigator at the VA Hospital, Ann Arbor, MI, was largely responsible for a national study by the American Society of Anesthesiologists (ASA) identifying risks to some hospital personnel. It found that breathing waste anesthetic gases in the operating room (OR) is hazardous to health and that OR personnel had a significantly higher incidence of cancer, kidney and liver disease, and abortion. Also, there was a far greater incidence of birth defects occurring among children of these health professionals than among professional people not working in operating rooms.

The hazard, first noticed in Russia and European countries, was confirmed in the U.S. by studies of Michigan OR personnel by the VA investigator who brought it to the attention of the ASA. His preliminary findings strongly suggest that the anesthetic gases are at least partly responsible for these hazards—particularly birth defects and cancer. Several anesthetic gases are similar in chemical structure to known human carcinogens. The investigator strongly recommends venting waste anesthetic gases at all locations where anesthetics are given.

Drug Dependence Research—Exploring the possibility that different classes of psychoactive drugs exert different patterns of effects on sleep, medical investigators at the VA Hospital, San Francisco, CA, studied the effects of a high dosage of tetrahydrocannabinol (THC)—considered to be the main ingredient of marijuana—on the sleep patterns of young patients, average age 25 years, who were accustomed to using marijuana.

In the present study, administration and withdrawal of high dosages of THC induced striking changes in electroencephalogram (EEG) sleep patterns. These effects were far greater than those produced on waking EEG activity. The investigators suggest that THC, because of its apparently unique pattern of effects on sleep, could prove to be a useful tool in understanding the mechanisms and pharmacology of sleep.

Research in Metabolic Disorders—Pancreatitis Treatment: Aside from different treatment for the two kinds of pancreatitis—hemorrhagic and edematous—the outlook is grave for the hemorrhagic form which has a mortality rate of 30-50 percent or higher, compared to a mortality of 5-13 percent observed in cases of edematous pancreatitis. Thus, early determination whether a patient has acute, swollen pancreatitis or the more critical hemorrhagic form is crucial to both treatment and prediction of the probable course and outcome of the disease.

Medical investigators at the VA Hospital, Sepulveda, CA, report that the detection of methemalbumin in the blood serum of effusion from the abdominal or chest cavities of patients is virtually a certain indication of the hemorrhagic form of pancreatitis. They were able to make the crucial determination of the presence or absence of methemalbumin by means of a simple, quick spectrophotometric assay developed and reported by them earlier.

Diabetes Treatment: Traditionally, the metabolic disorders of diabetes mellitus have been ascribed entirely to insulin deficiency. However, more recently, a research team at the VA Hospital, Dallas, TX, has demonstrated two new lines of evidence supporting the theory that the opposing hormone, glucagon, is involved in the development of the severely high blood sugar levels that are typical of diabetes.

The research group found that development of the abnormally high blood sugar levels, characteristic of diabetes, does indeed require the presence of glucagon. Finally, suppression of glucagon in animals with experimentally induced diabetes led to a rapid reduction of the high blood sugar level. This suggests a potentially valuable new approach to the treatment of diabetes.

Danger of High Doses of Vitamin C: In the course of treating nine Vietnam era veterans at the VA Hospital, Bronx, NY, who were receiving ascorbic acid tablets (vitamin C) to maintain a urine acid level sufficient to help prevent infection, investigators observed that four of the nine paraplegics had very low levels of serum vitamin $B_{1\,2}$ —the antianemia factor of liver extract and the most potent antipernicious anemia substance known.

Evaluating the reasons for this deficiency, the Bronx investigators discovered that large doses of vitamin C, such as those recently recommended for prevention of the common cold, may destroy from 50 to 95 percent of the vitamin B_{12} contained in a meal.

Research in Nuclear Medicine—Medical investigators at the VA Hospital, Lexington, KY, have reported a new technique for the thyroid function test using the radioisotope ^{9 9m} Technetium-pertechnetate, which saves time and money while reducing the hazard of radiation exposure to the patient's thyroid gland by almost 10,000 times.

The results of their technetium thyroid-scan study were so nearly identical to the standard ¹³¹ I-radioactive iodine uptake (RAIU) test, that the investigators recommended that their new radioisotope technique be used in place of the 24-hour RAIU test in screening and diagnosing possible thyroid disease in the interest of saving time, money and radiation exposure.

Research in Speech Pathology—Speech pathologists have divided oral communication into two kinds—transmission of meaning and of emotion. The former relates to putting words together to convey an idea; the latter, to altering inflections or pitch of the voice to convey emotion. Not only a person's ability to convey information orally, but his ability to understand persons speaking to him may be disturbed by damage to the brain, such as in aphasia resulting from a stroke. Aphasic patients who are unable to use speech to convey ideas have been found to be able to recognize the emotion conveyed by a voice even though they do not understand the words.

Investigators at the VA Hospital, Gainesville, FL, recognizing an indication that the two kinds of speech comprehension are controlled by different areas of the brain, designed an experiment to determine if there are differences between the sides of the brain in the comprehension of the emotional content of speech.

The results suggest that aphasic patients with right-sided damage have a defect in comprehension of the emotional content of speech—medically referred to as auditory affective agnosia.

Health Services Research and Development

The Health Services Research and Development Service (HSR&DS) has continued to place emphasis on developing a program keyed to the most comprehensive and expeditious delivery of health care to patients in the VA system. During the year,

this program was restated in terms of the goals and objectives established by the Department of Medicine and Surgery management by objectives process, thereby insuring integration of research and development with operating plans.

With the rapidly expanding demands for ambulatory care, a number of projects have been supported that look to appropriate and efficient patient treatment prior to, or in lieu of, hospital admission. These projects often take the form of development, pilot test and evaluation of innovative health care delivery models. Modeling activities have included projects such as the prototype Preadmission Psychiatric Assessment Unit developed at the VA Hospital, Salt Lake City, UT, for evaluating the physical, psychological and social status of applicants for mental health care prior to their admission to or treatment at the hospital. This system for collecting data on, and assessing the condition of, patients proved successful and was incorporated into the regular operation of the hospital at the completion of its pilot stage this year. A formal cost and effectiveness evaluation is now being conducted to determine the "exportability" of the model to other hospitals. Similarly, a project begun last year to develop and test clinical algorithms for diagnosis and treatment of simple acute illnesses will lead next year to pilot testing of the algorithms as an integral component of a functional ambulatory care model at the VA Hospital, Tucson, AZ, and possibly at other hospitals.

In the area of hospital functions and services supporting direct patient care, recent studies include such varied subjects as cost-benefit analysis of manual and computerized patient appointment scheduling systems; pilot test of a semiautomated system for preparation of radiology reports; and initial development of a nationwide on-line pharmacy information system that can provide patient medication history as well as the usual pharmacy inventory and control functions. Work on the planned integrated clinical and administrative hospital information system began with the initial steps to identify and define the fundamental data elements required in the operation and management of medical districts and their component hospitals under the regionalization concept now being implemented.

The VA is cooperating with the National Center for Health Services Research of the Department of Health, Education and Welfare in two programs intended to encourage research and development in health services and to train personnel appropri-

ately for such work. The National Center for Health Services Research will fund a number of grants for the establishment of Health Services Research Centers in academic institutions having working relationships with health service delivery settings. To encourage VA hospital participation, HSR&DS has offered, to each VA health care facility that successfully participates with a university in applying for and obtaining a Health Services Research Center grant, funding to provide manpower for active participation by the hospital. Similarly, Education Service and HSR&DS have entered into a cooperative arrangement with the National Center to help provide interdisciplinary education and training in health services research to selected trainees. Each trainee will be expected to have a health care background and to be working for a Ph.D. in an approved educational institution. Those students who successfully complete the program will be offered VA employment in a variety of suitable positions through which they may be able to influence favorably VA health care delivery.

A major ongoing effort of HSR&DS, the Health Services Review Organization, was implemented during the second half of FY 1975.

SUPPORT

Operating Costs

The operating costs of VA's Department of

	Fisca	Fiscal Year		
	1975	19741	Percent	
Activity	(thousands)	(thousands)	Increase	
Total medical programs	\$3,460,533	\$2,950,649	17.3	
Medical care	3,328,230	2,837,682	17.3	
Inpatient care	2,478,611	2,151,368	15.2	
Hospitals	2,253,636	1,967,177	14.6	
VA hospitals	2,210,014	1,934,901	14.2	
Contract hospitals	39,597	28,374	39.6	
State home hospitals	4,025	3,902	3.2	
Nursing homes	161,890	125,341	29.2	
VA nursing homes	105,247	83,941	25.4	
Community nursing homes	47,272	32,536	45.3	
State nursing homes	9,371	8,864	5.7	
Domiciliaries	63,085	58,850	7.2	
VA domiciliaries	53,010	49,292	7.5	
State domiciliairies	10,075	9,558	5.4	
Outpatient care	593,776	482,125	23.2	
CHAMPVA	13,208	589	2,142.4	
Education and training	177,756	155,380	14.4	
Miscellaneous benefits and	į			
services	64.880	48,217	34.6	
Miscellaneous operating	1			
expenses	36.881	31,165	18.3	
Medical administration	19,161	18,356	4.4	
Research and development in		.,		
health services	3.887	2.672	45.5	
Postgraduate and inservice	1			
training	10.484	7.043	48.9	
Exchange of medical information	3,349	3.093	8.3	
Research	95,422	81.802	16.6	
Medical research	91.627	78.608	16.6	
Prosthetic research	3,796	3.194	18.8	

¹ Revised

Medicine and Surgery during FY 1975 were \$3,460,533,000, an increase of \$509,884,000 over FY 1974. The accompanying table shows the distribution of these costs by program.

Although much of this increase is the result of rising workload, a portion must be attributed to inflation. The accompanying table lists those categories which showed the most notable increases in FY 1975.

	Change (FY 1975 v. FY 1974			
ltem	Amount (thousands)	Percent		
Personnel services	252,554	+ 12.3		
Beneficiary travel	14,850	+ 51.0		
Communications	3,586	+ 18.2		
Utilities	12,739	+ 36.6		
Outpatient dental fees	6,160	+ 13.6		
Medical and nursing fees	10,859	+ 31.6		
Community nursing homes	14,446	+ 45.4		
Contract hospitalization	10,758	+ 39.1		
Other contractual services	19,313	+ 40.1		
Provisions	6,844	+ 11.4		
Drugs and medicines	21,356	+ 21.9		
Medical and dental supplies	20,200	+ 28.1		
Fuels	5,470	+ 63.4		
Operating supplies	13,160	+ 39.2		
Prosthetic appliances	4,986	+ 19.4		

These net increases have resulted in higher per diem costs, as shown in the accompanying table.

Type of VA	Fisca	Year	Increase		
Health Care Facility	1975	1974	Amount	Percent	
Hospitals	\$75.71	\$65.08	\$10.63	16.3	
Medical bed sections	79.49	68.02	11.47	16.9	
Surgical bed sections	102.45	89.74	12.71	14.2	
Psychiatric bed sections	54.12	46.45	7.67	16.5	
Domiciliaries	15.82	13.89	1.93	13.9	
Nursing home units	42.79	35.83	6.96	19.4	

The rising costs of medical supplies and materials, increased workload, and the VA's efforts to deliver quality-medical care are all contributing factors in the higher cost per patient day and cost per patient treated. Compared to FY 1974, the cost per patient day in VA hospitals increased by \$10.63 to \$75.71 in FY 1975, while the average cost per patient treated increased by \$129 to \$1,984 in FY 1975. While per diem costs have historically been utilized as cost guidelines for VA's health care system, the cost per patient treated is more indicative of the VA's attempt to hold down the costs per hospitalization episode, as the accompanying table illustrates.

Even in light of increasing hospital employment, inflation, and the ever changing medical

	Per D	iem Cost	Cost per Patient Treated		
Fiscal Year	Amount	Index (1970=100)			
1970	\$38.42	100	\$1,524	100	
1971	43.41	113	1,626	107	
1972	56.21	137	1,851	121	
1973	57.92	151	1,769	116	
1974	65.08	169	1,855	122	
1975	75.71	197	1,984	130	

technology, the VA has endeavored to keep the costs of hospitalization at a minimum without sacrificing quality. Two primary reasons for VA's successes are a reduction in the average length of patient stay for hospitalization and an increase in outpatient care. The reduction of the average length of patient stay in hospital (from 69.6 days in FY 1970 to 36.5 days in FY 1975), is an area the VA is constantly seeking to improve.

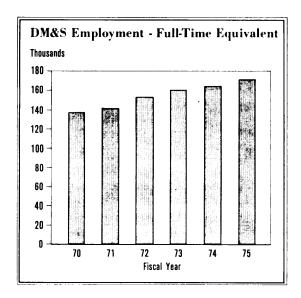
Employment

The net full-time equivalent employment (FTEE) in VA's Department of Medicine and Surgery (DM&S) for FY 1975 and FY 1974 is shown in the accompanying table. The largest increases occurred in VA hospitals and outpatient activities, where FTEE increased over FY 1974 by 3,926 and 2,306, respectively.

	Fisca	l Year	Percent
Appropriation/Fund	1975	1974 ¹	Change
Total	173,339	166,079	+ 4.4
Medical care	164,457	157,704	+ 4.3
Inpatient care	141,117	136,664	+ 3.3
Hospitals	131,821	127,895	+ 3.1
Nursing homes	6,511	5,880	+ 10.7
Domiciliaries	2,785	2,889	- 3.6
Outpatient care	22,071	19,765	+ 11.7
All other	1,270	1,273	- 0.2
Medical administration and mis-			l
cellaneous operating expenses .	748	772	- 3.0
Medical administration	674	709	- 4.9
R&D in health services	75	63	+ 19.0
Research	4,232	3,873	+ 9.3
Medical research	4,170	3,821	+ 9.1
Prosthetic research	62	52	+ 19.2
Canteen service	3,169	3,060	+ 3.6
Supply fund	680	624	+ 9.0
Consolidated working fund	53	46	+ 15.2

¹ Revised

The FTEE increases reflect a continuing trend in DM&S employment as shown in the next chart. The infusion of qualified personnel resulted in an increase in the employee to patient ratio in VA



hospitals from 1.27:1 in FY 1970 to 1.65:1 in FY 1975 and is allowing VA to approach its goal of one employee per 500 outpatient visits. This enabled VA to improve both the availability and quality of medical care.

Voluntary Service

Changes in the VA health care system and in patterns of volunteer activity throughout the U.S. continued to affect the VA Voluntary Service (VAVS) program during FY 1975.

The substantial increase in VA outpatient and community care was reflected in increases in the number of regularly scheduled volunteers in three services. The involvement of volunteers in activities supervised by VA's Social Work Service showed the greatest gain, reflecting steady growth in volunteer services for patients in contract nursing homes and foster care homes. It also showed some increase in the Telecare program in which selected volunteers keep in touch with veteran patients living in the community who are alone for prolonged or frequent periods of time.

VA's Medical Administration Service, under which many outpatient clinic and admissions area volunteers serve, showed almost as great an increase, with VA's Pharmacy Service not far behind. In the clinic and admissions areas, volunteers were particularly effective in maintaining a comfortable and friendly atmosphere for waiting patients and their families, spotting potential problems, and helping guide patients to scheduled appointments. Under close supervision, a small

number of specially trained volunteers helped patients complete medical history questionnaires for computerized record-keeping. The increase in the Pharmacy Service volunteers reflected in part the assistance given to VA staff in the packaging and labeling for mailing of pre-measured dosage drugs to outpatients.

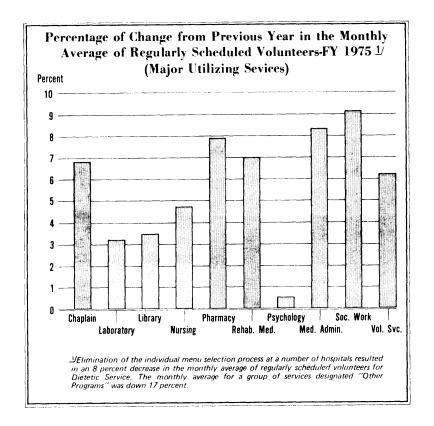
The nationwide effects of competition for volunteers, the economy, and the energy crisis were offset by increased recruitment efforts on the part of VAVS staff and participating voluntary organizations. For example, one of the largest of the organizations with membership on the VAVS National Advisory Committee initiated a study of its mechanism for recruiting, training, and referring volunteers to VA hospitals; another produced a recruitment film and established a VAVS section in its national magazine; a third adopted a series of resolutions calling for specific actions to increase recruitment of volunteers from its membership.

At the same time, the Chiefs of Voluntary Service in VA hospitals actively sought new volunteer sources among community organizations and institutions. In keeping with VA's policy that VA hospitals also serve as an educational resource, arrangements were made with college and high school faculties for the enrollment of students in VAVS assignments related to their chosen careers. In a few instances, and with excellent results, the VA joined other community hospitals in providing volunteer experience for selected traffic violators referred by the courts in lieu of fines or imprisonment.

Nationally, agreement was reached with the 8.5 million member American Association of Retired Persons-National Retired Teachers Association toward recruitment of older volunteers, and increased support was extended to the VAVS National Advisory Committee member organizations by publication of a semiannual newsletter devoted to their VAVS interests and activities.

The result of these and other recruitment activities was maintenance of a monthly average volunteer census of over 106,000, and an increase of 500,000 volunteer hours of service to a total of 10,300,000.

Emphasis was also placed on staff recruitment and training as elements essential to the quality of the VAVS service. New candidates accepted for staff positions received 6 months training under experienced Chiefs of Voluntary Service at selected VA hospitals before undertaking their own programs. Seven regional conferences during the year provided training and information exchange



opportunities for the entire staff, and Voluntary Service Officers benefited from the medical district pattern through exchange of information and consolidation of resources.

Pertinent also to the future quality of the VAVS program was the growing incidence of

leadership activity undertaken by the Chiefs of Voluntary Service in local and regional organizations of volunteer administrators. In a number of instances, this role involved designing and conducting college level courses in the administration of volunteer programs.



Volunteer Writing Letter for Spinal Cord Injury Patient

Facilities

Construction—In FY 1975, total construction obligations amounted to \$206 million. Of this total, 22 major construction contracts amounting to \$159.7 million were awarded by VA's Central Office. Eight construction contracts were awarded for Phases 2 through 7 of the 702-bed replacement hospital at Bronx, NY; Phase 2 of the 500-bed replacement hospital at Loma Linda, CA; and Phase 2 of the 820-bed hospital at Los Angeles, CA.



Replacement Hospital, Bronx, NY

At the end of FY 1975, 182 projects were under construction at a total estimated cost of \$297.5 million. Major projects underway during FY 1975 included a 328-bed addition at Phoenix, AZ; a 500-bed hospital at Loma Linda, CA; a 820-bed hospital at Los Angeles, CA; a 702-bed hospital at Bronx, NY; and a Spinal Cord Rehabilitation Center at West Roxbury, MA.

In FY 1975, 122 projects were completed at a construction cost of \$72.7 million. These projects included replacement, modernization, alteration and improvement of existing VA facilities. Major projects completed during this period included research additions to the VA hospitals at Omaha, NE, and Cleveland, OH; and a 180-bed nursing home care facility at Long Beach CA.

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

Health Care Facilities Planning — During FY 1975, revised criteria for the Respiratory Care Program were approved, and revised criteria for Ambulatory Care were completed. Major revisions of criteria for Dental Service, Surgical Clinics, and Rehabilitation Medicine have begun, and work is continuing on major criteria revisions of Pharmacy, Surgery, Radiology, Research, and Hemodialysis. A functional relationship matrix was developed to be used as a guide for planning health care facilities, and it is now being included in all of the space planning criteria revisions.

	Construction Status							
		Total	Completed		Under Construction		Authorized But Not Under Construction	
Description	Num- ber	Estimated Construc- tion Cost (million dollars)	Num- ber	Estimated Construc- tion Cost (million dollars)	Num- ber	Estimated Construc- tion Cost (million dollars)	Num- ber	Estimated Construc- tion Cost (million dollars)
Total ¹	730	\$1,355.75	122	\$72.68	182	\$297.46	426	\$985.61
Replacement and relocation hospitals	15	789.02	2	15.87	4	165.59	9	607.56
Modernization	14	130.78	Ô	13.07	4	35.09	10	95.69
Cemeteries	23	7.84	ō	o	2	0.12	21	7.72
Nursing home care units	27	42.30	7	5.12	10	13.13	10	24.05
Research facilities	22	48.41	6	5.84	5	5.23	11	37.33
Other improvements	629	337.40	107	45.85	157	78.30	365	213.26
Air conditioning	28	82.47	6	17.81	9	24.83	13	39.83
Other	601	254.93	101	28.04	148	53.47	352	173.43

¹ All figures rounded from detailed reports.

A space survey of all VA medical facilities provides the agency with a computerized space profile of each facility. In FY 1975, the space survey data bank output was made available on microfiche or microfilm for use as planning aids. Progress was also made in upgrading the computerized master equipment file which provides the agency with an equipment guide list for each function.

Use of Architect/Engineer (A/E) Firms in VA Design — During FY 1975, the VA commissioned 118 A/E firms at \$8.4 million in fees: 34 A/E firms for major projects amounting to \$6.2 million in fees; 17 A/E firms for seismic studies amounting to \$1.3 million in fees; and 67 A/E firms for local-level projects amounting to \$0.9 million in fees

During FY 1976, the VA is planning to commission 324 A/E firms at \$28.8 million in fees: 104 A/E firms for major projects amounting to \$24.7 million in fees; and 220 A/E firms for local-level projects amounting to \$4.1 million in fees.

Construction Research — As part of the program to provide the most advanced concepts, materials and techniques in VA hospital design and construction, a total of 12 research and development project studies in building technology were in progress during the year. The majority of these studies are being performed through contracts with private consultants. The reports on these studies are used as the basis for establishing policy and technical criteria in the form of construction standards for the VA hospital program. In addition, the reports are made available to other government agencies and to the public.

A significant project underway is the study of the potential fire hazard in hospitals associated with the movement of smoke and toxic gases. The results of this study indicate that air conditioning systems normally installed in hospitals can be operated during a fire emergency so as to create an effective air barrier to prevent smoke and toxic gases from migrating to non-fire areas. The data collected from this project are already being used in the development of new fire code provisions by the National Fire Protection Association and in preparing revised fire safety criteria for VA hospitals.

Of the seven projects initiated during the year, two projects are of particular significance. The first is intended to develop a standard on directional-graphic systems for more effective direction of VA hospital users and for improved identification of spaces in both new and existing VA hospital buildings. The second project is intended to develop a computerized program which will permit the VA to calculate the heating and cooling loads of a hospital at the preliminary stage of design; simulate the various heating, ventilating, and air conditioning systems that might be installed; predict the annual and monthly energy requirements and utility costs of the hospital; and provide data for determining the life cycle costs of each of the systems.

Advisory Committee on Structural Safety — Public Law 93-82 requires that hospitals, domiciliaries, and other medical facilities, including nursing home facilities contracted for under Section 620, Title 38 U.S.C., are to be of fire, earthquake and other natural disaster resistant construction. To comply with this law, an Advisory Committee on Structural Safety of Veterans Administration Facilities was appointed to advise the Administrator on all matters of structural safety in the construction and remodeling of VA facilities. The Advisory Committee's recommendations for fire, earthquake and other natural disaster resistant construction are developed as Construction Standards by the VA staff.

The Advisory Committee recommended the adoption of the VA Handbook H-08-8, entitled "Earthquake Resistant Requirements for VA Hospital Facilities." This handbook sets forth requirements for earthquake resistant design of VA hospital facilities. The committee also recommended standards for fire safety construction of VA facilities pending the results of a Code Comparison Study now underway.

Maintenance of Facilities — Maintenance of VA-owned physical facilities is accomplished by VA's Engineering Service personnel. Over \$59 million of nonrecurring maintenance funds were expended during the year for about 1,400 projects related to maintenance of physical facilities and capital equipment, and accomplishing minor improvements.

A program for correction of electrical deficiencies at VA health care facilities was initiated during the year and is being continuously developed and progressively implemented. Approximately \$8 million of nonrecurring maintenance funds were obligated in FY 1975 for upgrading electrical distribution systems and for

providing nine additional facilities with adequate emergency power.

A program was also initiated during the year for air conditioning existing VA medical facilities on the basis of procedures for project development. These procedures were established to assure selection and installation of systems with the most favorable life cycle costs and with due regard for conservation of energy.

Air pollution at VA facilities has been reduced by the installation of incinerators meeting VA specifications and the conversion of boilers to less polluting fuels. The VA facilities are now in compliance with national, State and local air pollution abatement requirements.

Energy Conservation — The VA is in the forefront among government agencies in implementing a policy of energy conservation.

Energy conservation in the design of new buildings is one of VA's major objectives. Design criteria for the many functions of a hospital have been changed to provide for better utilization of energy. Solar energy, total energy and selective energy plants are being investigated for possible use in hospitals. Energy saving devices and existing hardware are used extensively.

Air conditioning criteria have been revised to reduce energy loads, and lighting levels have been reduced for the same reason. A few of the systems being implemented are listed below.

- 1. An annual cycle energy system is being considered for use in one of the VA outpatient clinics. This system was developed by the Oak Ridge National Laboratory and is based on a unique concept. Summer cooling will be provided by chilled water and ice which have been generated the previous winter through the operation of the heat pump for heating.
- 2. A solar energy system is being contemplated for use on one of VA's research buildings. This is a pilot study being made on a modified Swedish design research building for heating and air conditioning.
- 3. A selective energy system is being investigated for use at the new VA hospital at Augusta, GA. The VA hospital will buy its electricity from the utility company to handle its normal lighting load, and will also generate its own electric power to run its air conditioning system. The waste heat will be used to run additional air conditioning to

make up the total air conditioning load for the building.

- 4. The heat recovery wheel, which was first introduced to VA in the VA hospital at Phoenix, AZ, in 1969, is now standard VA design practice.
- 5. Heat pumps are now in operation at the VA hospitals in Durham, NC; Long Beach, CA; and Tuscaloosa, AL. This system is now being used wherever it is feasible and appropriate.

Land Management — During FY 1975, 21 VA facilities were surveyed by the General Services Administration (GSA) in accordance with Executive Order 11724. A total of 669 acres at six facilities were recommended to be excessed as a result of the GSA surveys. During FY 1975, the VA voluntarily excessed 122 acres to GSA for further Federal utilization or disposal. There were 27 new outleases of land or building space issued by the VA during FY 1975.

Draft Environmental Impact Statements were prepared and issued for the replacement hospital at Augusta, GA; a parking garage; and a clinical building and seismic corrections. State clearing houses were notified of compliance with Office of Management and Budget Circular A-95 for 28 projects located in 22 States. Land Use Master Plans have been developed and approved for seven VA hospitals.

During FY 1975, the Space Management Division was established in the Land Management Service of VA's Office of Construction to coordinate and perform the agencywide building space program involving space acquired by means other than VA fee acquisition or construction. The program covers 7 million square feet of space with an annual rental of \$40 million. Initial steps were taken to acquire by lease four regional data processing centers, and 10 satellite outpatient clinics. This action was taken in cooperation with the GSA regional offices.

Historical Preservation Activity — The VA historic preservation program is receiving a wider exposure throughout the agency with the coming of the Bicentennial year. This renewed interest has increased the quality of data available on the history of many VA properties and created a new sensitivity to local history on the part of employees and visitors. Additional care is being taken to avoid projects which might be detrimental to historic properties.

The VA has opposed external activities which may have an adverse effect on historic sites, such as construction of a motorcycle race track near the VA Hospital, Ft. Meade, SD; sale of land adjacent to the North Little Rock Division of the VA Hospital, Little Rock, AR, for high rise development; and construction of a high rise complex overlooking the National Memorial Cemetery of the Pacific in Honolulu. The VA has received good cooperation from State Historic Preservation Officers on historic preservation matters.

During the year, special funds were made available for structural stabilization at one of the VA's oldest properties — a quarters unit built in the 1750's on the ground of the present VA hospital at Perry Point, Maryland.

Building Management - VA's Building Management Services are improving in many respects, with a definite trend toward professionalism. Appropriate pest control personnel involved in the application of restricted use pesticides are being trained for certification as required by Public Law 92-516, the Federal Insecticide and Rodenticide Act, as amended. The VA is meeting the emphasis placed on the decor of the patients' environment by the Joint Commission on Accreditation of Hospitals through training of program personnel and application of innovative approaches. The VA recognizes that sanitation requirements to prevent cross-infections in health care facilities are greater than at any time in the past. The employee uniform program is under study, with a view towards more satisfactory and economical management of the program. The laundry and linen functions are also being studied to determine possible management or technical changes which would contribute to cost reductions.

Security and Law Enforcement — Upgrading actions were continued in all facets of security and law enforcement at VA health care facilities during FY 1975. Basic physical security improvement ranged from replacements of key lock hardware within rigid material and key control specifications, to the installation of equipment for preventing thefts of dangerous drugs. Bomb threat procedures and plans for the prompt search and rescue of incapacitated patients were required at each facility. Supporting these improved patient and property security measures, a full range of actions was initiated to improve the capabilities of hospital police officers to perform the unique security and law enforcement role found in a

hospital environment. Centralized training of VA police is continuing with increased emphasis on patient protection and proficiency in law enforcement activities.

Law enforcement authority included in Public Law 93-43 has, thus far, enabled 127 VA hospitals to achieve the capability for enforcing codified VA rules through the U.S. District Courts. By virtue of this capability, improved physical security, and a persistent training effort, over 2,200 arrests were effected for crimes on VA property. VA Hospital Police effected confiscations of over 750 weapons and 1,000 illegal drugs in FY 1975. Drug thefts were down, from 79 in FY 1974 to 66 in FY 1975, and intercepts of attempted drug thefts increased from only 19 in FY 1974 to 79 in FY 1975. The intensive activities of a mobile drug investigation team in responding to reports of illegal drug introduction at hospitals further reflects the focus of attention on drug related crimes.

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 171 Supply Services in health care facilities furnish support to about 250 VA installations and about 400 installations of other government agencies throughout the United States, the Republic of the Philippines, and the Commonwealth of Puerto Rico. The annual supply workload approximates \$760 million. About \$580 million is expended for supplies and equipment for VA activities, and \$160 million is expended for services, including utilities, equipment rentals, and other contractual services. The remaining \$20 million is expended for supplies and equipment for other government agencies.

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

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 1975, the Fund was operated with a profit of \$192,694 which represents 0.07 percent of the \$265 million Supply Fund sales.

The VA Marketing Center at Hines, IL, pur-

chased and contracted for goods and services totaling \$296 million during the year. In meeting the commercial definition of "marketing," the Marketing Center provides highly sophisticated technical, general and medical equipment and supplies to all VA medical complexes through contracts or volume purchases for the VA's internal distribution system. It consummates contracts and/or agreements, putting into priority perspective the goals and mission of the agency. These contracts range from artificial limbs, hearing aids, ophthalmic lenses, brain and body scanners, laundry items and systems, to agreements providing whole blood and derivatives, accreditation checks, and even individual assets and income reports. In addition to VA requirements, this Center supports other Federal civilian agencies by contracting for nonperishable subsistence, drugs, and x-ray film requirements. It also supports about 25 Federal civilian agency customers by supplying medical supplies and equipment. This support amounted to \$112 million of the \$296 million business.

Two supply depots and a subdepot located in Somerville, NJ, Hines IL, and Bell, CA, are operated by the VA Supply Service for centralized distribution of supplies and equipment to all VA facilities, as well as other government agencies. Eight commercial warehouses are utilized for the storage and distribution of frozen fruits, juices, vegetables and meats. During the year, outbound depot shipments totaled approximately 42,000 tons and contained approximately 639,000 line items. Depot personnel monitor the nationwide silver recovery program which insures that maximum amounts of this scarce natural resource are recovered. After processing, the silver is sold through competitive bidding and profits from the sale are credited to the Supply Fund.

Although the basic mission of the depots is the same, each specializes in certain functions because of available resources. The VA Supply Depot at Somerville administers a nationwide annual contract for books and periodicals, which totals approximately \$1.5 million, and is responsible for the selection, in accordance with medical criteria, of films required for VA's Nationwide Recreation Motion Picture Program. Somerville Depot personnel also conduct acceptance inspections of all intensive care patient monitoring equipment procured by the VA Marketing Center for use in VA hospitals and in other government agencies.

The VA Supply Depot at Hines maintains accountability of an estimated \$35 million inven-

tory located at the three depots and eight commercial frozen food warehouses. Nationwide distribution of hearing aids is accomplished from this point, as is the maintenance of a national supply cataloging system. A unique function of the Hines Depot is the operation of a Service and Reclamation Division which provides preventive maintenance and repair for x-ray, technical, medical and general hospital equipment. From here, highly trained technicians and repairmen visit hospitals throughout the nation and, through a systematic inspection and repair program, insure that hospital equipment is maintained in a manner commensurate with the needs of good patient care and safety at minimum costs.

The VA Subdepot at Bell makes monthly shipments of depot-stocked and locally procured items to the Veterans Memorial Hospital and the VA Regional Office in Manila. In addition, it performs a local buying and shipping service for American Samoa and the Trust Territories of the Pacific.

The Supply Services at VA health care facilities are responsible for planning, directing, and managing the total program to supply all staff and operating elements with necessary goods and services. The Supply Services at VA hospitals also support a number of small installations of other government agencies located in the same vicinity. During FY 1975, this support exceeded \$900,000.

The VA continues to be the leader in developing a total supply support concept within the hospital setting. This includes the assumption of responsibilities for centralized collection, decontamination, processing, sterilization and redistribution to the point of need of complex surgical instruments and sophisticated life-saving equipment. The rapid introduction of new life-saving medical and surgical procedures demands continued development of supply processing techniques to meet particular needs and prevent hospital-acquired infections. In April 1975, the first of a series of training films depicting the latest concepts of cleaning, processing, sterilization and distribution of medical/surgical instruments and supplies was produced at the VA Hospital, Gainesville, FL. This training film was later broadcast from a Denver, CO, studio, via satellite, to 10 geographically isolated hospitals.

During FY 1975, the VA continued to play an active role in providing support to other government agencies and departments in supply and services, under the authority of The Economy Act (Section 636, Title 31 U.S.C.). Many of the

interagency agreements negotiated during the year were with new customer agencies, such as the Postal Service Bulk Mail Centers, Navy Bureau of Medicine and Surgery activities, and the Civilian Conservation Corps program under the Manpower Administration of the Department of Labor.

The VA emphasized the small business program, and awards to small firms increased. During FY 1975, 55.5 percent of all VA purchases were from small business firms. VA, in the same reporting period, awarded contracts in excess of \$597 million to small business firms across the nation.

In FY 1975, the VA continued to work vigorously in the Minority Business Enterprise Program of the Small Business Administration (SBA). Based on preliminary SBA data, the VA awarded 309 contracts worth \$19.4 million, compared with 283 contracts worth \$15.5 million in FY 1974. This increase was accomplished through the joint effort of the Office of Construction and DM&S Supply Service and Engineering Service.

The VA is working closely with the Experimental Technology Incentives Program (ETIP), which is administered by the National Bureau of Standards. The ETIP program is designed to support governmental procurement systems (Federal, State and local) as an incentive for stimulating innovation and technological change in the nation's health care delivery system. VA's Supply Service is establishing a Testing and Evaluation Division which will permanently incorporate the ETIP program into the VA procurement system. This Division has as its main function the task of insuring that all medical equipment, supplies and devices purchased by the VA are safe and effective. This function will be carried out in conjunction with the Food and Drug Administration's Bureau of Medical Devices and Diagnostic Products. The Bureau and the VA exchange data on medical devices. The teletype systems of both agencies have been linked to provide rapid transmission of product recalls, defects and other data that could adversely affect hospital patients throughout the country.

During FY 1975, all property of the National Cemetery System transferred to the VA by the Secretary of the Army was screened and cataloged.

During the year, Supply Service was involved in providing the equipment for more than 170 new construction projects, including modernization and improvements of existing facilities, outpatient clinics, and nursing homes.

Approximately 30 percent of the total line

items available through the VA's distribution system are generic drugs. During FY 1975, sales increased by 12.8 percent and receipts by 14.8 percent, while the total inventory value increased only 6.2 percent. It is anticipated that 53 new line items of drugs will be added to the VA distribution system, with an initial cost of approximately \$3.8 million.

Excess personal property having an acquisition cost of approximately \$1.6 million was redistributed within the VA for continued use.

The ongoing conversion of the Supply accounting automated data processing (ADP) monthly batch card system to the new Logistics (LOG I) daily update ADP system was accelerated during FY 1975. Seventy-one health care facilities have been converted to the new system, and the balance of VA facilities are targeted for completion by June 1, 1976.

A VA gift to the Republic of South Korea of used and obsolete excess prostheses, approximating 20,000 pounds, was presented to Consul General Young Park at a ceremony at Long Beach Harbor, CA. The shipment consisted of wheelchairs, braces, canes, crutches, special shoes, walkers, exercisers, lifts, and other items.

Biomedical Engineering Program

VA's Biomedical Engineering program has progressed rapidly towards the establishment of professional biomedical engineering practice and the resolution of many problems associated with the introduction of sophisticated medical instrumentation throughout VA health care facilities. Eighty professional biomedical engineers now serve as consultants to the medical team in all areas of biomedical engineering at the professional level. These individuals assist in equipment selection and evaluation, and establish programs to assure the accuracy, reliability and safety of medical instrumentation. Most VA health care facilities now have a program of Biomedical Engineering or are supported by biomedical engineers and biomedical engineering technicians through VA's regionalization program. Costs of servicing medical instrumentation have been reduced by millions of dollars during the program's 3 years of operation. This resulted from the utilization of VA employees to service medical equipment rather than continued use of manufacturers service contracts.

An Engineering Service Center has been established to provide centralized support to the VA health care facilities with respect to instrumenta-

tion documents and service literature. Comprehensive educational programs have been established for biomedical engineering technicians and medical equipment repairmen (seventy percent of whom are enrolled in training), and continuing education programs are now being developed for biomedical engineers.

ADMINISTRATIVE AND OTHER ACTIONS AND IMPROVEMENTS

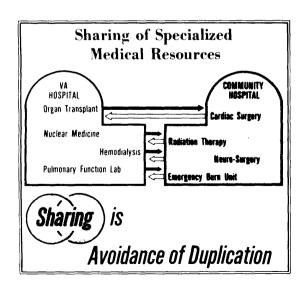
Management by Objectives

The concept of Management by Objectives (MBO), which has been a basic part of organization theory and management studies from a very early time, is a logical and practical approach to health planning. The VA's Department of Medicine and Surgery completed during the year its initial MBO effort, utilizing a comprehensive approach to setting objectives for FY 1977.

The VA anticipates that the MBO process will be a very effective tool in the planning and implementation of its health care program to assure the delivery of high quality comprehensive health services to veteran patients. This successful initiation of the process on the Central Office level, will be extended in the near future to the VA health care facilities.

Sharing of Specialized Medical Resources

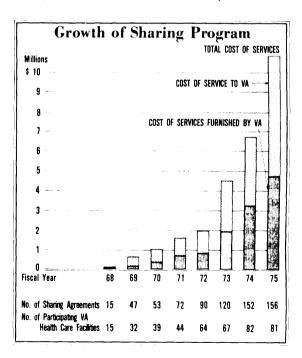
The program of sharing specialized medical resources between VA hospitals and other Federal, state and community hospitals and clinics has



continued to make progress for the ninth consecutive year. The authority for sharing specialized medical resources is Public Law 89-785, which permits the VA to share its specialized medical resources with other hospitals and clinics and conversely to utilize the resources of the community hospitals and clinics when such services are otherwise not available in VA facilities. The sharing of such resources has helped to minimize duplication of costly and highly specialized medical resources and has improved the cooperation between the VA health care facilities and their community counterparts.

Sharing programs were strengthened through a Memorandum of Understanding signed by the Administrator of Veterans Affairs and the Secretary of Health, Education and Welfare which now permits the VA to receive reimbursement from Medicare for end-stage renal dialysis services provided by a VA health care facility to a Medicare beneficiary through a sharing agreement.

The concept of sharing has continued to be emphasized by the Veterans Administration. Special emphasis has been directed to the better utilization of specialized medical resources within a VA medical district and through the concept of sharing such resources. Procedures to expedite renegotiation of existing sharing contracts have been developed by decentralizing this authority to the VA medical district level. VA health care facility officials have continued to implement and



expand this program. During FY 1975, 81 VA health care facilities had entered into 156 sharing agreements with community health care facilities. The total cost of services amounted to \$10.9 million; of this total, \$4.7 million represented the cost of services furnished by the Veterans Administration. The accompanying chart illustrates the growth of the sharing program since FY 1968.

Health Care Review

During the first half of FY 1975, 23 administrative surveys were conducted by the Health Care Review Service. A substantial change in direction was then initiated moving away from a focus on administrative compliance toward a primary interest in assessment of the quality of patient care. This change was based on a new program developed by the Health Services Research and Development Service, titled Health Services Review Organization (HSRO), encompassing both Systematic Internal Review (SIR) and Systematic External Review Program (SERP). During the second half of FY 1975, a revised survey format was implemented putting into practice the new emphasis on quality of patient care. A total of 19 initial such survey visits were conducted which resulted in numerous modifications in the program's structure and content. It is planned that six surveys will be conducted each month during the next fiscal year.

SERP surveys will be performed at each VA health care facility once every 2 years. All services having any relationship to patient care and its quality are included in the survey program. Although only VA employees have been thus far selected for team membership, other individuals outside the VA, who have some basic knowledge of VA policies and practices, will be included in the future. It is anticipated that these additional members will be chosen from members of academic institutions and local medical societies.

Deficiencies, or opportunities for improvement, are called to the attention of the health care facility staff, with recommendations. Recommended corrective action is tailored to suit the documented deficiencies and may include training and education, policy alterations, resource reallocation, individual or program performance modification, physical facility alterations, budgetary change, or support for new legislative authority or appropriations. The Departmental operational services and all other staff elements of VA's Central Office are involved in the analysis of each

report to effect appropriate actions and to accomplish proper corrective measures.

SIR is the component of HSRO with the "front line" major effort of quality assurance. SIR, like SERP, includes representation from all VA health care facility services and all employees, with surveillance of all aspects of patient care. Evaluations focus objectively on patterns of care through the selection of locally adapted criteria and predetermined standards. SIR is conducted on an ongoing basis by the staff of every VA health care facility. Therefore, HSRO emphasizes an accountability for all of the health care staff by participation in the conduct of the evaluation of the quality of care. Those criteria selected include institutional structure as well as processes of care and outcome of care. The SIR evaluations are structured with orderly steps for continuous performance that will lead to recommendations, plans for corrective action and the evaluation of consequences of such corrective action. Educational strategy development to assist in deficiency correction is an integral part of these plans.

Quality of Care Report

On March 31, 1974, the President directed the Veterans Administration to carry out a comprehensive review and analysis of the quality of health care services being received by the veteran patient in the VA's medical care program. The resulting report, which became known as the Quality of Care Report (referred to hereafter as the Report), concluded that while the majority of patients in VA hospitals and clinics were receiving health care of a quality which meets or exceeds the standards of nationally recognized professionals, the quality in certain areas was less than satisfactory due to equipment, environmental or space staffing, deficiencies. By the end of FY 1975, substantial progress had been made in correcting the deficiencies which were identified in this special study.

The Report identified five specific areas in which improvements were determined to be critically necessary:

1. Basic, or "Core," Staffing Requirements—At the time of the survey in April and May 1974, an immediate critical need was identified for an additional 7,963 Full Time Employment (FTE) in the area of "core" staffing. VA received FY 1975 and FY 1976 funding for 6,206 of the additional FTE required, and in February and May 1975 was

able to provide another 250 FTE to VA hospitals. Funding for the remaining 1,757 FTE will be requested in the FY 1977 budget. "Core" staffing funds are used to employ direct patient care personnel, including physicians and nurses.

- Specialized Medical Services Require-2. ments-At the time of the survey, VA recognized that the prevailing standards of medical care would no longer justify gradual introduction of certain special programs, such as medical, surgical and coronary intensive care units; pulmonary function laboratories; and mental hygiene clinics. For example, the lack of intensive care capability in any hospital in FY 1974 could be considered a serious direct patient care deficiency. The survey noted the staffing, equipment, and construction requirements involved in meeting VA needs to establish these programs. (The staffing funds are provided to hospitals at the appropriate time in the activation plan of each program - usually when construction is nearing completion, and the equipment is provided in the same manner.) The total staffing requirement identified as needed to support the activation of these programs was 1.056 FTE. VA has been funded for 660 FTE through FY 1976, and will be requesting the remaining funds in FY 1977. The status of construction of these new units is as follows:
- a. Intensive Care Units, Medical: Twenty-four VA hospitals were identified as needing medical intensive care units. Seven of these units have been completed and are operating, six are being constructed, and the remaining 11 are at various stages in their project development.
- b. Intensive Care Units, Surgical: Twenty-two VA hospitals were identified as needing surgical intensive care units. These needs were reevaluated and it was determined that the existing intensive care capability at 20 of these hospitals can and should be used to meet their surgical intensive care needs. VA is therefore proceeding with the development of only two of the identified projects.
- c. Coronary Care Units: Four VA hospitals were identified as needing coronary care units. Two of these units have been completed and are in operation, and construction projects to establish the other two are being developed.
- d. Respiratory Care Centers: Thirty-two VA hospitals were identified as needing respiratory

care centers. Three of these units have been completed and are in operation, nine are under construction, and construction projects for the remaining 20 are being developed.

- e. Pulmonary Function Laboratories: Fourteen VA hospitals were identified as needing pulmonary function laboratories. One of these units has been completed and is in operation, four are being constructed, and construction projects for the remaining nine are being developed.
- f. Mental Hygiene Clinics: Thirty-two VA hospitals and outpatient clinics were identified as needing mental hygiene clinics. Twelve of these units were funded in FY 1975, and the remaining 20 will be funded in FY 1976.
- 3. Fire Fighting Requirements—Twenty-eight VA hospitals were identified as having requirements in this area. A need for an additional 117 FTE was reported, and the necessary resources have been provided. Appropriate equipment is being secured for the six hospitals identified as having requirements for fire fighting apparatus. One maintenance and repair project was identified and a construction project is being prepared for consideration and funding.

4. Structural Requirements and Deficiencies

a. Safety and Fire Protection: Eighty-four projects were identified in the maintenance and repair category. Thirteen of these projects were funded in FY 1975, 64 will be funded in FY 1976, two have been determined unnecessary, and the remaining five are being reprogrammed to other budget categories for accomplishment.

One hundred and ninety-five other projects were identified in the minor and major construction category. VA hospital directors have been authorized to proceed with the selection of architect-engineers to develop 149 of these projects, 28 are at various stages of pre-construction development in VA's Central Office, 17 will be accomplished in FY 1976 as maintenance and repair projects, and the remaining one is being considered for cancellation.

In addition, a new program is being developed that will place a safety and fire engineer in every VA medical district with responsibility for identifying deficiencies under the changing codes, developing facility fire and safety plans, and training safety and fire personnel.

- b. Patient Support Systems: Three projects were identified in this category. All are minor construction projects and are at various stages of pre-construction development in VA's Central Office. These projects provide for the installation of medical gas systems, including central oxygen, vacuum, and compressed air in patient rooms.
- c. Potable Water Supply: One project was identified in this category which is under development in VA's Central Office.
- d. Electrical Deficiencies and Emergency Generation: Twelve projects were identified as maintenance and repair category projects. Ten of these projects were awarded for accomplishment during FY 1975, and architect-engineering contracts have been awarded for development of the remaining two.

One hundred and twenty-eight other projects were identified as minor and major construction projects. Forty-six of these were earmarked for accomplishment through FY 1976: two were funded as maintenance and repair projects in FY 1976, 34 are at various stages of pre-construction development in VA's Central Office, and four are being considered for accomplishment in FY 1977. Of the remaining 82, 41 are being considered for inclusion in the FY 1977 budget, and the other 41 will be considered for inclusion in the FY 1978 budget.

- e. Boiler Plant Replacement: Three projects were identified as maintenance and repair projects and these were awarded for accomplishment in FY 1975. Three other projects were identified as minor and major construction projects and these are at various stages of pre-construction development in VA's Central Office.
- f. Environmental Control Requirements: This category, although titled Air Conditioning Requirements in the Survey Report, includes temperature and humidity control, air filtration, air movement, and pressure control. Modern medical standards and VA policy call for such environmental control in every hospital. Based again upon a systemwide survey of the severity of climatic conditions, a priority listing was developed for the scheduled air conditioning of all VA health care facilities.

The fact, not widely known, that patients with cardiopulmonary disease do poorly in hot, humid climates and that proper air conditioning is not,

therefore, just a comfort factor but a matter of mortality led to the inclusion of these requirements in the Report.

Recognizing and so indicating in the Report that this was a large and expensive program, it was recommended that the program be supported at a rate of \$50 million and 10 projects per year until completion. Improvements in FY 1976 will approximate this level.

5. Ambulatory Care Space Requirements-The orientation of health care delivery has dramatically changed during the past several years. While VA resources had historically been expended in the provision of inpatient hospital care, efforts have been redirected in large measure to provide the veteran with health care in an outpatient modality. The resultant growth of the VA's ambulatory care program, occasioned by both changing medical standards and the passage of Public Law 93-82, has created serious deficiencies of space in which to provide this care in VA hospitals. These facility deficiencies, and the confusion and delays such serious crowding produces, directly compromise the quality of care that can be provided to patients.

Therefore, ambulatory care construction projects already scheduled for future funding requests at the time of the survey, were considered as deficiencies justifying inclusion in the Report.

Since few VA hospitals were constructed to provide space for an ambulatory care program of the present magnitude, it was realized, and so stated, that the projects included in the Report were only the beginning of a longterm program of major importance.

Finally, the VA addressed itself to two other problems, with both legislative and operational implications, that it considered of major importance to the VA's ability to assure every veteran the best possible care. The first of these problems is the eligibility definitions for veteran health care, which can be confusing, conflicting, and difficult to interpret. Legislation addressed to this matter (H.R. 3347) received VA support. The second of these problems is the recruitment and retention of certain health care personnel. Legislation for the correction of this problem was also supported by the agency.

VA recognized that while it had many available or recently developed tools to identify its problems and needs, a better method was required to insure correction of problems. Therefore, in the recent reorganization of the line operations of the

Department of Medicine and Surgery in VA's Central Office a specific line responsibility was created for receiving and reviewing all survey reports, conducting special visits that may be required, and instituting by directive or by resource allocation the necessary corrective measures. This is the Operations Review and Analysis Office under the Associate Deputy Chief Medical Director for Operations. It is believed that this organizational assignment combines these critical responsibilities with the appropriate level of authority to insure timely and adequate corrective action. VA has also recently established a Health Service Review Organization (HSRO), discussed in the section on Health Care Review above, which provides procedures and techniques for every VA health care facility to use in a

continual monitoring of their own patient care activities.

Also, VA's Department of Medicine and Surgery will for the first time, in FY 1976, give separate budget identity to its Health Services Research and Development (HSR&D) field activity. This action will provide HSR&D with a strengthened approach in exploring new mechanisms in health care delivery.

In conclusion, VA identified in the Report only those deficiencies which it had an opportunity to identify during the period of April and May 1974 or which it had fully documented prior to that time. The Veterans Administration will take the necessary steps to eliminate any other deficiencies not identified in the Quality of Care Report.

To care for him who shall have borne the battle and for his widow, and his orphan

Compensation and Pension

COMPARATIVE HIGHLIGHTS

	FISCAL	YEAR	
	1975	1974	Percent Change
Cost (billions)	\$ 7.6	\$ 6.7	+ 13.4
Disability cases on rolls	3,226,701	3,241,263	- 0.4
Service connected	2,220,169	2,210,756	+ 0.4
Non-service connected	1,006,127	1,030,046	- 2.3
Special acts and retired officers	405	461	- 12.1
Death cases on rolls	1,628,146	1,627,482	1
Service connected	368,955	371,202	- 0.6
Non-service connected	1,259,160	1,256,245	+ 0.2
Special acts	31	35	- 11.4

¹ Less than 0.1 percent

SUMMARY

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

- 1. Disability Compensation A veteran is entitled to compensation for disability incurred or aggravated while on active duty. The amount of compensation is based on the degree of disability.
- 2. DIC and Death Compensation Dependents of a veteran who died of service connected causes

after January 1, 1957 are entitled to Dependency and Idemnity Compensation (DIC). Dependents of veterans who died before that date are entitled to Death Compensation, or may elect to receive dependency and indemnity compensation.

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

During FY 1975 the cost of compensation and pension benefits continued to rise. Compensation and pension payments to veterans and their dependents amounted to \$7.6 billion in FY 1975, an increase of \$900 million from last fiscal year. The increasing cost is primarily attributable to two factors: additional Vietnam era veterans and their beneficiaries being placed on the rolls, and payment increases brought about by enactment of new legislation.

Public Law 93-527 (December 21, 1974) increased the disability and death pension rates, and the dependency and indemnity compensation payments made to parents of deceased veterans, by about 12 percent. Annual income limitations applicable to these cases were increased by \$400.

The aid and attendance allowance for veterans was increased to \$123 and the housebound rate to \$49. The aid and attendance allowance for widows receiving pensions and for parents receiving dependency and indemnity compensation was increased to \$64.

COMPENSATION

The number of veterans receiving compensation for service connected disabilities increased by 9,413 during FY 1975. This was primarily because of an increase of 33,685 Vietnam era veterans receiving this benefit. Regular Establishment cases showed a minor increase of 1,428 cases. Korean conflict cases showed a decrease of 368 cases, while World War I and World War II cases showed substantial declines.

Cases of death compensation decreased slightly by 2,248 during FY 1975 with declines recorded for all periods of service except the Korean conflict and Vietnam era. The increase for Korean conflict and Vietnam era was only 3,373, not enough to offset the combined losses of 5,721 for the other periods of service.

PENSION

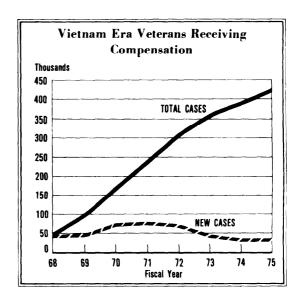
Veterans in receipt of pensions continued to decline in FY 1975, with a net loss of 23,919 cases. This was primarily due to the continuing decline of World War I cases.

The death pension program shows an increase of 2,915 cases over FY 1974. Losses of 11,924 World War I cases and 3,229 Spanish American War cases were more than offset by increases of 9,518, World War II cases, 5,568 Korean conflict cases and 2,997 cases from the Vietnam era.

PERIOD OF SERVICE

Vietnam Era

Although there were 33,685 more Vietnam era veterans receiving compensation at the end of the fiscal year, this was the smallest increase since the Vietnam era was so designated in August of 1967. The accompanying chart shows the current downward trend in the rate of increase of Vietnam era compensation cases. However, the chart also shows that the total number of Vietnam era veterans receiving compensation continues to increase, and with new cases exceeding losses this trend will continue for many years to come.



Only 7,299 Vietnam era veterans were receiving disability pensions at the end of the fiscal year, an increase of 1,414 cases. Since the average age of these veterans is only 30 years, no appreciable increase in those applying for disability pension was expected. The number of service connected death cases increased by 6.7 percent to 53,985. The non-service connected death pensions cases numbered 16,480 at the end of the fiscal year, an increase of 2,997 cases or 22.2 percent.

Korean Conflict

The number of Korean conflict veterans receiving compensation decreased by 368 to 240,038 during FY 1975, the second consecutive drop since that conflict ended 19 years ago. Although it is too soon to determine whether a trend has actually been established, the number of Korean conflict compensation cases declined in 8 of the 12 months of the past fiscal year. The high mark on the rolls was reached in June 1973 at 240,756. In comparison, the highest number of World War II veterans receiving compensation was in FY 1953, only 8 years after the end of the war.

In contrast to compensation, the number of Korean conflict veterans receiving pensions continues to rise. At the end of the fiscal year, there were 51,660 Korean conflict veterans on the pensions rolls, a 13.3 percent increase over FY 1974.

The number of death compensation cases showed a minor increase of 104 to 39,350 at the end of the fiscal year. Since the FY 1966 high of

40,367, the number of Korean conflict cases has dropped 2.5 percent. The number of death pension cases increased 6.1 percent to 96,526. As with disability pensions, the number of Korean conflict death cases should continue to increase for some time.

World War II

Veterans of World War II comprise the largest single group receiving compensation for service connected disabilities. The number on the rolls continued to decline in FY 1975. At the end of FY 1974, a total of 1,329,774 were receiving service connected compensation as compared to 1,308,914 in FY 1975, a reduction of 20,860 cases or 1.6 percent. Conversely, non-service connected pensions showed an increase of 34,479 to 571,093 cases, a 6.4 percent increase.

Service connected death compensation cases declined 4,564 cases in FY 1975 from 196,462 to 191,898 or 2.3 percent. The non-service connected death pension caseload increased 9,518 to 539,926 or 1.8 percent in fiscal year 1975. It is expected that death pension cases for World War II will increase in future years as the mortality rate for World War II veterans increases with advancing age.

World War I

The caseload related to World War I veterans receiving disability compensation declined during the past fiscal year by 787 or 2.2 percent. The comparative caseloads for FY 1975 and FY 1974 were 35,015 and 35,802, respectively. For caseloads related to payments of disability pensions the decline was significantly greater, 65,470 or nearly 15 percent. The comparative caseloads for FY 1975 and FY 1974 were 374,714 and 440,184.

Death pension caseloads dropped from 592,726 in FY 1974 to 580,812 in FY 1975, a decrease of 11,924 or 2 percent.

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were eight veterans of the Spanish American War receiving disability compensation as of June 30, 1975. A total of 989 veterans of this war were receiving disability pensions. The death compensa-

tion and pension caseloads were 253 and 24,405 respectively. There are 11 veterans of the Mexican Border Service receiving disability compensation and a total of 372 receiving disability pensions. There are three death compensation cases while the death pension cases increased from 499 in FY 1974 to 554 in FY 1975. There are no living veterans of the Indian Wars and the Civil War. There is one widow receiving death compensation as an Indian War beneficiary and 86 widows and children are receiving death pension benefits. There are 10 widows and children receiving death compensation with Civil War entitlement and 388 receiving death pensions. There were 193,983 peacetime veterans receiving compensation as of June 30, 1975, and 48,441 cases for which beneficiaries of deceased peacetime veterans were receiving compensation.

BENEFIT OVERVIEW

The accompanying tables present a broad picture of the compensation and pension programs. They show the number and percent of all current cases for each period of service, a comparison of this composition with FY 1974, and the change for each period of service between FY 1974 and 1975.

Overall, the number of disability compensation cases has increased only 0.4 percent from FY 1974 to FY 1975. World War II veterans accounted for 59.0 percent of the disability compensation cases in FY 1975. Vietnam era veterans increased from 17.6 percent of the total in FY 1974 to 19.0 in FY 1975, due largely to the loss of World War I and World War II cases. World War I veterans represented only 2.5 percent of this group. Veterans of the Korean conflict and other periods of service comprise the remainder of disability compensation cases. World War I awards have decreased by 7.6 percent and World War II awards by

	Disability Compensation Cases						
	FY 19	975	FY 19	974	Char	nge	
Period of Service	Cases	Percent of Total	Cases	Percent of Total	Number	Percent	
World War I World War II Korean conflict Vietnam era Peacetime Spanish American Mexican Border	54,679 1,308,914 240,038 422,536 193,983 8	2.5 59.0 10.8 19.0 8.7	59,148 1,329,774 240,406 388,851 192,555 9	2.7 60.1 10.9 17.6 8.7	- 4,469 - 20,860 - 368 + 33,685 + 1,428 - 1	- 7.6 - 1.6 - 0.2 + 8.7 + 0.7 - 11.1 - 15.4	
Total	2,220,169	100.0	2,210,756	100.0	+ 9,413	+ 0.4	

¹ Less than 0.1 percent

1.6 percent. The largest gain was shown by Vietnam era veterans, whose rolls increased 8.7 percent.

Disability pension cases have decreased 2.3 percent from FY 1974 to FY 1975. World War II veterans represent 56.8 of all disability pension cases, World War I veterans 37.2 percent, and Korean veterans only 5.1 percent. Vietnam era veterans and veterans from other periods of service comprise less than one percent of the total. In the comparison of FY 1974 with FY 1975, there has been a decline in the number of older veterans. such as World War I veterans down 14.9 percent, Spanish American War veterans down 27.4 percent, and Mexican Border veterans down nearly 10 percent. The groups of younger veterans receiving disability pensions have increased over the past year - World War II by 6.4 percent, Korean conflict by 13.3 percent, and Vietnam by 24 percent.

	Disability Pension Cases						
	FY 19	975	FY 19	974	Char	nge	
Period of Service	Cases	Percent of Total	Cases	Percent of Total	Number	Percent	
World War I	374,714	37.2	440,184	42.7	65,470	14.9	
World War II	571,093	56.8	536,614	52.1	+ 34,479	+ 6.4	
Korean conflict	51.660	5.1	45,587	4.4	+ 6.073	+ 133	
Vietnam era	7,299	0.7	5,885	0.6	+ 1,414	+ 24 0	
Spanish American	989	0.1	1.363	0.1	373	27.4	
Mexican Border	372	0.1	413	0.1	41	99	
Total	1,006,127	100.0	1,030,046	100.0	23,918	2.3	

There has been a 0.6 percent decline in the number of death compensation cases, for which payments are made to the dependents of deceased veterans. World War II represents 52 percent of all cases. Vietnam era and peacetime cases comprise 14.6 percent and 13.1 percent of the total respectively with the remainder distributed among other periods of service. Only two periods of

	Death Compensation Cases						
	FY 19	975	FY 19	74	Char	nge	
Period of Service	Cases	Percent of Total	Cases	Percent of Total	Number	Percent	
World War I	35,015	9.5	35,802	9.6	- 787	- 2.2	
World War II	191,898	52.0	196,462	52.9	- 4,564	- 2.3	
Korean conflict Vietnam era	39,350 53,985	10.7 14.6	39,246 50,616	10.6 13.6	+ 104 + 3,369	+ 0.3	
Peacetime	48,441	13.1	48,784	13.1	- 343	- 0.7	
Spanish American	253	0.1	278	0.1	- 25	9.0	
Mexican Border	3	1	3	1	-	-	
Indian Wars	1	1	1	'	1 -	i -	
Civil War	9		11	1	- 2	- 18.2	
Total	368,955	100.0	371,202	100.0	2,248	- 0.6	

Less than 0.1 percent

service have shown increases over FY 1974. Vietnam era cases have increased by 6.7 percent, and Korean conflict by 0.3 percent.

Death pension cases increased by 0.2 percent between FY 1974 and FY 1975. Losses of World War I and Spanish American War cases were more than offset by the increase in World War II, Korean conflict and Vietnam era cases. In FY 1975 World War I cases represented 46.1 percent of the total, and World War II cases 42.9 percent. Cases from Korean conflict and other periods of service comprised the remainder of this group.

	Death Pension cases						
	FY 1975		FY 1974		Change		
Period of Service	Cases	Percent of Total	Cases	Percent of Total	Number	Percent	
World War I	580,802	46.1	592,726	47.2	11,924	2.0	
World War II	539,926	42.9	530,408	42.2	+ 9.518	+ 1.8	
Korean conflict	96,526	7.7	90.958	7.3	+ 5,568	+ 6.1	
Vietnam era	16,480	1.3	13,483	1.1	+ 2,997	+ 22.2	
Spanish American	24,405	2.0	27,634	2.2	3.229	11.7	
Mexican Border	554	'	499	1	+ 55	+ 11.0	
Indian Wars	85	1 '	97	1	12	12.4	
Civil War	382	1	440	'	58	13.2	
Total	1,259,160	100.0	1.256,245	100.0	+ 2.915	. 0.2	

Less than 0.1 percent

REORGANIZATION

A basic principle in the reorganization of regional office structure begun in 1973 is establishment of Processing Team Concept Units in Adjudication Divisions. This principle enlarged Adjudication Divisions by integrating all elements affecting the claims processing function, including activities previously handled by the Administrative and Finance and Data Processing Divisions. It splits out of Adjudication Divisions the counseling and Rehabilitation activities and those education activities involving liaison outside the office. During FY 1975 Processing Team Concept Units were established at 16 regional offices, bringing the total number of converted units to 35.

TARGET

The Target system is a benefits delivery system which is designed to provide telecommunication of claims data to the data processing center to facilitate payment of benefits. It also permits on-line inquiry and response about the status of claims in the data processing center. With this capability, transactions on pending claims can be processed immediately, without waiting for time-consuming transmission of data by mail. The

pilot project for the Target system, referred to as Pilot/Target, is being developed at the Philadelphia and Baltimore regional offices, and the Hines and Austin Data Processing Centers.

During FY 1975, the inquiry subsystem for Pilot/Target was installed at the Philadelphia and Baltimore regional offices. The subsystem provides immediate visual display of basic data for eligibility determinations as well as extensive information on the status of any established claim. Printed information is available when required. In addition, the capacity for processing changes of claimant name or address, stop, suspend and

resume payment transactions, and for processing of some types of education awards was installed. The testing and evaluation of training and operating procedures continued as new capabilities were put into service. Test and evaluation activities include in-depth studies of each processing capacity after it is installed for use in the field stations. Pilot/Target development will continue at the Baltimore and Philadelphia regional offices in the coming year, while the inquiry subsystem will be expanded to include the Los Angeles, New York and Washington, D.C. regional offices.



Education Benefits

COMPARATIVE HIGHLIGHTS

	Fiscal	Percent	
Item	1975	1974	Change
Benefit costs (millions) . Post-Korean trainees	\$ 4,401	\$ 3,189	+ 38.0
(thousands)	2,692	2,359	+ 14.1
Sons and daughters	71,433	63,010	+ 13.4
Spouses	16,519	12,952	+ 27.5
Voc. rehab. trainees	24,840	26,974	- 7.9
Trainees counseled	86,792	76,871	+ 12.9

SUMMARY

Despite the conclusion of hostilities in Vietnam and a reduction in the number of net discharges from the all-volunteer armed services, the VA has provided education assistance to more veterans and eligible persons during FY 1975 than

in any other year under the current program. A total of 2,804,358 veterans, service personnel, and veterans' dependents trained during the year, representing an increase of 13.9 percent over FY 1974. Rate increases provided by Public Law 93-508 and Public Law 93-602, along with the state of the national economy, encouraged many additional veterans and dependents to attend school. Education assistance payments in FY 1975 rose to a record level of \$4,401,118,449. This is the highest annual expenditure since the original World War II program was enacted in 1944.

Also contributing to the record expenditure was the passage of Public Law 93-337. This law extended to 10 years the former 8 year delimiting period for use of educational assistance benefits. If this change had not been enacted, over 4 million post Korean veterans discharged before the effective date of the current program (June 1, 1966)

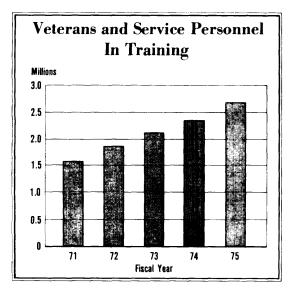
would have become ineligible as of June 1974.

EDUCATION AND TRAINING

Veterans Education Assistance

During the first 109 months of education assistance under the current program 59.3 percent of the Vietnam era veterans and service personnel have received training. Under the World War II program, only 50.5 percent of the veterans received training.

The 2,691,566 veterans and active duty personnel who trained during FY 1975 represent a 14.1



percent increase over the 2,358,608 beneficiaries in FY 1974.

Through April 1975, a total of 461,000 veterans and active duty personnel had availed themselves of training under programs to assist the educationally disadvantaged as provided in subchapters V and VI, title 38, United States Code. These persons have received training to overcome their educational handicaps without charge to their basic entitlement.

In general, the veterans training under the current program have had a higher level of prior education than those in either the Korean conflict or World War II program. The median prior education was 12.1 years for World War II veterans, 12.5 years for Korean conflict veterans, and 12.6 years for all post-Korean trainees.

Public Law 93-508 increased most education assistance allowances by 22.7 percent effective

September 1, 1974. The basic rate for a single veteran in full time institutional training increased from \$220 to \$270 per month. Effective January 1, 1975, Public Law 93-602 extended this increase to persons training while on active duty, on-the-job, in flight schools, on a less than halftime basis, or by correspondence. This increase was substituted for the 18.2 percent originally provided for these types of training by Public Law 93-508.

In addition to the rate increases, Public Law 93-508 made a number of other changes to the program. Most importantly, this law:

- 1. Granted an additional 9 months of entitlement to veterans pursuing a standard undergraduate college degree.
- 2. Removed the previous 800 man-year limitation on the use of the veteran-student services (work-study) program. In addition, the number of hours an individual veteran may work during a semester or other enrollment period was increased from 100 to 250 hours, and the maximum allowance rose from \$250 to \$625 per enrollment period.
- 3. Authorized education loans to certain eligible veterans training in a State of up to \$600 per regular-school year, depending on financial need. Interest is not to accrue, and repayment will not begin, until nine months after the veteran ceases to attend school on at least a half-time basis.
- 4. Required that for a sales or vocational course to be approved for veterans education assistance, at least 50 percent of the graduates be employed in the field for which the course was designed to provide training.

Dependents Education Assistance

This education program serves survivors of those veterans who died from service connected causes or dependents of those veterans whose service connected disabilities are rated total and permanent. Spouses and children of service personnel who are prisoners of war, missing in action, or interned by a 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. Individuals who trained this year totaled 87,952, which represented an increase of 15.8 percent over the prior year. Of these beneficiaries, 71,433 were children and 16,519 were spouses. College level training was taken by 87.4 percent of all dependents in training.

Dependents also benefited from the rate increases provided by Public Law 93-508 and Public

Law 93-602. In addition Public Law 93-508 authorized the education loan program for dependents and provided them with a farm cooperative program similar to that available to veterans.

Vocational Rehabilitation

The mission of the vocational rehabilitation program is to assist service disabled veterans in need of rehabilitation to overcome the handicapping effects of their disabilities and to prepare for, obtain and hold productive employment. Through individualized counseling, each veteran is helped to select a suitable vocational objective and to plan a program of rehabilitation training to achieve the goal selected. The VA provides all necessary medical, prosthetic and other services and special supplies and equipment for successful rehabilitation. VA rehabilitation staff maintain continuing close contact with the veteran throughout the training to assist as needed. While in training, the veteran receives a monthly subsistence allowance in addition to disability compensation. The VA also pays the cost of tuition, books and supplies to the training facility. On completing training, the veteran is helped to secure and maintain employment in the field for which he or she trained.

During FY 1975 the eligibility requirements for vocational rehabilitation applicable to certain service-disabled veterans were liberalized, making benefits potentially available to many more veterans. Prior to the enactment of Public Law 93-508 veterans having a compensable disability rated less than 30 percent which resulted from service after the Korean conflict, or during the period between World War II and the Korean conflict, could be provided training under the vocational rehabilitation program only if the service connected disability were found to constitute a pronounced employment handicap. Public Law 93-508 eliminated this requirement so that the determination as to need for vocational rehabilitation is now made on the basis of the same criteria for all veterans otherwise eligible. Information about this change in the law and its meaning for them was sent to all veterans affected whose basic termination date for benefits has not passed.

Public Law 93-508, as subsequently amended by Public Law 93-602, also increased the subsistence allowance for vocational rehabilitation trainees approximately 22.7 percent over the rate in effect prior to September 1, 1974. The impact of these liberalizations on the use of vocational rehabilitation benefits began to be evidenced in the latter part of FY 1975. During the period January through June 1975, the number of veterans counseled and the number entered into training under the vocational rehabilitation program showed an increase over the numbers so served during January through June 1974. For the year as a whole, however, the rehabilitation training program decreased in size, with a total of 24,840 veterans in training, 7.9 percent fewer than the 26,974 enrolled in FY 1974. This represents a continuation of the decline that has occurred each year since FY 1972, when the number of veterans in rehabilitation training totaled 31,635, the peak for the Vietnam era. Of those in training, 18,487 were attending colleges and universities, 4,855 were in trade or technical schools or in special training situations, such as rehabilitation centers, and 1,498 were in on-the-job and on-the-farm training.



Veteran Crafting Silver and Gemstones—Skills Learned Through VA Training

Photo copyright July 1974,
The Oklahoma Press Publishing Company
Photo courtesy
Muskogee Daily Phoenix & Times Democrat

As mandated by law, the extended period of eligibility during which seriously disabled veterans can be provided vocational rehabilitation terminated June 30, 1975 for most World War II and Korean conflict veterans. Special efforts were made in cooperation with the Rehabilitation Services Administration, Department of Health, Education and Welfare to ensure that those seriously disabled veterans who were enrolled in training under the VA program on the termination date

would be continued in training under the State-Federal program, and that veterans applying subsequently to initiate training would receive sympathetic consideration.

In FY 1975, as in the previous year, intensive outreach and follow-up efforts were directed toward encouraging veterans in need of vocational rehabilitation services to participate in the program and toward ensuring that such participation culminates in rehabilitation, as evidenced by successful employment. As part of this effort, VA continued its collaboration with National Alliance of Businessmen and the Department of Labor in a joint project to identify and assist service disabled veterans in need of training or employment assistance.

Counseling and rehabilitation staff are taking a strong role in helping to implement the overall VA program of affirmative action in behalf of the employment of disabled veterans. The resources of these specially trained staff are being made available to assist in the selective placement and effective utilization of qualified handicapped persons in public and private employment. While the focus of VA efforts is on assistance to disabled veterans, help may also be provided non-veterans such as VA employees and applicants for employment. In cooperation with the Department of Labor and Civil Service Commission the VA sponsored a session on affirmative action at the 1975 meeting of the American Personnel and Guidance Association.

COUNSELING

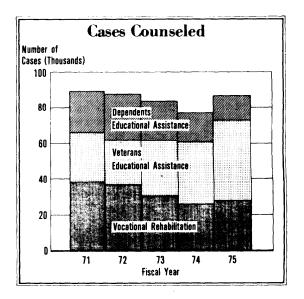
Educational and vocational counseling services are furnished eligible veterans and dependents under the vocational rehabilitation training program and the GI Bill and dependents education assistance programs. This year the total number of counseling cases was 86,792, compared to 76,871 in FY 1974. This increase of 12.9 percent reverses a slow downward trend which began in FY 1971. As shown in the chart, the FY 1975 increase was in GI Bill counseling and counseling under the vocational rehabilitation program. Contributing factors included the liberalization of eligibility requirements for vocational rehabilitation training, extension of the delimiting date for GI Bill training from 8 to 10 years, increased educational allowances and impact of the economic recession on the availability of jobs.

VA counseling is available at approximately 70 VA locations and 175 college and university

counseling centers and community and private agencies providing service under contract with the VA. Of the 86,792 cases of counseling in FY 1975, 56,133 were completed by VA counseling psychologists, and 30,659 by counseling psychologists in VA contract centers.

Under the vocational rehabilitation program, counseling is an essential part of the process through which a rehabilitation plan designed to meet the needs of the individual veteran is developed. During FY 1975, there were 27,634 rehabilitation counseling cases, compared to 25,795 in FY 1974, a 7.1 percent increase.

Under the veterans GI Bill and the dependents education assistance programs, counseling is available to all eligible persons on request and, under certain circumstances, is required before benefits may be authorized. Whether voluntary or required the purpose of counseling is to help the veteran or dependent arrive at sound decisions regarding his or her educational goals and plans. During FY 1975, GI Bill counseling cases totaled 44,928, as against 34,715 in FY 1974, an increase of 29.4 percent. Dependents' counseling declined from 16,361 in FY 1974 to 14,230 in FY 1975, a 13.0 percent decrease.



STATE APPROVING AGENCIES

State approving agencies were utilized originally to meet requirements of the World War II programs. Courses offered for training veterans and eligible persons must be approved by the State approving agency where the training facility is located or by the Administrator. The VA currently has contracts with 74 State approving agencies at a cost to the VA of more than \$11 million annually. Services include continuing supervision of schools

and training establishments having veterans and eligible persons enrolled in approved courses.

Public Law 93-508 increased the allowances paid to State approving agencies for administrative expenses.



Housing Assistance

COMPARATIVE HIGHLIGHTS

	Fiscal	Year	
	1975	1974	Percent Change
Loans closed Guaranteed or insured Mobile home Direct	288,167 2,028 2,665	306,198 5,062 2,608	- 5.9 - 60.0 + 2.2
Average loan amount Guaranteed or insured (Primary loans for homes) Mobile home Direct	\$27,951 \$ 9,455 \$18,344	\$25,029 \$ 9,032 \$16,829	+ 11.7 + 4.7 + 9.0
Maximum interest rate GI Mobile home	9½% 12%	8¾% 12%	+ 8.6
GI loans oustanding Loans in default Defaults as percent	3,856,154 45,889	3,751,827 37,853	+ 2.8 + 21.2
of outstanding loans Properties on hand	1.13 10,836	1.01 11,135	+ 11.9 - 2.7

SUMMARY

During FY 1975, the VA assisted more than 293,000 veterans to become homeowners. Of this total, over 98 percent obtained guaranteed loans. Since the beginning of the home loan program, VA guaranty support has encouraged private lenders to

extend \$113.5 billion for the purchase or construction of homes to 8.8 million veterans. In addition, more than 322,000 veterans have bought homes with the assistance of VA direct loans totaling almost \$3.2 billion; and nearly 14,000 severely disabled veterans have received specially adapted housing grants from VA for over \$158 million.

The Veterans Housing Act of 1974, enacted December 31, 1974, contained a number of provisions which expanded VA home loan benefits.

The Act makes it possible for a veteran who has used his GI loan benefits to regain entitlement, provided the veteran has disposed of that property and the loan has been paid in full, or another veteran has agreed to assume the outstanding balance on a GI loan and has consented to the use of his entitlement.

Restoration of entitlement was previously restricted by a requirement for a compelling reason for the veteran's disposition of the property, or loss of the property by condemnation or hazard. As a consequence of the elimination of the compelling reason requirement, over 4 million veterans whose GI home loans have been paid in full are potentially eligible for new loans.

Previously the law provided that only supervised lenders (those subject to State or Federal supervision and examination, such as savings and loan associations, banks and insurance companies),

could make VA loans without prior VA approval. The Act authorized VA to extend the automatic processing privilege to nonsupervised lenders who meet standards prescribed by VA.

The new Act authorized VA to approve condominium projects for guaranteed loans without the previous stipulation that the Department of Housing and Urban Development must have, prior to VA guaranty of any loan in such a project, insured at least one loan in the project. This feature is also expected to generate new business of substantial volume.

The specially adapted housing grant (made to assist severely disabled veterans in constructing or modifying their homes) was increased from \$17,500 to \$25,000. The maximum guaranty for conventionally constructed housing was raised to \$17,500. These changes were made in recognition of the increasing costs of housing.

The Act removed the July 1, 1975 expiration date for VA's mobile home program. It also authorized increased loan maximums of \$12,500 for single-wide mobile homes, and \$20,000 for double-wide units (\$27,500 with developed lot). The maximum loan maturity for double-wide homes was increased from 15 to 20 years.

Under the Act VA received authority to guarantee loans for the purchase of used mobile homes which meet VA requirements for construction, design, general acceptability and safety.

VA may now guarantee loans for the purchase of mobile home lots in those cases where veterans already own mobile homes. These loans may include the cost of making necessary site preparations.

The Act repealed VA's authority to guarantee farm and business loans. VA is still authorized to guarantee loans for the purchase or construction of farmhouses which veterans will occupy as their homes.

The Act also amended the Federal Credit Union Act to permit credit unions to make GI mobile home loans at maturities set forth in the new law.

MOBILE HOME LOANS!

Since the inception of the mobile home loan program in February of 1971, VA has guaranteed 17,653 mobile home loans, thereby assisting lenders in providing \$156,768,685 in loans to veterans who probably would have been unable to

afford a home in the conventional market. During FY 1975, 2,220 applications were received and 2,028 mobile home loans amounting to \$19,263,972 were guaranteed.

During FY 1975, mobile home loan activity declined from the level of the previous year. This is primarily attributable to the general economic conditions prevailing throughout most of the year, which adversely affected the whole housing industry. The mobile home industry, which is more vulnerable to economic changes, was especially affected, as evidenced by the numbers of mobile home manufacturers and dealers leaving the industry during the year. The VA mobile home loan activity declined at a rate only slightly less than the rate of decline in mobile home shipments by the mobile home industry during the year.

A mobile home section was added to the Central Office staff in FY 1974 for the purpose of providing the specialized expertise needed to establish an effective liaison between VA and lenders, manufacturers and dealers' organizations which dominate the industry. During FY 1975, members of the mobile home loan section conducted mobile home seminars, prepared press releases, spot radio announcements, and two mobile home exhibits to be shipped to State mobile home shows in order to encourage more widespread participation in the program by dealers, lenders and veterans.

Plant Inspections

Each mobile home plant producing mobile home units to be sold to veterans is inspected quarterly to see that the units produced and the manufacturing process are in compliance with the American National Standards Institute (ANSI) A119.1 standards, adopted by the VA as its mobile home construction requirements.

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 the provisions for protecting materials during storage.

A total of 762 mobile home plant inspections were made by VA during FY 1975. An additional 1,206 inspections by third-party inspectors were accepted by VA as meeting VA requirements. Approximately 25 percent or 180 inspections made by VA noted noncompliance with the ANSI standards. The noncompliances noted generally

¹/This information is included in compliance with Section 1819, Title 38, U.S.C.

did not involve major structural items and typically were either immediately corrected or satisfactory arrangements were made to assure prompt correction. As reported in previous years the major noncompliances noted by VA during inspection were centered in the area of plumbing and heating. No other pattern of noncompliance has developed from the inspections.

VA experience with the mobile home industry as well as local, State and area associations has been most satisfactory. VA has received full cooperation of all parties concerned with VA inspections. There have been no reported instances of flagrant, willful violations of construction standards, and no instance of manufacturers refusing to cooperate or permit inspections.

Mobile Home Onsite Inspections

During FY 1975, VA made 1,131 inspections of mobile homes secured by GI loans. Each inspection covered the mobile home and its site and included where possible an interview with the veteran owner or spouse, or both.

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 and 22 percent were on individual sites.

They found that 89 percent of the units were at the locations named in the original loan applications and that 11 percent had been moved from the locations specified in the applications.

The average size of the units inspected was 853 square feet, approximately the area of a 70×12 foot unit. For 98 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 97 percent of the mobile homes.

Public water facilities were connected to 60 percent of the homes, while 40 percent had private water supply systems. Sewage was disposed of through public or community disposal systems in 65 percent of the homes and the remaining 35 percent were equipped with individual septic tank systems.

At the time of the inspections, 76 percent of the units had skirting, but only 31 percent had tiedowns installed which were adequate to withstand hurricane-force winds.

The general condition of the mobile home units was also reported. Nearly 40 percent were reported in excellent condition and 58 percent in good condition.

Interviews were conducted with occupants of 79 percent of the 1,131 units inspected. Their units had been occupied, on average, about 6 months at the time of the interviews. The average interview lasted 28 minutes. Some of the results of the interviews are:

96 percent were satisfied with the treatment received from VA;

96 percent were satisfied with their lenders;

72 percent were satisfied with their park operators;

75 percent were satisfied with their dealers.

As to future housing plans, 57 percent planned to remain in their mobile homes, 18 percent wanted to move into conventional housing, 20 percent wanted to move their homes to other sites and 5 percent wanted to buy another mobile home

VA onsite inspection reports show that some 15,000 veterans have obtained satisfactory housing through mobile home loans since the program was initiated.

Compliance with Warranty

Every new 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.

During FY 1975, VA field stations reported 310 complaints on mobile home units that were considered justified, and 18 unjustified complaints. By the end of the fiscal year, 243 (78 percent) of the justified complaints had been resolved and 67 (22 percent) were pending resolution. Of the complaints, 257 (83 percent) were under warranty; 24 (8 percent) were due to faulty setup operations; and 29 (9 percent) were attributed to both warranty and faulty setup.

The nature of complaints varied from relatively minor defects to seriously defective items to be repaired. A total of 224 (72 percent) complaints were reported because of the faulty construction of the mobile home unit; complaints on both the construction and furnishings of the mobile home accounted for 82 (27 percent) of the complaints:

and 4 (1 percent) expressed dissatisfaction with only the furniture in the mobile home.

VA field stations have acted promptly in determining the validity of complaints received. Complaints have been widely distributed among manufacturers and models, with no single manufacturer accounting for a significant percentage of the total complaints.

Defaults

When the VA mobile home loan program was established, it was anticipated that the incidence of defaults and claims would be greater than that experienced for loans on conventional homes. Thus of the 17,653 mobile home loans guaranteed, almost 11 percent have resulted in claims paid by VA since the inception of the program in February of 1971.

To reduce such losses from mobile home loan defaults, VA developed a procedure of continued liability under an indemnity agreement whereby the purchaser of a repossessed mobile home may, in effect, assume the loan on the home.

Profile of Mobile Home Market vs. GI Home Market

Providing lower cost housing for younger veterans and service personnel who, because of lower incomes, cannot afford conventional housing, is the primary purpose of the VA mobile home loan program.

Characteristics	Mobile Home Loans	Home Loans
Average maturity (months)	141	353
Average purchase price	\$9,696	\$28,858
Average loan amount	\$9,455	\$27,951
Average monthly income	\$ 609	\$ 884
expense	\$ 199 \$ 695	\$ 328 \$ 3,156
Housing expense as a percent of monthly	095	Ψ 3,130
income	32.7	37.1

During FY 1975, reports show that most veterans using the program are the younger, lower income veterans for whom the program was initiated. The accompanying table, which compares selected characteristics of mobile home loans to those of GI loans on conventional houses, indicates that the average income of mobile home buyers was 31 percent lower than that of conventional home buyers. The median age of mobile home buyers was 28 years and 61 percent of them were under 30 years of age, compared to a median age of 31 years and only 40 percent under 30 years of age for conventional home buyers.

The percentages of monthly income used for housing expenses, as shown on the table, indicate that mobile home buyers fared considerably better than conventional home buyers in FY 1975. This was due to the fact that housing expenses for mobile home buyers increased only 5 percent over the previous year while those for conventional home buyers jumped 16 percent. This, in turn, was due primarily to the fact that the average purchase price of mobile homes increased 5.2 percent while that of conventional homes rose 12.5 percent.

DIRECT LOANS

The purpose of the direct home loan program is to extend credit to veterans for the purchase, construction, repair and alteration of homes and farm houses in rural areas, small cities, and towns where private credit is not generally available. VA is authorized to designate such rural areas, small cities and towns as "housing credit shortage areas," if it finds that private credit is not generally available for the making of guaranteed loans.

In the VA direct loan program, veterans apply directly to the VA for loans. The terms of direct loans are the same as those in effect for guaranteed loans.

To date, VA has made direct loans to 322,554 veterans, in an aggregate amount of over \$3.2 billion. In the past several years, the demand for direct loans has declined because of the general availability of private funds for guaranteed loans. There were only 2,665 direct loans made in FY 1975.

The average loan amount of direct loans made in FY 1975 was \$18,344, contrasted to the \$27,951 average for home loans guaranteed in the same period. The lower average amount for direct loans has been influenced to some extent by the

\$25,000 limitation on the amount of a direct loan. Guaranteed loans, with a limitation on the amount of the guaranty but no limitation on the loan amount, reflect rising costs of homes more quickly than do direct loans. Also, housing costs in rural areas and small towns generally have been lower than such costs in urban areas where most guaranteed loans are made.

GILOANS

During FY 1975, the VA home loan guaranty program assisted 288,163 veterans to become home owners. In FY 1974, the program had assisted 306,188 veterans to obtain home loans.

Despite the sharp rise in the price of houses, nearly 69 percent of the veteran home buyers were able to obtain no-downpayment loans. The demand for VA housing credit remains strong. This in part reflects the liberalization of the Veterans Housing Acts of 1970 and 1974. Taken as a whole, these two acts restructured the VA home loan programs so that these programs can better meet the housing needs of veterans. One of the major liberalizing elements in each Act pertained to expanding the eligibility of veterans. The Housing Act of 1970 removed the delimiting dates applicable to eligibility of veterans and provided for the blanket reinstatement of all expired, unused entitlement of World War II and Korean conflict veterans. The Veterans Housing Act of 1974 further liberalized the VA home loan program by making it possible for a veteran who has used his GI loan benefit to regain the use of his entitlement provided the veteran has disposed of the property and the loan has been paid-in-full, or another veteran has agreed to assume the outstanding balance on a GI loan and has consented to the use of his entitlement.

Of the 288,163 GI home loans made during fiscal year 1975, 86 percent went to post-Korean veterans and service personnel including Vietnam era veterans, with 10 percent going to World War II veterans and 4 percent to Korean conflict veterans. Since the average age of World War II veterans is now 55 years and Korean conflict veterans average 45 years, compared to an average age of 32 years for post-Korean veterans, the demand for VA loans in the future is expected to come from the post-Korean veteran population.

About 75 percent of the loans to veterans were to finance the purchase of previously occupied housing. These loans averaged \$26,980 and fi-

nanced homes with an average purchase price of \$27,805. On newly constructed homes, the average loan was \$30,916 and the average purchase price was \$32,115.

June 22, 1975, marked the 31st anniversary of the GI loan program. During its history the program has grown to such magnitude that it is, today, an important part of the nation's financial machinery. The term "GI Loan" has become a household word. From June 22, 1944, to June 30, 1975, 8.8 million veterans borrowed \$113.5 billion under the GI loan program to buy, build or improve their homes.

CREDIT MARKET CONDITIONS

During most of FY 1975 the VA home loan program operated under very restrictive credit market conditions. As a result of restrictive monetary policy and concern over inflation, both short-term and long-term interest rates registered sizeable increases. Mortgage interest rates increased to the point where a number of state usury ceilings prevented mortgage rates from rising to market levels.

Reflecting credit market conditions, VA, on July 8, 1974, raised the VA interest rate ceiling from 8% percent to 9 percent. In August, both short-term and long-term interest rates continued to register sizeable increases and VA had to raise the ceiling again, this time to 9½ percent, on August 14, 1974. The 9½ percent ceiling represented an all-time high for the program.

The general upward trend in interest rates continued all during the first half of FY 1975. During January and early March both short-term and long-term interest rates suddenly posted sizeable declines. Reflecting this trend, VA, on January 21, reduced the VA interest rate ceiling to 8½ percent, and again on March 3 to 8 percent.

The downward trend was reversed in early April. To keep GI loans competitive VA had to raise the interest rate back to 8½ percent.

Tight money also influences the mortgage market and the VA home loan program through its effect on the share of the savings flow captured by savings and loan associations and mutual savings banks. These institutions, which have the bulk of their funds in mortgages, make long-term loans at fixed rates of interest. The income from these loans, and therefore, the interest or dividend rates paid to depositors, tend to be inflexible in the short-run. In periods of tight money, when market interest rates generally rise faster than rates paid

on savings, some individuals decide to channel their new savings into higher yielding market securities. Such diversion of funds from institutions which specialize in mortgage lending tends to reduce sharply the supply of mortgage money.

FUNDING OPERATIONS

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

During FY 1975, VA collected more than \$254 million in principal and interest payments, with the interest portion amounting to \$107 million. Loan sales from VA's own portfolio of loans totaled almost \$163 million.

SPECIALLY ADAPTED HOUSING ASSISTANCE

Severely disabled veterans declared eligible for grants for specially adapted housing have distinctive housing needs such as wide doorways to accommodate wheelchairs, ramps instead of steps, oversized and specially equipped bathrooms, etc. VA extends whatever help is required as determined on an individual basis. Assuring that structural requirements are met is only one aspect of the specially adapted housing program. Frequently VA representatives escort the veteran or take his place during contacts with builders, lenders and architects.

Because of the difficulty such veterans experience in obtaining loans from private lenders on some occasions, the VA is authorized to make direct loans for specially adapted housing without regard to geographic location. Since this authorization was granted in the Veterans Housing Act of 1970, direct loans for specially adapted housing have been made to 193 disabled veterans for \$3.5 million.

The increase from \$17,500 to \$25,000 in the maximum grant payable as provided in the Veterans Housing Act of 1974, has had an immediate effect on the size, quality and cost of housing proposed by these veterans. For FY 1974, the average construction cost on initial grants was \$48,751, while for FY 1975, the average cost had increased to \$57,491.

During FY 1975, 606 severely disabled veterans were declared eligible for grants to buy, build or

modify homes specially adapted for their use. Grants totaling \$14.4 million were disbursed to 621 veterans during the year. Since 1948, when these grants were first authorized, 13,974 veterans have been aided by grants amounting to over \$158 million. This represents a small but highly rewarding portion of the VA's housing assistance program.

FAIR HOUSING PROGRAM

A major aspect of the VA fair housing program is monitoring and measuring the degree and type of minority veteran participation in the GI housing programs. This statistical information is crucial when formulating policy and operating procedures and to ensure the provision of equal housing opportunity to minority veterans.

Reports developed during FY 1975 provide information on characteristics of VA guaranteed loans and financial data on veteran home buyers for each major racial and ethnic group. Data for FY 1975 indicates that minority veterans are using their GI housing benefits at a very high comparative rate. Minority participation in VA's loan programs exceeds minority representation in the total veteran population. The number and relative percentage of loans to minority veterans has steadily increased each year since data on minority participation has been collected.

The data further shows that no downpayment loans were made to 82 percent of American Indian veterans, 80 percent of the black veterans, 74 percent of the Spanish American veterans, 70 percent of the white veterans, and 56 percent of the Oriental veterans.

During FY 1975, the average purchase price of homes for all veterans was \$28,963. The average price by racial categories was \$35,325 for Oriental veterans, \$29,400 for white veterans, \$27,170 for Spanish American veterans, \$26,310 for American Indian veterans, and \$25,720 for black veterans.

As might be expected, Oriental veterans, who on the average made the largest downpayments and purchased the highest priced homes, also had the highest average net effective income of \$11,350. The average net effective income for white veterans was \$10,685, \$10,220 for black veterans, \$10,020 for American Indian veterans, and \$9,630 for Spanish American veterans.

Inclusion of spouse's income in order to qualify for a loan was particularly important to minority home-buying veterans. Approximately 43 percent of the black veterans, 40 percent of the Oriental veterans, 38 percent of the Spanish American veterans and 37 percent of the American Indian veterans who secured GI guaranteed loans in FY 1975 had spouses with incomes which were counted in qualifying the veteran for a loan. By contrast, 31 percent of the white veterans obtaining home loans had working spouses.

VA also offers a home counseling service which provides advice and assistance in the technical and financial aspects of home buying to potential home-buying veterans. This service, which is di-

rected primarily toward minority veterans, counseled over 4,000 minority veterans in 22 cities during FY 1975.

Minority businessmen received \$5.5 million or 12 percent of the \$46 million paid by VA in commissions and fees during FY 1975 in connection with Loan Guaranty operations. Of the \$5.5 million going to minority businessmen, over \$3 million went to sales brokers, \$0.5 million to repair and maintenance contractors, \$1.5 million to fee appraisers and compliance inspectors and more than \$.05 million to management brokers.





Life Insurance for Servicemen

and Veterans

SUMMARY

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

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

At the end of FY 1975 the eight life insurance programs supervised or administered by the VA provided coverage exceeding \$101.3 billion to nearly 8.6 million insureds.

COMPARATIVE HIGHLIGHTS

Program	Fisca	l Year	
(in thousands)	1975	1974	Percent Change
USGLI Policies Amount Death benefits	145 \$612,427 \$39,584	155 \$657,174 \$41,230	- 6.5 - 6.8 4.0
NSLI Policies Amount Death benefits	4,024 \$26,491,963 \$276,867	4,103 \$27,032,202 \$262,321	- 1.9 - 2.0 + 5.5
VSLI Policies Amount Death benefits	590 \$5,164,158 \$14,138	598 \$5,238,027 \$13,694	- 1.3 - 1.4 + 3.2
SDVI Policies Amount Death benefits	161 \$1,454,476 \$15,742	155 \$1,397,275 \$15,504	+ 3.9 + 1.4 + 1.4
VRI Policies Amount Death benefits	183 \$1,273,252 \$11,291	185 \$1,292,135 \$10,507	- 1.1 - 1.5 + 7.5
SGLI Policies Amount Death benefits	3,325 \$65,546,300 \$91,736	3,369 \$65,658,600 \$62,602	- 1.3 - 0.2 + 47.0 ¹
VGLI ² Policies Amount Death benefits	102 \$1,825 \$1,455		
VMLI Policies Amount Death benefits	5 \$135,050 \$8,563	5 \$111,268 \$2,680	0.0 + 21.4 +219.5

¹Benefits increased from \$15,000 to \$20,000 maximum effective

May 24, 1974.

This insurance became available August 1, 1974.

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

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 145,000 policies remained in force at the end of the year, a decline of 10,000 from the previous fiscal year. 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 present face value of these policies is \$612.4 million. 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 will continue to accelerate as the average age of these insureds is now 74.4. The death rate in 1974 was 67.4 per thousand insureds compared to 10.1 for insureds in the NSLI program. Dividends are paid to USGLI policyholders from excess earnings of the Trust Fund. The 1975 dividend payments will amount to \$22 million, an average of \$168 per insured. compared to \$156 in 1974.

National Service Life Insurance (NSLI)

This program was established October 8, 1940, to serve the insurance needs of World War II service personnel. More than 22 million policies had been issued by April 25, 1951 when the program was closed to new issues. The peak enrollment was in 1944 when nearly 16 million policies were in force with a face value exceeding

\$121 billion. By the end of FY 1975, 4 million of these remained in force with a face value of \$26.5 billion. The program is also self-supporting except for administrative expense and claims traceable to the extra hazards of military service, which are paid by the Government. The 1975 dividend payments from the excess earnings of the Trust Fund will amount to \$307.5 million, an average of nearly \$83 per insured compared to \$75 last year. This is the largest regular dividend declared to date.

Approximately 39 percent of the 1.4 million NSLI policyholders continue to retain their insurance on a term basis. These policies are renewed every five years at the current attained age and the premiums increase accordingly. As the policyholders grow older, the premiums can become prohibitive and many reduce the face amount of the policy. The VA makes continuous efforts to alert term policyholders about the high premium rates if they retain their term policy to the older ages and encourages them to convert to a permanent plan of insurance.

Legislation establishing the Modified Life Age 65 and Age 70 plans of insurance has been beneficial to the term policyholders as the premium rates for these plans are lower than for any previous plans in existence. These plans are available to all Government life insurance policyholders except USGLI. As of June 30, 1975, there were 422,351 Modified Life policies in force with a face value of nearly \$3.3 billion.

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 policyholders to have more than \$10,000 Government Life Insurance in force. This option is particularly beneficial to the term policyholders as it permits them to increase the amount of their insurance. If the premium on the basic policy becomes prohibitive, they can reduce the amount of the basic policy with a corresponding reduction in premiums, but still retain about the same amount of insurance by the use of the paid-up additions. A total of 904,000 policies have paid-up additions with a face value of \$524 million, an increase of \$129 million over 1974.

Veterans Special Life Insurance (VSLI)

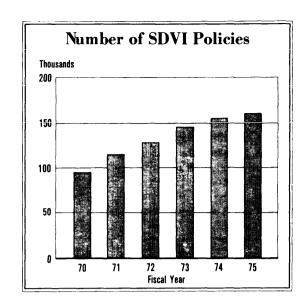
This insurance program was made available to veterans separated from service on or after April 25, 1951 through December 31, 1956, at

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 service person was in a different circumstance, with no premium paying insurance during service (the Government covered insurance requirements with a \$10,000 Servicemen's Indemnity). During the above stated period, about 800,000 policies were issued of which 590,000 remained in force on June 30, 1975 with a face value of \$5.1 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 was originally nonparticipating. Public Law 93-289, effective May 24, 1974, changed this insurance to participating. The 1975 dividend payments will amount to \$6.1 million, an average of \$11 per insured. A total of 75,000 policies have paid-up additions with a face value of \$1.95 million.

Service Disabled Veterans Insurance (SDVI)

This program is the only one 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. The Veterans Administration 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 six 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 1975, there were nearly 161,000 RH policies in force with a face value of \$1.45 billion.



Veterans Reopened Insurance (VRI)

This program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean veterans and was designed to provide insurance to these veterans who, because of their disability would be 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 183,000 policies remained in force at the end of FY 1975 with a face value of \$1.27 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, 1975, there were 4,437 riders in force with a face value of \$34 million. The rider became available on NSLI on August 1, 1946. The rider on these policies 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 accompanying table shows the modification to the law affecting NSLI policies and the current status of these riders.

Effective Date of Modification	Monthly Income per \$1,000 of Insurance		In Force as of June 30, 1975		
		Coverage to Age	No. of Policies	Amount of Insurance (thousands)	
Aug. 1, 1946 Nov. 1, 1958 Jan. 1, 1965	\$ 5.00 10.00 10.00	60 60 65	17,070 146,084 529,061	\$ 126,376 1,049,866 4,232,284	

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 must be purchased and in force on a premium paying basis for 180 days before the insured enters onto 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 an 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 service person. This program is declining rapidly. On June 30, 1975, 42 policies were protected under this act compared to 71 as of June 30, 1974.

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 through the Office of Servicemen's Group Life Insurance, Newark, New Jersey. During FY 1975, 608 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. By the end of the FY 1975, 3,325,000 active duty service personnel and reservists were insured in the amount of \$66 billion. There was a 47 percent increase in death benefits paid because the maximum amount of insurance increased from \$15,000 to \$20,000 effective May 24, 1974. During FY 1974 death benefits paid amounted to \$62.6 million compared to \$91.7 million for FY 1975.

Initially, maximum coverage was for \$10,000. Each uniformed service member was automatically insured for the maximum amount unless he or she elected, in writing, only \$5,000 of insurance or not to be insured at all. Coverage was limited only to persons on active duty under orders specifying 31 days or more. SGLI coverage continued for 120 days following separation from service without premium payment. Public Law 91-291, effective June 25, 1970, boosted the maximum coverage to \$15,000. The service person was automatically insured for this amount unless he or she requested, in writing, only \$10,000 or \$5,000 of insurance or not to be insured at all. This law also extended limited 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).

The basic law was further amended by the Veterans Insurance Act of 1974 (Public Law 93-289) which was enacted on May 24, 1974. The new law increased the maximum amount of

insurance for all members to \$20,000. It extended full-time SGLI coverage to members of the Ready Reserve (those who are assigned to a unit or position in which they are required to perform active duty, or active duty for training, and each year would be scheduled to perform at least 12 periods of inactive duty training that are creditable for retirement purposes). The Act also extended coverage to those persons assigned to, or who upon application would be eligible for assignment to the Retired Reserves who have not received the first increment of retirement pay or have not vet reached sixty-one years of age and who have completed at least twenty years of satisfactory service creditable for retirement purposes. The right to convert SGLI to a permanent plan of insurance with a commercial company by the 121st day following separation from active duty was terminated. Members of the Ready Reserve who have full-time SGLI coverage at the time they complete 20 years of service for retirement are the only category of person who can still convert SGLI direct to commercial policies. Since they are eligible for assignment to the Retired Reserve, they may either convert to permanent plan commercial policies or continue SGLI coverage until receipt of the first increment of retired pay or age 61, whichever is earlier. Members of the Retired Reserve are not eligible for VGLI.

The \$20,000 maximum coverage went into effect on May 24, 1974 and applies automatically to all persons now insured either while on active duty or in the Ready Reserve. Members desiring a lesser amount of insurance (\$15,000, \$10,000 or \$5,000) or desiring no insurance at all must request such a change in writing.

Members performing duty under calls or orders not limited to 30 days or less and members of the Ready Reserve who qualify for full-time coverage are covered for 120 days following separation or release. If, on the date of such separation or release the member is totally disabled for insurance purposes, the coverage continues for one year after the date of separation or release, or to the date the insured ceases to be totally disabled, whichever is earlier, but in no event prior to 120 days after separation or release.

Since 1970 National Guard and Ready Reserve members had part-time SGLI coverage during periods of active duty, active duty for training, inactive duty training, and associated travel periods under calls or orders specifying 30 days or less. This limited coverage continues for those persons who do not qualify for the full-time

coverage provided by the Veterans Insurance Act of 1974.

Veterans Group Life Insurance (VGLI)

This program, which provides for the automatic conversion of SGLI to a 5-year non-renewable term policy, was designed to provide low cost Government supervised insurance to the veteran immediately following separation or release from service. Experience had indicated that a large percentage of the Vietnam era veterans failed to exercise their right to convert SGLI to a permanent plan of insurance. This may have been due to limited income immediately after service, completion of schooling, or lack of family responsibility.

This new group coverage was effective August 1, 1974 and is available in amounts of \$20,000, \$15,000, \$10,000 or \$5,000 but for not more than the amount of SGLI which was in force at the time of separation. This insurance has no cash, loan, paid-up or extended insurance values. VGLI can, however, be converted to a permanent policy with one of the participating companies at the end of the 5-year term period. As of June 30, 1975, 102,000 veterans were insured in the amount of \$1.8 billion.

Conversion to VGLI may not be effected prior to the insured's release or separation from active duty. Individuals being released from active duty on or after August 1, 1974 may continue life insurance protection by filing an application and paying the first premium within the 120 days following separation or release from active duty. Members who had SGLI coverage in force at the time they were separated or released from duty and whose SGLI coverage terminated less than 4 years prior to August 1, 1974, were afforded the opportunity to apply for VGLI equal to the amount of SGLI which was not converted to an individual policy. Application and the first premium must have been submitted before August 2, 1975. The VGLI coverage issued for these members covers the period equal to 5 years less the time elapsing between the date SGLI terminated and August 1, 1974.

The SGLI or VGLI proceeds are paid either in a lump sum or in equal monthly payments over a 36 month period. The member can indicate which method of settlement is desired. If the member elects a lump sum or makes no election, the beneficiary may choose either the lump sum or 36 installments. If the member elects 36 installments, the beneficiary may not elect lump sum.

When SGLI is converted to VGLI, beneficiaries must be redesignated. If no designation is made for VGLI the Office of SGLI will send a beneficiary form to the applicant to encourage the designation for a preferred beneficiary. Designation of beneficiaries for SGLI filed with the uniformed services will be valid for VGLI but only for 60 days after VGLI becomes effective. If no designation is made, the beneficiary sequence specified by law will be followed.

Premium rates for the various categories of coverage are shown in the accompanying table:

	Amount of insurance				
Premium rates	\$20,000	\$15,000	\$10,000	\$5,000	
Active duty SGLI coverage					
(monthly premium)	\$ 3.40	\$2.55	\$1.70	\$ 85	
Part-time SGLI coverage	1		1		
(annual premium)	\$ 2.00	\$1.50	\$1.00	\$.50	
SGLI coverage Retired					
Reservists					
(monthly premium)			l		
Thru age 39	\$ 6.00	\$4.50	\$3.00	\$1.50	
Age 40 thru 49	\$ 8.00	\$6.00	\$4.00	\$2.00	
Age 50 and over	\$10.00	\$7.50	\$5.00	\$2.50	
VGLI coverage	1				
(monthly premium)	l	ŀ	ļ	ĺ	
Thru age 34	\$ 3.40	\$2.55	\$1.70	\$.85	
Age 35 and over	\$ 6.80	\$5.10	\$3.40	\$1.70	

VGLI is also available to reservists who, while performing active duty or inactive duty for training under a call or order specifying a period of less than 31 days, suffers an injury or disability which renders him or her uninsurable at standard premium rates. Application must be made within the 120 day period following the period which the disability was incurred or aggravated.

The beneficiary features of the SGLI and VGLI programs are identical, including a free and unlimited choice of beneficiaries. That is, an insured may designate as principal or contingent beneficiary any person, firm, corporation or legal entity (including the insured's estate), individually or as a trustee.

If the insured does not want to designate a beneficiary, proceeds of either SGLI or VGLI are paid by law in the following sequence: First, to the widow or widower; if none, then to surviving child or children in equal shares; if none, then to parent or parents in equal shares; or if none, to the executor or administrator of the estate; finally, if none, to the next of kin.

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 or she declines, fails to furnish information to establish the premium, or 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 reaches age 70 or 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. The premiums collected under this program are not sufficient to pay claims. The deficit is made up by transfers from the Compensation and Pension appropriation.

As of December 31, 1974, there were 5,128 VMLI policyholders, covered for \$122 million of insurance. Death benefits paid cumulative from the beginning of the program to the end of calendar year 1974, totaled \$7.1 million.



Veterans Assistance

COMPARATIVE HIGHLIGHTS

	Fiscal	Percent Change	
	1975 1974		
Public telephone actions - toll free	3,717,600	2,680,131	+ 39
Public telephone actions - other	14,831,340	10,261,521	+ 45
Interviews away from office	342,555	244,937	+ 40
Interviews at office ¹	4,744,718	2,033,442	+ 133
Interviews at VA hospitals	451,154	439,269	+ 3

¹ Includes mobile office vans.

SUMMARY

As part of a comprehensive reorganization, Veterans Assistance Divisions were redesignated Veterans Services Divisions, and were given additional responsibility for counseling and rehabilitation activities as functional changes were implemented. At an earlier stage of the realignment Veterans Services Divisions had already assumed responsibility for:

- 1. The fiduciary activity, which oversees payment of benefits to minors and incompetent beneficiaries, including the conduct of field examinations.
- 2. The education liaison and compliance activity, which deals with State approving agencies and schools and conducts onsite surveys of schools to assure compliance with governing laws and regulations.
- 3. The activity responsible for assuring compliance by schools with Title VI of the Civil Rights Act.

The Veterans Services program enlarged its efforts to stimulate awareness of veterans benefits and to make information, advice, and assistance readily available to veterans, their dependents, and survivors. Significant increases in the number of individuals in contact with Veterans Services per-

sonnel reflected the scope of this activity.

Face to face interviews were held with over 5.5 million persons, more than double the FY 1974 figure of 2.7 million. Telephone calls and correspondence also increased substantially.

VA continued to cooperate directly with the Department of Labor, State employment services, and the National Alliance of Businessmen to assist veterans in obtaining employment. During the year over 51,000 veterans requiring employment assistance were referred by VA to appropriate agencies or employers. Jobs were actually obtained for 25,344 of them through this assistance.

The Department of Labor and the National Alliance of Businessmen also cooperated with the VA on a special project to assure satisfactory employment of disabled veterans. Veterans Services personnel conducted 3,641 interviews, took 9,027 telephone actions, and released 4,918 items of correspondence for this project.

RECOMMENDATIONS FOR IMPROVEMENT OF OUTREACH DURING FY 1976¹

Recommendations have been made and accepted for improving outreach efforts in FY 1976 as follows:

Veterans Education and Training Representative (VETREP) service will be extended to all educational institutions (except correspondence schools) having veteran students enrolled.

Outreach efforts will be increased through the use of veteran-students receiving work-study allowances operating under the supervision of VETREPS.

Toll free telephone service will be continued throughout 31 states and improvements such as installation of automatic call distributors will be effected as required.

OUTREACH

Toll free telephone service was made available throughout six additional States and now is available in 31 States and 216 metropolitan areas. In part as the result of the new installations, toll free telephone calls to VA regional offices increased by 39 percent to an annual total of 3,717,600. This was an increase of about 1 million calls over FY 1974. By the end of the year, 90 percent of the nation's population could call a VA

regional office as they would call a neighbor. Local calls during FY 1975 exceeded 14.8 million, an increase of 45 percent over the 10.3 million calls in FY 1974.

Letters were sent to 414,932 recently separated service members advising them of available veterans benefits and encouraging them to apply or request information and assistance. The letters enclosed a postage paid pre-addressed card which the veteran could use to request information or to have a VA employee call him. Approximately 15 percent of the veterans contacted had less than a high school education. All of these veterans received a reminder letter 6 months after their separation from the Armed Forces, and special efforts were made by the U.S. Veterans Assistance Centers (USVAC's) to reach all the educationally disadvantaged veterans.

Mobile Vans

Mobile office vans which bring Veterans Services personnel to locations remote from VA offices, traveled 121,688 miles to visit 1,257 communities during FY 1975. Almost 57,000 interviews were conducted, more than 10,000 being initial interviews with Vietnam era veterans and almost 1,400 involving educationally disadvantaged veterans. Almost 2,000 interviews were conducted during an extensive tour of the 17 million acre reservation of the Navajo Nation.

Commencing in April 1975 a program of at least semiannual outreach visits to veteran inmates of Federal and State penal institutions was inaugurated. Through the end of the fiscal year about 400 visits had been made to over 200 institutions, VA counselors held group sessions with about 3,200 veterans and individual sessions with about 3,300 veterans. In addition over 1,200 prison officials attended about 250 briefings.

Veterans Education and Training Representatives

The 1,327 Veterans Services employees assigned as VETREPS provided personal service to students at almost 3,300 educational institutions on a full time or regularly scheduled basis. They assisted in expediting over 500,000 educational assistance payments, conducted about 2.5 million interviews and performed effective liaison in obtaining enrollment and attendance certifications and similar matters. During the year legislation was

¹ This information is included in compliance with Section 245, Title 38, U.S.C.

enacted directing the expansion of this program to schools (except correspondence schools) which do not grant college degrees.



VETREP Assisting Student

The names and addresses of 81,358 veterans who had received unemployment insurance benefits for 13 weeks or more were received during FY 1975 under an agreement with the Department of Labor. The VA advises such veterans of available education benefits, including on-the-job training, and encourages them to apply. Over 77,000 veterans were contacted by mail or phone.

The VETREACH program operating from store front type facilities in San Francisco and Wichita, attempts to seek out and assist the economically and educationally disadvantaged Vietnam era veteran. Original plans called for ACTION volunteers to help publicize the operation and contact veterans. ACTION found that it could not provide volunteers to expand the project to new locations, however, and eventually discontinued its participation. Alternative resources are being considered. During the year, the two pilot installations conducted almost 6,500 interviews, assisted in filing over 1,500 benefit applications and placed over 500 veterans in programs of education.

U.S. Veterans Assistance Center (USVAC) activities are conducted at 72 locations providing help to Vietnam era veterans. Veterans are advised

of all veterans benefits, encouraged to apply where appropriate and assisted in taking necessary actions. Special consideration is given to those veterans who have not attained a high school education. Over 50,000 of these latter veterans were assisted during the year, an increase of 142 percent over FY 1974.

The Community Service program operated at some USVAC locations conducted about 12,000 interviews, of which about 3,000 were conducted at other than VA locations. The program placed almost 1,300 veterans in education or training programs and found employment for 910 veterans.

OVERALL VETERANS SERVICES PROGRAM ACTIVITIES

In addition to increases in public telephone calls and interviews, internal calls necessary to providing required services increased from about 2.5 million in FY 1974 to almost 5.3 million.

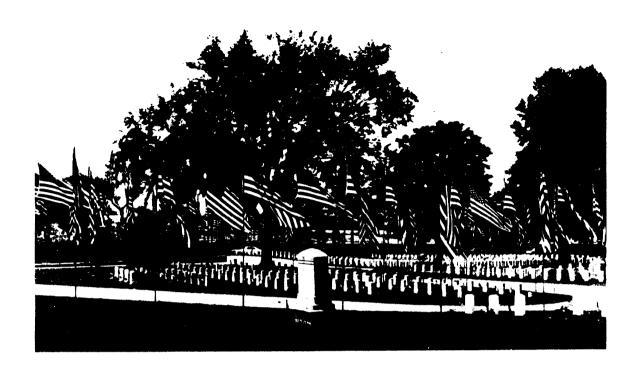
Cases received for resolution of delays and other questions about educational assistance payments amounted to 1,178,375, of which 98 percent had been resolved at year's end. VETREPS on campus processed 520,390 of these inquiries.

Over 95,000 field examinations were completed. About 31,000 were related to appointing fiduciaries in new cases. About 12,000 were requested by other programs, and the remainder were required in the supervision of existing cases.

The number of beneficiaries for whom payments are supervised declined from 177,950 to 146,471. This resulted from procedural changes designed to eliminate supervision over certain cases wherein payment may be made to close relatives, for example to parents.

Surveys of educational institutions to insure compliance with the law and regulations totaled 9,939. In 6,589 of these cases the survey was expanded to insure compliance with Title VI of the Civil Rights Act. In 13 instances investigations were completed as the result of complaints received under Title VI of the Civil Rights Act.





National Cemetery System

COMPARATIVE HIGHLIGHTS

Item	FY 1975	FY 1974	Percent Change
Applications for headstones/ markers Headstones/markers ordered	256,222 243,032	228,827 208,009	+ 12.0 + 16.8
Pending applications for headstones/markers Interments	6,997 37,776	26,576 36,610	- 73.7 + 3.2

SUMMARY

The National Cemetery System administers 4,136 acres of cemetery land, of which 2,663 acres were developed for burials as of June 30, 1975. In order to accommodate future needs of the veteran population, high priority was given during the year to the acquisition of additional land for the establishment of new cemeteries or the expansion of existing ones. By the close of the fiscal year approximately 105 acres had been transferred or were in the process of being donated or transferred to the VA for this purpose.

In FY 1975 there were 37,776 interments made in national cemeteries administered by the National Cemetery System, bringing the total interments to 1,331,170. The National Cemetery System also received 256,222 new applications for headstones and markers during FY 1975, and had 26,576 pending at the beginning of the year. Of the total 282,798 headstone or marker applications to be processed, 34,948 were cancelled, 240,853 were completed during the year, and only 6,997 carried into FY 1976.

ADVISORY COMMITTEE ON CEMETERIES AND MEMORIALS

An 11-member Advisory Committee on Cemeteries and Memorials met on a quarterly basis during the year to consider plans for the National Cemetery System and to make recommendations to the Administrator and to Congress. The Committee advises the Administrator with respect to the administration of national cemeteries, the selection of cemetery sites, the erection of appropriate memorials, and the adequacy of Federal burial benefits. The Committee reaffirmed approv-

al of the standardized headstone marker/inscription, and recommended the addition of war service if requested by the applicant. Members of the Advisory Committee are appointed by the Administrator for a 1 or 2 year term of office.

NATIONAL CEMETERIES

Area Cemeteries

As recommended in the original study required by Public Law 93-43, the National Cemetery System pursued the establishment of area cemeteries. As of June 30, 1975 new area cemeteries were being established in New England and California, and vigorous efforts were being made to locate suitable land in Pennsylvania and Washington, D.C. Presently established national cemeteries with adequate remaining grave space will serve as area cemeteries in some cases.

Negotiations for new land were given high priority by the National Cemetery System during FY 1975. The Department of the Army transferred 15 acres to the National Cemetery at Fort Sam Houston, TX, and by June 30, 1975 almost

Project	Contract Cost	Percent Completed June 30, 1975
Remedial land scaping NW Leg.	\$ 69.982	10
,		
Remedial land- scaping	25,438	80
Remedial land- scaping	51,091	20
· -		
Landscaping Hemicycle area	41,420	10
New entrance gates	15,990	15
	į	
Master plan (Phase II)	50,688	3
Master plan (Phase II)	98,497	100
Develop 7 acres	310,225	10
Develop 16 acres	1,038,759	100
New admin. off.		
& parking area	61,433	10
resurface roads		
(Phase I)	34,202	100
Develop 9 acres	106,317	2
	i	
Master plan	20.050	4
Master plan	38,866	4
Master plan	105,600	2
ı	1	1
	Remedial land scaping NW Leg. Remedial land scaping Remedial land scaping Landscaping Hemicycle area New entrance gates Master plan (Phase II) Master plan (Phase II) Develop 7 acres Develop 16 acres New admin. off. & parking area Repair and resurface roads (Phase I)	Project Cost Remedial land scaping NW Leg \$ 69,982 Remedial land scaping 25,438 Remedial land scaping 51,091 Landscaping 51,091 Landscaping Hemicycle area 41,420 New entrance gates 15,990 Master plan (Phase II) 50,688 Master plan (Phase II) 98,497 Develop 7 acres 310,225 Develop 16 acres 1,038,759 New admin. off. & parking area 61,433 Repair and resurface roads (Phase I) 34,202 Develop 9 acres 106,317 Master plan 38,866

90 additional acres were in various stages of acquisition from other sources. These included 76.8 acres adjacent to the National Cemetery at Fort Logan, CO; 10 acres at Camp Nelson, KY; and 2.5 acres for expansion of the National Cemetery at Port Hudson, LA.

National Cemetery Construction

FY 1975 activities included 15 construction, master planning or landscape planting projects. The status of these projects is shown on the accompanying table.

The Army Corps of Engineers continued work on construction projects which were already under way when the National Cemetery System was transferred from the Department of the Army to the VA in FY 1974. As these projects are completed, the Army Corps of Engineers will be phased out of national cemetery construction.

The VA initiated a test program using grave liners in 10 of the most active national cemeteries, with very favorable results. These grave liners minimize the sunken graves and tipped headstones that have marred the appearance of burial areas and have contributed to excessive cost of repairs. They are made of concrete, with a vertical wall thickness of 1½ inches and bottom and top thickness of 2 inches, and are capable of withstanding the passage of heavy mechanical equipment.

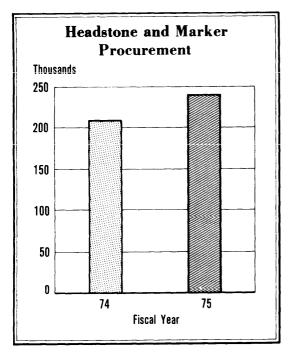
A program to illuminate flagpoles in all national cemeteries except in isolated locations was continued.

HEADSTONES AND MARKERS

Headstones and markers are furnished by the National Cemetery System for the graves of deceased veterans and members of the Armed Forces interred in private cemeteries. They are also provided for all graves in national cemeteries under the jurisdiction of the VA, and all national and post cemeteries under the jurisdiction of the Departments of the Army, Navy, Air Force, and Interior. During FY 1975, 243,032 headstones and markers were ordered from nine contractors on behalf of eligible decedents. Of these 82 percent were for private cemeteries, and the remaining 18 percent for national cemeteries.

Action was taken during FY 1975 to reduce a large backlog of applications for headstones and

markers; to minimize delays in fabrication by manufacturers; and to expedite transportation of headstones and markers to consignees. These improvements in the headstone/marker program were especially significant in view of the increasing age of World War II and Korean conflict veterans and the corresponding increase expected in applications.



Number Ordered		
FY 1975	FY 1974	
243,032	208,009	
46,866	44,425	
13,465	9,701	
77,192	66,640	
105,402	87,095	
103	144	
4	4	
	FY 1975 243,032 46,866 13,465 77,192 105,402	

Headstone/Marker Inscription

One of the most time consuming elements in processing a headstone or marker application is verification of inscription data. Over the years this

data had expanded from simply name and state to include religious emblem, military rank and organization, war service, date of birth and death, military decorations, and other data which could be requested at private expense. On the recommendation of the Advisory Committee on Cemeteries and Memorials, a simplified inscription was adopted as of July 1, 1974. The simplified inscription is composed of name, branch of service, year of birth and year of death. Optional items include grade/rate/rank, war service, month and day in dates of birth and death, and a religious emblem. The only permitted military decoration is the Medal of Honor. A study was undertaken to develop a special headstone/marker for recipients of the Medal of Honor.

Applications for Headstones/Markers	FY 1975	FY 1974	Percent Change
Original Private Cemeteries National Cemeteries Replacements Cancellations Net applications	251,507	224,814	+ 11.9
	209,621	187,443	+ 11.8
	41,886	37,371	+ 12.1
	4,715	4,013	+ 17.5
	34,948	24,578	+ 42.2
	221,274	204,249	+ 8.3

Largely as a result of the simplified inscription, time from the date an application is received to the date a headstone/marker is delivered to the consignee was reduced from 120-150 days to 45-60 days. The number of applications carried over to the new fiscal year was 73.7 percent lower than the number which had been pending at the beginning of FY 1975.

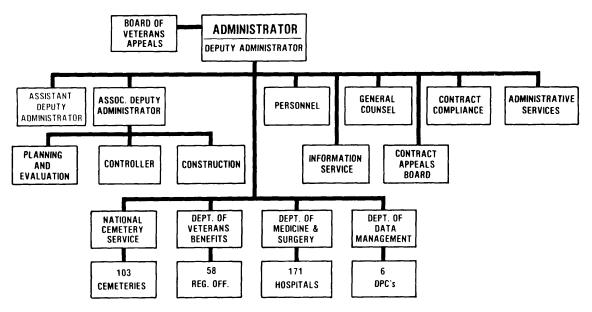
Transportation

An increase in the number of carriers from 30 to 293, and introduction of a commercial shipping form, greatly expedited delivery of headstones and markers. During FY 1975 it took an average of about 45 days for a grave marker to reach the consignee once an order was placed with the contractor. This was half the average of about 90 days required to accomplish delivery in prior years.

New procedures inaugurated in FY 1975 allowed for early settlement of transportation accounts, and may have contributed to the prompt attention given to delivery of grave markers during the year. Prior to FY 1975 it could take 90 days or more for a carrier to receive payment for delivery. The current average payment time is 15 days.

ORGANIZATION OF VETERANS ADMINISTRATION





Administration and Management

COMPARATIVE HIGHLIGHTS

	Fisc			
ltem	1975	1974	Percent Change	
Total appropriations (billions)	\$ 16.3	\$ 13.5	+ 20.4	
Compensation and pension	7.5	6.7	+ 11.8	
Readjustment benefits	4.6	3.4	+ 35.7	
Medical care	3.3	2.9	+ 16.0	
All other	0.9	0.6	+ 53.3	
Total employment	213,144	202,363	+ 5.3	
Minority group employment (full-time)	54,777	52,547	+ 4.2	
Women	106,329	100,233	+ 6.1	
Veterans preference	89,147	86,240	+ 3.4	
Vietnam era veterans	28,279	23,081	+ 22.5	
Records holdings (thousands of	1	1	}	
cubic feet)	1,330	1,266	+ 5.1	
Forms and form letters	12,084	11,336	+ 6.6	
Appeals filed	45,663	43,205	+ 5.7	
Appeals disposed of	43,508	46,000	→ 5.4	
Appeals allowed	10,887	11,826	7.9	
Tort claims workload	803	758	+ 5.9	

AGENCY FUNDING

Congress appropriated \$16.3 billion to fund the VA and its programs for FY 1975, almost 3 billion more than the record appropriation of the

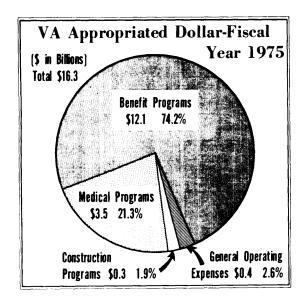
previous year. This amounted to a 20.4 percent increase over FY 1974. Since FY 1970 VA appropriations have increased over 92 percent. Appropriations for readjustment benefits have more than quadrupled in that time.

The increase in the readjustment benefits appropriation has been caused both by greater benefits to the individual and by larger enrollments. Compared to FY 1970, when enrollments were 1,287,650, FY 1975 enrollments were over 2,804,000. Over the same period of time, the monthly payment to a single veteran taking full-time training has increased from \$130 to \$270 a month. Proportionate increases were also received by married veterans. In FY 1975, the readjustment benefits appropriation increased more than \$1 billion, or 35.7 percent over FY 1974.

The medical care appropriation showed an increase of more than \$458 million, or 16.0 percent, over FY 1974. This increase provided for higher employment, new specialized medical services, and the increasing cost of medicines and medical supplies.

Out of the FY 1975 appropriation dollar, 74.2

cents was used for direct benefit programs such as compensation and pension, and readjustment benefits. Another 21.3 cents was spent on medical care, medical and prosthetic research, and related programs. The remaining 4.5 cents was divided between the construction programs and general operating expenses.



PERSONNEL MANAGEMENT

The substantial rise in VA employment, the demands of new programs, and the continuing emphasis on programs of special interest generated increased activity in virtually all areas of personnel management.

Staffing

During the fiscal year, about 70,000 employees were hired in the VA. Although there was usually a sufficient supply of qualified applicants to meet the agency's staffing needs in most of the lower level occupations, extensive recruitment efforts were required to meet the demand for personnel in highly skilled technical, paramedical, and professional fields. Despite these efforts, however, some shortages continued, particularly in the professional health career fields.

The number of qualified candidates interested in VA positions has generally increased during recent years. A national advertising campaign has been conducted to stimulate and encourage this interest, with special focus on VA medical care

facilities experiencing recruitment difficulties. Exhibits at conferences and conventions of professional and paraprofessional associations further broadened exposure of health care specialists to VA employment needs and potential. VA facilities have kept neighboring colleges and professional schools aware of employment opportunities, particularly in the health career fields, by participating in job fairs and by establishing training affiliations and cooperative education and workstudy arrangements.



VA Recruitment Display at Dental Hygienists'
Convention

These recruitment efforts have contributed to the generally improved staffing of health care facilities. The number of nurses on VA's rolls on June 30, 1975, totaled 24,471. This is an increase of 6.5 percent over the number employed in the previous year and continues an upward trend. However, difficulties in recruiting nurses persist at some hospitals.

The number of physicians on duty on June 30, 1975, totaled 8,407, an increase of 9.2 percent over FY 1974. While the number of physicians employed by the VA has been increasing, there were significantly more vacancies during the past year.

The accompanying table shows the number of physicians, dentists, nurses, and nurse anesthetists employed as of June 30 for the past two fiscal years.

The VA has been authorized by the Civil Service Commission to make excepted appointments of Rehabilitation Technicians in drug and alcoholism rehabilitation units. To be eligible for

	J	une 30, 1975	5	June 30, 1974					
Position	Full-time	Part-time	Total	Full-time	Part-time	Total			
Physician Dentist Nurse Nurse Anesthetist	5,440 849 22,842 435	2,967 16 1,629 51	8,407 865 24,471 486	5,245 803 21,334 415	2,454 17 1,634 64	7,699 820 22,968 479			

such appointments, applicants must be former drug or alcoholic patients who have been rehabilitated through a prescribed treatment program. As of June 30, 1975, 277 such persons were employed in the VA. Of these, 147 were veteran preference employees, including 64 Vietnam era veterans.

Employment of Veterans

There were 89,147 veterans in the VA work force as of June 30, 1975, almost 12 percent of the agency's total employment. Of these veterans, 28,279 (13.3 percent of total employment) were from the Vietnam era. Of the 70,000 new employees hired during the year, 14,756 or 21.1 percent were Vietnam era veterans.

Veterans Readjustment Appointment (VRA) authority permits the immediate employment of certain recently discharged Vietnam era veterans with an agreement for on-the-job training or education. The VA has appointed more than 26,000 Vietnam era veterans under this authority since it was initially established in April 1970, including 6,240 VRA appointments made during FY 1975. This represents almost a third of all appointments made throughout the Federal government under VRA authority. Of VA employees serving under Veterans Readjustment Appointments about 40 percent are minorities.

Veterans appointed under VRA authority receive excepted service appointments but are converted to competitive Civil Service status after completion of the agreed training and 2 years of continuous employment. The VA converted more than 2,000 VRA's to competitive status during the fiscal year.

In March 1972, the Civil Service Commission established a new authority permitting temporary employment of certain recently discharged Vietnam era veterans without regard to the Commission's lists of eligible applicants. The VA

appointed 1,852 veterans during the fiscal year under this provision to meet short-term staffing needs.

The VA continued its efforts to attract recently discharged veterans who served in military medical occupation specialties. Of the 18,999 individuals hired in VA health care positions during FY 1975, 5,094 were veterans and 584 were veterans with medical military occupation specialties.

There has been a dramatic increase in the number of Vietnam era veterans holding VA jobs where they meet, work closely with, and provide services to veterans and their beneficiaries. Nearly 70 percent of VA's Veterans Benefits Counselors, 49 percent of the Education Benefits Specialists, and over 32 percent of the Veterans Claims Examiners are Vietnam era veterans. Twenty percent of VA's Medical Radiology Technicians and more than 17 percent of the Health Technicians and Medical Machine Technicians (e.g., inhalation therapy, electrocardiograph, electroencephalograph, and hemodialysis technicians) are Vietnam era veterans, as are more than 18 percent of the Medical Administrative Assistants in hospital admission areas.

Employment of Handicapped Individuals

During FY 1975 VA greatly accelerated efforts to increase the hiring and promote the advancement of disabled veterans and other handicapped individuals. Full agency support for these objectives included development of an aggressive affirmative action plan, and vigorous representation on the Interagency Committee on Handicapped Employees. This renewed emphasis revitalized and strengthened VA's handicapped employment program. VA, with 7.7 percent of overall Federal employment in FY 1975, had 15 percent of the handicapped Federal employees. As of December 31, 1974, the VA employed 11,532

handicapped persons, more than 5.5 percent of its work force. By contrast, handicapped persons at that time represented only 2.8 percent of the entire Federal work force. At the close of the fiscal year, 14,113 disabled veterans were on VA rolls, or 6.6 percent of the agency's total employment.



Administrator Roudebush Receiving Silver Helmet Award from Mr. James L. Looney, AMVETS Indiana Department Commander

Several VA officials and employees were recognized for their contributions and achievements in employment and advancement of handicapped individuals.

The Administrator was voted the AMVETS' Silver Helmet Award for accomplishments in rehabilitating veterans.

Norma E. Milam, a Vocational Rehabilitation Specialist at the VA Hospital in Salem, VA, was selected as one of ten Outstanding Handicapped Federal Employees of the Year for 1974.

Salvatore D'Amico, a Social Worker at the VA Hospital, Newington, CT, was presented major awards by both the Blinded Veterans Association and the Disabled American Veterans. He received the Major General Melvin J. Maas Achievement Award for 1974 from the Blinded Veterans Association for having notably succeeded in his social and employment rehabilitation. The Disabled American Veterans selected Mr. D'Amico as the Outstanding Disabled American Veteran for 1974 and highlighted his accomplishments in a film produced by their organization.

A pilot program to train blinded veterans as Veterans Benefits Counselors was launched with an initial group training session in January 1975.

The nine trainees began work at various VA regional offices on 700-hour trial appointments and have since been converted to continuing appointments under the special excepted authority for severely disabled persons.

Executive Development and Training

During 1975, its second year of operations, the VA Executive Training Center contributed to the development of more than a thousand executives and mid-managers (GS-13 level and above). This was a 25 percent increase over FY 1974. The activities conducted by the Center included four Management Skills Seminars for newly appointed Directors and Assistant Directors, four Labor-Management Relations Seminars for Directors and other selected top management officials, five Personnel Officer Seminars, and a Grievances Examiner Institute. The Center supported two Financial Management Seminars for station fiscal officers and arranged for the presentation of six sessions to Central Office managers identified for executive development. The Center also assisted the Department of Medicine and Surgery and the Department of Veterans Benefits in sponsoring 18 1-week courses for mid-level managers at 10 different universities.

Computer-assisted analyses of VA's manpower resources were utilized to facilitate planning to meet future staffing and development needs. Studies were made of the incumbent executive group, the executive candidate group, and career personnel in 19 of VA's largest professional and administrative occupational fields. These studies provided an analysis of significant work force changes which occurred during the past 5 years in VA's major professional and administrative career fields, as well as 5-year projections of replacement needs in these fields and other implications for future staffing.

A wide variety of developmental opportunities both inside the agency and at outside institutions were offered mid-managers and executives. These programs included Brookings Institution Seminars, the Federal Executive Institute, the Interagency Institute for Health Care Executives, the VA Health Care Administrators' Forum, the Harvard Program for Health Systems Management, Health Services Seminars at Cornell University, Education in Public Management (a 1-year program at selected universities), and 60 Management Workshop Seminars conducted by the Department of

Medicine and Surgery for 1,800 participants during the year.

The Office of Personnel and the Veterans Assistance Service in the Department of Veterans Benefits played a substantial role in providing training for some 1,300 Veterans Education and Training Representatives (VETREPS). This involved contracting with four universities, development of training materials and visual aids, and selection and training of VA staff and instructors for the training period. Two professional training societies recognized the success of the program by awarding plaques for "Outstanding Public Service" to the VA.

The first venture into VA production of video tapes for employee training was made during FY 1975. One video tape was edited and six were produced using internal resources and studios of local agencies. Three of these, done in collaboration with Veterans Assistance Service, are designed for the training of veterans benefits counselors.

During FY 1975, the Automated Data Processing training staff developed, coordinated, promoted and maintained a comprehensive and continuing ADP training program. In-house, interagency, and manufacturers' courses were attended by 986 Central Office employees. Forty-three different courses which covered a wide variety of ADP subjects were given during the year.

Personnel Management Program Evaluation

During the fiscal year, personnel management program evaluations were conducted at 40 VA field stations. These visits represented a 54 percent increase over the number of visits conducted the previous year. The reviews were primarily designed to provide assistance to station Directors in strengthening the effectiveness of personnel management and improving the contribution made by personnel programs to the accomplishment of the stations' missions. Special attention was given to reviewing public policy program activities and management's adherence to legal and merit principle requirements.

Classification and Pay

The position classification and job grading programs cover approximately 125,000 General Schedule and 40,000 Federal Wage System employees in the VA. Special attention was placed on

improving and strengthening these programs and on more effective utilization of position management to cut personnel costs.

Almost all of the 40,000 appropriated and nonappropriated fund wage employees in VA's 171 hospitals received prevailing rate pay adjustments during FY 1975. VA had lead agency wage survey and pay fixing responsibility in 23 of the 108 appropriated fund wage areas.

The pay administration program also covers pay systems that include approximately 9,000 physicians and dentists, 24,500 nurses, 5,000 medical and dental residents and interns, and a number of medical support trainees. FY 1975 saw considerable activity in developing proposals to make VA physician pay more attractive.

Labor Relations

Within the VA there are 356 separate units for which 13 labor organizations hold exclusive recognition on behalf of 137,500 employees. In 293 of these units the employees are covered by negotiated agreements whose provisions encompass a wide variety of local personnel policies, procedures, and working conditions. Four labor organizations, because of the size of membership in their exclusive units, hold national consultation rights with the VA. This entitles them to consult on proposed agency level personnel policies affecting the employees they represent.

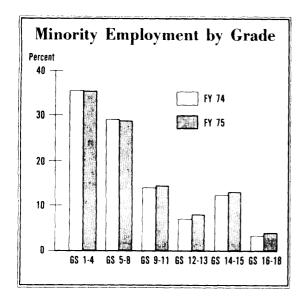
Equal Employment Opportunity

As of May 30, 1975, 54,777 or 29.6 percent of the VA's full-time permanent work force were minorities. Of these 46,969 or 25.4 percent were Black; 5,055 or 2.7 percent were Spanish-speaking; 375 or 0.2 percent were American Indian; and 2,378 or 1.3 percent were Oriental.

The percentage of minorities in white-collar jobs remained constant at 25.9 percent, but the representation of minority group employees in mid-and upper level VA positions continued its steady growth. By May 1975, 13.2 percent of the employees in grades GS-14 and above and equivalent were minorities, compared to 12.4 percent in May 1974.

The average General Schedule grade for minorities advanced from 5.4 in May 1974 to 5.6 in May 1975 — twice the increase obtained by non-minorities. Another indicator of progress was the steady rise of minorities into policymaking and top management positions. Thirteen members of

minority groups are now field station directors and 18 are assistant directors—an overall gain of six positions in these categories during the past year.



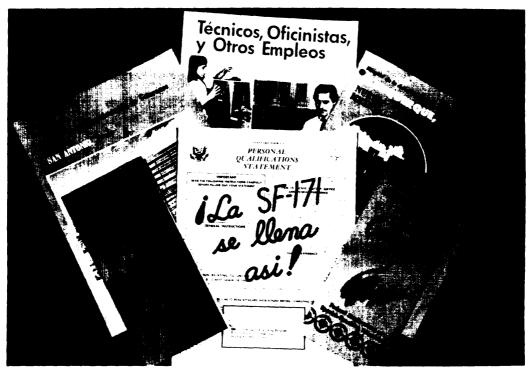
Various training activities initiated from Central Office served to improve the Equal Employment Opportunity (EEO) program agencywide. These

included six workshops geared to defining and delineating the role and responsibilities of EEO officials, four workshops for training EEO investigators, and two workshops for EEO counselors.

Three field station directors received the Administrator's Commendation for leadership and outstanding achievements in the area of EEO. Numerous other EEO awards were made at the local level.

Outreach activities continued with increased emphasis on contacts with the Spanish-speaking community. During the year, the Administrator conferred with representatives from the major Spanish-speaking national organizations. In response to commitments made to the groups, an agencywide directive was issued calling for increased efforts to employ the Spanish-speaking. The cooperation of each of these organizations in finding qualified applicants was solicited.

In May, the first of several conferences of representatives from VA and from the Spanish-speaking organizations and communities was held in Los Angeles to explore more productive ways to attract and employ Hispanics. A number of constructive ideas and a commitment for the continued cooperation of the VA and these organizations resulted from this conference. The VA



Material Used by VA in Reaching the Spanish-Speaking Community

continued to participate in and provide exhibits and occupational information for national conventions of Spanish-speaking organizations.

Personnel ceiling and financial aid were given to 80 field activities to help them provide upward mobility training. Employees in grades GS 1 thru 7, or the equivalent, were competitively selected for training to enable them to advance to preidentified target positions. Although a preponderance of the target positions involved allied health fields, many were also in the administrative and skilled trades area.

Efforts to provide "earn and learn" opportunities for disadvantaged workers at the entry-level were continued. During the summer of 1974 VA employed 4,910 needy youths—590 more than were needed to meet the ratio of one needy youth for every 40 regular employees established by the President. Stay-in-school students were employed throughout the school year. In addition, the VA served as host to an average of 3,300 enrollees in various economic opportunity programs. An estimated 255 worker-trainees were on the rolls at any given time during the fiscal year.

The VA contributed to the motivation, training, and placement of minority youth in health administration careers through participation in a program sponsored by the Association of University Programs in Hospital Administration (AUPHA). During the summer of 1974, nine trainees were placed in VA hospitals, and arrangements were made to employ 15 trainees during the following summer.

Approximately 1,760 precomplaint counselings and 340 formal complaints were handled in FY 1975. About 70 percent of the discrimination cases initiated were resolved during the precomplaint counseling stage. Those pursued on a formal basis were reviewed by the General Counsel and received decisions without undue delay.

Employment of Women

The number of women employed in VA increased by more than 6,000 over FY 1974. As of June 30, 1975, women occupied 106,329, or almost 50 percent, of all VA positions. They have also made progress in attaining higher level positions. Women currently hold over 10 percent of the VA jobs at or above the GS-13 or equivalent level. The latest available government-wide statistics show that women hold only 4.5 percent of

these upper level positions in the total Federal work force.

In General Schedule positions the percentage of women at the grades 7 thru 12 level increased dramatically from 25.1 percent on June 30, 1974 to 33.8 percent at the end of fiscal year 1975.

Women hold many high level positions in the Department of Medicine and Surgely. Currently, three women are hospital directors, five are assistant directors and two are chiefs of staff. Of VA's 5,440 full-time physicians, almost 11 percent are women. This compares favorably with the slightly over 8 percent of all physicians in the nation who are women. In the Department of Veterans Benefits two women are directors of regional offices and one is an assistant director.

During the year a VA Federal Women's Advisory Committee was established to assist the Administrator in identifying appropriate actions to enhance the status of women in the VA. VA also designated representatives to an Interagency Task Force established to implement the goals of International Women's Year in government agencies.

Employee Recognition and Incentive Awards

During a year when greater efficiency and economy were two of the major objectives in government operations, the Veterans Administration was especially proud of two employees who received national awards for their contributions to this effort. Mr. Gerald E. Newmann, Director of the Program Control and Analysis Staff, Office of Construction, was the recipient of the Presidential Management Improvement Award, and Mr. S. W. Melidosian, Director of the VA Center in Philadelphia, received the Federal Paperwork Management Award for Special Merit.

Within the VA, 4,289 employees received quality increases in recognition of high level performance. In addition, 6,048 awards were granted for superior performance and special acts or services. Of the 9,357 suggestions received, more than 3,200 were adopted. Altogether, the VA realized over \$1.8 million in tangible benefits from the contributions of employees.

A strong agency program was developed in support of the President's Special Cost Reduction Campaign announced near the end of the fiscal year. The purpose of the campaign is to emphasize the need for cost saving suggestions and improved productivity. Both individuals and organizational

elements will be recognized for their achievements under the program.

agencies, in a National Bureau of Standards task group to develop a Federal data element directory quideline.

AUTOMATIC DATA PROCESSING

The nation's veterans and their families obtain much of their service from the VA through the extensive use of computers and other automated devices and techniques.

As of June 30, 1975, VA data processing centers were equipped with 37 computer systems to assist in processing the ever increasing workloads related to veterans benefits and health care. VA hospitals had 101 smaller computers supporting medical research projects designed to help the hospitalized veteran in various ways, and an additional 32 scheduled for installation. Seven automated clinical laboratory systems were serving VA hospitals, and two more were planned for the near future. The Office of Construction in VA Central Office was also equipped with a computer system.

Continuing studies are directed towards improving operation of the VA's existing computer systems. In FY 1975 this resulted in approval to relocate two data processing centers which had outgrown their present space. The Washington DPC will move to newer and larger quarters in mid-September 1975, and extensive efforts are already underway to relocate the Hines (Chicago) DPC elsewhere in the Chicago area. Better facilities are expected to result in improved employee morale and more efficient services to veterans.

Data Administration and Privacy Staff

VA policies and procedures have traditionally restricted the use of information contained in veterans records in order to maintain the privacy of individual beneficiaries. Since so much of this information is maintained by automated methods, a Data Administration and Privacy Staff was established to provide agency leadership in protecting individual privacy with respect to records maintained in computer systems. A second major mission of this Staff is to administer the data administration and data management programs for the agency. As part of this effort plans for an automated data element dictionary developed. Considerable improvements in the management and use of information will result from this effort. The VA also participated along with personnel from 37 Federal departments and

Administrative Systems

The Department of Veterans Benefits uses two automated subsystems to assist in the performance of administrative functions. These are the Beneficiary Identification and Records Locator Subsystem (BIRLS) and the Veterans Assistance Discharge System (VADS). BIRLS is an on-line index for approximately 34 million veterans and their beneficiaries to provide identification of records and location of claims folders. The primary function of VADS is to provide for informational material and applications for various VA benefits programs to be mailed automatically to eligible veterans who have been recently discharged from military service.

In February 1975 the BIRLS and VADS subsystems were interfaced in order to provide an index record in BIRLS for every recently discharged veteran. Records were captured retroactively for veterans discharged since January 1974. This subsystem interface aids the regional offices and health care facilities in administering benefit claims since the applicable records in BIRLS include service data.

In another effort to facilitate claims processing, the automated Target system is being developed to provide telecommunications of claims data to the data processing center, and on-line inquiry and response about the status of claims in the data processing center. Pilot phases of the Target system, referred to as Pilot/Target, have been installed in the Philadelphia Regional Office and interconnected with the Baltimore Regional Office, VA Central Office and VA master files at Austin, TX and Hines, IL to test this concept. The simulation, commenced in the fall of 1974, is designed to evaluate significant man-machine interactive functions and system operations. It will also provide valid data and specifications criteria to be used in procurement of Target system hardware. software, and telecommunication networks.

Since September 1974 BIRLS data has been available to the Pilot system. A future enhancement will enable stations to adjudicate claims on-line via the Target system using data already available in BIRLS at the time the veteran files a claim.

Fiscal Systems

On June 30, 1975, the centralized accounting system for Construction Appropriations (CASCA) was approved by the Comptroller General. VA agreed to expand the system to include the capitalization of applicable Central Office personnel services to the various field station projects.

The conversion to Centralized Accounting for Local Management (CALM) continued throughout the fiscal year. Thirty-six stations were converted to CALM during FY 1975, bringing the total number of stations on the system to 82. Assistance to the stations was given through classroom instructions, personal visits for conversion, follow-up correspondence, and telecommunications. Conversions will continue until all field stations are in the CALM system.

In January 1975, the St. Paul Data Processing Center became the centralized data processing activity for the receipt and processing of input documents and for the preparation of reports and statistics for guaranteed or insured loans. Prior to January 1975, statistical data and input documents were handled by five separate data processing centers, and records relating to claims paid on defaulted loans were handled by the Washington, D.C. Data Processing Center. Since centralization of these activities, St. Paul has received and processed an average of 120,000 input documents monthly. These documents represent the various stages associated with processing and approving or disapproving applications for GI loans.

TELECOMMUNICATIONS

The importance of telecommunications continued to grow in the VA, both as an adjunct to automated data processing, and as a valuable tool in its own right.

Data Transmission

Design and development of a new Compensation Pension and Education system, designated the Target System, was continued in FY 1975, with development of procurement requirements. The system will take advantage of the latest telecommunications technology and design concepts to automate operations at the 58 VA regional offices. Regional offices will be equipped with visual display communication terminals and printers to interact with regional data processing centers

(RDPC's). These, in turn, will have on-line access to existing VA master files at Austin, TX, and the Target Central System, at Hines, IL.

Telecommunications facilities involving sophisticated electronic techniques and equipment in support of various medical applications were installed at VA hospitals. This included input/output devices operating via telephone lines to remote computers from patient rooms, laboratories, pharmacies and research departments; devices operating on-line from computers for the dissemination of critical patient data to physicians, technicians and pharmacists requiring the data; and cardiovascular data processing and patient monitoring through use of remote telephone line facilities.

The telecommunications network which exchanges VA data and information between five VA data processing centers is being updated, with modern mini-computer terminals replacing outmoded magnetic tape terminals. This network will be expanded to include the sixth and last of the VA data processing centers into the network, thereby giving nationwide versatility for the movement of data and information.

Telephone Service for Assistance to Veterans

Special telephone services were further expanded during FY 1975, to assist veterans in obtaining their benefits. An additional 145 metropolitan areas were provided with Foreign Exchange telephone lines, bringing the total to 216 metropolitan areas with toll free telephone lines connected to VA regional offices. Thirty-one States are now provided with Inward Wide Area Telecommunications Service. In Alaska, special reverse telephone charge service is available to veterans and was expanded during FY 1975. Engineering efforts were continued to improve telephone answering facilities at numerous VA regional offices. These efforts resulted in the installation and enlargement of automatic and manual call distributing systems for more efficient call handling of veterans' telephone inquiries.

The demand for telecommunications facsimile facilities to expedite transmission of patient data and priority documents between VA Central Office and VA field stations increased significantly. During FY 1975, a special evaluation study was conducted, and it was determined that utilization of leased facsimile equipment over a normal voice grade telephone circuit would best satisfy

this requirement. Facsimile equipment was installed at 60 VA hospitals, seven outpatient clinics and five VA data processing centers. Every VA regional office within the contiguous United States is now provided with facsimile equipment or access to facsimile service.

Technical assistance was provided to VA hospitals in identifying service and engineering requirements for replacement, enlargement and modernization of hospital telephone systems. During FY 1975, the VA's first electronic telephone system was installed in the new Orlando, FL, Outpatient Clinic. Special replacement engineering studies were made at three VA hospitals and two outpatient clinics for the purpose of preparing technical specifications to obtain additional electronic type telephone systems.

Radio Frequency Management

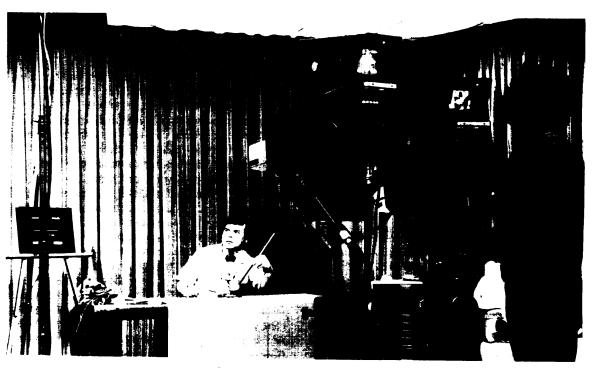
The VA was granted full membership on the Interdepartmental Radio Advisory Committee, Office of Telecommunications Policy, Executive Office of the President, on March 11, 1975, and participates in policy making decisions for all radio frequency regulations for the Federal government.

Closed Circuit Television Systems

The role of closed circuit television (CCTV) in the delivery of health care services, hospital administration, and medical training continues to grow, both in the private sector and in government. To meet this need, over 50 field visits were made in FY 1975 to design, engineer and test CCTV systems of varied configurations to meet the needs of the Department of Medicine and Surgery. Technical Purchase Descriptions were developed as required to meet the specific operational requirements for each system.

The final inspection and test of the first VA owned and operated microwave transmission system for the large scale color CCTV system at Temple, Marlin, and Waco, TX, was completed, and the system became operational in November 1974.

Installation of a network of CCTV systems in Louisiana and Mississippi neared completion in FY 1975. These systems include mobile cameras, film chains, video recorder/players, surgery cameras, and testing, processing routing, and monitoring equipment designed to provide color and two-way audio communications between viewers in the conference rooms and the instructor in the origi-



Closed Circuit TV Production

nating area. This large scale network includes the VA Hospitals and Centers at Jackson, Gulfport and Biloxi, MS and New Orleans, Shreveport, and Alexandria, LA.

During the past year, the VA provided consultant services to the Department of Health, Education and Welfare for the design of a microwave and CCTV network for the Wyoming Valley Area of Pennsylvania. The network will interconnect four community hospitals, one VA hospital, and the Hahnemann Medical School in Philadelphia.

Nurse Call Communications

Engineering and design activities for nurse call systems continued to grow during FY 1975. Activities include designing and engineering systems for new construction projects and for the replacement of old and obsolete systems. Using portable television systems, the new equipment combines audio/visual nurse-patient communications and patient communications as well as patient radio/television entertainment in a single multifunctional system.

Satellite Communications

Plans were made for the Application Technology Satellite (ATS-6), launched in FY 1974, to be replaced by the Communication Technology Satellite (CTS), which will be launched December 17, 1975, from Cape Kennedy. Joint technology and communications experiments will begin on January 25, 1976. The Health Communications experiment, which includes biomedical, clinical and continuing medical experiments, will begin on April 11, 1977, with color television broadcasting to 32 VA Hospitals.

MANAGEMENT AND ORGANIZATION

Paperwork Management

Year end records holdings increased 64,000 cubic feet or 5 percent to a total of 1,330,000 cubic feet. This was the greatest single year increase since 1955, leading to the highest inventory level since that date. During the year 124,000 cubic feet of records were removed from file for inactive storage in Federal Records Centers of the General Services Administration for authorized destruction. However, even though these records

disposition actions compare favorably in volume with parallel actions over the past 20 years, the volume of new records added to agency files during the year amounted to 188,000 cubic feet, far surpassing the same 20-year average and up more than 20 percent over recent annual averages. Most of this increase is in required documentation of the administration of veterans benefits to increasing numbers of veterans and beneficiary applicants for monetary and medical benefits. For example, the number of veterans who are participating in the medical ambulatory care program is showing sharp increases, with resultant increases in the volume of records required to document the individual treatment.

Aggressive actions continue to contribute materially to the effective management of the VA's records. Significant examples include the following:

- The agency is implementing the new reduced statute of limitations on site audit and other fiscal records.
- (2) Consolidated health records, after screening for certain summary records for continued retention, are now being retired after 3 years of inactivity, rather than 5 years, to low cost storage in Federal Records Centers.
- (3) The sixth relocation of inactive claims folders from regional offices to the Records Processing Center in St. Louis, MO, removed over 921,200 folders from high cost active office space for net cost avoidance savings of \$418,900 in space and filing equipment.
- (4) The retirement of 727,200 inactive death claims folders, loan guaranty folders, and insurance folders to Federal Records Centers produced net cost avoidance savings of \$196,700 in space and filing equipment.

The formation of a special adjudication team to process one-time limited actions involving inactive claims and death claims folders relocated to the Records Processing Center in St. Louis, MO, is eliminating expensive folder transfer actions to accomplish single nonsubstantial decisions.

Records management staffs in the agency's Central Office are giving renewed emphasis, in accordance with policy directives from the Archivist of the United States, to the appraisal of major records systems with a view toward minimum reasonable retention periods. Progress to date holds promise of significant records disposition actions in the immediate future.

On June 30, 1975, there were 12,084 different VA forms and form letters in use of which 36 percent were standardized for VA-wide use. During the year 160 standardized forms and form letters were eliminated as no longer necessary, 212 were created to meet new requirements, and 578 were updated and improved.

Reports Management

Reporting improvements were developed during FY 1975 which resulted in the availability of more accurate and timely management information. These improvements include the following:

- 1. Two recurring House Veterans Affairs Committee (HVAC) surveys were automated for the first time—the biennial HVAC report on operations of the Veterans Administration hospital and medical program, and the HVAC survey on target allowance deficiencies.
- 2. The Annual Report on Department of Medicine and Surgery (DM&S) Health Services Training, previously reported and tabulated manually, was also automated. Improvements in the reporting system and methods reduced data input requirements by approximately 75 percent.
- 3. A new series of recurring reports on VA employment of disabled veterans and Vietnam era veterans was produced initially for the quarter ending December 31, 1974.

During FY 1975 studies were conducted on the total information needs of Department of Veterans Benefits (DVB) Area Field Directors, DVB Budget Staff, Loan Guaranty Service and Personnel. These studies resulted in 54 recommendations, actions on which included development of new Automated Management Information System (AMIS) reports for the Equal Opportunity in Housing staff; revision of other forms to preclude unnecessary input; and discontinuance of 63 reports, representing either elimination of unneeded reports or conversion from manual to automated production. It is anticipated that further improvements will be realized including an AMIS reporting system to be established for the DVB Area Field Directors. This system will highlight key indicators of workload levels for major operating divisions in field stations.

Improvements in the Patient Treatment File (PTF) resulted in discontinuance of 40 reports in the PTF/Census reporting systems, at a savings of 10,193 pages of paper, and elimination of

approximately one third of the data elements. Responsiveness of the system has increased both in terms of time and accuracy.

Management Improvement

Management reviews and analyses of major programs are conducted regularly to improve the effectiveness and efficiency of VA operations in the accomplishment of the agency's overall mission of service to veterans.

To meet the intent of Section 219, Title 38 U.S.C., development of a new program evaluation system was begun in the latter part of the fiscal year. Initially a methodology including objectives, criteria, data collection, and evaluation techniques will be developed and tested in two prototype programs. As the methodology is refined and fully validated the evaluation system will gradually be applied to all VA programs to determine effectiveness in achieving program goals.

An integral part of the decision-making process relating to the development or modification of automated data systems is a knowledge of cost in relation to anticipated benefits. To assist management in making sound decisions, cost-benefit studies were conducted on optical character recognition equipment and systems, the Construction Computer Aided Design System, the Centralized Accounts Receivables System, and the Pilot/Target Systems.

Audit Responsibility

During FY 1975, the VA's independent audit program was re-examined to determine if its value to management could be enhanced. As a result of the review, the program mission now stresses management improvement objectives, and major organizational and system changes are being planned to implement this concept.

The audit program is designed to keep the Administrator informed of the status of management throughout the VA, to motivate management improvement, and to afford a degree of protection against misuse of funds appropriated to or entrusted to the care of the VA. To carry out this mission effectively, an audit concept has been introduced which provides for cyclical evaluations of management effectiveness at various levels in the VA, and audit resources have been allocated in accordance with the agency's line organization.

Changes in audit systems have been made to assure appropriate priority in selection of the audit

sample, to provide evaluation focus on management performance, to keep audit time to the minimum required, and to increase audit coverage. Systems to audit the agency's automated data processing resources are being developed, and re-evaluation of current systems of contract and other financial type audits are underway with a view toward increasing their effectiveness.

Investigation and Security

Administrative investigations, surveys and special studies of activities are made at all levels of the VA and of those organizations or individuals having official dealings with the VA. Reports containing recommendations are submitted to department heads and top officials for appropriate actions such as disciplinary actions, changes or clarification of policies and procedures, or recovery of funds or disbarment of individuals doing business with the VA.

A technical laboratory is also operated for the examination of questioned documents and other materials subject to laboratory analysis in connection with investigative or adjudicative activities throughout the VA. The requirements of Executive Orders 10450 and 11652 are met by the administration of a personnel and document security program.

Waivers and Compromises

Committees on Waivers and Compromises were established during FY 1975, at field stations with Department of Veterans Benefits activities. These committees exercise jurisdiction over waivers and compromises of debts owed the VA involving benefit payments, medical care, loans, and erroneous pay and allowances made to VA employees. Administrative control over the committees was placed with the chief of the station's fiscal activity. The Office of the Controller in VA Central Office conducted a review of committee decisions made during the year, and will provide training and advice as required.

Presidential Memorial Certificate Program

Under authority contained in Section 112, Title 38 U. S. C., the VA is responsible for issuance of Presidential Memorial Certificates to the next of kin of honorably discharged deceased veterans. This certificate bears the signature of the Presi-

dent, and expresses the country's grateful recognition of the veteran's service in the Armed Forces. Eligibility for the certificate is determined by the VA when notice of the veteran's death is received, and next of kin information is available. Certificates may also be issued, upon request, to other relatives and friends of the deceased veteran.

The VA now issues an average of 820 certificates daily, and during FY 1975 over 209,000 certificates were mailed to the next of kin. Since the program was started in March 1962, over 2.6 million certificates have been issued.

Audiovisuals

In the area of motion picture film production, the VA continued to document selected programs in the Department of Medicine and Surgery to support medical and scientific research and the care and treatment of veteran patients. The film "Dialogue on Biofeedback" explores the possibility of controlling body functions or states of consciousness, previously thought to be controlled solely by the autonomic nervous system, through appropriate reinforcement techniques to increase or decrease internal responses. Three short-run films in support of medical research and treatment were also completed during the fiscal year, "Rehabilitation of a Quadrilateral Amputee" shows the fitting of a Vietnam era veteran with prosthetic arms and legs, and the program designed to teach him their use. The films "Electrohydraulic Cystolithotripsy" and "Electrohydraulic Nephrolithotripsy" were produced to show the breaking up and elimination of kidney and bladder stones by the impact of electric sparks in a fluid medium; the techniques, harmless to human organs, may be used with or without surgery.

National Veterans Day Ceremonies (1974) at Arlington National Cemetery were filmed for historical documentation and for the information of employees, patients, veterans organizations, and other special groups participating in the care and welfare of veterans. The film features the placing of the Presidential Wreath at the Tomb of the Unknowns by President Gerald R. Ford, and his address to the nation from the amphitheater.

Seven television spot announcements were produced during the year to inform veterans and their dependents of benefits and entitlements under law. These announcements bore such titles as "Use Your GI Bill," "Home Loans," "Hospital Volunteers," "VET-REP on Campus," "Educa-

tion," and "Keep Your Appointment."

The audiovisuals activity maintains a centralized motion picture film library consisting of 755 titles and 5,560 prints for use in medical and scientific research, orientation, training, information, and rehabilitation programs. In FY 1975, 6,952 distributions were made to VA stations, other Federal and State agencies, veterans organizations, educational institutions, and professional and scientific groups.

There were 15 new exhibits designed and completed during the year. These new and existing exhibits on VA programs were presented 188 times for a total of 658 presentation days at VA stations, national and State veterans organization conventions, and during medical, scientific, and industrial group meetings.

The audiovisuals activity also contributed to the planning, development, and production of visual and audio materials for the Audie L. Murphy Memorial dedicated on May 17, 1975 at the VA Hospital, San Antonio, TX. These materials consisted of films, slides, photography, albums, and a portrait of our nation's most decorated hero of World War II.



Audie L. Murphy Memorial

LAW AND LEGISLATION

Legal Actions—Such actions for FY 1975 reached a total of 6,115. These included 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 District Counsels in 55 of the 58 regional offices furnished legal advice to the field stations. In this connection, 28,676 written legal opinions were prepared in FY 1975. More than half of these were on questions involving title to real property.

On June 30, 1974, 1,186 civil litigation suits of all types were pending. During the year, 1,069 new cases were received and 999 were disposed of, leaving a balance of 1,256 as of June 30, 1975.

An increase in tort claims resulted in a total workload of 803 cases. Of these, 771 were closed, resulting in a year end remaining balance of 32 cases.

Forty-one insurance cases were terminated during the year, leaving a balance pending of 84.

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 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 15,404 bills and resolutions introduced in Congress during FY 1975 were reviewed to determine their relevancy to veterans' programs. During the fiscal year, legislative functions totalled 1,075.

APPELLATE REVIEW

Questions on claims involving benefits administered by the VA are subject to review on appeal. The Board of Veterans Appeals provides this appellate review, independent of the field offices responsible for initial adjudicative action. Sections 4001-4009, Title 38 U. S. C. establish the Board's authority and responsibility.

In each case a claimant files an appeal with the field office that took the action in question. If that office is unable to resolve the matter to the satisfaction of the claimant, the case is certified to the Board for review of the entire record and final decision.

There were 43,508 final dispositions made under the VA appellate program during FY 1975. This is about 4.7 percent less than the total number of appeals filed. As a result, the pending caseload rose by more than 4,200 cases. Overall processing time—from receipt of the appeal until final decision—increased slightly from 7.8 months in FY 1974 to 8.1 months in FY 1975. This slight increase reflects the upturn in number of appeals filed.

There were 864 formal hearings held by the Board during FY 1975, including 328 conducted by travel sections in 31 field offices. The percentage of appellants having formal hearings before the Board continued at the high level of 3.5 percent set in FY 1974.

Medical and legal expertise available to the Board was considerable. The Board had 120 attorneys and 18 doctors on its staff. Other VA support available on request included advisory medical opinions from the office of the Chief Medical Director and legal opinions from the office of the General Counsel. The Board obtained 245 outside advisory medical opinions from leading medical schools under the authority of Section 4009, Title 38 U. S. C.

Service organizations held power of attorney in 79 percent of the cases decided by the Board in FY 1975. Another 2 percent were represented by attorneys or agents, and 19 percent of the appellants prosecuted their appeals without representation. Vigorous and competent representation greatly assisted claimants in pursuing their appeals and helped the Board reach equitable and reasoned decisions.

During FY 1975 there were 45,663 appeals filed-an increase of more than 5.6 percent over FY 1974. This increase, following declines in 3 previous years, can be attributed to deterioration in the national economy and high unemployment rates. There were also some shifts in the types of actions appealed. Claims involving service connected disabilities and related benefits rose from 73.7 percent of all appeals in FY 1974 to 75.2 percent in FY 1975, while appeals involving non-service connected disabilities dropped from 7.6 percent to 6.7 percent of appeals decided by the Board. Cases relating to death benefits remained stable at 8.6 percent of appeals filed. In addition to the categories mentioned above, the Board handled a wide variety of issues including increased ratings, vocational rehabilitation and education, hospitalization and outpatient treatment, character of discharge, insurance, and Ioan quaranty.

Of 43,508 final dispositions made in FY 1975, 10,887 were allowances, 11,777 were closures for failure to respond to statements of the case, 3,925 were withdrawals by claimants, and 16,919 were denials of benefits sought. The accompanying table is a recapitulation of appellate actions taken during FY 1975.

Appellate Processing FY 1975	
Pending beginning of year	23,517
Undocketed, field office development not completed	19,619
Docketed, pending in BVA	3,898
Filed during year	45,663
Settled in field offices	22,467
Allowed on review of appealed action	7,189
Closed, failure to respond to statement of case	11,777
Withdrawn by appellant	3,501
Submitted to BVA	26,022
Decided by BVA	25,027
Allowed	3,698
Remanded for further action	3,986
Withdrawn	424
Denied	16.919
Pending end of year	27,723
Undocketed, in field offices	22,830
Docketed, in BVA	4,893

CIVIL RIGHTS-CONTRACT COMPLIANCE

Industrial Compliance

The VA is responsible for assuring compliance with Federal Equal Employment Opportunity regulations in the pharmaceutical, soap and cosmetic, and wholesale drug industries. During FY 1975, 145 onsite compliance reviews were conducted at facilities in these industries: Pharmaceuticals - 104; Soaps and Cosmetics - 37; Wholesale Drugs - 4. The statistical data submitted reflected a total of 62,289 contractor employees, of whom 7,685 (or 12 percent) were minorities and 20,747 (or 33 percent) were women.

Of the 145 onsite reviews made by the Industrial Compliance Division during FY 1975, 21 were pre-award reviews at facilities bidding for government contracts of \$1 million or more, 10 followup reviews, 5 complaint reviews, and 109 post-award reviews. Of the total onsite reviews conducted, 10 were initial reviews. In addition, the division cleared more than 3,600 contractors for government contract work.

In performing the 145 onsite reviews, the staff formally identified 22 cases in which protected employees were still suffering the effects of past discrimination (affected class situations). Settle-

ments included revision of seniority practices (transfer, promotion, layoff, and recall), additional training opportunities, the re-evaluation and redesign of production jobs and progression ladders, as well as back pay. These settlements were negotiated in nine cases with the result that covered employees were to receive \$153,600 in back pay or bonuses and more than \$250,000 in promotions over a 2-year period. The remaining 13 cases were still under negotiation at the close of the fiscal year.

As in affected class situations, remedies for equal pay problems at 18 locations resulted in back pay and immediate promotions valued at more than \$46,000 for minority males and for females who failed to receive equal pay for substantially equal work.

Enforcement actions during FY 1975 included issuance of 11 notices to contractors to show cause why enforcement proceedings should not be instituted. Seven of these were withdrawn because of satisfactory resolution of outstanding deficiencies. However, one case had proceeded to issuance of a 14-Day Notice of Proposed Debarment and tentative establishment of a hearing date and location before settlement was reached. The remaining cases were still pending at year's end.

Other important results of VA compliance reviews included the equalization of employment benefits, the construction of dressing and rest rooms that opened up additional job opportunities, and the removal of invalid and non-job-related selection criteria which blocked the hiring and advancement of minorities and women. The VA also provided technical assistance to 56 contractors to assist them in complying with the law.

Construction Compliance

The basic mission of VA's construction compliance program is to ensure equal employment opportunity at all VA construction projects. During FY 1975, there were 281 VA construction projects operating under "City Plans" administered by the Department of Labor and 116 VA

construction projects (\$100,000 or more) operating outside City Plan areas, for an overall total of 397 contracts. There were 2,382 contractors, including subcontractors, on these projects. More than half of VA construction contracts (\$500,000 or more) were in non-plan areas.

Highlights of the construction compliance activities during the year include the following:

- 1. A total of 289 pre-award reviews were conducted for low bidders to provide orientation and to emphasize the EEO requirements of the VA should an award be made.
- 2. Contractors, having been successful bidders on major projects (\$500,000 or more), were given a more detailed description of their EEO obligations in 65 pre-construction conferences.
- 3. There were 294 onsite reviews of major construction contractors. These reviews consist of conferences with individual contractors, with the prime contractor participating, to discuss strengths and weaknesses in contractors' performance and to obtain commitments for corrective action where appropriate.
- 4. Approximately 7,000 desk reviews were made of minority group employment at VA project sites to evaluate day-to-day performance and to identify needs for improvement. This overall review process is based on daily logs provided by VA construction officials, in conjunction with monthly Manpower Utilization Reports from construction contractors.

Minority group employment on all major construction projects (\$500,000 or more) averaged 23 percent. Minority group workers accounted for almost one-fifth of the total skilled manhours worked and half of the total unskilled manhours worked. In non-plan areas, the level of minority group representation on VA contractors' site forces was attributed to careful monitoring and follow-up. This resulted in minority utilization of approximately 24 percent on major projects of \$500,000 or more.

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TABLE 1 VETERAN POPULATION

Estimated Number, State, Period of Service - June 30, 1975

(In Thousands)

		War Veterans							Service
	Total		Vietn	iam Era ²	Korean Conflict				Between Korean
State	Veterans	Total ¹	Total ³	No Service in Korean Conflict	Total ^{3 4}	No Service in World War II	World War II ⁴	World War I	Conflict and Vietnam Era Only ⁵
Total	29,459#	26,367#	7,597	7,094	5,973	4,723	13,586	963	3,092
State Total	29,235	26,179	7,511	7,011	5,922	4,681	13,534	953	3,056
Alabama	420	375	107	99	93	74	189	(°)	45 5
Alaska	290	36 260	14 79	13 74	9 62	7 45	16 130	` '11	30
Arkansas	258	233	64	60	48	37	124	12	25
California	3,238	2,899	864	798	738	523	1,487	91	339
Colorado	351	311	104	98	74	55	148	10	40
Connecticut	461	414	112	104	97	78	219	13	47
Delaware	79	70	23	21	14	11	36	2	9
District of Columbia	105	94	23	21	27	21	49	3	11
Florida	1,153	1,045	275	254	244	165	563	63	108
Georgia	618	547	182	172	137	108	253	14	71
Hawaii	93	81	31	29	21	17	33	2	12
Idaho	100	89	27	25	19	15	45	4	11
Illinois	1,559	1,398	373	348	313	267	734	49	161
Indiana	721	641	196	184	139	117	317	23	80
lowa	372	331	97	91	65	57	166	17	41
Kansas	309	277	80	75	56	44	145	13	32
Kentucky	407	364	102	96	81	67	187	14	43
Louisiana	447	401	112	105	95	78	204	14	46
Maine	145	130	36	34	27	22	68	6	15
Maryland	610	544	165	153	137	103	274	14	66
Massachusetts	868	779	219	204	172	137	408	30	89
Michigan	1,190 547	1,060 486	315 159	297	228	196	532	35	130
Minnesota	244	220	55	151 51	98 51	81 42	233 118	21	61 24
		ŀ		}					
Missouri	693	621	173	162	139	113	319	27 4	72
Montana	101 197	90 175	27 53	25 50	18 37	15 31	46 86	8	11 22
Nevada	92	82	24	23	20	15	42	2	10
New Hampshire	123	109	34	32	23	19	54	4	14
New Jersey	1.096	986	248	229	227	185	539	33	110
New Mexico	135	120	36	34	29	22	60	4	15
New York	2,519	2,278	544	505	509	434	1,256	83	241
North Carolina	614	545	167	157	122	101	270	17	69 7
North Dakota	64	57	17	16	10	9	29	3	,
Ohio	1,498	1,339	388	364	274	229	702	44	159
Oklahoma	392	352	108	102	77	57	178	15	40
OregonPennsylvania	361 1,756	324 1,581	98 420	92 391	67 324	49 263	169 871	14 56	37 175
Rhode Island	151	135	39	36	29	203	72	5	16
				- 1	ł		- 1		
South Carolina	322 79	286 70	94 17	89 16	66 16	54 14	135 36	8	36 9
South Dakota	529	472	141	132	107	90	233	17	57
Texas	1,594	1,426	428	399	324	248	732	47	168
Utah	143	126	47	43	27	21	58	4	17
Vermont	63	56	18	17	11	10	27	2	7
Virginia	645	575	182	170	142	98	291	16	70
Washington	582	519	172	161	123	83	258	17	63
West Virginia	235	213	54	51	42	36	116	10	22
Wisconsin	577	514	155	146	105	89	255	24	63
Wyoming	48	43	13	12	9	7	22	2	5
Outside U.S Total ⁶	223	187	86	83	51	42	52	10	36
		1	j	j	j		ľ	İ	

NOTE: These estimates have been developed from "bench mark" 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, 1975 on the basis of (1) 1965-1970 veteran interstate migration statistics from the 1970 Census; (2) Bureau of the Census provisional estimates of 1970-1971 net evillan migration of the states: "Current Population Report, "Series P-25, No. 468,

October 5, 1971; and mobility of the United States Population 1970-1971, "Current Population Reports," Series P-20, No. 235, April 1972. They are independent of, and therefore not directly comparable with estimates for June 30, 1970 through June 30, 1974, previously published.

See footnotes at end of table 3.

Estimated Number, Regional Office, Period of Service – June 30, 1975 (In Thousands)

		(in inc	usands)						
				١	Nar Vetera	ns			Service Between
Regional Office	Total Veterans	,	Vietn	am Era²	Korean	Conflict	World	World	Korean Conflict and Vietnam
		Total ¹	Total ³	No Service in Korean Conflict	Total ^{3 4}	No Service in World War II	War II ⁴	War I	Era Only ⁵
Total	29,459#	26,367#	7,597	7,094	5,973	4,723	13,586	963	3,092
Alabama: Montgomery Alaska: Juneau Arizona: Phoenix Arkansas: Little Rock California:	420 41 290 262	375 36 260 237	107 14 79 65	99 13 74 61	93 9 62 49	74 7 45 38	189 16 130 126	13 (*) 11 12	45 5 30 25
Los Angeles	1,674 299 1,260	1,499 268 1,128	433 92 338	402 83 312	375 77 285	279 40 203	774 134 577	44 11 36	175 31 132
Colorado: Denver. Connecticut: Hartford Delaware: Wilmington Dist. of Col.: Washington Florida: St. Petersburg Georgia: Atlanta	351 461 79 439 1,153 618	311 414 70 391 1,045 547	104 112 23 126 275 182	98 104 21 116 254 172	74 97 14 107 244 137	55 78 11 72 165 108	148 219 36 195 563 253	10 13 2 8 63 14	40 47 9 48 108 71
Hawaii: Honolulu Idaho: Boise Illinois: Chicago Indiana: Indianapolis Iowa: Des Moines Kansas: Wichita Kentucky: Louisville	93 100 1,666 614 372 309 407	81 89 1,493 546 331 277 364	31 27 402 167 97 80 102	29 25 375 157 91 75 96	21 19 334 118 65 56	17 15 284 100 57 44 67	33 45 783 268 166 145	2 4 51 21 17 13	12 11 173 68 41 32 43
Louisiana: New Orleans Maine: Togus Maryland: Baltimore Massachusetts: Boston Michigan: Detroit Minnesota: St. Paul	447 145 411 785 1,190 515	401 130 367 704 1,060 457	112 36 106 199 315 151	105 34 98 186 297 143	95 27 90 156 228 93	78 22 70 124 196 76	204 68 188 368 532 219	14 6 11 26 35	46 15 44 81 130 58
Mississippi: Jackson Missouri: St. Louis Montana: Fort Harrison Hebraska: Lincoln Nevada: Reno New Hampshire: Manchester	244 693 101 197 97 123	220 621 90 175 86 109	55 173 27 53 25 34	51 162 25 50 24 32	51 139 18 37 21 23	42 113 15 31 16 19	118 319 46 86 44 54	9 27 4 8 2 4	24 72 11 22 11 14
New Jersey: Newark	1,096 135	986 120	248 36	229 34	227 29	185 22	539 60	33 4	110 15
Buffalo New York North Carolina: Winston-Salem North Dakota: Fargo Ohio: Cleveland	656 1,863 614 96 1,498	591 1,687 545 86 1,339	153 391 167 25 388	142 363 157 24 364	133 376 122 15 274	113 321 101 14 229	315 941 270 43 702	21 62 17 5 44	65 176 69 10 159
Oklahoma: MuskogeeOregon: PortlandPennsylvania:	392 361	352 324	108 98	102 92	77 67	57 49	178 169	15 14	40 37
Philadelphia Pittsburgh Puerto Rico: San Juan Rhode Island: Providence. South Carolina: Columbia	1,114 668 158 234 322	1,001 604 133 210 286	274 152 41 59 94	255 141 40 54 89	209 120 50 45 66	168 99 42 35 54	543 342 47 112 135	35 22 4 9 8	113 64 25 24 36
South Dakota: Sioux Falls	79 529	70 472	17 141	16 132	16 107	14 90	36 233	4	9 57
Houston Waco Utah: Salt Lake City. Vermont: White River Jct	708 882 143 63	633 789 126 56	190 237 47 18	177 221 43 17	147 176 27 11	112 135 21 10	325 405 58 27	19 28 4 2	75 93 17 7
Virginia: Roanoke	510 582 209 577 48	455 519 189 514 43	138 172 48 155 13	130 161 46 146 12	109 123 37 105 9	80 83 32 89 7	231 258 102 255 22	14 17 9 24	55 63 20 63 5
Philippines: Manila	9	6	(9)	(°)	(°)	(°)	4	2	3
All Other ⁷	56	48	45	43	1	(°)	1	4	8
NOTE: Englishment officers whose invitation is should			1070 D	<u> </u>	!				

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 table 1.

See footnotes at end of table 3.

Estimated Age, Period of Service - June 30, 1975

(In Thousands)

					War Veteran	s			Service	
Age	Total Veterans		Vietn	am Era ²	Korea	n Conflict			Between Korean	
		Total ¹	Total ³	No Service in Korean Conflict	Total ^{3 4}	No Service in World War II	World War II ⁴	World War I	Conflict and Vietnam Era Only ⁵	
All Ages	29,459*	26,367*	7,597	7,094	5,973	4,723	13,586	963	3,092	
Under 20 yrs	57	57	57	57						
20-24 yrs	1,013	1,013	1,013	1,013	1					
25-29 yrs	3,522	3,503	3,503	3,503					19	
30-34 yrs	2,928	2,137	2,137	2,137]				791	
35-39 yrs	2,301	633	360	339	294	294			1,668	
40-44 yrs	3,115	2,543	181	33	2,510	2,505	5		572	
45-49 yrs	3,994	3,958	169	8	2,158	1,789	2,161		36	
50-54 yrs	4,899	4,893	96	3	545	106	4,784		6	
55-59 yrs	3,676	3.676	57	1	289	21	3,654			
60-64 vrs	1,752	1.752	20	(9)	115	8	1,744	l	1	
65-69 yrs	887	887	4	(9)	43	(9)	887			
70-74 yrs	260	260	(9)	1	14	(⁹)	253	7		
75-79 yrs	516	516	l		4		87	429		
80-84 yrs	434	434	l <i></i> .		1		9	425		
85-yrs. and Over	105*	105*			(°)		2	102		
Average Age ⁸	45.9	47.0	29.6	28.3	45.8	43.9	55.4	80.3	36.7	

¹ Veterans who served in both World War II and the Korean Conflict, and in both the Korean Conflict and the Vietnam era are counted once.

²Service between August 4, 1964 and May 8, 1975.

³Includes 503,000 veterans who served in both the Korean Conflict and the

Vietnam era.

4 Includes 1,250,000 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.

⁶Includes Commonwealth of Puerto Rico, U.S. possessions and outlying areas. and foreign countries.

Outside Regional Office areas.

⁸Computed from data by single year of age.

⁹Less than 0.5 (thousands).

[#]Includes 1 (thousand) Spanish-American War veterans not distributed geographically.

^{*}Includes 1 (thousand) Spanish-American War veterans average age 95.5

Hospital and Extended Care: Average Daily Census, Average Operating Beds - Fiscal Years 1965-75

	Total Hospital		Hospital	Inpatients		Domiciliary members			
Fiscal Year	Patients, Members, and Nursing Bed Care Patients	Total	VA Hospitals	Non-VA Hospitals	State Homes	Total	VA Domi- ciliaries ³	State Homes	
1975 1974 1973 1972 1971 1970 1969 1968 1967 1966	114,384 114,426 115,170 113,905 115,758 116,580 122,771 128,185 133,466 135,330 135,827	82,253 83,534 84,556 83,185 86,319 87,400 93,547 99,450 105,807 109,882 111,782	79,973 81,453 82,479 80,971 84,002 85,547 91,878 97,425 103,394 107,389 109,183	1,267 1,053 1,031 1,154 1,251 1,495 1,669 2,025 2,413 2,493 2,599	1,013 1,028 1,046 1,060 1,066 418	15,030 15,584 16,286 17,324 17,888 18,680 19,552 20,058 20,382 21,319 23,526	9,181 9,723 10,261 11,986 12,685 13,054 12,592 12,694 13,091	5,849 6,861 6,025 5,969 5,880 6,682 7,140 7,466 7,688 8,228 9,146	
		Average Daily P	atient Census ¹	<u>-</u> <u>L</u>	Aver	age Operating Be			
		Nursing bed	care patients		VA Ho				
	Total	VA Hospitals	State Homes	Community Nursing Homes	Patient Beds	Nursing Beds	VA Domi- ³ ciliaries		
1975 1974 1973 1972 1971 1970 1969 1968 1967 1966	17,101 15,308 14,328 12,765 10,874 9,773 9,030 8,067 6,694 3,854	6,739 6,418 6,094 5,440 4,599 3,760 3,760 3,468 2,484 1,245 150	4,123 4,005 3,662 3,335 2,898 2,432 2,153 1,795 1,423 972 156	6,239 4,885 4,572 3,990 3,377 3,581 3,177 2,804 2,787 1,637	94,801 96,106 97,689 96,352 98,956 102,633 107,013 112,394 115,193 116,975 119,118	7,032 6,769 6,508 5,819 5,052 4,002 4,000 4,000 2,748 1,475 208	10,310 10,839 11,172 13,097 13,632 13,959 14,282 13,528 13,664 14,953 16,544		

¹Based on total patient, member, 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.

June of the indicated fiscal year.

Includes restoration program data for 1965-1973, Discontinued subsequently.

HEALTH CARE

TABLE 5

Inpatient and Extended Care: Applications for Care - Fiscal Year 1975

Applications	Hospitalization	Nursing Care	Domiciliary Care
Pending beginning of year	2,407		
Total received during year	2,089,579	4,452	10,443
From veteran or his representative	2,069,317 20,262	3,823 629	8,886 1,557
Total dispositions	2,087,302	4,603	10,923
Eligible and in need of care		3,164 690	7,795 1,324
Canceled or withdrawn-prior to eligibility determination By transfer-prior to eligibility determination Legally ineligible	71,526 28,321 2,419	455 285 9	475 1,258 71
Pending end of year	4,684	129	88

VA, Non-VA and State Home Hospitals: Admissions, Discharges, Remaining – Fiscal Years 1965-75

		Admi	ssions						
		Hospitals				Hospitals			
Fiscal Year	Total	VA1	Non-VA ²	State Home ³	Total	VA 1	Non-VA ²	State Home ³	
1975	1,069,757	5 1,036,101	27,710	5,946	1.069.945	5 1,036,441	27,573	5,931	
1974	991,473	5 964,466	21,091	5,916	991,599	5 964,653	21,047	5,899	
1973	932,481	5 905,545	20,816	6,120	933,237	5 906,015	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		
1968	670,600	647,241	23,359		678,506	654,683	23,823	ĺ	
1967	654,474	624,856	29,618		665,153	635,576	29,577		
1966	641,469	614,338	27,131		642,180	619,160	23,020	ļ	
1965	627,993	602,102	25,891		628,094	505,933	22,161		
	-			Remaining	June 30				
			VA Hospitals		No	on-VA hospitals		State Home Hospitals ³	
	Total	Total	Bed Occupants	ABO ⁴	Total	Bed Occupants	ABO ⁴	Bed Occupants	
1975	79,499	77,432	76,007	1,425	1,031	1,008	23	1,036	
1974	80,526	78,640	76,847	1,793	852	811	41	1,034	
1973	81,146	79,336	77,356	1,980	793	762	31	1,017	
1972	81,489	79,406	77,344	2,062	1,053	820	233	1,030	
1971	82,207	79,985	78,453	1,532	1,146	952	194	1,076	
1970	96,040	93,805	81,976	11,829	1,202	1,034	168	1,033	
1969	101,541	99,541	85,909	13,632	1,545	1,402	143	J	
1968	109,365	107,743	91,735	16,008	1,622	1,459	163		
1967	116,841	114,755	93,894	20,861	2,086	1,924	162		
1966	124,766	122,653	103,789	18,864	2,113	2,113		1	
1965	126,782	124,578	106,195	18,383	2,204	2,204		l	

(primarily psychiatric) to trial visit was sharply reduced and reporting discon-

Inued.

S Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis were considered to be inpatients. During Fiscal Year 1974, there were about 105,000 admissions (and discharges) for one day duration of stay and 145,000 during Fiscal Year 1975.

¹Interhospital transfer data are excluded.
²Includes transfers.
³Program initiated Dec. 30, 1969.
⁴Denotes patients who were absent bed occupants, i.e., on leave or trial visit on the last day of the fiscal year. Beginning with FY 74 the placement of patients

VA, Non-VA and State Home Hospitals: Admissions, Discharges, Remaining: Type of Hospital and Bed Section – Fiscal Year 1975

Total VA hospitals							
Montpate Montpate	Hospital Croup	All	Patie	nts by Type	of Bed Secti	ion	State
ADMISSIONS' Total VA hospitals 1,080,367 1,083,811 162,078 311,142 500,691 5,966 Total VA hospitals 1,080,367 1,083,811 162,078 311,142 500,691 5,966 Total VA hospitals 1,080,367 1,083,811 162,078 311,142 500,691 5,966 Total VA hospitals 1,080,479 1,976,56 973,978 1777 30,602 31,202 3	nospital Group		Total	Pevobinery	C	Madian	
All hospitals	ADMIssional	 	70(8)	rsycillatry	Surgery	iviedical	Hospitals
Total VA hospitals 1,036,101 1,036,101 124,435 307,392 572,274					ļ		
System 1995 1996		1,069,757	1,063,811	162,078	311,142	590,691	5,946
Total non-VA hospitals	Total VA hospitals	1,036,101	1,036,101	154,435	307,392	574,274	
Total non-VA hospitals	Psychiatric hospitals	56 447	EG 447	42.001	1.050		
Total non VA hospitals	General hospitals						
Federal Government hospitals	Total non-VA hospitals	07.740					
1,810		27,710	27,710	7,643	3,750	16,317	
U.S. Arr Force U.S. Navy U.S. N	Federal Government hospitals	5,597	5,597	305	931	4.361	
1.0. Non-Health Service 2,344 4,44 4,45 3	U.S. Air Force						
1.05 Polite Hairb Service 2,334 2,334 41 49 2,244 39 39 30 30 30 30 30 30	U.S. Navy						
March Common Co	U.S. Public Health Service						
State and local government hospitals 6,254 6,254 1,515 3,305 5,907 2,386 5,946	Other (Canal Zone, St. Elizabeths, Washington, D.C.)	44					
State and local government hospitals 6,254 6,254 1,515 3,305 5,907 2,386 5,946	Non-Federal hospitals (Veterans Memorial Hospital, Manila)	1 344	1 244	115	202	047	
Total state home hospitals Total state home hospitals DISCHARGES AND DEATHS! All hospitals Total VA horpitals Total VA hospitals Total VA hospitals Total VA hospitals Non-Federal hospitals REMAINING Bed occupants in hospital state home hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total Na hospitals Total VA hospitals Total Na hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total VA hospitals Total Na hospitals Total VA hospitals Total Na hospitals Total VA hospitals Total Na hospitals Total VA hospitals Total Na hospitals Total VA hospitals Total Na	State and local government hospitals						1
DISCHARGES AND DEATHS All hospitals 1,069,945 1,064,014 169,513 323,083 571,418 5,931 Total VA hospitals 1,036,441 1,036,441 1,036,441 1,036,441 1,036,441 Pyvchiatric hospitals 60,483 60,483 48,640 13,24 10,519 Pyvchiatric hospitals 975,968 975,968 113,407 317,926 544,625 Total non-VA hospitals 27,573 27,573 7,666 38,33 16,274 Total non-VA hospitals 5,580 5,580 29,935 4,346 U.S. Arimy 1,809 1,809 1,80 1,809 1,80 1,809 1,80 1,	Nonpublic nospitals	14.515					
DISCHARGES AND DEATHS All hospitals 1,069,945 1,064,014 169,513 323,083 571,418 5,931 Total VA hospitals 1,036,441 1,036,441 1,036,441 1,036,441 1,036,441 Pyvchiatric hospitals 60,483 60,483 48,640 13,24 10,519 Pyvchiatric hospitals 975,968 975,968 113,407 317,926 544,625 Total non-VA hospitals 27,573 27,573 7,666 38,33 16,274 Total non-VA hospitals 5,580 5,580 29,935 4,346 U.S. Arimy 1,809 1,809 1,80 1,809 1,80 1,809 1,80 1,	Total state home hospitals	5 946					5.040
All hospitals		0,040					5,946
Total VA horpitals							
Pychiatric hospitals		1,069,945	1,064,014	169,513	323,083	571,418	5,931
Pychiatric hospitals	Total VA hospitals	1 036 441	1 036 441	162 047	210 250	CEE 144	
Semeral hospitals				. 52,547	313,230	JJD,144	
Total non-VA hospitals	General hospitals						
Federal Government hospitals		975,556	975,958	113,407	317,926	544,625	
Federal Government hospitals	Total non-VA hospitals	27,573	27,573	7,466	3,833	16,274	
U.S. Arry U.S. Arr Force: 911 911 191 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 911 102 347 462 U.S. Public Health Service. 911 912 11 102 347 11 465 U.S. Arry Pychiatric hospitals (Veteran Memorial Hospital, Manifal) U.S. Arry U.S. Public Health Service 102 26 26 11 42 12 2 11 12 12 12 12 12 12 12 12 12 14 14 12 12 2 12 12 14 14 14 12 12 2 12 12 14 14 14 12 12 12 12 12 14 14 14 12 12 12 12 12 14 14 14 12 12 12 12 12 14 14 14 12 12 12 12 14 14 14 14 12 12 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	Federal Government hospitals	E 500	5 500			•	
U.S. Aur Force 911 911 102 347 462 102 347 465 102 347 465 102 347 465 102 347 465 102 102 347 465 102	U.S. Army						
U.S. Public Health Service. U.S. Public Health Service. U.S. Public Health Service. U.S. Public Health Service. U.S. Public Health Service. U.S. Public Health Service. U.S. Public Health Service. U.S. Public Health Service. U.S. Army. U.S. Army. U.S. Army. U.S. Army. U.S. Army. U.S. Army. U.S. Non-Federal hospitals (Veterans Memorial Hospital). U.S. Army. U.S.	U.S. Air Force	911				,	
March Care	U.S. Public Health Service			8	41		
Non-Federal hospitals (Veterans Memorial Hospital, Manila)	Other (Canal Zone, St. Elizabeths, Washington, D.C.)						
State and local government hospitals 6,238 14,385 14,385 3,733 2,061 8,591 14,385 14,385 14,385 3,733 2,061 8,591 17 7 7 7 7 7 7 7 7		33	39	3		36	
Nonpublic hospitals 14,385 14,385 3,733 2,061 8,591	Non-Federal hospitals (Veterans Memorial Hospital, Manila)			119	280	971	
Total state home hospitals 5,931	Nonpublic hospitals						
REMAINING REMA		14,365	14,385	3,/33	2,061	8,591	
REMAINING REMA	Total state home hospitals	5,931					5,931
All hospitals 78,051 77,015 25,817 14,406 36,792 1,036 Total VA hospitals 76,007 76,007 25,211 14,269 36,527 Psychiatric hospitals 19,193 19,193 11,601 182 7,410 General hospitals 56,814 56,814 13,610 14,087 29,117 Total non-VA hospitals 1,008 1,008 606 137 265 Federal Government Hospitals 1,008 1,008 606 137 265 Federal Government Hospitals 1,5 5 889 U.S. Airry 76,007 76,007 25,211 14,269 36,527 Total non-VA hospitals 1,008 1,008 606 137 265 Federal Government Hospitals 1,5 5 889 U.S. Airry 76,007 76,007 25,211 14,269 36,527 Total non-VA hospitals 1,5 1,3 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0	REMAINING	ŀ					
All hospitals 78,051 77,015 25,817 14,406 36,792 1,036 Total VA hospitals 76,007 76,007 25,211 14,269 36,527 Psychiatric hospitals 19,193 19,193 11,601 182 7,410 General hospitals 56,814 56,814 13,610 14,087 29,117 Total non-VA hospitals 1,008 1,008 606 137 265 Federal Government Hospitals 1,008 1,008 606 137 265 Federal Government Hospitals 1,5 5 889 U.S. Airry 76,007 76,007 25,211 14,269 36,527 Total non-VA hospitals 1,008 1,008 606 137 265 Federal Government Hospitals 1,5 5 889 U.S. Airry 76,007 76,007 25,211 14,269 36,527 Total non-VA hospitals 1,5 1,3 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0							
Total VA hospitals 76,007 76,007 25,211 14,269 36,527 Psychiatric hospitals 19,193 19,193 11,601 182 7,410 General hospitals 56,814 56,814 13,610 14,087 29,117 Total non-VA hospitals 1,008 1,008 606 137 265 Foderal Government Hospitals 1,008 1,008 606 137 265 Foderal Government Hospitals 1,5 55 89 U.S. Airry 76 76 76 1 44 31 U.S. Airry 76 76 76 1 44 31 U.S. Airry 20 20 20 U.S. Public Health Service 20 20 20 U.S. Public Health Service 26 26 26 3 4 19 Other (Canal Zone, St. Elizabeths, Washington, D.C.) 9 9 1 4 19 Non-Federal hospitals (Veterans Memorial Hospital, Manila) 73 73 24 25 24 Non-Federal hospitals (Veterans Memorial Hospital, Manila) 73 73 24 25 24 Nonpublic hospitals					1		
Psychiatric hospitals 19,193 19,193 11,601 182 7,410 56,814 56,814 56,814 13,610 14,087 29,117	All nospitals	78,051	77,015	25,817	14,406	36,792	1,036
Psychiatric hospitals 19,193 19,193 11,601 182 7,410 56,814 56,814 56,814 13,610 14,087 29,117	Total VA hospitals	76,007	76,007	25 211	14 269	36 527	
Ceneral hospitals 56,814 56,814 13,610 14,087 29,117	Psychiatric hospitals	10 102					
Federal Government Hospitals	General hospitals						
Federal Government Hospitals	Total non-VA hospitals	1,008	1,008	606	137	265	
U.S. Army U.S. Air Force U.S. Air Force U.S. Air Force U.S. Navy U.S. Air Force U.S. Navy U.S. Public Health Service U.S. Public Health Service U.S. Remain the service U.S. Remain the service U.S. Navy U.S. Public Health Service U.S. Remain the service U.S. Navy U.S. Public Health Service U.S. Navy U.S. Public Health Service U.S. Navy U.S. Public Health Service U.S. Remain the service U.S. Navy U.S. Public Health Service U.S. Remain the service U.S. Remain t	Federal Government Hospitals	440		1			
18	U.S. Army						
1.036 20 20 20 20 20 20 20 2	U.S. Air Force			'			
Other (Canal Zone, St. Elizabeths, Washington, D.C.) 26 9 1 8 8 8 8 8 8 8 8 8	U.S. NAVY						
Non-Federal hospitals (Veterans Memorial Hospital, Manila)	Other (Canal Zone St. Flizabeths Washington, D.C.)	1					
State and local government hospitals 144 144 121 2 21 131 145 146 155 131 146		9	9	1		8	
144 144 121 2 21 131 145 146 1	Non-Federal hospitals (Veterans Memorial Hospital, Manila)		73	24	25	24	
Total state home hospitals 1,036	Nonpublic hospitals				2	21	
REMAINING Absent bed occupants June 30, 1975: All hospitals		642	642	456	55	131	
REMAINING Absent bed occupants June 30, 1975: All hospitals 1,448 1,448 1,031 179 238 Total non-VA hospitals 23 23 21 2 Total VA hospitals 1,425 1,425 1,010 179 236 Psychiatric hospitals 478 478 426 3 49 General hospitals 947 947 584 176 187	Total state home hospitals	1,036					1,036
Absent bed occupants June 30, 1975: 1,448 1,448 1,031 179 238 All hospitals 1,448 1,448 1,031 179 238 Total non-VA hospitals 23 23 21 2 Total VA hospitals 1,425 1,425 1,010 179 236 Psychiatric hospitals 478 478 426 3 49 General hospitals 947 947 584 176 187	REMAINING		1				
Total non-VA hospitals 23 23 21 2 Total VA hospitals 1,425 1,425 1,010 179 236 Psychiatric hospitals 478 478 426 3 49 General hospitals 947 947 584 176 187			}	1			
Total non-VA hospitals 23 23 21 2 Total VA hospitals 1,425 1,425 1,010 179 236 Psychiatric hospitals 478 478 426 3 49 General hospitals 947 947 584 176 187	All hospitals						
Total VA hospitals 1,425 1,425 1,010 179 236 Psychiatric hospitals 478 478 426 3 49 General hospitals 947 947 584 176 187	1		1,448	1,031	179	238	
Psychiatric hospitals		23	23	21 .		2	
General hospitals		1,425	1,425	1,010	179	236	
947 947 584 176 187	Psychiatric hospitals				3	49 .	
Exclude interhospital transfers for VA hospitals include transfers for non VA hospitals		947	947	584	176		<u> </u>

 $^{^{1}}Exclude\ interhospital\ transfers\ for\ VA\ hospitals;$ include\ transfers\ for\ non-VA\ hospitals.

VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated-During Fiscal Year 1975

	А	verage Opera	ating Beds ²		Ave	rage Daily P	atient Censu	1S ³	Total
		В	ed Section ¹			В	ed Section ¹		Number of
Hospital	Total	Psychi- atry ⁴	Surgery	Medical ⁴	Total	Psychia atry ⁴	Surgery	Medical ⁴	Patients Treated
All hospitals	94,801	30,183	19,725	44,893	79,973	26,059	15,634	38,280	101,113,87
	21,736	13,657	237	7,842	19,476	11,905	200	7,371	1080,15
ychiatric hospitals 2	73,065	16,526	19,488	37,051	60,497	14,154	15,434	30,909	101,033,71
PSYCHIATRIC HOSPITALS				'				107	4,52
labama: Tuscaloosa	674	513		161 30	522 424	395 408		127 16	4,33
alifornia: Los Angeles (Brentwood)	470 600	440 435		165	549	405		144	2,27
storedo: Fort I von	1,145	384		761	1,053	319		734	3,93
diana: Marion	728	347		381	663	301		362	2,00
wa: Knoxville	980	506		474	912	466		446	3,64
aryland: Perry Point	555			1	i			277	3,4
assachusetts: Bedford	861	526	49	286	753	433	43	277 243	3,20
Brockton	842	563	21	258	773	513	17	220	2,54
Northampton	709	473		236	649	430 846		172	4.85
ichigan Rattle Creek	1,170	987		183 445	1,018 894	456	13	426	3,10
inneceta: St Cloud	1,002	543	14	536	1,300	776	19	505	4,1
ew Jersey: Lyons	1,457	906	15	530	1,300	'''			l.
ew York:	4.050	628	15	410	974	563	14	398	3,04
Canadaigua	1,053	1,042	12	280	1,149	890	13	246	4,3
Montrose	1,334	647	40	230	813	575	28	210	5,1
lorth Carolina: Salishury	917	617	25	567	1,099	521	22	557	4,8
Phio: Chillicothe	1,209	017					1		
ennsylvania:	1,441	1,009	21	411	1,298	922	15		4,2
Coatesville	949	629	8	312	816	520	3		3,1 2,3
Outh Dakota: Fort Meade	413	240	17	156	372	208	14	400	3,4
outh Dakota: Fort Meade	912	435		477	849	381			4,5
ennessee: Murrreesboro	1,100	743		358	1,041	694		1	2,7
Vashington: American Lake	610	457		153	507	386 321		1 .	2.4
Visconsin: Tomah	800	357		443	747 300			1 400	1,8
Vyoming: Sheridan	360	231		129	300	\ '''			
GENERAL HOSPITALS									
Alabama:	400		275	224	384		201	183	
Riemingham	499		36	1 -	137		22		
Montgomery	206		106	1	952		62	2 414	5,3
Tuskegee	1,103	324		1					
Arizona:	220	35	81	104	210				
Phoenix	222		43	164	193				1
Prescott	329	46	122	161	261	40	94	' '2'	/ / /
					1	.	6	134	4,8
Arkansas: Fayetteville	220		75		196				
Little Rock ⁷	1,510	691	261	558	1,331	620		,	1
California:		.	100	133	212	29	89	93	
Ereeno	275			1	159		1		2,
Livermore	188							7 827	
Long Reach	1,596 762		254			1	177		
Los Angeles (Wadsworth)	497		1	1					
Martinez	1,410			- 1		828			
Palo Alto ⁷	598	1							
San Diego	330		18				. 15		
San Francisco	915		18	4 409	60	3 169	5 11	9 324	, 10,
		1			Ì	. ا	14	3 150	11,
Colorado: Denver	439	76					14 2	~ I	
Grand Junction	119	5	. 3	2 83	9	9	. -	,	' ''
Connecticut:	1			_	14	3 1	, ,	1 59	3,
Newington	178					- (' I		
Wort Haven	/2.				1 23	-	. 12		3 4,
Delaware: Wilmington	330		. 14				' 1		5 13,
District of Columbia: Washington	701	B 180	, 20	' 32'	33	1			_ _
Florida:	67	3 126	3 15	1 396	64				
Bay Pines									
Coinceville	1 47	-	. 9) 28		* 1	5 210	
	1 30		1	- 1		8 15	2 18		
Lake City Miami	1 79	0 i 164	1 22	0 329				2 25	3 12,

See footnotes at end of table.

VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated-During Fiscal Year 1975

		Average Ope	rating Beds	2	Ave	rage Daily F	atient Cens	us ³	Total
Hospital			Bed Section	1		E	Bed Section		Number of
·	Total	Psychi- atry ⁴	Surgery	Medical ⁴	Total	Psychi- atry ⁴	Surgery	Medical ⁴	Patients Treated
Georgia:									
Atlanta	550	96	224	230	434	83	176	174	12,14
Augusta ⁷	1,258	647	153	458	1,005	499	122	383	10,12
Dublin	468		104	364	400		61	339	4,41
Idaho: Boise	172		77	95	150		67	83	3,03
Illinois:	500			004			400		Ì
Chicago (Research)	533	28	244	261	451	26	199	225	12,24
Chicago (West Side)	545 1,302	84 753	192 100	269 449	460 1,061	79 629	166 59	215 373	8,57
Downey ¹¹	1,777	1,108	42	627	1,503	929	28	546	4,98 6,49
Hines	1,527	240	470	817	1,291	205	381	704	25,18
Marion	176	. <i>.</i>	44	132	135		33	102	4,09
Indiana:		l		ļ				Í	
Fort Wayne	178		67	111	161		59	103	2,94
Indianapolis ³	6 55	99	217	339	524	90	177	256	12,82
lowa:									
Des Moines	362		154	208	304		120	184	6,36
lowa City	364	56	155	153	280	45	117	119	9,60
Kansas:	529	171	116	242	440	147	07	170	E 0F
Topeka ¹²	908	518	57	333	412 783	147 446	87 43	179 294	5,85 5,61
Wichita	202		101	101	158		69	89	4,33
Kentucky:				, ,,) 55)	1,50
Lexington ⁹	992	407	150	435	878	375	118	385	11,31
Louisville	422	49	182	191	364	48	143	173	6,79
Louisiana:		ŀ							
Alexandria	375		110	265	320		85	235	4,79
New Orleans	579	62 74	219	298	495	58	174	263	11,32
Maine: Togus	464 744	439	150	240	387	70	110	208	8,99
Maryland:	/44	439	86	219	641	403	54	184	5,95
Baltimore	291	14	109	168	219	15	82	122	6,53
Fort Howard	231	l	103	231	207		02	207	2,10
Massachusetts:					20.			1	2,10
Boston	837	104	259	474	698	102	220	376	13,469
West Roxbury	274		72	202	214		61	153	2,762
Michigan:		}		ì					
Allen Park	680	51	196	433	556	44	146	367	8,417
Ann Arbor	430	79	164	187	289	58	98	133	9,980
Iron Mountain	234 217		95 86	139 131	171 182		55	116	3,45
Minnesota: Minneapolis	862	107	367	388	692	100	75 288	107 305	2,55 17,81
Mississippi:	002		30,	3.0	032	,00	200	303	17,01
Biloxi 7	842	506	84	252	771	459	70	242	5,57
Jackson	500	70	188	242	404	61	156	187	9,54
Missouri:						•		}	
Columbia	374	60	133	181	271	41	100	130	6,989
Kansas City	482	63	220	199	393	59	171	163	10,11!
Poplar Bluff	176		79	97	140		54	86	3,75
St. Louis ⁷	998	290	245	463	795	223	191	381	14,72
Montana:	400							1	
Fort Harrison Miles City	160		58	102	143		49	94	2,76
Miles City	96		34	62	81		28	52	2,06
Grand Island	172		63	109	124		42	82	2,22
Lincoln	206	60	86	60	163	53	59	52	3,75
Omaha	392	61	135	196	326	54	108	164	9.55
Nevada: Reno	177		90	87	145		76	69	3,33
New Hampshire: Manchester	150		56	94	147		52	96	3,34
New Jersey: East Orange	1,093	245	248	600	933	192	217	524	13,98
New Mexico: Albuquerque	420	73	151	197	372	67	128	177	10,27
New York:	770	400							
Albany	776 241	122	217 30	437	636	100	168	368	8,354
Bath	208	11	30	211 197	208 193	10	22	186 183	1,714 1,42
Bronx:	987	109	310	568	747	74	226	447	14,65
Brooklyn ⁸	1,000	124	295	581	845	106	239	500	13,11
Buffalo	888	134	207	547	776	123	170	483	11,43
Castle Point	258		67	191	223		63	160	2,62
New York	1,030	183	377	470	880	163	308	408	15,26
Northport	932	366	137	429	839	356	123	361	7,70
Syracuse	400	91	175	134	322	75	143	105	5,08

See footnotes at end of table.

TABLE 8—Continued INPATIENT CARE

VA Hospitals: Average Operating Beds, Average Daily Census, Patients Treated-During Fiscal Year 1975

		Average Ope	rating Beds ²		Ave	rage Daily F	Patient Cens	us ³	Total
Hospital		E	led Section			E	Bed Section		Number of
·	Total	Psychi- atry ⁴	Surgery	Medical ⁴	Total	Psychi- atry ⁴	Surgery	Medical ⁴	Patients Treated
North Carolina:				1		İ			
Asheville ¹⁴	537	30	159	348	516	30	145	341	8.266
Durham	501	81	216	204	419	68	193	158	11,081
Fayetteville	346	35	87	224	318	34	75	208	5,596
North Dakota: Fargo	224		79	145	185		58	126	3,280
Ohio:		(i i			l	1	
Cincinnai	439	78	199	162	370	67	167	136	7,731
Cleveland ⁷	1,681	738	292	651	1,453	641	228	584	15,935
Dayton	858	200	197	461	718	177	153	388	7,272
Oklahoma:		ł				Į.	l	1	
Muskogee	247		106	141	192		76	116	5,294
Oklahoma City	463	102	161	200	360	98	122	141	11,697
Oregon:		ĺ				l	1		
Portland	527	30	196	301	435	27	163	244	12,126
Roseburg ¹³	364	194	20	150	325	164	17	144	3,183
Pennsylvania:		ļ		!		!]		
Altoona	174		49	125	154		53	101	1,896
Butler	395			395	279			279	2,956
Erie	142		42	100	132		36	96	2,060
Lebanon	846	451	31	364	812	434	26	353	2,809
Philadelphia	481	38	185	258	411	35	158	217	9,150
Pittsburgh ^o	741	31	267	443	561	24	193	344	10,494
Wilkes-Barre	500	112	121	267	423	89	103	231	5,110
Puerto Rico: San Juan	692	240	163	289	641	238	145	258	14,862
Rhode Island: Providence	351	39	88	224	281	38	72	171	7,437
	429	55	170	204	335	52	119	164	7 145
Charleston	429 428	34				29			7,145
Columbia	420	34	179	215	393	29	159	206	6,746
Hot Springs	232	44	37	151	214	35	34	145	2,410
Sioux Falls	250	29	84	137	199	24	64	110	4,600
Tennessee:	250	23	04	'3'	133	27	٠,	1.0	4,000
	923	180	208	535	801	156	177	467	14,951
Memphis	508	73	140	295	453	64	116	273	6,738
Mountain Home	488	46	211	231	399	36	170	193	11,614
Texas:	400	40	211	231	355	30	170	193	11,014
Amarillo	137		61	76	112		49	62	2.920
Big Spring	225		87	138	189		66	122	4.005
Bonham	78	15	24	39	68	15	22	31	1,536
Dallas	764	138	292	334	609	124	221	265	15,848
Houston	1,252	389	272	591	1,119	382	230	507	19,047
Kerrville	302	303	84	218	255	302	59	197	3,307
Marlin	222		04	222	194		- 55	194	1,970
San Antonio ⁸	438	87	196	155	317	53	154	110	8,256
Temple	715	140	196	379	590	113	167	310	8,582
Utah: Salt Lake City	506	132	145	229	376	111	101	163	10,088
Vermont: White River Junction	194	20	87	87	163	18	65	79	3,644
Virginia:									-,
Hampton	434	61	88	285	397	53	78	267	5,017
Richmond	853	38	204	611	723	39	175	509	12,670
Salem	957	571	76	310	767	428	60	278	7,742
Washington:							-		.,
Seattle	322	66	118	138	278	60	101	117	8,901
Spokane	213		95	118	188		82	106	3,648
Vancouver	368	55	116	197	295	45	90	160	4,219
Walla Walla	190	 	43	147	147		30	117	2,446
West Virginia:				·				l J	•
Beckley	168		50	118	129		43	86	3,698
Clarksburg	212	25	90	97	177	26	73	78	4,494
Huntington	180		60	120	161		49	112	3,963
Martinsburg	688	18	144	526	574	12	97	465	5,018
Wisconsin:			-			-			
Madison	438	20	168	250	300	13	122	166	8,221
Wood	889	197	256	436	697	170	217	310	12,239
Wyoming: Cheyenne	129		49	80	114		35	79	2,718

¹Beds are classified according to their intended use and patients occupying

have been consolidated respectively with the VA General hospitals, Augusta,

them are classed accordingly rather than on a diagnostic basis.

²Based on the number of operating beds at the end of each month of 13 consecutive months (June 1974-June 1975). In some instances, the operating beds by type of bed do not add to total because of rounding of figures in computations.

³Based on total patient-days during fiscal year divided by the number of days

in year.

4 "Medical" includes data for neurological, intermediate, spinal cord injury, physical medical and rehabilitation, blind rehabilitation and medicine.

⁵Includes data for the two VA general hospitals at Indianapolis, Ind. (Cold Spring Road, 10th St.).

⁶Includes data for the VA hospital Aspinwall, Pa.

⁷Data for the VA Psychiatric Hospitals, Augusta, Ga., Brecksville, Ohio, Gulfport, Miss., Jefferson Bks., North Little Rock, Ark., and Palo Alto, Calif.,

Cleveland, Biloxi, St. Louis, Little Rock, and Palo Alto.

8 Includes data for the two VA general hospitals at Brooklyn, N.Y. (St. Albans:

Poly Pl.)

Simple Poly Pl.)

Includes data for the two VA general hospitals at Lexington, Ky. (Cooper Drive; Leestown).

10 Transfers are excluded in overall total; included in total for individual

stations.

11 The VAH Downey, Ill., was redesignated from a psychiatric hospital to a

general hospital effective March 31, 1975.

12 Effective July 1, 1974, the VAH Topeka, Kans., was redesignated from a

psychiatric hospital to a general hospital.

13 Effective January 31, 1975, the VAH Roseburg, Oreg., was redesignated

from a psychiatric hospital to a general hospital.

14 The VAH Oteen, N.C., was changed to VAH Asheville, N.C., January 7,

VA, Non-VA Hospitals: Patient Turnover, Type of Hospital – Fiscal Year 1975

			VA Hospitals			Non	-VA Hospita	ıls		
Item	All		Type of H	ospital			Type of	Hospital		State
:	Hospitals	Total	Psychiatric ¹	General ¹	Total	Federal ²	Non- Federal (VMH Manila)	State and Local Govern- ment ³	Nonpublic	Homes
Average daily patient census, fiscal year 1975	83,534	81,453	22,955	58,498	1,053	190	89	244	531	1,028
occupants as of June 30, 1974	80,526	78,640	20,182	58,458	6893	139	100	140	514	1,034
Total bed occupant and absent bed occupant gains during										
fiscal year 1975	1,243,830	1,209,628	83,343	1,126,285	27,821	5,626	1,390	6,278	14,527	8 6,381
Admissions ⁷ Transfers from other hospitals ⁴⁻⁵	1,069,757 30,609	1,036,101 30,609	56,447 7,810	979,654 22,799	27,710	5,597	1,344	6,254	14,515	5,946
Changes in bed section	143,029	142,918	19,086	123,832	111	29	46	24	12	
Total bed occupant and absent bed occupant losses during	1 044 000									
fiscal year 1975	1,244,898	1,210,836	83,854	1,126,982	27,683	5,608	1,416	6,262	14,397	⁸ 6,379
Deaths	47,372 678,512 344,061	46,081 646,299 344,061	2,114 20,523 37,846	43,967 625,776 306,215	772 26,801	187 5,393	64 1,306	147 6,091	374 14,011	519 5,412
Transfers to other hospitals 5 Changes in bed section	31,477 143,028	31,477 142,918	4,285 19,086	27,192 123,832	110	28	46	24	12	
Bed occupants and absent bed							"		'-	
occupants as of June 30, 1975 Bed occupants remaining in hospital	79,499	77,432	19,671	57,761	1,031	157	74	156	644	1,036
June 30, 1975	78,051	76,007	19,193	56,814	1,008	149	73	144	642	1,036
1975	1,448	1,425	478	947	23	8	1	12	2	
Year 1975	82,253 1,149,444	79,973 1,113,873	19,476 80,154	60,497 1,033,719	1,267 28,604	164 5,737	77 1,444	278 6,394	748 15,029	1,013 6,967
Post hospital care status patients — June 30, 1975	572,039	572,039	21,338	550,701						

¹During fiscal year 1975, data for the VA psychiatric hospitals, Augusta, Ga., Brecksville, Ohio, Gulfport, Miss., Jefferson Bks., North Little Rock, Ark., and Palo Alto, Calif., have been consolidated respectively with the VA general hospitals, Augusta, Cleveland, Biloxi, St. Louis, Little Rock and Palo Alto.

²Includes U.S. Army, Navy, Air Force and Public Health Service hospitals; located in Canal Zone area; and St. Elizabeths Hospital, Washington, D.C.

³Includes hospitals operated by State, County and Municipal governments.

⁴Transfers for non-VA hospitals are included with admissions and other

discharges.

⁵ Includes only patients transferred as VA beneficiaries.

⁷Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis were considered to be inpatients. During Fiscal Year 1974, there were about 105,000 admissions (and discharges) for one day duration of stay and 145,000 during Fiscal Year 1975.

8 Includes 448 and 435 patients respectively to and from leave of absence.

VA, Non-VA and State Home Hospitals: Patient Turnover, Type of Bed Section - Fiscal Year 1975

				Type of B	led Section	1			ŀ
item		VA Hos	pitals			Non-VA	Hospitals		State Homes
	Total	Psychiatry	Surgery	Medical	Total	Psychiatry	Surgery	Medical	
Average daily patient census fiscal year 1974	81,453	26,836	15,629	38,988	1,053	459	189	406	1,028
Bed occupants and absent bed occupants as of June 30, 1974	78,640	27,373	14,041	37,226	² 894	461	193	240	1,034
Total bed-occupant and absent bed-occupant gains during fiscal year 1975	1,209,628	184,886	368,981	655,761	27,820	7 ,659	3,806	16,355	66,381
Admissions ⁵	1,036,101	154,435	307,392	574,274	27,710	7,643	3,750	16,317	5,946
Transfer from other hospitals ^{4 5} Change in bed section	30,609 142,918	8,685 21,766	10,707 50,882	11,217 70,272	110	16	56	38	
Total bed-occupant and absent bed-occupant losses during fiscal year 1975	1,210,836	186,038	368,574	656,224	27,683	7,493	3,862	16,328	6,379
Deaths	46,081 646,299	423 60,887	10,516 251,349	35,142 334,063	772 26,801		158 3,675	582 15,692	519 5,412
Other discharges ⁴	344,061 142,918 31,477	100,737 17,493 6,498	57,385 39,717 9,607	185,939 85,708 15,372	110		29	55	
Bed occupants and absent bed occupants as of	,	5,135		,			Ì		1
June 30, 1975	77,432		14,448	36,736	1,031	627	137	267	1,036
Bed occupants remaining in hospital June 30, 1975	76,007	25,211	14,269	36,527 236	1,008		137	265 2	1,036
Absent bed occupants June 30, 1975	1,425 79,973		179 15,634	38,280	1.267		175	468	1,013
Average daily patient census fiscal year 1975	1,113,873		333,698	591,907	28,604		3,970	16,540	6,967
Post hospital care status patients – June 30, 1975	572,039	72,883	252,233	246,923					

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.

²Data adjusted.

³Non-VA hospital transfers are included with other admissions and other discharges.

⁴Includes only patients transferred as VA beneficiaries.

⁵Beginning with Fiscal Year 1973, patients coming to VA hospitals for chronic hemodialysis were considered to be inpatients. During Fiscal Year 1974, there were about 105,000 admissions (and discharges) for one day duration of stay and 145,000 during Fiscal Year 1975.
6 Includes 448 and 435 patients respectively to and from leave of absence.

VA Hospitals: Patients Remaining, Compensation and Pension Status, Type of Patient¹ October 2, 1974

			1	ype of Patient		
Compensation and Pensions Status	All Patients	Tuberculosis	Psychoses	Other Psychiatric	Neurological	General Medical and Surgical
VA Hospitals	80,715	936	22,898	14,694	7,616	34,573
Received care for a service-connected disability Received care for non-service-connected disability and has a service-	15,169	69	9,053	1,834	1,008	3,205
connected compensable disability which does not require medical care Received care for non-service-connected disability and on VA pension	8,521	129	1,106	1,716	762	4,808
rolls	22,404	221	6,542	3,529	2,365	9,747
pension	34,191 427	518	6,082 113	7,547 65	3,421 57	16,623 192

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 2, 1974. 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 This group includes all patients other than veterans and military such as humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a patient is admitted as a Bureau of Employees Compensation case, he is coded as a non-veteran even though he is eligible as a veteran.

VA Hospitals: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence — October 2, 1974\square

								Туре о	f Patient				
		All Patients	3	General and Su		Tub	erculous	Psy	chotic	Other P	sychiatric	Neur	ological
Reported State of Residence	Total	Hospital Same		Total	Percent Hospi- talized in Same	Total	Percent Hospi- talized in Same	Total	Percent Hospi- talized in Same	Total	Percent Hospi- talized	Total	Percent Hospi- talized
		Number	Percent		State		State		State		in Same State		in Same State
Total	80,715	67,790	84.0	34,569	87.2	938	86.9	22,896	80.3	14,693	82.2	7,618	83.7
United States	80,070	67,151	83.9	34,217	87.1	934	86.8	22,707	80.1	14,630	82.1	7,582	83.6
Alabama	1,724	1,426	82.7	624	78.5	45	100.0	591	82.9	310	89.7	154	79.9
Alaska	5		0.0		0.0		0.0	5	0.0	****	0.0		0.0
Arizona	711	604	85.0	450	96.7		0.0	77	23.4	116	83.6	68	79.4
Arkansas	1,307 5,226	1,143 5,064	87.5 96.9	570 2,735	80.2 97.8	28 59	100.0	338 943	92.6 92.0	291 929	98.3 97.7	560	73.8 99.1
Colorado	718	657	91.5	283	92.9	16	100.0	199	88.4	168	94.6	52	82.7
	4.054	7.0		400	05.7	40		200		400	200		00.5
Connecticut	1,054 269	748 168	71.0 62.5	486 137	95.7 100.0	13	100.0	309 75	24.3 0.0	128 21	68.0 23.8	118 36	91.5 72.2
District of Columbia	508	325	64.0	217	86.2	24	100.0	92	29.3	131	48.1	44	54.5
Florida	2,920	2,368	81.1	1,591	96.0	48	89.6	629	39.9	366	78.1	286	91.3
Florida	1,771	1,228	69.3	769	71.7	48 25	40.0	457	67.4	369	74.3	151	56.3
Hawaii	5		0.0		0.0		0.0	5	0.0		0.0	• • • • • • • • • • • • • • • • • • • •	0.0
Idaho	285	113	39.6	191	49.7		0.0	15	0.0	29	31.0	50	18.0
Illinois	4.904	4,348	88.7	1,811	86.6	67	92.5	1,649	91.3	871	86.7	506	90.3
Indiana	2,076	1,548	74.6	619	67.9	18	50.0	868	78.0	442	84.6	129	52.7
lowa	1.077	882	81.9	473	77.6		0.0	366	90.2	156	81.4	82	70.7
Kansas	1,181	947	80.2	513	74.5	6	100.0	267	73.8	273	95.2	122	83.6
Kentucky	1,463	1,105	75.5	645	68.8	14	100.0	367	77.7	308	83.8	129	80.6
Louisiana	1,288	969	75.2	676	93.6	36	100.0	248	14.5	192	69.3	136	96.3
Maine	601 1,408	575 933	95.7 66.3	196 560	94.9 61.3	25	0.0 100.0	139 269	96.4 86.2	224 339	100.0 63.1	42 215	73.8 55.3
waryland	1,408	933	00.5	300	01.3	25	100.0	203	00.2	333	03.1	2.13	35.5
Massachusetts	2,619	2,424	92.6	665	84.1	6	0.0	968	96.3	677	95.4	303	94.7
Michigan	2,293 1,479	2,118 1,269	92.4 85.8	812 519	93.8 77.6	42 10	100.0 60.0	845 589	92.7 93.7	440 266	90.0 87.2	154 95	87.7 80.0
Walling Oca	1,473	1,203	03.0	0.5	//		33.3	555			07.12		55.5
Mississippi	1,044	731	70.0	496	73.2	28	85.7	245	73.5	184	63.6	91	51.6
Missouri	1,676 420	1,123 204	67.0 48.6	813 216	78.6 77.8	6 5	0.0 0.0	304 68	37.5 0.0	380 92	54.7 19.6	173 39	93.6 46.2
	ĺ			1									
Nebraska	819 255	542 136	66.2 53.3	436 181	92.7 53.6		100.0 0.0	172 20	8.1 50.0	159 30	63.5 33.3	46 24	37.0 79.2
New Hampshire	342	114	33.3	146	58.9		0.0	74	0.0	81	19.8	41	29.3
M. 4			00.7	000		40	400.0	1 040	00.0	240	05.0	400	
New Jersey	2,498 398	2,092 308	83.7 77.4	868 264	80.1 81.8	48	100.0 0.0	1,046 51	88.9 47.1	348 64	85.1 84.4	188 19	65.4 73.7
New York	7,793	7,531	96.8	3,443	98.9	55	100.0	2,426	93.4	1,053	96.4	816	98.7
North Carolina	2,109	1,852	87.8	1,034	91.8	31	64.5	499	91.0	308	84.7	237	70.9
North Dakota	2,109	85	35.1	1,034	73.3		0.0	83	0.0	47	0.0	11	100.0
Ohio	3,587	3,214	89.6	1,333	90.2	15	100.0	1,189	91.5	660	88.9	390	82.6
Oklahoma	826	523	63.3	403	95.0	12	100.0	194	16.0	159	49.7	58	31.0
Oregon	973	672	69.1	541	67.5	14	0.0	124	81.5	197	62.4	97	85.6
Pennsylvania	4,931	4,476	90.8	1,418	90.3	52	90.4	2,181	91.8	699	92.0	581	86.6
Rhode Island	322	174	54.0	143	86.0	5	100.0	85	11.8	59	18.6	30	83.3
South Carolina	1,199	652	54.4	610	80.0	22	40.9	226	8.8	255	27.1	86	76.7
South Dakota	511	410	80.2	259	74.1	• • • • •	0.0	106	91.5	109	86.2	37	73.0
Tennessee	2,050	1,835	89.5	788	92.4	26	80.8	707	87.0	367	86.9	162	93.8
Texas	4,721	4,292	90.9	2,343	92.9	51	90.2	1,091	89.9	878	86.7	358	91.3
Utah	314	298	94.9	140	100.0		0.0	59	81.4	84	100.0	31	83.9
Vermont	129	89	69.0	60	100.0		0.0	37	5.4	32	84.4		0.0
Virginia	1,879	1,516	80.7	803	81.1	48	87.5	317	81.7	426 225	76.5 97.8	285 37	83.5
Washington	1,115	1,058	94.9	534	92.9	• • • • •	0.0	319	96.9	225	37.0	3/	89.2
West Virginia	1,073	606	56.5	538	80.7	14	64.3	226	9.3	218	36.7	77	80.5
Wisconsin	1,719 233	1,471 185	85.6 79.4	654 110	85.5 75.5	14	100.0 0.0	489 59	75.7 100.0	411 59	93.2 72.9	151 5	96.0 0.0
Wyoming													
Outside United States.	644	639	99.2	352	98.6	4	100.0	189	100.0	63	100.0	36	100.0
Puerto Rico	644	639	99.2	352	98.6	4	100.0	189	100.0	63	100.0	36	100.0

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining October 2, 1974. The figures

INPATIENT CARE TABLE 13

VA Hospitals: Patients Remaining, Chronicity, Compensation and Pension Status, Diagnostic Grouping - October 2, 19741

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	Non- Veterans ⁵
All patients	80,715	15,170	8,520	18,971	37,631	424
Tuberculosis	937	69	128	277	463	
Pulmonary tuberculosis Other tuberculosis	856 81	64 5	114 14	255 22	423 40	
Psychoses	22,897	9,054	1,106	8,618	4,006	113
Functional	18,245 4,652	8,457 597	728 378	5,733 2,885	3,225 781	102 11
Other psychiatric	14,697	1,835	1,718	4,180	6,899	65
Neurological	7,616	1,008	763	2,665	3,122	58
Vascular lesions affecting central nervous system Other neurological Neurological diseases of the sense organs	2,517 5,075 24	174 834	321 442	857 1,808	1,152 1,951 19	13 40 5
General medical and surgical	34,569	3,204	4,805	3,231	23,141	188
Infective and parasitic diseases Malignant neoplasms Benign and unspecified neoplasms Allergic and endocrine system Heart diseases and symptoms Vascular diseases Acute respiratory diseases Other respiratory diseases with asthma and symptoms Diseases of the digestive system and symptoms. Diseases of the genitourinary system and symptoms Diseases of skin and cellular tissue Diseases of bones and organs of movement and symptoms Accidents, poisonings and violence	387 5,213 375 1,934 3,937 3,085 651 2,752 4,977 2,288 1,258 2,577 2,767	55 195 20 262 318 299 37 290 335 207 167 518 241	48 710 66 306 632 379 45 328 754 340 165 262	46 472 22 307 364 412 35 357 227 140 108 255 267	238 3,824 267 1,049 2,604 1,990 534 1,758 3,637 1,576 808 1,536 1,792	12 10 19 5 19 24 25 10 6
All other	2,368	260	330	219	1,792	31

⁴Figures shown are estimates based on tabulations of 20 percent systematic random sample records for patients remaining on October 2, 1974. The figures shown in the column "All Patients" do not necessarily equal the sum of the component parts due to machine rounding of sample data.

2.4ll groups are mutually exclusive and patients who possess the characteristics

of more than I group are included only in that group having the highest priority for admission.

³This group of "Chronic" patients includes veterans hospitalized for non-service-connected conditions 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 conditions for less than 90 days as of the census date.

Strike group includes all patients other than veterans, such as active military.

humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a patient is admitted as a Bureau of Employees compensation case, he is coded as a non-veteran even though he is eligible as a veteran.

	Total	Ser	vice conne	cted veterar	ıs	Non-se	ervice connec	ted	Non-
Type of patient and age group	All patients	Total	10% or more	Less than 10%	NSC with SC ²	Total	Pension	Other	ve terans'
I patients	80,715	23,690	14,619	550	8,521	56,595	22,404	34,191	427
patients					450	1 724	82	1,652	208
Under 25	2,962	1,021	796	67	158	1,734 3,875	395	3,480	48
25-34	6,483	2,558	2,054	51	453 660	6,117	1,481	4,636	48
35-44	8,984	2,819	2,073	86		16,292	5,731	10,561	41
45-54	23,689	7,353	4,543	157	2,653 2,701	13,237	5,273	7,964	43
55-64	19,383	6,106	3,262	143	1.896	15,340	9,442	5,898	39
65 and over	19,216	3,833	1,891	46	1,090	13,340			
ıberculosis	936	198	48	21	129	739	221	518	
Under 25						17		17	
25-34	17				20	72	15	57	
35-44	91	20		 5	56	277	65	212	
45-54	359	83	22	5	26	241	90	151	
55-64	288	47	16 10	11	27	132	51	81	
65 and over	181	48			+		C E 42	6,082	113
ry choses	22,898	10,159	8,677	376	1,106	12,624	6,542		
	1,168	621	535	42	44	456	10	446	91
Under 25	2,654	1,512	1,393	47	72	1,131	198	933	11
25-34	3,591	1,606	1,446	66	94	1,985	828	1,157	
35-44	6,983	3,133	2,660	122	351	3,849	2,372	1,477	
45-54	4,363	2,010	1,584	94	332	2,354	1,260	1,094	11
55-64		1,277	1,059	5	213	2,849	1,874	975	L
	14,694	3,550	1,755	79	1,716	11,076	3,529	7,547	65
Other psychiatric	14,054	3,500	.,,	ļ. ——		 		555	33
	758	148	75	21	52	578	23	1,217	13
Under 25	1,637	359	206	4	149	1,265	48	1,438	1
25-34	2,039	428	180		248	1,596	158 889	2.346	1
45-54	1	1,207	624	24	559	3,235	805	1,149	
55-64	2,829	869	435	15	419	1,954		842	1
65 and over	2,988	539	235	15	289	2,446	1,606	042	
		1,770	988	20	762	5,786	2,365	3,421	57
Neurological			1		_	160	26	134	31
Under 25	243	52	47		5	321	67	254	I .
25-34	סופ ן.	189	160		29 42	564	186	378	1
35-44	. //0	206	153	11	236	1.562	541	1,021	l .
45-54	. 2,111	534	298		250 253	1,397	562	835	
55-64	1,903	505	243	9	197	1,782	983	799	
65 and over	. 2,073	284	87		107	1,702	+	 	+
General medical and surgical		8,013	3,151	54	4,808	26,370	9,747	16,623	192
				4	57	540	23	517	, 53
Under 25	. 793	200	139	i i	203	1,141		1,059	
25-34	. 1,659	498	295	9	256	1,900		1,606	s 35
35-44	. 2,493	559	294	6	1,451	7,369		5,50	
45-54	9,793	2,396	939 984	1	1,671	7,291	1	4,73	
55-64	10,000	2,675			1 '	8,129		3,20	
55-64	1	1,685	500	_	1,170	8,129	4,928	3,20	<u>'</u>

¹ Figures shown are estimates based on tabulations of a 20 percent systematic Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records of patients remaining on October 2, 1974. 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.

INPATIENT CARE

³ This group includes all patients other than veterans such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a patient is admitted as a Bureau of Employees compensation case, he is coded as a support of the control of t non-veteran even though he is eligible as a veteran.

VA Hospitals: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group — October 2, 1974¹

	AH		_	Period o	f Service			Average				∖ge Grou	p		
Principal Diagnoses ²	Patients	Vietnam Era	Post Korea	Korean Conflict	ww	ww	All Others	Age	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	80,715	9,733	4,901	8,471	44,274	11,329	2,014	54.5	9,448	8,987	23,689	19,386	7,446	10,368	1,4
Infective and parasitic diseases	1,371	94	113	147	897	99	21	53.6	108	163	480	384	141	75	
Pulmonary tuberculosis (011)	856	17	53	97			<u> </u>				 				
luberculosis, late effects (019)				1	608	70	11	55.8	17	83	336	258	91	60	1
l uberculosis, Other (010, 012-018)	62														١
Cardiovascular syphilis (093)	l .			4	54	4		(5)		4	21	24	10		
Syphilis of central nervous system (094).															
Other forms of late syphilis, latent or unspecified (095-097)					22	10	5	(5)			10	11	10	5	
All other venereal diseases (090-092, 098-099).	10				5	5		(5)			5				
Infectious hepatitis (070)	11	11						(⁵)	11		l				
Malaria (084).	26	21	5					(5)	21	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)					•••••	• • • • •			•••••						
	369	45	55	46	208	10	5	48.8	59	71	108	91	30	10	
II. Neoplasms	5,768	198	135	331	3,957	1,067	80	60.8	136	262	1,447	1,957	853	1,005	10
Malignancy of buccal cavity and pharynx (140-149)	570							+							
Malignancy of digestive organs and peritoneum (150-159)	579	31	11	46	432	49	10	59.2	5	20	167	242	90	56	
Malignancy of respiratory system (160, 162-163)	890	5	16	50	585	234		63.7		25	197	290	147	202	2
Malianancy of largery (161)	1,401	21	10	70	1,131	150	19	59.5	5	47	397	577	225	143	
Malignancy of larynx (161)	233	6		6	171	50		62.1		6	67	87	26	37	1
Malignancy of lymphatic and hematopoietic tissue (200-209).	494	29	22	30	299	114		59.1	29	39	132	138	38	108	10
Malignancy of genitourinary organs (180-189)	784	14	14	20	434	281	21	66.9	14	10	111	2:25			
Malignancies of all other systems (170-174, 190-199).	940	66	37	75	612	125	25	57.6	47	89	254	238	118	275	3
Neoplasms, benign (210-228)	217	16	16	15	141	24	5	55.6	22	16			122	130	10
Neoplasms, of unspecified nature (230-239)	230	10	9	19	152	40		59.7	14	10	57 65	61 49	36 51	24 30	10
III. Endocrine, nutritional, and metabolic diseases	1,953	84	93	262	1,217	268	29	56.8	70	180	684	540	218	236	24
Diabetes mellitus (250)	1,468	42	47	1					-					<u></u>	
Diseases of thyroid and other endocrine glands (240-246, 251-258)	173			182	937	236	24	58.4	22	108	504	433	172	217	10
Avitaminosis and other nutritional deficiency (260-269)		28	10	20	110	5		50.0	28	21	69	31	14	5	
Obesity not specified as of endocrine origin (277)	94	5	10	20	41	18		(⁵)	5	11	27	21	15	5	ç
Other metabolic diseases (270-276, 278-279)	96	9	10	25	52			(⁵)	15	15	42	24]	
270-270, 270-2791	122		16	15	77	9	5	55.8		25	42	31	17	9	
IV. Diseases of blood and blood-forming organs	279	9	27	15	172	50	6	60.3	14	26	62	73	39	61	
Anemia, iron deficiency (280)	44				\longrightarrow	+	\rightarrow		+						
ernicious Anemia (281.0)	44		5	5	23	11		(5)			18	10	5	6	5
Anemia, other (281.1-285)	29				25	4		(5)			5	10	10	4	
All other diseases of blood and blood-forming organs (286-289)	171	9	22	5	104	31		60.2	14	21	28	38	20	51	
organs (286-289)	35			5	20	4	6	(5)		5	11	15	4		
V. Mental disorders	37,526	6,117	3,001	4,785	18,021	4,386	1,216	51.3	6,208	5,617		7,182	2,509	4.003	594
sychoses not attributed to physical conditions (295-299)				+		-	+	-+						7,003	
Alcoholic psychosis (291)	18,246	3,419	1,733	2,696	8,444	1,261	693	47.8	3,688	3.330	6.039	3.072	832	1,158	127
Alcoholic psychosis (291). sychoses with organic brain syndrome, except syphilitic (290,	1,223	70	12	118	973	32	18	56.8	24	67	358	574	157	42	
The syndrome, except symbilitie (290)	- 1	1		i i		- 1				٠,	355	5,4	107	42	
292.2-294)	3,236	136	104	- 1	1		1			1		- 1		1	

Psychoses associated with syphilis (292.0, 292.1)	189)			96	88	5	68.0			34	53	20	71 52	11 15
Alcoholism (303)	5,785	703	680	1,027	3,135	57	183	48.0	627	1,262	2,451	1,174	205	52	15
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9)	4,358	170	80	249	2,082	1,685	92	66.6	108	167	721	869	718	1,543	233
Psychoneurotic, personality and behavioral disorders (excluding							158	42.4	1,650	592	1,239	750	110	58	24
alcoholism) (300-302, 304-307, 307.3, 307.4)	4,423 66	1,619	392	424	1,749	81 5	136	42.4 (⁵)	1,030	5	21	26	9	5	
Mental retardation (310-315)	- 00														===
VI. Diseases of nervous system and sense organs	4,291	501	248	469	2,543	452	78	53.7	468	508	1,353	1,036	476	404	48
Inflammatory diseases of central nervous system (320-324)	70	15		9	41	5		(⁵) 48.4	15 15	9 42	26 65	15 26	14	5	
Epilepsy (345)	161 68	20	5	45 6	86 46	10		40.4 (⁵)		6	22	26	9	6	
Amytrophic lateral sclerosis (348.0)	315	94	35	38	143	5		44.0	94	48	100	53	14	5	
Quadriplegia, cerbral or spinal (344.2, 349.4)	446	118	47	81	191	9]	43.7	127	83	150	57	19	9	
Other diseases of central nervous system, including hereditary and				Î			İ		İ				l		
familial disease of nervous system (330-333, 340-344.1, 344.9,				200	4 000	254	42	56.8	88	243	644	542	303	244	21
346-347, 348.1-349.2, 349.5-349.9)	2,085 326	115 39	132	209 30	1,333	254 10	10	51.9	34	26	132	103	20	5	6
Diseases of nerves and peripheral ganglia (350-358)	320	.39	3	30	232		,•1	51.5	٥.						
the eye, except blindness (360-369, 370-378)	512	9	15	31	317	124	16	62.7	10	21	129	142	81	109	21
Blindness (379)	120	27	4	10	58	21		50.2	27	15	31	32		16	
Disease of ear and mastoid process (380-389)	188	58	5	10	96	9	10	46.2	58	15	54	40	16	5	
VII. Diseases of the circulatory system	9,547	366	232	622	5,860	2,306	161	62.3	184	416	2,291	2,955	1,293	2,134	276
, ,								55.2	-	9	52	54	10	5	
Chronic rheumatic heart disease (393-398)	131		5	4	117	5		55.2		3	32	54			
Hy pertensive heart disease, exclusive of ischemic heart disease (400.1, 402, 404)	34	5	10		19			(⁵)		5	14	16			
Hypertensive disease without heart involvement (400.0, 400.2, 400.3,		•													
400.9, 401, 403)	624	44	36	75	433	30	6	54.8	34	65	210	191	100	25 70	
Acute myocardial infarction (410)	470	11	10	73	301	70	5	58.2	3	45 64	148 452	170 595	37 257	643	78
Chronic ischemic heart disease (412)	2,090	56	30	94	1,199	681	30	65.2	3	04	452	353	23,	040	
Other ischemic heart disease, with or without hypertensive disease (411, 413, 414)	193	11	5	36	141			53.5		19	88	76	10		
Other forms of heart disease (391, 392.0, 402-429)		63	15	72	612	230	14	61.5	45	37	244	291	146	217	27
Cerebral hemorrhage (431)	98		6	12	55	25		(⁵)		18	31 42	19 199	5 81	20 172	5 15
Cerebral thrombosis (433)	531	6	16	5	321	168	15	66.5	6	15	10	199		1/2	
Cerebral embolism (434)	10 337	10	10	5	10 125	159	28	71.5		10	15	64	76	151	21
Generalized ischemic cerebrovascular disease (437)	1,542	34	42	84	902	452	28	64.4	9	40	332	443	281	383	52
Arteriosclerosis (440)		5	12	27	295	212	10	68.1		12	71	168	76	207	28
All other diseases of arteries, arterioles and capillaries (441-448)	980	15	10	47	734	159		62.1	10	19 5	225 88	377 112	181	133 25	
Varicose veins lower extremities (454)		12	6	18	188	31	l l	57.3 47.9	12 32	19	71	19	l	16	1
Hemorrhoids (455)	157	47	10	5	79	16		47.5	32	'3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.5	1]	
All other diseases of veins and lymphatics, and other diseases of circulatory system (390, 392.9, 450-453, 456-458)	523	47	9	65	329	68	5	55.8	33	34	198	161	26	67	5
Circulatory system (350, 352.5, 450-455, 450-456)						-			+			+			==
VIII. Diseases of the respiratory system	3,151	170	112	158	2,041	591	79	59.6	174	152	772	974	515	517	46
ACO 455 470 474	84	14	6		64			(5)	9	6	34	15	14	6	
Acute respiratory infections including influenza (460-466, 470-474) Pneumonia (480-486)			10	1	289	167	11	1 '	44	26	103		70	122	1
Bronchitis, unqualified and chronic (490-491)	256		15		168	64	. 5	62.2	9	5	55	69	69	43	
Emphysema (492)	. 922	1		25		196			6	5	199	311 68		188	l.
Asthma (493)			5	10	102		. 5	57.1		5	40	98	5	5	
All other diseases of upper respiratory tract and respiratory system	4 22	97	55	107	754	164	48	55.9	106	105	341	363	152	153	4
(500-508, 510-519)	1,225	9/	55	107	-	-	-	ļ	+	+===		+	 	-	
IX. Diseases of the digestive system	. 4,547	460	286	446	2,835	435	85	54.2	373	485	1,575	1,259	394	 	
Diseases of oral cavity, salivary glands, and jaws (520-529)	. 115	29		5	68	13		52.9	24	5	28	30	15	13	s

VA Hospitals: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group - October 2, 1974

Principal Diagnoses ²	All Patients	Period of Service						Average	Age Group						
		Vietnam Era	Post Korea	Korean Conflict		ww	Ali Others	Age	Under 35	35-44	45-54	55-64	65-74	75-84	85 ar Ove
IX. Diseases of the digestive system — Cont.												 	 		-
licers digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534).	683		-												
(530, 535-537)stomach and duodenum (except ulcers)		53	67	74	423	51	15		43	77	285	188	40	50	
fernia of abdominal cavity (550-553)	802	20 61	9 34		216	35		56.3	19	32	91	106	30	35	
Other diseases of intestine and peritoneum (540-543, 560-569)	968	145	50	94	472 540	156		58.6	46	63	218	219	96	161	
arrhosis of liver (571)	1.012	40	65	119	769	123	16 19	54.4	115	90	313	216	97	132	
Ther diseases of liver, gall bladder and pencreus (570, 572-577)	649	112	61	72	347	57		53.0 50.4	20 106	114 104	448 192	347 153	77 39	6 51	···
X. Diseases of the ginitourinary system	2,078	168	60	189	1,109	497	55	59.8	149	169	461	550	252	424	=
lephritis and nephrosis (580-584)	297	59	16	21	204	-				<u> </u>		 -			<u> </u>
ther diseases of urinary system (590-599)	910	55	34	31 100	164 528	27		53.2	39	35	86	84	21	28	
iseases of the prostate (600-602)	695	20	10	36	319	154 294	39 16	57.7 67.6	55	119	230	227	120	141	:
ther diseases of male genital organs (603-607)	126	28		10	66	22	10	52.1	15 28	5 10	87	203	106	234	۱ ،
Diseases of breast, gynecological conditions (610-616, 620-629)	50	6		12	32			(5)	12		36 22	25 11	5	16 5	
XI. Deliveries and Complications of Pregnancy, Childbirth and the Puerperium (630-678)							-				- 22			5	===
						• • • • • •									
XII. Diseases of skin and subcutaneous tissue	1,258	185	83	124	704	142	20	52.5	175	168	412	238	99	149	
nfections of skin and subcutaneous tissue (680-686, 694-698)	546 712	82 103	20 63	63 61	334 370	37 105	10 10	51.1 53.5	88 87	66 102	189 223	100 138	51 48	46 103	
XIII. Diseases of the musculoskeletal system and connective															
tissue	2,544	338	1 19	260	1,594	207	26	51.6	321	230	832	771	186	171	3
Arthritis and rheumatism, except rheumatic fever (710-718)	1,056	30	21	- 02											
Isplacement of intervertebral disc (725)	255	56	21 6	83 55	775 122	137 5	10	58.8	21	46	339	392	111	122	2
Isteomyelitis and other diseases of bone and inint (720-724, 726-720)	732	177	61	88	376	30	11	46.1 47.0	56 168	45	78	71		5	
ther diseases of musculoskeletal system (730-738)	501	75	31	34	321	35	5	52.2	76	118 21	234	155 153	34	14	1
XIV. Congenital deformities (741-759).	148	29	11	10	84	5	9	50.5	30		181		41	30	
XVI.a Symptoms and ill-defined conditions	2.000	238	108	229	1,116	285	24	55.1		19	33	39	17	10	
				225	1,116	200	24	99.1	226	162	626	513	163	263	4
enility without mention of psychosis (794) ymptoms and all other ill-defined conditions (780-792, 795-796)	59 1,941	238	108	229	1,112	50 235	5 19	(⁵) 54.3	226	162	626	513	163	37 226	2
XVI.b Observation and examination cases, follow-up and special														220	
admissions	675	68	48	64	338	130	27	56.7	68	77	171	161	63	118	
uberculosis (Y03.01, Y03.2, Y10.61-Y10.63).	21		4		12	5		(⁵)		4	6	6	- 55		<u> </u>
Inital (793.0, Y00.1, Y03.4),(316, 318, APA Code)	62	12	12		26	12		(5)	12	12	11	ם ו		5	

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)	513 	56	32	59	263	76	27	55.2	56	56	145	131	49	65	12
XVII. Accidents, poisonings, and nature of injury	3,586	708	225	360	1,786	409	98	51.1	744	353	1,075	754	228	350	86
Fracture of skull and facial bones (800-804). Fracture of skull and facial bones, late effects (800-804). Fracture of spine and trunk (805-809). Fracture of spine and trunk, late effects (805-809). Fracture of upper limb (810-819). Fracture of lower limb, late effects (810-819). Fracture of lower limb (820-829). Fracture of lower limb (820-829). Dislocation without fracture (830-839). Dislocation without fracture, late effects (830-839). Intracranial injury — without skull fracture (850-854).	117 26 237 320 121 47 781 194 244 15 122	17 15 61 79 26 5 128 19 56 5 45	5 10 42 17 21 6 23 5	16 5 55 6 48 29 32 31	73 6 121 124 78 36 382 105 128 10 31	6 40 10 182 30	5 10 20 5 5 5 	51.2 (⁵) 52.9 43.2 48.6 (⁵) 56.8 59.1 45.8 (⁵) 41.4 40.1	13 15 61 104 36 117 14 56 5 5	14 5 10 62 10 46 14 35 	50 58 72 21 21 227 40 103 5 41	19 6 52 66 49 15 151 60 40 5 16	15 11 5 14 32 36 12	31 10 179 20	31 10
Intracranial injury — without skull fracture, late effects (850-854)° Internal injury of chest, abdomen and pelvis (860-869)	14	5 10			5	4		(⁵)	5 10		5				
Traumatic amputation of arm and hand — complete/partial (887)															
Traumatic amputation of foot and leg(s) — complete/partial (896-897) Traumatic amputation of foot and leg(s) — complete/partial, late effects	11				5	6		(5)					5	6	
(£96-897) ⁶ . Burns (940-949) Burns, late effects (940-949) ⁶ . Injury to nerves and spinal cord (950-959). Injury to nerves and spinal cord, late effects (950-959) ⁶ .	10 114 27 65 118	33 11 9	9 6 10 19	6 10 33	10 49 21 29 57	6 5	11	(5) 43.6 (5) (5) (5) 45.1	43 16 14	9 6 10 39	27 15 10 52	5 29 14 14	5 6 6 10	5 	
Adverse effect of medicinal agents and other complications of surgical and medical care (960-979, 997-999)	501	70	22	52	271	79	7	55.3	54	39	166	119	45	68 21	10 15
890-895, 900-907, 910-918, 920-929, 930-939, 980-996)	269 34	14			158	11		53.9 (⁵)	10	10	93 10	65 5	21	6	

¹Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 2, 1974. 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.

classification: Category XV, "Certain Causes of Perinatal Morbidity and Mortality," in which no cases occurred, is not included in this table. Service between June 27, 1950 and January 31, 1955.

Consist of 284 Spanish Americans, 1,306 Peacetime and 424 All others.

Average Age not calculated for totals less than 100 cases.

²The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Hospital Records," US PHS Pub. No. 1693. The numbers following the diagnoses are the identifying code numbers of this diagnostic

All late effect codes are differentiated from other codes by being uniformly 9 in the fourth digit

⁷ Post Korea, Service between February 1, 1955 and August 4, 1964.

VA Hospitals: Patients Remaining, Percent by Attained Stay, Diagnostic Grouping - October 2, 19741

	Number	Pe	rcent in Ea	ach Diagnostic Category for Specified Length of Stay							
Diagnostic Composition of Patients	of Patients	Less Than	90 Days		Inpatien	t Stay More	Than (Years)			
		90 Days	or More	1	2	5	10	20			
All petients	80,715	64.3	35.7	21.7	16.1	9.3	6.0	3.4			
Fuberculosis	937	63.3	36.7	5.5	1.7	0.0	0.0	0.0			
Pulmonary tuberculosis	856 81	62.4 72.8	37.6 27.2	5.5 6.2	1.9 0.0	0.0 0.0	0.0 0.0	0.C 0.0			
'sy choses	22,897	32.9	67.1	48.8	38.9	25.4	18.2	10.5			
Functional	18,245 4,652	35.9 21.3	64.1 78.7	45.9 60.1	37.5 44.5	27.1 19.0	20.3 10.0	12.2 3.9			
ther psychiatric	14,694	63.4	36.6	20.5	14.2	6.0	2.2	1.1			
leurological	7,618	53.6	46.4	25.8	17.0	7.3	3.3	1.0			
Vescular lesions affecting central nervous system Other neurological. Neurological diseases of the sense organs	2,515 5,078 25	57.5 51.5 100.0	42.5 48.5 0.0	21.4 28.2 0.0	10.4 20.3 0.0	3.5 9.3 0.0	1.8 4.0 0.0	0.4 1.2 0.0			
ieneral medical and surgical	34,567	87.9	12.1	3.7	2.1	0.7	0.4	0.2			
Infective and parasitic diseases Malignant neoplasms Benign and unspecified neoplasms Allergic and endocrine system. Heart diseases and symptoms Vascular diseases. Acute respiratory diseases. Other respiratory diseases with asthma and symptoms Diseases of the digestive system and symptoms Diseases of the genitourinary system and symptoms Diseases of skin and cellular tissue. Diseases of bones and organs of movement and symptoms	388 5,213 374 1,932 3,938 3,085 650 2,751 4,975 2,288 1,258 2,576	82.0 89.0 94.4 78.8 88.1 82.9 93.5 81.9 94.5 91.5 88.3 86.7	18.0 11.0 5.6 21.2 11.9 17.1 6.5 18.1 5.5 8.5 11.7	3.9 2.0 2.7 8.8 5.5 5.3 1.8 8.0 1.1 2.7 2.7	2.6 1.3 2.7 6.4 2.8 2.2 0.0 4.5 0.3 0.9 0.9 2.6	1.3 0.3 0.0 1.6 1.2 0.9 0.0 1.3 0.0 0.2 0.9	0.0 0.1 0.0 1.1 0.9 0.5 0.0 0.8 0.0 0.2 0.4	0.0 0.0 0.0 0.6 0.9 0.4 0.0 0.4 0.0 0.0			
Accidents, poisonings and violence	2,768 2,371	87.1 88.6	12.9 11.4	1.8 3.4	1.2 2.2	0.2 0.8	0.2 0.0	0.2 0.0			

¹Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 2, 1974. 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.

VA Hospitals: Patients Remaining, Age, Diagnostic Grouping - October 2, 19741

		11	Age Distribution											
Diagnostic Composition of Patients	Patio	en ts	Undo	er 55	55	-64	65	-74	75 ar	nd Over				
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent				
All patients	80,715	100.0	42,117	100.0	19,384	100.0	7,445	100.0	11,772	100.0				
Tuber culosis	937	1.2	468	1.1	288	1.5	101	1.4	80	0.7				
Pulmonary tuberculosis	856 81	1.1 0.1	436 32	1.0 0.1	258 30	1.3 0.2	91 10	1.2 0.1	71 9	0.6 0.1				
Psychoses	22,898	28.4	14,396	34.2	4,363	22.5	1,472	19.8	2,667	22.6				
FunctionalOrganic	18,246 4,652	22.6 5.8	13,057 1,339	31.0 3.2	3,072 1,291	15.8 6.7	832 640	11.2 8.6	1,285 1,382	10.9 11.7				
Other psychiatric	14,697	18.2	8,879	21.1	2,829	14.6	1,047	14.1	1,942	16.5				
Neurological	7,615	9.4	3,639	8.6	1,903	9.8	890	12.0	1,183	10.1				
Vascular lesions affecting central nervous system Other neurological	2,514 5,076 25	3.1 6.3 0.0	528 3,096 15	1.3 7.3 0.0	725 1,173 5	3.7 6.1 0.0	442 443 5	5.9 6.0 0.1	819 364	7.0 3.1				
General medical and surgical	34,571	42.8	14,735	35.0	10,001	51.6	3,935	52.7	5,900	50.1				
Infective and parasitic diseases Malignant neoplasms Benign and unspecified neoplasms. Allergic and endocrine system Heart diseases and symptoms Vascular diseases Acute respiratory diseases Other respiratory diseases with asthma and symptoms Diseases of the digestive system and symptoms Diseases of the genitourinary system and symptoms	388 5,214 375 1,933 3,937 3,085 652 2,752 4,976 2,288	0.5 6.5 0.5 2.4 4.9 3.8 0.8 3.4 6.1 2.8	252 1,602 144 920 1,227 1,127 223 1,033 2,649 835	0.6 3.8 0.3 2.2 2.9 2.7 0.5 2.5 6.2 2.0	91 1,816 85 535 1,211 1,022 168 865 1,380 603	0.5 9.3 0.4 2.8 6.2 5.3 0.9 4.5 7.1	30 750 83 218 459 390 94 451 431 277	0.4 10.1 1.1 2.9 6.2 5.2 1.3 6.1 5.8 3.7	15 1,046 63 260 1,040 546 167 403 516 573	0.1 8.9 0.5 2.2 8.9 4.6 1.4 3.4 4.4 4.9				
Diseases of skin and cellular tissue. Diseases of bones and organs of movement and symptoms. Accidents, poisonings and violence	1,258 2,576 2,767 2,370	1.6 3.2 3.4 2.9	755 1,412 1,519 1,037	1.8 3.4 3.6 2.5	238 770 612 605	1.2 4.0 3.2 3.1	100 186 212 254	1.3 2.5 2.8 3.4	165 208 424 474	1.4 1.8 3.6 4.0				

¹Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining October 2, 1974. 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 Groups by Type of Hospital and State – October 2, 1974¹

Town of House's 1 - 10: 1	Total All			Age Gro	oup		
Type of Hospital and State	Patients	Under 25	25-34	35-44	45-54	55-64	65 and Over
All hospitals	80,715	2,958	6,477	8,992	23,689	19,388	19,22
Psychiatric hospitals ,	21,424	692	1,920	3,116	6,546	4,425	4,72
General hospitals	59,300	2,266	4,557	5,876	17,143	14,963	14,49
Psychiatric Hospitals					}		
Alabama: Tuscaloosa	517 413	20 56	55 112	30 102	187 107	127 36	9
Colorado: Fort Lyon	555	16	48	76	206	113	9
Illinois: Downey	1,559	44	180	241	494	348	25
Indiana: Marion	1,079	34	54	179	250	186	37
lowa: Knoxville	671	18	50	89	161	113	24
Maryland: Perry Point	910	25	45	95	272	210	26
Massachusetts:	744			44	405	404	
Bedford	744	21	63	41	185	191	24
Brockton	761	18 10	55	102	288	136	16
Northampton	655 1,015	42	58 113	110 204	201 387	135	14
Winnesota: St. Cloud	891	16	94	121	173	159 192	11 29
New Jersey: Lyons	1,316	40	76	181	398	325	29
New York:	1,510	40	,,,	'8'	350	323	29
Canandaigua	979	5	80	133	305	194	26
Montrose	1,153	36	105	233	422	193	16
North Carolina: Salisbury	822	19	74	115	304	209	10
Ohio:			• • •		-		
Chillicothe	1,100	28	43	152	351	251	27!
Oregon: Roseburg	315		32	97	71	56	59
Pennsylvania:				ľ			
Coatesville	1,320	74	129	152	427	327	21
Pittsburgh	830	36	83	109	308	183	11'
South Dakota: Fort Meade	373	22	71	49	65	60	100
Tennessee: Murfreesboro	854	21	62	103	231	184	25:
Texas: Waco	1,019	34	81	227	304	204	169
Washington: American Lake	527	39	96	67	154	95	70
Wisconsin: Tomah	749 297	8 10	51 10	73 35	209 86	145 53	263 103
· •	237		10	35			10.
General Hospitals							
Alabama:				\			
Birmingham	365	30	20	30	115	100	70
Montgomery	140		5	5	53	43	34
Tuskegee	937	44	48	94	342	205	204
Arizona:	240	40		40	احد		
Phoenix	212	12	12	18	47	76	47
Prescott	186 256	10	16	20	45 47	45) 77	87
Arkansas:	250	10	'0	20	4/	"	
Fayetteville	212		5	5	73	64	6
Little Rock	1,299	39	86	144	420	339	27
California:	1,200		•		720	555	
Fresno	244	5	22	11	81	42	8:
Livermore	158	9	5	9	48	46	4
Long Beach	1,178	59	104	118	369	246	28
Los Angeles (Wadsworth)	568	10	48	19	105	162	22
Martinez	370	8	46	34	92	98	9
Palo Alto	1,087	86	193	142	306	179	18
San Diego	411	22	27	45	109	96	11:
San Francisco	256	5	5	14	100	90	4:
Sepulveda	584	6	39	56	139	157	18
Cotorado:							
Denver	394	26	26	41	131	106	6
Grand Junction	96		11	6	17	39	2
Connecticut:	140		اء	4.0	22	أمم	
	142 658	8 41	5 41	16 31	33	44 150	30
West Haven	289	41	5	16	248 84	150 116	147
District of Columbia: Washington	289 596	38	85	61	154	116 151	107
Florida:	590	30	65	91	194	191	10.
Bay Pines	638	19	28	38	188	122	24:
					110		70
	406	27	67	44		8/	
Gainesville Lake City	406 295	27 5	67 22	44 22	93	82 98	5!
Gainesville							

VA Hospitals: Patients Remaining, Age Groups by Type of Hospital and State – October 2, 1974

	Total All			Age Gr	oup		
Type of Hospital and State	Patients	Under 25	25-34	35-44	45-54	55-64	65 and Over
Georgia:					400	100	3
Atlanta	400	23 17	28 109	59 290	132 350	122 232	11
Augusta	1,109 394	14	9	28	102	102	13
Dublindaho: Boise	155	9	5	5	36	41	5
Ilinois:	133	•	ŭ			·	
Chicago (Research)	475	18	35	40	130	123	12
Chicago (West Side)	499	38	65	63	113	100	12
Danville	1,055	30	45	131	403	248	19
Hines	1,283	66	123	175	388	362	16
Marion	140	5	10	16	26	31	5
ndiana:			-		60	40	5
Fort Wayne	160		5 76	27	132	106	11
Indianapolis	478	26	70	27	132		
owa:	311	5	10	24	76	86	11
Des Moines	306	19		26	103	79	7
lowa City	300						
Leavenworth	437	4	20	27	154	108	12
Topeka	798	37	72	154	216	102	21
Wichita	187			5	48	67	6
Kentucky:							
Lexington	926	9	69	149	263	219	21
Louisville	371	17	19	41	103	83	10
Louisana:			_			440	
Alexandria	306		5	27	75	113	. 8
New Orleans	525	29	37	50	182	145 113	8
Shreveport	369	6	33	34	97 233	126	18
Maine: Togus	665	27	57	37	233	120	
Maryland:	234		8	28	69	73	5
Baltimore	208		6	12	61	49	8
Fort Howard	200		·	'-	٠. ا		_
Boston	682	52	57	93	201	166	11
West Roxbury	212	16	27	38	49	44	3
Michigan:							
Allen Park	582	11	25	56	270	152	6
Ann Arbor	295	17	32	18	87	91	5
Iron Mountain	174	5	5		37	32	9
Saginaw	171	10		10	66	20	6
Minnesota: Minneapolis	684	31	56	79	116	204	19
Mississippi:	704	25	C4	0.7	283	154	10
Biloxi	731	35 12	64 36	87	131	124	9
Jackson	428	12	30	30	131	127	,
Missouri: Columbia	229	10	30	31	71	41	4
Kansas City	380	23	32	36	84	101	10
Poplar Bluff	132		7	7	37	44	3
St. Louis	760	46	84	98	209	153	17
Montana:	. 30	"			1		
Fort Harrison	144	6	6	6	66	30	3
Miles City	74	7			20	20	2
Nebraska:				1	_		_
Grand Island	122			9	23	38	5
Lincoln	173	9	35	23	27	37	4
Omaha	328	10	11	57	107	101	4
Nevada: Reno	145			19	58	AE	6
New Hampshire: Manchester	147		8	4	33 263	45 284	24
New Jersey: East Orange	965 371	38 13	78 36	62 50	102	284 100	24
New Mexico: Albuquerque	3/1	13	36	50	102	.30	·
New York:	660	21	31	63	132	148	26
Albany	206	"	5	20	20	66	
	185		3	20	25	30	13
Bath	790	15	71	87	228	227	16
Brooklyn	870	42	95	86	263	201	18
Buffalo	787	26	41	56	193	172	29
Castle Point	234	12	6	24	60	66	
New York	880	13	95	53	200	304	21
Northport	838	22	51	60	284	213	20
Syracuse	364	35	30	40	56	96	10
North Carolina:						400	
Durham	443	15	30	86	152	122	
Fayetteville	321		27	44	74 149	94 111	18
Oteen	520 199	5	26 5	41	42	63	'3

See footnote at end of table.

VA Hospitals: Patients Remaining, Age Groups by Type of Hospital and State -October 2, 1974

Type of Hospital and State	Total All			Age Gro	up		
	Patients	Under 25	25-34	35-44	45-54	55-64	65 and Over
Ohio:							
Cincinnati	398	24	29	41	93	129	8
Cleveland	1,504	59	172	182	495	333	26
Dayton	714	18	33	52	200	164	24
Oklahoma:							
Muskogee	202	12	8	8	55	67	5
Oklahoma City	356	26	56	55	69	93	5
Oregon: Portland	442	19	9	33	113	127	14
Pennsylvania:							
Altoona	169		23	12	35	41	5
Butler	268		6	18	97	55	9
Erie	128	6	12		6	61	4
Lebanon	832	26	68	116	222	198	20
PhiladelphiaPittsburgh	445	13	49	31	125	115	11.
Wilkes-Barre	553 398	28	47	28	112	169	169
Puerto Rico: San Juan	640	11 113	31 78	45	80	130	101
Rhode Island: Providence	272	113	1	72	189	120	68
South Carolina:	2/2	15	13	28	103	54	59
Charleston	347	13	35		447		
Columbia	399	3	35	52	147	61	39
South Dakota:	333	3	,	40	162	102	8!
Hot Springs	192	8	4	12			
Sioux Falls	183	•	13	22	25	49	94
Tennessee:		• • • • • • • • • • • • • • • • • • • •	13	22	43	43	6:
Memphis	842	46	100	64	239	242	
Mountain Home	453		11	44	110	243	150
Nashville	415	16	9	55	100	116 167	17:
Texas:				33	100	107	61
Amarillo	106	5	16		11	48	26
Big Spring	196		10	25	71	45	49
Bonham	62	4		5	22	5	20
Dallas	607	37	52	72	214	149	83
Houston	1,145	68	73	125	421	286	172
Kerrville	258			6	82	47	123
Marlin	197		5	5	25	51	111
San Antonio	321	16	24	27	89	90	75
Temple	576	14	24	45	183	162	148
Utah: Salt Lake City	387	9	51	47	100	93	87
Vermont: White River Junction	179	7	27	7	65	40	33
		_					
Hampton	391	6	29	40	113	62	141
Salem	714 749	19	48	59	242	186	160
Washington:	749	21	47	99	253	177	152
Seattle	275	21					
Spokane	178	21	24	14	101	87	28
Vancouver	289	5	5 42	14	48	53	58
Walla Walla	149	8	42	28	67	90	57
Nest Virginia:	175	۰		16	39	39	47
Beckley	131		15	7	20	24	
Clarksburg	179	5	18	· '	30 35	34	45
Huntington	167		4	9		75	46
Martinsburg	548		14	37	53	66	35
Misconsin:	540		14	3/	93	144	260
Madison	325		16	23	111	ا۔۔	
Wood	706	36	106	93	111 165	47	128
Myoming: Cheyenne	119		10			175	131 37
reportang. Oneyerine	119		10	10	31	31	

¹ Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on October 2, 1974. 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 Discharged, Age, Marital Status, Diagnostic Grouping-Fiscal Year 19751 **Marital Status** Age Group Total Never 75 and Unknown **Diagnostic Composition of Patients** Separated Widowed Divorced Married Patients² Under 65-74 45.54 55-64 Married Over 19.029 131.937 52.521 486,104 49 910 97.318 143,849 223,330 75 197 246.989 883.350 240,516 105 434 1.287 566 946 2.502 482 1 628 450 2 2 2 2 6 5.840 1.054 Tuberculosis.... 70 932 297 668 1.567 425 285 241 724 1.590 1.119 35 3.959 Pulmonary tuberculosis 137 355 141 278 935 197 209 509 330 636 1.881 2.179 11.143 1.866 5.174 30,663 22,001 2 240 2,648 40.281 18.353 9,504 Psychoses 73.026 1.961 9.131 17,436 4.378 1.029 28 591 866 15,454 6.977 1.199 38.030 218 62.526 8:37 2 012 Functional.... 796 4,565 1,782 2.072 2.899 2,527 1.041 2.251 10,500 2.940 33.756 6,171 12,517 27,481 62.887 4.419 5.027 47,725 25.934 145,752 62.647 3,258 6,903 1,231 2,607 32,770 7,138 5.186 6.885 14.052 14,771 53,907 13,013 365 1.750 607 1,640 10 451 1.429 4 484 3.211 5,302 2.696 857 16,242 549 5.066 Vascular lesions affecting central nervous system 1,583 21,721 1,966 2,341 5.608 2,419 11.270 8.529 36.801 12,242 q 35 34 598 ഹ 101 71 290 221 222 864 Neurological diseases of the sense organs 78,848 12.574 40.792 29.046 365,944 82.884 77.621 172.212 62.294 163,914 123.521 604.825 232 506 463 1,238 2.220 5.043 877 1.669 604 4.584 1.968 1,516 9,702 7,334 5,524 Infective and parasitic diseases 2,505 6,775 40 275 13,046 9 8 2 2 14.432 21.956 4,673 109 63,929 499 1.028 1,142 5,804 361 967 1,014 2.534 1.971 2.457 463 3,943 3.225 Benign and unspecified neoplasms..... 1,571 1,371 3,063 16.254 2,503 2,403 8.196 8.479 25.947 4.366 7,695 1,550 2,791 6.053 49,448 8,896 14,271 5.925 23,975 20.740 5.580 826 Heart diseases and symptoms 73.462 2.873 5.845 2.209 26,145 4.930 13,392 4,385 5,224 6.867 12.960 366 42.828 2.435 Vascular diseases 910 1,690 8.964 2,467 1,817 4.037 4,162 3.052 3.764 1.026 16.832 7.383 Acute respiratory diseases 3,684 30,341 2.440 5.536 6.387 6.236 8.018 13,230 16,539 1.926 50.410 13 593 Other respiratory diseases with asthma and symptoms 5,379 5.146 12.636 53,908 8.803 7.670 22,264 28,717 25,134 92.588 4,638 964 3,372 1 893 29,249 B.744 5.812 5.729 12,628 8,660 10.167 545 45.928 1,129 3.469 1.316 12,251 6,336 1,661 1,773 4.392 5.118 601 8.214 5,100 Diseases of skin and cellular tissue..... 23,102 1,713 27,514 1,916 4.855 2,749 10,972 2.755 13,118 12,105 1,312 41.699 8 658 3,297 2,803 25,089 4.263 10,295 2,964 13,114 9.966 21,147 1,138 51 454 7.207 4.039 35,659 2,385 9.293 7.573 6.285 14,432 15,971 12.020 58,001

¹Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

²This figure is based on completed records. In addition, there were 37,625 incomplete discharge records in file at the time the table was prepared.

VA Hospital: Patients Discharged, Manner of Disposition, Diagnostic Grouping - Fiscal Year 1975¹

			D	ischarge Sta	tus	
Type of Patient	Total All Dis- charges ²	Regular ³	Nonbed Care ⁴	Irregular	Total Deaths	Transfers to Further VA Inpa- tient Care at VA or Non-VA Hospital
All patients		758,942	4,997	46,491	43,386	29,534
Tuberculosis	5,840	4,733	8	363	230	506
Pulmonary tuberculosis Other tuberculosis	3,959 1,881	3,051 1,682	4	296 67	167 63	441 65
Psychoses	73,026	51,400	3,639	10,838	1,327	5,822
Functional	62,526 10,500	43,735 7,665	3,343 296	9,957 881	573 754	4,918 904
Other psychiatric	145,752	116,646	987	22,268	1,689	4,162
Neurological	53,907	45,387	85	1,163	4,338	2,934
Vascular lesions affecting central nervous system Other neurological Neurological diseases of the sense organs	16,242 36,801 864	12,726 31,853 808	31 54	158 992 13	2,708 1,625 5	619 2,277 38
General medical and surgical	604,825	540,776	278	11,859	35,802	16,110
Infective and parasitic diseases Malignant neoplasms Benign and unspecified neoplasms Allergic and endocrine system Heart diseases and symptoms Vascular diseases Acute respiratory diseases Other respiratory diseases with asthma and symptoms Diseases of the digestive system and symptoms. Diseases of the genitourinary system and symptoms. Diseases of skin and cellular tissue Diseases of bones and organs of movement and symptoms Accidents, poisonings and violence All other	9,702 63,929 8,943 25,947 73,462 42,828 16,832 50,410 92,588 45,928 23,102 41,699 51,454 58,001	8,892 46,763 8,398 24,089 62,765 39,086 13,639 45,982 84,793 43,276 22,161 39,598 47,408 53,926	111 13 2 17 24 22 18 14 39 19 24 10 35 30	247 621 112 575 1,326 711 314 1,204 2,478 477 461 665 1,421 1,247	460 13,534 99 827 6,877 1,918 2,689 2,302 3,771 932 140 269 737 1,247	92 2,998 332 439 2,470 1,091 172 908 1,507 1,224 316 1,157 1,853 1,551

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

charges.

This figure is based on completed records, in addition, there were 37,625 incomplete discharge records in file at the time the table was prepared.

³Includes discharges to VA outpatient programs.

⁴Committed 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.

				A		Age (roup of Pri	ncipal Diagn	osis	
Diagnostic Category and ICDA Codes ²	Total Diagnoses ³	Principal Diagnosis ⁴	Associated Diagnoses ⁵	Average Age	Under 35	35-44	45-54	55-64	65.74	75 and Over
All diseases and conditions	2,210,538	883,350	1,327,188	52.2	143,254	97,262	246,989	223,330	75,197	97,318
I. Infective and Parasitic diseases	40,180	14,907	25,273	48.3	3,916	1,668	3,969	3,097	948	1,309
Pulmonary tuberculosis (011)	6,583	3,959	2,624	53.1	219	505	1,590	1,119	241	285
Tuberculosis, late effects (019)	809	118	691	52.5 54.8	7 71	16 91	51 243	28 218	8 77	104
Tuberculosis, Other (010, 012-018)	2,725 158	804 59	1,921 99	(6)		1	9	12	11	26
Syphilis of central nervous system (094)	374	100	274	63.5		4	29	21	15	31
Other forms of late syphilis, latent or unspecified (095-097)	3,750	119	3,631	55.3 34.1	19 730	118	27 149	29 50	16 15	20
All other venereal diseases (090-092, 098-099)	2,359 1,221	1,079 996	1,280 225	32.6	745	75	107	46	14	g
Malaria (084)	69	31	38	(e)	23	1	4	3		
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)	22,132	7,642	14,490	48.7	2,102	849	1,760	1,571	551	809
II. Neoplasms	127,595	74,385	53,210	59.9	3,421	3,584	17,392	24,952	10,910	14,126
Malignancy of buccal cavity and pharynx (140-149)	<u> </u>	5,297	1,545	58.9	60	183	1,608	2,130	771	545
Malignancy of buccal cavity and pharynx (140-149)	11,193	9,064	2,129	62.5	86	265	2,049	3,168	1,453	2,043
Malignancy of respiratory system (160, 162-163)	19,157	16,269	2,888	60.1 59.9	75 8	581 44	4,312 567	6,670 845	2,602 313	2,029
Malignancy of larynx (161)	2,530 10,759	2,006 7,964	524 2,795	59.9	1,059	649	1,924	2,442	849	1,041
Malignancy of lymphatic and hematopoietic tissue (200-209)	17,144	12,023	5,121	67.4	268	219	1,309	3,023	2,260	4,944
Malignancies of all other systems (170-174, 190-199)	39,660	12,095	27,565	59.3	582	746 746	2,937 2,197	3,939 2,142	1,647 796	2,244
Neoplasms, benign (210-228)	16,167 4,143	7,742 1,925	8,425 2,218	52.9 56.8	1,114 169	151	489	593	219	304
III. Endocrine, nutritional, and metabolic diseases	126,014	26,370	99,644	54.8	1,671	2,816	8,614	8,330	2,522	2,417
Diabetes mellitus (250)		18,385	52,441	55.6	880	1,837	5,998	6,011	1,833	1,820
Diseases of thyroid and other endocrine glands (240-246, 251-258)		2,830	5,708	51.3	421	335	835	841	232	166
Avitaminosis and other nutritional deficiency (260-269)	6,071	871		59.3 50.1	32 135	67 246	224 562	270 394	111 80	167
Obesity not specified as of endocrine origin (277)	19,521 21,058	1,449 2,835		53.8	203	331	995	814	266	220
IV. Diseases of blood and blood-forming organs		4,280	38,634	57.1	488	368	980	1,067	474	90:
		1,145	10,177	61.5	44	73	256	294	177	30
Anemia, iron deficiency (280)				65.4	5	9	27	35	31	
Anemia, other (281.1-285)	23,988	1,999		56.7	253	168	453		190 76	
All other diseases of blood and blood-forming organs (286-289)	6,942	962	5,980	51.0	186	118	244	239	- 70	+
V. Mental disorders	350,811	218,039	132,772	44.2	64,549	37,910	65,926	35,355	7,249	
Psychoses not attributed to physical conditions (295-299)	74,001	62,526		39.7	27,083	10,947	15,454		1,199	
Alcoholic psychosis (291)	8,601			50.7	457	948 239	2,286 592		393 630	
Psychosis with organic brain syndrome, except syphilitic (290, 292.2-294)		4,620		61.4 (°)	602	3			16	
Psychoses associated with syphilis (292.0, 292.1)				47.6	9,631	17,064			2,694	54
Mental disorders, not specified as psychotic, associated with physical conditions (309.0, 309.13-309.9)	. 22,801	10,642	12,159	61.3	721	760	2,221	2,283	1,330	3,32
Psychoneurotic, personality and behavioral disorders (excluding alcoholism) (300-302, 304-307, 307.3, 307.4)	105,845	54,064		38.8	26,012				983	
Mental retardation (310-315)	. 672		541	44.4	42	17	37	27	4	
VI. Diseases of nervous system and sense organs	. 117,871	41,480	76,385	54.5	4,985	4,131	11,306	11,241	+	
Inflammatory diseases of central nervous system (320-324)	1,078 9,615			47.7 45.2						

VA Hospitals: Pattients Discharged, Age, Diagnostic Category - Fiscal Year 1975¹

Diamentia Consumuna di CDA C. d. 2	Total	Principal	Associated	Average		Age (roup of Pri	ncipal Diagn	osis	
Diagnostic Category and ICDA Codes ²	Diagnoses ³	Diagnosis ⁴	Diagnoses ⁵	Average	Under 35	35-44	45-54	55-64	65-74	75 and Over
Amytrophic lateral sclerosis (348.0).	556	442	114	56.9	5	33	144	177	54	 -
rarapiegia, Ceretiral or spinal (344.2, 349.3)	4,150	1.468	2,682	44.2	430	236	472			2
Quadriplegia, cerebral or spinal (344.3, 349.4).	2,393	888	1,505	41.7	312	176		242	56	3
Other diseases of central nervous system, including hereditary and familial diseases of	2,500	0.00	1,505	41.7	312	176	239	126	26	·
nervous system (330-333, 340-344.1 (144.9 (346-347 (348.1.349.2 (349.5.340.9))	25,227	8.924	16,303	53.9	934	1,096	2 007	2 207		
Diseases of nerves and peripheral ganglia (350-358)	14,945	4,856	10,089	51.2	668		2,607	2,387	921	97
Initiammatory diseases of the eye and other diseases and conditions of the eye except	14,540	4,030	10,003	51.2	000	566	1,633	1,339	345	30
Dindness (360-369, 370-378)	41.437	16,244	25.193	61.1	771	704	2.450			
Dinaness (3/9)	3.110	518	2,592	54.8	56	731 62	3,452 132	5,074	2,417	3,79
Disease of ear and mastoid process (380-389)	15,360	4,341	11,019	48.7	847	577		138	64	6
+	.0,000	7,571	11,013	40.7	047	5//	1,400	1,067	260	190
VII. Diseases of the circulatory system	3 73 ,114	132,245	240,869	59.2	4,241	8,722	36,823	42,590	15,949	23,920
Chronic rheumatic heart disease (393-398)	9,185	4,003	E 100	54.0	404				_	
Typertensive heart disease, exclusive of ischemic heart disease (AOC 1 AO2 AOA)	3,946	2,215	5,182 1,731	54.3 57.9	181	404	1,509	1,319	328	26
Hypertensive disease without heart involvement (400.0, 400.2, 400.3, 400.9, 401, 402)	49,359	12,737	36,622	57.9 52.9	38	156	706	789	256	270
Acute myocardial infarction (410)	10.333	7,302	3,031	52.9 58.8	851	1,547	4,784	3,929	968	658
Unronic ischemic heart disease (412)	94.609	41,915	52,694		64	478	2,269	2,623	815	1,05
Uther ischemic heart disease, with or without hypertensive disease (A11 A12 A1A)	15.784	3,183		61.1	211	2,149	11,514	13,740	5,283	9,018
Other forms of heart disease (391, 392,0, 420-429)	73,779	14,490	12,601 59,289	55.7 60.5	34	291	1,250	1,115	265	228
Cerebral hemorrhage (431)	1,057	655	402	58.3	650 16	864	3,382	4,295	1,919	3,380
Cerebral thrombosis (433)	5,581	3,372	2.209	63.7		50	198	212	85	94
Cerebral embolism (434)	330	125	2,209	60.5	16	78	689	1,157	562	870
Generalized ischemic cerebrovascular disease (437)	7,650	2,121	5,529	69.5	2	9	28	44	19	23
All other cerebrovascular disease (43(), 432, 435, 436, 438)	20,760	9.969	10,791	63.2	6	20	232	461	392	1,010
Arteriosclerois (440)	17,530	5,251	12,279	65.4	91 7	261	2,064	3,428	1,638	2,487
All Other diseases of arteries, arterioles and capillaries (441-443)	21,122	8,321				92	923	1,689	866	1,674
Varicose veins lower extremities (454)	7,814		12,801	60.5	206	369	1,913	3,129	1,273	1,431
Hemorrhoids (455).	11.612	3,213	4,601	55.1	225	291	1,036	1,042	291	328
All Other diseases of years and lymphatics, and other diseases of circulatory system	,	5,159	6,453	48.2	884	898	1,756	1,183	255	183
(390, 392.9, 450-453, 456-458)	22,663	8,214	14,449	54.7	759	765	2,570	2,435	734	951
VIII. Diseases of the respiratory system	169,077	58,626	110,451	57.4	5,510	3,608	13,870	18,378	7,449	9,811
Acute respiratory infections including influenza (460-466, 470-474).	11,840	4,702	7,138	51.6	1,117	270	4 000	4.070		
neumonia (480-486)	28,126	11,449	16,677	60.8	736	378	1,038	1,076	414	679
Fronchitis, unqualified and chronic (490-491)	25,009	7,286	17,723	60.0	173	710 326	2,528	2,870	1,349	3,256
mphysema (492)	44,509	12,391	32,118	62.6	49	251	1,856 2,440	2,652	1,108	1,171
Astnma (493)	5.931	2,791	3,140	51.1	380	325	925	4,998 819	2,314	2,339
All other diseases of upper respiratory tract and respiratory system (500-508, 510-519)	53,662	20,007	33,655	53.6	3,055	1,618	5.083	5.963	200 2.064	142 2,224
IX. Diseases of the digestive system	267,726	83,825	183,901	52.8						<u>-</u> -
		03,823	103,901	52.6	10,294	9,394	26,309	22,995	7,013	7,820
Diseases of oral cavity, salivary glands, and jaws (520-529)	96,656	4,998	91,658	48.7	1,161	531	1,447	1,228	309	322
Jicers digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534)	22,491	11,899	10,592	53.0	1,316	1,301	3,818	3,459	1,012	993
All other diseases of esophagus, stomach and duodenum (except ulcers) (530, 535-537)	19,418	7,216	12,202	52.9	833	798	2,331	2,022	567	665
Other diseases of intestine and peritoneum (540-543, 560-569)	37,692	19,816	17,876	55.6	1,924	1,582	5,495	6,129	2,136	2,550
Cirrhosis of liver (571)	39,534	17,565	21,969	52.6	2,938	1,885	4,807	4,133	1,518	2.284
Other diseases of liver, gall bladder and pancreas (570, 572-577)	28,246	10,977	17,269	51.6	594	1,564	4,604	3,356	682	177
	23,689	11,354	12,335	50.8	1,528	1,733	3,807	2,668	789	829
X. Diseases of the genitourinary system	119,907	42,121	77,786	57.2	4,702	3,084	9,292	11,686	5,313	8,044
lephritis and nephrosis (580-584)	9,785	5,143	4042	51.7	400		4 607	1544		
ther diseases of urinary system (590-599)	62,267	16,930	4,642	56.2	492	725	1,807	1,511	335	273
			45,337		2,029	1,456	4,125	4,317	1,878	3,125
diseases of the prostate (600-602)	32.302	12 816	10 496	SEE !	202	222	4 500	4 202	0.504	
Diseases of the prostate (600-602) Other diseases of male genital organs (603-607) Diseases of breast, gynecological conditions (610-616, 620-629)	32,302 12,429	12,816 5,615	19,486 6,814	65.5 48.9	282 1,543	229 479	1,529 1,338	4,203 1,307	2,531 458	4,042 490

XI. Deliveries and Complications of Pregnancy, Childbirth and the Puerperium (630-678)	44	34	10	(⁸)	28	4	2			
	60,416	23,102	37,314	48.8	5,516	2,698	6,336	5,118	1,661	1,773
XII. Diseases of skin and subcutaneous tissue	00,410	23,102								
(000 000 004 000)	22,490	10,065	12,425	47.4	2,668	1,232	2,780	2,111	659	615
Infections of skin and subcutaneous tissue (680-686, 694-698)	37,926	13,037	24,389	49.9	2,848	1,466	3,556	3,007	1,002	1,158
					0.004	4.000	12,911	10,762	2,633	2.654
XIII. Diseases of the musculoskeletal system and connective tissue	98,816	40,852	57,964	50.3	6,904	4,988	12,311	10,702	2,000	
	47.523	16,104	31,419	55.8	943	1,294	5,145	5,496	1,516	1,710
Arthritis and rheumitism, except rheumatic fever (710-718)	5,315	3,801	1,514	46.2	667	813	1,402	803	76	40
Displacement of intervertebral disc (725)	27,413	13,309	14,104	45.6	3,634	2,061	3,983	2,570	557	504 400
Ostpomyelitis and other diseases of bon⊌ and joint (720-724, 726-729)	18.565	7,638	10,927	48.7	1,660	820	2,381	1,893	484	400
					812	439	1.037	808	178	164
XIV. Congenital deformities (741-759)	9,409	3,438	5,971	47.6	812	439	1,037			
	123.971	41.544	82,427	52.1	6,477	4,878	12,133	10,194	3,159	4,703
XVI, a. Symptoms and ill-defined conditions	123,571	41,244						40	23	204
Senility without mention of psychosis (794)	1,136	242	894	77.0	<u></u>	2	3	10 10,184	3,136	4,499
Symptoms and all other ill-defined conditions (780-792, 795-796)	122,835	41,302	81,533	52.0	6,477	4,876	12,130	10,104	3,130	7,100
			44.075	54.2	2,861	1,917	5,528	5,962	2,265	2,674
XVI. b. Observation and examination cases, follow-up and special admissions	65,282	21,207	44,075	54.2	2,001	1,017			·	
	5.400	985	4,415	55.5	41	108	350	270	125	91
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63)	1,063	729	334	38.7	366	102	147	83	16	15
Mental (793.0, Y00.1, Y03.4) (316, 318, APA Code)	13,398	5,888	7,510	62.1	147	207	1,192	2,040	987	1,319
Malignancy (793.1, Y03.3)	13,300	0,550	.,	1						
Manigrancy (753.1, 103.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, All other admissions (793.8, 793.9, Y00.0, Y00.01, Y00.09, Y00.2-Y01, Y03.02, Y10.60, Y10.6	Ī	l		1					1 126	1,24
Y03.91-Y03.94, Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9,	45.130	13,323	31,807	51.9	2,134	1,462	3,790	3,556	1,136	1,24
711-712, Y20-Y29) Diagnosis deferred, mental observation (319.0 APA Code)	291	282	9	35.4	173	38	49	13	ļ'	
		1		40.0	10 070	7,053	14,561	10,795	3,174	4,42
XVII. Accidents, poisonings, and nature of injury	117,391	56,889	60,502	46.8	16,879	7,055	14,501	10,750		
	3,829	2,398	1,431	42.1	915	386	600	350		8
Fracture of skull and facial bones (800-804)	947	490	457	41.2	193	80	125	75		
Fracture of skull and facial bones, late effects (800-804)7	6.004	2.993	3.011	51.9	547	288	842	738		35
=	5,219	1,469	3,750	43.8	450	291	407	221		6 28
Fracture of spine and trunk (805-809)7	5,887	3,381	2,506	48.4	906	366	829	760		
Fracture of upper limb (810-819)	1,695	913	782	42.2	370	109	221	155		1,38
Fracture of upper limb, late effects (810-819)?	10.661	7,621	3,040	53.7	1,379	714	1,843	1,632		1,30
Fracture of lower limb (820-829)	3,797	2,180	1,617	47.3	643	268	543	394		1 4
Fracture of lower limb (620-629) Fracture of lower limb, late effects (820-829) ⁷	2,436	1,772	664	39.6	874	200	377	226		
Dislocation without fracture (830-839)	655	461	194	38.5	234	74	82	51		1
Dislocation without fracture (830-839)?	3,424	2,256	1,168	44.8	786	259	570	395		
Intracranial injury—without skull fracture (350-854)	2,139	901	1,238	41.0	371	130	241			
Intracranial injury—without skull fracture, late effects (850-854)?	1.287	618	669	42.2	242	99	143			
Internal injury — without skull inactore, late 660-869)	247	106	141	39.4	53	17	14		·	1
Internal injury of chest, abdomen and pelvis, late effects (860-869)?	20	7	13	(⁶)	4	1 1	2			
Traumatic amputation of arm and hand—complete/partial (887)	37	12	25	(⁶)	5	1	4			
Traumatic amputation of arm and hand—complete/partial, late affects (887)?	71	35	3€	(°)	8	4	12	1	2 3	
Traumatic amputation of foot and legis)—complete/partial (090-097)	151	55	96	(°)	28	5	13	1	- 1	1
Traumatic amputation of foot and legis)—complete/partial, late effects (050-057)	2,546	1,514	1,032	47.6	371	198	428			
Burns, late effects (940-949) ⁷	456	243	213	45.9	63	38	70			1
Burns, late effects (940-949) Injury to nerves and spinal cord (950-959)	831	394	437	41.6	154	62	101			
Injury to nerves and spinal cord, late effects (950-959) ⁷	1,461	604	857	41.8	230	85	183	'1 '	د ا	1
Adverse effect of medicinal agents and other complications of surgical and medical care		l l				4.000	2.835	2,36	6 736	9
(960-979, 997-999)	31,460	10,436	21,024	49.4	2,406	1,168	2,630	2,30	/30	`
Att ask a posidente poinominor and violence (RAN-RAR 870-879, 880-886, 890-895,		1		1	F 205	2.050	3,757	2.50	4 623	7
All other accidents, poisoning and whends (0.50%), or other accidents	29,497	14,783	14,714	44.2	5,095	2,059	3,/5/	2,50	7 023	
900-907, 910-918, 920-929) 30-939, 980-996)	2,634	1,247	1,387	40.8	552	151	319	1 15	6 33	3

¹Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

²The 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. 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.

³This figure is based on completed records. In addition, there were 37,625 incomplete discharge records in the file at the time the table was prepared.

⁴Principal diagnosis is that diagnosis designated by the treating physician as responsible for the major portion of the patient's length of stay.

⁵Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.

⁶Average age not calculated for totals of less than 100 cases.

Average age not calculated for solution of the codes by being uniformly 9 in the fourth digit position.

VA Hospitals: Patients Discharged, Compensation and Pension Status, Type of Patient - Fiscal Year 1975¹

		Type of Patient									
Compensation and Pension Status	Total Discharges ²	Tuberculosis	Psychotic	Other Psychiatric	Neurologi- cal	General Medical and Surgical					
VA Hospitals	883,350	5,840	73,026	145,752	53,907	604,825					
Received care for a service-connected disability Received care for non-service-connected disability and has a service-	108,497	498	29,419	16,097	6,727	55,756					
connected compensable disability which does not require medical care	117,625	649	4,291	16,523	6,675	89,487					
Received care for non-service-connected disability and on VA pension rolls	191,719	1,363	10,809	19,959	13,112	146,476					
Received care for non-service-connected disability-no compensation or pension Non-Veterans ³	456,227 9,282	3,293 37	27,259 1,248	91,454 1,719	26,619 774	307,602 5,504					

¹ Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges, ² This figure is based on completed records. In addition, there were 37,625 incomplete discharge records in the file at the time the table was prepared.

³ This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a patient is admitted as a Bureau of Employees Compensation case, he is coded as a non-veteran even though he is eligible as a veteran.

TABLE 23 INPATIENT CARE

VA Hospitals: Patients Discharged, Age, Selected Period of Service, Diagnostic Grouping - Fiscal Year 19751

		v	Vorld War II					Korean (Conflict				Vietnam Era					
5			Age Di	stribution				Age	Distribu	tion				Age l	Distributi	on		
Diagnostic Composition of Patients	Total Patients ²	Under 45	45-54	55-64	65 and over	Total Patients ²	Under 35	35-44	45-54	55-64	65 and Over	Total Patients ²	Under 25	25-34	35-44	45-54	55-64	65 and Over
All patients	469,076	2,069	184,236	206,779	75,992	96,075	432	46,481	40,072	6,474	2,616	151,566	38,499	87,839	12,369	9,059	3,188	613
Tuberculosis	3,674	14	1,713	1,514	433	778	2	354	358	51	13	438	66	226	83	48	13	
Pulmonary tuberculosis	2,532 1,142	9 5	1,223 490	1,054 460	246 187	547 231	1	256 98	253 105	31 20	6 7	288 150	37 29	154 72	51 32	38 10	7 6	
Psychoses	24,010	218	12,903	8,734	2,155	9,896	81	5,566	3,861	304	84	26,310	7,475	17,061	1,240	415	84	3
FunctionalOrganic	18,488 5,522	183 35	10,789 2,114	6,424 2,310	1,092 1,063	8,616 1,280	76 5	4,949 617	3,331 530	219 85	41 43	25,150 1,160	7,198 277	16,427 634	1,112 128	330 85	52 32	3
Other psychiatric	63,533	450	34,220	23,820	5,043	22,090	113	12,028	8,806	941	202	37,097	9,387	22,525	3,147	1,639	317	8
Neurologicał	29,288	92	11,007	12,971	5,218	5,615	35	2,617	2,368	424	171	7,865	1,596	4,655	797	551	215	5
Vascular lesions affecting central nervous systemOther neurological	10,230 18,575 483	15 77	2,579 8,216 212	4,883 7,887 201	2,753 2,395 70	823 4,678 114	35	221 2,353 43	363 1,950 55	154 261 9	85 79 7	385 7,339 141	21 1,545 30	86 4,493 76	45 730 22	124 418 9	85 126 4	
General medical and surgical	348,571	1,295	124,393	159,740	63,143	57,696	201	25,916	24,679	4,754	2,146	79,856	19,975	43,372	7,102	6,406	2,559	44
Infective and parastic diseases Malignant neoplasms Benign and unspecified neoplasms Allergic and endocrine system Heart diseases and symptoms Vascular diseases Acute respiratory diseases Other respiratory diseases with asthma and	3,589 42,111 5,142 16,587 47,453 26,732 8,663	32 81 24 51 108 92 37	1,413 11,596 1,848 6,410 16,154 9,780 2,853	1,527 20,512 2,313 7,630 22,112 12,437 3,878	617 9,922 957 2,496 9,079 4,423 1,895	885 3,903 865 3,056 5,930 4,590 1,330	4 9 7 4 9 6 3	440 1,272 380 1,404 2,264 2,023 569	365 1,726 371 1,348 2,650 2,014 570	54 537 76 226 658 390 108	22 359 31 74 349 157 80	3,584 3,105 1,362 2,195 3,020 3,860 2,066		2,010 1,445 743 1,114 784 2,055 1,088	160 402 120 343 648 521 162	82 500 123 311 891 525 136	20 313 55 101 442 188 56	5: 1: 2: 5: 2:
symptoms	31,836 52,729	104 219	10,228 21,344	15,354 23,364	6,150 7,802	4,437 10,735	9 35	1,876 5,107		488 686	179 236	5,002 13,700		2,672 7,603	508 1,358	443 1,173	173 381	7
symptoms	25,436 11,129	92 58	7,783 4,650	11,702 4,752	5,859 1,669	3,628 2,573	18 13	1,601 1,305	1,466 1,052	322 146	221 57	5,789 5,828	1,395 1,650	3,260 3,488	460 329	424 272	214 73	
symptoms Accidents, poisonings and violence All other	22,866 21,974 32,324	104 173 120	9,779 9,621 10,934	10,193 9,154 14,812	2,790 3,026 6,458	4,968 5,607 5,189	19 47 18	2,444 2,904 2,327		300 310 453	73 110 198	7,855 14,577 7,913	1,797 5,287 1,885	4,697 7,857 4,556	674 787 630	499 470 557	159 139 245	. 3

¹Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

²This figure is based on completed records. In addition, there were 37,625 incomplete discharge records in condition incurred in a prior war period.

Note: If a veteran served in 2 or more war periods, he was coded to the latest war for a service-connected

VA Hospitals: Patients Discharged, Type of Patient, Age, Length of Stay - Fiscal Year 1975¹

Type of Patient	Total	Average	Median						Length of S	tay Distribu	tion (days)						Total
and Age Group	Patients ²	Days	Days ³	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	Days
All Patients	883,350	36.5	12.8	84,108	91,581	136,479	188,061	110,698	86,580	107,548	34,494	26,790	6,566	2,999	3,654	3,792	32,260,731
Under 20	2,982	15.6	7.0	578	475	579	534	259	151	255	80	59	6	3	3		46,391
20-24	40,025	19.6	7.6	6,763	5,993	7,935	6,993	3,214	2,549	3,597	1,398	1,154	258	97	63	11	785.930
25-29	65,807	22.2	8.7	10,298	9,176	12,251	11,905	5,811	4,691	6,238	2,400	2,092	512	230	159	44	1,458,231
30-34	34,440	26.3	10.4	4,585	4,323	6,104	6,493	3,390	2,712	3,694	1,372	1,176	276	120	131	64	904,942
35-39	33,243	30.4	11.3	3,722	4,062	5,745	6,531	3,499	2,822	3.722	1,410	1,088	291	112	136	103	1,009,368
40-44	64,019	31.8	11.9	6,588	7,220	10,716	13,356	7,338	5,706	7,570	2,461	1,917	462	203	247	235	2,035,366
45-49	99,741	35.1	12.8	9,050	10,333	16,052	21,148	12,372	9,761	12,248	4,045	2,950	705	316	368	393	3,509,056
50-54	147.248	35.6	13.1	12,531	14,823	22,782	32,399	18,932	15,048	18,177	5.649	4,252	1,019	467	600	569	5,239,815
55-59	133,425	35.0	13.5	10,690	12,699	19,565	29,958	18,285	14,259	16,874	5,017	3,806	889	404	484	495	4,674,419
60-64	89,905	34.9	13.9	6,968	8,210	12,690	20,351	12,584	9,706	11,557	3,450	2,707	671	294	341	376	3,133,979
65-69	54,527	38.6	14.4	4,256	4,681	7,153	12,146	7,866	6,101	7,336	2,197	1,669	390	188	265	279	2,104,573
70-74	20,670	51.8	14.8	1,537	1,793	2,663	4,478	2,985	2,259	2,750	912	725	184	87	137	160	1,069,754
75-79	44,832	63.9	15.0	3,105	3,608	5,619	10,060	6,595	5.015	6,244	1.804	1,437	382	207	299	457	2,864,350
80-84	39,923	63.7	15.1	2,609	3,234	5,033	8,986	5,784	4,419	5,475	1,714	1,310	412	203	313	431	2,543,527
85 and over	12,563	70.4	15.7	828	951	1,592	2,723	1,784	1,381	1,811	585	448	109	68	108	175	885,030
Tuberculous	5,840	61.8	27.4	353	285	435	817	695	554	997	515	776	256	85	57	15	360,917
Under 20	6	18.3	8.0			2		3		1			 				110
20-24	71	25.9	14.8	7	7	7	15	8	6	14	3	4	 .			1	1,840
25-29	138	34.3	16.6	13	12	14	25	22	12	19	6	11	4				4,727
30-34	122	41.9	15.8	6	12	11	22	9	9	25	13	11	3	1	1 1		5,110
35-39	216	54.4	27.8	15	13	17	26	19	28	35	21	26	15		1 1		11,750
40-44	501	58.2	28.0	39	33	45	58	44	47	82	47	73	19	8	5	1	29,145
45-49	936	58.8	29.6	45	35	65	120	121	97	162	89	141	41	12	7	1	54,990
50-54	1,290	68.5	28.5	81	63	95	179	140	120	224	107	177	76	14	11	3	88,366
55-59	1,031	61.7	30.3	46	45	70	139	116	108	191	96	146	42	20	8	4	63,586
60-64	597	58.9	27.3	37	28	44	83	71	60	98	50	84	21	15	6		35,164
65-69	327	74.5	27.0	29	9	23	51	41	19	43	34	41	19	"7	10	1	24,367
70-74	123	40.7	18.8	18	8	8	14	25	8	19	9	10	2	l i	1		5,011
75-79	220	70.1	25.0	7	7	21	34	34	21	39	14	22	8	5	5	3	15,422
80-84	202	91.0	21.4	8	11	10	43	32	12	31	21	24	4	2	2	2	18,379
85 and over	60	49.2	28.4	2	2	3	8	10	7	14	5	6	2	1			2,950
Psychotic	73,026	159.0	27.6	4,809	4,550	6,572	9,132	6,897	7,314	13,498	6,339	6,827	2,128	1,130	1,564	2,266	11,614,048
Under 20	551	29.8	18.5	44	37	65	93	73	50	112	47	27	2	1			16,399
20-24	8,211	39.3	21.4	683	556	985	1,154	790	822	1,577	782	644	135	52	27	4	322,960
25-29	13,004	46.0	22.5	1,089	895	1,409	1,757	1,272	1,357	2.365	1,168	1,157	276	130	107	22	597,919
30-34	6,377	59.6	23.4	507	396	637	883	664	632	1,147	536	599	160	71	97	48	379,893
35-39	4.907	85.1	25.8	327	310	476	655	479	492	868	431	479	155	71	86	78	417,715
40-44	7,231	114.7	27.7	479	457	652	868	702	726	1,394	605	696	217	106	152	177	829,230
45-49	8,799	161.8	28.8	487	527	729	1,124	828	937	1,664	758	810	295	141	195	304	1,423,489
50-54	9,554	201.4	32.8	507	565	709	1,124	847	954	1,857	850	964	332	196	274	413	1,924,151
55-59	6,300	235.4	34.3	348	368	429	663	561			531	648		155	217	318	1,483,007
60-64	3,204	248.1	36.7	163	205	205	346	272	652	1,186	261	324	224	85	124	212	794,927
65-69	1,628	336.2	43.3	71	75	85	163	167	300	588	147		119		85		
70-74	612	584.5	51.4	26	38	30	58	52	133	291	50	171	74	33	36	133	547,271
75-79	1,210	1,023.9	59.2	20	54	72	117	78	48	79	87	68	27	18		82	357,687
80-84	1,022	937.5			54 52				100	168		120	55	34	69	229	1,238,885
85 and over			50.2	39	15	60	115	82	71	144	59	86	40	26	67	181	958,146
	. 410	774.9	47.5	12	15	29	50	30	40	58	27	34	17	11	28	65	322,369

Other Psychiatric	145,752	36.2	14.0	14,593	14,982	23,085	23,781	14,601	14,167	22,450	8,861	5,956	1,367	604	718	587	5,269,606
Under 20	861	14.7	7.0	190	132	144	151	74	50	84	20	16					12,655
20-24	10.032	21.8	8.7	1,907	1,290	1,662	1,561	827	782	1,148	408	339	66	24	15	3	218,597
25-29	16,592	24.4	10.5	2.986	1,812	2,595	2,545	1,513	1,365	2,145	800	585	154	56	28	8	404,733
30-34	9,287	26.0	12.0	1,284	1,093	1,467	1,407	880	851	1,325	541	334	61	22	15	7	241,294
35-39	9,633	26.4	12.4	1,104	1,113	1,664	1,495	894	881	1,465	591	319	68	14	17	8	253,953
40-44	16.242	27.9	13.1	1.568	1,812	2,768	2.692	1.561	1,521	2,588	965	560	102	41	45	19	452,780
45-49	22,097	29.3	14.3	1,810	2,279	3.758	3.567	2,263	2,203	3,564	1,499	827	166	70	63	28	648,374
50-54	25,628	35.0	15.3	1,796	2,502	4,118	4,305	2,582	2,655	4,292	1,754	1,099	222	101	145	57	897,531
55-59	17,247	38.2	16.2	1,040	1,591	2,666	3,005	1,920	1,872	2,854	1,120	784	170	79	76	70	659,065
60-64	8.687	48.1	17.2	461	762	1,233	1,556	1,045	947	1,429	526	436	115	52	62	63	418,086
65-69	3.844	65.6	18.8	212	308	469	699	433	422	627	238	220	63	37	52	64	251,959
70-74	1,183	89.8	22.0	59	86	126	182	138	147	180	76	87	27	15	37	23	106,266
75-79	1.902	140.5	27.8	78	83	187	271	197	211	337	129	153	67	36	67	86	267,230
80-84	1,785	163.5	28.8	59	86	154	254	206	177	288	138	138	69	41	71	104	291,888
85 and over	732	198.4	28.7	39	33	74	91	68	83	124	56	59	17	16	25	47	145,195
	j j						44.000		5.054	7.047	0.001	2 607	817	361	410	326	2,393,253
Neurological	53,907	44.4	15.8	3,914	4,516	6,576	11,087	7,124	5,851	7,617	2,621	2,687	817	301	410	320	' '
Under 20	165	25.8	6.8	32	25	37	31	10	4	10	3	7	4	1	1		4,259
20-24	1.789	31.6	9.4	299	228	295	355	153	105	143	57	77	40	18	16	3	56,557
25-29	3,328	30.3	10.4	393	475	553	694	344	280	260	104	124	48	26	15	12	100,960
30-34	2,115	32.3	11.6	234	259	330	457	221	183	220	74	73	29	18	11	6	68,260
35-39	1.980	36.7	12.1	188	252	305	414	257	187	180	61	71	27	11	15	12	72,673
40-44	3,636	37.3	13.7	312	356	510	783	472	366	446	135	150	43	21	17	25	135,680
45-49	5,964	41.6	14.6	439	581	762	1,283	821	630	734	257	287	58	32	43	37	247,884
50-54	8.807	42.0	15.8	610	735	1.046	1,860	1,233	987	1,225	413	417	126	47	62	46	370,103
55-59	8,301	42.7	17.8	496	531	916	1,749	1.161	1,014	1,334	405	426	133	44	54	38	354,414
60-64	5,751	48.6	18.7	308	381	619	1,151	785	673	975	340	317	95	34	35	38	279,729
65-69	3,717	54.0	20.0	201	208	364	708	524	456	636	227	238	63	28	33	31	200,570
70-74	1.469	80.3	21.5	70	84	145	270	179	166	260	99	114	33	13	18	18	117,943
75-79	3,296	50.2	20.5	158	173	289	665	462	398	606	203	200	53	35	38	16	165,400
80-84	2,777	64.9	19.9	125	165	314	510	395	301	467	183	152	57	27	44	37	180,262
85 and over	812	47.5	18.0	49	63	91	157	107	101	121	60	34	8	6	8	7	38,559
	0.2	47.3	10.0	43			107									1	
General medical		'	1						50.004	60.000	10.150	10 544	1.000	819	905	598	12,622,907
and surgical	604,825	20.9	11.6	60,439	67,248	99,811	143,244	81,381	58,694	62,986	16,158	10,544	1,998	619	905	350	12,022,907
Under 20	1.399	9.3	5.3	312	281	331	259	99	47	48	10	9		1	2	l	12,968
20-24	19,922	9.3	5.8	3.867	3,912	4.986	3,908	1,436	834	715	148	90	17	3	5	1	185,976
25-29	32,745	10.7	6.4	5,817	5,982	7,680	6,884	2,660	1,677	1,449	322	215	30	18	9	2	349,892
30-34	16,539	12.7	7.4	2,554	2,563	3,659	3,724	1,616	1,037	977	208	159	23	9	7	3	210,385
35-39	16,539	15.3	8.9	2,088	2,374	3,033	3,724	1,850	1,234	1,174	306	193	26	16	17	5	253,277
	36,409	16.2	10.1	4,190	4,562	6.741	8.955	4,559	3,046	3,060	709	438	81	27	28	13	588,531
40-44		18.2	11.3	6,269	6,911	10,738	15,054	8,339	5,894	6,124	1,442	885	145	61	60	23	1,130,319
45-49	61,945			9,537	10,958	16,814	24,969	14,130	10,332	10,579	2,525	1,595	263	109	108	50	1,959,664
50-54	101,969	19.2 21.0	11.8 12.6	8.760	10,958	15.484	24,969	14,130	10,532	11,309	2,865	1,802	320	106	129	65	2,114,347
55-59	100,546			5,999	6,834	10,589	17,215	10,411	7.726	8,467	2,273	1,546	321	108	114	63	1,606,073
60-64	71,666	22.4	13.0				10,525	6,701	5,071	5,739	1.551	999	171	83	85	50	1,080,406
65-69	45,011	24.0	13.6	3,743	4,081	6,212		2,591	1,890	2,212	678	446	95	40	45	37	482,847
70-74	17,283	27.9	14.0	1,364	1,577	2,354	3,954			5.094	1,371	942	199	97	120	123	1,177,413
75-79	38,204	30.8	14.2	2,835	3,291	5,050	8,973	5,824	4,285			910	242	107	129	107	1.094.852
80-84	34,137	32.1	14.3	2,378	2,920	4,495	8,064	5,069	3,858	4,545	1,313 437	315	65	34	47	56	375,957
85 and over	10,543	35.7	14.7	726	838	1,395	2,417	1,569	1,150	1,494	437	315		34		1	1 3,3,33,

¹Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

²This figure is based on completed records. In addition, there were 37,625 incomplete records in file at the time the table was prepared.

³One-half of the discharges in the given category have lengths of stay greater than the median; the other half, less than the median.

Cost of Operation of Medical Inpatient Facilities - Fiscal Year 1975

(Dollars in Thousands)

			VA Hospital Car	е	VA	
Activity	Total	Medical Bed Section	Surgical Bed Section	Psychiatric Bed Section	Nursing Care	VA Domiciliaries
Total costs	\$2,370,602	\$1,111,676	\$585,252	\$515,352	\$105,266	\$53,056
Professional and anciliary:	1	1	!			
Medical services ¹	551,553	268,485	155,987	106.696	11,600	8.785
Nursing service	681,297	333,325	173,875	138,671	33,456	1,970
Chaplain service	12,386	5,194	2,282	3,299	767	844
Dietetics service	230,955	96,861	42,611	58,987	16,015	16,481
Dental service	26,240	11,345	5,323	7,529	805	1,238
Audiology & Speech Pathology	2,957	1,894	504	286	180	93
Direct care, total	1,505,388	717,104	380,582	315,468	62,823	29,411
Administrative support	296,168	138,755	75,149	64,489	11,125	6,560
Engineering support	283,796	116,728	59,038	75,912	19,106	13,012
Building Management ²	141,190	62,080	31,639	36,016	8,944	2,511
Research support	41,260	24,378	11,515	5,178	120	69
Asset acquisitions	102,800	52,631	27,329	18,289	3,148	1,403
Support, total	865,214	394,572	204,670	199,884	42,443	23,645

¹Professional medical services include laboratory, pharmacy, blind rehabilita-tion, clinical nuclear medicine, rehabilitation medicine, social service, clinical

psychology, radiology, medical illustration and library.

2 Includes operation of laundry.

VA Hospitals: Patients Discharged, Compensation and Pension Status, Type of Patient, Age — Fiscal Year 1975

	Total	Service-C	onnected '	√eterans		Non-Servi	ce-Connecte	d	Non-
Type of Patient and Age Group	All Patients ²	Total	10% or More	Less Than 10%	NSC with SC ³	Total	Pension	Other	Veterans ⁴
All patients	883,350	226,122	104,898	3,599	117,625	647,946	191,719	456,227	9,282
Under 25	43,007	10,328	7,418	454	2,456	28,762	602	28,160	3,917
25-34	100,247	33,066	22,246	598	10,222	65,489	2,954	62,535	1,692
35-44	97,262	23,960	13,881	363	9,716	72,146	9,043	63,103	1,156
45-54	246,989	65,160	29,177	981	35,002	180,724	43,674	137,050	1,105
55-64	223,330	63,457	23,036	849	39,572	158,890	52,966	105,924	983
65 and over	172,515	30,151	9,140	354	20,657	141,935	82,480	59,455	429
Tuberculosis	5,840	1,147	478	20	649	4,656	1,363	3,293	37
Under 25	77	18	11	2	5	51	1	50	8
25-34	260	59	30		29	199	5	194	2
35-44	717	108	46	4	58	599	81	518	10
45-54	2,226	432	182	8	242	1,789	440	1,349	5
55-64	1,628	356	135	4	217	1,264	419	845	8
65 and over	932	174	74	2	98	754	417	337	4
Psychoses	73,026	33,710	28,813	606	4,291	38,068	10,809	27,259	1,248
Under 25	8,762	4,127	3,729	193	205	3,737	125	3,612	898
25-34	19,381	10,596	9,627	150	819	8,527	823	7,704	258
35-44	12,138	5,201	4,579	77	545	6,882	1,688	5,194	55
45-54	18,353	8,013	6,583	124	1,306	10,320	4,143	6,177	20
55-64	9,504	4,420	3,371	51	998	5,071	2,110	2,961	13
65 and over	4,888	1,353	924	11	418	3,531	1,920	1,611	4
Other Psychiatric	145,752	32,620	15,435	662	16,523	111,413	19,959	91,454	1,719
Under 25	10,893	1,673	962	105	606	8,034	106	7,928	1,186
25-34	25,879	5,576	2.899	116	2,561	20,045	473	19,572	258
35-44	25,875	4,645	2,158	80	2,407	21,120	1,739	19,381	110
45-54	47,725	11,441	5,326	208	5,907	36,180	7,268	28,912	104
55-64	25,934	7,493	3,394	116	3,983	18,401	5,909	12,492	40
65 and over	9,446	1,792	696	37	1,059	7,633	4,464	3,169	21
Neurological	53,907	13,402	6,571	156	6,675	39,731	13,112	26,619	774
Under 25	1,954	502	372	6	124	1,184	74	1,110	268
25-34	5,443	2,030	1,473	26	531	3,285	341	2,944	128
35-44	5,616	1,559	1,032	20	507	3,955	683	3,272	102
45-54	14,771	3,766	1,787	51	1,928	10,867	3,145	7,722	138
55-64	14,052	3,644	1,353	34	2,257	10,312	3,348	6,964	96
65 and over	12,071	1,901	554	19	1,328	10,128	5,521	4,607	42
General medical and surgical	604,825	145,243	53,601	2,155	89,487	454,078	146,476	307,602	5,504
Under 25	21,321	4,008	2,344	148	1,516	15,756	296	15,460	1,557
25-34	49,284	14,805	8,217	306	6,282	33,433	1,312	32,121	1,046
35-44	52,916	12,447	6,066	182	6,199	39,590	4,852	34,738	879
45-54	163,914	41,508	15,299	590	25,619	121,568	28,678	92,890	838
55-64	172,212 145,178	47,544 24,931	14,783 6,892	644 285	32,117 17,754	123,842 119,889	41,180 70,158	82,662 49,731	826 358

¹Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

charges.

This figure is based on completed records. In addition, there were 37,625 incomplete records in file at the time the table was prepared.

Veterans with compensable service-connected disabilities but treated for non-service-connected disabilities only.
 This group includes all patients other than veterans, such as active military,

A This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a patient is admitted as a Bureau of Employees Compensation case, he is coded or non-veteran even though he is eligible as a veteran.

VA Hospitals: Patients Discharged, Compensation and Pension Status, Type of Hospital, Type of Patient, Sex - Fiscal Year 1975

Compensation			All Pa	tients					Fer	nale					Mal	е		
and Pension Status	Total ²	Tuber- culous	Psy- choses	Other Psychi- atric	Neuro- logical	GM&S	Total	Tuber- culous	Psy- choses	Other Psychi- atric	Neuro- logical	GM&S	Total	Tuber- culous	Psy- choses	Other Psychi- atric	Neuro- logical	GM&S
VA hospitals — total	883,350	5,840	73,026	145,752	53,907	604,825	12,526	23	1,511	1,608	766	8,618	870,824	5,817	71,515	144,144	53,141	596,2
ervice-connected	108,497	498	29,419	16,097	6,727	55,756	1,581	2	472	234	103	770	106,916	496	28.947	15,863	6,624	54,9
10% or more	104,898	478	28,813	15,435	6,571	53,601	1.531	2	458	219	102	750	103,367	476	28,355	15,216	6,469	52.8
Less than 10%	3,599	20	606	662	156	2,155	50		14	15	1	20	3,549	20	592	647	155	2.1
on-service-connected with SC	117,625	649	4,291	16,523	6.675	89,487	1,413	1	64	148	79	1,121	116,212	648	4.227	16,375	6,596	88.3
SC with pension	191,719	1,363	10,809	19,959	13,112	146,476	2.160	4	318	224	135	1,479	189,559	1,359	10,491	19,735	12,977	144.9
SC no claim pending	456,227	3,293	27,259	91,454	26,619	307,602	6.302	11	630	948	322	4,391	449,925	3,282	26,629	90,506	26,297	303.2
on-veterans ³	9,282	37	1,248	1,719	774	5,504	1,070	5	27	54	127	857	8,212	32	1,221	1,665	647	4,6
Psychiatric hospitals - total	65,149	84	25,439	31,117	1,140	7,369	1,007	1	547	316	15	128	64,142	83	24,892	30,801	1,125	7,2
ervice-connected	17,130	11	11,724	4,034	238	1,123	238		169	53	2	14	16,892	11	11,555	3.981	236	1.1
10% or more	16,522	11	11,365	3,830	234	1,082	219		157	49	2	11	16,303	11	11,208	3.781	232	1.0
Less than 10%	608		359	204	4	41	19		12	4		3	589		347	200	4	1
on-service-connected with SC	6,772	11	1,211	4,102	151	1,297	70		20	24	3	23	6,702	11	1,191	4,078	148	1.3
SC with pension	10,979	20	4,796	3,973	276	1,914	229		150	49	2	28	10,750	20	4.646	3.924	274	1,8
SC no claim pending	29,814	41	7.564	18,757	470	2,982	433		201	179	8	45	29,381	41	7,363	18,578	462	2,9
on-veterans ³	454	1	144	251	5	53	37	1	7	11		18	417		137	240	5	
General hospitals — total	818,201	5,756	47,587	114,635	52,767	597,456	11,519	22	964	1,292	751	8,490	806,682	5,734	46,623	113,343	52,016	588,9
ervice-connected	91,367	487	17,695	12,063	6,489	54,633	1,343	2	303	181	101	756	90,024	485	17.392	11.882	6,388	53.8
10% or more	88,376	467	17,448	11,605	6,337	52,519	1.312	2	301	170	100	739	87,064	465	17,147	11,435	6,237	51,7
Less than 10%	2.991	20	247	458	152	2,114	31		2	11	1	17	2,960	20	245	447	151	2.0
on-service-connected with SC	110,853	638	3.080	12,421	6,524	88,190	1,343	1	44	124	76	1.098	109,510	637	3,036	12,297	6,448	87.0
SC with pension	180,740	1,343	6,013	15,986	12,836	144,562	1,931	4	168	175	133	1,451	178,809	1,339	5,845	15,811	12,703	143
SC no claim pending	426,413	3.252	19,695	72,697	26,149	304,620	5,869	11	429	769	314	4.346	420,544	3.241	19,266	71.928	25.835	300.
On-veterans ³	8.828	36	1,104	1,468	769	5,451	1.033	'4	20	43	127	839	7.795	3,241	1,084	1,425	642	4.6

¹Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

²This figure is based on completed records. In addition, there were 37,625 incomplete records in the file at

the time the table was prepared.

³This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a patient is admitted as a Bureau of Employees Compensation case, he is coded as a non-veteran even though he is eligible as a veteran.

	T		GM&S Hospitals		Doublesia
Operations and ICDA Codes	All Hospitals	Total	Affiliated Hospitals ³	Non-Affiliated Hospitals ⁴	Psychiatric Hospitals ⁵
Surgical Operations (01-98) ²	250,186	247,236	207,376	39,860	2,950
Neurosurgery (01-05)	7,908	7,892	7,303	589	16
Incision and excision of skull and intracranial structure ⁵ (01). Other operations on brain and cerebral meninges (02). Operations on spinal cord structures (03). Operations on peripheral nerves (04). Operations on sympathetic nerves or ganglia (05).	1,991 918 1,477 2,558 964	1,986 918 1,477 2,554 957	1,955 906 1,412 2,304 726	31 12 65 250 231	5 4 7
Ophthalmology (06-14)	16,487	16,381	14,527	1,854	106
Operations on lacrimal apparatus (06)	185 3,487 895 371 702 515 671 1,076 8,585	184 3,446 887 368 701 514 670 1,076 8,535	158 3,024 754 346 625 472 596 1,037 7,515	26 422 133 22 76 42 74 39 1,020	1 41 8 3 1 1 1 1
Otorhinolaryngology (16-21)	17,406	17,299	15,500	1,799	107
Operations on external ear (16) Operations on middle ear (17) Operations on inner ear (18) Operations on nose and accessory sinuses (19) Operations on larynx and trachea (20) Operations on pharynx, tonsils and adenoids (21)	1,523 3,169 55 7,298 4,153 1,208	1,498 3,168 55 7,247 4,134 1,197	1,051 3,032 54 6,481 3,819 1,063	447 136 1 766 315 134	25 1 51 19 11
Operations on Thyroid, Parathyroid, Thymus and Adrenals (22-23)	817	814	720	94	3
Operations on thyroid and parathyroid (22)	744 73	741 73	648 72	93 1	3
Vascular and Cardiac Surgery (24-30)	24,326	24,253	21,934	2,319	73
Operations on peripheral blood vessels (24) Operations on lymphatic system (25) Operations on blood vessels of head, neck and base of brain (26) Operations on intra-abdominal blood vessels (27) Operations on intrathoracic vessels (28). Operations on heart and pericardium (29) Other heart procedures (30) Thoracic Surgery (32-35)	8,902 2,248 1,816 3,531 325 2,475 5,029	8,854 2,231 1,816 3,527 325 2,475 5,025	7,929 1,967 1,718 3,151 304 2,308 4,557	925 264 98 376 21 167 468	48 174
Operations on chest wall, pleura and mediastinum (32)	2,518	2,495	2,129	366	23
Operations on bronchus (33) Operations on lung (34) Operations on esophagus (35)	63 2,215 1,548	61 2,196 1,534	48 1,934 1,234	13 262 300	19 14
Abdominal Surgery (38-48)	53,749	53,086	43,757	9,329	663
Repair of hernia (38) Incision and excision of abdominal wall region (39) Other operations on region of abdomen and peritoneum (40) Operations on appendix (41) Operations on liver (42) Operations on biliary tract (43) Operations on pancreas (44) Operations on spleen (45) Operations on stomach (46) Incision, excision, resection and enterostomy of intestines (47) Anastomosis, repair and other operations on the intestines (48)	17,554 7,461 1,957 2,546 149 5,352 453 9,33 9,052 5,892 2,400	17,297 7,383 1,947 2,515 148 5,281 452 930 8,939 5,831 2,363	13,786 6,301 1,619 1,986 130 4,359 408 852 7,460 4,868 1,988	3,511 1,082 328 529 18 922 44 78 1,479 963 375	257 78 10 31 1 71 1 3 113 61
Proctological Surgery (50-52)	8,900	8,743	6,323	2,420	157
Operations on rectum (50)	1,877 6,048 975	1,846 5,940 957	1,496 4,104 723	350 1,836 234	31 108 18
Urological Surgery (54-61)	37,339	36,868	30,664	6,204	471
Operations on kidney (54) Operations on ureter (55) Operations on urinary bladder (56) Operations on urethra (57) Operations on prostate and seminal vesicles (58) Operations on scrotum and contents and spermatic cord (59) Operations on epididymis and vas deferens (60) Operations on penis (61)	2,393 1,783 5,999 4,769 12,185 4,011 3,131 3,068	2,386 1,759 5,934 4,691 12,019 3,963 3,093 3,023	2,188 1,509 4,981 3,691 10,081 3,119 2,535 2,560	198 250 953 1,000 1,938 844 558 463	7 24 65 78 166 48 38 45

Operations Performed in VA Hospitals - Fiscal Year 19751

		•	GM&S Hospitals		
Operations and ICDA Codes	All Hospitals	Total	Affiliated Hospitals ³	Non-Affiliated Hospitals ⁴	Psychiatric Hospitals ⁵
Breast Surgery (65)	952	943	719	224	9
Gynecological Surgery (67-72)	760	747	567	180	13
Operations on ovary (67)	147	143	111	32	4
Operations on fallopian tubes (68)	[11	10	8	2	1
Hysterectomy (69)	163	160	118	42	3
Other operations on uterus and supporting structures (70)	309	306	232	74] 3
Operations on vagina (71)	103	101	80	21	2
Operations on vulva and perineum (72)	27	27	18	9	
Obstetrical Procedures (74-78)	8	8	6	2	
Antepartum obstetrical operations (74)	1	1	1	} <i></i>	}
Operations inducing or assisting delivery (75)	1	1	1		
Operations inducing or assisting delivery (continued) (76)					<i></i>
Cesarean section (77)					
Operations after delivery or abortion (78)	6	6	4	2	
Orthopedic Surgery (80-90)	36,907	36,499	31,034	5,465	408
Incision and excision of bones (80)	5,856	5,818	4,963	855	38
Repair and plastic operations on bone (81)	2,753	2,726	2,221	505	27
Reduction of fracture and fracture-dislocation of hip (82)	2,232	2,162	1,802	360	70
Reduction of fracture and fracture-dislocation of ankle and wrist (83)	966	945	802	143	21
Reduction of other fracture and fracture-dislocation (84)	1,810	1,770	1,431	339	40
Amputation and disarticulation of extremities (85)	5,521	5,426	4,478	948	95
Incision and excision of joint structures (86)	6,457	6,425	5,634	791	32
Other operations on joint structures (87)	6,524	6,498	5,796	702	26
Operations on muscles, tendons, fascia and bursa except of hand (88)	3,062	3,015	2,434	581	47
Operations on muscles, tendon and fascia of hand (89)	1,719	1,708	1,467	241	11
Reattachment of extremities (90)	7	6	6		1
Plastic Surgery (92-94)	33,915	33,074	25,069	8,005	841
Operations on skin and subcutaneous tissue (92)	25,623	24,816	17.762	7.054	807
Reparative and reconstructive surgery (93)	7,394	7,361	6.446	915	33
Reparative and reconstructive surgery (continued) (94)	898	897	861	36	ĩ
Oral and Maxillofacial Surgery (95-98)	4,368	4,343	3,908	435	25
Operations on salivary glands and ducts (95)	658	653	565	88	5
Operations on buccal cavity, tongue, and palate (96)	1,220	1,210	1.055	155	10
Operations on jaws (bone and joint) (97)	1,403	1,399	1,300	99	4
Reduction of fracture and fracture dislocation of jaw bone (98)	1,087	1,081	988	93	6

¹Patient Treatment File. The procedures included in this table are grouped on the "International Classification of Diseases Adapted for Indexing of Hospital Records", USPHS Publication No. 1693. The numbers following the operations

are the identifying code numbers of this operation classification.

2For purposes of this table dental, diagnostic and therapeutic procedures are excluded.

³98 VA General Medical and Surgical Hospitals affiliated through Dean Committee relationship with 85 medical schools.

441 VA General Medical and Surgical Hospitals non-affiliated.

524 Psychiatric Hospitals.

VA Hospitals: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence Fiscal Year 1975

	A	II Patients						Type of	Patient	· · · · · · · · · · · · · · · · · · ·			
		Hospital Same S		General M		Tube	rculous	Psyc	hotic	Other Psy	chiatric	Neurolo	ogical
Reported State of Residence	Total ²	Number	Percent	Total	Percent Hospi- talized in Same State	Total	Percent Hospi- talized in Same State	Total	Percent Hospi- talized in Same State	Total	Percent Hospi- talized in Same State	Total	Percent Hospi- talized in Same State
Total	883,350	772,999	87.5	604,825	88.3	5,840	87.8	73,026	85.7	145,752	85.3	53,907	86.6
United States	874,587	764,535	87.4	598,593	88.2	5,785	87.7	71,398	85.5	145,328	85.2	53,483	86.6
Alabama	18,726 261 14,690	16,846 13,850	90.0 0.0 94.3	11,475 151 10,960	90.9 0.0 96.5	164 90	92.1 0.0 97.8	1,766 38 954	85.8 0.0 80.3	4,137 46 1,844	89.3 0.0 89.2	1,184 26 842	88.7 0.0 92.5
Arkansas	20,063	16,582	82.6	14,579	81.3	122	83.6	892	88.0	3,308	88.2	1,162	79.3
	76,380	74,516	97.6	52,336	97.7	361	97.2	7,018	96.9	11,938	97.2	4,727	98.1
	9,619	8,777	91.2	6,414	93.0	37	83.8	709	88.2	1,948	87.2	511	89.8
Connecticut Delaware District of Columbia	8,582	7,842	91.4	5,915	97.0	46	100.0	805	68.6	1,108	75.6	708	94.1
	2,247	1,985	88.3	1,615	96.1	14	78.6	142	32.4	310	70.0	166	95.8
	4,999	4,414	88.3	3,329	90.8	61	100.0	398	72.1	829	85.2	382	88.0
Florida Georgia Hawaii	44,905 21,693 29	42,627 17,668	94.9 81.4 0.0	33,647 15,128 12	96.5 83.1 0.0	336 188	94.0 80.3 0.0	2,789 1,222 8	84.8 71.3 0.0	5,446 3,792 6	90.9 78.1 0.0	2,687 1,363 3	94.3 82.0 0.0
Idaho	4,362	2,422	55.5	3,300	59.3	8	37.5	159	17.0	593	46.2	302	53.3
	48,244	41,362	85.7	31,488	84.3	442	88.9	4,293	88.9	9,090	89.5	2,931	84.5
	16,263	11,731	72.1	9,867	69.6	254	87.4	1,577	77.3	3,615	77.3	950	66.5
lowa	14,110	11,432	81.0	10,757	81.1	45	84.4	903	82.5	1,566	78.4	839	82.7
	12,361	10,191	82.4	7,961	80.4	39	66.7	855	82.9	2,754	90.0	752	76.3
	16,739	12,069	72.1	11,830	71.6	107	76.6	1,096	77.7	2,527	71.5	1,179	73.1
Louisiana	19,841	18,155	91.5	15,056	95.3	195	97.9	1,107	61.3	2,321	81.2	1,162	90.9
	5,284	4,898	92.7	2,655	90.4	14	100.0	491	95.9	1,866	96.7	258	80.2
	13,365	9,251	69.2	8,803	68.2	101	71.3	978	74.2	2,544	72.5	939	64.6
Massachusetts	18,820	16,555	88.0	11,029	84.1	95	81.1	2, 296	96.3	4,166	94.3	1,234	88.0
	21,935	20,688	94.3	13,429	94.8	168	97.6	3,047	93.6	3,972	93.8	1,319	91.7
	16,654	14,364	86.2	11,820	85.4	31	90.3	1,337	90.1	2,364	87.5	1,102	87.7
Mississippi	14,367	11,105	77.3	10,710	79.0	105	77.1	885	75.6	1,824	72.2	843	67.9
	28,169	23,132	82.1	20,549	85.7	146	80.8	1,446	73.9	4,328	66.0	1,700	86.5
	5,911	4,217	71.3	4,181	77.4	24	91.7	243	21.0	1,140	57.7	323	77.1
Nebraska Nevada New Hampshire	10,122	8,589	84.9	7,089	99.3	31	80.6	565	66.7	1,882	77.0	565	85.6
	3,986	2,386	59.9	3,112	61.2	12	50.0	160	38.8	428	52.8	274	67.9
	4,239	2,237	52.8	3,048	57.0	9	44.4	187	9.6	775	48.3	220	47.7
New Jersey	13,040	9,756	74.8	7,573	71.6	157	87.3	2,256	82.0	2,331	79.7	723	67.2
	6,992	6,157	88.1	5,081	91.2	23	91.3	492	75.4	965	77.1	431	89.3
	59,581	58,658	98.5	41,093	99.0	346	97.4	6,374	95.8	8,627	98.3	3,141	97.6
North Carolina	24,813	22,815	91.9	17,427	93.0	185	87.0	1,546	90.1	4,019	90.0	1,636	87.7
	2,384	1,585	66.5	1,532	77.6	7	42.9	153	15.0	543	47.0	149	77.2
	22,862	19,260	84.2	13,607	81.5	157	85.4	2,976	90.9	4,778	88.6	1,344	82.0
Oklahoma	14,708	12,690	86.3	10,646	91.4	156	93.6	811	55.9	2,260	72.0	835	87.7
	13,141	10,300	78.4	9,707	81.3	59	40.7	681	83.3	1,783	60.5	911	81.1
	29,528	27,321	92.5	18,340	92.0	245	91.8	3,881	94.5	5,216	93.8	1,846	90.3
Rhode Island	4,144	3,537	85.4	3,131	92.6	31	96.8	292	31.2	417	68.6	273	84.2
	17,508	11,861	67.7	12,179	75.3	164	60.4	999	58.7	3,128	40.3	1,038	71.8
	6,577	5,706	86.8	4,063	84.1	25	76.0	387	89.4	1,697	94.2	405	80.2
Tennessee	23,765	22,670	95.4	16,195	95.6	137	86.9	1,606	93.3	4,306	95.5	1,521	95.7
	60,091	55,195	91.9	43,123	92.5	462	92.4	4,655	91.6	8,241	88.4	3,610	92.2
	5,923	5,799	97.9	3,790	97.9	10	90.0	379	98.4	1,440	97.8	304	97.7
Vermont	2,148	1,922	89.5	1,559	94.2	6	100.0	91	46.2	364	78.8	128	93.0
	21,589	17,819	82.5	13,950	81.8	164	82.9	1,669	85.1	4,396	84.5	1,410	80.4
	14,582	13,683	93.8	9,630	92.9	45	100.0	1,248	95.6	2,734	96.0	925	94.4
West Virginia	13,677	10,713	78.3	9,495	84.8	96	63.5	812	33.4	2,442	68.7	832	78.0
	17,604	15,020	85.3	12,305	84.5	60	96.7	1,578	86.0	2,431	88.1	1,230	86.9
	2,964	2,177	73.4	1,922	70.2	5	40.0	146	71.2	743	83.2	148	69.6
Outside United States	8,763	8,464	96.6	6,232	97.5	55	96.4	1,628	96.0	424	86.6	424	95.8
Canal Zone	1 2 8,553 207	8,464		6,092 140	0.0 0.0 99.7 0.0	53 2	0.0 0.0 100.0 0.0	1 1 1,608 18	0.0 0.0 0.0 97.2 0.0	390 34	0.0 0.0 94.1 0.0	1 410 13	0.0 0.0 0.0 99.0 0.0

¹Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

 $^{^2\,}This$ figure is based on completed records. In addition, there were 37,625 incomplete discharge records in file at the time the table was prepared.

VA Hospitals: Patients Discharged, Diagnostic Grouping, Average and Median Length of Stay, Length of Stay Distribution - Fiscal Year 1975

Principal Diagnoses ²	Total	Average Length	Median Length						Length o	f Stay Distri	bution (day:	s)					
	Patients ³	of Stay	of Stay ⁴	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	Totel Da
All diseases and conditions		36.5	12.8	84,108	91,581	136,479	188,061	110,698	86,580	107,548	34,494	26,790	6,566	2,999	3,654	3,792	32,260,731
I. Infective and parasitic diseases	1	35.6	12.5	1,682	1,651	2,308	2,830	1,626	1,166	1,646	667	892	272	83	59	25	531,326
Pulmonary tuberculosis (011) Fuberculosis, late effects (019)	. 3,959 . 118	74.0 20.3	39.7	121	143	257	441	442	359	754	419	681	217	67	47	11	292,907
Tuberculosis, Other (010, 012-018)	. 804	36.6	12.8 18.4	9 33	15 50	14 76	31 189	15 111	16 104	8 131	6 47	37	16	6	1	3	2,391 29,448
Cardiovascular syphilis (093)	. 59 . 100	19.6	16.5	3	3	9	11	16	6	10		1					1,156
Other forms of late syphilis, latent or unspecified (095-097)	1	353.9	15.0	14	10	12	14	12	6	11	7	7	2	1	1	3	35,392
All other veneral diseases (090-092 098-099)	1 079	13.0 7.4	8.9 5.0	28 182	16 287	11	32 199	11	9	10	1	1					1,546
nfectious hepatitis (070)	906	13.9	11.2	39	91	282 224	322	68 140	37 91	19 74	12		2		********		8,023
naiaria (084) MI other infective and parasitic diseases (000-009, 020-027, 030-039, 040-046, 050-057, 060-068, 071-079, 080-083	31	9.3	6.7	2	2	17	6	1	2	î		3					13,807 289
085-089, 100-104, 110-117, 120-129, 130-136)	7,642	19.2	8.6	1,251	1,034	1,406	1,585	810	536	628	172	158	35	9	10	8	146 267
II. Neoplasms	74,385	28.1	15.0	8,646	7,505	8,871	12,208	8.688	8,013	12.691	4,454	2,591	394	132	127	65	146,367 2,089,208
falignancy of buccal cavity and pharynx (140-149) . falignancy of digestive organs and peritoneum	5,297	41.3	24.3	328	334	484	780	586	553	1,073	640	406	68	22	15	8	218,549
(150-159)	9,064	36.1	22.5	624	546	980	1,180	1,122	1,252	2,167	717	386	53	13	15	9	327,607
lalignancy of larynx (161) Salignancy of lymphatic and hematopietic tissue	16,269 2,006	31.5 37.7	19.8 25.1	1,385 115	1,131 170	1,720 188	2,559 250	1,970 208	2,082 212	3,501 469	1,155 212	624 152	81 21	23 5	25 4	13	512,105 75,597
(200-209)	7,964	21.6	11.3	1,263	924	1,137	1,402	889	741	1.062	298	201	20	_	_ [_	
lalignancy of genitourinary organs (180-189) lalignancies of all other systems (170-174, 190-199)	12,023	27.7	16.2	810	1,094	1,402	2,402	1,750	1,413	2,021	636	365	28 63	7 26	6 32	6	171,611 333,039
eoplasms, benign (210-228)	12,095 7,742	26.0	12.6	1,956	1,517	1,364	1,868	1,299	1,123	1,804	664	377	60	30	20	13	315,009
eoplasms, of unspecified nature (230-239)	1,925	11.2 25.4	5.7 8.5	1,817 348	1,484 305	1,313 283	1,376 391	666 198	490 147	439 155	78 54	63 17	12 8	6	4	7	86,881 48,810
III. Endocrine, nutritional, and metabolic diseases	26,370	25.1	14.2	1,667	2,077	3,636	6,511	4,131	3,047	3,365	876	759	150	60	65	26	662,412
iabetes mellitus (250)iseases of thyroid and other endocrine glands	18,385	26.3	14.7	1,086	1,339	2,425	4,574	2,975	2,219	2,363	599	566	117	48	52	22	484,326
(240-246, 251-258)	2,830	20.9	13.9	192	243	403	688	461	309	385	90	50	5	1	1	2	59,075
(260-269)besity not specified as of endocrine origin (277)	871 1,449	32.4 29.1	21.2 14.3	39 80	52	89	147	122	126	188	60	37	5	2	4		28,221
ther metabolic diseases (270-276, 278-279)	2,835	17.2	10.9	270	119 324	209 510	352 750	202 371	154 239	180 249	64 63	61 45	15 8	6 3	5 3	2	42,105 48,685
IV. Diseases of blood and blood-forming organs	4,280	19.9	13.2	433	504	549	888	677	501	550	115	50	8	1	3	1	85,026
nemia, iron deficiency (280)	1,145	22.4	17.9	52	75	100	243	242	190	184	40	17			2		25.685
nemia, other (281.1-285)	174 1,999	24.9 20.0	20.9 10.8	16	12	8	25	31	36	36	8	2	1				4,335
l other diseases of blood and blood-forming organs (286-289)	962	15.7	11.1	268 97	307 110	274 167	379 241	266	188	237	49	22	6	1	1	1	39,928
V. Mental disorders	218,039	77.3	17.7	19,219	19,414	29,524	32,786	138	87	94	18	9	1				15,078
ychoses not attributed to physical conditions					,,,,		32,700	21,440	21,442	35,898	15,188	12,773	3,492	1,729	2,282	2,846	16,851,574
(295-299)	62,526	156.3	28.4	4,153	3,694	5,427	7,556	5,878	6,430	12,000	5,715	6,047	1,819	914	1,202	1 004	0 774 544
coholic psychosis (291) ychosis with organic brain syndrome,	5,778	89.0	14.1	499	655	848	1,024	616	448	695	263	297	101	65	122	1,691 145	9,771,513 5 14,290
except syphilitic (290, 292.2-294)	4,620	237.6	41.8	152	198	292	551	400	429	793	355	475	204	144	234	202	1 007 000
ychoses associated with syphilis (292.0, 292.1)	92	2,355.1	311.8	3	2	4	1	3	5	9	355	4/5	204	7	6	393 36	1,097,686 216,670
associated with physical conditions	80,186	26.7	13.7	6,127	9,082	14,106	13,346	7,851	7,800	13,133	5,358	2,631	411	144	131	66	2,137,334
(309.0, 309.13-309.9) /choneurotic, personality and behavioral disorders (excluding alcoholism)	10,642	137.7	27.6	458	668	1,106	1,346	1,047	1,128	1,747	808	913	370	225	379	447	1,465,406
(300-302, 304-307, 307.3, 307.4)					- 1	1		- 1	,				1		í	1	

Mental retardation (310-315)	131	509.3	29.1	5	1	11	24	15	12	18	15	9	5	2	4	10	66,721
VI. Diseases of nervous system and sense organs	41,486	30.8	11.1	3,241	4,525	8,368	10,429	4,708	3,318	3,761	1,166	1,156	322	154	161	177	1,276,134
Inflammatory diseases of central nervous system (320-324)	495	43.5					l										
Epilepsy (345)	3,310	21.5	20.8 11.0	35	32	44	77	72	51	97	36	35	9	3	3	1	21,549
Amytrophic lateral sclerosis (348.0)	3,310		15.4	299	412	588	831	453	292	292	65	54	13	2	2	7	71,115
Paraplegia, cerebral or spinal (344.2, 349.3)		51.7		29	35	65	88	67	50	56	18	15	5	2	7	5	22,849
Quadriplegia, cerebral or spinal (344.3, 349.4)	1,468	56.9	23.4	91	114	119	222	168	138	276	106	146	42	18	18	10	83,549
Other diseases of central nervous system,	888	112.9	26.1	50	72	88	108	93	74	123	69	87	47	29	30	18	100,233
including hereditary and familial		1		ĺ		1	i								Ì		
disease of nervous system (330-333.			1														
340-344.1, 344.9, 346-347.	1	1		i		l	l		1								
348.1-349.2, 349.5-349.9)	8.924	68.0	19.8	452	500		4 700	4 4 7 9	4.054					i			
Diseases of nerves and peripheral ganglia (350-358)	4.856	19.5	12.3	360	569 547	941 827	1,702 1,127	1,172 710	1,054 533	1,485 522	551 117	541	162	82	88	125	606,434
Inflammatory diseases of the eye and other diseases	.,	1.5.5			1	J.,	1,127	7.0	333	322	117	79	23	4	6	1	94,465
and conditions of the eye, except blindness		1	ŀ	•			1								ł		
(360-369, 370-378)	16,244	12.7	8.8	1,439	1,794	4,318	5,256	1,612	856	692	139	108	13	6	3	8	206.885
Blindness (379)	518	52.4	20.9	29	22	50	102	67	48	75	36	70	8	7	3	l î	27,154
Disease of ear and mastoid process (380-389)	4,341	9.7	6.4	457	928	1,328	916	294	222	143	29	21		í	1	;	41,901
		l										1		•			41,501
VII. Diseases of the circulatory system	132,245	26.6	13.5	8,685	11,075	20,226	33,066	20,936	14,734	14,907	3,754	3,082	747	337	423	273	3,519,018
Chronic rheumatic heart disease (393-398)	4.003	17.2	12.1	210	464	720	000				۱						
Hypertensive heart disease, exclusive of ischemic	4,003	17.2	12.1	219	464	729	998	607	426	421	89	, 39	7	2	2		68,793
heart disease (400.1, 402, 404)	2,215	19.1	11.8	162	204	414											
Hypertensive disease without heart involvement	2,213	15.1	11.6	102	204	414	608	314	229	200	40	28	7	2	3	4	42,287
(400.0, 400.2, 400.3, 400.9, 401, 403)	12.737	15.0	9.9	1,927	1,360	2,226	2 200	4 740									
Acute myocardial infarction (410)	7,302	25.9	16.2	657	333	631	3,206 1,734	1,719 1,774	1,114	865	155	115	17	8	21	4	190,991
Chronic ischemic heart disease (412)	41,915	22.7	12.7	1,786	3,829	7,633	11,501	6.766	1,156 4,539	809 4,048	114 884	52 557	11 130	8	15	8	188,775
Other ischemic heart disease, with or	,			1,,,,,,,	-,,,,,,	7,555	11,301	0,700	4,539	4,040	884	55/	130	65	90	87	951,862
without hypertensive disease (411, 413, 414)	3,183	13.4	10.0	206	428	686	965	470	254	137	22	10	3	1		1	40.704
Other forms of heart disease (391, 392.0, 420-429)	14,490	21.4	11.7	1,059	1,471	2,647	3,934	2.135	1,357	1,338	269	186	35	11	27	21	42,704 310,038
Cerebral hemorrhage (431)	655	41.2	14.0	105	70	58	110	76	55	96	37	30	8	'2	5	3	26,964
Cerebral thrombosis (433)	3,372	72.8	28.9	89	108	203	534	415	437	682	306	358	99	42	60	39	245.406
Cerebral embolism (434)	125	35.4	18.2	7	7	15	22	25	18	15	4	8	2		2		4,428
Generalized ischemic cerebrovascular disease (437)	2,121	52.7	19.1	61	106	238	459	336	265	345	116	93	38	21	23	20	111,807
All other cerebrovascular disease	0.000									ŀ				_		1	,207
(430, 432, 435, 436, 438)	9,969	46.6	20.6	456	492	1,011	1,972	1,321	1,201	1,803	638	689	187	74	81	44	464,367
All other diseases of arteries, arterioles and	5,251	46.3	20.7	162	305	504	975	835	723	970	311	282	70	49	41	24	243,080
capillaries (441-448)	8,321	34.8	19.9	441	600	778	1 440	4 007						1			
Varicose veins lower extremities (454)	3,213	22.1	13.9	370	239	388	1,413 723	1,327 467	1,147 381	1,540 462	457 98	429	105	42	35	7	289,439
Hemorrhoids (455)	5,159	12.1	10.1	559	518	1.006	1,636	765	391	241	30	72 9	7	1 2	4	1	70,978
All other diseases of veins and lymphatics,	-,				5.5	1,000	1,000	,,,,	351		30	9		4	2		62,443
and other diseases of circulatory system	}	1				1						į l				l	
(390, 392.9, 450-453, 456-458)	8,214	24.9	14.4	419	541	1,059	2,276	1,584	1,041	935	184	125	21	7	12	10	204.656
MIII 61																	,
VIII. Diseases of the respiratory system	58,626	25.1	11.9	2,724	6,083	11,797	15,544	8,062	5,755	5,720	1,393	872	247	102	155	172	1,468,991
Acute respiratory infections including influenza					1				}			1					
(460-466, 470-474)	4,702	12.3	7.7	284	820	1,345	1,211	496	276	202	38	18	4		_	_	
Pneumonia (480-486)	11,449	44.3	14.2	403	642	1,805	3,249	1,761	1,354	1,399	335	231	67	2 37	3 57	3	57,797
Bronchitis, unqualified and chronic (490-491)	7,286	21.3	12.3	281	614	1,421	2,164	1.090	743	645	147	110	29	14	16	109	506,964
Emphysema (492)	12,391	27.0	13.9	490	862	1,966	3,419	1,987	1,396	1,403	431	251	89	20	47	12 30	155,204
Asthma (493)	2,791	14.4	9.9	243	333	607	780	333	237	199	29	23	2	20	3		334,121 40,185
All other diseases of upper respiratory tract				1	555		1					- 23	*	-	,		40,185
and respiratory system (500-508, 510-519)	20,007	18.7	10.2	1,023	2,812	4,653	4,721	2,395	1,749	1,872	413	239	56	27	29	18	374,720
IX. Diseases of the digestive system	83,825	18.8	12.7	5,476	6,547	13,737	23,978	13,179	9,073	8,732	1,856	969	140	54	55	29	1,572,157
Discourse of and analysis address to the	1	1						i i		·	,						1,372,137
Diseases of oral cavity, salivary glands,	4 000	0.0		4 000			1	1								1	
and jaws (520-529)	4,998	8.6	5.0	1,382	842	1,166	911	335	177	145	18	13	3	3		3	42,881
Ulcers digestive system (stomach, duodenum, peptic, gastrojejunal) (531-534)	11,899	19.7	14.4	650	300	4									·		1
All other diseases esophagus, stomach and	11,055	15.7	14.4	650	796	1,523	3,262	2,166	1,725	1,361	274	113	13	6	7	3	233,959
duodenum (except ulcers) (530, 535-537)	7.216	15.9	11.2	692	857	1,175	1016	1.017						1		1	
Hernia of abdominal cavity (550-553)	19,816	14.9	12.1	570	801	3,807	1,914 7,969	1,017	711	635	127	66	14	4	. 3	1	115,001
Other diseases of intestine and peritoneum	,	1		3,0	30.	3,507	7,909	3,433	1,804	1,170	162	73	6	5	12	4	294,663
(540-543, 560-569)	17,565	18.7	11.2	1,418	1,878	3,340	4,624	2,505	1,579	1,627	335	187	35		4.0	40	207 2-2
Cirrhosis of liver (571)	10,977	28.4	19.0	415	709	1,196	2,166	1,747	1,602	2,092	595	373	50	11 17	16 10	10	327,872
Other diseases of liver, gall bladder and							_,.00	.,, -,,	.,	2,002	353	3,3	50	''	10	5	311,730
pencreas (570, 572-577)	11,354	21.7	15.0	349	664	1,530	3,132	1,976	1,475	1,702	345	144	19	8	7	3	246,051
	•		. '	,	•	'	1	1	1		1	1	'	ı	1 -	1	,

VA Hospitals: Patients Discharged, Diagnostic Grouping, Average and Median Length of Stay, Length of Stay Distribution - Fiscal Year 1975

	Total	Average	Median						Length of	Stay Distribe	ıtion (days)						Total Days
Principal Diagnoses ²	Patients ³	Length of Stay	Length of Stay ⁴	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	Total Days
X. Diseases of the genitourinary system	42,121	16.5	10.6	3,901	6,446	6,932	10,294	5,803	3,760	3,713	688	412	76	36	42	18	692,851
Nephritis and nephrosis (580-584)	5,143	18.1	8.0	867	1,007	701	833	518	418	501	152	109	20	9	6 18	10	92,934 285,981
Other diseases of urinary system (590-599)	16,930 12,816	16.9 18.8	10.2 13.8	1,561 821	2,730 1,139	2,890 1,471	4,024 3,591	2,205 2,376	1,501 1,535	1,479 1,507	286 221	168 116	42 11	16 9	74	5	240,461
Other diseases of male genital organs (603-607)	5,615	10.2	6.9	492	1,243	1,470	1,424	532	231	179	24	12	2	2	3	1	57,184
Diseases of breast, gynecological conditions (610-616, 620-629)	1,617	10.1	7.2	160	327	400	422	172	75	47	5	7	1		1		16,291
XI. Deliveries and Complications of Pregnancy, Childbirth and the Peurperium			ŧ												!		
(630-678)	34	6.3	4.0	9	8	8	6	2		1						1	214
XII. Diseases of skin and subcutaneous tissue	23,102	17.2	7.3	5,286	3,342	3,506	4,169	2,136	1,562	1,920	520	463	100	46	.35	17	397,909
Infections of skin and subcutaneous tissue (680-686, 694-698)	10,065	17.1	10.5	1,047	1,180	1,979	2,391	1,230	893	952	204	144	20	13	7	5	171,911
All other diseases of skin and subcutaneous tissue (690-693, 700-709)	13,037	17.3	4.3	4,239	2,162	1,527	1,778	906	669	968	316	319	80	33	25	12	225,999
XIII. Diseases of the musculoskeletal system and	1		1)	1	1	1	†	1		1,163	756	120	54	51	:9	858,987
connective tissue	40,852	21.0	13.5	3,825	3,622	5,604	9,365	6,108	5,048	5,117	1,103	/56	120) "	1	000,00
Arthritis and rheumatism, except rehumatic fever				4 400	4 000		2.500	2,534	2,333	2,461	590	369	69	33	29	11	399,116
(710-718)	16,104 3,801	24.8 21.3	16.1 17.7	1,138 211	1,098 167	1,849 295	3,590 907	832	671	589	84	37	5	1	2		81,010
Osteomyelitis and other diseases of bone and joint			Ì	i							343	233	31	15	9	1	247,991
(720-724, 726-729)	13,309	18.6	12.2	1,561	1,276	1,966	3,114	1,848	1,463	1,449	343	233	3'	'3		!	
(730-738)	7,638	17.1	9.3	915	1,081	1,494	1,754	894	581	618	146	117	15	5	11	7	130,870
XIV. Congenital deformities (741-759)	3,438	16.6	10.5	436	466	540	775	398	337	347	86	42	6	4	1		56,886
XVI. a Symptoms and ill-defined conditions	41,544	15.3	9.3	4,295	5,908	8,452	11,036	5,170	3,212	2,562	465	287	59	34	36	28	633,546
Senility without mention of psychosis (794)	242	48.5	22.9	12	12	20	41	32	39	50	13	13	4	1	3	2	11,746
Symptoms and all other ill-defined conditions	41,302	15.1	9.3	4,283	5.896	8,432	10,995	5,138	3,173	2,512	452	274	55	33	33	26	621,800
(780-792, 796-796)	41,302	15.1	9.3	4,203	5,850	0,432	10,555	3,130	3,173	2,512	102	-,-			"		, , , , , ,
XVI. b Observation and examination cases, followup and special admissions	21,207	14.3	5.5	4,643	4,651	3,423	3,482	1,752	1,174	1,286	365	290	63	35	28	15	302,273
Tuberculosis (Y03.01, Y03.2, Y10.61-Y10.63)	985	39.1	14.0	191	77	89	157	128	77	110	48	59	26	13	9	1 1	38,498
Mental (793.0, Y00.1, Y03.4) (316, 318, APA Code).	729	25.0	6.0	181	117 1,589	132 849	127 833	52 407	37 257	49 291	12 86	8 59	3 11	5	1	6	18,191 60,894
Malignancy (793.1, Y03.3)	5,888	10.3	3.8	1,504	1,369	049	633	407	257	25.	00	35					30,20
Y04-Y06, Y10.0-Y10.6, Y10.60, Y10.64-Y10.69, Y10.9, Y11-Y12, Y20-Y29)	13,323	13.8	6.1	2,615	2,811	2,320	2,344	1,160	799	828	218	163	23	16	18	8	183,345
Diagnosis deferred, mental observation	13,323									1			1				4 245
(319.0 APA Code)	282	4.8	(5)	152	57	33	21	5	4	8	1	1					1,345
XVII. Accidents, poisonings, and nature of injury .	56,889	22.2	9.1	9,940	7,757	8,998	10,694	5,876	4,438	5,332	.1,738	1,396	370	138	131	81	1,262,219
Fracture of skull and facial bones (800-804) Fracture of skull and facial bones, late effects	2,398	15.6	8.8	228	328	573	617	281	152	147	36	23	7	3 2	1	3	37,444 9,893
(800-804) ⁶	2,993	20.2 28.7	9.4 13.0	49 203	61 331	113 478	108 669	55 378	35 302	41 343	125	13 104	19	22	11	8	85,828
Fracture of spine and trunk, late effects	1		16.5	90	157	198	255	160	125	163	83	100	69	32	27	10	91.847
(805-809) ⁶	1,469 3,381	62.5 14.8	5.0	1,048	522	480	457	229	125	291	91	49	8	22	7	'i	49,98
Fracture of upper limb, late effects (810-819)6	913	15.3	8.8	149	87	196	213	107	64	65	12 504	16	103	1 28	1 24	17	13,97 283,36
Fracture of lower limb (820-829)	7,621 2,180	37.2 29.6	18.5 15.4	829 199	616 204	686 286	1,212 386	929 279	910 235	1,317 332	118	446 104	103 25	6	5	'1	64,46
Dislocation without fracture (830-839)	1,772	14.5	9.5	274	163	352	467	223	136	104	33	13	3	2	1	1	25,72

Dislocation without fracture, late effects (830-839) ⁶	461	17.6	11.3	30	35	97	146	66	44	23	11	4	2	3			8,103
Intracranial injury — without skull fracture (850-854)	2,256	23.7	7.0	507	387	313	332	200	139	187	83	70	18	4	9	7	53,475
Intracranial injury — without skull fracture, late effects (850-854) ⁶	901	65.1	14.9	75	98	99	180	106	91	103	38	48	23	10	17	13	58,679
Internal injury of chest, abdomen and pelvis (860-869)	618	17.5	11.0	48	46	147	159	83	48	58	18	10			1		10,830
Internal injury of chest, abdomen and pelvis, late effects (860-869) ⁶	106	17.3	13.1	6	15	13	26	18	13	10	3	2					1,826
Traumatic amputation of arm and hand — complete/partial (887)	7	43.0	5.0	3		2				1			1				301
Traumatic amputation of arm and hand — complete/partial, late effects (887)°	12	20.4	15.0	3		1	2	1	2	2	1						245
Traumatic amputation of foot and leg(s) — complete/partial (896-897)	35	75.8	55.3	4	3	1	1		2	8	7	6	1	1	1		2,653
Traumatic amputation of foot and leg(s) — complete/partial, late effects (896-897) ⁶	55	37.7	21.2 17.9	142	4 122	7 162	9 257	4 177	8 172	9 314	4 105	5 51	6	3	1	2	2,071 55,432
Burns (940-949)	1,514 243 394	36.6 25.3 38.4	17.9 15.4 14.6	19	25 42	26 62	50 65	29 43	28 31	42 58	14 27	8 20	7	1	3	3	6,137 15,132
Injury to nerves and spinal cord (950-959) Injury to nerves and spinal cord, late effects	604	34.2	13.1	50	69	90	128	78	57	57	23	32	13	2	3	2	20,635
(950-959) ⁶	604	34.2	13.1											8	5		176,018
complications of surgical and medical care (960-979, 997-999)	10,436	16.9	9.2	1,283	1,672	1,867	2,278	1,194	828	868	223	163	41	*			170,010
All other accidents, poisonings and violence (840-848, 870-879, 880-886, 890-895, 900-907, 910-918, 920-929, 930-939, 980-996)	14.783	11.5	4.5	4,491	2,589	2,463	2,422	1,109	734	692	149	93	15	6	13	7	170,529
910-918, 920-929, 930-939, 869-959, All other accidents, poisonings and violence, late effects, (870-879, 880-886, 890-895,	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									97	22	16	,	١,			17,637
900-907, 910-918, 920-929)6	1,247	14.1	7.8	174	181	286	255	127	86				incomplete	Jisaharaa r			

¹Patient treatment file. This table, as well as all others in this hospital discharge series, excludes approximately 145,000 one-day hemodialysis discharges.

²The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases Adapted for Indexing of Hospital Records", U.S.P.H.S. 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 37,625 incomplete discharge records in the file at the time the table was prepared.

One half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.

⁵ No median computed since more than one-half of the cases had one day of stay.

⁶All late effect codes are differentiated from other codes by being uniformly 9 in the fourth digit position.

VA Domiciliaries, VA Nursing and Community Nursing Care: Turnover During Fiscal Year 1975

Item		VA Facilities			
, Item	Total	Domiciliaries	Nursing	Community Nursing	
Average daily member and Nursing Care census fiscal year 1974	16,141 16,030	9,723 9,471	6,418 6,559	4,885 6,101	
Total gains during fiscal year 1975	19,359	13,285	6,074	18,500	
Admissions after rehospitalization, etc. Other admissions Transfers in from similar facility From absent sick in hospital	1,920 9,678 148 7,613	1,383 6,448 90 5,364	537 3,230 58 2,249	1,221 14,835 519 1,925	
Total losses during fiscal year 1975	19,553	13,716	5,837	17,883	
Deaths Discharges Transfers out to similar facility To absent sick in hospital Members and Nursing Care Patients remaining June 30, 1975 Average daily member and Nursing Care census fiscal year 1975 Discharges while in absent sick in hospital status Deaths while in absent sick in hospital status	725 6,919 124 11,785 15,836 15,920 3,454 621	142 5,259 59 8,256 9,040 9,181 2,665 196	583 1,660 65 3,529 6,796 6,739 789 425	2,456 9,089 552 5,786 6,718 6,239 2,571 764	
On rolls in absent status June 30, 1975	1,465	1,186	279	151	
Absent (in hospital status) Absent (Other) Members and Nursing Care Patients treated	504 961 29,020	345 841 18,488	159 120 10,532	149 2 21,749	

	Domic	iliary		Domiciliary		
VA and State Domiciliaries	Average Daily Member Census ¹	Average Operating Beds ²	VA and State Domiciliaries	Average Daily Member Census ¹	Average Operating Beds ²	
Total — VA and State Domiciliaries	15,030	10,310	Indiana: Lafayette	86 145		
Total – VA Domicifiaries	9,181	10,310	Kansas: Fort Dodge	1		
Arizona:			Massachusetts:	246	l	
Prescott	208	232		68		
Tucson	47	72		:		
California: Los Angeles	438	550	Michigan: Grand Rapids			
Florida: Bay Pines	305	322	Minnesota: Minneapolis	1		
Georgia: Dublin	401		Missouri: St. James	1 21	[
Kansas: Leavenworth			Montana: Columbia Falls	1	[
Mississippi: Biloxi	537		Nebraska: Grand Island	1		
New York: Bath	633		New Hampshire: Tilton	13	,	
Ohio: Dayton	789		New Jersey:	107		
Oregon: White City	1,146	1,165		1 122		
South Dakota: Hot Springs		511				
Tennessee: Mountain Home		970	New York: Oxford		}	
Texas:	Ì		North Dakota: Lisbon	1		
Bonham	228		Ohio: Sandusky	652		
Temple	403	463	Oklahoma:			
Virginia: Hampton		750		1		
Washington: Vancouver		80			.	
West Virginia: Martinsburg		550		1		
Wisconsin: Wood		853			.	
Wisconsiii. Wood		{	Pennsylvania: Erie	. 99		
Total - State homes (domiciliaries)	5,849	l	Rhode Island: Bristol	1		
Total - State Homes (domestus)	1	1	South Dakota: Hot Springs	.1		
California: Napa County	532		Vermont: Bennington	. 21		
Colorado: Homelake	. 78		Washington:	85	L	
Connecticut: Rocky Hill	569	[1 .11		
District of Columbia (Occoquan, Va.): Washington	258	[
Georgia: Milledgeville	592		Wisconsin: King	. 61		
Idaho: Boise	.\ 114		Wyoming: Buffalo	. 55		
Illinois: Quincy].	II	1		

¹Based on total member days during year divided by number of days in year.

TABLE 33 EXTENDED CARE

State Homes Nursing Care: Average Daily Census-Fiscal Year 1975

Location			Fiscal Year 1975
		Location	Average Daily Nursing Census
Total State homes nursing care	4,123	New Hampshire: Tilton	46
California: Napa Country	371	Menio Park	160
Colorado: Homelake	8	Vineland	188
Georgia:		New York: Oxford	14
Augusta	170	Oklahoma:	
Milledgeville	121	Ardmore	77
Illinois: Quincy	306	Clinton	119 49
Indiana: Lafayette	134	Norman	131
Iowa: Marshalltown	69	Sulphur	59
Kansas: Fort Dodge	54	Pennsylvania: Erie	162
Massachusetts:		Rhode Island: Bristol	108
Chelsea	54	South Carolina: Columbia	25
Holyoke	176	Vermont: Bennington	75
Michigan: Grand Rapids	414 68	Washington:	
Minnesota: Minneapolis	86	Orting	72
Missouri: St. James	34	Retsil	62
Montana: Columbia Falls	333	Wisconsin: King	379

² Based on the number of operating beds at the end of each month for 13 consecutive months (June 1974-June 1975).

VA Nursing Homes: Average Operating Beds, Average Daily Census - Fiscal Year 1975

	Fiscal Year 1975			Fiscal Year 1975		
Location	Average Operating Beds	Average Daily Nursing Census	Location	Average Operating Beds	Average Daily Nursin Censu	
Total	7,032	6,739	New Hampshire: Manchester	38		
Alabama: Tuskegee	112	102	New Jersey:			
mrizona: rucson	41	38	East Orange.	40		
ALKALISAS: LITTLE ROCK	150	147	LYONS	84		
Camornia:	.50	147	New Mexico: Albuquerque	47		
Palo Alto	108	100	New Tork:			
San Diego	49	42	Albany	100		
Sepulveda	80	76	Detri	180		
colorado:			Brooklyn	96		
Fort Lyon	37	34	Buffalo	36		
	42	41	Canandaigua	100		
Connecticut: West Haven	90	89	Castle Point.	96		
	ı		Montrose	122		
Bay Pines	120	115	Syracuse North Carolina:	40		
Lake City 1	40	37	Fayetteville	- 1		
Miami	90	86	Oteen (Asheville)	39		
			Salisbury.	78		
Augusta	40	38	North Dakota: Fargo.	93		
Dublin	86	84	Ohio:	50		
Danville	i i	- 1	Chillicothe			
Downey	120	110	Cincinnati.	99		
ndiana:	190	180	Cleveland	206		
Fort Wayne		1	Deyton	100		
Indianapolis	40	38	Oregon: Roseburg	276		
Marion	58	57	rennsylvania:	75		
wa: Knoxville	69	67	Altoona	20		
ansas;	200	192	Dutier.	20 104		
Topeka	79		Coatesville	50		
Leavenworth		76	Erie	40		
Intucky: Lexinaton	45 100	43	Lebanon	120		
ruisiana: Alexandria	95	98	Fittsburgh (GEN.).	208		
anie. rogus	60	90	South Carolina: Columbia	72		
ryiang:	•	59	South Dakota: Sioux Falls	75		
Fort Howard	47	45	rennessee:	,,,		
rerry roint	64	59	Mountain Home	58		
zsacriuse((\$;	04	59	Murreesboro	48		
Bedford	162	156	rexas:			
Drockton	100	98	Big Spring	28		
Northampton	50	48	Bonnam	100		
cnigan:	30	46 ∥	nouston	78		
Allen Park	72	67	Kerryllie	36		
Dattie Creek	180	176	VVBCO	84		
Iron Mountain ¹	10	8	Otan: Sait Lake City.	46		
mesota. St. Cloud	44	43	Vermont: White River Jct	28		
ssissippi: Biloxi	101	97		1		
souri.		II	Hampton	41		
Columbia	54	50	Sarem	100		
ropiar Bium	49	46	vvesilington: American Lake	76		
St. Louis	78	65	West Virginia: Beckley	42		
ntana: Miles City	20	19	Wisconsin.			
	42	41	Tomah	100		
vada: Reno	22	22	**************************************	200	19	
			Wyoming: Cheyenne	47		

¹ Program activated at station during fiscal year 1975.

Community Nursing Homes: Patients Admitted, Average Daily Nursing Census, Remaining During – Fiscal Year 1975

Hospital	Patients Admitted 4	Average Daily Nursing Census ¹	Remaining in Nursing Home June 30, 1975	Hospital	Patients Admitted	Average Daily Nursing Census 1	Remaining in Nursing Home June 30, 1975
Total	⁵ 16,056	6,239	³ 6,718	Michigan:			
			}	Allen Park ²	79 52	26 18	49 19
Alabama: Birmingham	133	39	41	Ann ArborBattle Creek ²	12	4	13
Montgomery	17	8	8	Iron Mountain ²	10	6	6
Tuscaloosa	52	32	38	Saginaw	18	7	8
Tuskegee ²	16	7	9	Minnesota:			
Alaska: Juneau (RO)	49	9	6	Minneapolis	344	106	113 38
Arizona:	25.0		100	St. Cloud ²	52	39	38
Phoenix	253 16	89 10	109	Mississippi: Biloxi ²	78	30	33
Prescott	121	43	57	Jackson	75	25	25
Arkansas:	72.	1	1	Missouri:			
Fayetteville	50	16	14	Columbia ²	68	20	27
Little Rock ²	290	85	98	Kansas City	125	44 21	37 27
California:	70	15	16	Poplar Bluff ²	79 118	63	70
Fresno	70 68	28	29	Montana:	110		1
Long Beach	640	188	156	Fort Harrison	44	20	24
Los Angeles (Wadsworth)	285	115	116	Miles City ²	31	12	7
Los Angeles (Brentwood)	97	68	71	Nebraska:	•		1
Martinez	52	13	16 54	Grand Island ²	3 18	1 12	13
Palo Alto ²	138 166	45 53	67	Lincoln	147	27	31
San Diego ²	147	41	35	Nevada: Reno ²	22	-6	2
Sepulveda ²	194	108	96	Omaha Nevada: Reno ² New Hampshire: Manchester ²	164	42	44
Colorado:			1	New Jersey:			
Denver	101	41	42	East Orange ²	135	65 10	87 20
Fort Lyon ²	32 36	25 13	25 12	Lyons ²	29 108	46	47
Connecticut:	36	13	'2	New York:	,,,,	1	1
Newington	102	30	31	Albany ²	56	24	24
West Haven ²	67	17	22	Batavia	2		1
Delaware: Wilmington	190	69	74	Bath ²	1		
District of Columbia: Washington	189	86	95	Bronx	9 10		3 7
Florida:	407	164	144	Brooklyn ² Buffalo ²	43		24
Bay Pines ²	407 189	63	76	Canandaigua ²		l	
Lake City ²	47	14	19	Castle Point ²	12	3	6
Miami ²	279	79	99	Montrose ²	1		2
Tampa	308	90	124	New York	3		2
Georgia:				Northport		6	4 6
Atlanta	206	50 85	104	Syracuse ²	2		1
Augusta ²	147 16	6	6	Durham	103	29	39
Hawaii: Honolulu (RO)	15	4	ž	Fayetteville ²	81		32
Idaho: Boise	69	21	18	Asheville ²	110		50
Illinois:		_		Salisbury ²	42		25 20
Chicago (West Side)	260	77	80 81	North Dakota: Fargo ²	48	20	20
Chicago (Lake Side) Danville ²	244 49	69 19	18	Chillicothe ²	182	132	131
Downey ²	77	64	60	Cincinnati ²	181		72
Hines	383	143	174	Cleveland ²	180		76
Marion	163	56	48	Dayton ²	129	54	58
Indiana:				Oklahoma:	450		31
Fort Wayne ²	55	14	11	Muskogee	152 230		43
Indianapolis ²	90 44	31 23	33	Oregon:	230	1	1
Marion		23		Portland	204		68
Des Moines	130	37	40	Portland	46	19	31
lowa City	186	54	56	Pennsylvania:		1	1
Knoxville ²	5	4	4	Altoona ²	40 29		15 19
Kansas:	89	29	28	Coatesville ²	51		121
Leavenworth ²	71	48	41	Erie ²	37		15
Wichita	26		14	Lebanon ²	40		31
Kentucky:				Philadelphia	299		107
Lexington ²	147		75	Pittsburgh (General) ²	105		47 22
Louisville	138	39	31	Pittsburgh (Psychiatric)	15 71		37
Louisiana:		15	15	Wilkes-Barre	127		41
Alexandria ²	54 179		45	Rhode Island: Providence	114	1	35
Shreveport	149		45	South Carolina:	Ì	İ	
Maine: Togus ²	79		34	Charleston	45		15
Maryland:	\	1	1	Columbia ²	116	54	70
Baltimore	103		24	South Dakota:	18	9	11
Fort Howard ²	33		12 21	Fort Meade	18		5
Perry Point ²	14	21	21	Sioux Falls ²	62		19
Massachusetts: Bedford ²	77	65	63	Tennessee:			
Boston	132		49	Memphis	109		32
Brockton ²	42	25	25	Mountain Home ²	152		90
DIOCKLOSSIC				II Bd., of year the rest		2	1 1
Northampton ²	55 11		68	Murfreesboro ²	150		57

TABLE 35

EXTENDED CARE TABLE 35 - Continued

Community Nursing Homes: Patients Admitted, Average Daily Nursing Census, Remaining During - Fiscal Year 1975

Hospital	Patients Admitted 4	Average Daily Nursing ' Census ¹	Remaining in Nursing Home June 30, 1975	Hospital	Patients Admitted 4	Average Daily Nursing Census ¹	Remaining in Nursing Home June 30, 1975
Texas:				Washington:			
Amarillo	46	14	20	American Lake ²	16	13	15,
Big Spring	64	27	33	Seattle	280	79	74
Bonham ²	44	16	17	Spokane	90	25	30
Dallas	237	84	95	Vancouver	114	39	45
Houston ²	316	98	107	Walla Walla	26	10	15
Kerrville ² ,	80	30		West Virginia:			
Marlin	29	13	13	Beckley ²	37	8	16
San Antonio ²	223	65	63	Clarksburg	102	29	42
Temple	142	65	64	Huntington	148	50	52
Waco ²	80	53	50	Martinsburg	172	62	91
Utah: Salt Lake City ²	27	10	12	Wisconsin:		l l	
Vermont:				Madison	69	20	18
White River Junction ²	3	2	3	Tomah ²	4	6	6
Virginia:				Wood ²	297	94	96
Hampton ²	99	25	52				
Richmond	59	28	27	Cheyenne ²	21	6	10
Salem ²	154	81	73	Sheridan	25	38	32

¹Based on Total patients days of care during fiscal year divided by number of days in year.

²Indicated hospitals having a VA nursing bed unit in operation.

⁴Note: Admissions are placed by VA Hospitals (and RO Honolulu, RO Juneau) having jurisdictional authority.

⁵Overall total excludes transfers; included in the individual station data in year.

Indicated hospitals having a VA nursing bed unit in operation.

Excludes 151 patients in absent sick in hospital status.

EXTENDED CARE TABLE 36

State Nursing Homes, State Home Domiciliaries, State Hospitals: Patient Turnover - During Fiscal Year 1975

State (varsing fromes, State frome Donnelmaries, State frospinals, Patient Parnove	r = During 1 is	T	т
l tem	State Nursing	State Domiciliary	State Hospital
Patients remaining June 30, 1974	4,111	5,765	1,034
Total gains during fiscal year 1975	6,857	16,951	6,381
Direct admissions Admissions from State Home Domiciliary, Nursing, Hospitals. From leave of absence	2,006 1,744 3,107	5,114 1,533 10,304	3,769 2,177 435
Total losses during fiscal year 1975	6,871	17,060	6,379
Deaths	909 1,211 1,615 3,136	257 4,514 1,635 10,654	519 2,981 2,431 448
Patients remaining, June 30, 1975	4,097	5,656	1,036
Average daily patient census, fiscal year	4,123	5,849	1,013
Patients treated	7,832	12,062	6,967

NOTE: F.Y. 1974 data of 12333 was incorrect; Change to 13598

Outpatient Medical Care: Purpose of Visit, Staff, Fee - Fiscal Year 1975

Purpose of Visit	Total	Staff	Fee
Total	14,629,517 353,590 1,951,618 4,895,716	12,595,514 323,085 1,948,907 3,364,841	2,034,003 30,505 2,711 1,530,875
Insurance Aid and attendance Prebed care Outpatient treatment (Non-service connected) ² . Non-bed care ³ Other ¹	541,158 62,647 4,346,127	124,319 62,647 4,300,032 57,308 2,414,375	416,839 46,095 6,978

¹Includes medical care for veterans receiving vocational rehabilitation training; beneficiaries of certain foreign countries and other Federal agencies, employees engaged in certain types of medical care; and first aid to employees, when treated by a physician.

TABLE 38

EXTENDED CARE

Outpatient Dental Care: (Class 1-V1) Applications, Staff, Fee - Fiscal Years 1969-1975

Applications	Fiscal Year							
	1969	1970	1971	1972	1973	1974	1975	
Pending, beginning of fiscal year	21,355 180,015	49,466 248,485	68,027 301,501	64,573 309,606	64,530 257,388	39,684 219,564	41,611 239,182	
Received during year	201,370 151,904	297,951 229,924	369,528 304,955	374,179 309,649	321,918 282,234	259,248 217,637	280,793 45,910	
Pending, end of year	49,466	68,027	64,573	64,530	39,684	41,611		

TABLE 39

EXTENDED CARE

Outpatient Dental Care: Examinations and Treatment Cases Completed, Staff, Fee Fiscal Years 1969 – 1975

	Examin	ation Cases Com	pleted	Treatment Cases Completed		
Fiscal Year	Total	By VA Staff Dentists ¹	By Fee Basis Dentists (Net Authorizations)	Total	By VA Staff Dentists ²	By Fee Basis Dentists (Net Authorizations)
1975 1974 1973 1972 1971 1970	227,777 256,738 239,354 180,890 121,508	85,802 79,674 114,199 142,919 147,794 131,542 102,593	113,578 113,819 91,560 49,348	214,561 235,965 248,388 248,692 228,388 135,790 92,712	83,670 79,498 82,916 82,873 82,724 81,110 71,162	130,891 156,467 165,472 165,819 145,664 54,680 21,550

Includes prebed care, Post-Hospital care, etc. cases.

²Data were previously designated Post Hospital Care.

³Data were previously designated trial visit.

Includes prebed care, Fost-nospital care, etc. cases.
Includes patients whose dental treatment was completed in posthospital (PHC) status.

³Reporting of data discontinued; made integral part of treatment cases completed.

Prescriptions Filled for VA Patients by VA and Community Pharmacies - Fiscal Year 1975

Patient Category	Prescriptions Filled
Total	35,760,058
Hospital Inpatients-Total	13,377,767
Outpatients-Total Other Federal Aid and attendance and housebound Employees All other outpatients (Service-connected, etc.) Staff prescriptions Fee-basis prescriptions	22,382,29
Aid and attendance and housebound	145,34
Employees	181,61
Staff prescriptions	20,253,244 18,344,00
	4,038,289
Fee-basis prescriptions filled by community pharmacies	1942,55

¹Not included in total.

CONSTRUCTION

TABLE 41

Replacement and Relocation Hospital Construction Projects Fiscal Year 1975 – 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 Awarde	
Total, 15 Projects	7,862	789,021,942	58,685,658	7		
A. Project completed ⁴ in fiscal year 1975 Total, 2 Projects	(1,280)	15,874,178	15,874,178	100		
California: San Francisco (Boiler Plant)	(460) (820)	1,373,400 14,500,778	(⁵)	100 100	December, 1974 March, 1975	(C)
B. Projects under construction ⁶ 6-30-75 Total, 4 Projects	2,482	165,586,635	42,811,480	26		
California: Loma Linda PH-1 PH-2 Los Angeles PH-2 San Francisco New York: Bronx PH 1 PH 2 PH 3 PH 4 PH 5 PH 6 PH 7	500 (500) 820 460 702 (702) (702) (702) (702) (702)	15,708,629 42,473,061 62,305,500 14,700,300 4,912,600 10,748,145 3,736,000 205,800 2,691,000 6,888,000 1,217,600	11,795,721 0 14,024,812 12,862,512 4,128,435 0 0 0 0 0	74 22 89 84 0 0 0	May, 1974 May, 1975 October, 1974 July, 1972 June, 1974 October, 1974 June, 1975 June, 1975 June, 1975 June, 1975 June, 1975	(A) (A) (A) (A) (A) (A) (A) (A) (A)
C. Projects authorized ⁷ not under construction 6-30-75 Total, 9 Projects	5,380	607,561,129				
Arkansas: Little Rock Florida: Bay Pines Georgia: Augusta (Reloc.) Maryland: Baltimore (New York: Bronx (Phs. 8-11)) Virginia: Richmond Washington: Seattle West VA.: Martinsburg Philadelphia/S. New Jersey Portland/Vancouver	720 General 720 General 440 General 450 General (702) General 820 General 250 General 500 General 640 General					

<sup>Includes receiving, recovery and Nursing Home Care Beds.
Construction anticipated, issued, awarded, including contingencies.
Based on general construction only.
Major general construction contract completed. Minor Construction and landscaping may remain to be accomplished.</sup>

⁵ Same as value of construction issued or awarded when project is financially

complete

**Onder construction when major general construction contract has been awarded.

Authorized when funds are appropriated for construction, technical services, or site acquisiton

TABLE 42 CONSTRUCTION

Modernization Construction Projects, ¹ Fiscal Year 1975 - Completions and Year End Status

Location	Description	Estimated Construction Costs	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A) ³
Totai	14 Projects	130,778,442	20,122,132	15	
A. Projects completed, Total	0 Projects	0	0]
B. Projects under Construction, Total	4 Projects	35,086,822	20,122,132	57	
Arizona : Phoenix		18,437,678	16,899,081	92	February 1972 (A)
Virginia : Hampton C	# 10	3,312,177	3,223,051	97	October 1972 (A)
Massachusetts: West Roxbury PH-1	Spinal Cord Rehabilitation Center & Modernize Bldg. #1	10,648,967	2	!	June 1975 (A)
New York : St. Albans (Brooklyn)	Bldgs. 85, 86, 92, 93, & Electrical PH-1	2,688,000	2	0	June 1975 (A)
C. Projects Not Under Construction,	10 Projects	95,691,600			
Colorado : Denver Idaho : Boise Arizona : Phoenix Kansas : Wichita	Clinical Support Wing and Air Conditioning New Clinical Support Facilities Modernization & Expansion PH-II. Modernization - Additions and Alterations	14,930,900 5,209,700 7,374,000 3,870,000			
Massachusetts: West Roxbury PH-II	Spinal Cord Rehabilitation Center & Modernize Bldg. #1	6,258,800			
South Carolina: Columbia PH-I : Columbia PH-II : Columbia Wisconsin : Madison New York : St. Albans	Modernization of various Bldgs Boiler Plant Expansion	39,743,300 5,407,000 505,000 10,992,900 1,400,000			

¹Projects 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.

²Same as value of construction issued or awarded when project is financially complete.

³For Purchase and Hire Projects, the date the station reports construction

started.

Nursing Home Care Units Construction Projects, \(^1\) Fiscal Year 1975 - 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	2255	42,300,771	11,663,454	28			
A. Projects completed, Total	7 Projects	555	5,115,345	5,115,645	100			
California : Long Beach		180 ⁴ 40 94 90 53 48 50	2,980,800 277,299 395,572 649,999 352,286 287,097 172,292	(2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100	December March March July January July November	1974 1975 1975 1974 1975 1974	(C) (C) (C) (C) (C)
B. Projects under Construction, Total	10 Projects	998	13,134,414	6,547,809	50			
Project 1,000,000 and over	5 Projects	607	11,039,503	5,072,479	46			
Alabama : Tuscaloosa		120 120 ⁴ 42 205 120	2,612,241 3,100,559 1,049,360 1,278,343 2,999,000	1,654,918 2,392,252 196,403 828,906 0	63 77 19 65 0	March June March April May	1974 1974 1975 1974 1975	(A) (A) (A) (A)
Projects under 1,000,000	_5 Projects	391	2,094,911	1,475,330	70			
C. Projects not under construction, Total	10 Projects	702	24,051,012					
Projects 1,000,000 and over	4 Projects	420	20,333,312					
Arizona : Phoenix	_	120 60 120 120	4,753,000 1,778,300 10,485,000 3,317,012					
Projects under 1,000,000	6 Projects	282	3,717,700					

¹Projects 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.

²Same as value of construction issued or awarded when project is financially

³ For Purchase & Hire Projects, the date the station reports construction started.

4 Includes Rehab. Beds.

Research & Education Facilities Construction Projects, Fiscal Year 1975 - Completions and Year End Status

Location	Туре	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)		
Total	22 Projects	48,407,904	8,451,071	17			
A. Projects Completed, Total	6 Projects	5,843,761	5,843,761	100			
California : San Diego	6 FIr. Res. Activ. Case Wrk & Equipment 6 FIr. Res. Activ. Case Wrk, Center Core Install C.C.T.V. System Bldgs. 1, 7 1a Education Bldg #54 Research Addition Research Addition	202,971 14,858 53,470 420,962 2,965,400 2,186,100	(2) (2) (2) (2) (2) (2)	100 100 100 100 100 100	August February January February April April	1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)	
B. Projects Under Construction, Total	5 Projects	5,234,143	2,607,310	50			
Projects 1,000,000 and over, Total	1 Project	3,817,763	2,140,893	56			
Pennsylvania: Philadelphia	Research Additions	3,817,763	2,140,89?	56	August	1972 (A)	
Projects under 1,000,000, total	4 Projects	1,416,380	466,417	33			
C. Projects not under construction, Total	11 Projects	37,330,000					
Projects 1,000,000 and over, Total	7 Projects	35,848,500					
California : Long Beach Florida : Miami	Addition Research & Education Addition and Psychiatric Addition Addition Alterns. for Research & Education Addition Research & Education Addition Research & Education Addition Research & Education	7,076,300 7,247,200 3,722,000 1,122,600 6,079,900 4,988,200 5,612,300					
Projects under 1,000,000	4 Projects	1,481,500					

¹Projects 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.

²Same as value of construction issued or awarded when project is financially complete.

³ For Purchase & Hire Projects, the date the station reports construction started.

Other Improvement Construction Projects, Fiscal Year 1975 - 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					L	
Total	28 Projects	82,471,192	29,788,183	36		
A. Projects Completed, Total	. <u>6</u> Projects	17,812,541	17,812,541	100	1	
California : Long Beach		2,562,215	(²)	100	December	1974 (C)
Nebraska : Omaha	Auxiliary Electric Power	4,898,528 4,594,515 425,352	(²) (²) (²)	100 100	June May	1975 (C) 1975 (C)
South Carolina: Charleston		203,331 5,128,600	(²)	100 100 100	August October January	1974 (C) 1974 (C) 1975 (C)
Projects Under Construction, Total	9 Projects	24,825,761	11,975,642	48		
Projects \$1,000,000 and over, Total	7 Projects	24,587,761	11,975,642	49	1	
Alabama : Tuscaloosa	Outpatient Clinic & Remodle	2,397,911	2,330,159	97	November	1973 (A)
Kansas : Leavenworth	Auditorium	5,671,818 4,078,246	3,292,663 3,725,162	58 91	May June	1974 (A) 1973 (A)
North Carolina: Fayetteville	. *	2,067,430 5,679,827	1,855,841	89	October June	1973 (A) 1974 (A)
West Virginia: Huntington Texas : Kerrville		2,227,529 2,465,000	771,819 0	35 0	July June	1974 (A) 1975 (A)
Projects Under \$1,000,000, Total	<u>2</u> Projects	238,000	<u>0</u>	<u>0</u>		
Projects Not Under Construction Total .	13 Projects	39,832,890				
Projects \$1,000,000 and over Total	<u>10</u> Projects	38,361,290			_	
Arkansas : Fayetteville California : Sepulveda Georgia : Augusta Mississippi : Biloxi (G. P. Div.) Missouri : Poplar Bluff Nebraska : Lincoln Pennsylvania : Lebanon Tennessee : Mt. Home Texas : Kerrville Virginia : Salem		2,732,600 8,400,200 3,647,000 1,100,900 2,637,400 2,944,400 7,082,200 1,569,200 2,335,100 5,911,500				
Projects Under \$1,000,000 Total		1,471,600				
Other Improvement - Construction Project	its					
Total	601 Projects	254,937,751	55,931,270	22		
Projects Completed, Total	101 Projects	28,037,004	28,037,004	100		
Alabama : Birmingham		183,384	(2)	100	June	1975 (C)
: Montgomery	8 Bed GPICU; 20 Bed Resp. Care &	63,248	(²)	100	October	1974 (C)
: Montgomery	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab.	63,248 261,920	$\binom{2}{2}$	100	August	1974 (C)
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr.	63,248 261,920 190,000 162,575	(²) (²) (²)			
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse	63,248 261,920 190,000 162,575 199,977	(2) (2) (2) (2) (2) (2)	100 100 100 100	August April October June	1974 (C) 1975 (C) 1974 (C) 1975 (C)
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion	63,248 261,920 190,000 162,575 199,977 892,400	(²) (²) (²) (²) (²)	100 100 100 100 100	August April October	1974 (C) 1975 (C) 1974 (C)
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab.	63,248 261,920 190,000 162,575 199,977 892,400 570,930	(²) (²) (²) (²) (²)	100 100 100 100 100	August April October June March February	1974 (C) 1975 (C) 1974 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1.	63,248 261,920 190,000 162,575 199,977 892,400	(²) (²) (²) (²) (²)	100 100 100 100 100	August April October June March	1974 (C) 1975 (C) 1974 (C) 1975 (C) 1975 (C)
Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1 Comb. 3 Bed Re; 4 Bed Surg. & 7 Med. ICU.	63,248 261,920 190,000 162,575 199,977 892,400 570,930 22,942	(2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100	August April October June March February March	1974 (C) 1975 (C) 1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1 Comb. 3 Bed Rec; 4 Bed Surg. & 7 Med. ICU. Construct Nuclear Medicine Unit 4 FI. W. Wing Seismic Reinforcement of Bldg 114	63,248 261,920 199,000 162,575 199,977 892,400 570,930 22,942 30,475	(2) (2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100 100	August April October June March February March March	1974 (C) 1975 (C) 1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa : Tuscaloosa : Tuscaloosa Arizona : Phoenix : Prescott : Prescott Arkansas : Little Rock (LRD) : Little Rock (NLRD) California : Livermore : Livermore : Palo Alto (MP)	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1 Comb. 3 Bed Rec; 4 Bed Surg. & 7 Med. ICU. Construct Nuclear Medicine Unit 4 FI. W. Wing Seismic Reinforcement of Bldg 114 & 137	63,248 261,920 190,000 162,575 199,977 892,400 570,930 22,942 30,475 329,020 427,538 388,950	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100 100 100 100 100	August April October June March February March February May	1974 (C) 1975 (C) 1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa : Tuscaloosa : Tuscaloosa Arizona : Phoenix : Prescott : Prescott Arkansas : Little Rock (LRD) : Little Rock (NLRD) California : Livermore : Livermore : Palo Alto (MP)	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1. Comb. 3 Bed Rec; 4 Bed Surg. & 7 Med. ICU. Construct Nuclear Medicine Unit 4 Fl. W. Wing Seismic Reinforcement of Bldg 114 & 137 Additional Space for Medical Serv.	63,248 261,920 199,000 162,575 199,977 892,400 570,930 22,942 30,475 329,020 427,538 388,950 68,783	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100 100 100 100 100	August April October June March February March February May January October	1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa : Tuscaloosa : Tuscaloosa Arizona : Phoenix : Prescott : Prescott Arkansas : Little Rock (LRD) : Little Rock (NLRD) California : Livermore : Livermore : Palo Alto (MP) : Palo Alto : San Diego	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1. Comb. 3 Bed Rec; 4 Bed Surg. & 7 Med. ICU. Construct Nuclear Medicine Unit 4 FI. W. Wing Seismic Reinforcement of Bldg 114 & 137 Additional Space for Medical Serv. Nuclear Medicine	63,248 261,920 190,000 162,575 199,977 892,400 570,930 22,942 30,475 329,020 427,538 388,950 68,783 427,539	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100 100 100 100 100	August April October June March February March February May January October May	1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa : Tuscaloosa : Tuscaloosa Arizona : Phoenix : Prescott : Prescott Arkansas : Little Rock (LRD) : Little Rock (NLRD) California : Livermore : Livermore : Palo Alto (MP) : Palo Alto : San Diego : San Diego	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1. Comb. 3 Bed Rec; 4 Bed Surg. & 7 Med. ICU. Construct Nuclear Medicine Unit 4 FI. W. Wing Seismic Reinforcement of Bldg 114 & 137 Additional Space for Medical Serv. Nuclear Medicine Gastroenterology Unit	63,248 261,920 190,000 162,575 199,977 892,400 570,930 22,942 30,475 329,020 427,538 388,950 68,783 427,539 79,664	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100 100 100 100 100	August April October June March February March March May January October May March	1974 (C) 1975 (C) 1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)
: Tuscaloosa	8 Bed GPICU; 20 Bed Resp. Care & Pulm Funct. Lab. Warehouse Expansion Relocation of Processing Distr. Ctr. New Warehouse Outpatient Expansion 19 Bed Resp. Care & Pulmonary Fct. Lab. Install Grab Bars in Toilet Bldg. 1. Install Grab Bars in Toilet Bldg. 1. Comb. 3 Bed Rec; 4 Bed Surg. & 7 Med. ICU. Construct Nuclear Medicine Unit 4 FI. W. Wing Seismic Reinforcement of Bldg 114 & 137 Additional Space for Medical Serv. Nuclear Medicine Gastroenterology Unit Safety Equipment for Lab. Endocrine Metabolic Res Lab.	63,248 261,920 190,000 162,575 199,977 892,400 570,930 22,942 30,475 329,020 427,538 388,950 68,783 427,539	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	100 100 100 100 100 100 100 100 100 100	August April October June March February March May January October May March March	1974 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C) 1975 (C)

Other Improvement Construction Projects, Fiscal Year 1975 – Completions and Year End Status

	Location	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Comp	onstructio deted (C) o t Award (
onnecticut:	Newington	8 Bed combined medical & Coronary;					
		5 Bed Surgical ICU	385,900	(²)	100	March	1975 (C)
:	Newington	O. P. C. Expansion & Alterations Bldg. #1	1,553,572	(²)	100	March	1975 (C)
:	West Haven	New Warehouse	218,900	(²)	100	April	1975 (C)
olorado :	Denver	Outpatient Expansion	962,525	(²)	100	March	1975 (C)
	Grand Junction	15 Bed Respiratory Care Unit	196,610	(2)	100	January	1975 (C)
•			353,308	121	100	August	1974 (C)
. :	Fort Lyon	Emergency Generator	393,300	٠,	100	August	1374 (0)
elaware :	Wilmington	Mod. & Expansion of O.P.C. &	204 570	12 \	400	l	1075 (0)
	,	Admission Activities	384,573	(²) (²)	100	January	1975 (C)
orida :	Gainesville	Records Storage Building	43,307	(2)	100	December	1974 (C)
orgia :	Atlanta	Addition to Emergency & Critical	. 1			i	
-		Power System	23,091	(²)	100	December	1974 (C)
nois :	Danville	6 Bed GP & 3 Bed Corr Care Unit	174,590	(2) (2)	100	December	1974 (C)
	Danville	Modernize Electrical Distribution Cable	138,536	(²)	100	December	1974 (C)
:	Hines	Enclose two stairwells Bldg. 12	106,600	(2 j	100	April	1975 (C)
:	Hines	Somat Enclosure Bldg. 200	126,535	(2)	100	March	1975 (C)
:				(2)	100	June	1975 (C)
-	Hines (DC)	Emergency Elect Service; Addl. A/C	229,041	(2)		l .	
liana :	Fort Wayne	Nursing Station Alteration	61,780	(-)	100	August	1974 (C)
:	Marion	Construct Connecting Corridors					403410
		Bldgs. 134-138	168,269	(²)	100	September	19/4 (C)
:	Marion	Connecting Corridors Bldgs 15, 16 & 17	103,200	_		i	
va :	Des Moines	Additional Stairwell Bldg #4	33,751	(²)	100	January	1975 (C)
	Des Moines	Warehouse Wing Addn. Bldg #10	167,859	(²)	100	January	1975 (C)
nsas :	Wichita	Install CCTV system	53,470	(2)	100	January	1975 (C)
		Upgrade and extend fire Alarm	83,270	121	100	April	1975 (C)
ntucky :	Louisville			121	100	September	
	Boston	Modernize Elevator System	684,696	121			
:	Brockton	60-Bed Spinal Cord Injury Unit Bidg. 8	1,503,100	(²)	100	March	1975 (C
:	Northampton	19 Bed Respiratory Care Unit & Pulm.			j		
		Function Lab	228,209	(<u>²</u>)	100	November	1974 (C
:	Northampton	4 Bed GPICU	71,600	(²)	100	November	1974 (C)
:	West Roxbury	Outpatient Service and Admitting Area	345,447	(²)	100	July	1974 (C
chigan :	Allen Park	Flammable Liquid Storage Bldg 13	59,488	(2 j	100	October	1974 (C
gan .	Allen Park	Nuclear Med Renovation	83,664	(2)	100	December	
		Central Gas & Vacuum Distribution	428,021	121	100	August	1974 (C
	Allen Park			2	100		1975 (C
:	Ann Arbor	Exit From Surgery	68,200	(2) (2) (2)		April	
:	Ann Abror	Install Fire Dampers In HVAC Bldg 1	78,748	(2)	100		1975 (C)
:	Iron Mountain	Emergency Generator	294,320	(²)	100	September	
ssouri :	Popular Bluff	Emergency Generator for ICU	93,215	(²)	100	August	1974 (C)
:	St. Louis (JBD)	58 Bed Spinal Cord Injury Unit	1,562,341	(²)	100	March	1975 (C)
ntana :	Miles City	Additional Stairwell Bldg 1	106,472	(2) (2) (2) (2) (2)	100	June	1975 (C
vada :	Reno	Remodel Bldg #1-A (PH 1 & 2)	119,747	(²)	100	May	1975 (C
w Mexico:	Albuquerque	A/C Surgery Bldg #20	160,168	(2)	100	March	1975 (C
w York :	Bath	New Exterior Stairwell Bldg 76	109,873	<i>i</i> 2 j	100	April	1975 (C
W TURK .			324,150	24	100	January	1975 (C
:	Buffalo	Audio Visual Nurses Call System		(2) (2) (2)			
:	Canandaigua	Pulmonary Function Lab	72,199	(2)	100	September	
:	Canandaigua	Install Elevators in Bldgs 4 & 6	138,751	(2)	100	September	
:	Montrose	4 Bed GPICU	73,979	(2)	100	July	1974 (C
rth Carolin	a: Durham	Centralized Tray Service	256,643	(2)	100	May	1975 (C
:	Durham	Audio Visual Nurses Call System	284,280	(²)	100	March	1975 (C
:	Durham	Outpatient Clinic Expansion	2,355,749	(2) (2) (2) (2) (2)	100	November	1974 (C
:	Fayetteville	Respiratory Care Unit	192,780	(²)	100	February	1975 (C
io :	Brecksville	Upgrade and Extend Fire Alarm	56,000	(2) (2)	100	April	1975 (C
lahoma :	Oklahoma City	Day Hospital Unit	87,365	(²)	100	April	1975 (C
gon :		Relocate Emergency Shops Bldg 11	62,836	(2)	100	January	1975 (C
	Erie	O. P. Clinic Consolidation PH I	251,495	121	100	June	1975 (C
y . v d i i i d .			141,434	(2)	100	March	1975 (C
:	Philadelphia	Radiology Expansion	141,434	ν,	100	mai CII	1373 (6
:	Philadelphia	Conversion Ward 8E for Neurology	000 000	121	400	D	1074/0
		& Neurosurgery	262,282	(5)	100	December	
:	Philadelphia	Convert 7 W Porch Area for Psy Service	80,040	(²)	100	November	
:	Pittsburgh (UD)	O. P. Clinic Consolidation	762,600	(²)	100	July	1974 (C
:	Pittsburgh	5 Bed Intensive Care Unit	104,865	(²)	100	June	1975 (C
	a: Columbia	5 Bed Surgery and 6 Bed Cor ICU	253,832	(²)	100	July	1974 (C
	: Ft Meade	Drill Deep Water Well	52,804	(2)	100	October	1974 (C
	Ft Meade	6-Bed ICU	1,089,000	121	100	March	1975 (C
		Exit Stair Well E Wing Bldg 12	47.868	121	100	June	1975 (C
:	Hot Springs			(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)			
:	Hot Springs	6-Bed General Purpose Intensive Care	103,779	(2)	100	May	1975 (C
nessee :	Nashville	Modular Building	18,025	(*)	100	January	1975 (C
:	Murfreesboro	Relocate Dental Service Bldg I	891,920	(2)	100	December	
cas :	Houston	Exit Stairwells Bldgs 26C & 26D	289,542	(²)	100	February	1975 (C
:	Kerrville	20 Bed Respiratory Care Unit	141,273	(²)	100	February	1975 (C
:	Kerrville	6-Bed ICU	62,238	(2)	100	October	1974 (C
:	Kerriville	Disposal of Vacant Bldgs	103,776	121	100	September	
) ₂ (
:	Mc Allen	O. P. Clinic Expansion	30,170	(~)	100	October	1974 (C
	Waco	Enclose Stairs and Addl. Exits	160,923	(*)	100	February	1975 (C
:							
ih :	Salt Lake City	Expand Surgical Suite		(²)	100 100	August June	1974 (C 1975 (C

Other Improvement Construction Projects,\(^1\) Fiscal Year 1975 - Completions and Year End Status

	Location	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Comp	onstruction leted (C) or act Award (A)
Virginia :	Richmond	Install Case Work Bldg 409	77,841	(2)	100	October	1974 (C)
Washington:	American Lake	16 Bed Respiratory Care Unit & Pulmonary Function Lab	260,202	(2)	100	September	1074 (C)
	American Lake	Emergency Standby Electrical Syst	275,326	(²)	100	September	
:	Seattle	8 Bed Medical ICU	244,733	2	100	February	1975 (C)
:	Spokane	Emergency Power System	179,200	1 721	100	November	
:	Vancouver	6 Bed General Purpose ICU		(2) (2) (2) (2) (2) (2)	100	July	1974 (C)
West Virginia:	Martinsburg	Demolition Bldg 332	12,765	2	100	July	1974 (C)
Wisconsin :	Tomah	Change exit Door Swing	160,300	121	100	April	1975 (C)
************	Wood	Spinal Cord Injury Parking Lot	42,400	(2)	100	January	1975 (C)
:	Wood	Boiler Plant Addition; Soil and Concrete Testing	997,512	(²)	100	November	
	Wood	10 Bed Surgical ICU	102,415	(2)	100	September	
Wyoming :	Cheyenne	Alterations & Addition	693,494	(2)	100	December	
wyoning .	Cheyenne	Alterations & Addition	093,494		100	December	1974 (C)
B. Projects Under (Construction, Total	148 Projects	53,472,107	27,894,266	52		
Projects \$1,000,000	0 and over Total	<u>5</u> Projects	20,157,382	12,359,418	61		
California :	Los Angeles (WAD)	Design, Alteration & Construction for	44 700	44 455 515			4070 / * *
	n	Seismic Relocation of Patients	11,780,750	11,102,342	94	January	1972 (A)
idaha :	Palo Alto (PAD)	Outpatient Clinic Expansion	2,340,545	195,235	8	March	1975 (A)
Idaho	Boise	Seismic Correction of Various Buildings	2,371,171	99,105	4	April	1975 (A)
Missouri :	Kansas City	Clinical Improvements	1,991,337	962,236	48	July	1974 (A)
New Mexico :	Albuquerque	Outpatient Clinical Expansion	1,673,579	0	0	June	1975 (A)
Projects Under \$1,0	000,000 Total	143 Projects	33,314,725	15,534,848	47		
C. Projects Not Une	der Construction Total	352 Projects	173,425,640			•	
Projects \$1,000,000	and Over Total	31 Projects	90,121,738				
California :	Livermore	New Administration & Research Bldg	1,807,400				
:	Palo Alto	20-Bed Blind; 10 Bed Low Vision	, ,				
		Rehabilitation Center	2,637,300				
:	San Diego	Expansion of Radiology & Lab Svc	2,928,600	}			
Florida :	Bay Pines	Clinical Improvements	3,011,900				
:	Gainesville	Clinical Improvements (Pt. 1 Addn.)	6,600,300				
Illinois :	Hines	Outpatient Clinic	2,561,700				
:	Chicago (RES)	Outpatient Clinic Expansion	1,904,300				
Indiana :	Indianapolis	Clinical Improvements	2,420,000				
lowa :	lowa City	Parking Facilities	1,343,400				
:	Iowa City	Replace Boiler Plant	1,498,600				
Kansas :	Leavenworth	Consolidate Laundry Facilities	3,142,600				
Maine :	Togus	Clinical Improvement	1,122,700				
Massachusetts:	Boston	Outpatient Clinic	2,661,300				
Missouri :	Kansas City	Improvements to Outpatient Clinic	6,648,400				
	St. Louis (SLD)	Ambulatory Care Addition	2,093,500				
Nevada :	Reno	Clinical Improvements	11,623,000				
New Jersey :	East Orange	Emergency Generator & Correct					
A1 A2		Electrical Deficiencies	1,238,800				
New Mexico:	Albuquerque	Outpatient Clinic Expansion	2,233,238				
New York :	Brooklyn	Additional Elevators	1,459,200				
:	Brooklyn	Outpatient Clinic	3,491,600				
:	Buffalo	Outpatient Clinic Expansion	6,155,000				
:	New York	Emergency Generator & Electrical					
		Deficiencies	1,031,200				
North C	Syracuse	300 Car Multi Story Parking Garage	1,984,500				
North Carolina:	Durham	Multi Story Parking Garage	2,851,000				
Ohio :	Cleveland	Expansion Outpatient Clinic & Radiological Facilities	2,779,700				
Oklahoma :	Okiahoma	Outpatient Clinic	1,774,500				
Rhode Island :	Providence	Outpatient Clinic &	1,774,500				
minute islantu ;	Floridence	Admission Consolidation	3,299,500				
Texas :	Waco						
Vermont :		Replace Boiler Plant	1,465,800				
Vermont : West Virginia:	White River Jct	Clinical Improvements	3,200,500 1,840,100				
Wisconsin :	Huntington	Update Electrical Distribution System	1,040,100				
***************************************	TO (1801)	& Auxillary Electrical Generator	1,312,100				
Desires 11-1-60	200 000 T						
rrojects Under \$1,0	000,000 Total	321 Projects	83,303,902				

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.

²Same as value of construction issued or awarded when project is financially complete.

³ For Purchase & Hire Projects, the date the station reports construction started.

National Cemetery Projects, 1 Fiscal Year 1975 - Completions and Year End Status

Location	Description	Estimated Construction Cost	Value of Work in Place ¹	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Total	23 Projects	7,844,108	0	0	
A. Projects Completed, Total	0 Projects	0	٥		
B. Projects under construction, Total	2 Projects	122,308	0	0	
Projects under \$1,000,000	2 Projects	122,308	0	0	
C. Projects not under construction, Total	21 Projects	7,721,800			l
Projects \$1,000,000 and over	2 Projects	3,693,500			
Missouri: Jefferson Barracks	Develop 20 Acres and Additional Facils. Develop 38 Acres, Mausoleum/Columbarium	1,510,400 2,183,100			
D. Projects under \$1,000,000	19 Projects	4,028,300			

¹Projects in table include those approved by the Administrator and those in some stage of design for construction for which funds have been approved.

 $^{^2\}mbox{Same}$ as value of construction issued or awarded when project is financially complete.

Disability, Death: Number of Cases, Amount, Period of Service

	Number of	Average Annua Per C			penditures ousands)
Period of Service	Cases June 1975	June 1974	June 1975	Fiscal Year 1975	Cumulative Through June 1975
Grand total	4,854,847	\$1,330.42	\$1,495.68	\$7,358,070	\$126,622,148
Living veterans	3,226,701	1,437.43	1,631.43	5,371,807	
Service connected	2,220,169	1,447.32	1,699.25	3,797,330	
Non-service connected	364 1,006,127	3,816.12 1,415.28	4,349.27	1,593	507,369
Special acts	41	175.76	1,480.86 174.73	1,572,876 R	
Deceased veterans	1,628,146	1,117.28	1,226.63	2,013,264	
Service connected	368,955	2,046.22	2,375.44	860,167	
Non-service connected	1,259,160	842.88	890.03	1,153,089	
Special acts	31	222.17	218.32	7	
Civil War	399	1,143.12	1,184.90	470	8,221,167
Deceased veterans	399	1,143.12	1,184.90	470	
Non-service connected	9 382	2,069.45 1,139.95	2,513.33 1,168.84	22	
Special acts	8	264.00	270.00	446 2	
Indian wars	87	948.12	960.69	84	118,660
Deceased veterans	87	948.12	960.69	84	58,233
Service connected	1	1,764.00	2,064.00	2	
Non-service connected	85	948.00	957.32	82	
Special acts	1	144.00	144.00		
Spanish-American War Living veterans	25,665 997	1,082.88	1,144.45	29,406	5,140,873
Service connected	897	1,775.54 5,880.00	2,088.25 6,589.50	2,223 79	3,366,986
Non-service connected	989	1,748.43	2,051.84	2,144	
Deceased veterans	24,668	1,048.92	1.106.30	27,183	1,773,887
Service connected	253	2,418.26	2,837.08	727	
Non-service connected	24,405	1,035.41	1,088.71	26,453	
Special acts	10	246.60	235.20	3	
Mexican border service	940	993.71	982.33	1,050	4,189
Living veterans	383	1,340.28	1,395.20	630	2,695
Service connected	11	2,105.54	2,156.73	88	301
Deceased veterans	372 557	1,316.19 699.02	1,372.68	542	2,394
Service connected	33	2,340.00	698.43 1,948.00	419 6	1,494 21
Non-service connected	554	692.44	691.67	413	1,473
World War I	1,045,573	1,117.99	1,158.70	1,260,684	38,946,398
Living veterans	429,756	1,440.12	1,527.26	690,658	27,893,695
Service connected	54,679	2,098.92	2,384.95	133,262	9,547,154
Retired emergency officers	362	3,811.12	4,337.47	1,577	181,670
Non-service connected	374,714	1,349.44 120.00	1,399.40	555,819	18,164,871
Deceased veterans	615,817	861.84	120.00 901.50	570,026	11 052 702
Service connected	35,015	2,352.98	2,760.20	97,462	11,052,703 2,844,300
Non-service connected	580,802	771.77	789.44	472,564	8,208,403
World War II	2,611,831	1,310.38	1,477.74	3,920,517	56,635,853
Living veterans	1,880,007	1,378.35	1,565.61	3,006,241	43,134,319
Service connected	1,308,914	1,347.34	1,586.62	2,094,047	36,340,747
Non-service connected	571,093 731,824	1,455.18	1,517.45	912,194	6,793,572
Service connected	191,898	1,135.87 1,819.31	1,252.03 2,101.52	914,277 383,777	13,501,534 8,405,576
Non-service connected	539,926	882.72	950.10	530,500	5,095,958
Korean conflict	427,574	1,511.69	1,722.01	746,213	7,855,324
Living veterans	291,698	1,616.54	1,865.25	552,493	5,867,097
Service connected	240,038	1,629.44	1,915.36	463,762	5,337,527
Non-service connected	51,660	1,548.52	1,632.44	88,731	529,570
Deceased veterans	135,876	1,281.39	1,414.48	193,720	1,988,227
Service connected	39,350	1,937.97	2,233.69	88,392	1,271,864
Regular establishment	96,526 242,478	998.09 1,757.52	1,080.53 2,065.54	105,329 502,841	716,363 5,633,584
Living veterans	194,025	1,597.68	1,886.18	366,188	3,880,399
Service connected	193,983	1,598.04	1,886.49	366,166	0,000,000
Retired reserve officers	2	4,848.00	6,486.00	15	325,699
Special acts	40	176.88	176.10	8	
Deceased veterans	48,453	2,388.24	2,783.78	136,653	1,753,184
Service connected	48,441	2,388.84	2,784.42	136,650	
Special acts	500 300	175.44	218.00	2	2 971 570
Living veterans	500,300 429,835	1,593.64 1,504.34	1,843.24 1,748.98	923,805 753,373	3,871,570
Service connected	422,536	1,502.94	1,750.59	739,926	3,084,016 3,040,844
Non-service connected	7,299	1,597.28	1,655.58	13,447	43,172
Deceased veterans	70,465	2,143.58	2,418.22	170,431	787,554
Service connected	53,985	2,461.63	2,833.76	153,129	732,000
Non-service connected	16,480	949.58	1,057.00	17,302	55,554

Disability, Age Group, Period of Service - June 1975

		Grand Tot	al		Wor	ld War I				World War II	
Age Group	Total	Service Connected	Non- Service Connecte			Service- onnected	S	Non- ervice- nnected	Total	Service- Connected	Non- Service- Connected
Average age	56.3	51.	2 6	7.8	81.3	80.9		81.4	58.3	57.1	61.2
Total veterans	3,226,660	2,220,16	9 1,006,1	27 429	,393	54,679	;	374,714	1,880,007	1,308,914	571,093
		1		2							
Under 20	246	24									
20 to 24	33,403	32,92		81							
25 to 29	211,603	208,20					1				
30 to 34	105,125	102,43									
35 to 39	69,042	66,43					1	1	97	21	76
40 to 44	170,379	146,92					1			74,155	34,448
45 to 49	283,652	226,34			I		1		108,603		
50 to 54	640,597	530,26					1		581,790	473,692	108,098
55 to 59	583,433	458,15	4 125,2	279					536,547	411,975	124,572
60 to 64	339,296	234,48	3 104,8	112					316,461	211,971	104,490
			420.2						1,543,498	1,171,814	371.684
Under 65	2,436,776	2,006,40		-			+				
65 to 69	239,757	116,92	2 122,8		18		1	18	228,398	105,790	122,608
70 to 74	84,536	28,39	7 56,1	39 3	,040	332		2,708	75,077	21,700	53,377
75 to 79	182,410	33,57			050	22,776		126,274	30,067	7,693	22,374
80 to 84	225,583	28.70			,828	26,226		195,602	2,428	1,562	866
85 to 89	54,059	5,57			185	4,973	1	48,212	415	281	134
90 to 94	2,566	48			.042	324		1,718	63	48	15
95 and over	973	10		369	230	48		182	61	26	35
65 and over	789,884	213,76	50 575,7	761 429	,393	54,679		374,714	336,509	137,100	199,409
	<u> </u>	Korean Confli	ct		Vie	tnam Era			C	Mexican	R.E.O.
ŀ						1	т Т	Daniel .	Spanish- American	Border	and
Age Group	Total	Service- Connected	Non- Service- Connected	Total	Service- Connected	Carvi	ce-	Regular Estab- lishment	War ¹	Service ¹	R.R.O. ²
Average age	47.5	47.9	45.4	33.0	33.	5	30.1	46.	1 95.9	81.8	82.7
Total veterans	291,698	240,038	51,660	429,835	422,53	6	7,299	193,98	3 997	383	364
Under 20				246	24	a	2			.	
				33,403	32,92		481				
20 to 24				211,233	207,83		3,397	37			
			1 1	82,807	80,11		2,695	22.31		.	
30 to 34	4 COE	2,598	2.007	15,663	15.06		603	48.77		· ·	
35 to 39	4,605			23,608	23,53		70	37,20			1
40 to 44	109,473	86,163	23,310 22,826	26,307	26,27		31	27.72		1	
45 to 49	121,018	98,192	22,826	17,526	17,50		16	15,73			1
50 to 54	25,550	23,335	703	13,292	13.28		4	17,70			
55 to 59 60 to 64	15,886 8,120	15,183 7,798	322	4,635	4,63			10,07		B	1
Under 65	284,652	233,269	51,383	428,719	421,42	o .	7,299	179,90	06	.	1
		4.027	208	910	91	0		6.19	95		. 1
65 to 69	4,235	1,643	54	193	19			4.52			1
70 to 74	1,697		54	13	1			2,33			56
75 . 70	759	753	6	13	'	• ·····		58			211
75 to 79	327	321	2			.		29			72
80 to 84					1						
80 to 84	25	23			1			41	2 201	i in	9
80 to 84	25 3	23	1					11			4
80 to 84			1						20 65	1	

 $^{^{1}\}mathit{Service}$ connected and non-service connected are combined in S.A.W. and Mexican Border service.

²Emergency, provisional, probationary, temporary or reserve officers in receipt of retired pay under Public Law 2-73, 743, 262-77 or 351-81.

Terminations of Awards, Disability, Death - Fiscal Year 1975

		World	War I	World	War II	Korean	Conflict	Vietn	am Era					
Reasons for Terminations	Total	Service- Connected	Non- Service- Connected	Service Connected	Non- Service- Connected	Service- Connected	Non- Service- Connected	Service- Connected	Non- Service- Connected	Regular Estab- lishment	Civil War	Indian Wars	Spanish- American War	Mexican Border Service
Disability, total	210,443	5,876	76,056	24,333	75,002	3,094	6,105	14,339	1,545	3,542			478	73
Death of veteran	127,956	5,808	48,756	23,132	39,879	2,527	2,263	2,230	280	2,651			371	59
Disability less than 10 percent	3,927			177		117		3,432		201				
Disability less than permanent and total	501				304		141		56		1			
Estate in excess of \$1,500	408	14	48	94	128	31	19	39	6	26			3	
Excessive corpus of estate	353		191		154		6		1					1
Failure to cooperate	2,398		290	33	715	19	111	1,126	38	64			2	
Income provision	52,652		21,671		27,357		2,716		894				1	13
Person entitled is incarcerated	79		1		52		15		11					
Veteran on active duty or in receipt of retirement pay	1,543	1	5	62	24	45	1	1,333	4	68				
Failure to return questionnaire	6,073		1,631		3,783		502		151				6	
Miscellaneous ¹	14,553	53	3,463	835	2,606	355	331	6,179	104	532			95	
Death, total	292,260	1,856	50,195	17,005	168,569	4,107	28,244	7,596	3,470	7,442	64	13	3,659	40
Dependency not established or discontinued	136,303	48	1,747	2,937	106,211	1,458	17,409	2,425	337	3.713			17	1
Payee incarcerated	39		4	2	29		4							
Death of payee	53,483	1,686	28,231	11,200	5,259	1,544	240	718	27	1,429	64	13	3.047	25
Income provisions	47,002	2	9,623	211	29,433		4,827	869	1,670	239	l		8	8
Excess corpus of estate	490	1	262	17	188	5	10	1	5	1			.	
Person entitled (widow, child, parent) married	14,376	49	1,454	726	7,589	261	1,715	1,543	532	487			19	1
Failure to return questionnaire	5,782	2	1,897	45	3,198	13	317	155	102	37			14	2
Miscellaneous ¹	34,785	68	6,977	1,867	16,662	714	3,722	1,885	797	1,536			554	3

¹Includes temporary terminations.

Diasability: Class of Dependent, Period of Service - June 1975

		Total		World	d War I	World	l War II	Korean	Conflict
Class of Dependent	Number	Monthly Value	Average Monthly Value	Number	A verage Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	2,220,169	\$314,385,406	\$141.60	54,679	\$198.75	1,308,914	\$132.22	240,038	\$159.61
Veterans less than 50 percent disabled (no dependency benefit) Veterans 50 percent or more disabled Without dependents With dependents Wife only Wife, child or children Wife, child or children, and parent or parents Child or children only Child or children and parent or parents Child or children and parent or parents	1,737,221 482,948 116,123 366,825 177,696 159,167 3,525 2,055 16,021 615 7,746	101,991,024 212,394,382 51,386,098 161,008,284 75,411,327 70,141,538 2,008,146 1,138,344 7,336,138 373,122 4,599,669	58.71 439.79 442.51 438.92 424.38 440.68 569.69 553.94 457.91 606.70 593.81	35,779 18,900 7,114 11,786 11,516 219 1 48	77.04 429.15 435.38 425.39 425.18 435.20 1,015.00 420.25 399.50	1,040,252 268,662 57,808 210,854 124,990 72,477 1,543 1,350 6,353 193 3,948	58.36 418.19 428.24 415.43 411.87 407.44 516.35 527.02 425.53 554.64 574.25	182,435 57,603 11,305 46,298 13,254 27,118 742 293 3,229 153 1,509	60.25 474.32 473.63 474.48 473.24 461.07 634.86 631.06 469.93 645.07 609.62
Total dependents on whose account additional compensation was being paid	724,009 342,443 365,570 15,996			12,070 11,736 331 3		356,393 200,360 148,420 7,613		121,306 41,407 76,777 3,122	

	Vietna	ım Era	Regular Est	ablishment	Spanish-Am	erican War	Mexican 201	der Servic
Class of Dependent	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	422,536	\$145.88	193,983	\$157.21	8	\$549.13	11	\$179.82
eterans less than 50 percent disabled (no						ļ		
dependency benefit)	327,838	57.54	150,911	57.44			6	50.50
eterans 50 percent or more disabled	94,698	451.72	43,072	506.77	8	549.13	5	335.00
Without dependents	28,224	435.80	11,665	503.76	4	352.75	3	434.33
With dependents	66,474	458.48	31,407	507.89	4	745.50	2	186.00
Wife only	17,192	432.93	10,739	495.08	4	745.50	1	189.00
Wife, child or children	42,636	459.98	16,717	502.57	1			
Wife, child or children, and parent or parents	876	575.64	363	647.58				
Wife, parent or parents	299	553.77	113	676.05	ļ <i></i>			
Child or children only	4,081	473.95	2,309	502.75		1	1	183.00
Child or children and perent or parents	167	599.53	102	659.41				
Parent or parents only	1,223	587.42	1,064	651.68				
Total dependents on whose account addi-				1		i		
tional compensation was being paid	157,014		77,220		4		2	
				l .		1		
/ives	61,003		27,932		4]	
hildren	92,670		47,371				1 1	
arents	3,341		1,917					

Disability, Degree of Impairment, Type of Major Disability, Period of Service - June 1975

			Total		Tube	erculosis (L	ungs and f	leura)	Psychia	atric and N	eurologica	l Diseases	General I	Medical and	Surgical Co	onditions
Degree of Impairment	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total Tuber- culosis	Percent of Degree of Im- pair- ment	Average Monthly Value	Number	Percent of Total Psychi- atric and Neuro- logical Diseases	Percent of degree of im- pair ment	Average Monthly Value	Number	Percent of Total General Medical and Sur- gical Con- ditions	Percent of Degree of Im- pair- ment	Average Monthly Value
TOTAL																
	2,220,169	100.0	\$314,385,406	\$141.60	57,644	100.0	2.6	\$135.67	475,819	100.0	21.4	\$243.03	1,686,706	100.0	76.0	\$113.1
No disability	28,765	1.3	1,903,588	66.18	26,895	46.7	93.5	67.00			İ		1.870	0.1	6.5	52.0
10 percent	867,866	39.1	28,146,175	32,43	1,427	3.0	0.2	55.82	142,142	29.9	16.3	32.18	724,297	42.9	83.5	52.00 32.43
30 percent	344,756	15.5	20,618,976	59.81	6,241	10.3	1.8	73.03	25.591	5.4	7.4	60.22	312,924	18.6	90.8	59.50
40 percent	315,208	14.2	28,588,383	90.70	11,650	20.2	3.7	89.68	81,159	17.1	25.7	89.46	222,399	13.2	70.6	91.20
50 percent	180,626	8.1	22,733,902	125.86	1,461	2.5	0.8	126.32	25,996	5.5	14.4	123.90	153,169	9.1	84.8	126.19
60 percent	112,573	5.1	22,419,127	199.15	1,903	3.3	1.7	205.58	42,303	8.9	37.6	194.43	68,367	4.1	60.7	201.88
70 percent	117,217 78,394	5.3	42,179,273	359.84	1,483	2.6	1.3	345.25	19,194	4.0	16.4	307.69	96,540	5.7	82.3	370.43
80 percent	78,394 38,154	3.5 1.7	35,384,316	451.37	1,161	2.0	1.5	334.70	39,567	8.3	50.5	484.99	37,666	2.2	48.0	419.63
90 percent	13,215	0.6	18,197,585 6,971,958	476.95	1,851	3.2	4.9	384.46	10,499	2.2	27.5	491.64	25,804	1.5	67.6	477.60
100 percent	123,395	5.6	87,242,123	527.58 707.02	129	0.2	1.0	495.26	3,533	0.7	26.7	540.33	9,553	0.6	72.3	523.29
	. 20,000	3.0	07,242,123	707.02	3,443	6.0	2.8	634.72	85,835	18.0	69.6	683.30	34,117	2.0	27.6	773.96
WORLD WAR I												*****				
Total	54,679	100.0	\$10,867,234	\$198.74	8,098	100.0	14,8	\$149.25	10,858	100.0	19.9	\$302.64	35,723	100.0	65.3	\$178.38
No disability	763	1.5	46,968	61.55	476		62.4						1			
10 percent	9,244	16.9	360,615	39.01	27	5.9 0.3	62.4 0.3	67.14		· · · · <u>· · ·</u>			287	0.8	37.6	52.00
20 percent	13,058	23.9	932,841	71.43	5,579	68.9	42.7	59.11 73.78	631	5.8	6.8	40.27	8,586	24.0	92.9	38.85
30 percent	7,566	13.8	731,105	96.63	544	6.7	7.2	100.62	1,549 1,359	14.3 12.5	11.9	76.08	5,930	16.5	45.4	68.01
10 percent	5,148	9.4	684,758	133.01	278	3.4	5.4	136.68	893	8.2	18.0 17.3	98.54	5,663	15.9	74.8	95.78
0 percent	4,288	7.8	826,763	192.80	74	0.9	1.8	190.48	1,515	14.0	35.3	136.18	3,977	11.1	77.3	132.04
90 percent	4,456	8.2	1,629,550	365.69	100	1.2	2.2	441.08	696	6.4	15.6	193.42 269.17	2,699 3.660	7.6 10.3	62.9	192.52
70 percent	2,097	3.8	834,438	397.91	28	0.4	1.3	350.00	733	6.8	35.0	401.87	1,336	3.7	82.2 63.7	381.99
90 percent	1,269	2.3	548,263	432.04	13	0.2	1.0	452.23	331	3.1	26.1	388.55	925	2.6		396.75
100 percent	321	0.6	160,734	500.72	9	0.1	2.8	429.44	40	0.3	12.5	508.12	272	0.8	72.9 84.7	447.32 502.00
Ł	6,469	11.8	4,111,199	635.52	970	12.0	15.0	611.29	3,111	28.6	48.1	631.11	2,388	6.7	36.9	651.10
WORLD WAR II Total	1 200 244															
1	1,308,914	100.0	\$173,062,409	\$132.21	31,092	100.0	2.4	\$141.02	298,696	100.0	22.8	\$210.95	979,126	100.0	74.8	\$107.91
lo disability	17,118 527,321	1.3	1,136,221	66.37	16,321	52.5	95.3	67.00					797	0.1	4.7	52.00
0 percent	194,474	40.3 14.9	17,024,077	32.28	719	2.3	0.1	60.79	102,599	34.3	19.5	32.10	424,003	43.3	80.4	32.27
FU percent	192,437	14.7	11,530,151 17,393,014	59.28 90.38	415	1.3	0.2	67.21	16,157	5.3	8.3	59.16	177,902	18.2	91.5	59.28
O percent	108,902	8.3	13,627,967	125.13	6,510 719	20.9	3.4	89.14	54,279	18.2	28.2	89.21	131,648	13.5	68.4	90.92
U percent	67,560	5.2	13,367,162	197.85	1,208	2.3 3.9	0.7	124.60	17,174	5.8	15.8	123.00	91,009	9.3	83.5	125.54
O percent	69,316	5.3	24,712,850	356.62	1,016	3.9	1.7	208.53	24,886	8.3	37.0	193.57	41,466	4.2	61.3	200.11
O percent	44,493	3.4	20,181,922	453.59	965	3.3	1.5	337.27 330.79	11,377 22,546	3.8	16.4	297.96	56,923	5.8	82.1	368.57
O percent	22,095	1.7	10,182,199	460.83	1,667	5.4	7.5	381.75	5,896	7.6 2.0	50.7	499.55	20,982	2.1	47.1	409.86
U percent	6,857	0.5	3,488,072	508.68	108	0.4	1.6	492.50	1,653	0.6	26.7 24.1	481.09	14,532	1.5	65.8	461.68
00 percent	58,341	4.4	40,418,774	692.80	1,444	4.6	2.5	655.42	42,129	14.1	72.2	515.42 679.98	5,096 14,768	0.5 1.5	74.3 25.3	506.84 733.05
KOREAN CONFLICT														-+		
	240,038	100.0	\$38,313,197	\$159.61	10,894	100.0	4.5	\$ 96.01	45,112	100.0	18.8	\$331.33	184,032	100.0	76.7	\$121.29
Total							- 1	l.	1	- 1					- 0.7	VIL 1.20
lo disability	7.562	32	503 354	ا مع مع	7 201					,		1	I			
lo disability	7,562 85,011	3.2 35.4	503, 3 56	66.56	7,261	66.7	96.0	67.00	<u></u>				301	0.2	4.0	52.00
lo disability	85,011 36,991	3.2 35.4 15.4	503,356 2,774,013 2,199,622	32.63	256	2.3	0.3	64.40	9,827	21.8	11.6	32.29	74,928	40.7	88.1	32.57
lo disability	85,011	35.4	2,774,013						9,827 1,971 6,335	21.8 4.4 14.0	11.6 5.3 19.4	32.29 59.33 89.41				

50 percent	11,758 13,704 9,634 4,520 1,600 16,387	4.9 5.7 4.0 1.9 0.7 6.8	2,447,561 5,091,689 4,565,126 2,303,355 867,635 12,046,654	208.16 371.55 473.86 509.59 542.27 735.13	307 199 90 73 7 184	2.8 1.8 0.8 0.7 0.1 1.7	2.6 1.5 0.9 1.6 0.4 1.1	203.68 329.16 355.70 422.70 601.29 640.67	3,732 2,187 4,572 1,276 462 12,411	8.3 4.8 10.2 2.8 1.0 27.5	31.7 16.0 47.5 28.2 28.9 75.7	204.86 331.66 506.30 531.38 559.27 718.29	7,719 11,318 4,972 3,171 1,131 3,792	4.2 6.2 2.7 1.7 0.6 2.0	65.7 82.5 51.6 70.2 70.7 23.2	209.94 380.00 446.16 502.82 534.96 794.85
VIETNAM ERA	-															
Total	422,536	100.0	\$61,640,667	\$145.88	2,168	100.0	0.5	\$225.45	81,493	100.0	19.3	\$262.79	338,875	100.0	80.2	\$1 17.26
No disability 10 percent 20 percent 30 percent 40 percent 50 percent 70 percent 80 percent 90 percent	211 168,361 70,445 55,395 33,426 21,635 19,628 15,845 7,720 3,682 26,188	0.1 39.8 16.6 13.1 7.9 5.1 4.7 3.8 1.8 0.9	11,604 5,448,890 4,181,257 5,008,169 4,213,922 4,292,705 6,666,110 6,802,480 3,853,802 2,040,292 19,121,436	55.00 32.36 59.35 90.40 126.07 198.41 339.63 429.31 499.20 554.13 730.16	9 304 38 936 131 168 53 20 9 2 498	0.4 14.0 1.8 43.2 6.0 7.8 2.4 0.9 0.4 0.1 23.0	4.3 0.2 0.1 1.7 0.4 0.8 0.3 0.1 0.1	67.00 36.43 76.87 89.30 122.37 199.21 328.26 363.85 462.33 502.50 625.07	19,760 4,434 13,294 4,176 8,688 3,637 7,861 2,248 1,163 16,232	24.2 5.4 16.3 5.1 10.7 4.5 9.7 2.8 1.4	11.7 6.3 24.0 12.5 40.2 18.5 49.6 29.1 31.6 62.0	32.26 59.16 89.56 124.72 191.00 311.51 435.41 499.00 566.66 665.90	202 148,297 65,973 41,165 29,119 12,779 15,938 7,964 5,463 2,517 9,458	0.1 43.8 19.5 12.2 8.6 3.8 4.7 2.3 1.6 0.7	95.7 88.1 93.6 74.3 87.1 59.0 81.2 50.3 70.8 68.3 36.1	52.00 32.37 59.37 90.70 126.28 203.45 346.09 423.46 499.34 548.38 845.98
100 percent	20,100	0.2	15,121,430	730.10		25.0		020.07					-,		-	
Total	193,983	100.0	\$30,495,529	\$ 157.21	5.392	100.0	2.8	\$128.47	39,657	100.0	20.4	\$327.32	148,934	100.0	76.8	\$112. 95
			205,439	66.04	2,828	52.5	90.9	67.00	00,000				283	0.2	9.1	52.00
No disability	3,111 77,926 29,786	1.6 40.1 15.3	2,538,484 1,774,987	32.58 59.59	121 105	2.2 1.9	0.2 0.4	56.15 65.94	9,325 1,480 5,892	23.5 3.7 14.9	12.0 5.0 21.7	32.25 59.49 89.50	68,480 28,201 19,794	45.9 18.9 13.3	87.8 94.6 72.9	32.58 59.57 92.71
30 percent	27,163 12,925	14.0 6.7	2,493,907 1,655,165	91.81 128.06	1,477 103	27.4 1.9	5.4 0.8	89.03 123.01	1,414	3.6	10.9	124.07	11,408	7.7	88.3	128.60
50 percent	7,329	3.8	1,484,406	202.54 403.35	146 115	2.7 2.1	2.0 1.1	200.24 368.10	3,481 1,297	8.8 3.3	47.5 12.8	198.47 362.70	3,702 8,699	2.5 5.8	50.5 86.1	206.46 409.88
60 percent	10,111 6,324	5.2 3.3	4,078,280 3,000,048	403.35	58	1.1	0.9	349.79	3.855	9.7	61.0	491.50	2,411	1.6	38.1	450.03
				F40 74	89		3.5	385.92	748	1.9	29.3	530.61	1,713	1.2	67.2	512.97
80 percent	2,550	1.3	1,309,966	513.71		1.7									71.1	
90 percent	755	0.4	415,227	549.97	3	0.1	0.4	540.00	215	0.5	28.5	554.75	537	0.4	71.1 23.2	548.11
															71.1 23.2	
90 percent	755	0.4	415,227	549.97	3	0.1	0.4	540.00	215	0.5 30.1	28.5 74.6	554.75 695.97	537 3,706	0.4 2.5	23.2	548.11 811.10
90 percent	755	0.4	415,227	549.97	3	0.1	0.4	540.00	215	0.5	28.5	554.75	537	0.4		548.11
90 percent	755 16,003	100.0	\$4,393	\$49.97 721.09 \$549.13	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	0.5 30.1 100.0	28.5 74.6	\$54.75 695.97 \$727.00	537 3,706	100.0	87.5	\$623.71
90 percent	755 16,003 8	100.0	415,227 11,539,620 \$4,393	\$49.97 721.09 \$549.13	3 347	6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6 12.5	\$54.75 695.97 \$727.00	537 3,706	100.0	87.5	\$623.71
90 percent	755 16,003 8	100.0	415,227 11,539,620 \$4,393	\$49.97 721.09 \$549.13	3 347	6.4	0.4 2.2	540.00 624.80	215 11,950	0.5 30.1 100.0	28.5 74.6	\$54.75 695.97 \$727.00	537 3,706	100.0	87.5	\$623.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent	755 16,003 8	100.0	415,227 11,539,620 \$4,393	\$49.97 721.09 \$549.13	3 347	6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$727.00	537 3,706	100.0	87.5	\$623.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent	755 16,003 8	100.0	\$4,393 \$4,393	\$549.97 721.09 \$549.13	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$727.00	537 3,706	100.0	87.5	\$623.71 \$11.00
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 60 percent	755 16,003 8	100.0 12.5 12.5	\$4,393 \$4,393	\$549.97 721.09 \$549.13	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$54.75 695.97 \$727.00	7 3,706	100.0 100.0 14.0 14.0	87.5 100.0 100.0	\$523.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 60 percent 70 percent	755 16,003 8 1 1 1	100.0 12.5 12.5 12.5	\$4,393 \$4,393	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00	11,950	100.0	28.5 74.6	\$54.75 695.97 \$727.00	7 3,706	100.0	87.5	\$623.71 \$11.00
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 70 percent 80 percent	755 16,003 8	100.0 12.5 12.5	\$4,393 \$4,393	\$549.97 721.09 \$549.13	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$54.75 695.97 \$727.00	7 3,706	100.0 100.0 14.0 14.0	87.5 100.0 100.0 100.0	\$548.11 811.10 \$523.71 171.00 211.00 302.00
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 60 percent 70 percent	755 16,003 8	100.0 12.5 12.5 12.5	\$4,393 \$4,393	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	11,950	100.0	28.5 74.6	\$54.75 695.97 \$727.00	537 3,706	100.0 100.0 14.0 14.0	87.5 87.5 100.0 100.0 100.0	\$48.11 811.10 \$523.71 171.00 211.00 302.00
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 40 percent 50 percent 70 percent 70 percent 90 percent 90 percent	755 16,003 8	100.0 12.5 12.5 12.5	\$4,393 \$4,393 177 \$4,393	\$549.13 \$549.13 171.00 211.00 302.00	3 347	0.1 6.4	0.4 2.2	540.00 624.80	11,950	100.0	28.5 74.6	\$54.75 695.97 \$727.00	7 3,706	100.0 100.0 14.0 14.0	87.5 100.0 100.0 100.0	\$548.11 811.10 \$523.71 171.00 211.00 302.00
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 70 percent 80 percent 90 percent 90 percent MEXICAN BORDER SERVICE Total	755 16,003 8 1 1 1 1 5	100.0 12.5 12.5 12.5	\$4,393 \$4,393 177 \$4,393	\$549.13 \$549.13 171.00 211.00 302.00	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$727.00 \$727.00 \$377.50	7 3,706 7 1 1 1 1 4	100.0 100.0 14.0 14.0	87.5 100.0 100.0 100.0	\$548.11 811.10 \$523.71 171.00 211.00 302.00
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 70 percent 100 percent 90 percent 100 percent No disability. No disability.	755 16,003 8 1 1 1 1 5	100.0 12.5 12.5 12.5 100.0	\$4,393 \$4,393 \$4,393 	\$549.97 721.09 \$549.13 171.00 211.00 302.00 741.80	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$727.00	537 3,706	100.0 100.0 14.0 14.0 158.0	87.5 100.0 100.0 100.0 80.0	\$48.11 811.10 \$523.71 171.00 211.00 302.00 745.50
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 40 percent 50 percent 70 percent 100 percent 100 percent MEXICAN BORDER SERVICE Total No disability. 10 percent	755 16,003 8 1 1 1 1 5	100.0 12.5 12.5 12.5 12.5 12.5 2.25	\$4,393 \$4,393 \$1,539,620 \$4,393 \$1,711 \$171 \$2,111 \$302	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$727.00 \$727.00 \$377.50	7 3,706	100.0 14.0 14.0 14.0 100.0 33.4 22.2	87.5 100.0 100.0 100.0 80.0	\$48.11 811.10 \$523.71 171.00 211.00 302.00 745.50 \$184.44
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 70 percent 100 percent 90 percent 100 percent No disability. No disability.	755 16,003	100.0 12.5 12.5 12.5 12.5 12.5 2.7 2 100.0	\$4,393 \$4,393 \$4,393 	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0	28.5 74.6	\$727.00 \$727.00	537 3,706 7	100.0 100.0 14.0 14.0 100.0	87.5 	\$548.11 811.10 \$523.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 40 percent 50 percent 70 percent 100 percent 100 percent No disability. 10 percent 20 percent 30 percent 20 percent 30 percent 100 percent 100 percent 100 percent 100 percent 20 percent 30 percent 20 percent	755 16,003 8 1 1 1 1 1 3 2	100.0 12.5 12.5 12.5 12.5 12.5 12.5 12.5 12.5	\$4,393 \$4,393 \$4,393 	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	1 215 11,950	100.0	28.5 74.6	\$727.00	537 3,706	100.0 14.0 14.0 14.0 100.0 33.4 22.2	87.5 	\$523.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 90 percent 1100 percent MEXICAN BORDER SERVICE Total No disability. 10 percent 20 percent 30 percent	755 16,003 8 8 1 1 1 1 1 5	0.4 8.3 100.0 12.5 12.5 12.5 12.5 12.5 12.5 12.5 12.5	\$4,393 \$4,393 \$4,393 	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	0.5 30.1 100.0 100.0	28.5 74.6	\$727.00 \$727.00 \$377.50	537 3,706	100.0 14.0 14.0 14.0 100.0 33.4 22.2	87.5 100.0 100.0 100.0 80.0	\$548.11 811.10 \$523.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 70 percent 80 percent 100 percent MEXICAN BORDER SERVICE Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 50 percent 50 percent 60 percent	755 16,003 8	0.4 8.3 100.0 12.5 12.5 12.5 12.5 12.5 12.5 12.5 12.5	\$4,393 \$4,393 \$4,393 	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00	215 11,950	0.5 30.1 100.0 100.0	28.5 74.6	\$727.00	537 3,706	100.0 14.0 14.0 14.0 158.0	87.5 	\$548.11 811.10 \$523.71
90 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 50 percent 90 percent 1100 percent MEXICAN BORDER SERVICE Total No disability. 10 percent 20 percent 30 percent	755 16,003 8 1 1 1 1 1 3 2 1	0.4 8.3 100.0 12.5 12.5 12.5 12.5 12.5 12.5 12.5 12.5	\$4,393 \$4,393 \$4,393 	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	0.5 30.1 100.0 100.0	28.5 74.6	\$727.00 \$727.00 \$377.50	537 3,706	100.0 14.0 14.0 14.0 100.0 33.4 22.2 11.1 11.1	87.5 100.0 100.0 100.0 80.0 81.8 100.0 100.0 100.0	\$523.71 \$523.71
90 percent 100 percent 100 percent SPANISH AMERICAN WAR Total No disability. 10 percent 20 percent 30 percent 40 percent 70 percent 70 percent 100 percent 100 percent 100 percent 20 percent 30 percent 100 percent 100 percent 100 percent 40 percent 50 percent 50 percent 50 percent 60 percent	755 16,003 8 1 1 1 1 1 3 2 1	0.4 8.3 100.0 12.5 12.5 12.5 12.5 12.5 12.5 12.5 12.5	\$4,393 \$4,393 \$4,393 \$4,393 3,709 \$2,415 96 118 89	\$549.97 721.09 \$549.13 	3 347	0.1 6.4	0.4 2.2	540.00 624.80	215 11,950	100.0 100.0 100.0	28.5 74.6	\$727.00 \$727.00 \$377.50	537 3,706	100.0 14.0 14.0 14.0 100.0 33.4 22.2 11.1 11.1	87.5 100.0 100.0 100.0 80.0 81.8 100.0 100.0 100.0	\$523.71

¹ Figure adjusted 8-26-75.

Death: Total, Class of Beneficiary, Period of Service - June 1975

		Total		World	War I	World	War II	Korean	Conflict	Vietna	m Era
Class of Beneficiary	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	368,955	\$73,035,779	\$197.95	35,015	\$230.02	191,898	\$175.13	39,350	\$186.14	53,985	\$236.15
Compensation	91,746	7,086,638	77.24	202	102.51	73,073	77.24	14,925	76.85	26	129.19
compensation	272,207	64,398,410	236.58	34,809	230.74	115,118	232.98	23,449	250.35	53,935	236.16
compensation	5,002	1,550,731	310.02	4	342.50	3,707	308.11	976	314.83	24	325.79
Widow alone	160,699 33,644	41,067,535 10,503,414	255.56 312.19	33,652 484	230.49 329.02	79,929 7 <i>,2</i> 88	251.92 291.48	14,102 2,877	285.28 310.64	9,732	276.79
Widow, children and mother	2,924	1,174,033	401.52			304	291.48 397.45		310.64	16,369	321.3
Widow, children and father	384	153,290	399.19			304	412.13	130 15	378.80	1,937	404.17
Widow, children, mother and		100,230	303.13			35	412.13	15	3/0.60	263	397.9
father	880	377.693	429.20			18	414.72	~	417.00	704	400.04
Widow and mother	8,236	2.807.100	340.83	13	364.08	5,027	333.97	26 1,041	417.96 341.88	701	430.81
Widow and father	1,237	416,313	336.55			862	334.39	1,041	341.88	952	352.48
Widow, mother and father	1,256	454,304	361.71		• • • • • • • • • •	659	363.16	182		116	345.14
Children alone	22,765	3,250,407	142.78	488	171.26	3,163	144.34		340.56	247	370.10
Children and mother	2,264	525,042	231.91	400		191	238.58	1,702	145.39	11,046	143.6
Children and father	279	64,005	229.41					123	233.71	1,290	235.6
Children, mother and father	767	194,995	254.23			20	243.65	14	227.29	170	231.03
Mother alone	99,769	8,671,899	86.92	366	400.04	16	266.56	22	268.77	538	255.3
Father alone	13.986	1,263,137	90.31	10	132.61	72,651	87.05	13,577	81.94	6,459	91.63
Mother and father	19,865			2	128.60	10,556	93.52	1,800	80.78	788	76.5
With the and laurer	19,000	2,112,612	106.35	2	151.50	11,175	104.92	3,614	93.09	3,377	124.17
Total dependents	496,432			35,656		224,294		51,952		113,892	
Widows	209,260			34,149		94,126		18,498		30,317	
Children	112,557			1,114		16,782		8,941		61,874	
Mothers	135,961			381		90,041		18,715		15,501	
Fathers	38,654			12		23,345		5,798		6,200	

		gular ishment	Civi	l War	India	n Wars		nish- can War		n Border vice
Class of Beneficiary	Number	Average Monthly Value	Number	A verage Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	48,441	\$232.03	9	\$209.44	1	\$172.00	253	\$236.42	3	\$162.33
Compensation	3,519	77.10								
compensation	44,631	243.70	9	209.44	1	172.00	253	236.42	13	162.33
compensation	291	316.55								
Nidow alone	23,045	277.78	2	260.00			234	238.52	3	162.33
Widow and children	6,622	311.83	1	333.00			3	416.33		
Widow, children and mother	553	394.99								
Nidow, children and father Nidow, children, mother and	67	401.09								•••••
father	135	424.92					1			
Nidow and mother	1,203	359.15								
Widow and father	134	344.51								
Nidow, mother and father	168	366.59								
Children alone	6,343	137.54	6	172.00	1	172.00	16	172.00		
Children and mother	660	222.28								
Children and father	75	222.33								
Children, mother and father	191	248.30								
Mother alone	6,716	88.56								
ather alone	832	82.85								
Mother and father	1,697	108.46								
Total dependents	70,366		10		1		258		3	
Vidows	31,927		3				237		3	
Children	23,817		7		1		21			
Mothers	11,323									
athers	3,299									

¹Includes one widow who may be receiving compensation, rather than D.I.C.

Disability: Total, Period of Service, Type of Major Disability - June 1975

			Total				World W	ar I		W	orld War	II
Type of Pension and Disability	Number	Percen of Total	Va	thly lue	Average Monthly Value	Numbe	Percer of Total	Mont	hly No	ımber	Percent of Total	Average Monthly Value
Total	1,006,12	7 100.0	\$124,	161,287	\$123.4	374,7	14 100.	0 \$110	6.62 5	71,093	100.0	\$126.45
Tuberculosis (lungs and pleura)	14,56			929,223	132.4					0,506	1.8	132.29
Psychiatric and neurological diseases	213,12			135,121	150.7					11,329	24.7	147.10
Psychoses	55,579			319,714	131.70					6,804	6.4	130.50 152.94
Other psychiatric and neurological diseases	157,549			815,407	157.5					14,525	18.3 61.4	152.94
General medical and surgical conditions	686,829			380,055 716.888	118.49 95.10					60.395 88.863	12.1	97.19
No disability snown	91,60	2 9.	' °,	/ 10,000	95.10	3 21,73	30 5.	° °	/··14	200,00	12.1	97.18
Protected pension	105,611 900,510			844,031 317 <i>,2</i> 56	83.74 128.00				3.25 7.89 50	9,394 61,699	1.6 98.4	86.52 127.12
	Ко	rean Con	flict	,	/ietnam E	ra	Spanis	h-Americ	an War	Me	kican Bo	der Service
	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value			
Total	51,660	100.0	\$136.04	7,299	100.0	\$137.97	989	100.0	\$170.99	3	72 10	0.0 \$114.39
Tuberculosis (lungs and pleura)	1,284	2.5	138.29	59	.8	125.76	1	.1	102.00	, i	Ì	1
Psychiatric and neurological diseases	24,820	48.0	138.16	4,584	62.8	131.76	173	17.5	193.42			7.3 190.63
Psychoses	11,978	23.2	125.37	2.614	35.8	122.63			155.42	1		1.1 220.25
Other psychiatric and neurological diseases	12,842	24.8	150.09	1,970	27.0	143.88	173	17.5	193.42			5.2 185.48
General medical and surgical conditions	25,413	49.2	134.04	2.643	36.2	148.96	262	26.5	191.06			3.7 183.16
No disability shown	143	.3	102.26	13	.2	146.00	553	55.9	154.58	2	94 7	95,46
Protected pensionPL 86-211	1,029 50,631	2.0 98.0	84.94 137.08	7,299	100.0	137.97	577 412	58.3 41.7	115.36 248.90		72 10	0.0 114.39

TABLE 54 PENSION

Total

Death:	Total,	Class of Bo	neficiary,	Period of	Service -	June 1975
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World War I

World War II

Korean Conflict

Class of Beneficiary	Number		nthly ilue	Average Monthly	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	1,259,16	0 \$93,	391,205	\$ 74.17	580,802	\$ 65.79	539,926	\$ 79.18	96,526	\$ 90.04
Widow alone	818,43 143,01 297,70	8 17,	738,840 598,655 053,710	69.33 123.05 64.00	558,290 11,216 11,296	65.09 114.33 51.79	228,815 102,143 208,968	76.84 120.70 61.43	6,496 23,141 66,889	86,22 138,61 73,61
Total dependents	1,761,05	7			596,592		860,282		241,119	
Widows	961,45 799,60				569,506 27,086		330,958 529,324		29,637 211,482	
	Vietnam Era C		ivil War Indian W				-American /ar			
Class of Beneficiary	Number	Average Monthly Value	Numbe	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	16,480	\$ 88.08	\$ 38	2 \$ 97.73	85	\$ 79.78	24,405	\$ 90.73	554	\$57.64
Widow alone	842 6,302 9,336	91.77 119.94 66.25	19 18	1 142.00	70 1 14	80.21 142.00 73.14	23,189 207 1,009	91.31 110.63 73.24	541 7 6	57.07 109.29 49.00
Total dependents	37,299		38	8	86		24,729		562	
Widows	7,144 30,155		19 19		71 15		23,396 1,333		548 14	

Death: Special Acts, Class of Beneficiary, Period of Service - June 1975

		Total			jular shment	Civi	l War	India	n Wars		American Var
Class of Beneficiary	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	31	\$566	\$18.19	12	\$14.83	8	\$22.50	1	\$12.00	10	\$19.60
Vidow alone	17	282	18.94	12	14.83			1	12.00	4	23.00
>hildren alone	14	284	20.28			8	22.50			6	17.3
Total dependents	32			12		9		1		10	
Vidows	17 15			12		9		1		4	

GUARDIANSHIP/VETERANS ASSISTANCE

TABLE 56

Incompetent and Minor Beneficiaries Served - Fiscal Years 1970-75

			Incompete	ent Adults			Minors	
F:	Total		т	ype of Fiducia	ry	_	Type of I	iduciary
Fiscal Year		State Court Appointed Fiduciaries	Federal Fiduciaries	Supervised Direct Payment ¹	Total	State Court Appointed Fiduciaries	Federal Fiduciaries	
975 974 973 972 971	699,028 730,532	97,272 107,636 115,495 114,092 114,751 114,741	52,662 58,328 61,399 64,635 68,087 69,844	40,995 46,618 52,251 48,740 46,664 44,897	3,615 2,690 1,845 717	49,199 70,314 583,533 616,440 656,221 671,312	21,971 33,856 43,857 53,941 63,738 68,288	27,228 ² 36,458 539,676 562,499 592,483 603,024

¹This type payment first authorized in fiscal year 1972.
²Decrease represents cases where approved, close relative/custodians receive payments for the benefit of minors.

Persons in Training During Fiscal Year by Program and Period of Service

		Fiscal Y	'ear	
Program	1975	1974	1973	1972
Post-Korean Education Assistance Program:				
In training during year — Total	2,691,566	2,358,608	2,125,595	1,864,158
Institutions of higher learning	1,692,922 420,290 386,731 191,623	1,333,262 382,835 430,604 211,907	1,176,714 332,845 427,350 188,686	1,060,934 359,249 282,292 161,683
Children's Educational Assistance Program:				
In training during year — Total	71,433	63,010	57,678	54,996
Institutions of higher learning Schools other than college Special restorative training On-job training	64,687 6,258 59 429	57,080 5,549 64 317	51,972 5,559 73 74	49,252 5,657 87
Period of service of deceased or totally disabled veteran				
World War I	1,151 30,975 11,414 27,893	759 30,125 10,455 21,671	382 31,079 9,962 16,255	429 31,496 9,291 13,780
Spouses, Widows/Widowers Educational Assistance Program: In training during year — Total	16,519	12,952	10,505	9,560
Institutions of higher learning Schools other than college. Special restorative training On-job training	12,150 4,307 5 57	9,366 3,526 5 5	7,600 2,880 12 13	6,474 3,076 10
Period of service of deceased or totally disabled veteran				
World War I World War II Korean conflict Other	297 3.891 2,057 10,274	161 3,219 1,645 7,927	76 2,893 1,333 6,203	76 2,939 1,089 5,456
Vocational Rehabilitation Program for Disabled Veterans				
In training during year — Total	24,840¹	26,974	29,537	31,63
Institutions of higher learning Schools other than college On-job training Institutional on-farm	18,487 4,855 1,310 188	19,523 5,685 1,588 178	21,034 6,590 1,730 183	22,097 7,638 1,718 182
Period of service of veteran				
World War II	362 453 20,281 3,744	405 492 21,874 4,203	422 526 23,983 4,606	571 628 24,839 5,597

¹ Estimated.

Post-Korean Veterans and Service Personnel Training Progress – Individuals Trained

Training Drawn			Cumulative Thro	ough June 197	5
Training Programs	During FY-1975	Total	Graduate	Under- Graduate	Non- Degree
Total All Types of Training	2,691,566	5,785,648	1,112,527	4,325,621	347,50
COLLEGE LEVEL					
Total	1,695,575	3,095,862	499,910	2,511,028	84,92
Academic degrees — field not specified — Total	1,125,373	1,802,574		1,619,376	
Associate in arts	339,186	524,018		524,018	
Associate degree, nec	46,379	71,734		71,734	
Bachelor of arts	270,018 102,968	366,505 181,103		366,505	
Bachelor of science	69,225	124,972		181,103 124,972	
Bachelor's degree, nec	202,314	351,044		351,044	
Master of arts Master of science	24,846	45,400	45,400		
Master's degree, nec	10,862 47,725	22,592	22,592		
Doctor of philosophy	10,031	87,625 23,326	87,625		1
Doctor's degree, nec	1,713	4,034	23,326 4,034		
Post Doctoral, nec	106	221	221		
Business and commerce	168,891	384,478	84,109	300,369	
Education	45,580	131,412	67,880	63,532	
Engineering	26,381	80,497	12,125	68,372	
Fine and applied arts	3,304	11,384	3,965	7,419	
Foreign languages	11,394 806	30,102	5,811	24,291	
Law	16,165	3,142 41,280	1,602 34,025	1,540 7,255	
Liberal arts (major not specified)	26,880	58,571	1,754	56,817	
Life sciences — Total	37,361	98,886	53,429	45,457	
Agricultural sciences	5,122	14,797	2,821	11,976	
Biological sciences	6,869	17,062	4,958	12,104	
Medical and health sciences	25,370	67,027	45,650	21,377	
Physical sciences	1,967 4,925	7,535	2,323	5,212	
Social sciences	26,018	15,013 76,974	5,682	9,331	
Theology	5,191	12,764	31,442 5,420	45,532 7,344	
Technical courses — Total	164,157	284,165	5,420	199,241	84,924
Business and commerce	42,494	69,174		50,922	18.252
Engineering and related	3,309	6,837		6,136	701
Medical and related	5,133	11,358		6,178	5,180
Other technician courses All other academic fields	113,221	196,796		136,005	60,791
The distribution of the di	31,182	57,085	7,145	49,940	
SCHOOLS OTHER THAN COLLEGE	During FY-1975	Total Other Schools	Vocational or Technical Post-High School	Other Vocational or Technical	High School
Total	204 200				
Arts	804,368 26,547	2,228,021	377,324	1,588,121	262,576
Business	61,430	115,116 326,143	28,426 95,757	86,690	• • • • • • • • • • • • • • • • • • • •
Services	37,379	128,362	26,910	236,386 101,452	
Technical courses — Total	50,864	204,619	58,397	146,222	
Electronic	34,675	139,388	41,122	98,266	
Engineering	5,120	32,664	5,191	27,473	
Legal	1,822	8,785	3,488	5,297	
Medical and related	4,125	10,086	4,635	5,451	
Trade and industrial - Total	5,122 408,926	13,696	3,961	9,735	
Air conditioning	46,971	984,358 128,757	154,792 17,392	829,566 111,365	
		120,/3/	17,392	111,300;	
Construction		40 072	6 1 1 9	33 053	
Construction	18,955	40,072 325 820	6,119 53.547	33,953	• • • • • • • • • • • • • • • • • • • •
Construction Electrical and electronic Mechanical		40,072 325,820 279,378	53,547	272,273	
Construction Electrical and electronic Mechanical Metalwork	18,955 163,553 115,785 28,792	325,820			
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial	18,955 163,553 115,785 28,792 34,870	325,820 279,378 74,386 135,945	53,547 37,152 18,234 22,348	272,273 242,226 56,152 113,597	
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional	18,955 163,553 115,785 28,792 34,870 174,616	325,820 279,378 74,386 135,945 346,154	53,547 37,152 18,234 22,348 13,042	272,273 242,226 56,152 113,597 70,536	
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional	18,955 163,553 115,785 28,792 34,870	325,820 279,378 74,386 135,945	53,547 37,152 18,234 22,348	272,273 242,226 56,152 113,597	
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional	18,955 163,553 115,785 28,792 34,870 174,616	325,820 279,378 74,386 135,945 346,154	53,547 37,152 18,234 22,348 13,042	272,273 242,226 56,152 113,597 70,536	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training – Total	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975	325,820 279,378 74,386 135,945 346,154 123,269 Total Job	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total. MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975	325,820 279,378 74,386 135,945 346,154 123,269 Total Job	53,547 37,152 18,234 22,348 13,042 Apprentice	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training – Total MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Technical and managerial Clerical and sales	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975	325,820 279,378 74,386 135,945 346,154 123,269 Total Job	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total. MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Technical and managerial Clerical and sales Service occupations	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job 226,472 54,292 12,335	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Technical and managerial Clerical and sales Service occupations Farming, fishery, forestry occupations	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975 191,623 27,981 6,997 23,900 1,918	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721 60,495 3,832	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Total Technical and managerial Clerical and sales Service occupations Farming, fishery, forestry occupations Frade and industrial — Total	18,955 163,553 115,785 28,792 34,870 174,616 44,606 Ouring FY-1975 191,623 27,981 6,997 23,900 1,918 123,134	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721 60,495 3,832 305,855	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job 226,472 54,292 12,335 54,160 3,484 92,389	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Total Technical and managerial Clerical and sales Service occupations Farming, fishery, forestry occupations Trade and industrial — Total Processing occupations	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975 191,623 27,981 6,997 23,900 1,918 123,134 4,860	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721 60,495 3,832 305,855 11,832	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job 226,472 54,292 12,335 54,160 3,484 92,389 4,380	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total. MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Total Technical and managerial Clerical and sales Service occupations Farming, fishery, forestry occupations Trade and industrial — Total Processing occupations Machine trades occupations Machine trades occupations	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975 191,623 27,981 6,997 23,900 1,918 123,134 4,860 42,424	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721 60,495 3,832 305,855 11,832 91,805	53,547 37,152 18,234 22,348 13,042 Apprentice 235,293 3,940 1,386 6,335 348 213,446 7,452 63,225	272,273 242,226 56,152 113,597 70,536 123,269 Other On-Job 226,472 54,292 12,335 54,160 3,484 92,389 4,380 28,580	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total. MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Total Technical and managerial Clerical and sales Service occupations Farming, fishery, forestry occupations Trade and industrial — Total Processing occupations Machine trades occupations Machine trades occupations Machine trades occupations Benchwork occupations Benchwork occupations	18,955 163,553 115,785 28,792 34,870 174,616 44,606 Ouring FY-1975 191,623 27,981 6,997 23,900 1,918 123,134 4,860 42,424 7,548	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721 60,495 3,832 305,855 11,832 91,805 16,973	53,547 37,152 18,234 22,348 13,042 	272,273 242,226 56,152 113,597 70,536 123,269 Other On Job 226,472 54,292 12,335 54,160 3,484 92,389 4,380 28,580 7,223	262,576
Construction Electrical and electronic Mechanical Metalwork Other trade and industrial Other institutional Flight training — Total. MAJOR OCCUPATIONAL OBJECTIVE JOB TRAINING Total Total Technical and managerial Clerical and sales Service occupations Farming, fishery, forestry occupations Trade and industrial — Total Processing occupations Machine trades occupations Machine trades occupations	18,955 163,553 115,785 28,792 34,870 174,616 44,606 During FY-1975 191,623 27,981 6,997 23,900 1,918 123,134 4,860 42,424	325,820 279,378 74,386 135,945 346,154 123,269 Total Job 461,765 58,232 13,721 60,495 3,832 305,855 11,832 91,805	53,547 37,152 18,234 22,348 13,042 Apprentice 235,293 3,940 1,386 6,335 348 213,446 7,452 63,225	272,273 242,226 56,152 113,597 70,536 123,269 Other On-Job 226,472 54,292 12,335 54,160 3,484 92,389 4,380 28,580	262,576

¹ Not elsewhere classified.

Sons, Daughters, Spouses and Widows/Widowers Training Programs

		Individual	s Trained Cur	nulative thru Ju	ne 1975
	During		All Tr	ainees	
Training Programs	Fiscal Year 1975	Total	Sons	Daughters	Spouses and Widows/ Widowers
Total all types of training	87,952	282,626	127,170	123,320	32,1
COLLEGE LEVEL					
Total	76,837	228,064	108,018	99,098	20,9
Associate in arts Associate in arts Associate in science Associate degree, nec¹ Bachelor of arts Bachelor of science Bachelor of science Bachelor's degree, nec Master of arts Master of arts Master of genec Master's degree, nec Doctor of philosophy Doctor's degree, nec Susiness and commerce ducation ngineering nglish and journalism ine and applied arts oreign languages Iome economics .aw .iberal arts (major not specified) ife sciences — Total Agricultural sciences	53,985 12,491 1,719 7,862 8,688 4,526 16,701 611 185 1,043 136 23 4,391 4,170 1,033 333 864 72 200 375 1,680 3,526 272	119,810 22,087 3,060 16,053 17,158 8,900 46,856 1,614 436 3,132 374 140 20,348 22,841 6,153 2,389 4,379 522 1,330 1,957 11,769 13,490 1,405	55,685 9,034 1,185 7,324 7,616 4,714 23,572 527 184 1,245 193 91 12,226 6,227 5,905 2,251 134 30 1,539 5,839 5,839 5,269 1,244	51,312 8,604 1,252 6,505 8,182 3,571 20,911 736 158 1,281 88 24 6,778 14,100 241 1,374 1,960 357 1,210 256 5,547 7,250	12,8 4,4 6 2,2 1,3 6 2,3 3 6 1,3 2,5
Agricultural sciences Biological sciences Medical and health sciences. lathematics. hysical sciences. ocial sciences. heology echnician courses — Total Business and commerce Engineering and related Medical and related Other technical courses	645 2,609 110 225 1,512 137 3,371 869 38 730 1,734	2,703 9,382 981 1,791 8,139 650 8,601 1,786 111 2,203 4,501	1,766 2,259 657 1,457 4,299 488 3,937 382 109 315 3,131	312 325 3,338 144 3,404 845 1 1,644	5 1,2 6
All Other academic fields	852	3,034	1,210	1,190	
SCHOOLS OTHER THAN COLLEGE LEVEL					
Total	10,629	53,911	18,616	24,179	11,1
Arts Susiness Fervices Fechnical courses — Total Electronic Engineering Medical and related Other technicial, nec	592 2,528 2,713 814 237 45 330 202	2,543 16,896 14,788 3,007 940 255 1,236 576	1,573 2,918 1,480 1,575 915 244 163 253	613 10,760 9,136 1,104 12 9 858 225	3, 4,
rades and industrial — Total Construction Dressmaking Electrical and electronic Mechanical Metalwork Other trade and industrial	2,649 155 665 317 728 330 454	14,136 543 4,487 1,969 4,218 1,423 1,496	10,321 531 1,323 1,863 4,125 1,366 1,113	2,090 5 1,786 66 67 33 133	1,5 1,5
Other institutional	1,333	2,541	749	476	1,3
ON-JOB TRAINING					
Total	486	661	536	43	
echnical and managerial Clerical and sales Ervice occupations Trade and industrial occupations Aiscellaneous occupations	92 22 50 307 15	121 32 73 411 24	69 14 48 382 23	17 7 10 8 1	

¹Not elsewhere classified.

Guaranteed or Insured Loans, Direct Loans, Property Management

ltem	Cumulative Through June 30, 1975	Fiscal Year 1975	Fiscal Year 1974
GUARANTEED OR INSURED LOANS			
Number of Loans, Total	9,107,433	290,195	311,260
Home. Mobile Home. Farm Business	8,789,351 17,653 71,168 229,261	288,163 2,028 2 2	306,188 5,062 8
Amount of Loans (\$000), Total	\$114,399,991	\$ 8,091,382	\$ 7,709,564
Home	113,307,066. 156,769 283,984 652,172	8,072,101 19,264 11 6	7,663,716 45,725 102 21
Amount of Guaranty and Insurance (\$000), Total	\$ 58,083,301	\$ 3,701,702	\$ 3,540,165
Home	57,731,221 46,980 120,137 184,963	3,695,898 5,795 6 3	3,526,442 13,688 29
Defaults and Claims: Defaults Reported Loans in Default—End of Period Defaults in Disposed of, Total Cured or Withdrawn Percent Claims Vouchered for Payment Rate per 1,000 Loans Outstanding Average Number of Loans Outstanding	2,359,260 47,310 2,296,287 1,961,818 85,4 334,552	118,653 47,310 110,461 97,571 85.6 15,890 4.15 3,829,296	103,433 39,118 101,526 85,947 84.7 15,579 4.19 3,717,364
DIRECT LOANS			
Number of Loans Fully Disbursed	322,554 \$ 3,190,005	2,665 \$ 49,582	2,608 \$ 43,890
PROPERTY MANAGEMENT			
Number Acquired Number Sold Number Redeemed. Number on Hand-End of Period	365,464 350,634 3,994 10,836	17,060 17,001 358 10,836	17,610 17,664 268 11,135

INSURANCE

TABLE 61

Appropriations and Other Receipts Versus Expenditures, Cumulative Through June 30, 1975

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	\$ 4,434,816,496	\$ 30,468,379,878	\$ 460,304,302	\$ 809,904,595	\$ 4,250,000 242,230,896	8
Total	4,434,816,496	30,468,379,878	460,304,302	809,904,595	246,480,896	1,361,875,929
Expenditures: Fiscal Year Councilative to June 30, 1975. Covered into U.S. Treasury Investments, loans and liens. Balance	89,545,030 3,751,892,819 668,300,862 14,622,815	864,770,883 22,417,077,475 9,064,195,812 -2,893,409	17,015,411 122,373,926 	30,493,117 344,282,803 4,250,000 477,413,588 -16,041,796	24,090,632 229,291,648 26,363,677 -9,174,429	127,5 7 0,006 1, 36 1,875, 839 0

Summary of Operations (Accrual Basis)

(In Thousands)

		overnment		al Service		ns Special		-Disabled		s Reopened
	Lite	nsurance	Lite	nsurance	Lite	Insurance	Veteran	s Insurance	ins	urance
	Fiscal Year 1975	Cumulative Totals From Origin January 1919 to June 30, 1975	Fiscal Year 1975	Cumulative Totals From Origin October 1940 to June 30, 1975	Fiscal Year 1975	Cumulative Totals From Origin April 1951 to June 30, 1975	Fiscal Year 1975	Cumulative Totals From Origin April 1951 to June 30, 1975	Fiscal Year 1975	Cumulative Totals From Origin May 1965 to June 30, 1975
INCOME										
Premimus	\$ 7,514	\$2,049,252	\$583,006	\$17,144,086	\$46,173	\$623,288	\$19,576	\$166,512	\$31,029	\$347,667
in installments Dividends left on credit or	4,834	760,462	36,225	5,206,229	1,308	31,449	893	20,020	988	9,027
deposit	4,590 33,459	58,317 1,954,232	65,230 409,606	1,112,744 6,626,703	1,757 23,136	1,757 153,511	733	4,832	20,935	100,477
from the U.S. Government	26	142,168	2,089	4,800,252						
Total	50,423	4,964,431	1,096,156	34,890,014	72,374	810,005	21,202	191,364	52,952	457,171
DISPOSITION OF INCOME										
Death benefits	39,295 884	1,281,663 494,141	281,270 27,275	8,309,219 467,390	14,174 121	174,840 522	15,848 236	163,014 616	11,356 734	82,927 1,752
Surrender benefits	2,962	306,326	33,092	636,526	2,961	25,674	1,405	9,212	1,660	8,700
Disability benefits	1,337	380,804	37,933	525,861	1,348	9,436	5,461	44,071	1,693	7,516
installments	20,485	943,895	128,837	7,001,000	1,664	26,446	1,137	16,497	967	6,863
Dividends withdrawn Net deposits for policy reserves . Reserve for dividends left on	3,817 -40,512	50,958 612,364	48,589 178,742	1,006,779 7,362,889	122 37,663	122 447,006	10,906	109,401	29,786	311,011
credit or deposit	1,681	19,487	29,131	261,899	1,669	1,669				
Administrative costs									605	14,507
Total	29,949	4,089,638	764,869	25,571,563	59,722	685,715	34,993	342,811	46,801	433,276
Net gain (+) or loss (-) from operations before divi-										
dends and transfers	20,474	874,793	331,287	9,318,451	12,652	124,290	-13,791	-151,447	6,151	23,895
Dividends to policyholders Transfers to U.S. Government	20,758	857,732	307,699	9,201,158	10,100	62,099 55,613				
Gain (+) or loss (-) after						35,013				
dividends and transfers	-284	17,061	23,588	117,293	2,552	6,578	-13,791	-151,447	6,151	23,895

^{*}Special dividend authorized by legislation,

In Force - Fiscal Year 1975

			Parti	cipating				Nonpart	icipating	
Item		overnment nsurance		nal Service nsurance		ns Special nsurance		-Disabled s Insurance		s Reopened urance
119911	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)	Number of Policies	Amount of Insurance (000 Omitted)
In force at beginning of year	155,184	\$657,174	4,098,002	\$27,005,737	598,221	\$5,238,027	154,619	\$1,397,275	185,185	\$1,292,135
Insurance issued during year Insurance reinstated during							11,644	107,484		
year	16	62	2,795	16,738	477	4,460	49	480	103	417
Death	8,746	39,583	43,268	276,433	1,647	14,138	1,735	15,743	1.688	11.291
Maturity as endowment Permanent total	125	851	5,129	26,152	22	132	50	219	147	749
disability	75	488			• • • • • • • • •					
changes	118	480	23,706	201,084	5,972	58,109	2,980	29,397	387	3,572
Cash surrender	780	3,407	9,356	52,530	788	5,950	654	5,404	541	3,688
Total terminated	9,844	44,809	81,459	556,199	8,429	78,329	5,419	50,763	2,763	19,300
In force at end of year	145,356	612,427	4,019,338	26,466,276	590,269	5,164,158	160,893	1,454,476	182,525	1,273,252
Selected year end items: In force on 5-year term										
plan	1,014	6,529	1,564,044	12,151,293	396,287	3,630,605	85,388	820,679		
plan	144,342	605,898	2,455,294	14,314,983	193,982	1,533,553	75,505	633,797	182,525	1,273,252
income rider	4,437	34,010	574,122	4,354,878	105,572	960,971			11,785	87,553
premium waiver	158	986	119,567	823,883	4,299	36,467	31,708	299.213	5,943	40,644

Employment: Full, Part Time and Intermittent by Installation

	June 30		
Installation	1975	1974	
Total	213,144	202,363	
entral Office	3.918	3,759	
ield	209,226	198,604	
ospitals (separate)	162,059	153,470	
omiciliary and hospital centers	16,123	15,580	
egional Offices (separate)	16,896	16,165	
egional Offices and hospital centers	8,110	7,646	
egional Offices with insurance activities	2,150	1,961	
Outpatients Clinics (separate)	1,332	1,367	
Pata Processing Centers	1,723	1,593	
upply Depots and Marketing Centers	472	484	
Aiscellaneous Activities (including Veterans Canteen Service Field Offices, Prosthetic Center, National		1	
Cemetery System Supervisory Offices)	361	338	

TABLE 65

PERSONNEL

Employment: Full, Part Time and Intermittent by Pay System

	J	June 30		
Pay System	1975	1974		
Total	213,144	202,363		
tle 38 (excludes Canteen) age System nteen titionals (Manila) her (includes stay-in-school)	124,610 43,321 38,092 3,417 258 3,446	117,429 40,490 37,317 3,227 264 3,636		

Employment: Minority Groups by Grade - May 31, 1975

Grade or Supervisory Level	Total Employment (Full-Time)	Percent Minority Employment	Negro	Spanish Surnamed	American Indian	Orienta
Total all pay plans	185,161	29.6	46,969	5,055	375	2,378
GS and similar						1,5,5
GS-1 thru 4 GS-5 thru 8 GS-9 thru 11	51,526	35.5 29.0 14.7	14,829 13,106 3,377	1,436 1,258 527	98 120	213 472
GS-12 and above	16,567	10.3	682	357	48 20	874 643
/age systems				1		043
Non-supervisory Leader	29,666	46.8	12,465	1,218	72	142
Supervisory	1,048 3,455	43.2 40.3	413 1,263	33 109	5	2
ther wage systems	3,398	28.7	834	117	5	18

PERSONNEL

TABLE 67

Employment: Sex and Veterans Preference - June 30, 1975

	All Employees		Male Employees		Female Employees	
Eligibility	Number	Percent	Number	Percent	Number	Percent
Total	213,144	100.0%	106,815	100.0%	106,329	100.0%
/eterans preference: With preference	89,147 123,997	41.8 58.2	79,506 27,309	74.4 25.6	9,641 96,688	9.1 90.9

PERSONNEL

TABLE 68

Employment of Women Full-time and Part-time

Type or Grade of Employment	Total Employment	Number 106,329 64,621 52,688 11,470 463	Women		
	Number	Number	Percentage of Total		
Total	213,139	106,329	49.9		
GS Total	124,609	64 621			
G3-1-0	85.912		51.8		
357-12	33.867		61.3		
GS-13 and above	4,831		33.8 9.6		
itle 38 (excluding Canteen)	43,351	20.050			
age System	38.092	26,056	60.1		
4116611	3.417	11,200	29.4		
ditorials	258	2,472 115	72.3		
Other (includes Stay-in School)	3,405	1,845	44.6		
	-,	1,045	54.1		

Appeals to Board of Veterans Appeals

	Number of Cases			
Item	Fiscal Year 1974	Fiscal Year 1975		
Pending beginning of year	25,326	23,517		
completed	20,933 4,393	19,619 3, 89 8		
Filed during year	43,205	45,663		
Settled in field offices	23,978 8,144 12,595 3,239	22,467 7,189 11,777 3,501		
Submitted to Board of Veterans Appeals	25,714	26,022		
Decided by Board of Veterans Appeals	26,209	25,027		
Allowed Remanded for further action Withdrawn Denied	3,682 4,187 266 18,074	3,698 3,986 424 16,919		
Pending end of year	23,517	27,723		
Undocketed, field office development not completed	19,619 3,898	22,830 4,893		
SUMMARY				
Appeals filed	43,205 46,000 25.7% 27.4% 7.6% 39.3%	45,663 43,508 25.0% 27.1% 9.0% 38.9%		
Pending end of year	23,517	27,723		

Advisory Opinions Requested by the Board of Veterans Appeals From Outside Medical Experts

Medical Specialty	Number of Advisory Opinions Requested			
	Fiscal Year 1974	Fiscal Year 1975		
All Specialties.	238	245		
Number requested in connection with:	200	017		
Appellate consideration	222 16	217 28		
Internal Medicine:				
General	21	13		
Cardiovascular	27	24		
Gastroenterology	12	10		
Pulmonary diseases	9	13		
Surgery:				
General	1	1		
Orthopedic	5	7		
Thoracic	1	0		
Otolaryngology & Ophthalmology	6	14		
Psychiatry	51	60		
Neurology - Medical and/or Surgical	17	19		
Pathology - Medical and/or Surgical	75	77		
Other	13	7		

Cases

4,640

TABLE 71

Analysis of Cases Decided by Board of Veterans Appeals - Fiscal Year 1975

Benefits involved	Total	Allowed	Denied	Remanded	Withdrawn and Dismissed
Total	25,027	3,698	16,919	3,986	424
Disability	21,095	3,140	14,326	3,283	346
Death	2,134	354	1,334	425	21
nsurance and indemnity	214	7	172	30	5
ducation and training	677	118	455	89	15
Loan guaranty, waiver of indebtedness	114	6	66	37	j 5
Vaivers and forfeitures	414	48	306	53	7
Medical treatment and reimbursement	379	25	260	69	25
PERIOD OF SERVICE					
Total	25,027	3,698	16,919	3,986	424
NW I	539	54	393	82	10
vw II	11,578	1,506	8,194	1,680	198
Corean conflict	3,598	492	2,526	533	47
Vietnam era	1,683	225	1,138	263	57
D. Jan and High and	7 505	1 412	4 640	1 421	110

7,585

44

1,412

57 112

1,421

APPEALS

196

VA Gross Expenditures¹ - Fiscal Years 1966-1975

			Medical an	d Administrative E	xpenses				Health	National
Fiscal Year	Grand Total	Total	Medical Care	General Operating Expenses	Medical and Prosthetic Research	Medical Administration Expenses	Hospital and Domiciliary Construction Costs	Construction Grants for State Homes	Manpower Training Facilities	Cancer Institute (transfer to VA)
1975	\$18,002,858,455	\$3,919,256,993	\$3,348,139,083	\$438,660,271	\$95,794,770	\$36,662,859	\$119,579,730	\$3,153,684	\$12,926,229	
1973	15,281,999,263	3,290,194,883	2,833,622,391	343,916,399	81,581,682	31,034,411	106,364,406	2,484,814	412,520,225	
	13,973,824,241	2,966,237,960	2,545,676,531	317,104,838	78,412,475	25,044,116	92,635,174	2,448,163		
1972	12,723,327,251	2,650,982,373	2,269,185,623	290,516,258	68,958,723	22,321,769	107,335,950	2.553.288		² \$ 70
1970	11,565,101,689	2,256,979,848	1,913,508,523	260,146,750	63,138,682	20,185,893	80,919,238	4,168,114		27,379
1969	10,201,210,179	2,007,783,909	1,687,622,806	243,024,802	59,354,767	17,781,534	71,153,768	3,451,576		1,020,531
968	9,099,968,453	1,735,043,428	1,464,103,543	206,239,450	50,378,100	14,322,334	46,102,621	1,769,335		800.750
967	8,494,740,176	1,620,046,513	1,372,300,914	189,640,831	45,342,579	12,762,188	47,993,173	1,890,043		964,936
1966	8,061,740,320	1,518,199,132	1,281,231,866	178,939,727	44,027,313	14,000,224	59,957,224	77,471		990,312
	7,416,770,189	1,406,409,126	1,190,450,963	164,338,764	38,476,932	13,142,466	83,464,488			938,419
					Compensation as	nd Pension	I			
	Total	Compensation and Pensions	Statutory Burial Awards	Special Dependents and Clothing Allowances ³	Mortgage Life Insurance	Subsistence Allowance (Voc. Rehab.)	Invalid Lifts, Devices, and Polio Rentals ³	Headstones Markers and Burial Flags ³	Tort Claim Settlements	Other ⁴
1975	\$ 7,551,176,877	\$7,385,070,190	\$ 130,590,145	\$ 8,794,394	\$ 1,600,000		A 5 004 040			
1974	6,734,790,004	6,615,598,931	101,607,099	740,193	2,200,000		\$ 5,304,048	\$13,007,763	\$	\$ 6,810,337
1973	6,568,081,137	6,426,646,756	77,701,419	759,462			3,929,569	2,644,410	1,228	8,068,574
972	6,167,996,446	6,045,214,262	75,753,044	663,017	1,249,917 1,850,000	\$48,959,907	3,340,854	2,559,306	15,324	6,848,192
971	5,839,390,281	5,726,457,889	69,644,373	603,653		42,051,401	3,007,622	2,257,664	37,254	² 2,837,818
970	5,357,407,811	5,253,839,611	73,385,181	572,948		39,561,067	2,541,021	2,005,881	92,616	² 1,516,219
969	4,939,409,724	4.848.851.703	66,949,861			27,866,405	1,459,708	1,542,930	172,400	1,400,304
968	4,611,180,743	4,519,304,373	63,798,148	477,137		20,042,537	783,728	1,650,080	90,950	563,724
967	4,494,130,947	4,392,834,057	61,425,288	388,030		15,622,758	419,877	1,463,611	215,085	9,968,857
966	4,391,943,302	4,305,367,750	58,486,893	314,128		13,495,763	175,866	1,119,286	103,500	24,673,055
	1,501,545,502	4,303,307,730	56,466,693	248,406		12,055,219	157,874	1,060,419	82,750	14,483,989
			, , , , , , , , , , , , , , , , , , , 	Educationa	Assistance and R	eadjustment Bene	fits			
		Post-Korean	Dependents	Vocational	Subsistence	Automobilies.	Housing	Advanced		
		Veterans (Ch. 34)	(Chapter 35)	Rehabilitation	Allowance	etc., for	for	Payments and	Direct Loans	Loan
	Total	Educational	Educational	(Ch. 31, Books,	(Voc. Rehab.	Disabled	Paraplegic	Changes in	to Veterans	Guaranty
		Assistan ce	Assistance	Supplies, etc.)	Chapter 31)	Veterans	Veterans	Receivables	lo veteraris	Revolving Fund
975	\$ 4,529,227,472	\$4,164,774,846	\$ 163,277,716	\$ 22,500,293	\$5 0,565,594	617 2E1 021	6 14 222 244	400 505 001		
974	3,268,556,875	3,005,746,476	115,546,256	22,593,495	45,151,941	\$17,251,021	\$ 14,322,011	\$96,535,991	\$ 83,694,151	\$422,549,554
973	2,696,239,516	2,513,214,849	99,879,139	22,995,825		5,005,085	11,254,178	63,259,444	81,861,265	449,102,008
272	1,935,797,731	1,812,434,284	76,631,860	22,937,790		6,789,579	12,890,667	40,469,457	104,064,742	372,580,455
		1,521,699,607	70,644,290	19,168,047		10,539,775	7,068,429	6,185,593	113,126,877	322,052,753
971	1,631,738,617		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6,642,228	8,016,871	5,567,574	147,134,261	268,240,129
971			51 927 780	13776 262						
971	1,018,861,723	938,775,099	51,927,780 40,320,423	13,776,262		5,856,799	7,785,818	739,965	180,403,169	248,961,391
971 970 969		938,775,099 614,736,833	40,320,423	9,922,707		4,931,648	4,952,552	4,039,230	208,546,050	282,955,331
971 970 969 968 967	1,018,861,723 678,903,395 461,506,628	938,775,099 614,736,833 407,047,466	40,320,423 37,104,563	9,922,707 7,132,409		4,931,648 3,467,763	4,952,552 4,416,178	4,039,230 3406,084	208,546,050 208,381,593	282,955,331 328,089,576
972 971 970 969 968 967	1,018,861,723 678,903,395	938,775,099 614,736,833	40,320,423	9,922,707		4,931,648	4,952,552	4,039,230	208,546,050	282,955,331

				Insuran	ce and Indemnities				
	U.S. Government Life Insurance	National Service Life Insurance	Veterans Special Life Insurance	Service-disabled Veterans Insurance	Veterans Reopened Insurance	Servicemen's Group Life Insurance Fund	Servicemen's Idemnities	Military and Naval Insurance	Soldiers' and Sailors' Civil Relief
1975 1974 1973 1972 1971 1970 1969 1968 1967	\$104,128,105 96,269,929 85,585,286 104,217,996 101,057,270 106,955,265 96,385,699 94,509,559 97,216,854 94,861,296	\$1,028,933,065 879,961,278 736,065,715 958,006,040 859,289,935 877,780,135 741,623,221 728,478,286 755,190,356 654,392,770	\$34,256,480 26,758,014 24,346,142 22,629,652 22,063,259 21,910,442 16,480,391 14,011,961 19,844,577 17,509,282	\$22,388,592 21,346,577 20,082,876 18,909,369 17,590,247 23,847,187 17,126,352 13,312,743 13,828,964 12,793,723	\$21,672,793 19,389,713 18,408,675 16,021,871 14,710,802 13,586,911 10,073,725 8,549,402 9,054,310 9,380,355	\$132,272,330 83,241,810 79,426,528 113,341,078 163,988,014 135,216,033 194,788,657 229,532,401 150,449,931 79,619,142	\$ 9,476 4,268 28,827 5,683 743 16,443 7,641 40,920 564,136 4,724,313	\$ 887,627 1,006,426 1,090,058 1,227,405 1,352,490 1,519,693 1,741,466 1,867,140 2,016,259 2,262,913	\$ 2,078 4,887 2,602 9,957 10,318 2,539 334 5,827 2,796 7,873
				Miscellaneous	Funds and Expendi	ures		J	
	Vocational Rehabilitation Revolving Fund	Grants to The Republic of The Philippines	Construction Corregidor- Bataan Memorial	Rental Maintenance and repair of quarters	Supply Fund	General Post Fund	Consolidated Working Fund	All Others	
1975 1974 1973 1972 1971 1970 1969 1968 1967 1966	\$ 992,277 884,041 627,319 378,464 361,056 302,370 6,346 14,111 637 21,132	\$ 2,019,325 1,952,900 1,816,967 1,954,474 1,652,300 1,454,083 1,369,022 1,309,692 445,809 326,408	\$ 37,628 761 76,138 776,153 519,956 7,681 65,911	\$ 205,320 200,342 179,495 180,281 142,653 101,842 107,681 114,530 113,325 114,177	\$ 8,554,095 213,261,928 199,030,568 182,937,825 150,744,835 123,347,400 120,172,974 109,073,031 140,047,826	\$ 3,912,665 3,674,147 3,171,917 2,603,569 2,480,062 2,393,790 2,228,408 2,242,756 2,442,812 1,910,989	\$1,059,537 795,145 502,089 419,666 514,386 174,000	\$ 841,346 556,150 649,364 600,609 201,315 4,700	

¹Data for FY 1970 and later are on an accrued expenditures basis. Prior year data based on a non-accrual basis.
² Credit.

³Clothing Allowance, Polio Rentals, Headstones/Markers included in their respective columns beginning with FY 1975; previously included under "All Others".

⁴Change in receivables, WWI adjusted service certificates and adjusted service/dependent pay.

Appropriations, Expenditures and Balances - Cash Basis

		Expen	ditures		Covered into		
i tems	Appropriations	Fiscal Year 1975	Cumulative Through June 30, 1975	Nonexpenditure Transfers	U.S. Treasury or Restored	Investments	Cash Balance
eneral and special funds:							
ompensation and pensions	112,921,002,000	7,580,717,361	112,316,636,662				604,365
eadjustment benefits	40,916,742,404	4,591,079,402	40,796,995,603	174,509,000		1	45,237
eterans insurance and indemnities	331,340,036	9,055,136	380,392,526	49,500,000			447
ledical care, 1975	3,317,520,000	3,078,845,242	3,078,845,242		1,809,251		236,865
ledical care. 1954 · 74	27,365,125,571	326,207,714	27,184,130,516		160,309,925		20,685
edical and prosthetic research	723,290,131	93,196,420	708,860,924				14,429
ssistance for health manpower training institutions, 1973 - 81	55,000,000	5,936,756	5,936,756				49,063
edical administration and miscellaneous operating expenses, 1975	37,508,000	29,794,734	29,794,734		1,772,391		5,940
edical administration and miscellaneous operating expenses, 1954 - 74	442,509,492	6,392,149	428,089,780		13,065,955		1,353
neral Operating expenses, 1975	432,028,000	406,380,257	406,380,257	1	956,570		24.691
neral operating expenses, 1954 - 74	4,180,503,197	38,185,575	4,145,863,007	1	32,404,155		2,230
nstruction of hospital and domiciliary facilities	1,042,596,863	12,728,119	1,026,590,893	1			16.00
nstruction, major projects	445,463,000	67,913,317	123,097,379				322.36
instruction, minor projects	146,912,000	36,700,221	74,923,278	1			71.988
nstruction, minor projects (Corps of Engineers)		1,551,119	1,622,899	2,200,000		1	57
ants for construction of state extended care facilities, 1966 - 77	49,700,000	3,441,317	21,620,947		734,419		27.34
ants to the Republic of the Philippines	550,000	1	499,906		l		5
ants to the Republic of the Philippines, 1975	2,000,000	1,794,731	1,794,731		17,1:20		18
ints to the Republic of the Philippines, 1950 - 1974	40,346,232	180,764	28,172,267		12,173,928		
an guaranty revolving fund	32,420,742	71,554,751	578,074,067	879,828,450			334,17
ect loan revolving fund	1,733,055,599	*41,447,354	"352,574,639	*1,085,402,797			1,000,22
nteen service revolving fund	4,965,000	*304,278	18,752,949		12,068,036		11,64
ntal maintenance and repair of quarters		6,071	*104,081		96,759	1	,
vice-disabled veterans insurance fund	4,500,000	**1,160,932	*3,878,801				8.37
diers' and sailors' civil relief	3,528,000	*9,778	2,004,529		1,500,000		2
erans reopened insurance fund		*32,387,256	*317,718,048			317,113,000	60
cational rehabilitation revolving fund	2,097,000	85,784	428,640		1,600,000		6
ucation Loan fund		1,402,437	1,402,437	74,509,000			73,10
vicemen's group life insurance fund		2,623,600	1,102,101				,,,,,
oply fund		*17,929,441	*50,504,492	*71,400	15,677,579		34,75
nsolidated working fund		*572,744	948,922				941
Total: appropriations and funds	194,230,703,267	16,271,961,194	190,597,676,048	*1153,945,747			
fuct: proprietary receipts from the public	, ,		, , ,		254,186,138	317,113,000	2,907,78
		2,145,476					
Total: federal funds	194,230,703,267	16,269,815,718	190,597,676,048	*153,945,747	254,186,138	317,113,000	2,907,78
ist funds:							
neral post fund, national homes	58,214,254	3,873,251	52,136,952		367	1,429,000	4,64
ional service life insurance fund	26,993,915,328	730,759,826	19,948,932,365		89	7,025,734,000	19,24
government life insurance fund	3,742,439,006	85,694,885	3,134,918,272		1,811,199	603,700,000	2,00
erans special life insurance fund	250,000	*41,257,286	488,351,920	<u>*51,150,000</u>	4,250,000	432,161,000	1,04
Sub-total: Trust funds	30,794,818,588	779,070,676	22,647,635,669	*51,150,000	6,061,675	8,063,024,000	26,94
uct: proprietary receipts from the public	· · · · <u> · · · · · · · · · · · · · · ·</u>	471,777,684			·· <u>····</u>	<u></u>	
Total: trust funds	30,794,818,588	307,292,992	22,647,635,669	*51,150,000	6,061,675	8,063,024,000	26,94
luct: intragovernmental transactions	· · · <u> · · · · · · · · · · · · · · · ·</u>	2,100,957		· · · <u>· · · · · · · · · · · · · · · · </u>	<u></u>	<u></u> .	· · · · <u>· · · · · · · · · · · · · · · </u>
Total: veterans administration	225,025,521,855	16,575,007,753	213,245,311,717	*205,095,747	260,247,813	8,380,137,000	2,934,72
ropriations and funds not included above:							
conal funds of nations			453 443 454			l i	
sonal funds of patients		*1,870,032	*57,413,499				57,41
nds due incompetent beneficiaries	10 0EE 002 300	12,609	*121,774				12
cellaneous administrative and construction expenses	10,855,083,789	····	10,476,102,823		378,980,9€6		
	25,110,301,012	• • • • • • • • • • • • • • • • • •	24,621,740,653 4,658,621,658	• • • • • • • • • • • • • • • • • • • •	488,560,359		
cellaneous trust funde					42,220,735		
cellaneous trust funds	4,700,842,393						
cellaneous trust funds cellaneous trust funds Total: other appropriations and working funds	4,700,842,393 38,634,996 40,704,862,190	*1,857,423	31,269,691 39,730,199,552		7,365,305 917,127,365		57,53

^{*}Indicates credit

Veterans Administration Comparative Consolidated Balance Sheet

	June 30, 1975	<i>ce Sheet</i> 1 June 30, 1974	Increase (Decrease)
Assets			
rrent assets: Cash and disbursing authority ²	\$ 3,016,521,749.39	\$ 3,124,946,260.48	\$
A	280,049,950.31	174,101,398.85 32,143,938.33	
to a constant and a c	34,235,988.60 81,439.01	47,711.25	
Advance for bidding at public sales	82,802,921.47	72,505,935.17	
A	165,621,454.83	171,348,623.87	
Accrued reimbursements due from insurance appropriations	15,000.00		
Total current assets	3,579,328,503.61	3,575,093,867.95	4,234,635.66
her assets:	1,892,987,375.22	1,824,718,827.44	
Loans receivable	1,055,784,143.98	1,056,157,140.31	
Importments	8,380,252,434.94	8,242,352,000.00	
Policy liens	569,562.54 62,849,988.64	639,354.98 56,391,566.75	
Deposits with trustee			212,184,615.84
Total other assets	11,392,443,505.32	11,180,258,889.48	212,104,010.01
xed assets:	2,122,610,851.96	2,012,101,419.37	
Land, buildings and plants	257,518,789.06	246,830,954.47	
Learnhold improvements	743,334.99	668,366.06	
Equipment	700,692,434.21	623,028,197.41	
Total Fixed assets	3,081,565,410.22	2,882,628,937.31	198,936,472.91
eferred charges:	4,563,197.85	3,548,839.08	
Construction advance	17,949,654.94	4,551,068.97	
Advance to employees for travel expenses	1,322,667.53	1,360,843.22	
Value of ADP equipment purchases options	587,400.47 28,007,180.80	144,423.99 74,193,518.44	
Advance for educational benefits	52,430,101.59	83,798,693.70	(31,368,592.11)
Total deferred charges	18,105,767,520.74	17,721,780,388.44	383,987,132.30
Total assets			
Liabilities and Capital urrent liabilities:		874,272,395.26	, , , , , , , , , , , , , , , , , , , ,
Aa. manadala	703,100,472.72 67,972,452.78	52,444,101.23	
A	616,316.86	445,989.59	
Accrued salaries and wages Accrued annual leave - Canteen Service. Accrued services and benefits	141,608,237.94	156,397,871.13	
Accrued services and benefits	99,492.46	102,301.75	
E and allotmonts for II S Savings Hongs	1,476,582.82	1,408,251.55	
Federal, state, city and territorial income taxes withheld and FICA taxes.	11,259,587.13	9,636,577.39	
	7,655.01	48,571.16 40,027.21	
Oak as misselleneous lightlities - Canteen Service	11,848.64	4,890,017.93	
A independed II C Transitive	4,631,280.00 95,601.40	122,510.02	
A inseres on notion liens due general fund	3,322,198.84	5,493,400.25	
Ad inserted on dividend denosits	3,322,130.04		
Accrued reimbursements due insurance fund	84,771,982.00	80,249,294.00	
Premiums paid in advance	27,585,850.36	32,657,166.03	
Matured contracts payable	857,942.24	896,804.56	
Total current liabilities	1,047,417,501.20	1,219,105,279.06	(171,687,777.86
Other liabilities:	918,808,350.81	1,021,854,839.95	
Participation certificates outstanding, net Insurance program operating reserves	9,081,703,475.00	8,969,975,256.00	0.601.720.96
Total other liabilities	10,000,511,825.81	9,991,830,095.95	8,681,729.86
Unfunded liabilities: Accrued annual leave	250,325,698.06	230,507,391.62	
Unredeemed coupons	267,476.41	230,774,868.03	19,818,306.44
Total unfunded liabilities	250,593,174.47 11,298,522,501.48	11,441,710,243.04	(143,187,741.50
Total liabilities	11,250,322,301,40		
Accountabilities: Funds of patients and incompetent beneficiaries	56,508,763.63	54,468,869.30 245,080,981.20	
D. C	281,400,081.78	48,702,795.04	
Description deposits for taxes and insurance	49,852,991.28 1,141,345.59	984,500.82	
Unapplied insurance collections Bid deposits and other suspense items.	9,965,192.88	7,460,101.93	
Total accountabilities	398,868,375.16	356,697,248.29	42,171,126.8
Cind vacanuss:	81,121,886.57	61,608,472.49	
Lapital reserves. Insurance fund retained earnings (reserve for contingencies) Direct loan and loan guaranty programs - reserve for losses	663,104,003.23	666,922,426.52	
Total reserves	744,225,889.80	728,530,899.01	15,694,990.7
Capital borrowing from U.S. Treasury - interest bearing - direct loan program	1,730,077,996.00	1,730,077,996.00	
Capital residual	3,934,072,758.30	3,464,764,002.10	469,308,756.2
Capital residual			\$ 383,987,132.3

¹Contingent liabilities with respect to the guaranty or insurance of loans not shown.

^{*}Cash and aisbursing authority for annual appropriations reduced by the anobligated balance returned to the Treasury in accordance with Section 18, Title 2, GAO Policy and Procedures Manual.

	I'	Estimai	ea selectea r	xpenattures	by State = Fisc	al Year 197:) 		
				r		ENT BENEFIT			
							AL ASSISTANCE Daughters of		
State	Total Expenditures, All Programs	Т	otal		Conflict Veterans U.S.C., Ch. 34)	Decease Disable	d & Totally d Veterans J.S.C., Ch. 35)	Spouses Disabled	dowers and of Totally Veterans .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
World Totals	\$16,864,898,162	2,804,358	\$4,432,691,481	2,691,566	\$4,164,774,846	71,433	\$137,590,067	16,519	\$25,687,649
Philippines Other foreign areas	85,338,577 63,058,841	8,805 29,891	10,930,569 17,784,249	11,397 30,076	8,316,287 17,624,489	2,273 164	2,267,787 137,973	317 16	308,703 15,590
Puerto Rico Other U.S. areas		23,618 813	52,060,979 1,772,179	20,889 792	45,928,682 1,737,3 8 8	1,855 9	3,819,684 19,465	552 9	1,002,161 14,601
Total U.S	16,512,386,005	2,738,454	4,350,143,505	2,631,189	4,091,168,000	67,132	131,345,158	15,625	24,346,594
Alabama	336,655,142		100,672,825	59,888	93,119,075	1,802	3,525,698	558	869,466
Alaska	19,151,576 231,246,694		7,578,872 76,995,229	4,764 45,899	7,409,105 71,366,335	42 1,476	82,222 2,887,886	14 480	21,815 747,927
Arkansas	229,894,485	24,672	39,756,228	23,242	36,137,287	913			-
California	1,854,707,330	435,838	687,088,642	423,022	657,741,170	8,270	1,786,294 16,180,410	225 2,703	350,591 4,211,767
Colorado	231,205,389	53,851	85,842,499	51, 38 1	79,892,329	1,313	2,568,849	338	526,666
Connecticut	181,314,556 45,982,689	28,735 8,652	45,526,499 13,692,641	27,833 8,3 8 0	43,276,375 13,030,370	547 158	1,070,200 309,187	73 39	113,747
District of Columbia	346,486,142	29,675	47,087,432	28,822	44,814,654	358	700,464	126	60,769 196,331
Florida	772,411,584	116,670	186,943,397	109,672	170,528,065	4,681	9,158,435	1,417	2,207,944
Georgia	414,797,835 64,262,214	75,372 21,834	119,556,536 34,414,191	71,853 21,238	111,721,616 33,023,908	2,292 361	4,484,386 706,243	692	1,078,262
Idaho	63,652,442	9,718	15,721,735	9,232	14,355,909	298	583,041	85	132,445
Illinois	664,747,248	112,156	176,737,160	110,117	171,219,472	1,133	2,216,712	50 221	77,909 344,358
Indiana	290,704,399	46,204	73,208,537	44,796	69,652,135	802	1,569,181	143	222,820
lowa	194,858,167 177,480,955	27,254 24,841	43,249,138 39,534,139	26,426 23,708	41,087,600 36,861,424	548	1,072,171	74	115,305
Kentucky	264,539,070	36,926	58,822,209	35,508	55,210,312	747 983	1,461,478 1,923,287	133 160	207,238 249,30 9
Louisiana	281,313,542	41,460	65,514,123	39,676	61,690,722	1,271	2,486,758	304	473,687
Maine	100,558,535 257,798,789		23,114,045 77,510,876	13,774 47,074	21,417,264 73,195,087	455 1,081	890,257 2,115,051	88 226	137,120 352,149
Massachusetts	495,629,216		96,424,197	57,415	89,273,377	2,065	4,040,177	208	324,102
Michigan	546,386,631	108,616	171,882,458	105,419	163,912,646	1,800	3,521,758	375	584,318
Minnesota	312,650,865	,	75,186,291	45,483	70,719,930	1,111	2,173,631	101	157,376
Mississippi	197,829,221 411,913,057	22,729 77,851	36,454,195 122,818,397	21,315 75,876	33,142,552 117,977,012	1,005 1,226	1,966,237 2,398,757	22 9 223	356,824 347,475
Montana	59,256,104	9,067	14,499,153	8,706	13,537,675	242	473,499	48	74,793
Nebraska	124,027,773 48,601,479	19,612 9,540	31,346,284 15,256,361	18,785 9,231	29,206,848 14,351,817	557 152	1,089,771 297,365	64 56	99,724 87,258
New Hampshire	66,173,958	10,303	16,497,250	9,838	15,296,877	276	539,960	45	70,118
New Jersey	391,060,721	53,851	86,020,667	51,992	80,841,480	902	1,764,754	217	338,125
New Mexico	110,430,122 1,186,643,758	17,157 146,066	27,708,505 231,967,059	15,953 141,057	24,804,752 219,327,516	809 3,276	1,582,840 6,409,512	167 437	260,216 680,926
North Carolina	434,498,038	85, 79 7	135,650,935	82,927	128,941,342	2,031	3,973,716	539	839,860
North Dakota Ohio	46,303,446 654,715,575	9,545	15,120,170 151,260,176	9,325 91,789	14,499,099 142,720,396	133 1,682	260,195 3,290,853	19 285	29,605 444,082
	·			42,103				411	640,413
Oklahoma	267,028,968 196,022,501	33,965	71,818,736 54,237,461	32,440	65,466,870 50,440,010	1,643 853	3,214,541 1,668,872	177	275,798
Pennsylvania	782,559,392	94,063	149,640,445	90,896	141,333,490	2,118	4,143,940	242	377,080
Rhode Island	92,584,012 224,097,330		29,486,007 75,840,314	17,827 46,531	27,717,663 72,348,215	433 984	847,176 1,925,257	57 296	88,816 461,222
South Carolina	73,280,119		15,351,518	9,265	14,405,003	174	340,447	296	42,071
Tennessee	361,885,213		89,069,682	54,264	84,372,158	1,313	2,568,849	293	456,547
Texas	1,045,775,326 91,750,012		284,883,389 32,008,586	167,007 1 9 ,333	259,674,615 30,061,902	6,350 622	12,423,938 1,216,913	1,696 75	2,642,678 116,864
Vermont	38,138,468		6,123,311	3,488	5,424,889	168	328,757	14	21,815
Virginia	393,515,978	56,094	89,526,368	53,044	82,477,947	2,055	4,020,607	424	660,669
Washington	326,897,635	Į .	101,401,495	60,269	93,708,203	2,022	3,956,116	534	832,069
West Virginia	163,784,539 306,770,849		26,226,874 71,475,974	15,772 43,666	24,522,461 67,897,024	454 1,042	888,287 2,038,740	89 112	138,678 174,516
Wyoming	38,406,916	4,017	6,394,294	3,868	6,014,017	103	201,483	16	24,931

³Excludes 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 oy National Cuncer 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.

	R	eadjustment Be	nefits – Continue	d				
	Vocatio Rehabilit	onal			1			
State	Subsistence, I and Supplies, Tuiti (Title 38, U.S	Books and on	Automobiles					
	Total Number Who Trained During Year	Amount	and Other Conveyances for Disabled Veterans	Homes for Paraplegics	Direc. Loans	Insurance and Indemnities	Hospital and Domiciliary Construction ²	Medical Services and Administrative Costs
World Totals	24,840	\$73,065,887	\$17,251,021	\$14,322,011	\$66,205,351	\$947,958,782	\$122,728,347	\$3,910,244,011
Philippines Other foreign areas	2 5	1,842 6,197	35,950			6,022,400		1,881,203
Puerto Rico Other U.S. areas	322 3	1,002,788 725	137,064	170,600	6,264	1,489,464 367,529	2,864	39,753,250
Total U.S	24,508	72,054,335	17,078,007	14,151,411	66,199,087	940,079,389	122,725,483	3,868,609,558
Alabama	883 19	2,596,046 55,842	411,274 9,888	151,266	450,911	11,939,008 1,222,103	4,043,823	75,257,722 5,154,241
Arizona	458	1,346,551	240,061	406,469	48,393	11,656,984	5,784,600	46,987,443
Arkansas	292 1,843 819	858,455 5,418,558 2,407,912	462,883 1,627,574 284,175	160,718 1,909,163 162,568	4,146,385 17,641 —	6,862,580 119,672,107 14,195,199	919,574 47,817,404 2,081,573	55,999,542 390,311,504 45,297,584
Connecticut	282 75 369	829,057 220,486 1,084,850	137,573 46,829 217,176	99,547 25,000 73,957	401,975 15,735,549	17,673,493 2,820,238 7,426,627	788,674 259,319 12,618,398	43,343,527 13,344,103 230,898,134
Florida	900 535 150	2,646,050 1,572,946 440,973	1,074,314 478,169 53,122	1,328,589 221,157 57,500	800,873 380,249	47,474,009 18,801,588 5,546,468	472,118 1,430,123	151,559,407 81,809,180 6,324,540
Idaho	138 685 463	405,738 2,013,919 1,361,250	112,148 436,422 341,744	186,990 506,277 61,407	8,430,172 779,511 441,162	3,290,278 48,038,057 15,229,286	380,624 1,348,089 4,170,394	8,462,856 199,577,304 58,744,941
lowa	206 253 275	605,617 743,817 808,522	195,966 210,182 381,707	172,479 50,000 249,072	235,553 37,263 2,976,436	11,939,008 10,058,849 9,400,794	872,903 2,238,304 191,636	54,365,009 51,330,977 51,815,526
Louisiana	209 161 442	614,479 473,325 1,299,500	227,552 145,679 159,852	20,925 50,400 389,237	408,317 1,944,771 1,514	12,033,016 4,230,357 19,271,627	7,229 13,885 8,482	58,920,777 20,567,275 47,887,570
Massachusetts Michigan	673 1,022 556	1,978,612 3,004,738 1,634,625	363,931 481,128 226,384	443,998 377,870 274,345	87,474 4,608,001	29,236,469 29,424,485 20,775,754	1,463,350 3,943,428 588,810	119,521,369 95,719,762 77,034,827
Mississippi	180 526 71	529,239 1,546,430 208,741	192,235 359,261 57,202	267,108 189,462 147,243	70,182 557,104 3,451,085	6,862,580 18,613,572 3,478,294	227,031 2,528,933 223,172	42,785,362 98,540,958 11,818,862
Nebraska	206 101 144	605,617 296,936 423,391	118,046 115,485 116,904	226,278 107,500 50,000	533,565 - 1,869,268	6,768,572 2,914,246 3,948,333	3,688,743 207,015 94,951	34,236,665 10,599,895 10,019,894
New Jersey	740 228 1,296	2,175,609 670,321 3,810,305	390,661 159,192 1,036,859	510,038 231,184 701,941	68,266 139,718	38,261,231 5,358,453 82,915,003	183,321 277,730 6,497,876	72,689,691 22,614,544 335,706,117
North Carolina	300 68 1,237	882,017 199,951 3,636,871	578,879 55,655 727,453	435,121 75,665 440,521	134,364 213,925 809,039	15,605,318 2,538,214 41,269,485	4,428,349 5,811 1,136,351	80,310,484 11,184,519 141,351,483
Oklahoma	636 495 807	1,869,882 1,455,281 2,372,605	367,574 191,824 838,163	259,456 205,676 575,167	2,000,502 609,627 745,240	10,716,905 10,810,913 51,986,390	105,751 857,235 2,097,431	42,787,837 44,326,251 189,901,717
Rhode Island	201 156 151	590,918 458,626 443,927	179,511 275,555 70,070	61,923 371,439 50,000	289,030 816,000	4,324,365 9,212,778 2,726,230	12,961 715,710 324,623	18,366,104 36,525,574 27,717,038
Tennessee	274 2,878 136	805,567 8,461,485 399,830	555,901 963,386 80,022	310,660 717,287 133,055	422,140 2,012,082 1,774,106	12,973,096 49,448,176 4,794,405	1,131,926 1,849,373 388,868	94,591,559 220,480,260 24,595,197
Vermont	96 571 805	282,237 1,678,794 2,366,697	44,982 465,081 364,034	20,631 223,270 174,376	906,833 909,654 83,061	1,974,167 27,544,326 19,929,683	27,533 1,648,280 425,531	11,741,212 86,083,759 68,778,427
West Virginia	121 346 30	355,732 1,017,263 88,195	210,185 196,351 41,803	111,531 152,080 23,865	165,669 2,187,560 3,498,917	5,452,460 19,741,667 1,692,143	1,308,413 324,139 565,686	44,766,644 81,393,721 14,460,664

²Includes \$3,153,684 in Grants for Construction of state extended care facilities.

				COMPENSATION	AND PENSION	٧		
				All Periods	s of Service			
State			Living and	Deceased Veterans			Livin	g Veterans
		Total	Serv	ice Connected	Non-ser	vice Connected		Total
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand Total	4,854,847	\$7,385,070,190	2,589,488	\$4,659,090,057	2,265,359	\$2,725,980,133	3,226,701	\$5,371,806,523
Philippines Other foreign areas	45,343 24,847	66,504,405 45,274,592	36,573 8,116	51,944,763 21,084,983	8,770 16,731	14,559,642 24,189,609	16,377 11,116	24,845,724 22,988,779
Puerto Rico Other U.S. areas	41,027 1,277	106,457,896 2,204,314	20,872 911	73,979,427 1,715,836	20,155 36 6	32,478,469 488,478	30,216 831	90,271,556 1,477,179
Total U.S	4,742,353	7,164,628,983	2,523,016	4,510,365,048	2,219,337	2,654,263,935	3,168,161	5,232,223,285
Alabama	93,608	144,290,853	45,692	82,165,571	47,916	62,125,282	58,211	97,968,925
Alaska	3,712 51,476	5,196,360 89,774,045	2,805 31,281	4,090,206 65,631,101	907 20,195	1,106,154 24,142,944	2,939 36,864	4,127,387 69,250,781
A112011a	31,476	89,774,043	31,201	00,031,101	20,193	24,142,544	30,004	09,230,781
Arkansas	67,757	122,210,176	29,910	70,338,226	37,847	51,871,950	44,859	93,232,665
California	404,484 51,272	609,800,032 83,788,534	232,246 32,532	415,031,472 61,916,642	172,238	194,768,560 21,871,892	273,142	432,446,132 62,629,328
Colorado	31,272	65,766,534	32,532	01,910,042	18,740	21,071,092	36,157	02,029,320
Connecticut	56,322	73,982,363	34,886	51,392,111	21,436	22,590,252	40,007	55,532,187
Delaware	10,855	15,464,413	6,123	10,174,331	4,732	5,290,082	7,241	11,086,621
District of Columbia	18,652	32,720,002	10,678	22,351,264	7,974	10,368,738	12,288	21,903,184
Florida	223,607	385,161,780	124,668	266,709,548	98,939	118,452,232	155,167	290,997,686
Georgia	115,604	192,820,159	57,413	116,242,900	58,191	76,577,259	73,185	134,735,455
Hawaii	11,092	17,977,015	8,118	14,407,299	2,974	3,569,716	8,033	13,059,105
Idaho	17,635	27,366,777	9,138	17,142,724	8,497	10,224,053	12,483	21,436,904
Illinois	183,982	238,267,127	88,500	132,671,855	95,482	105,595,272	116,002	165,725,850
Indiana	99,618	138,910,079	49,053	82,204,898	50,565	56,705,181	63,477	98,954,634
lowa	58,372	84,196,556	26 040	47 010 042	21 5 22	26 205 614	27.004	62 204 607
Kansas	50,653	74,281,423	26,849 24,437	47,810,942 43,461,484	31,523 26,216	36,385,614 30,819,939	37,984 32,742	62,204,607 52,906,200
Kentucky	91,713	141,332,469	41,157	74,982,850	50,565	66,349,619	59,074	101,524,866
Lauisiana	01 200	144 420 000	40 120	20 574 001	F1 100	67.005.470	50,000	100 000 004
Louisiana	91,309 30,321 76,528	144,430,080 50,688,202 113,118,720	40,129 14,796 43,764	76,574,901 30,969,394 76,293,543	51,180 15,525 32,764	67,855,179 19,718,808 36,825,177	56,869 20,325 49,529	100,099,894 38,459,946 77,561,024
Wat yland	76,528	113,116,720	43,704	70,293,343	32,764	36,623,177	49,529	77,561,024
Massachusetts	170,492	248,983,831	111,197	181,743,729	59,295	57,240,102	123,478	192,065,440
Michigan	170,348	245,329,024	96,963	163,955,294	73,385	81,373,730	116,020	185,862,058
Minnesota	92,815	134,457,182	48,798	80,154,475	44,017	54,302,707	64,824	102,940,530
Mississippi	67,070	111,429,871	28,718	57,451,976	38,352	53,977,895	42,757	78,928,250
Missouri	114,716	168,854,093	51,428	91,906,266	63,288	76,947,827	73,136	120,994,240
Montana	17,298	25,785,538	8,813	16,026,782	8,485	9,758,756	11,920	19,811,982
Nebraska	30,846	47,453,944	15,385	28.500.818	15,461	18,953,126	20,805	35,661,492
Nevada	13,344	19.623.962	8,141	13,766,769	5,203	5,857,193	9,828	15,106,195
New Hampshire	21,335	33,744,262	11,954	22,757,510	9,381	10,986,752	14,753	25,751,061
A1	450.004	400 005 044	04.465	400 500 400				
New Jersey	153,361 30,049	193,905,811 54,402,624	91,135 17,712	129,539,420 37,679,126	62,226 12,337	64,366,391 16,723,498	105,013 21,580	141,011,270 42,301,817
New York	382,870	529,417,985	219,403	348,869,334	163,467	180,548,651	264,620	397,731,303
					1	1		
North Carolina	121,937 12,004	198,368,588 17,240,807	57,534 6,456	115,659,778 10,159,694	64,403	82,708,810	76,585 8,448	140,447,979
Ohio	227,801	318,889,041	123,913	200,201,223	5,548 103,888	7,081,113 118,687,818	153,550	13,185,957 236,189,726
					1	,	Į.	
Oklahoma	82,151	139,599,237	40,729	83,905,636	41,422	55,693,601	55,394	105,568,866
Oregon	56,387 283,916	85,181,014 388,188,169	26,548 149,826	49,822,487 239,575,286	29,839 134,090	35,358,527 148,612,883	38,928 184,393	65,498,595 276,725,829
•						}	. 1	
Rhode Island	27,183	40,394,575 101,513,924	16,002	28,105,106	11,181	12,289,469	18,933	30,656,580
South Carolina	64,983 16,944	26,344,710	28,732 7,289	54,530,635 14,004,782	36,251 9,655	46,983,289 12,339,928	38,714 11,463	66,757,032 20,090,006
					i	,555,526	,	_5,000,000
Tennessee	105,222	163,696,810	45,678	86,098,097	59,544	77,598,713	65,915	114,904,822
Texas	291,282 19,662	487,102,046 28,188,850	155,433 11,694	311,584,795 19,260,613	135,849 7,968	175,517,251 8,928,237	194,901 13,626	356,051,784 21,059,542
	. 3,002	20,100,030	. 1,034	15,200,013	,,500	0,920,237	13,020	21,000,042
Vermont	10,511	17,365,412	5,389	11,316,132	5,122	6,049,280	6,922	12,978,415
Virginia	110,940 81,794	187,803,591 136,279,438	60,168 47,468	124,956,053 94,636,973	50,772	62,847,538	72,161	132,107,309
**aamigton	01,/94	130,279,438	47,408	24,030,973	34,326	41,642,465	57,386	104,139,981
West Virginia	55,305	85,864,479	24,739	46,253,025	30,566	39,611,454	35,814	63,021,395
Wisconsin	93,492	131,647,788	47,519	77,950,468	45,973	53,697,320	64,238	99,615,462
Wyoming	7,723	11,795,212	4,077	7,429,504	3,646	4,365,708	5,478	9,214,986

				COMPENS	ATION AN	D PENSION – CO	NTINUE	D		
					All Per	ods of Service				
State		Livir	g Veterans				Dece	ased Veterans	,	
	Service	e Connected	Non-Ser	vice Connected		Total	Servi	ce Connected	Non-Se	rvice Connected
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand Total	2,220,533	\$ 3,798,922,690	1,006,168	\$ 1,572,883,833	1,628,146	\$ 2,013,263,667	368,955	\$ 860,167,367	1,259,191	\$ 1,153,096,300
Philippines , Other foreign areas	12,888	17,374,273	3,489	7,471,451	28,966	41,658,681	23,685	34,570,490	5,281	7,088,191
	4,797	11,047,875	6,319	11,940,904	13,731	22,285,813	3,319	10,037,108	10,412	12,248,705
Puerto Rico Other U.S. areas	18,341	67,981,617	11,875	22,289,939	10,811	16,186,340	2,531	5,997,810	8,280	10,188,530
	715	1,254,530	116	222,649	446	727,135	196	461,306	250	265,829
Total U.S	2,183,792	3,701,264,395	984,369	1,530,958,890	1,574,192	1,932,405,698	339,224	809,100,653	1,234,968	1,123,305,045
AlabamaAlaska	37,502	63,299,752	20,709	34,669,173	35,397	46,321,928	8,190	18,865,819	27,207	27,456,109
	2,611	3,564,345	328	563,042	773	1,068,973	194	525,861	579	543,112
	26,851	54,089,850	10,013	15,160,931	14,612	20,523,264	4,430	11,541,251	10,182	8,982,013
Arkansas	24,455	58,577,522	20,404	34,655,143	22,898	28,977,511	5,455	11,760,704	17,443	17,216,807
	197,471	320,364,774	75,671	112,081,358	131,342	177,353, 90 0	34,775	94,666,698	96,567	82,687,202
	28,008	50,084,381	8,149	12,544,947	15,115	21,159,206	4,524	11,832,261	10,591	9,326,945
Connecticut	31,782	43,973,801	8,225	11,558,386	16,315	18,450,176	3,104	7,418,310	13,211	11,031,866
	5,419	8,371,600	1,822	2,715,021	3,614	4,377,792	704	1,802,731	2,910	2,575,061
	8,814	15,948,098	3,474	5,955,086	6,364	10,816,818	1,864	6,403,166	4,500	4,413,652
Florida	106,044	216,442,438	49,123	74,555,248	68,440	94,164,094	18,624	50,267,110	49,816	43,896,984
	46,387	89,161,687	26,798	45,573,768	42,419	58,084,704	11,026	27,081,213	31,393	31,003,491
	6,903	11,242,525	1,130	1,816,580	3,059	4,917,910	1,215	3,164,774	1,844	1,753,136
Idaho	8,043	14,781,767	4,440	6,655,137	5,152	5,929,873	1,095	2,360,957	4,057	3,568,916
	78,025	110,186,899	37,977	56,538,951	67,980	72,541,277	10,475	22,484,956	57,505	50,056,321
	42,665	68,482,018	20,812	30,472,616	36,141	39,955,445	6,388	13,722,880	29,753	26,232,565
lowa	23,158	40,199,334	14,826	22,005,273	20,388	21,991,949	3,691	7,611,608	16,697	14,380,341
Kansas	20,396	34,366,495	12,346	18,539,705	17,911	21,375,223	4,041	9,094,989	13,870	12,280,234
Kentucky	33,801	59,706,859	25,273	41,818,007	32,639	39,807,603	7,356	15,275,991	25,283	24,531,612
Louisiana	33,295	60,698,501	23,574	39,401,393	34,440	44,330,186	6,834	15,876,400	27,606	28,453,786
	12,601	25,962,473	7,724	12,497,473	9,996	12,228,256	2,195	5,006,921	7,801	7,221,335
	37,676	59,559,873	11,853	18,001,151	26,999	35,557,696	6,088	16,733,670	20,911	18,824,026
Massachusetts	101,025	157,195,841	22,453	34,869,599	47,014	56,918,391	10,172	24,547,888	36,842	32,370,503
Michigan	87,968	144,409,839	28,052	41,452,219	54,328	59,466,966	8,995	19,545,455	45,333	39,921,511
Minnesota	43,597	69,079,497	21,227	33,861,033	27,991	31,516,652	5,201	11,074,978	22,790	20,441,674
Mississippi	22,915	44,242,434	19,842	34,685,816	24,313	32,501,621	5,803	13,209,542	18,510	19,292,079
	43,489	74,719,903	29,647	46,274,337	41,580	47,859,853	7,939	17,186,363	33,641	30,673,490
	7,831	13,885,522	4,089	5,926,460	5,378	5,973,556	982	2,141,260	4,396	3,832,296
Nebraska	13,234	23,672,728	7,571	11,988,764	10,041	11,792,452	2,151	4,828,090	7,890	6,964,362
	7,304	11,555,095	2,524	3,551,100	3,516	4,517,767	837	2,211,674	2,679	2,306,093
	10,520	19,217,438	4,233	6,533,623	6,582	7,993,201	1,434	3,540,072	5,148	4,453,129
New Jersey	83,157	110,707,571	21,856	30,303,699	48,348	52,894,541	7,978	18,831,849	40,370	34,062,692
	15,125	31,465,444	6,455	10,836,373	8,469	12,100,807	2,587	6,213,682	5,882	5,887,125
	199,781	303,894,163	64,839	93,837,140	118,250	131,686,682	19,622	44,975,171	98,628	86,711,511
North Carolina	47,306	91,881,298	29,279	48,566,681	45,352	57,920,609	10,228	23,778,480	35,124	34,142,129
	5,744	8,804,404	2,704	4,381,553	3,556	4,054,850	712	1,355,290	2,844	2,699,560
	111,200	172,319,194	42,350	63,870,532	74,251	82,699,315	12,713	27,882,029	61,538	54,817,286
Oklahoma	33,965	68,854,904	21,429	36,713,962	26,757	34,030,371	6,764	15,050,732	19,993	18,979,639
Oregon	23,209	42,081,158	15,719	23,417,437	17,459	19,682,419	3,339	7,741,329	14,120	11,941,090
Pennsylvania	132,403	201,654,231	51,990	75,071,598	99,523	111,462,340	17,423	37,921,055	82,100	73,541,285
Rhode Island South Carolina South Dakota	14,408	24,074,156	4,525	6,582,424	8,250	9,737,995	1,594	4,030,950	6,656	5,707,045
	22,852	40,320,791	15,862	26,436,241	26,269	34,756,8 9 2	5,880	14,209,844	20,389	20,547,048
	6,348	12,071,845	5,115	8,018,161	5,481	6,254,704	941	1,932,937	4,540	4,321,767
Tennessee	37,028	67,449,085	28,887	47,455,737	39,307	48,791,988	8,650	18,649,012	30,657	30,142,976
	129,583	247,987,141	65,318	108,064,643	96,381	131,050,262	25,850	63,597,654	70,531	67,452,608
	10,351	16,182,500	3,275	4,877,042	6,036	7,129,308	1,343	3,078,113	4,693	4,051,195
Vermont	4,582	9,399,412	2,340	3,579,003	3,589	4,386,997	807	1,916,720	2,782	2,470 <i>,</i> 277
	49,619	95,938,698	22,542	36,168,611	38,779	55,696,282	10,549	29,017,355	28,230	26,678,927
	41,084	78,029,074	16,302	26,110,907	24,408	32,139,457	6,384	16,607,899	18,024	15,531,558
West Virginia	20,485	37,985,756	15,329	25,035,639	19,491	22,843,084	4,254	8,267,269	15,237	14,575,815
	42,140	66,674,076	22,098	32,941,386	29,254	32,032,326	5,379	11,276,392	23,875	20,755,934
	3,632	6,446,205	1,846	2,768,781	2,245	2,580,226	445	983,299	1,800	1,596,927

			COM	IPENSATION AND P	ENSION - CO	NTINUED		
				World V	Var II			
State			Livi	ng Veterans			Dece	ased Veterans
		Total	Servi	ce Connected	Non-Ser	vice Connected		Total
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand Total	1,880,007	\$3,006,240,456	1,308,914	\$2,094,046,857	571,093	\$ 912,193,599	731,824	\$ 914,276,719
Philippines	13,378	17,512,132	11,557	14,014,199	1,821	3,497,933	23,656	32,622,898
	4,108	7,281,656	2,507	4,821,808	1,601	2,459,848	3,012	4,400,242
Puerto Rico Other U.S. areas	9,783	25,442,606	3,951	15,147,104	5,8 32	10,295,502	3,246	4,837,843
	316	459,265	243	319,381	73	139,884	162	220,309
Total U.S	1,852,422	2,955,544,797	1,290,656	2,059,744,365	561,766	895,800,432	701,748	872,195,427
AlabamaAlaskaAlaskaAlaska	34,764	55,866,632	22,157	35,203,919	12,607	20,662,713	15,721	19,865,664
	1,381	1,960,824	1,179	1,599,614	202	361,210	362	421,010
	19,936	37,458,310	14,114	28,296,869	5,822	9,161,441	6,480	8,562,139
Arkansas	26,728	53,576,838	14,455	33,240,427	12,273	20,336,411	9,332	11,824,207
California	151,481	227,768,482	108,332	161,457,922	43,149	66,310,560	56,845	73,932,599
	18,298	29,820,692	14,2 3 6	23,286,000	4,062	6,534,692	6,099	7,764,443
Connecticut	24,817	32,466,850	20,626	26,127,240	4,191	6,339,610	7,564	9,161,037
	4,124	6,040,248	2,991	4,333,040	1,133	1,707,208	1,762	2,104,113
District of Columbia	6,507	10,922,566	4,198	6,895,547	2,309	4,027,019	3,015	4,946,003
Florida	83,670	156,840,102	57,802	115,760,699	25,868	41,079,403	28,537	38,804,342
	41,825	73,842,248	23,834	43,620,382	17,991	30,221,866	19,149	24,541,549
Hawaii	3,083	5,039,015	2,543	4,122,648	540	916,367	1,265	1,656,130
Idaho	7,027	12,180,376	4,748	8,656,463	2,279	3,523,913	2,143	2,508,300
	70,251	96,616,412	49,979	65,643,391	20,272	30,973,021	30,921	35,483,069
	36,220	53,456,194	25,710	37,463,415	10,510	15,992,779	14,967	17,606,440
lowa	21,048	33,897,003	14,427	23,764,439	6,621	10,132,564	7,991	9,374,349
	18,308	28,498,977	12,455	19,484,432	5,853	9,014,545	7,126	8,928,093
Kentucky	37,287	61,789,763	21,273	34,914,740	16,014	26,875,023	14,728	17,960,256
Louisiana	35,010	58,987,775	19,659	33,611,402	15,351	25,376,373	16,312	20,983,752
	11,666	21,750,941	7,113	14,338,039	4,553	7,412,902	4,257	5,401,785
Maryland	27,637	41,872,199	20,698	30,889,958	6,939	10,982,241	12,264	15,783,143
Massachusetts	75,862	115,992,877	64,071	96,343,025	11,791	19,649,852	20,895	27,338,918
	68,587	104,399,753	54,003	82,003,584	14,584	22,396,169	25,068	29,697,521
	36,411	56,431,518	26,294	39,749,926	10,117	16,681,592	11,428	13,651,339
Mississippi	26,863	47,935,076	13,415	24,872,463	13,448	23,062,613	10,664	13,885,853
	42,059	67,020,055	26,240	42,017,592	15,819	25,002,463	16,648	19,985,821
	6,891	11,308,979	4.563	7,818,642	2,328	3,490,337	2,518	2,790,609
Nebraska	11,658	19,732,958	7,861	13,557,493	3,797	6,175,465	4,056	5,003,946
Nevada	5,584	8,439,599	3,966	6,124,772	1,618	2,314,827	1,623	1,902,736
New Hampshire	8,046	13,661,129	5,584	9,750,904	2,462	3,910,225	2,947	3,606,597
New Jersey	66,597	85,529,289	55,304	69,003,897	11,293	16,525,392	23,060	27,180,359
	11,883	24,102,743	7,808	17,119,227	4,075	6,983,516	3,865	5,245,638
	168,198	247,020,008	131,414	191,349,425	36,784	55,670,583	57,992	70,031,928
North Carolina	44,445	78,566,358	25,871	47,927,056	18,574	30,639,302	20,647	25,351,332
North Dakota	4,918	7,396,411	3,536	5,150,650	1,382	2,245,761	1,521	1,787,137
Ohio	94,243	138,058,614	70,617	101,000,712	23,626	37,057,902	34,988	40,994,725
Oklahoma	31,184	58,031,333	18,624	36,579,788	12,560	21,451,545	10,672	13,571,987
	21,428	35,497,563	12,925	22,443,076	8,503	13,054,487	7,104	8,408,833
	116,834	170,245,656	87,257	125,822,857	29,577	44,422,799	49,205	58,699,566
Rhode Island	11,614	18,885,500	9,322	15,347,289	2,292	3,538,211	3,581	4,577,768
	21,775	36,735,238	11,160	19,476,915	10,615	17,258,323	11,731	14,640,555
	5,878	10,098,483	3,440	6,215,463	2,438	3,883,020	1,996	2,407,370
Tennessee		68,011,573 198,199,286 11,471,461	22,409 70,887 5,940	37,899,926 130,435,468 8,983,994	18,480 40,930 1,544	30,111,647 67,763,818 2,487,467	17,417 42,296 2,665	21,201,105 56,048,306 3,106,926
Vermont	3,988	7,442,901 67,111,964 50,796,097	2,726 24,185 20,531	5,458,324 44,432,282 36,595,402	1,262 14,031 8,371	1,984,577 22,679,682 14,200,695	1,515 16,827 9,569	1,907,785 22,364,997 12,386,342
West Virginia	22,329	38,466,581	12,628	22,558,647	9,701	15,907,934	9,517	11,583,017
	33,761	53,306,372	23,491	37,490,150	10,270	15,816,222	11,987	14,162,786
	3,010	4,996,975	2,055	3,504,830	955	1,492,145	906	1,061,202

				_	COMPENSATI	ION AND I	PENSION - CON	TINUED			
		World \	War II					W	orld War I		
State		Deceased	Veterans					Livi	ng Veterans		
	Servic	ce Connected	Non Se	rvi	ce Connected		Total	Servi	ce Connected	Non-Ser	vice Connected
	Number	Amount	Number		Amount	Number	Amount	Number	Amount	Number	Amount
Grand Total	191,898	\$ 383,777,004	539,926	5	530,499,715	429,756	\$ 690,657,642	54,679	\$ 133,261,644	374,715	\$ 555,818,570
Philippines Other foreign areas	22,160 822	•30,599,176 1,979,197	1,496 2,190		2,023,722 2,421,045	1,625 4,879	3,941,464 10,283,964		162,778 996,797	1,597 4,609	3,778,686 9,280,179
Puerto Rico Other U.S. areas	614 46	1,518,090 90,682	2,632 116	L	3,319,753 129,627	3,370 24	7,344,795 48,988		335,570 10,380	3,315 21	7,009,225 38,608
Total U.S,	168,256	349,589,859	533,492		522,605,568	419,858	669,038,431	54,325	131,756,119	365,173	535,711,872
Alabama	3,720 48 1,806	7,235,172 119,042 4,084,723	12,001 314 4,674		12,630,492 301,968 4,477,416	7,772 91 4,632	14,067,242 138,158 8,039,419	4	2,132,038 3,705 2,942,468	6,905 87 3,640	11,903,010 134,453 5,056,667
Arkansas	2,691 14,899	4,985,542 35,814,871	6,641 41,946		6,838,665 38,117,728	7,986 34,643	15,352,794 53,697,504	6,245	2,635,825 14,962,504	7,156 28,345	12,699,998 38,514,701
Colorado	1,701	3,663,349 3,749,650	4,398		4,101,094 5.411.387	4,600	8,098,734		2,860,286	3,644	5,207,184 4,307,284
Connecticut	1,761 316 798	3,749,650 698,760 2,702,812	5,803 1,446 2,217		5,411,387 1,405,353 2,243,191	4,336 633 1,071	6,110,525 948,680 1,882,658	55	1,786,716 119,929 591,469	3,485 577 818	4,307,284 824,675 1,269,417
Florida	8,192 4,715 384	19,549,822 10,005,796 794,917	20,345 14,434 881		19,254,520 14,535,753 861,213	24,545 7,552 540	38,570,857 14,046,243 860,411	933	9,143,395 2,552,465 99,878	20,817 6,608 508	29,251,859 11,442,213 760,533
Idaho	541 5,940 3,292	997,940 11,496,440 6,219,517	1,602 24,981 11,675		1,510,360 23,986,629 11,386,923	2,194 17,585 10,449	3,372,547 24,739,760 15,148,857	1,862	549,934 3,408,277 2,606,941	1,985 15,712 9,135	2,822,613 21,288,244 12,525,422
lowa	2,165 2,151 3,742	3,928,902 4,132,410 6,641,073	5,826 4,975 10,986		5,445,447 4,795,683 11,319,183	8,395 6,638 8,702	12,907,651 10,119,875 14,614,819	643	1,981,001 1,432,011 2,658,348	7,605 5,992 7,502	10,922,120 8,676,785 11,929,629
Louisiana	3,252 1,153 2,614	6,650,198 2,272,920 6,427,919	13,060 3,104 9,650		14,333,554 3,128,865 9,355,224	7,404 2,921 4,967	13,358,894 4,972,310 7,585,734	288	1,767,825 825,388 1,789,709	6,820 2,631 4,145	11,587,327 4,140,097 5,741,796
Massachusetts	5,783 5,166 2,872	12,631,041 10,158,544 5,418,450	15,112 19,902 8,556		14,707,877 19,538,977 8,232,889	11,518 13,011 12,004	18,579,801 18,698,096 20,468,966	2,445 1,548	6,198,184 3,014,564 4,872,959	9,060 11,460 10,267	12,329,760 15,669,062 15,573,881
Mississippi	2,705 4,125 490	5,232,619 7,730,794 913,525	7,959 12,523 2,028		8,653,234 12,255,027 1,877,084	6,332 13,917 1,918	12,315,140 22,339,146 2,956,934	1,437	2,464,008 3,381,986 794,127	5,378 12,467 1,582	9,850,253 18,892,121 2,157,595
Nebraska	1,189 310 702	2,321,152 730,210 1,513,448	2,867 1,313 2,245		2,682,794 1,172,526 2,093,149	3,839 916 1,683	6,322,126 1,375,186 2,661,042	139	1,099,664 339,579 602,377	3,433 777 1,451	5,220,458 1,035,607 2,051,994
New Jersey	4,717 1,187 12,200	10,021,652 2,399,819 25,834,647	18,343 2,678 45,792		17,158,707 2,845,819 44,197,281	10,468 2,299 27,176	14,134,074 4,219,465 38,472,548	397	2,329,148 1,213,281 7,528,430	9,305 1,900 23,761	11,770,648 2,996,267 30,830,494
North Carolina	4,690 375 6,885	9,259,080 622,545 13,701,404	15,957 1,146 28,103		16,092,252 1,164,592 27,293,321	9,724 1,382 18,424	17,137,050 2,385,713 27,354,924	185	2,351,500 482,272 5,461,640	8,897 1,196 15,824	14,758,129 1,900,692 21,852,029
Oklahoma	3,345 1,677 10,423	6,294,503 3,428,728 20,231,709	7,327 5,427 38,782		7,277,484 4,980,105 38,467,857	8,600 7,264 22,423	15,646,578 11,094,721 32,137,550	764	2,544,433 1,970,101 6,377,167	7,705 6,494 19,450	13,090,367 9,100,676 25,690,688
Rhode Island	876 2,391 488	1,978,723 4,905,086 866,706	2,705 9,340 1,508		2,599,045 9,735,469 1,540,664	2,237 4,613 2,634	3,241,517 8,270,143 4,242,408		597,480 919,422 639,256	1,985 4,200 2,364	2,641,068 7,309,466 3,603,152
Tennessee Texas Utah	4,201 12,011 643	7,767,799 25,369,797 1,227,574	13,216 30,285 2,022		13,433,306 30,678,509 1,879,352	9,761 23,661 1,835	16,967,304 41,809,502 2,737,637	991 2,549 264	2,450,388 7,308,762 623,502	8,761 21,0 9 3 1,571	14,487,659 34,413,886 2,114,135
Vermont	419 4,177 2,702	870,680 9,735,808 6,067,066	1,096 12,650 6,867		1,037,105 12,629,189 6,319,276	1,079 7,727 7,929	1,799,487 12,764,668 12,683,153	148 829 958	440,898 2,122,350 2,567,697	931 6,887 6,963	1,357,710 10,590,070 10,076,619
West Virginia	2,410 3,013 203	4,255,631 5,530,588 398,756	7,107 8,974 703		7,327,386 8,632,198 662,446	4,884 12,040 904	8,019,437 18,181,487 1,388,956	461 1,348 117	1,078,603 2,841,887 290,342	4,422 10,686 786	6,932,048 15,313,446 1,095,865

				COMPENSATI	ION AND I	PENSION – CONT	INUED			
				World W	ar I				Kore	an Conflict
State	Livi	ng Veterans			Deceas	ed Veterans			Livir	ng Veterans
	Emer. 0	Off. Retire. Pay		Total	Servic	e Connected	Non-ser	vice Connected		Total
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand total	362	\$ 1,577,428	615,817	\$ 570,026,183	35,015	\$ 97,462,343	580,802	\$ 472,563,840	291,698	\$ 552,493,210
Philippines	2	6,988	2,937 7,741	4,107,556 9,827,094	164 340	486,684 975,898	2,773 7,401	3,620,872 8,851,196	253 669	567,362 1,784,775
Puerto Rico Other U.S. areas			4,270 77	5,191,367 77,040	135 3	396,387 8,189	4,135 74	4,794,980 68,851	7,612 159	23,095,355 279,969
Total U.S	360	1,570,440	600,792	550,823,126	34,373	95,595,185	566,419	455,227,941	283,005	526,765,749
Alabama	7 8	32,194 40,284	13,022 91 4,623	13,551,312 87,434 4,660,675	704 5 602	1,948,516 16,971 1,670,095	12,318 86 4,021	11,602,796 70,463 2,990,580	5,417 362 3,511	10,183,915 534,272 7,810,322
Arkansas	5 53 7	16,971 220,299 31,264	10,073 44,135 5,208	10,815,947 40,445,138 5,296,563	722 3,493 586	1,965,592 10,013,556 1,653,820	9,351 40,642 4,622	8,850,355 30,431,582 3,642,743	3,337 27,591 3,620	8,440,204 50,250,430 6,870,477
Connecticut	4 1 6	16,525 4,076 21,772	6,353 1,134 1,787	5,211,816 922,811 2,017,878	409 41 199	1,147,688 126,807 609,254	5,944 1,093 1,588	4,064,128 796,004 1,408,624	3,481 703 1,595	5,418,370 1,266,444 3,285,611
Florida Georgia Hawaii	40 11	175,603 51,565	25,506 14,287 614	23,555,659 15,361,865 565,928	1,685 981 18	4,793,584 2,699,810 56,365	23,821 13,306 596	18,762,075 12,662,055 509,563	13,340 6,822 1,259	30,367,546 14,188,671 2,385,769
Idaho	11 5	43,239 16,494	2,012 27,359 15,455	1,757,792 22,274,948 13,354,683	101 1,054 814	293,004 2,889,629 2,221,467	1,911 26,305 14,641	1,464,788 19,385,319 11,133,216	981 9,347 5,323	1,874,162 14,916,718 9,242,068
Iowa Kansas Kentucky	1 3 5	4,530 11,079 26,842	9,746 7,795 12,432	8,420,381 6,907,175 12,463,237	449 375 824	1,213,070 1,019,266 2,228,602	9,297 7,420 11,608	7,207,311 5,887,909 10,234,635	2,798 2,473 4,987	5,170,053 5,154,021 9,335,275
Louisiana	1 2 8	3,742 6,825 54,229	12,744 4,123 9,278	13,222,840 3,763,844 8,262,364	704 196 544	1,934,189 548,148 1,521,673	12,040 3,927 8,734	11,288,651 3,215,696 6,740,691	5,222 1,887 5,097	9,991,094 3,918,927 8,815,433
Massachusetts Michigan Minnesota	13 3 6	51,857 14,470 22,126	20,009 20,831 12,816	18,193,284 16,573,531 11,944,595	1,439 831 828	4,100,000 2,241,549 2,254,179	18,570 20,000 11,988	14,093,284 14,331,982 9,690,416	13,960 10,226 5,154	22,371,295 18,995,641 8,836,532
Mississippi	13 1	879 65,039 5,212	9,859 18,613 1,861	11,394,597 17,183,050 1,620,237	922 909 108	2,568,513 2,468,104 309,337	8,937 17,704 1,753	8,826,084 14,714,946 1,310,900	3,351 5,881 930	6,770,381 11,108,400 1,637,072
Nebraska	1 2	2,004 6,671	4,284 975 2,510	3,835,075 849,803 2,238,109	211 74 167	601,665 183,965 464,622	4,073 901 2,343	3,233,410 665,838 1,773,487	1,846 930 1,345	3,385,480 1,632,583 2,628,459
New Jersey New Mexico New York	8 2 27	34,278 9,917 113,624	18,816 2,570 45,780	14,666,448 2,845,391 38,122,376	681 293 2,002	1,893,366 835,960 5,642,209	18,135 2,277 43,778	12,773,082 2,009,431 32,480,167	9,783 2,166 22,719	14,296,217 4,645,080 38,156,757
North Carolina	6 1 10	27,421 2,749 41,255	16,214 1,398 27,949	16,214,286 1,311,327 24,019,643	768 71 1,462	2,089,923 200,055 4,017,261	15,446 1,327 26,487	14,124,363 1,111,272 20,002,382	6,842 617 13,469	13,988,545 1,112,616 22,708,003
Oklahoma	3 6 16	11,778 23,944 69,695	11,359 7,327 37,546	11,423,285 6,299,278 31,445,411	640 409 1,686	1,729,501 1,171,959 4,724,213	10,719 6,918 35,860	9,693,784 5,127,319 26,721,198	4,658 2,731 15,613	10,346,354 5,369,697 26,302,282
Rhode Island	1 8	2,969 41,255	3,523 9,335 2,634	2,841,966 9,728,725 2,495,984	131 520 111	368,026 1,424,263 315,494	3,392 8,815 2,523	2,473,940 8,304,462 2,180,490	1,547 3,503 1,012	2,727,061 6,957,172 2,002,184
Tennessee	9 19	29,257 86,854	15,040 34,826 2,131	15,560,792 34,485,007 1,825,895	865 2,167 137	2,411,097 5,911,776 379,609	14,175 32,659 1,994	13,149,695 28,573,231 1,446,286	5,103 16,350 1,249	10,086,683 34,272,340 2,304,195
Vermont	11 8	879 52,248 38,837	1,489 12,986 9,117	1,393,142 12,527,732 8,021,207	106 704 544	295,206 1,985,382 1,488,824	1,383 12,282 8,573	1,097,936 10,542,350 6,532,383	639 7,146 5,581	1,309,072 14,829,2 6 5 11,679,210
West Virginia	1 6 1	8,786 26,154 2,749	7,015 13,307 895	6,459,719 11,576,488 806,453	302 724 55	814,021 1,985,531 148,469	6,713 12,583 840	5,645,698 9,590,957 657,984	3,395 5,654 452	6,773,863 9,254,634 858,894

				C	OMPENSAT	ION AND	PEN	SION - CONT	INUED			
						Korea	n Co	onflict				
State		Living \	eterans/						Decea	sed Veterans		
	Servic	e Connected	Non-Ser	vice Co	onnected		Tot	tal	Servic	e Connected	Non-Ser	vice Connected
	Number	Amount	Number	4	Amount	Number		Amount	Number	Amount	Number	Amount
Grand Total	240,038	\$ 463,762,424	51,660	\$	88,730,786	135,876	\$	193,720,287	39,350	88,391,737	96,526	\$ 105,328,550
Philippines Other foreign areas	231 584	533,522 1,627,884	22 85		33,840 156,891	209 763		449,283 1,476,018	138 341	385,659 968,434	71 422	63,624 507,584
Puerto Rico Other U.S. areas	5,123 140	18,528,636 242,964	2,489 19		4,566,719 37,005	2,114 70		3,484,635 107,112	898 28	1,775,636 54,375	1,216 42	1,708,999 52,737
Total U.S	233,960	442,829,418	49,045		83,936,331	132,720		188,203,239	37,945	85,207,633	94,775	102,995,606
Alabama	4,326 333 3,029	8,285,737 481,201 7,002,559	1,091 29 482		1,898,178 53,071 807,763	3,232 143 1,530		4,616,898 165,937 2,297,277	1,052 14 483	2,152,706 38,349 1,232,486	2,180 129 1,047	2,464,192 127,588 1,064,791
Arkansas	2,498 24,169 3,259	7,068,359 44,420,543 6,218,668	839 3,422 361		1,371,845 5,829,887 651,809	1,548 12,907 1,546		2,144,242 20,363,687 2,273,620	615 4,149 462	1,151,014 11,489,529 1,190,106	933 8,758 1,084	993,228 8,874,158 1,083,514
Connecticut	3,027 601 1,295	4,683,897 1,103,392 2,720,638	454 102 300		734,473 163,052 564,973	1,392 335 689	,	1,854,838 455,252 1,441,573	278 67 265	659,283 176,936 947,906	1,114 268 424	1,195,555 278,316 493,667
Florida	11,302 4,884 1,188	26,900,183 10,765,315 2,268,817	2,038 1,938 71		3,467,363 3,423,356 116,952	5,784 3,842 507		10,019,479 5,469,148 762,934	2,286 1,251 223	6,418,760 2,774,343 475,383	3,498 2,591 284	3,600,719 2,694,805 287,551
Idaho	835 7,686 4,321	1,613,505 12,217,347 7,596,624	146 1,661 1,002		260,657 2,699,371 1,645,444	497 5,781 3,008		662,367 7,090,649 3,767,965	119 1,114 678	242,405 2,044,885 1,247,005	378 4,667 2,330	419,962 5,045,764 2,520,960
lowa	2,309 2,063 3,429	4,396,618 4,465,674 6,654,415	489 410 1,558		773,435 688,347 2,680,860	1,514 1,364 2,581		1,914,024 1,855,134 3,415,900	386 442 860	669,441 877,849 1,472,733	1,128 922 1,721	1,244,583 977,285 1,943,167
Louisiana	3,984 1,438 4,428	7,827,562 3,125,827 7,717,848	1,238 449 669		2,163,532 793,100 1,097,585	2,708 780 2,448		3,877,550 1,142,890 3,843,604	864 253 680	1,779,391 524,821 1,884,035	1,844 527 1,768	2,098,159 618,069 1,959,569
Massachusetts Michigan Minnesota	12,605 8,554 4,455	19,934,469 16,235,627 7,505,046	1,355 1,672 699	j	2,436,826 2,760,014 1,331,486	3,285 4,943 2,161		4,850,464 6,358,417 2,882,563	956 895 509	2,152,715 1,794,918 996,541	2,329 4,048 1,652	2,697,749 4,563,499 1,886,022
Mississippi	2,425 4,672 793	5,161,378 9,026,159 1,430,571	926 1,209 137		1,609,003 2,082,241 206,501	1,851 3,202 519		2,720,107 4,306,666 652,496	676 901 98	1,374,963 1,781,914 196,456	1,175 2,301 421	1,345,144 2,524,752 456,040
Nebraska	1,561 816 1,084	2,892,749 1,465,853 2,159,294	285 114 261		492,731 166,730 469,165	883 425 555		1,173,870 560,497 799,277	212 80 156	435,867 219,141 367,650	671 345 399	738,003 341,356 431,627
New Jersey New Mexico New York	8,672 1,756 19,055	12,570,653 3,908,829 31,956,256	1,111 410 3,664		1,725,564 736,251 6,200,501	3,721 931 8,681		4,990,238 1,410,276 11,600,560	778 273 1,838	1,797,206 661,156 3,894,339	2,943 658 6,843	3,193,032 749,120 7,706,221
North Carolina	5,259 518 11,028	11,233,818 926,290 18,605,109	1,583 99 2,441		2,754,727 186,326 4,102,894	3,873 388 6,360		5,131,469 484,775 7,860,167	1,168 91 1,306	2,326,361 137,206 2,345,626	2,705 297 5,054	2,805,108 347,569 5,514,541
Oklahoma	3,681 2,153 13,073	8,554,611 4,389,230 22,085,773	977 578 2,540		1,791,743 980,467 4,216,509	2,083 1,391 7,451		2,927,108 1,803,788 9,906,379	791 326 1,810	1,614,928 711,729 3,496,735	1,292 1,065 5,641	1,312,180 1,092,059 6,409,644
Rhode Island	1,334 2,590 746	2,380,254 5,351,847 1,558,183	213 913 266		346,807 1,605,325 444,001	567 2,350 481		829,067 3,415,558 662,636	159 737 100	362,730 1,578,323 201,608	408 1,613 381	466,337 1,837,235 461,028
Tennessee	3,652 13,536 1,122	7,609,074 29,319,832 2,089,674	1,451 2,814 127		2,477,609 4,952,508 214,521	3,172 8,156 634		4,148,609 12,814,891 826,516	1,039 2,909 114	1,843,944 7,151,268 265,618	2,133 5,247 520	2,304,665 5,663,623 560,898
Vermont	517 5,713 4,837	1,116,687 12,277,490 10,293,233	1 <u>22</u> 1,433 744		192,385 2,551,775 1,385,977	274 3,693 2,402		398,058 6,090,894 3,783,320	84 1,394 775	174,627 3,627,553 2,112,191	1 <u>90</u> 2,299 1,627	223,431 2,463,341 1,671,129
West Virginia	2,288 4,692 369	4,775,638 7,755,595 725,467	1,107 962 83		1,998,225 1,499,039 133,427	1,612 2,320 220		2,105,368 2,984,129 290,108	584 597 48	936,998 1,093,104 104,852	1,028 1,723 172	1,168,370 1,891,025 185,256

				COMPENSAT	ION AND	PENS	SION - CONT	INUED			
					Viet N	am C	onflict	-			
State			Livi	ng Veterans					Decease	d Veterans	
		Total	Servi	ce Connected	Non-Sei	rvice	Connected		Total	Servio	e Connected
	Number	Amount	Number	Amount	Number	L	Amount	Number	Amount	Number	Amount
Grand Total	429,835	\$ 753,373,476	422,536	\$ 739,926,361	7,299	\$	13,447,115	70,465	\$170,431,290	53,985	\$ 153,129,249
Philippines Other foreign areas	501 814	880,326 2,021,428	493 804	865,698 1,999,645	8 10		14,628 21,783	396 1,148	794,954 3,704,104	354 1,017	750,312 3,545,347
Puerto Rico Other U.S. areas	6,907 225	25,948,760 480,253	6,676 222	25,548,321 473,101	231 3	<u> </u>	400,439 7,152	686 69	1,561,771 178,714	560 62	1,411,958 171,664
Total U.S	421,388	724,042,709	414,341	711,039,596	7,047		13,003,113	68,166	164,191,747	51,992	147,249,968
Alabama	6,814 780	11,299,882 1,061,998	6,714 771	11,107,136 1,049,232	100 9		192,746 12,766	1,827 134	4,494,924 287,941	1,451 91	4,102,271 251,367
Arizona	5,970	10,099,671	5,916	9,991,374	54		108,297	1,034	2,660,944	805	2,417,832
Arkansas	4,423 38,765 6,520	9,516,459 63,487,994 11,888,996	4,300 38,199 6,452	9,305,617 62,426,564 11,762,616	123 566 68		210,842 1,061,430 126,380	982 7,433 1,210	2,252,902 19,113,457 3,260,872	774 5,830 985	2,051,139 17,498,740 3,039,618
Connecticut	4,786 1,274	7,572,968 1,884,084	4,713 1,265	7,425,812 1,865,671	73 9		147,156 18,413	409 220	1,006,484 537,777	312 172	895,479 497,977
District of Columbia	1,979	3,253,983 42,116,639	1,953	3,194,813 41,551,761	26 301		59,170 564,878	265 3,726	659,184 9,854,265	197	597,494
Georgia	12,358	22,916,148 3,404,774	12,114 2,229	22,465,840 3,385,335	244 10		450,308 19,439	2,906 391	7,352,465 1,158,349	3,055 2,345 335	9,150,380 6,796,214 1,090,830
Idaho	1,487 13,289 8,278	2,554,014 20,623,414 15,126,878	1,460 13,001 8,157	2,514,130 20,134,952 14,899,982	27 288 121		39,884 488,462 226,896	244 1,983 1,268	521,352 4,139,446 2,649,462	167 1,345 884	445,841 3,473,408 2,248,250
lowa	4,149 3,669 5,494	6,985,963 5,884,980 10,303,365	4,068 3,610 5,331	6,863,779 5,791,289 10,030,211	81 59 163		122,184 93,691 273,154	528 744 1,416	1,120,898 1,839,143 3,162,910	363 551 1,095	945,039 1,637,692 2,852,538
Louisiana	5,998 2,639 7,848	11,338,176 5,344,821 12,847,401	5,843 2,552 7,761	11,083,551 5,203,435 12,682,864	155 87 87		254,625 141,386 164,537	1,490 422 1,409	3,482,697 1,029,733 3,654,781	1,118 330 1,133	3,068,702 932,539 3,374,849
Massachusetts Michigan Minnesota	14,121 17,765 8,035	22,972,177 32,150,776 11,950,200	13,913 17,461 7,914	22,595,900 31,590,676 11,727 <i>,2</i> 57	208 304 121		376,277 560,100 222,943	1,137 1,930 770	2,818,459 3,837,911 1,553,545	878 1,215 531	2,538,895 3,058,204 1,309,022
Mississippi	4,206 7,758 1,522	7,602,929 13,365,590 2,682,561	4,122 7,635 1,486	7,455,744 13,123,583 2,618,820	84 123 36		147,185 242,007 63,741	1,030 1,516 244	2,458,014 3,274,123 481,280	803 1,079 164	2,232,027 2,820,223 402,563
Nebraska	2,330 1,534 2,657	3,951,988 2,223,403 4,802,692	2,288 1,521 2,619	3,881,695 2,193,143 4,731,781	42 13 38		70,293 30,260 70,911	400 288 268	906,360 707,660 654,733	281 214 205	780,137 631,25 7 592,452
New Jersey	11,947 3,779 32,162	18,303,336 6,545,689 49,804,151	11,832 3,714 31,604	18,075,989 6,433,348 48,790,565	115 65 558		227,347 112,341 1,013,586	1,259 631 2,671	3,040,221 1,504,338 5,840,986	925 470 1,892	2,704,372 1,330,918 4,954,364
North Carolina North Dakota Ohio	10,970 1,117 19,617	20,979,035 1,504,167 34,021,932	10,770 1,094 19,208	20,610,586 1,462,719 33,269,908	200 23 409		368,449 41,448 752,024	2,674 138 2,635	6,832,626 267,710 5,529,334	2,156 95 1,818	6,278,469 229,010 4,678,901
Oklahoma	7,531 5,1 68 19,577	14,526,119 9,016,921 30,549,339	7,354 5,047 19,241	14,165,895 8,776,299 29,950,533	177 121 336		360,224 240,622 598,806	1,356 701 2,550	3,227,103 1,472,971 5,659,592	1,075 466 1,793	2, 936,849 1,230,647 4,812,825
Rhode Island	2,433 6,370 1,440	3,940,058 10,227,876 2,664,656	2,405 6,254 1,398	3,894,665 9,995,802 2,585,895	28 116 42		45,393 232,074 78,761	249 1,642 195	626,191 4,142,827 396,311	187 1,301 138	556, 552 3,783,292 340,994
Tennessee	7,059 30,892 2,134	12,973,175 56,946,716 3,003,600	6,903 30,461 2,104	12,672,314 56,115,156 2,949,437	156 431 30		300,861 831,560 54,163	1,840 5,818 335	4,203,893 14,680,591 788,706	1,403 4,683 239	3,743,508 13,467,437 696,162
Vermont	805 13,599 10,414	1,616,988 26,295,888 19,656,882	784 13,442 10,231	1,577,849 26,001,212 19,286,819	21 157 183		39,139 294,676 370,063	134 2,639 1,454	307,221 7,588,719 3,765,090	102 2,227 1,166	277,753 7,164,484 3,453,333
West Virginia	3,467 8,743 795	6,440,314 12,470,782 1,340,161	3,375 8, 59 5 776	6,260,731 12,211,332 1,297,979	92 148 19		179,583 259,450 42,182	703 795 123	1,456,352 1,680,386 248,508	526 539 83	1,269,476 1,402,791 204,852

-				COMPENSAT		RA.	exican Boro				
	Vietna	m Conflict								Dacease	ed Veterans
	Decease	d Veterans			Living	Vetera	ans T				
State	Non-Servi	ce Connected		Total	Service	Conn	ected	Non-Servi	ce Connected		Total
	Number	Amount	Number	Amount	Number	Α	mount	Number	Amount	Number	Amount
Grand Total	16,480	\$ 17,302,041	383	\$ 630,400	11	\$	88,444	372	\$ 541,956	557	\$ 419,423
		44,642									
Philippines Other foreign areas	42 131	158,757	1	593				1	593		
	126	149,813									
Puerto Rico Other U.S. areas	7	7,050									
Total U.S	16,174	16,941,779	382	629,807	11		88,444	371	541,363	557	419,423
Alabama	376	392,653	3	5,260				3	5,260	7	6,729
Alaska	43	36,574	6	12,869	1		9,151	5	3,718	6	3,974
Arizona	229	243,112					·	4	5,871	8	5,096
Arkansas		201,763	28	5,871 41,224			4,620	27	36,604	22	15,806
Colorado	1	1,614,717 221,254	20	1,692				2	1,692	2	2,373
Colorado	ļ			44 700				11	11,768	15	7,890
Connecticut		111,005 39,800		11,768 278	1		278			3	1,376
District of Columbia	1	61,690		1,507				1 1	1,507		
F). 4.	671	703,885	25	44,842	1	1	1,172	24	43,670	35	20,446
Florida		556,251						4	10,684	7	5,171
Hawaii	. 56	67,519) !	. • • • • • • • •							
Idaho	. 77	75,511	1					1	2,608		611 9,225
Illinois		666,038 401,212				1	1,461	9 7	12,675 7,924	11 23	13,974
Indiana	. 364	401,212	•	,,,,,	1	1				45	13,045
lowa				1		i	1,083	15 4	25,847 9,703	15 10	13,675
Kansas		310,37		9,38				5	9,383	7	5,974
1	. 372	413,99	<u>.</u>	2 2,14	1			. 2	2,141	1	900
Louisiana	. 92	97,19	4	71	1	i			711	7	5,572
Maryland	. 276	279,93	2	6 4,66	11	• • •		. 6	4,661	23	19,482
Massachusetts	259			3 23,18		- 1	4,879		18,308		17,987
Michigan Minnesota	715			9 16,17 9 40,04			2,583 28,131		13,589 11,912		11,759 17,022
William Socia	23.			3 40,0			20,10		,		
Mississippi Missouri	22 43			7 8,7				_	8,711	1 16	367 12,009
Montana	8										1,003
Nebraska	11	9 126,2	23	6 6,14	44	. .		. 6	6,144	4	5,196
Nevada New Hampshire	7	4 76,44 3 62,2			04	. .		. 14	19,404	10	5,919
New Transpanie				•				İ			
New Jersey New Mexico	33 16			11 12,9 4 5,5					12,928 5,521		9,624 3,70
New York	77			19 27,1			27	8 19	26,878		25,86
North Carolina	5			14 21,4	31		54	7 14	20,884		6,99
North Dakota Ohio		43 38,7 17 850,4		7 10,2		· ·	1,42	1 6	8,78	. 2	1,672 14,25
		B1 290,2		4 33,6		1		ļ			
Oklahoma Oregon	2	35 242,3	324	9 10,0	36	i	28,13 31	8 8	9,718	B 11	
Pennsylvania	7	57 846,	767	30 40,0	-	••		30			37,88
Rhode Island South Carolina		62 69,0 41 359,9			363 358:			4			
South Dakota		57 55,			966						
Tennessee		37 460,			474						
Texas Utah	1,1		154 544		928 421	1	4,0				
Vermont			468	3 3,	275 [.]					5 5	3,95
Virginia		112 424, 188 311	235	12 16.	~~ ~			18 12	16,56	9 7	2,65
Mashington		177 186				Į.		1			· ·
West Virginia Wisconsin		256 277	595	14 15	,703			14	15,70	3 17	13,13
New coming		40 43	656	1 1	,492	[1 1,49	2 1	1 8

	 					ATION AND PEN						
		Mexican I	Border Perio	od			R	egular Establish	ment			
State		Decease	d Veterans					Living Vetera	ns			
	Service	Connected	Non-Service	e Connected		Total	Service	Connected	Spec	ial Acts	Reserve	Officers
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amoun
Grand Total	3	6,031	554	\$ 413,392	194,025	\$ 366,188,658	193,983	\$ 366,165,708	40	7,654	2	15,296
Philippines					579	1,798,076	579	1,798,076				
Other foreign areas					632	1,594,753	632	1,594,753				
Puerto Rico Other U.S. areas					2,536 107	8,421,986 208,704	2,536 107	8,421,986 208,704				
Total U.S	3	6,031	554	413,392	190,171	354,165,139	190,129	354,142,189	40	7,654	2	15,296
Alabama	1	3,173	6	3,556	3,438	6,538,728	3,438	6,538,728				
Ataska			6	3,974	324 2,800	430,593 5,807,313	324 2,799	430,593 5,807,145		168		
Arkansas			8	5,096	2,373	6,310,291	2,372	6,310,224		67		
California		128	22	15,678 2,373	20,473 3,105	36,860,237 5,917,265	20,470 3,105	36,855,998 5,916,930		402 335	1	3,837
Connecticut			15	7,890	2,565	3,933,700	2,565	3,933,611		89		
Delaware				1,376	506 1,116	945,214 2,523,943	506 1,115	945,214 2,523,859		84		
Florida			35	20,446	10,830	22,902,741	10,829	22,902,573	1	168	,	
Georgia		136	7	5,035	4,614 911	9,706,777 1,365,847	4,611 911	9,706,120 1,365,847		657		
Idaho				611	791	1,447,735	791	1,447,735				
Illinois			11 23	9,225 13,974	5,486 3,167	8,738,299 5,878,670	5,485 3,162	8,738,232 5,877,684	1	67 986		
lowa			15						1			• • • • •
Kansas			10	13,045 13,675	1,564 1,622	3,187,884 3,182,010	1,564 1,622	3,187,884 3,182,010				
Kentucky			7	5,974	2,575	5,423,890	2,568	5,422,303	7	1,587		
Louisiana		122	7	778 5,572	3,225 1,209	6,404,419 2,463,127	3,225 1,208	6,404,419 2,462,959		168		
Maryland			23	19,482	3,967	6,425,265	3,967	6,420,211				5,054
Massachusetts Michigan			23 17	17,987 11,759	7,977 6,398	12,067,527 11,547,971	7,977 6,398	12,067,527 11,547,971				
Minnesota			19	17,022	3,196	5,174,052	3,196	5,174,052				
Mississippi			1	367	2,000	4,288,130	1,999	4,287,962		168		
Missouri			16 1	12,009 1,003	3,492 653	7,105,544 1,218,051	3,492 653	7,105,544 1,218,051				
Nebraska			4	5,196	1,118	2,234,590	1,117	2,234,422	1	168		
Nevada			10	5,919	862 1,001	1,431,748 1,966,411	862 1,001	1,431,748 1,966,411				
New Jersey			12	9,624	6,186	8,693,606	6,186	8,693,606	}		i	
New Mexico New York			5	3,707 25,861	1,448	2,780,842 24,155,853	1,448	2,780,842]	268		
1							14,293	24,155,585	1			
North Carolina			10	6,993 1,672	4,581 410	9,729,987 779,724	4,579 410	9,729,677 779,724	2	310		
Ohio	1	1,666	18	12,591	7,747	13,930,290	7,745	13,929,888	2	402		
Oklahoma Oregon			7 11	6,717 8,791	3,410 2,312	6,970,381 4,469,724	3,410 2,312	6,970,269 4,469,724		112		
Pennsylvania			53	37,885	9,860	17,348,346	9,859	17,348,206	1	140		
Rhode Island			4 12	1,749 7,659	1,095 2,435	1,851,499 4,535,606	1,095 2,435	1,851,499 4,535,550		56		
South Dakota			1	592	494	1,073,048	494	1,073,048				
Tennessee		722	13	15,176	3,069	6,788,780	3,064	6,788,126		654		
Texas		722	24	21,543 408	12,130 921	24,716,995 1,535,893	12,129 921	24,710,590 1,535,893				6,405
Vermont			5	3,952	407	804,775	407	804,775				
Virginia			7	2,653 9,842	5,441 4,520	11,053,284 9,247,198	5,439 4,519	11,052,798 9,247,086	2	486 112		
West Virginia	}		5	3,823	1,731	3,300,692	1,731	3,300,692				
Wisconsin	1	84	17	13,132	4,007	6,345,806	4,007	6,345,806		}		
Wyoming	'	84			314	624,838	314	624,838				

Extimated Selected Expenditures by State - Fiscal Year 1975

				COMPENSA	TION AND F	PENSION - CON	TINUED			
			Regular	Establishment				Spanish-	American Wa	ır
			Decea	sed Veterans				Living	Veterans	*********
State		Total	Service	ce Connected	Sp	ecial Acts		Total	Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand Total	48,453	\$ 136,652,988	48,441	\$ 136,650,036	12	\$ 2,952	997	\$ 2,222,681	8	\$ 78,528
Philippines Other foreign areas	864 798	2,327,320 2,565,590	864 798	2,327,320 2,565,590			41 13	146,364 21,610		
Puerto Rico Other U.S. areas	323 57	893,097 136,396	323 57	893,097 136,396			8	18,054		
Total U.S	46,411	130,730,585	46,399	130,727,633	12	2,952	935	2,036,653	8	78,528
Alabama	1,258 36 734	3,408,510 100,132 2,135,168	1,258 36 733	3,408,510 100,132 2,134,951	1	217	3 1 9	7,266 1,542 22,877		
ArkansasCaliforniaColorado	650 6,379 789	1,600,651 19,778,546 2,284,063	650 6,378 789	1,600,651 19,778,184 2,284,063	1	362	8 161 12	30,208 340,261 31,472	1	99 12,487 8,617
Connecticut	344 108 402	965,712 302,251 1,535,787	344 108 402	965,712 302,251 1,535,787			11 1 19	18,006 1,673 32,916		
Florida	3,373 1,729 254	10,266,571 4,790,142 744,111	3,373 1,729 254	10,266,571 4,790,142 744,111			75 10 1	154,959 24,684 3,289	1	7,052
Idaho	166 1,014 710	379,926 2,561,926 1,750,526	166 1,014 708	379,926 2,561,926 1,750,092	2	434	2 34 33	5,462 77,111 94,043	1	20,878
lowa Kansas Kentucky	318 521 826	824,666 1,421,504 2,052,479	318 521 824	824,666 1,421,504 2,052,305	2	174	15 28 24	29,123 56,634 48,371		
Louisiana	896 261 1,109	2,443,798 722,840 3,497,134	896 261 1,108	2,443,798 722,840 3,496,917	1	217	8 3 7	17,395 9,109 10,331		
Massachusetts	1,112 882 457	3,110,306 2,272,470 1,085,253	1,111 881 457	3,110,089 2,272,253 1,085,253	1 1	217 217	27 24 15	58,576 53,649 39,219		364
Mississippi	695 922 120	1,795,767 2,377,151 316,739	695 922 120	1,795,767 2,377,151 316,739			5 22 6	16,594 46,794 8,385		99
Nebraska	256 159 200	682,127 447,101 592,223	256 159 200	682,127 447,101 592,223			8 2 7	28,206 3,676 11,924	1	4,701
New Jersey New Mexico New York	875 362 1,677	2,409,102 977,707 4,617,474	875 362 1,676	2,409,102 977,707 4,616,968	1	506	21 1 51	41,820 2,477 94,830		
North Carolina North Dakota Ohio	1,442 80 1,229	3,812,672 166,474 3,106,105	1,442 80 1,229	3,812,498 166,474 3,106,105		174	9 4 43	25,573 7,326 105,761	1	693 9,261
Oklahoma Oregon Pennsylvania	911 458 1,704	2,468,456 1,188,893 4,632,679	911 458 1,704	2,468,456 1,188,893 4,632,679			7 16 56	14,467 39,933 102,601	1	8,466
Rhode Island South Carolina South Dakota	240 928 104	762,092 2,513,627 208,135	240 928 104	762,092 2,513,627 208,135			3 6 1	5,582 10,939 2,261		
Tennessee Texas Utah	1,127 4,069 209	2,837,443 11,661,392 505,812	1,126 4,068 209	2,837,226 11,661,175 505,812	1 1	217 217	30 23 2	69,833 58,017 3,335		
Vermont Virginia	94 2,042 1,189	291,382 6,485,842 3,464,747	94 2,042 1,189	291,382 6,485,842 3,464,747			1 20 32	1,917 35,353 67,885		
West Virginia	432 504 55	991,143 1,257,542 126,286	432 504 55	991,143 1,257,542 126,286			7 19 2	18,640 40,678 3,670	1	2,659 3,152

Estimated Selected Expenditures by State - Fiscal Year 1975

				COMPENSAT Spanish-Ame		PENSION - CON	TINUED			Civil War		
	Livin	g Veterans		Spanish-Am	 	d Veterans	····			Deceased Veterans		
. .	Non-Ser	vice Connected		Total	Servi	ce Connected	Non-Ser	vice Connected		Total		
State	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount		
Grand Total	989	\$ 2,144,153	24,668	\$ 27,182,868	253	\$ 726,889	24,415	\$ 26,455,979	399	\$ 469,777		
Philippines Other foreign areas	41 13.	146,364 21,610	904 267	1,356,670 310,333	5 1	21,339 2,642	899 266	1,335,331 307,691	2	2,432		
Puerto Rico Other U.S. areas	8	18,054	172 11	217,627 7,564	1	2,642	171 11	214,985 7,564				
Total U.S	927	1,958,125	23,314	25,290,674	246	700,266	23,068	24,590,408	397	467,345		
Alabama	3 1 9	7,266 1,542 22,877	313 7 199	357,283 6,519 196,405	1	15,471 1,164	309 7 198	341,812 6,519 195,241	16 2	20,027 1,957		
Arkansas	8 160 12	30,109 327,774 22,855	292 3,593 256	318,919 3,673,120 272,271	3 25 1	6,766 70,720 1,305	289 3,568 255	312,153 3,602,400 270,966	12 18 4	14,460 22,401 4,033		
Connecticut	11 1 19	18,006 1,673 32,916	235 51 198	238,232 53,233 206,673	2	498 7,849	235 51 196	237,734 53,233 198,824	3 1 4	4,167 979 5,944		
Florida	74 10 1	147,907 24,684 3,289	1,453 485 27	1,607,844 545,675 29,877	32 5 1	84,332 14,772 3,168	1,421 480 26	1,523,512 530,903 26,709	21 13	31,122 17,721		
Idaho	2 34 32	5,462 77,111 73,165	88 894 690	97,462 966,543 791,328	1 7 11	1,841 17,285 34,198	87 887 679	95,621 949,258 757,130	1 15 18	215 14,334 19,131		
lowa Kansas Kentucky	15 28 24	29,123 56,634 48,371	265 340 635	311,520 397,582 731,024	9 1 11	28,139 6,268 28,740	256 339 624	283,381 391,314 702,284	10 9 13	12,098 11,567 15,436		
Louisiana	8 3 7	17,395 9,109 10,331	285 140 462	314,662 153,712 489,227	2 8	5,653 24,982	285 138 454	314,662 148,059 464,245	3 6 6	3,019 7,880 7,767		
Massachusetts Michigan Minnesota	27 24 15	58,576 53,285 39,219	541 646 332	576,194 706,266 372,795	5 7 4	15,148 19,987 9,289	536 639 328	561,046 686,279 363,506	10 10 4	10,760 8,081 4,984		
Mississippi	5 22 6	16,594 46,794 8,286	198 642 113	228,762 696,948 109,732	2 3 2	5,653 8,177 2,640	196 639 111	223,109 688,771 107,092	14 17 1	16,375 19,941 719		
Nebraska Nevada New Hampshire	7 2 7	23,505 3,676 11,924	157 45 92	183,728 49,002 96,343	2 4	7,142 9,677	155 45 88	176,586 49,002 86,666				
New Jersey New Mexico New York	21 1 51	41,820 2,477 94,830	599 100 1,393	592,401 108,926 1,435,073	2 2 14	6,151 8,122 32,644	597 98 1,379	586,250 100,804 1,402,429	5 1 12	4,674 1,952 11,165		
North Carolina North Dakota Ohio	9 4 42	24,880 7,326 96,500	473 27 1,051	547,504 33,498 1,155,441	12	12,149 31,066	469 27 1,039	535,355 33,498 1,124,375	16 1 19	21,791 1,676 18,675		
Oklahoma Oregon Pennsylvania	7 15 56	14,467 31,467 102,601	364 464 998	400,141 496,229 1,064,366	2 3 7	6,495 9,373 22,480	362 461 991	393,646 486,856 1,041,886	5 2 14	5,574 1,976 12,954		
Rhode Island	3 6 1	5,582 10,939 2,261	81 265 65	94,464 299,614 78,976	1 3	2,827 5, 2 53	80 262 65	91,637 294,361 78,976	5 5	4,698 7,317		
Tennessee Texas Utah	30 23 2	69,833 58,017 3,335	669 1,165 57	790,895 1,308,770 72,549	14 11 1	41,704 33,868 3,338	655 1,154 56	749,191 1,274,902 69,211	27 20 1	32,139 22,608 1,724		
Vermont	1 20 32	1,917 35,353 67,885	76 570 660	83,540 614,609 703,141	2 5 8	7,072 18,286 21,738	74 5 6 5 652	76,468 596,323 681,403	2 14 5	1,917 19,868 4,800		
West Virginia	6 18 2	15,981 37,526 3,670	197 323 43	228,907 356,884 45,865	2	6,836	197 321 43	228,907 350,048 45,865	10 1 1	14,755 979 979		

Estimated Selected Expenditures by State - Fiscal Year 1975

ľ							1	lian War		
		Civi	l War							
State		Decease	d Veterans				Deceas	ed Veterans	<u></u>	
	Servic	e Connected	Non-Serv	rice Connected		Total	Servic	e Connected	Non-Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grand Total	9	\$ 22,013	390	447,764	87	84,130	1	\$ 2,064	86	82,066
Philippines Other foreign areas			2	2,432						
Puerto Rico										
Total U.S	9	22,013	388	445,332	87	84,130	1	2,064	86	82,066
Alabama			16	20,027	1	581			1	581
Alaska				1.057		4,725	1		4	4,725
Arizona			2	1,957	4	1				
Arkansas California Colorado	1	969	12 17 4	14,460 21,432 4,033	1 10 1	1,087 9,144 968			1 10 1	1,087 9,144 968
Connecticut			3	4,167						
Delaware			1 4	979 5,944	4	3,776	1	2,064	3	1,712
Florida	1	3,661	20	27,467	5	4,360			5	4,360
Georgia		3,001	13	17,721	1	968			1	968
Hawaii					1	581			1	581
Idaho			1	215	1	1,848			1	1,848
Illinois	1 1	1,383 2,351	14 17	12,951 16,780	2 2	1,137 1,936			2 2	1,137 1,936
lowa	1	2,351	9	9,747	1	968			1	968
Kansas			9	11,567 15,436	2	1,350 387			2	1,350
Kentucky									1	968
Louisiana			3 6	3,019 7,880	1	968			'	968
Maine	1	3,295	5	4,472		194				194
M			10	10,760	2	2,019	1		2	2,019
Massachusetts Michigan			10	8,081	1	1,010			1	1,010
Minnesota		2,244	4	2,740	4	4,556			4	4,556
Mississippi			14	16,375	1	1,779			1	1,779
Missouri			17	19,941	4	4,144			4	4,144
Montana			1	719	1	741			'	/4
Nebraska					1	2,150			1 1	2,150
Nevada					1	968			1	968
New Hampshire										
New Jersey			5	4,674	1	1,474			1 4	1,474 2,872
New Mexico			1 12	1,952 11,165	4	2,872 1,259			i	1,259
New Tork										1.004
North Carolina			16	21,791 1,676	3	1,936 581			3	1,930
North Dakota Ohio			19	18,675	i	968			1	968
Oklahoma			5 2	5,574 1,976	1	1.660			1	1,660
Pennsylvania		414	14	12,540	2	3,508			2	3,50
			_	4,698				1		
Rhode Island South Carolina			5 5	7,317	1	1,010			1	
South Dakota					5	4,700			5	4,70
Tennessee	2	3,734	25	28,405	2	1,936			2	1,930
Texas	1	1,611		20,997	7	6,432			7	
Utah			1	1,724	2	772			2	77
Vermont		1	2	1,917						
Virginia			14	19,868	1	968			1	
Washington			5	4,800	1	968			1	96
West Virginia			10	14,755						
Wisconsin			1	979					1	74
Wyoming			1	979	1	741		1		′ "

VA Supply Fund Comparative Balance Sheet

Assets	Ju	ne 30, 1975	J	une 30, 1974	Increase (Decrease)
Cash	\$	34,755,512.67 5,700,000.00	\$	16,826,071.47	\$
Advance payments on undelivered orders		586,617.23		359.428.97	
Advances to employees		21,790.26		17.930.37	
Accounts receivable		11,484,223.88		7.523.075.41	
Inventories		67,958,888.48		58,899,362,55	
Work in process - service & reclamation division		223,486.85		63,936.11	
Work in process - printing & reproduction		16,410.51		33,905.50	
Supply Depot operating equipment less reserve for depreciation		550,044.54		509,218.97	
Printing & Reproduction equipment less reserve for depreciation		243,298.02		206,679.16	
Marketing center equipment less reserve for depreciation		23,511.43	_	25,941.00	
Total Assets	_	121,563,783.87	-	84,465,549.51	37,098,234.36
Liabilities and Capital			_		
Accrued salaries and wages		235,162.55		360,316.04	
Accrued transportation and service costs		225,365.54		254,941.15	
Accounts payable		16,600,202.66		16,285,597.50	
Advances from other government agencies		670,877.64		155,020.66	
Advance from V.A. appropriations		62,700,000.00		27,000,000.00	
Total Liabilities		80,431,608.39	_	44,055,875.35	36,375,733.04
Capital at beginning of period		40,720,743.35		40,126,189.64	
Transfer of inventories from HEW		529,807.38		594,553.71	
Adjusted capital		41,250,550.73	_	40,720,743.35	• • • • • • • • • • • • • • • • • • • •
Operating profit or loss* - current fiscal year		192,693.94		93,340.88*	
Operating profit or loss* - prior fiscal year		311,069.19*		217,728.31*	
Capital at end of period		41,132,175.48	_	40,409,674.16	722,501.32
Total Liabilities and capital	\$	121,563,783.87	\$	84,465,549.51	\$ 37,098,234.36
	_		==		

FISCAL TABLE 77

$\it VA\ Supply\ Fund-Statement\ of\ Income\ and\ Expense-Fiscal\ Year\ 1975$

INCOME

	\$263,989,752.42 259,828,767.36
	4,160,985.06
\$4,258,839.71	
1,529,539,09	
1,335,120.96	
421,146,71	
80,604.08	
68,277.59	11,576,497.73
	15,737,482.79
	5.645,799,25
	6,421,301.34
	1,773,611.18
	1,124,675.00
	270,939,33
	295,810,20
	12,652.55
	15,544,788.85
	\$ 192.693.94
	1,335,120.96 421,146.71 80,604.08

Location and Status of National Cemetery Gravesites - June 30, 1975

National Cemetery	Grave- sites Used	Grave- sites Reserved	¹ Grave- sites Available	² Close Out Date (Fiscal Year)	National Cemetery	Grave- sites Used	Grave- sites Reserved	¹ Grave- sites Available	² Close Out Date (Fiscal Year)
Alexandria, LA	5,702 4,050 482	173 30 45	569 2 6	1981 Closed Closed	Jefferson Barracks, MO Jefferson City, MO Keokuk, IA	52,647 1,538 2,315	3,042 86 75	129,315 14 9,736	2000 + Closed 2000 +
Annapolis, MDBalls Bluff, VABaltimore, MD	2,880 25 31,944	48 0 4,314	0 0 196	Closed Closed Closed	Kerrville, TX	460 7,178 12,701	0 287 1	0 10 1,848	Closed Closed 2000 +
Barrancas, FL	9,494 8,003 4,991	657 0 72	7,024 106 5	1987 1976 Closed	Lebanon, KYLexington, KYLittle Rock, AR	1,818 1,384 14,129	38 0 413	140 0 3,381	1976 Closed 1985
Bay Pines, F.LBeaufort, SCBeverly, NJ	4,198 10,803 34,608	0 194 5,195	6,035 199	Closed 2000 + Closed	Long Island, NY	203,038 ³ 64,491 6,456	14,997 4 5	28,299 38,373 25	1978 1976 Closed
Biloxi, MS	1,557 4,633 7,124	0 530 388	9,779 57,056 15,006	2000 + 2000 + 2000 +	Marietta, GA	15,929 4,238 25,971	505 0 736	93 708 3,225	Closed 1980 1980
Camp Nelson, KY	5,268 5,621 22,069	87 2 715	3,227 14 27,642	1995 Closed 2000 +	Mill Springs, KY	1,589 3,526 6,605	47 317 92	597 30 1,196	1983 Closed 1991
City Point, VA	5,409 933 6,141	92 0 28	30 11 7,304	Closed Closed 2000 +	Mountain Home, TN	5,312 23,144 4,668	0 504 74	4,688 7,465 230	2000 + 1993 1982
Crown Hill, IN	795 3,700 18,518	0 20 70	0 5 100	Closed Closed Closed	New Albany, IN	4,868 4,797 22,406	198 108 710	21 706 4,425	Closed 1983 1980
Danville, IL	5,799 393 2,117	0 1 40	753 2 20	2000 + Closed Closed	Perryville, KY	0 10,187 5,818	0 49 40	0 135 ⁴ 82	Closed Closed 1976
Dayton, OH Fayetteville, AR Finn's Point, NJ	23,193 3,027 2,703	2 139 2	972 491 0	1980 1982 Closed	Prescott, AZ	2,915 9,037 453	1 1,552 2	0 31, 26 6 127	Closed 2000 + 1995
Florence, SC	4,131 1,683 11,577	81 0 1,403	413 917 22,659	1981 2000 + 2000 +	Raleigh, NC	3,042 7,112 9,181	95 320 367	1,937 26 11,740	1988 Closed 1995
Fort Gibson, OK	6,532 1,008 15,277	177 2 697	13,089 55 3,541	2000 + Closed 1981	Roseburg, OR	1,815 1,120 13,850	1 33 77	314 0 359	1982 Closed 1979
Fort Logan, CO	16,985 802 3,123	908 0 120	57,151 154 6,365	2000 + 1991 2000 +	San Antonio, TX	3,005 21,945 8,929	32 865 525	5 18 12,367	Closed Closed 1996
Fort Meade, SD	188 41,326 30,129	0 2,871 3,752	0 192 12,166	Closed Closed 1984	Seven Pines, VA	1,085 529 6,307	4 3 302	37 137 1,510	Closed 1993 1984
Fort Scott, KS	2,618 4,818 55,897	135 267 16,811	3,206 3,650 201,967	2000 + 1996 2000 +	Staunton, VA	828 5,371 703	8 0 0	8 0 2,248	Closed Closed 2000 +
Glendale, VA	1,278 90,361 2,068	0 10,316 56	15 691 5	Closed Closed Closed	Wilamette, OR	37,920 4,062 4,985	2,785 87 51	81,765 621 16	2000 + 1976 Closed
Hampton, VA	20,798 22 1,481	564 0 0	92 0 1	Closed Closed Closed	Wood, WI	17,155 6,159 7,839	0 278 1,423	6,218 8 165	1995 Closed Closed
Houston, TX	6,678	38	194,352	2000 +					

¹Included estimated gravesites in underdeveloped areas. ²Cemeteries indicated as "closed" will continue to make interments of eligible family members in occupied gravesites and previously reserved gravesites.

³ Includes 2,605 niches used and 3,011 available.

4150 G/S held in reserve for road pending transfer of additional land.

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