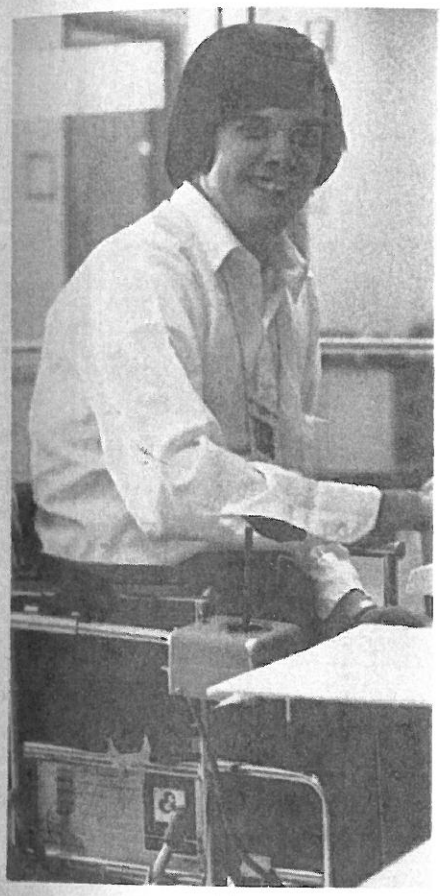
Veterans Administration

Administrator of Veterans Affairs
Annual Report 1982



America is #1 Thanks to our Veterans

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 98th 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 September 30, 1982.

Accomplishment of our mission, "to care for him who shall have borne the battle and for his widow, and his orphan," requires a special kind of team effort among the many thousands of dedicated Veterans Administration employees, the veterans' service organizations, the Congress and federal, state and community agencies. Our annual report is reflective of this partnership, all striving to work in harmony for the benefit of America's veterans.

Harry N. Walters

HARRY N. WALTERS
Administrator of Veterans Affairs

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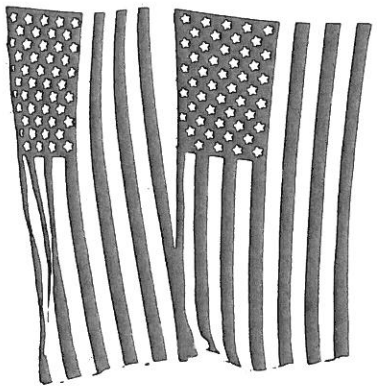

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The Veteran

Comparative Highlights

Period of Service	Veteran Population 9/30/81 (revised)	Net Separations from the Armed Forces	Deaths in Civil Life	Veteran Population 9/30/82	Percent Change in Veteran Population	Females	
						Number	Percent of Total Veteran Population
Total Veterans[1]	28,673,000	260,000	411,000	28,522,000	− 0.5	1,218,000	4.3
War Veterans[1, 2]	24,590,000	69,000	397,000	24,262,000	− 1.3	896,000	3.7
Vietnam era-Total	8,662,000	69,000	23,000	8,708,000	+ 0.5	535,000	3.7
With no Korean conflict service	8,138,000	67,000	17,000	8,188,000	+ 0.6	320,000	3.9
With Korean conflict service	524,000	2,000	6,000	520,000	− 0.8	15,000	2.9
Korean conflict-Total	5,476,000	2,000	57,000	5,421,000	− 1.0	145,000	2.7
With no World War II or Vietnam service	3,847,000	-	29,000	3,818,000	− 0.8	102,000	2.7
With World War II service	1,105,000	-	22,000	1,083,000	− 2.0	28,000	2.6
With Vietnam era service	524,000	2,000	6,000	520,000	− 0.8	15,000	2.9
World War II-Total	11,649,000	-	281,000	11,368,000	− 2.4	448,000	3.9
With no Korean conflict service	10,544,000	-	259,000	10,285,000	− 2.5	420,000	4.1
With Korean conflict service	1,105,000	-	22,000	1,083,000	− 2.0	28,000	2.6
World War I	432,000	-	64,000	368,000	−14.8	11,000	3.0
Service between Korean conflict and Vietnam era only	2,900,000	-	12,000	2,888,000	− 0.4	89,000	3.1
Post-Vietnam era	1,183,000	191,000	2,000	1,372,000	+16.0	233,000	17.0

NOTE: These data represent the number of veterans living in the U.S. and Puerto Rico and are provisional estimates reflecting overall veteran counts from the 1980 Decennial Census.

[1] Not included are 60 Spanish-American War veterans on September 30, 1982; 28 died during FY 1982. Excludes approximately 130 Mexican Border period veterans.

[2] Includes Vietnam era with no Korean conflict service, Korean conflict with no World War II service, World War II total, and World War I.

Summary

Nearly 39 million men and women have served in the armed forces during wartime periods throughout the more than 200 years of United States history. Roughly nine of every ten of these servicemen and women served during periods of armed conflicts during the 20th century. Approximately 1.1 million people have sacrificed their lives in defense of their nation during times of war. The total number of veterans living in the U.S. and in Puerto Rico at the close of FY 1982 was about 28.5 million, nearly 24.3 million of whom were wartime veterans and more than 4.2 million of whom were veterans of peacetime service only.

Number of Veterans and Period of Service

The estimated veteran population as of September 30, 1982, is 28,522,000. This estimate of the number of veterans in civilian life reflects final 1980 Decennial Census counts of veterans, and includes former military personnel living in the U.S. and Puerto Rico only.

The total veteran population of the U.S. and Puerto Rico fell by some 151,000 during FY 1982. This slight decrease of 0.5 percent was the net result of the addition of 294,000 service personnel discharged from the armed forces, the entry into the military from civilian life of 34,000 who reenlisted, and the loss of 411,000 veterans who died during the fiscal year.

The 260,000 net separations (gross separations minus reenlistments) during FY 1982 amounted to the smallest number of new entrants to the veteran population since the early 1950's. This total, which was 25 percent below the 1981 figure and 39 percent under the 1980 estimate, was held down for two principal reasons. First, approximately 78,000 persons discharged from the armed forces were not added to the veteran population because they did not record at least two years of active military duty. This group of separatees, all of whom entered the service on or after September 8, 1980, was excluded from the count of living veterans due to Public Law 96-342. This legislation stipulates that any individual who enlists in a regular component of the armed forces on or after September 8, 1980, and who fails to complete at least two years of military service, will not be afforded the rights and benefits attached to veteran status.[1] This law is one of the major reasons why the veteran population is now on a downward trend. The second key reason for the small number of separations during fiscal year 1982 pertains to the sharp rise in immediate reenlistments.

As a result of factors which are quite likely linked to the nation's rising unemployment rate and overall strained economic mood, more and more military personnel are making the choice to stay in the armed forces after their previous enlistment period has ended. This increase in immediate reenlistments results in fewer separations, and hence smaller numbers of new veterans enter the population. This trend will probably continue as long as the economic environment remains clouded.

In spite of the fact that the total veteran population decreased during FY 1982, increases were registered in the number of veterans for two periods of military service — the Vietnam era and the post-Vietnam era. The number of living veterans of the Vietnam era who served in no prior wars increased slightly from 8,138,000 on September 30, 1981, to 8,188,000 at the end of FY 1982. Post-Vietnam era veterans expanded in number to a total of 1,372,000, a rise of 189,000 during the year. This 16 percent increase would have been even larger had it not been for Public Law 96-342. Veterans from all other periods of military service showed declines during the year. Most notable was the deaths of some 281,000 World War II veterans. This group is still the largest sector of the veteran population, however, numbering about 11.4 million and comprising about 40 percent of all veterans as of the end of FY 1982. Veterans whose only wartime service occurred during the Vietnam era accounted for 29 percent of all living veterans, and Korean conflict veterans with no World War II or Vietnam service (3,818,000) constituted 13 percent. Veterans of World War I number 368,000. Peacetime veterans who served only between the Korean conflict and the Vietnam era dropped marginally to 2,888,000.

Age of Veterans

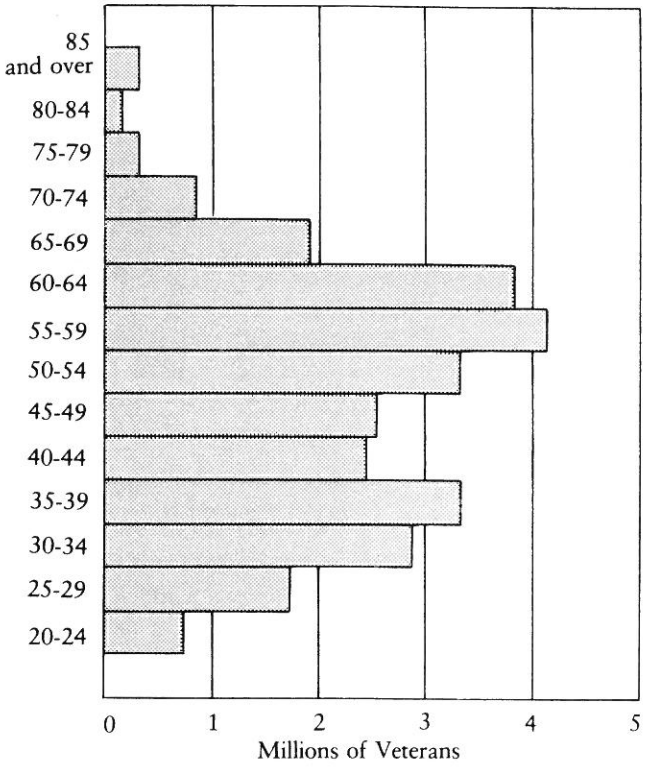
The median age of veterans in civilian life as of the end of September 1982 was 50.8 years. Less than 3 percent of all living veterans were under the age of 25 years, whereas 12 percent were at least 65 years old.

As the veteran population continues to decline in size throughout the coming years, the median age of veterans will gradually increase. An integral part of this

[1] *Exceptions to this law are those who are discharged due to service-incurred disabilities as well as those who are released due to family hardship.*

aging process will be the movement of significant numbers of World War II veterans into the age group 65 years old and over. Before the turn of the century, it is expected that fully one of every three living veterans will fall in this senior age range.

ESTIMATED VETERAN POPULATION BY AGE: SEPTEMBER 30, 1982



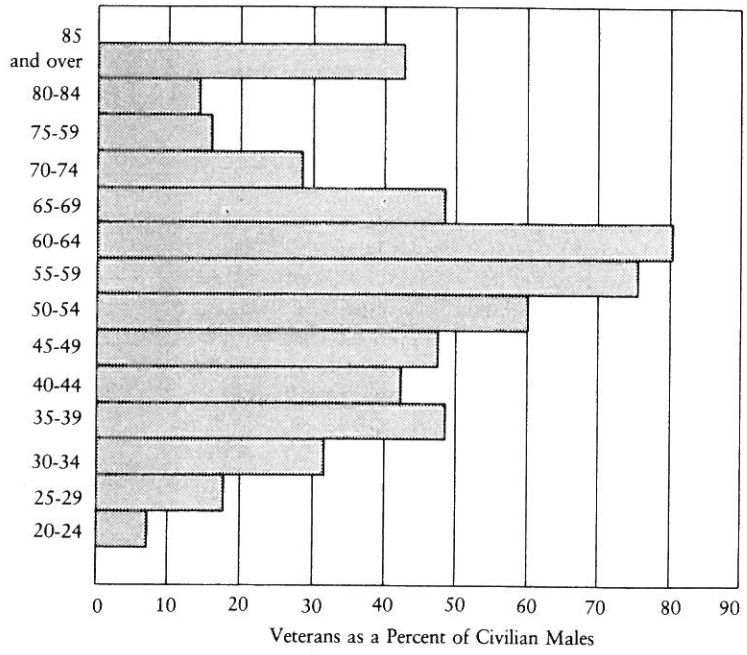
Note: Approximately 10,000 veterans are under age 20.

Some interesting patterns emerge when comparisons are made between the age structure of the veteran population and that of all civilian males 19 years old and over, the population from which virtually all military service veterans are drawn.

During FY 1982 very few (less than five percent) of the civilian male population between 19 and 24 years old were veterans. The proportions generally increase with advancing age, however, reaching a peak among males 60-64 years old; four of every five in that age group are veterans. This high percentage reflects the extent to which the male population was called upon to serve their country during World War II. Similarly the group of World War I veterans is represented in the oldest age group, where 43 percent of all civilian males at least 85 years old are former military personnel.

Post-Vietnam era veterans, all veterans whose military service was performed entirely after May 7, 1975, are the youngest with a median age of 24.7 years. Vietnam era veterans with no service in the Korean conflict are the next youngest with a median age of 35.2 years, while former military personnel of the peacetime period between the Korean conflict and the Vietnam era had a median age of 43.9 years. In reversed chronology, they are succeeded by Korean conflict (only) veterans (51.5 years), World War II veterans (61.6 years), and veterans of World War I (87.3 years). As of the end of FY 1982, there remain 60 veterans of the Spanish-American War with a median age of 102 years.

VETERANS AS A PERCENT OF ALL CIVILIAN MALES, BY AGE: SEPTEMBER 30, 1982



Note: Under age 20 = 0.1 percent

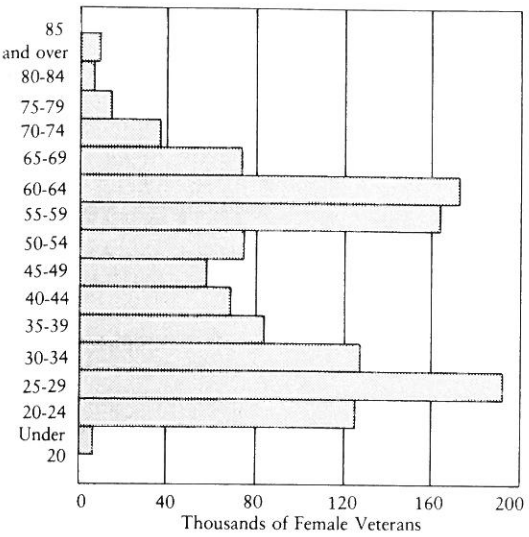
Female Veterans

The estimated number of female veterans is 1,218,000 at the end of FY 1982, a total representing some 4.3 percent of all veterans in civilian life. This estimate of the female veteran population is markedly higher than any previous estimate. This higher estimate is based on the findings of the 1980 Decennial Census. The count of female veterans grew by about 18,500, or by 1.5 percent, during the 12 months ending September 30, 1982. This growth, which stands in contrast to the decline in the overall veteran population, is very likely to continue as long as the women's share of all active duty military personnel remains at or near its present level. Women currently comprise nine percent of all active duty military personnel, a proportion decidedly greater than the less than two percent they represented a decade ago.

World War II female veterans comprised 37 percent (448,000) of the female veteran population, while female veterans of the Vietnam era made up 26 percent (320,000). Korean conflict (only) female veterans accounted for 8 percent (102,000) of the overall number of female veterans, and female veterans with Korean conflict and Vietnam era service (15,000) comprised over one percent, and female veteran survivors of World War I constituted just one percent (11,000). Women who served on active military duty only between the Korean conflict and the Vietnam era accounted for seven percent (89,000) of all female veterans. The major difference between the period of service distribution of female veterans and that of all veterans is the proportion of ex-servicewomen who participated only in the post-Vietnam era. Whereas female veterans of the Post-Vietnam era represent 19 percent of all female veterans, Post-Vietnam era veterans, male and female, comprise only five percent of all living veterans. This factor is the primary reason why the median age of female veterans (45.5 years) is decidedly below that of all veterans (50.8 years); i.e., former military personnel whose only service began after the Vietnam era ended (May 7, 1975) would generally be expected to be much younger than veterans of any other period of service. The comparatively large influx of post-Vietnam era female veterans into the veteran population is also the predominant reason for the growth of the percent of the veteran population comprised of females. During FY 1982 alone, nearly 21,000 women were added to the post-Vietnam era veteran population

after their separation from the armed forces. This steady flow of new (and young) female veterans has resulted in the recent decline in the median age of female veterans overall.

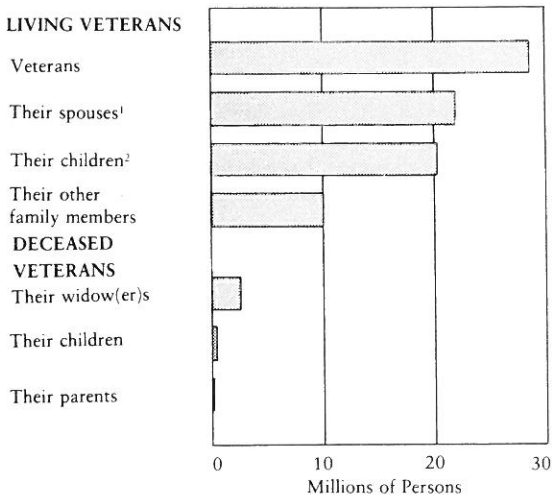
ESTIMATED FEMALE VETERAN POPULATION
BY AGE:
SEPTEMBER 30, 1982



Veterans and Their Families

Living veterans are only part of the total number of potential recipients of VA benefits. As of September 30, 1982, there are an estimated 22.0 million spouses of living veterans, 20.2 million dependent children, and 10.0 million other family members. Although only a small proportion of these dependents are likely to seek benefits directly from the VA at any time in the future, benefits paid to veterans will indirectly affect the socioeconomic well-being of a great number of their dependents. Former dependents of deceased veterans number about 3.1 million at the end of FY 1982. The 2.6 million widows and widowers, 356,000 dependent children, and 103,000 dependent parents of eligible deceased veterans raise the total population of potential beneficiaries to some 83.8 million, or about 36 percent of the resident population of the United States.

VETERANS AND THEIR FAMILIES:
SEPTEMBER 30, 1982



[1] *814,000 married female veterans are counted as veterans, but not as spouses.*
[2] *Number of own children under age 18.*

Characteristics of Veterans

The VA obtains data on various socioeconomic characteristics of male veterans and nonveterans from the Current Population Survey (CPS) through a contract agreement with the Bureau of the Census and approval of the Department of Labor, the survey's sponsor. Data from the CPS include educational attainment, income, work experience, school enrollment, and employment status.

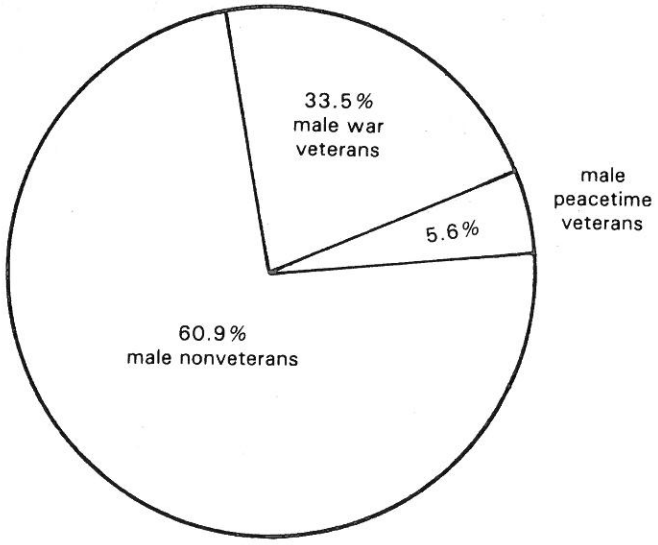
Differences between veterans and nonveterans in median income may be largely explained by variances in their age distributions. If the nonveterans' age distribution is made to conform to that of veterans, differences in income are reduced considerably.

Educational Attainment and Income

All Veterans

In March 1982 there were 73.3 million males age 17 and over in the civilian noninstitutional population of the United States. Of this number, 28.6 million were veterans and their median education level was 12.7 years; for their 44.7 million nonveteran counterparts, the comparable figure is 12.6 years.

NONINSTITUTIONAL MALE POPULATION MARCH 1982



Seventy-five percent of the war veterans, all of whom were 24 or more years old, had completed the requirements for a high school diploma or its equivalent. Eighty-five percent of the peacetime veterans and 71 percent of the nonveteran males also had high school diplomas or the equivalent. Both of these latter groups include substantial numbers of 17 to 25 year olds. About one-fifth of the males in each group had completed college.

Higher education correlates with increased earnings as can be seen in the median incomes of both veterans and nonveterans in calendar year 1981. Differences in median incomes at progressively higher education levels are substantial as demonstrated in the following table.

Attained Level of Education	Median Income in 1981	
	Veterans	Nonveterans
No high school	$ 9,380	$ 7,120
Some high school	12,510	9,800
High school graduate	17,980	13,340
Some college	21,130	11,850
College graduate	29,210	23,400

An exception to the rule that more education results in more income appears in the table for nonveterans with 1 to 3 years of college. Their median income was $1,490 lower than for nonveteran high school graduates who had not gone to college. This can be traced to the fact that the average age of nonveterans with some college is much lower than that of nonveteran high school graduates and these younger nonveterans have less work experience and less job seniority. Additionally, a greater proportion of the nonveterans with some college were still attending classes during most of the year limiting their income potential.

The median income of veterans was higher than that of nonveterans at every educational level.

The median income for veterans ranged from $9,380 for those with no high school to $29,210 for those who were college graduates. Median incomes for nonveteran males with no high school education was $7,120 while for those who completed college it was $23,400. The median income of veteran high school graduates was $4,640 higher than for nonveterans.

Vietnam Era Veterans

Vietnam era veterans under age 40 had a median educational level of 12.9 years and a median income of $19,190 in 1981. Nonveteran males of similar age also had a median educational level of 12.9 years but a median personal income of only $12,630. Comparison of the distribution of educational attainment for Vietnam era veterans and nonveterans shows that 9 of 10 Vietnam era veterans had completed high school while 8 of 10 nonveterans under 40 years old had done so. Despite the greater proportion of high school graduates among veterans, the percentage who had completed college was a bit higher for nonveterans (20.0 percent for Vietnam era veterans, 23.1 percent for nonveterans under 40 years old).

Work Experience

All Veterans

Four out of five veterans and nonveterans worked during calendar year 1981. Seventy-eight percent of the 23.5 million working veterans and 70 percent of the 36.1 million working nonveterans worked throughout the year, full-time or part-time. Ninety-three percent of the veteran workers and 89 percent of the nonveteran workers held full-time jobs for all or part of the year.

Vietnam Era Veterans

Ninety-six percent of all noninstitutional male Vietnam era veterans under 40 years of age worked during calendar year 1981. Seventy-seven percent of the 7.0 million Vietnam era veterans who worked had year-round employment. Ninety-three percent of the nonveteran males under 40 years old worked during the year and about two-thirds of these nonveterans worked year-round.

Employment Status

War Veterans

The unemployment rate for male war veterans averaged 6.1 percent for FY 1982, or 1.7 percentage points higher than for FY 1981. Male nonveterans had an unemployment rate of 10.6 percent this fiscal year, 2.1 points higher than in the previous year.

Vietnam Era Veterans

An average of 8.2 million Vietnam era veterans were in the labor force in FY 1982, about the same as in FY 1981. However, the average number of unemployed Vietnam era veterans increased from 480,000 in FY 1981 to 660,000 in FY 1982, resulting in a rise in the unemployment rate from 5.8 percent of their labor force to 8.0 percent over the fiscal year.

Family Income

War Veterans

The number of families headed by male war veterans was estimated to be 19.4 million in 1981 and their median family income for the year was $27,660. Families headed by nonveterans had a median family income of $22,670. In 53 percent of families (whether headed by war veterans or nonveterans), wives worked. Among families headed by veterans, the wife's earnings increased the median family income to more than $30,000, compared with $22,970 when the wife did not work. Median family incomes ranged from a high of more than $30,000 for families headed by veterans 40-59 years old, to a low of $15,340 for families whose veteran head was 70 or more years old; from a median of $30,000+ if the family head is 55-59 years old, to $25,240 when the family

head is 60-64 years old, to $18,520 when he is 65-69 years old. Taking the entire 19.4 million veteran families into consideration, one of 15 had a family income below $8,500, the approximate poverty level for a nonfarm family of four in 1981.

Vietnam Era Veterans

There were 5.2 million families in the United States headed by male Vietnam era veterans under 40 years of age in March 1982. Their median family income was $26,880 compared with $23,530 for families headed by similar-aged male nonveterans. In 68 of 100 families headed by Vietnam era veterans, the wife worked, thereby raising the median family income to $28,530 compared with $23,500 for those young veterans' families in which the wife did not work.

New Legislation

The following laws of particular interest to the VA, veterans, and their families and survivors were enacted in FY 1982.

Public Law 97-66—Veterans' Disability Compensation, Housing, and Memorial Benefits Amendments of 1981

This law increased the rates of disability compensation for disabled veterans by, on the average, 11.2 percent; increased the rates of DIC payable by 11.2 percent; increased the allowance for automobile adaptive equipment from $3,800 to $4,400—including as eligible for such allowance those veterans suffering from service-connected ankylosis of one or both knees or hips. Each of these provisions was retroactive to October 1, 1981. Other provisions increased the life insurance program coverage—SGLI & VGLI—from $20,000 to $35,000, effective December 1, 1981, and regulated procedures for collecting delinquent premiums. Authority was also granted the Administrator to guarantee home loans providing graduated-payment plans; to extend the maximum maturities for mobile home loans; and to increase the amount payable in specially adapted housing assistance from $30,000 to $32,500. In addition, the Act required that advance notification be given the Congress regarding certain VA reorganizations; limited expenditures of medical appropriations in connection with contracting out studies required by OMB Circular A-76; expanded eligibility for memorial markers; required the continuation of full pension payments to certain hospitalized veterans undergoing rehabilitation; imposed a minimum-service requirement for eligibility for VA benefits; allowed the Administrator to waive the pro rata refund requirement for certain educational institutions; and provided for the naming of two VA medical centers after certain individuals.

Public Law 97-72—Veterans' Health Care, Training, and Small Business Loan Act of 1981

Title I authorizes priority hospital care and medical treatment for Vietnam era veterans exposed to dioxins or other toxic substances and for veterans exposed to the ionizing of radiation; extends for three additional years the eligibility period for Vietnam era veterans to request readjustment counseling from the VA; requires the VA to maintain and operate not less than 90,000 hospital and nursing home beds in its facilities and requires the President to include an amount in the budget to operate this number; clarifies the VA's authority to recover certain health care costs provided to veterans for non-service connected medical treatment; provides a more cost-effective grant program through FY 1986 to the Philippines to assist in the care of United States veterans; extends the VA's authority to provide hospital care and outpatient treatment on a contract basis for veterans in Puerto Rico, the Virgin Islands, and other territories of the United States; extends outpatient dental care for veterans who reenlist within certain periods; and facilitates the treatment in VA facilities for those individuals eligible for health care through CHAMPVA.

Title II extends for two years the delimiting date for the pursuit of certain programs of education or training under the GI Bill for those veterans who served during the Vietnam era under certain conditions. Also, this title extends for three additional years the authority for Federal departments and agencies to make veterans' readjustment appointments within the Federal Government.

Title III provides for the establishment of a small business loan program to be administered by the VA for disabled and Vietnam era veterans. The program is authorized through FY 1986, and $25 million is authorized to carry out the program.

Title IV authorizes the expansion of the Agent Orange epidemiological study and literature review to include additional factors that might be related to the health problems of Vietnam era veterans. These factors may include the exposure to other herbicides, chemicals, medications, or environmental hazards or conditions.

Public Law 97-101—HUD-Independent Agencies Appropriations, FY 1982

This Act provides appropriations for the VA as follows:

Compensation and Pension	$13,824,000,000
Readjustment Benefits	1,919,100,000
Vets. Ins. & Indemnities	8,500,000
Medical Care	6,966,418,000
Medical and Prosthetic Research	128,215,000
Medical Administration and Miscellaneous Operating Expenses	55,392,000
General Operating Expenses	640,132,000
Construction, Major	372,270,000
Construction, Minor	102,010,000
Grants for State Extended Care Facilities	15,840,000
Garage & Parking	-0-
Total	$24,031,877,000

Public Law 97-141—Federal Physicians Comparability Allowance Amendments of 1981

A prior law, Public Law 95-603, authorized Federal agencies to pay General Schedule physicians and dentists amounts up to $10,000 in exchange for an agreement to work for a specified period of time, in order to ameliorate forseen problems of recruitment and retention. This Act extends that authority until September 30, 1983.

Public Law 97-174—VA and DOD Health Resources Sharing and Emergency Operations Act

Resource-Sharing, Beneficiary Referral: This Act requires the establishment of a VA-DOD Health Care Resources Sharing Committee to promote the sharing of medical resources between the two agencies. Guidelines are to be drawn up that will provide for sharing but that will not adversely affect the range of services, quality of care, or established priorities of care of either agency. Local agreements for sharing of resources of treatment of the other agency's beneficiaries on a referral basis may be entered into, subject to the veto authority of the VA's CMD or the DOD's Assistant Secretary. Reimbursement for treatment rendered is provided for, with adjustments for local costs.

DOD Emergency Backup: During a period of war or national emergency declared by the Congress or the President, the VA is to provide medical care to active duty Armed Forces personnel, with priority immediately following veterans with service-connected disabilities. During such a period, the VA may contract with private facilities for the treatment of veterans displaced by the VA's treating of military personnel.

Public Law 97-177—Prompt Payment Act

This Act requires that the Government pay interest penalties on overdue amounts to businesses furnishing it supplies or services. Generally, interest is payable after thirty

days of receipt of a proper invoice. Interest rates are set by the Treasury department. Annual reports to OMB are required showing amounts paid under this Act.

Public Law 97-189—POW/MIA Recognition Day

This law designates July 9, 1982, and April 9, 1983, as "National POW/MIA Recognition Day." This measure is to show appreciation for the servicemembers listed as missing in action and for those who have been held as prisoners of war.

Public Law 97-219—Small Business Innovation, Research and Development Act, 1981

This law requires agencies with R&D budgets in excess of $100 million to set aside certain percentages of funds for contracts with small businesses, but contains an exception—adopted at the VA's request—excluding funds spent on in-house research from being counted toward the $100 million. The VA is affected by a provision requiring agencies to match for the year the amount that was spent on small business contracts during the preceding year.

Public Law 97-228—National Purple Heart Week

The week beginning August 1, 1982, is designated as "National Purple Heart Week" to show appreciation to those who have been wounded while defending this country.

Public Law 97-234—American Ex-Prisoners of War

This Act charters the American Ex-Prisoners of War, as a national service organization, to serve the estimated 93,000 living former POW's and their spouses and survivors.

Public Law 97-240—National Disabled Veterans Week

This Act proclaims the week beginning November 7, 1982, as "National Disabled Veterans Week," to show appreciation to approximately 2.5 million service-connected disabled veterans for their dedicated service to this country.

Public Law 97-248—Tax Equity and Fiscal Responsibility Act of 1982

This Act makes several changes to the tax laws and extends Medicare coverage to Federal employees and subjects them to the hospital insurance portion of the FICA tax, effective January 1, 1983. Medical interns, student nurses, and temporary emergency personnel are excluded.

Public Law 97-251—Veterans Administration Health-Care Programs Improvement and Extension Act of 1982

This Act grants the Administrator the discretion to increase the rates of pay for nurses and other health-care personnel working between midnight Friday and midnight Sunday and to provide that nurses working two regularly scheduled twelve-hour tours on weekends may be considered to have worked a full forty-hour workweek. The Act allows full-time VA employees to participate in the Health Professional Scholarship Program. Service obligation is to be incurred by employees in return for their participation in the program. Contract care in Puerto Rico and the Virgin Islands is extended for one year, as is the due date of the report to the Veterans Affairs Committees on the pilot program of alcohol and drug treatment and rehabilitation. CHAMPVA eligibility is reinstated for certain survivors and dependents of severely disabled service-connected veterans. Grants in a matching fund program for construction, expansion, and remodeling of State veterans homes are extended through FY 1986, and in addition, such homes are eligible to exchange medical information with VA facilities by using VA electronic communications capabilities. The Administrator is to report to Congress by July 1, 1984, on alternative work schedules used by VA employees.

Public Law 97-253—Omnibus Reconciliation Act of 1982

This Act makes a number of adjustments and other changes affecting the VA. Payment of awards will be on the first of the month following the effective date for several types of cases. Reductions in compensation, DIC, or pension because of a decrease in dependents will be made on the last day of the month the decrease happens—rather than at the end of the year. Pension payments and certain compensation payments will be rounded down to the next, even dollar amount. A fee of 0.5 percent of the principal amount is required on VA home loans, with the fee waived for veterans entitled to receive compensation and certain surviving spouses.

Public Law 97-257—Supplemental Appropriations Act, 1982

This law directed the transfer of $4,198,000 from the Medical Care Account for continuing Agent Orange studies, authorized the transfer of $8,000,000 for the nurse scholarship program, provided $500,000 for grants to the Veterans Memorial Medical Center in the Philippines, made a direct appropriation of $50,000,000 for the Medical Care Account, and provided for cost-of-living adjustments for Federal employees as follows: $147,308,000 for the Medical Care Account, $4,244,000 for the Medical and Prosthetic Research Account, and $21,925,000 for the General Operating Expenses Account.

Health Care

Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Facilities operating at end of year			
Medical centers	172	172	
Hospital care	(172)	(172)	
Outpatient care	(172)	(172)	
Nursing home care	99	96	
Domiciliary care	15	15	
Independent or satellite clinics	53	53	
Independent domiciliary	1	1	
Employment (net full-time equivalent)	195,251	193,578	+0.9
Operating costs (in millions)	$7,252.2	$6,699.1	+8.3
Medical care	6,999.4	6,447.0	+8.6
Research in health care	139.8	144.7	−3.4
Medical administration and miscellaneous operating expenses	57.8	50.5	+14.5
Other medical programs	55.1	56.9	−3.2
Inpatients treated	1,357,547	1,360,256	−0.2
VA facilities	1,272,151	1,276,933	−0.4
Other facilities	85,396	83,323	+2.5
Average daily inpatient census	102,601	102,751	−0.1
VA facilities	80,467	81,874	−1.7
Other facilities	22,134	20,878	+6.0
Outpatient medical visits	17,808,977	17,929,550	−0.7
VA staff	15,861,687	15,825,064	+0.2
Fee-basis	1,947,290	2,104,486	−7.5
Outpatient dental care			
VA staff			
Examinations	159,964	155,493	+2.9
Treatment cases completed	166,352	155,151	+7.2
Cases completed on fee-basis	51,899	74,528	−30.4
Prescriptions dispensed	40,650,610	39,265,391	+3.5
Lab procedures (unit count)	232,035,884	215,990,010	+7.4
Radiology examinations	5,266,166	5,553,131	−5.2

Summary

At the end of FY 1982, the VA health care system was providing care in 172 medical centers, 226 outpatient clinics, 99 nursing home care units, and 16

domiciliaries. These facilities included three new nursing home care units at Gainesville, Florida; Livermore, California; and Wilkes-Barre, Pennsylvania.

During the year, the VA cared for approximately 1.3 million hospital inpatients in VA and non-VA facilities; 57,800 nursing home care patients in VA and community facilities; and 23,300 patients in VA and other domicillary homes, for a total of nearly 1.4 million inpatients treated. Outpatient visits for medical care totaled almost 18 million of which about 16 million were made to VA staff and 2 million to private physicians on a fee for service basis. Dental care also continued to play a major role in the delivery of health care to veterans.

The VA continued to help support veterans receiving hospital, nursing home or domiciliary care in 48 state homes. Also, the VA continued its agreement with the Department of Defense under which the DOD contracts for care for individuals who had established entitlement under the Civilian Health and Medical Program of the VA authorized by Public Law 93-82.

VA clinician investigators and research scientists throughout the country continued, in an outstanding manner, the search for knowledge to improve health care in support of the Agency's mission to provide veterans with quality medical care. The VA also provided education and training to over 98,000 employees of the Department of Medicine and Surgery.

A major development during the year was the passage of Public Law 97-174, "The VA-DOD Health Resources Sharing and Emergency Operation Act," which adds a fourth mission to VA's health care system to act as principal medical care backup for the Department of Defense to provide care to members of the Armed Forces in case of war or national emergency. The law also encourages greater sharing of resources between the two agencies.

Significant major initiatives taken during the year were the continued development of the Medical District Initiated Program Planning (MEDIPP) process; broadening of the strategic management process to include resource allocation, development of staffing standards and productivity measures; the decentralization of the Department's ADP systems; a systematic review and redevelopment of management reporting systems; and improvements in the personnel system to achieve better utilization, recruitment and retention.

Geriatri
Extend

To accomplish its mission, VA's Department of Medicine and Surgery operated with a budget of $7.3 billion and employed more than 195,000 full-time equivalent persons.

Types of Care

Hospital Care

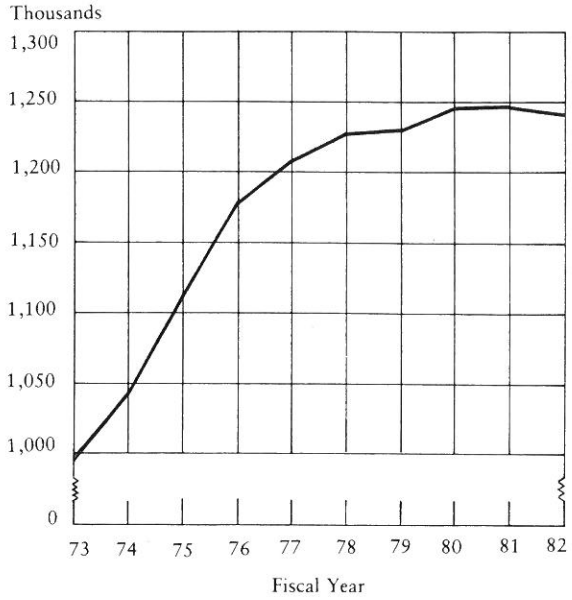
During the fiscal year, VA medical centers operated an average of 80,154 hospital beds-39,539 in medical bed sections (including intermediate care beds), 16,866 in surgical bed sections, and 23,748 in psychiatric bed sections. The average bed occupancy rate was 81.0 and the average monthly patient turnover rate was 151.0. The average daily census was 64,894.

The number of hospital patients treated in VA medical centers and non-VA hospitals (i.e., the number of discharges and deaths during the year plus the number on the hospital rolls at the end of the year) totaled 1,276,383, about the same as last fiscal year. Of this number, 1,242,544 were treated in VA medical centers. The accompanying charts on the opposite page shows the trend in the number of hospital patients treated in VA medical centers during the past ten fiscal years.

Ambulatory Care

Ambulatory care continued to play a vital role within VA's commitment to optimize the supply of health care available to eligible veterans. In keeping with this goal, the VA considers it important that the least expensive level of care be utilized consistent with the medical needs of veterans; for many, this level is ambulatory care. In FY 1982, there were more than 15.8 million outpatient medical visits made to VA staff at VA's outpatient clinics, and almost 2 million visits made to private physicians authorized on a fee-for-service basis.

HOSPITAL PATIENTS TREATED IN VA MEDICAL CENTERS



Improvement of the physical facilities of VA outpatient clinics continued with the completion of construction, renovation, and improvement of the flow of patient traffic. Two previously designated independent clinics, Brooklyn, New York, and Lubbock, Texas were converted to satellite clinics of the VAMC Brooklyn, New York, and the VAMC Amarillo, Texas, respectively. This was done to improve both the comprehensiveness and quality of patient care services, and their administrative efficiency.

Geriatrics and Extended Care

The VA has been long aware of the impact that aging World War II and Korean conflict veterans will have on its health care delivery system. The number of veterans age 65 and over will increase from 3.5 million in 1981 to 7.7 million in 1990, and 9.0 million in the year 2000, representing 12 percent, 27 percent and 34 percent respectively, of the total veteran population for these same years. After age 65 there is a rapid increase in the frequency of acute and chronic illnesses which will require short and long-term care. These are two of the many factors which will increase the demand for medical care by older veterans.

The VA medical care system will address the increasing medical care requirements of the aging veteran population by striving to provide the best possible acute and long-term medical care for the aging veteran; developing, implementing and maintaining pertinent educational programs; and identifying, developing, initiating and maintaining a program of medical and health services research to improve care for the aging veteran. Major emphasis and direction in these areas is a concern of the Geriatric Research, Education and Clinical Centers. System planning is already underway to identify specific needs and to structure programs accordingly through the Medical District Initiated Program Planning (MEDIPP) process.

While the goal is to provide the best possible care, the delivery of services must be provided in the most cost-effective manner consonant with reasonable accessibility. Therefore, efforts have been and will continue to be directed to containing the costs of current programs, and expanding the use of less costly alternative modes of providing care.

To evaluate quality of care, standard protocols have been completed for professional peer reviews of the VA nursing home program and the hospital based home care program, and one is partly completed for the VA domiciliary care program.

The procedure for review of the State veterans homes has been steadily improving as well. A patient oriented management information system has been placed in all 30 hospital based home care programs, which will improve the utilization of that program as well as the monitoring of patients' progress.

Cost containment efforts include the initiation of a joint Department of Medicine and Surgery/Office of Construction task force to reduce the costs of construction of VA nursing home care units. To date, all functional space requirements have been reviewed and a savings of some 10 percent in the gross square footage has been developed for use in future nursing homes without loss of quality care.

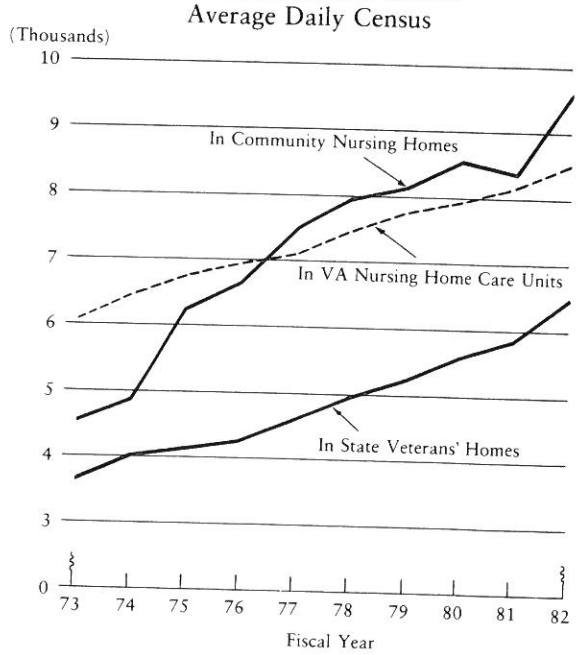
The VA's extended care programs encompass a broad spectrum of care for veterans of all ages who need such care and is not solely a function of care for elderly veterans. The range of programs, in addition to extended hospital care (intermediate care), includes: nursing home care which has three components—the VA's own nursing home care program, the community (contract) nursing home care program, and the state home nursing care program; the domiciliary programs of both the VA and the States; outpatient care; hospital based home care program; adult (geriatric) day health care program; the residential care program; and one prototype hospice program caring exclusively for the terminally ill.

VA Nursing Home Care

The nursing home care units located in VA medical centers provided skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home care patients typically require a prolonged period of care and supervision, and rehabilitation services to attain and maintain optimal function.

In FY 1982, 15,072 veterans were treated in VA nursing homes which had an average daily census of 8,486. The average age of the veterans treated was 70.1 years; 62.4 percent were 65 or over, and their average attained length of stay was 3.06 years. Approximately 35.1 percent were receiving compensation for service-connected conditions and 36.6 percent were receiving VA pension. The trend toward increased provision of nursing home care by the VA is shown in the chart below.

NURSING HOME CARE
Average Daily Census



Three new 120-bed nursing home care units were activated at the VA medical centers in Gainesville, Florida; Livermore, California; and Wilkes-Barre,

Pennsylvania. These and other changes resulted in a net increase of 266 operating beds for a total of 9,239 nursing home beds at 99 VA medical centers by the end of FY 1982.

Community Nursing Home Care

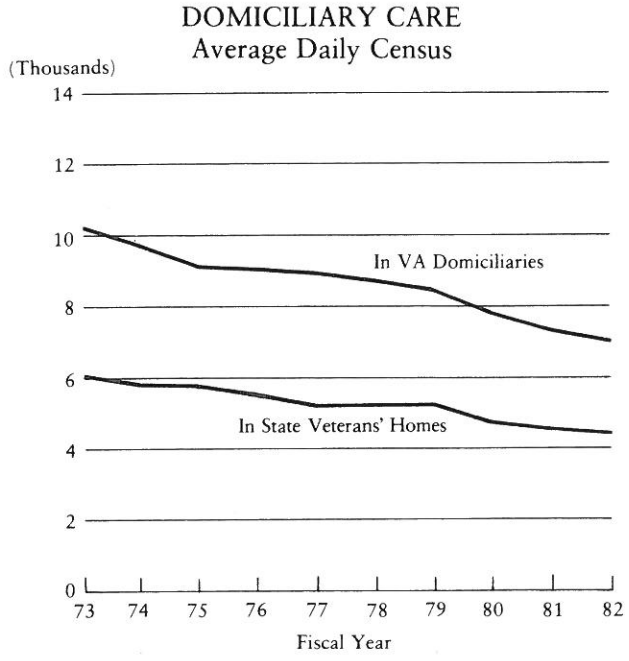
This is a contract program for veterans who require skilled or intermediate nursing care in making the transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment primarily of a service-connected condition may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed six months. The program requires assessment of participating facilities and follow-up visits to veterans by teams from the VA medical centers.

FY 1982 saw a large increase in community nursing home placements. There were 31,658 veterans treated in the program, representing a 12 percent increase compared with FY 1981. Similarly, the number of nursing homes under contract increased to 3,100, or 7 percent more than in FY 1981. The average daily census in these homes for FY 1982 was 9,525. The average age of veterans treated was 67.7 years; 56.2 percent were 65 years or older, and their average attained length of stay was 1.09 years. Approximately 47 percent were receiving compensation for service-connected conditions and 27 percent were receiving a VA pension.

Since April 1981, the VA has, through arrangements with the states (coordinated with the Department of Health and Human Services), attempted to make maximum use of inspections conducted for Medicare or Medicaid, reducing the amount of time and duplication in such efforts of the VA. Due to cutbacks in inspection efforts of some states, however, the VA medical centers sometimes find that they must continue to conduct a full-team inspection of nursing homes. While the general VA policy of greater reliance on state inspections continues, this policy can only be maintained where there is a strong state inspection program.

VA Domiciliary Care

Domicilary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by age, disease, or injury and are in need of care but do not require hospitalization or the skilled services of a nursing home.



Ongoing initiatives designed to enhance therapeutic programming continue to facilitate the preparation of many veterans for early return to the community and to improve the quality of life for others who require extended periods of care. Special emphasis has been placed upon the identification and satisfaction of needs unique to our elderly veterans in order that they may reach and maintain the highest possible levels of health and functional independence.

Standards and criteria specifically designed to permit objective evaluation of the quality of care and administrative procedures unique to domiciliary operations were drafted for implementation in 1983.

In FY 1982, there were 14,535 veterans treated in VA domiciliaries with an average daily census of 7,087. The average age of the veterans treated during the year was 59.6 years; 29.9 percent were 65 or over, and their average attained length of stay was 3.97 years. Approximately 28.1 percent were receiving compensation for service-connected conditions and 43.3 percent were receiving a VA pension.

State Veterans' Homes

The VA's relationship with state veterans' homes is based on two grant programs. One is a per diem program which enables the VA to assist the states in providing care to veterans eligible for VA care and who are furnished domiciliary, nursing home, or hospital care in state home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

Durng FY 1982 the state homes maintained an average daily census of 6,428 nursing home, 4,493 domiciliary, and 580 hospital patients. Veterans treated during the year in state veterans' nursing homes and domiciliaries were, on average, three to four years older than those in VA facilities. A greater proportion was 65 years of age or over than in VA facilities.

In FY 1982, state home construction was started at Augusta, Maine and Charlotte Hall, Maryland. The West Virigina State Home in Barboursville received official recognition for purposes of per diem payments. The VA obligated funds totalling $12 million for construction and renovation projects.

Hospital Based Home Care

This program arranges for selected patients, who would otherwise remain in the hospital, to return to their own homes for further care. The patient and the family are provided instruction in nursing procedures and in daily care under the coordinated supervision of a hospital based treatment team. The team provides medical, nursing, social, rehabilitation, and dietetic regimens as follow-up to hospital care. Thirty VA medical centers are providing hospital based home care services. More acute care beds in hospitals are made available by providing increased days of care in the home.

In FY 1982, there were 144,100 home visits made by health professionals. Over 6,500 patients were treated, of whom about 22 percent were terminally ill cancer patients. An information system, based on individual patient records, has been activated which describes the types of patients treated and the professional services rendered in the program.

Adult (Geriatric) Day Health Care

Adult (geriatric) day health care centers provide a program of health maintenance and therapeutic activities in a congregate setting for veterans who, without the program, would require continued and full-time institutionalization. Advances in the understanding and treatment of certain illnesses of the elderly now make it possible for many of these persons to function independently with the partial care offered by these centers.

Staff in numerous VA medical centers have expressed strong interest in the value of adult day health care programs in facilitating the return of older veterans to their own homes, to shorten the length of stay in acute beds, and to provide an environment in which these veterans can continue rehabilitation programs among

their peers in the community. Program models are already in operation at the VA medical centers in North Chicago, Illinois; Loma Linda, California; American Lake, Washington; Palo Alto, California; and at the VA outpatient clinic Boston, Massachusetts.

The VA is currently exploring the potential for further development of adult (geriatric) day health care programs to provide a cost effective and appropriate level of care for selected patients.

Residential Care

This is the largest of the extended care programs and is operated at minimal expense since the only cost to the VA is for administration. This program provides residential care, including room, board, personal care, and general health care supervision to veterans who do not require hospital or nursing home care, but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly follow-up visits from VA social workers and other health care professionals, and are outpatients of the local VA facilities. In FY 1982, an average daily census of 12,800 was maintained in this program utilizing approximately 3,124 homes.

Geriatric Research, Education and Clinical Centers (GRECCs)

The GRECC program consists of eight centers hosted by VA medical centers and represents an important response to the health care needs of aging veterans. It serves to attract and develop superior staff in the field of gerontology and geriatrics, to utilize and redirect resources for geriatric care, and to advance and integrate research and educational achievement in geriatrics and gerontology into the VA health care system. Geriatric evaluation units (GEU's) and geriatric rehabilitation units consisting of from 10 to 30 beds have been activated at the GRECCs for intensive diagnosis, research, and therapy. These GEUs are currently under study, as are other models of geriatric and extended care service delivery. The clinical foci include drug metabolism, geropsychiatry, nutrition, team care, cardiopulmonary rehabilitation, endocrinology, and various dementias.

The research and educational efforts of the GRECCs concentrate in related areas such as neurobiology, connective tissue, metabolism, the aging nervous system, immunology, rheumatology, cognitive disorders, and neuroendocrinology. Congress has recognizd the need to strengthen existing GRECCs, and stipulated in Title III of Public Law 96-330 that prior to funding new centers, the existing VA medical centers that host them should receive adequate funding to enable them to function more effectively. Title III authorizes the designation of up to 15 VA medical centers as locations for GRECCs, including the eight existing ones. It also includes the criteria for selection of VA medical centers for designation as existing or new sites for GRECCs and establishes a new Geriatrics and Gerontology Advisory Committee (GGAC). The GGAC completed the site visits to evaluate the existing GRECCs during FY 1982.

Medical Care for Dependents

By the end of FY 1982 there were approximately 215,700 individuals (128,700 adults and 87,000 children) in 137,500 family groups who had established entitlement for medical care under CHAMPVA (Civilian Health and Medical Program of the VA) authorized by Public Law 93-82. The law authorizes VA to furnish medical care to the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability, and to the surviving spouse or child of a veteran who died as a result of a service-connected disability, or who at the time of death had a total disability, permanent in nature, resulting from a service-connected disability. Effective January 1, 1980, eligibility was extended to the surviving spouse or child of a person who died while on active duty. CHAMPVA care may be furnished to these eligible dependents provided they are not eligible for CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) or Medicare. Medical care may be provided in VA facilities which are equipped to provide the required care if the facilities are not being used for the care of eligible veterans. Since the program began in September 1973, $272,593,000 has been expended for hospital care, physician visits, and prescriptions.

During FY 1982, the VA activated its first "in-house" bone marrow transplant unit at the Seattle VA medical center. Bone marrow transplant is a promising new form of therapy in which bone marrow from a related donor is used in the treatment of selected patients with such otherwise fatal conditions as severe aplastic anemia and leukemia.

Hepatitis B vaccine, a major breakthrough in disease control, became available for the first time during FY 1982. The VA has begun a program of immunizing high risk patients and employees and it is anticipated that over 30,000 persons will be immunized in the first twelve months.

VA medical services continued to emphasize the areas of hypertension, sickle cell disorders, dialysis, rheumatology-immunology, cardiology, pulmonary disease, intensive care, pacemakers, and geriatrics.

Thirty-two VA medical centers participating in the special hypertension screening and treatment program treated approximately 39,000 veterans, 60 percent of whom are under complete control. Another 25,000 veterans who did not participate in the special hypertension screening and treatment program, but who were considered at risk were followed at intervals of three months to one year. Eighty-five percent of these veterans receive their primary care from allied health professionals (registered nurses or physician assistants) under the supervision of a physician coordinator. The continued decrease in strokes, heart disease, and renal disease is attributed in large part to the control of this health problem.

There were 50,218 patients identified and screened for hemoglobin disorders and (Glucose-6-Phosphate Dehydrogenase (an important enzyme in normal red blood cell metabolism) deficiency in the 40 medical centers participating in the VA sickle cell screening and education program.[1] Education sessions were attended by 80,491 persons and 3,307 were counseled. Professional staff at each medical center consists of a physician, a counselor, and technicians. The VA film on sickle cell disease, "A Matter of Chance," has been shown not only in the VA medical centers, but also in various community organizations.

The number of patients in the VA dialysis program, including patients dialyzed in non-VA units at VA expense, was about 4,000. Development of the large scale rheumatology-immunology center continued at the VA medical center in Philadelphia, Pennsylvania. Along with a smaller program previously begun at the VA medical center in Wood, Wisconsin, these centers provide comprehensive care to patients suffering from arthritis, rheumatism, connective tissue diseases, and related disorders.

Cardiac catheterizations were performed on approximately 22,000 patients in 67 cardiac catheterization laboratories (CCLs). Worn or antiquated equipment was replaced in cardiac catheterization laboratories at 12 VA medical centers. Clinical diagnostic services, echocardiography, nuclear cardiology, stress testing and arrhythmia monitoring were expanded. Computer-based pacemaker surveillance centers have been established at two major VA medical centers. A formal schedule for purchasing pacemakers and pulse generators, assuring greater uniformity and lower cost, was developed during the year. Plans were also developed to establish a clinical phase pacemaker registry.

A national program of networks of automated electrocardiographic interpretive systems continued to be developed with an estimated completion date of 1989. The VA and Department of Defense have entered into an agreement for the shared use of these systems to improve service for both agencies and effect economies in the acquisition of equipment, in accordance with recent legislation encouraging sharing between the agencies.

More than 68,000 patients were treated in VA coronary care and medical intensive care units. New construction criteria are in the process of development to

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

Surgery

modernize the intensive care units and to make provision for step-down units. Many older intensive care units have recently been renovated.

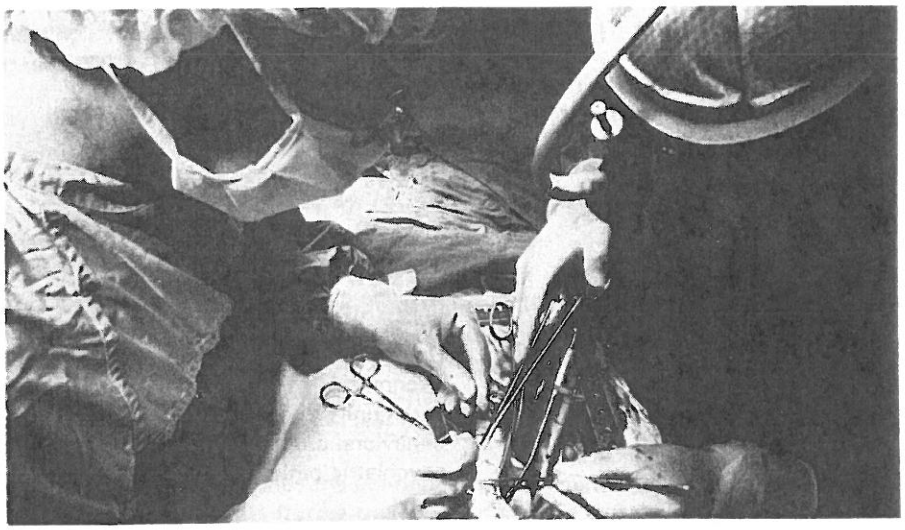
During FY 1982, 340,842 surgical procedures were performed in 136 VA medical centers. There were 778 full-time and 1,537 part-time surgeons assigned, with 2,567 residents.

Close scrutiny of the cardiac surgery and renal transplant programs continued with the assistance of consulting committees. By all measurable standards, these programs maintain quality of patient care equivalent to that in non-VA teaching institutions. The cardiac transplant program at the VA medical center in Richmond, Viriginia, is well established and it, too, has attained a record of quality equivalent to other heart transplant programs.

Recruitment of fully-trained surgeons and appointments of highly qualified chiefs of service have been responsible for assuring the highest quality of surgical care provided veterans. The greatest difficulty in recruitment has been for orthopedic surgeons at some locations.

Special emphasis was placed on improved care of amputees, outpatient surgery for minor cases, preadmission screening of elective surgical cases, and appropriate supervision of housestaff. Support of continuing education projects continued within resource constraints.

VA surgeons continued to be recognized for professional competence by their selection for participation in national specialty meetings, election to offices of these organizations, and receipt of awards and positions of honor within them.



Appointment of highly qualified chiefs of surgery assured the level of excellence in the more than 300,000 surgical procedures performed in VA medical centers during the year. VA surgeons continued to be recognized for professional competence by selection to participate in national specialty meetings.

Mental Health and Behavioral Sciences

VA's mental health and behavioral sciences service has three divisions: psychiatry, psychology and substance abuse. These divisions provided quality psychiatric and related mental health services to 823,546 different patients during FY 1982. Through excellent support from highly trained personnel in a multidisciplinary approach to treatment, professional services were rendered to eligible beneficiaries in a confident and caring manner. The VA, utilizing approximately 17 percent of its professional services' budget, maintained organized psychiatry services in 128 of its 172 medical centers and 155 psychology services in medical centers and outpatient clinics. Outpatient services included 102 alcohol dependence treatment programs; 51 drug dependence treatment programs; 41 day hospital programs; 62 day treatment centers; and 151 mental hygiene clinics.

During the year, the VA operated 23,748 psychiatric beds, at a bed occupancy rate of 85.9 percent and an average monthly turnover rate of 65.4 percent, and treated 181,201 patients. On any given day, 20,395 patients were receiving psychiatric care. Committed psychiatric patients treated by the VA totaled 12,093. On any given day, an average of 2,146 patients were on involuntary commitment.

Services rendered to eligible beneficiaries included chemotherapy and psychotherapies; group, individual and family therapy; treatment such as behavior modification; incentive work programs; and programs for vocational appraisal for training and education. Many of the medical centers with psychology services provided biofeedback and relaxation methods for long-term pain problems.

The trend in the table below reflects the VA's effort to maintain the number of patients treated while concurrently reducing the number of psychiatric beds.

VA Psychiatric Bed Sections	FY 1982	FY 1977
Average operating beds	23,748	28,200
Average daily census	20,395	23,483
Admissions	154,304	159,853
Average monthly turnover rate	65.4	59.2
Patients treated	181,201	190,456

As the figures show, the reduction in average operating psychiatric beds since 1977 (15.8 percent) has been significantly greater than the decline in the number of patients treated (4.9 percent). Outpatient mental health program visits numbered 3,937,636 in FY 1982.

Mental Hygiene Clinics, Day Hospital Programs and Day Treatment Centers

The VA provides treatment at 150 mental hygiene clinics, 60 day treatment centers and 40 day hospitals.

Mental hygiene clinics serve as the basic units in the delivery of ambulatory psychiatric care. During FY 1982, there were 1,230,553 visits made to mental hygiene clinics.

Day treatment centers provide supportive, maintenance and learning environments for chronic psychiatric patients experiencing long-term difficulties with community adjustment, interpersonal relations, vocational, educational, or behavioral problems. These centers received 507,493 visits from long-term psychiatric patients in FY 1982.

Day hospital programs are ambulatory care programs for patients able and willing to come on a daily basis to a VA medical center to receive intensive individual and group therapy. These veterans' problems are of an acute, intensive or situational nature and can usually be resolved within a short period of time. During FY 1982, visits to day hospital programs amounted to 163,856.

Outre Vietn

Vocational Evaluation and Counseling

During FY 1982, VA provided psychological evaluation and assessment as a part of treatment and medical rehabilitation to 112,569 patients.

VA medical centers employ psychiatrists, counseling psychologists, clinical psychologists, psychiatric nurse specialists, and psychiatric social workers to assist veterans to reestablish their ability to function independently.

Alcohol and Drug Dependence Treatment

The alcohol dependence specialized treatment programs in operation by the VA numbered 102 at the end of the year. These programs emphasize short-term inpatient hospitalizations during which time a comprehensive evaluation is accomplished including biomedical, social and vocational skills assessments. A

number of clinical disciplines are utilized. Data obtained through these assessments are reviewed by a multidisciplinary treatment team and a detailed comprehensive individualized treatment plan is formulated in collaboration with the patient. During the inpatient hospital stay, significant other problems, i.e., medical, surgical, etc., are also addressed and are incorporated into the treatment plan. The treatment plan is a dynamic rather than static document and is reviewed and modified, when indicated, throughout the treatment continuum, which usually bridges into ambulatory and follow-up care. The trend in VA care is for shorter inpatient stays and proportionately more of the needed treatment to be provided in an outpatient or ambulatory setting; most treatment plans include group, family, and individual therapy and often include specific vocational services and job placement support. Many veterans are admitted directly to ambulatory treatment when immediate treatment at that level of care obviates the need for hospitalization. During the entire treatment process, a close collaboration with Alcoholics Anonymous is encouraged and maintained and the AA philosophy is endorsed as central to all programs.

During FY 1982, inpatients treated for alcoholism numbered 96,103; 45,437 of these were treated in the specialized alcoholism units. The average monthly turnover rate in the units was 124.5. The number of outpatient visits for alcohol dependence treatment was 436,860, reflecting a 2.7 percent increase compared with FY 1981. Some 53,600 veterans were treated in outpatient/ambulatory treatment modalities. The number of follow-up contacts with former patients for therapeutic/counseling purposes or for assistance with social/economic problems was 133,713, an increase of 14.4 percent over FY 1981. There was a 26.5 percent decrease in the recidivism rate indicating that clinical improvements were sustained for longer periods by the veterans served.

The number of drug dependence treatment programs (DDTP) was reduced by one during FY 1982, bringing them to 51 at fiscal year's end. The total number of inpatients treated for drug dependence in FY 1982 was 23,075. Of this number, 10,233 were treated in non-DDTP beds, an increase of 97.9 percent at those VA locations, somewhat reflective of the closing of a number of community programs. The average monthly turnover rate in DDTP's was 114.6. The total number of outpatient visits for drug dependence was 976,781. The overall recidivism rate decreased by 75.2, again, possibly reflective of more enduring clinical improvements.

Section 104 of Public Law 96-22 continued to be implemented. This legislation provided the VA with authority to contract with non-VA community programs for treatment and rehabilitation services for veterans with alcohol or drug dependence and/or abuse disabilities. One hundred and ninety-four contracts, sponsored by 84 VA medical centers, were in operation at the close of FY 1982, a 64 percent increase from last year.

Other planning includes the continued development and operation of on-campus residential programs for the treatment of alcohol and drug dependent veterans. VA-operated halfway house programs are located at the VA medical centers in Murfreesboro, Tennessee, and West Haven, Connecticut.

Outreach Program for Vietnam Era Veterans

The outreach program for Vietnam era veterans was established by Public Law 96-22 in 1979. Public Law 97-72, extended for three years, until September 30, 1984, the period within which eligible veterans may apply for readjustment counseling services under this special program. By the end of FY 1982, 136 veterans centers were in operation with a total of 346 employees.

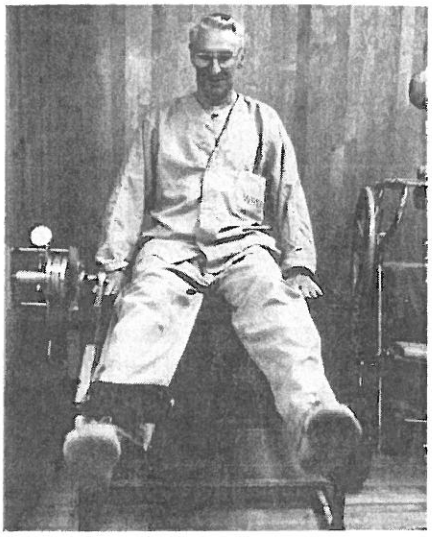
During FY 1982, the Veterans Administration began awarding contracts to community based mental health organizations on fee basis contract. By the end of FY 1982, 392 contractors were providing readjustment counseling to eligible Vietnam era veterans.

During the period FY 1980 to 1982, Operation Outreach provided readjustment counseling services to 134,539 veterans, for a total of 570,962 visits. In addition, there were 100,810 visits by family members and "significant others."

Rehabilitation Services
Rehabilitation Medicine

During FY 1982, the number of VA medical centers with a formal rehabilitation medicine service grew to 52 — an increase of nearly ten percent. Although all of the 172 medical centers have some level of rehabilitation medicine therapy potential, the 1,327 beds specifically designated for rehabilitation care is considered significant in the overall VA health care program.

VA's rehabilitation medicine service activities continued to show expanded coverage and improved productivity. The cardiopulmonary rehabilitation program at the VA medical center, Wood, Wisconsin, recorded over 400 different patients since its inception in early 1978, including new referrals from cardiac surgery. The driver training program for the handicapped veteran added another 2,600 referrals during the year, making nearly 16,000 veterans who have either been evaluated or completed this specialized training since its inception in 1975. Nearly 170,000 driver training hours have been recorded over the intervening years. Approval was received to incorporate an additional sophisticated teaching vehicle (the Med-Van (Mark IX) system) for severely disabled veterans (quadriplegic types). This technology will soon be available at the VA medical centers West Los Angeles, California and East Orange, New Jersey. The six independent living centers established in 1981 at the VA medical centers Little Rock, Arkansas; Northport, New York; Richmond, Virginia; Topeka, Kansas; West Los Angeles, California; and Wood, Wisconsin, provided services for a total of 1,087 patients this fiscal year. These centers have been implemented to eliminate the barriers which limit the veterans' options to community living; barriers which may be physical, psychological, social, environmental, or skill deficits. Efforts were initiated to develop a videocassette presentation to demonstrate this model effort.



VA's activities in the realm of rehabilitation continued to expand and improve during the year. The Prosthetics and Sensory Aids Service was especially active, furnishing appliances and services to some one million disabled veterans in the period.

The case management program, which has been a joint project between the Department of Medicine and Surgery and the Department of Veterans Benefits,was reinforced by an additional 23 full-time employees to further guarantee that all eligible veterans are being identified for vocationally-oriented services. Another emerging project involving both the above-mentioned VA departments is a joint agreement between the VA and the U.S. Postal Service to train and employ physically disabled veterans. This pilot project located at the VA medical center in Wood, Wisconsin, will guide selected veteran candidates into several positions within the Post Office program. Rehabilitation medicine service has also contracted with Control Data Corporation to implement a "Homework" rehabilitation program for severely disabled (spinal cord injured) veterans. As a national demonstration project, this program will test the feasibility and effectiveness of delivering the PLATO-based, individualized learning system at the VA medical center, Tampa, Florida. The curriculum focus will be in business applications, programming and instruction; all resulting in potential employment.

Comprehensive rehabilitation was identified as a DM&S priority in order to provide quality patient care. An automated data processing pilot program was funded in FY 1982 for implementation at the VA medical centers in Tampa, Florida, and Houston, Texas. The focus will be on improving quality of care by developing a formal process of accountability and coordination of services as well as direct on-line testing and evaluation of patients with the use of computer systems. Since rehabilitation care involves multiple professional services located in different geographic areas of the medical centers, the redundancy of data collection, staff effort and physical resources can be a major impediment to the timely delivery of quality care to the patient. The application of user-convenient software is expected to significantly reduce these problems with the effect of improved resource management.

More than 25 VA medical centers were involved in special rehabilitation programs focusing on the aging veteran. Although many of these programs focus on the maintenance of reality orientation and physical fitness of the individual, others were unique and quite innovative. Older veterans unaccustomed to culinary tasks were taught the basic skills and urged to bake breads and perform other "creative cooking" endeavors. Others engaged in "aerobic walking" sessions in order to improve cardiovascular strength and assist in losing unneeded weight. Many older veterans became involved in "pet therapy," an increasingly popular activity where pets are cared for by the patient in a nonthreatening, relaxed environment.

Spinal Cord Injury

A major demographic study was conducted of all spinal cord injury (SCI) patients who were discharged from VA hospitals over a six-year period. For the study period, 16,279 individual patients were identified and they accounted for over 69,000 hospital discharges.

In addition to finding the States of residence, the frequency of use of VA facilities and age of the patients, areas of concentration of large numbers of patients can now be readily identified. It is expected that the data will prove most valuable in the long range planning of SCI centers. This study has made it possible to identify VA medical centers without SCI centers that are heavily utilized by SCI veterans.

Another major accomplishment was the funding of urodynamic laboratories for SCI centers that heretofore did not have the necessary personnel and equipment to provide intensive rehabilitation and sustaining care. Urodynamic laboratories are essential for the evaluation of the neurogenic bladder. The equipment facilitates proper diagnosis that often permits patients to be catheter-free, as well as reducing or eliminating urinary tract infections.

The SCI workload continued at a constant rate compared to the previous six year period. The VA SCI system treated 7,260 inpatients during FY 1982 and delivered care to outpatients who made a total of over 31,000 visits. The average daily census was 1,080 and the total number of admissions was 6,150. The SCI home care programs recorded 14,600 visits in FY 1982.

Four additional SCI home care units were funded to bring the total to 15.

The SCI Service has become increasingly conscious of the three levels of care into which the patients fall: intensive rehabilitation, sustaining care, and long-term care. The sensitivities to the needs of the latter category have become particularly relevant in view of the aging veteran population and the increased longevity of these patients.

Blind Rehabilitation

During FY 1982, approximately 650 blinded veterans were given adjustment to blindness training at VA's three blind rehabilitation centers and three blind rehabilitation clinics, and more than 7,000 blinded veterans received services from the 76 Visual Impairment Services Teams (VIST).

Five more full-time VIST coordinator positions were established, bringing the total to 23.

A fourth blind rehabilitation center, located at the VA medical center in Birmingham, Alabama, was completed and dedicated on September 17, 1982. The center will accept its first blinded veteran during the first quarter of FY 1983.

With the advent of the new blind rehabilitation center, two additional field representative positions were established so that each of the four blind rehabilitation centers will have a field representative to cover its catchment area.

Audiology and Speech Pathology

During 1982, there were more than 574,000 patient visits reported by the 98 VA audiology and speech pathology programs throughout the nation. This represents a 5.4 percent increase in these services over the previous year.

A heightened interest through a Central Office funded workshop and the establishment of local programs was achieved in the area of dysphagia during the past year. The problems associated with swallowing are being addressed through team approaches. These teams involve many disciplines in each medical center and frequently are being coordinated by local speech pathologists. The value of this program will significantly increase due to the involvement of all health care professionals.

During the year, approximately 34,000 hearing aids were issued to eligible veterans throughout the nation. This is an increase of 13 percent over FY 1981

and 31 percent over FY 1980. The increases were primarily due to the impact of World War I veterans on the system as well as the increasing age of World War II veterans becoming more severely hearing impaired with advancing age. Future demands on this program are predicted to remain as great, if not greater.

A program offering increased audiology and speech pathology services through the use of a computer is being expanded at the VA medical center, Birmingham, Alabama. A pilot study is being conducted in the southeastern part of the United States to validate the efficacy of this cost and time saving approach to provide individualized therapy for veterans. It is hoped that the REMATE (Remote Machine Assisted Treatment and Evaluation) program will be addressed on a nationwide basis within the next three to five years. When this is accomplished, audiology and speech pathology services will be offered to veterans without their having to travel frequently to the VA medical centers for treatment.

hetic and Sensory Aids

The Prosthetic and Sensory Aids Service (P&SAS) provided services costing approximately $81 million in FY 1982. Appliances and services were furnished to 1 million disabled veterans. The P&SAS is a high profile service because its patient load is composed primarily of disabled veterans. Consequently, the emotional impact on the consciousness of the American public concerning the needs of these veterans cannot be underestimated.

The P&SAS budget has tripled in eight years. One of the major reasons for the increased costs has been the ever increasing sophistication of technology available for use by the handicapped. Another reason has been an increasing population of veterans whose mobility and senses are adversely affected by the aging process. Both trends are expected to continue.

A sample of items distributed to veterans in FY 1982:

Item	Number	Value
Aids for blind	14,593	$ 743,610
Artificial limbs	12,645	13,302,275
Braces	36,608	5,257,400
Corset belts	21,556	1,041,825
Eyeglasses	105,795	3,106,746
Hearing Aids	30,474	8,428,193
Shoes	49,838	2,449,868
Wheelchairs	72,363	17,759,991

During the year, P&SAS initiated comprehensive training programs for new trainees and for chiefs of Prosthetic Service, revised the National Artificial Limb Contract, developed a systematic evaluation program, developed a space criteria outline for P&SAS in VA medical centers, developed a newsletter, conducted monthly all-facility conference calls, started rewriting outdated manuals and circulars, and continued analyzing every aspect of the P&SAS programs.

ıt Orange

The VA continued its activities, begun in 1978, to resolve the complex health care issues raised by the defoliant Agent Orange. During FY 1982, Agent Orange remained a key issue for some Vietnam veterans concerned about the possible adverse health effects of this herbicide. Cognizant of these concerns, in February 1982, the Administrator of Veterans Affairs established a single focal point within VA's Central Office to monitor agency and interagency activities related to the phenoxy herbicides and other defoliants used during the Vietnam conflict.

The VA pursued its goal of attaining a protocol which could be utilized for the conduct of the epidemiology study mandated by Public Law 96-151, the "Veterans Health Program Extension and Improvement Act of 1979," enacted December 20, 1979. Authorization for expansion of the scope of the epidemiology study was subsequently included in Public Law 97-72, the "Veterans' Health Care, Training, and Small Business Loan Act of 1981," enacted November 3, 1981.

Public Law 96-151 also mandated preparation by the VA of a review and critical analysis of the worldwide scientific literature on Agent Orange and other phenoxy herbicides. A completed two-volume report, prepared under contract by J.R.B. Associates, Inc., of McLean, Viriginia, was submitted to the VA on October 1, 1981, and subsequently was widely disseminated to scientists, interested individuals and organizations throughout the United States and abroad. It is now available from the Government Printing Office. Public Law 97-72 provided the Administrator of Veterans Affairs with authority to expand the literature review to include other studies relating to whether there may be long-term adverse health effects in humans from exposure to phenoxy herbicides.

On June 30, 1982, the Administrator of Veterans Affairs officially approved a revised Department of Medicine and Surgery funding request to support Agent Orange research efforts during fiscal years 1982-1984. In addition to funding the epidemiology study mandated by Public Law 96-151, other research efforts covered by the funding approval included a Vietnam veterans identical twin study, a mortality study, and ten specially solicited research projects. The funding approval further provided for the establishment of an Agent Orange research projects office.

In addition, funding was approved for the VA's Agent Orange registry, chloracne-related activities, a follow-up to the literature analysis, a monograph series, establishment of a Vietnam service indicator in the Patient Treatment File (PTF), and a retrospective study of dioxins and furans in human adipose tissue. Further approval was given for expanded information activities by the VA's Office of Public and Consumer Affairs.

As of September 30, 1982, a total of 97,486 Vietnam veterans had reported to the VA medical centers and independent outpatient clinics to participate in the VA's Agent Orange registry program of physical examinations. This program, coordinated by the environmental physicians located at each VA health care facility, is being conducted to identify those veterans concerned about the possible adverse health effects of exposure to Agent Orange. Approximately 30,000 of these veterans participated in the examination program during FY 1982. The medical information from the examinations is placed into a special computer file to assist the VA in its efforts to serve these individuals. The Agent Orange registry was utilized in March 1982 to implement an updating of addresses of registry participants and to initiate a mailout of two recently prepared pamphlets on VA Agent Orange activities and the provisions of Public Law 97-72. These pamphlets, developed by the VA's Office of Public and Consumer Affairs, were prepared to assist in meeting the VA's goal of keeping Vietnam veterans fully advised on significant information concerning Agent Orange.

Through continuing agency directives and special nationwide conference calls with environmental physicians and other key staff, the VA pursues its educational goal of keeping its health care staff fully abreast of the latest scientific and medical developments concerning Agent Orange. This effort is further supplemented through the periodic mailout from VA Central Office to each environmental physician of significant scientific, medical and other information.

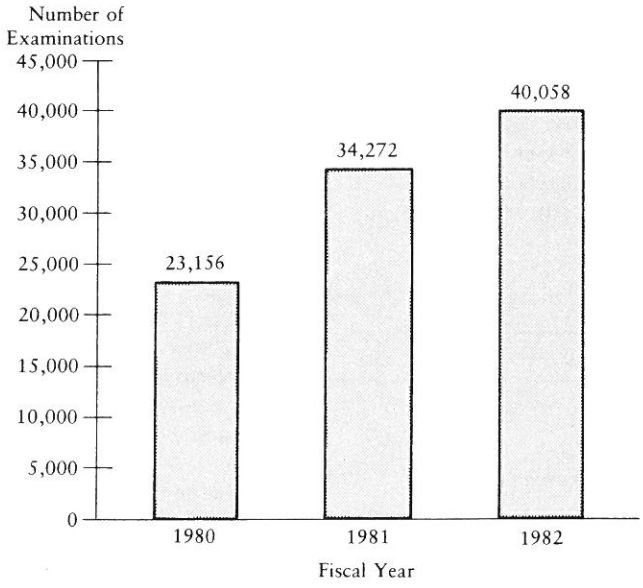
The VA also continued to cooperate with other Government agencies and public institutions involved in Agent Orange research. In cooperation with the Department of Health and Human Services and the Department of Defense, the VA jointly funded a birth defects study being conducted by the Center for Disease Control in Atlanta, Georgia. Participation as an active member of the White House

Agent Orange Working Group (AOWG) and its Science Panel enabled the VA to share information and interact with other Federal agencies concerned with resolving the issue of Agent Orange. The VA Advisory Committee on Health-Related Effects of Herbicides, which advises the Administrator on scientific and policy matters of concern to Vietnam veterans exposed to herbicides, met on four occasions during the fiscal year. This committee, which meets in open sessions at VA's Central Office on a quarterly basis, also provides a forum for comments by the general public.

During the year, the VA continued its multi-faceted approach towards resolving the many complex health issues surrounding Agent Orange, while continuing its efforts towards ensuring that every eligible Vietnam veteran receives those health care benefits provided by law.

ESTIMATED AGENT ORANGE EXAMINATIONS

Cumulative Total Examinations
as of September 30, 1982: 97,486



Neurology

During FY 1982 one new Neurology Service was activated. Over 37,000 hospitalized patients were treated in the 2,360 average operating beds assigned to the 84 Neurology Services/Sections systemwide. The quality of care delivered remains high as attested by quality assurance reviews and continued approval for over 90 percent of these services to be involved in approved training programs in neurology. The VA's neurology services make a significant contribution to neurology nationwide, as over half of all physicians in training for neurology received at least part of their training this year in VA facilities.

Radiology

FY 1982 continued to be another professionally stimulating and progressive year in the field of radiology, which encompasses the specialties of diagnostic radiology, ultrasound, radiation therapy, and computerized tomographic scanners. Extensive planning went into the development of modern and technologically advanced X-ray departments for newly planned VA medical centers and the updating of the X-ray departments at the VA medical centers Fayetteville, Arkansas; Biloxi, Mississippi; Oklahoma City, Oklahoma; Denver, Colorado; Little Rock, Arkansas; Temple, Texas; Gulfport, Mississippi; and Pittsburgh, Pennsylvania.

Efforts continued to acquire computerized tomographic (CT) scanners for VA's tertiary care medical centers. There are 19 remaining medical centers which have a requirement for this necessary diagnostic modality. Plans to improve space and equipment at many other X-ray departments also continued.

Nuclear Me

Radiology continued to be a major supportive and consultative service to other specialties, performing 5,266,166 examinations of inpatients and outpatients and processing 16,070,951 X-ray films.

Efforts to keep VAMCs current in the art and practice of radiology received high priority during the year. More than five and a quarter million radiologic examinations were performed during the year, resulting in the processing of over 16 million X-ray films.

In the field of radiation therapy, 25 VA medical centers offer Cobalt 60, linear accelerator and Betatron supervoltage radiotherapy to patients with deep seated malignancies. A total of 44,577 patients received 364,677 treatments. The newly constructed supervoltage facility at the VA medical center Albany, New York, will become operational in early FY 1983. Updating and modernization of radiation therapy service through planning and replacement of equipment continued.

Progress has continued in closely integrated and affiliated programs in X-ray residencies between the VA medical centers and over 100 university medical schools. Strong efforts are being made to keep VA medical centers current and operating according to the latest concepts in the art and practice of radiology.

Nuclear Medicine

Although the number of VA medical centers with on-site nuclear medicine service remained at 130 during the fiscal year, plans, contingent on fiscal approval, were drawn up to extend the highly successful, and much imitated, computer nuclear medicine network principle to VA medical centers without such an inhouse facility.

Again, VA physicians displayed leadership in nuclear medicine by presenting a large number of scientific papers at both the annual meeting of the Society of Nuclear Medicine and the 3rd International Congress on Nuclear Medicine and Biology, and by moderating many of the sessions at both meetings.

Promising, innovative work on the treatment of cancer with chelated radionuclides continued, as did the identification and localization of tumors with radioactively labelled monoclonal antibodies.

There is pioneer work being done with positron-electron transformation (PET) scanning at the VA medical center Madison, Wisconsin, extended by the greater availability of short-lived radionuclides from the Van de Graaff accelerator at the University of Wisconsin, and by the development of low cost generators for the production of positron emitters of scandium, manganese, copper, gallium, rubidium, etc.

These positron emitters make it possible to differentiate patterns of brain function in patients with behavioral disturbances (e.g. schizophrenia) from normal. The benefits of these nuclear studies for the diagnosis and treatment of psychiatric patients are striking. Indeed, such progress in nuclear medicine demonstrates the unique role of this discipline in revealing function rather than simply displaying anatomy as in earlier diagnostic modalities; nuclear procedures disclose disease

when it begins as disturbed function rather than later when it has progressed to the end result of anatomical change.

Further in-depth extensions of these diagnostic advances occurred during the year with the elaboration of plans for the installation of cyclotron-PET scanner systems at the VA medical centers West Los Angeles, California, and Minneapolis, Minnesota.

Progress towards the inauguration of Nuclear Magnetic Resonance (NUMAR) in the VA system has been substantial. A pilot program employing a resistive magnet system is planned for installation in the near future. The Director of the Nuclear Medicine Service has been charged with monitoring the utilization and clinical effectiveness/efficacy of this technology. The pilot unit will be compared with the effectiveness/efficacy of a cryogenic (superconducting) NUMAR unit at another tertiary VA medical center. By emphasizing that NUMAR must be a multidisciplinary team effort under the Chief of Staff, the VA will contribute an administrative advance in diagnostic medicine that has long been needed in this era of high technology.

The Nuclear Medicine Service continued to work with other Federal agencies in matters of radiation control, waste disposal and the aftermath of U.S. military device testing between 1945-1962.

In addition, VA's cooperation with other agencies on microwave phenomena continued. The VA remained active in research on their proper handling, their effects, and use.

Advances in ultrasound were implemented in VAMC nuclear medicine services as resources permitted.

Dentistry

The emphasis to provide treatment by VA staff to as many service-connected outpatient dental beneficiaries as possible by VA staff continued throughout the fiscal year. Approximately 98,000 cases were completed by staff, resulting in a 14 percent increase over the previous year. Fee cases completed by participating dentists decreased by almost 23,000 compared to FY 1981. The accompanying table shows that the additional workload assumed by VA dental staff resulted in a decrease of approximately $20 million in funds obligated in this program compared to FY 1981, despite the addition of new categories of dental beneficiaries through legislation.

CLASS I-VI OUTPATIENT DENTAL PROGRAM

Item	FY 1978	FY 1979	FY 1980	FY 1981	FY 1982
Staff and Fee Cases Total Completed	145,049	128,003	145,881	160,564	149,700
Staff Cases Completed	55,609	60,101	74,331	86,036	97,768
Yearly Change	+ 8,398	+ 4,492	+ 14,230	+ 11,705	+ 11,732
Percent Change	+ 18	+ 8	+ 24	+ 16	+ 14
Fee Cases Completed	89,440	67,902	71,550*	74,528*	51,899
Yearly Change	- 20,203	- 21,538	+ 3,648	+ 2,978	- 22,629
Percent Change	- 18	- 24	+ 5	+ 4	- 30
Funds Oblig. (000's)	$ 43,250	$ 39,217	$ 54,195*	$ 50,305*	$ 30,548
Yearly Change	- 7,248	- 4,033	+ 14,978	- 3,890	- 19,757
Percent Change	- 14	- 9	+ 38	- 7	- 39

**P.L. 96-22 increased workloads and resultant fee expenditures.*

Optometry

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FY 1982
149,700
97,768
+ 11,732
+ 14
51,899
– 22,629
– 30
$ 30,548
– 19,757
– 39

Optometry

The enactment of Public Law 97-35, which provided that military service personnel must have served on active duty for a period of not less than 180 days, and must apply for dental services and treatment within 90 days from the date of their discharge or release to be eligible, has had an impact on the VA dental outpatient workload. During FY 1982 there was a decline of some 17,000 of these applicants over the previous year and approximately 14,500 less of these kinds of cases were completed. The number of applications also has been reduced by another provision of the same legislation which states that when a verification has been made that the veteran has received appropriate dental care within the 90 day period immediately prior to discharge or release, the veteran is not entitled to VA dental benefits. However, while the above-mentioned workloads were decreasing, other service-connected dental workloads continued to rise. Veterans made eligible through the enactment of P.L. 96-22, namely prisoners-of-war incarcerated for more than 180 days and veterans with 100 percent service-connection (or deemed 100 percent service-connected by virtue of their unemployability), continued to apply for dental benefits in increasing numbers. In FY 1982, 62,690 of these cases were completed, compared with 56,125 cases in FY 1981.

The new dental data system, which will provide the necessary data to assess the performance of dental services, is now operational at all VA health care facilities. In addition, this system will provide a valid data base for the staffing performance criteria which are currently being tested within VA's Department of Medicine and Surgery. Selected reports from VA's Automated Management Information System are being modified to record the additional information which is available under the new dental data system so that it will be available for analysis by all levels of VA management in FY 1983.

VA dentists diagnosed a total of 814 malignancies in FY 1982. The early recognition of such abnormalities by VA dentists, who are especially trained in this area, increases the potential for an effective and non-disfiguring cure. As evidence of the VA's emphasis and concern, a VA dentist was granted a patent on a procedure which aids in the detection of oral malignancies. This procedure is being adopted by other health care disciplines due to its noteworthy success.

During the year VA dentists performed more than 2.5 million separate clinical procedures on VA beneficiaries. These included restorations, the completion of appliances, removal of neoplasms, extraction of teeth, and numerous other procedures. Of particular significance also was a reduction in the number of patients receiving dental x-rays. This year almost 27,000 fewer patients received dental x-rays, as part of the VA's program to limit consumer's exposure to x-rays where possible. This is in keeping with policy prescribed for all Federal agencies.

Demographic evidence projects a rapidly expanding population of veterans who may be classified as elderly, and who will be seeking care at VA medical facilities in ever increasing numbers. Additionally, the incidence of oral disease, from periodontitis to cancer, increases dramatically with advancing age. Thus, the VA's dental service has involved itself with system-wide plans to cope with treatment of this burgeoning population. Clinical, educational and research thrusts must be considered. During the year, 17 of VA's dental services competed for five dental geriatric fellowship programs administered by the Department of Medicine and Surgery. Following selection of the five sites, first-year fellows were selected and began their programs on July 1, 1982.

Optometry Service received the 1982 Apollo Award from the American Optometric Association for its low vision program at the VA medical center Kansas City, Missouri. The Apollo Award is the Association's highest award given to individuals or organizations promoting better vision care. This low vision program is known as VICTORS (Vision Impairment Center to Optimize Remaining Sight) and is administered by the chief of the Optometry Section of the Eye Clinic.

The VA has been a leader these past six years in fostering interdisciplinary cooperative care using eye and vision specialists, such as optometrists and opthalmologists. The VA has developed many unified cooperative eye clinics staffed by both optometrists and opthalmologists.

Since the passage of Public Law 94-581 in 1976, which incorporated optometrists into the Title 38 personnel system and created an Optometry Service and director in VA's Central Office, strides have been taken to improve optometric care within the VA. As a result, considerable numbers of VA medical centers have begun to offer unified eye and vision services using cost-effective interdisciplinary teams that include optometrists. In addition, teaching affiliations with Schools and Colleges of Optometry have increased each year so as to provide the well-recognized patient care benefits that accrue from such affiliations.

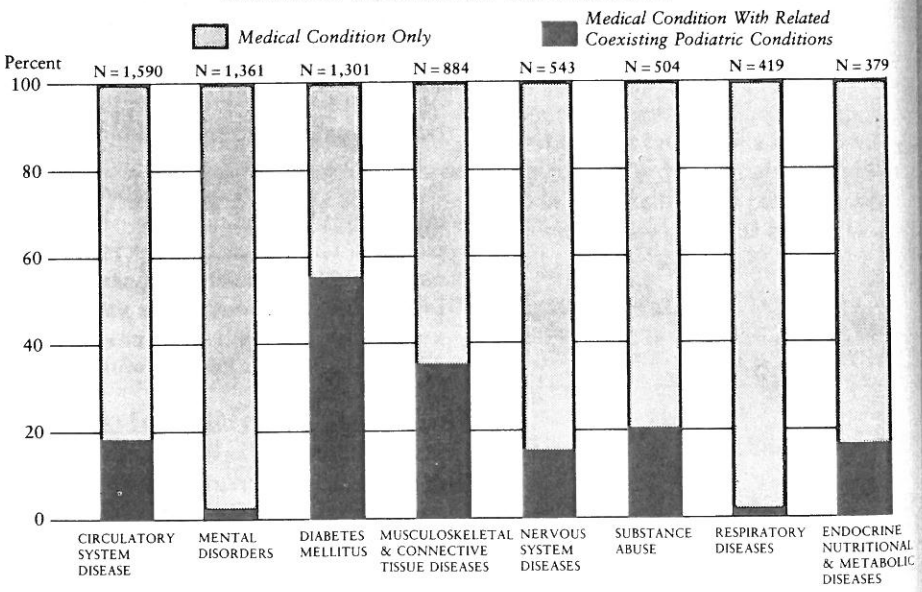
The need for eye and vision care will increase rapidly as the veteran population ages. Data published in a recent VA monograph show a large increase in future eye care demands.

Podiatry

The VA Podiatric Service continued to focus its attention on the foot health needs of the aging veteran during FY 1982, with particular emphasis on those patients whose foot problems are related to systemic medical conditions. The accompanying chart reflects the eight most commonly seen related medical disorders found in a recent study of podiatric patients seen in the VA medical centers.

The VA podiatrist's involvement in the clinical care of diabetic patients received emphasis in FY 1982 through a systemwide continuing education program. In June 1982, a major VA sponsored seminar on *The Diabetic Foot* was presented in Chicago in conjunction with The American Association of Colleges of Podiatric Medicine.

MOST COMMON MEDICAL CONDITIONS WITH RELATED PODIATRIC CONDITIONS



Pathology

VA Laboratory Services continue to meet the broad requirements of clinical medicine. The use of automation continues to level off and any future automation increase will be in the more difficult test areas of microbiology, hematology and immunology which must adapt to refined instrumentation. Increased and improved automation with the availability of broadened test armamentarium and selectivity has clearly signaled the urgent need for installation of appropriate data handling systems. Similarly, the rising costs of medical care have resulted in focusing attention on the review of laboratory utilization and the need for improvements in the selection of tests for patient care. Selected laboratory data are shown in the accompanying table.

All 198 VA Laboratory Services enrolled in the College of American Pathologists laboratory inspection and accreditation program have been inspected and accredited.

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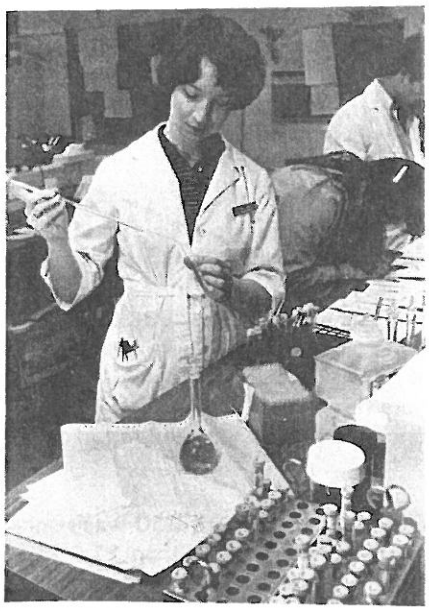

The quality of VA pathology services is assured through the inspection and accreditation program of the College of American Pathologists. All 198 of the agency's Laboratory Services have been evaluated and have received full accreditation.

	FY 1982	FY 1981	FY 1980
Procedures (unit count)	232,035,884	215,990,010	214,818,805
Workload (unit values)	721,789,994	674,694,593	685,205,320
Deaths	44,546	46,467	46,413
Autopsies	14,772	15,716	16,732
Surgical Accessions	380,960	385,737	381,883
Cytological Accessions	202,904	198,236	197,024

All VA laboratories participate in survey programs provided by the College of American Pathologists. Those performing tests for syphilis participate in the special comprehensive syphilis serology survey, those performing tests for therapeutic drugs participate in the therapeutic drug monitoring survey, and those performing blood gas analyses participate in the blood gas survey.

A nationwide educational activity, through the VA Regional Medical Educational Centers, on methods to improve the utilization of budgetary and personnel resources was instituted. The series will continue in FY 1983 and is intended to reach all laboratory chiefs and managers who are responsible for planning, developing and managing increasing test workloads. Particular emphasis is placed on cost avoidance through redistribution of laboratory resources and self-analysis of workload trends and clinical test request frequencies.

Guidelines for computerization of laboratories according to levels of medical center complexity were developed in FY 1982. The criteria for users in VA medical centers centered around the role of the hospital in the medical district and region, emphasizing that each laboratory has a different pattern of utilization for clinical services, outpatient services, teaching, research and development. The guidelines emphasized that the clerical-administrative tasks now performed daily in hospitals without computers were the most time-consuming for laboratories, and needed to be addressed first to provide more efficiency in daily activities. These same clerical-administrative tasks need to be computerized to speed the delivery of completed test results to patients.

The VA special registry for former prisoners of war established in 1980 at the Armed Forces Institute of Pathology is continuing to accession cases. In FY 1982 the Pathology Service published a professional services letter entitled, "Guidelines for Performing Autopsy Examination on Former Prisoners of War." It is anticipated that the chief contributions of this registry will be to document the definitive diagnoses of this very special patient group and to insure the pathological material remains available for investigation of the long-term consequence of the war experience.

Blood transfusion services in the VA continue to be active with a six percent increase in units transfused in FY 1982 over FY 1981. About 638,000 units were transfused in FY 1982. The VA continued to maintain an excellent record with 96 percent of blood needed procured from volunteer donors.

Therapeutic hemapheresis (plasmapheresis and leukapheresis) is emerging as a therapeutic modality for a variety of diseases with varying results. Hemapheresis is frequently a shared activity between the Pathology and Medical Services, and is generally employed in a tertiary care environment. At present 19 VA medical centers are known to have arrangements for hemapheresis programs.

Autopsies as a percent of deaths in the VA has leveled off at 33 percent during the past three years.

The VA Pathology Service-National Cancer Institute Mesothelioma Study is continuing. The tumor specimens collected from veteran patients with this diagnosis are being processed and evaluated at the VA medical center Washington, D.C. Since recent information suggests an increase in the incidence of mesothelioma, there is a need for objective evaluation of information on etiology and environmental determinants.

Nursing

The nation's continued shortage of nurses and the issues surrounding recruitment and retention commanded much attention. The accomplishments of the VA in the recruitment and retention of nurses were reflected in a decrease in the number of vacancies for nurses by 35 percent. The provisions of Public Law 96-330 have enabled the VA to be more competitive with the private sector for nurses through adjusted salary rates for their appointment at 97 VA medical centers. VA initiatives in implementing policies to permit more flexible work schedules for nurses were beneficial. Other efforts to enhance the recruitment and retention of nursing personnel included the following:

- A recruitment and retention study mandated by Public Law 96-330 was continued this year. The study included a nationwide survey of more than 17,000 staff nurses and head nurses. The data are being analyzed. Pilot programs were established in six sites, one in each VA medical region, to improve nurse recruitment and retention. Child care was being evaluated in a seventh VA facility.

- A comprehensive nurse recruitment and referral program was developed. A national toll-free telephone service to give nurses interested in VA employment information about the varied employment opportunities was established. Over 2,000 calls were received and referred to medical centers for recruitment action. Coordinated recruitment efforts were achieved by concurrent involvement of VA's Nursing Service and the Recruitment and Placement Service at job fairs and nurse conventions.

- The qualification standards for registered nurses were given an exhaustive review. The reviewers included VA medical center directors, chiefs of staff and registered nurses. Significant changes were recommended.

- The separation of the licensed practical nurse and the nursing assistant classification series was achieved. This separation will give increased status and recognition to the role of the licensed practical nurse.

Nursing Service has strengthened relationships with academia through increased interactions with Deans of Schools of Nursing who affiliate with VA medical centers. Presently, 36 VA nurses serve on Deans Committees.

The Deputy Assistant Chief Medical Director for Nursing Programs has continued to maintain relationships and provide advisory support to two programs of the Robert Wood Johnson Foundation, the Teaching Nursing Home Program, and the post doctoral Clinical Nurse Scholars Program.

Review of the preliminary Medical District Initiated Program Planning (MEDIPP) process was conducted by Nursing Service. Four commonalities emerged. They are:

1. The need to develop a medical district recruitment program and a plan for the referral of nursing personnel.

2. The need to develop innovative and/or alternative nursing care delivery models and an effective organization of patient support services.

3. The need to support the newly developed VACO nursing plan for preparing nursing home care unit leaders through a centralized training program. (The rapidly increasing number of aging veterans must be responded to through nursing leaders in gerontology who are recognized throughout the medical centers and districts as experts and who are capable of providing broad consultation on nursing care of the aged within and beyond the nursing home care unit.)

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4. The need to develop and implement an integrated patient care computerized system to maximize scarce nursing resources and use them more effectively.

Significant progress was made in a staffing methodology project with the implementation of the classification instrument to categorize medical/surgical patients according to their nursing care needs. Classification tools for intensive care, extended care, psychiatry and spinal cord injury patients were in the developmental phase.

A report on the role and organizational placement of clinical nurse specialists was finalized. This report was basd on findings of the clinical nurse specialist task force and information submitted by 105 VA medical centers.

It is projected that in the next five years, 64 chief nurses will be eligible for retirement. Initiatives to provide well qualified nurse leaders include:

- Preceptorship training for associate chief of nursing service and associate chief nursing service for education.

- Executive development workshops for all chief nurses.

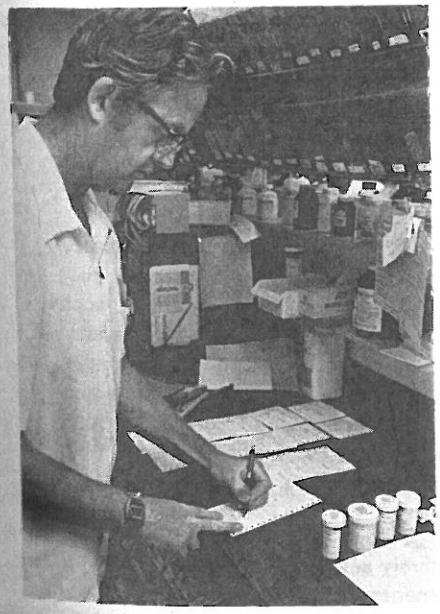
- Implementation of grants to schools of nursing provision of Public Law 92-541.

- Implementation of a centralized training program to prepare newly appointed supervisors of nursing home care units.

Pharmacy

In FY 1982, the major issues confronting Pharmacy Service were the continuing implementation of the unit dose medication system; ADP pharmacy and pharmacy management information requirements drug procurement activities; the Office of Personnel Management (OPM) revision of pharmacists' classification standards and Title 38; cost containment efforts; and promotion of more patient oriented services. Pharmacy Service continued to implement its objectives in providing safe and effective drugs to veteran patients and in assuring appropriate drug utilization in the VA health care system.

Approximately 39 million prescriptions for ambulatory patients were dispensed from 220 pharmacies. In addition, over 279 million inpatient medication doses and approximately six million intravenous and total parenteral nutrition solutions were prepared and distributed.



VA efforts to improve pharmacy activities included continued implementation of the unit dose medication system and further development of automated pharmacy systems.

At the end of FY 1982, there were 53 VA medical centers and over 30,000 beds having total unit dose medication distribution systems. The program has brought about a reduction in medication losses, less probability of medication errors, less diversion of drugs to street traffic, a saving in nursing time devoted to medication activities, and a complete medication profile for inpatients.

Enhanced automated pharmacy systems comprising outpatient and inpatient functions were being tested for implementation in VA's Medical District 17. An integrated "core" system including pharmacy was developed in selected medical centers in Medical Districts 2 and 24, among others. When fully operational, these systems will process the flow of medication more efficiently and provide clinical and management information for effective decision making.

A centralized multidisciplinary clinical nutrition committee was established. Criteria and policy were developed to provide guidance and recommendations to the medical center subcommittees regarding the use of total parenteral nutrition (TPN) in hospitalized patients and nutrition in the elderly.

A national Pharmacy Advisory Council was convened to consult with the Director of Pharmacy Service regarding new and innovative trends and practices in pharmacy services, education and research that can benefit the VA in its care of veterans. The membership is comprised of representatives from national pharmacy organizations, academic institutions, the U.S. Public Health Service, Food

& Drug Administration, U.S. Pharmacopea and community hospital pharmacy administrators and practitioners.

A program was initiated to monitor the usage pattern of selected high cost drugs for feedback to field and central office managers in cost containment decision making. The rapid introduction and dissemination of new drugs and drug technologies, which are often more complex, sophisticated and costly, necessitate planning and implementing cost-containment measures and patient oriented pharmacy services.

Dietetics

During the year, emphasis was placed on cost containment while maintaining the quality of patient care. Savings of $4,406,565 were achieved through personnel reductions, with an additional $659,965 saved through reclassification actions. Savings in released space and excessed equipment were also realized.

During FY 1982, more than 87 million meals were served at a raw food cost of nearly $95 million or $1.08 per meal (an increase of seven cents per meal from FY 1981). Dietetic Service standards, criteria and evaluation algorithms and measuring instruments were updated and streamlined.

A revised procedure was implemented to provide a more accurate method of analyzing the nutritive content of patient menus. The nutritive data base for this new procedure was obtained from the U.S. Department of Agriculture.

VA medical centers that provide total parenteral nutrition for patients were mandated to have an established nutrition support team to initiate and monitor this treatment modality. An increasing recognition of patients' nutritional status in relation to morbidity and mortality rates has underscored the need for active nutrition support teams. Since a clinical dietitian is an essential member of this team, guidelines describing the dietitian's role on the team were disseminated VA-wide.

The aging veteran population presents increasing challenges to both administrative and clinical dietitians responsible for patients' nutritional care. Dietitians determine aging patients' food preferences and physical capabilities to chew and swallow food and feed themselves, and then adjust menus to meet patients' needs and assure an adequate nutritional intake. The dining area in which long-term care patients eat is given careful consideration because of the psychological impact environment plays on patients' appetites and socialization behavior.

At the end of the year, 35 VA medical centers employed a total of 50 dietetic technicians qualified by the American Dietetic Association to support the expanded role of the clinical dietitian. Also, upward mobility programs were funded at 16 VA medical centers to prepare academically selected personnel for dietetic technician programs.

Social Work

VA's Social Work Service provides psychosocial, diagnostic and treatment services to inpatients and outpatients and coordination between the VA and public and private agencies, organizations, programs and groups. Comprehensive social services throughout the continuum of preadmission, admission, hospitalization, discharge, and ambulatory care are an integral part of the VA multidisciplinary health care delivery system. Timely, effective discharge planning contributes directly to the patients' continued rehabilitation, effective bed utilization, and reduced lengths-of-stay. Through the use of community volunteers, Social Work Service has been able to extend critical support services to veterans with special needs.

Procedures have been initiated to more effectively serve patients with specific and/or unique treatment/rehabilitation requirements including the spinal cord injured, blinded, aging and Vietnam era veterans. Program plans were initiated with Blind Rehabilitation and Spinal Cord Injury Services to improve the quality and effectiveness of services. Increased responsibility for program coordination of services at VA medical centers without specialized programs has been assigned to Social Work Service in order to maximize existing VA staff and programs and access the full range of community resources.

A nationwide systems approach was initiated to identify, develop, coordinate, integrate and access the full-range of community health and social support services and resources for the aging and other "at risk" veterans and their families. The Social Work Service has monitored the impact of block grants and other national program changes on eligibility for and availability of community health and social support services for veterans. It will continue consultation with agencies whose programs influence the delivery of services to veterans and families. The Service is also participating in the Department of Health and Human Services sponsored multi-site "Channelling" demonstration project to establish community networks of private and public programs and services to address the special needs of the aged and their families.

The VA also expanded program plans and activities to improve government/private sector collaboration in meeting the needs of veterans and their families. Several hospital and community based programs are being piloted to identify, develop and/or increase appropriate and cost effective alternatives to and/or increase extensions of existing levels of care, e.g., adult day health care, home health services/residential care, etc. A demonstration project providing social work staff/consultation to a community based and funded program to develop a health maintenance and service system for the aging population of the Palm Springs area in California will provide a useful model for joint VA/community efforts. Known as DAWN (Desert Area Wellness Network), this initiative has a research component through which its potential for replication in other communities will be evaluated.

During FY 1982, VA's Social Work Service provided direct patient treatment services to 1,595,720 veterans and placed 244,409 into the full range of community residential and continued care facilities. VA and Department of Labor manpower studies have projected significant shortages over the next ten years of social workers trained in geriatrics. Special training and support has been expanded to provide social workers with advanced knowledge and skills in areas of geriatrics.

Recreation

There are now 158 VA medical centers providing physician directed recreational services as part of comprehensive health care. These programs are designed to meet the needs of hospitalized veterans by 719 therapists. During FY 1982, the community helped support these programs for veterans with donations of over $8 million.

Continued emphasis by Recreation Service in several areas has brought about new concepts in recreation program delivery for veterans in extended care facilities. These include multidisciplinary assessments of the total medical and psychosocial needs of patients, treatment team planning and specifications of professional services' responsibility for identified elements of care.

Continuing education of professional staff has been encouraged. Workshops in clinical assessments, therapeutic intervention techniques and JCAH criteria for recreation therapy were conducted. Participation in VA and other professional meetings was accomplished to the extent possible.

Category of Care	Percent of Treatment Units
Extended Care	34
Psychiatry	36
Medicine	16
Spinal Cord Injury	9
Surgery	5

Recreation Service provides clinical treatment processes, patient education and adapted recreational opportunities for patients in all bed services. The accompanying table shows the percent of treatment units in each bed section.

Three highly successful national events were directed by VA's Recreation Service in FY 1982. Over 2,500 veterans participated in wheelchair games, art exhibits, and music competition events. These events were held at the VA medical centers Wood, Wisconsin; Coatesville, Pennsylvania; and Richmond, Virginia. Expansion of such programs is anticipated in FY 1983 to include "Golden Age Games" for older veterans.

Chaplain Service

Efforts were concentrated in FY 1982 to the improvement of communication between Central Office Chaplain Service and the field. Each of the three deputy directors of the Service in Central Office became the primary point of contact with all the medical centers in two of the six DM&S regions. The deputy communicates with all the chaplains in the assigned areas to develop teamwork in each facility. This additional duty has been added to their continuing responsibilities for recruiting, evaluating, rating, ranking and recommending for assignment the applicants from a major faith group which each of the deputies represent.

In March, the Administrator spoke to the Endorsing Committee for VA Chaplaincy (ECVAC). He recognized the unique contribution of the chaplaincy, so essential to holistic patient care, and the place of the VA chaplain on the patient treatment team. The ECVAC meets semiannually to review its responsibility for granting ecclesiastical endorsements to VA chaplains. Within the nationwide VA hospital system, each endorser certifies that the chaplain is authorized to represent the faith group at a national level.

VA personnel and guest lecturers conducted workshops at three different locations for 81 full-time or part-time chaplains. The general theme of the workshops was "The Spiritual Support System of the Chaplain Service on the Health Care Team."

Canteen Service

The Veterans Canteen Service (VCS) is a self-sustaining, independent organization within the Veterans Administration. It was created by Congress 36 years ago. VCS's primary mission is to provide America's hospitalized veterans with merchandise and services. The VCS is established in all 172 VA medical centers.

For VCS, FY 1982 was a year of change. On March 21, 1982, VCS completed the reorganization of its field offices. This reorganization reduced the number of VCS field offices from five to three, eliminated fifteen employee positions and substantially reduced administrative expenses. The VCS field offices in Washington, DC; San Francisco, California; and St. Louis, Missouri, were closed. The remaining offices in Atlanta, Georgia and Somerville, New Jersey, were joined by a new field office in Denver, Colorado.

The field office reorganization action took place in the wake of the 1980 reorganization of VCS field finance activities resulting in the establishment of a central VCS Finance Center in St. Louis, Missouri. Now fully activated, the St. Louis Finance Center has approximately 80 employees, compared with the 100 finance employees in the five field offices prior to financial consolidation. These two reorganizational moves will save VCS approximately 35 positions and nearly $1 million per year.

Two training innovations were introduced in 1982. The year-long VCS management training program was completely restructured. A new instruction manual for preceptors and a new training manual for trainees with definitive learning objectives were distributed. Criteria include a thorough selection process for choosing which canteen chiefs will serve as preceptors and which medical centers will serve as training sites. A three-day conference/workshop in Washington, DC, kicked off the redesigned program. The program goal is to train the more proficient, professional and productive chiefs and assistant chiefs of VCS.

A newly developed auditors training program graduated its first members. The program is for auditors who come into the VCS from elsewhere and need orientation about VCS. Auditor-trainees work in canteens for short periods of time and, in addition, receive briefings at Central Office.

In FY 1982, VCS gross sales totaled $170,271,703. Retail sales were $100,480,853 and all food sales were $65,241,555. Barber shops and other services contributed $4,549,295. Out of these sales, VCS through its revolving fund, paid all its expenses, including salaries. VCS makes an annual payment to the Veterans Administration for rent, utilities, and other services provided by the VA medical centers. By using income from its larger profitable operations to help defray the costs of smaller, less profitable canteens, the VCS is able to offer the same high level of service at each of its canteens, including the smallest and most remote.

Besides fulfilling its mandate to provide necessary food, retail items and services to America's hospitalized veterans, the VCS is a morale booster. It offers a social and therapeutic environment - a store in which to shop, a cafeteria in which to relax, a place to bring friends and relatives for a visit. In a recent VA patient satisfaction survey, VCS personnel received a 92 to 96 score for attitude. The 74,000 randomly selected participants who gave their opinion of various VA medical center programs felt that VCS does a good job.

Voluntary Service

The number of hours of service contributed by volunteers on behalf of patients continued to increase during FY 1982. Over 10.9 million hours were recorded, an increase of more than 600,000 hours from FY 1981.

Especially noteworthy was an upward trend in the number of men and women engaged in volunteer activity at VA medical facilities during the year, to a total of over 77,500. The involvement of youth volunteers also increased, to a total of 6,900.

VA representation on the President's Task Force on Private Sector Initiatives was instrumental in directing the attention of the private sector and Government agencies toward the VA Voluntary Service program. As the oldest and largest program in the Federal government involving the support of uncompensated volunteers, VA Voluntary Service provided guidance to other agencies by request, at the same time benefitting from increased community awareness of its activities generated by the Task Force.

Two additional national organizations qualified for the VAVS National Advisory Committee through the extent of their members' volunteer activity, bringing the committee roster to a total of 50. The organizations added were: American Ex-Prisoners of War, Inc. and Italian-American War Veterans of the U.S., Inc. Volunteers from the American Association of Retired Persons/National Retired Teachers Association and the Vietnam Veterans of America were active at an increasing number of medical facilities.

In order to permit more leadership volunteers to participate in deliberative and training activities of the VAVS National Advisory Committee, a plan for scheduling a portion of its annual meetings outside of Washington, D.C., was initiated. The 35th Anniversary Annual Meeting took place in Dallas, Texas, with Philadelphia and Baltimore scheduled as future sites. A plan for enhancement of the training aspect of these meetings was also effected, by request of the Committee, to assist the members in handling their responsibilities successfully.

The National Advisory Committee increased the James H. Parke Memorial Youth Award through contributions from its member organizations. The income from the invested fund was doubled, enabling the Committee to recognize two outstanding youth volunteers nominated for national recognition by VA medical centers.

A distinctive VA volunteer lapel pin was designed, for purchase in VA medical facility Canteen shops by volunteers and others interested in providing additional

visibility to the program. An award pin for volunteers achieving a level of 1,000 hours of service was also initiated.

Other activities of Voluntary Service included a very successful annual National Salute to Hospitalized Veterans, for which the First Lady was Honorary Chairman. Volunteer participants at medical facilities included a variety of luminaries from the sports and entertainment fields, the armed services, youth groups and government officials.

Academic Affairs

The VA conducts the largest coordinated health professions education and training effort of its kind in the country. Its purpose is two fold:

- Assuring the highest quality health care by educating and training health professionals within the VA system, and providing continuing education and career development for health care facility personnel.

- Developing sufficient numbers of all categories of professional and other health personnel to meet the needs of the VA system and contribute to the health manpower of the nation.

The VA is affiliated with over 1,000 educational institutions and nearly 100,000 students each year receive some or all of their clinical training in VA facilities. Continuing education for VA employees involved with health care delivery is provided through a network of VA-directed activities, including Regional Medical Education Centers and other educational field units.

VA Profess Academic

VA health care facilities have training relationships with schools of medicine, dentistry, nursing, pharmacy, social work, and other associated health professions and occupations at the graduate and undergraduate levels. More than 100 physicians and other senior health professionals work at the hospital, local community, and regional levels as associate chiefs of staff for education, directors of Regional Medical Education Centers, directors of Dental Education Centers, directors of Cooperative Health Manpower Education Programs, and patient health education coordinators. These centrally approved representatives are responsible for monitoring existing education and training programs; developing new activities consistent with the needs of their institutions and those in their region; and coordinating these programs with the affiliated schools and colleges and the communities they jointly serve.

VA Facilities - School Affiliations

Since 1946, the affiliation of VA health care facilities with educational institutions has been a partnership of shared responsibility for insuring the maintenance of high quality health care to veterans. At the local level, each VA facility brings its own substantial resources as well as its expert and extensive staff to this cooperative endeavor. At the national level, the Office of Academic Affairs coordinates local and regional affiliation activities with the accrediting agencies and the national organizations that represent the affiliated institutions and professions.

During the year, 132 VA health care facilities and 40 outpatient clinics were affiliated with 100 medical schools; 92 of these same facilities and three outpatient clinics were affiliated with 59 schools of dentistry. All VA health care facilities were engaged in education and training students in health care professions and occupations through affiliation with at least one university, school, or college.

Graduate a Medical an

Affiliation agreements between VA medical centers and medical schools are implemented through deans' committees which advise medical center directors and the Chief Medical Director on the education and research programs of VA facilities. Membership consists primarily of physicians who are deans and senior faculty in medical schools. However, 59 committees have deans of dentals schools, 36 have deans of nursing schools, and 30 have deans of schools of allied health among the membership. The VA encourages involvement of VA staff on deans' committees. During 1982, 143 VA full-time staff persons were ap-

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

Discipline	FY 1982	FY 1981
Total	98,503	96,858
Medical house staff	25,587	25,036
Medical students	21,422	20,106
Dental house staff	794	748
Dental students	1,217	1,439
Nursing	27,622	26,853
Other associated health professions & occupations	21,147	21,828
Administrative	714	848

pointed with voting membership on 106 deans' committees. By September 1982, 95 percent of the committees had at least one full-time VA staff member.

A policy to encourage veterans service organizations as ex-officio members of deans' committees was established in 1977, and later included in the DM&S Consumer Program. By 1982, 132 veterans service organization representatives had been appointed to 84 deans' committees.

VA Professional staff as Academic Faculty

As affiliation with health sciences schools and colleges developed and expanded, recognition of the academic stature of VA staff has been demonstrated in the increased number of faculty appointments. As shown in the accompanying table, the number was 9,698 at mid-Fiscal Year 1982; a decade earlier the figure was 2,686.

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

April 15, 1982

Academic Title	Total	Physicians	Dentists	Other Staff
Total	9,698	7,302	422	1,974
Professors	1,282	1,158	12	112
Clinical professors	203	166	15	22
Associate professors	1,406	1,184	37	185
Associate clinical professors	583	451	45	87
Assistant professors	2,749	2,369	61	319
Assistant clinical professors	1,209	888	107	214
Instructors	745	478	24	243
Clinical instructors	877	412	90	375
Lecturers	123	43	7	73
Other titles	521	153	24	344

Graduate and Undergraduate Medical and Dental Education

During 1982, VA health care facilities participated in 1,755 specialty and subspecialty programs for physicians. Of these, 1,702 were cooperative arrangements between VA facilities and their affiliated medical schools. The other 53 residency programs were conducted in VA health care facilities and 18 community teaching hospitals with which they are associated. The majority of these latter programs are sponsored in relatively remote VA facilities.

The VA supported approximately 7,600 full-time medical residency positions, representing about an eighth of the nation's total number of residents in training (excluding obstetrics and gynecology, preventive medicine, and pediatrics). By

cooperative affiliation arrangements, about three resident physicians are rotated through each supported position in the course of the academic year. VA medical centers are involved in the education and training of about 40 percent of the trainees in all medical specialties except preventive medicine, obstertrics/gynecology, and pediatrics. Special emphasis is given to supporting programs in psychiatry, anesthesiology, radiology, and physical medicine and rehabilitation. Through affiliations with medical schools, VA facilities also provide clinical education experiences for undergraduate medical students.

The VA also contributes significantly to dental education with 77 VA health care facilities involved in graduate residency programs. There were 312 dental positions allocated for all dental residency training, the largest portion being in dental general practice residency advanced training with 71 facilities supporting such training programs. This represents 25 percent of all fully approved general practice programs in this country.

Fellowship Programs

The geriatric fellowship program for physicians completed its third two-year cycle in June 1982 and certificates of training were awarded to sixteen Fellows. Of these, ten accepted positions in the VA system and one is conducting a year of research at a VA medical center. Twenty physicians advanced to the second year and 24 became first-year participants in this clinical/educational program in geriatric medicine and gerontology at 12 VA medical centers.

The spinal cord injury fellowship program completed its first two-year cycle and five physicians graduated in June 1982. All but one of this group are continuing in VA appointments. Eight physicians entered in July 1982 and joined nine senior Fellows for a total of 17 participants.

The substance abuse fellowship program produced the first three graduates after two years of special training in June 1982. Two continued in the VA system on a full-time and one on a part-time basis. Of the 13 current participants, seven entered in July 1982 and six senior Fellows expect to graduate in June 1983.

Five dentists were appointed to the new dental geriatric fellows program which began in July 1982. The fellowship is intended to prepare dentists for clinical excellence in dental geriatrics/gerontology and for national leadership in dental geriatric education. Appointments are for two years at VA facilities in Boston, Massachusetts; Denver, Colorado; Wood, Wisconsin; and Loma Linda and Sepulveda, California.

Contin

Health Professional Scholarship Program

The health professional scholarship program was authorized by Title II, Public Law 96-330, to assist in providing an adequate supply of physicians and nurses for the VA and for the nation. The anticipated surplus in the supply of physicians and the critical shortage of professional nurses in the VA led to a policy decision to make scholarship awards only to nursing students for the 1982-83 school year. More than 3,200 applications were received, and 344 scholarships were awarded to baccalaureate nursing students and students in master's nursing programs emphasizing clinical specialties needed by the VA. The scholarship participants are enrolled in 172 of the 383 accredited schools of nursing.

Students who receive scholarships incur an obligatory period of VA service equal to the period of support, or two years, whichever is greater. The program should increase recruitment of professional nurses and achieve better retention. P.L. 97-251 enacted September 8, 1982, amends the scholarship program and permits VA health care employees to be scholarship participants as part-time students.

Graduate and Undergraduate Education in Nursing and Other Associated Health Professions and Occupations

During 1982, the VA health care system contributed significantly to the education and training of personnel in nearly 50 recognized associated health professions and occupations. The term "associated health" includes all personnel other than physicians, dentists, and medical or dental students engaged in providing direct services to patients. The table shows the extent of supervised clinical instruction provided in VA facilities to nursing and other selected health professions

students. The number of students receiving training increased 1.5 percent from FY 1981.

	Participating VA Health Care Facilities	Students Receiving Training
Nursing	157	27,622
Social Work	145	918
Psychology	120	1,225
Rehabilitation medicine	115	1,774
Audiology and speech pathology	99	673
Dietetics	79	1,033
Optometry	28	338
Podiatry	32	547
Pharmacy	80	1,733

Four additional model sites for Interdisciplinary Team Training in Geriatrics (ITTG) were developed. This brings the total to nine model sites: Sepulveda, California; Portland, Oregon; Salt Lake City, Utah; Little Rock, Arkansas; Palo Alto, California; Coatesville, Pennsylvania; Buffalo, New York; Madison, Wisconsin; and Birmingham, Alabama. ITTG sites are selected in conjunction with the ongoing geriatric programs located at the medical centers. This educational effort is based on the concept that health care delivery by a team of health professionals holds promise of more efficient utilization of personnel and results in better management of elderly patients in need of continuing care.

A total of 106 master's level clinical nurse specialist students' positions were supported in 1982 at 26 VA medical centers, an increase of 34 percent from 1981. The affiliated students receive their clinical training at VA facilities in the priority areas of geriatrics, rehabilitation, or mental health. Summer traineeships were awarded to 386 trainees to assist VA medical centers which have difficulty recruiting students during the academic year. This was the third year for this project.

Continuing Education

The VA operates a systemwide continuing education program to maintain and enhance the skills of DM&S employees and to help them keep abreast of advances in health care and related activities.

Each VA medical center and outpatient clinic receives Postgraduate and Inservice Training (PIT) funds to provide continuing education opportunities for employees. Activities include workshops, seminars, grand rounds, independent study, and work details both within and outside the Agency.

The educational efforts and initiatives at the individual medical centers are supplemented by programs and resources of the 20 continuing education field units and by a variety of activities directed by the Office of Academic Affairs.

Important among the continuing education field units are the seven Regional Medical Education Centers (RMECs) located at Northport, New York; Birmingham, Alabama; Cleveland, Ohio; Minneapolis, Minnesota; St. Louis, Missouri; Salt Lake City, Utah; and Long Beach, California. Each RMEC provides educational expertise to the medical centers within its assigned geographic region. The services provided include the presentation of educational programs geared toward regional requirements and, increasingly, educational planning and consulting assistance to medical centers in identifying and meeting their individual continuing education needs. During 1982, 956 RMEC training activities involved over 25,000 DM&S employees, whereas, last year there were 524 training activities involving over 17,000 employees. The topics covered the gamut of health care concerns, including geriatrics, rehabilitation, substance abuse, quality assurance, and cost control.

Cooperative Health Manpower Education Programs (CHEPs) provide community-based educational programs in remote areas served by VA medical centers

located at Togus, Maine; Saginaw, Michigan; Erie, Pennsylvania; Tuskegee, Alabama; Lincoln, Nebraska; Boise, Idaho; Dublin, Georgia; and Fort Meade, South Dakota. CHEPs work through consortia of local educational and health care institutions to provide a variety of health manpower education programs in areas of VA and community need. In 1982, CHEPs trained 14,000 health professionals through 340 educational activities in areas as diverse as intensive care, leadership development, and alcoholism. These community sharing initiatives in education reinforce similar sharing activities in the patient care sphere.

Dental Education Centers (DECs) at the VA medical centers Washington, D.C., and Wadsworth, Los Angeles, California provide specialized continuing education activities for dental employees. The DECs offer traditional short courses and wet labs, and produce single concept films in such areas as geriatric dentistry, hospital periodontics, and dental assistant utilization. During 1982, DECs conducted 37 activities involving 926 VA employees.

Engineering personnel from throughout DM&S receive specialized training through the Engineering Training Center (ETC) at the VA medical center Little Rock, Arkansas. Correspondence courses and programmed learning in electronics have extended training opportunities without the need for additional travel funds. In 1982, the ETC offered 25 activities for 295 VA employees. In addition, there were 195 correspondence course enrollments in tutored electronics programs.

The Continuing Education Center (CEC), located at the VA medical center Washington, D.C., functions as the instructional design and development center for high-priority systemwide education activities. Major assignments during FY 1982 included planning and coordination for the Medical District Initiated Program Planning (MEDIPP) process training, and the design and implementation of an extensive teleconferencing pilot test. The teleconferencing experiment involved 13 VA medical centers, mostly small, remote, and unaffiliated. The field tests were completed in 1982, and will form the base for an evaluation of the suitability of this non-traditional educational medium to the VA setting.

The Rehabilitation Engineering Education Program (REEP), at VAMC West Los Angeles, California, provides special education programs for orthotists, prosthetists, and staff in related disciplines. An extensive review of the efficiency and effectiveness of REEP activities, particularly with regard to the organization's alignment within the continuing education field units, has been undertaken.

This year, major emphasis has been placed on developing a program and educational activity reporting system for the continuing education field units. This system, in the pilot stage for FY 1982, provides both prospective information about upcoming activities and retrospective data regarding actual programs, participants, and accomplishments. Reports generated from this new reporting system will permit a greater degree of coordination among continuing education field units, Central Office, and individual medical centers, and an increased ability to prevent duplication and promote sharing of programs and resources.

The management education component of the continuing education program insures the provision of programs designed to increase management competency, knowledge of broad health care issues, and skills needed to deal with local management problems. In 1982, decentralization for program coordination was emphasized for entry and mid-level managers from Central Office to RMEC regions and individual medical centers. Programs included health care management training for 60 clinical and administrative service chiefs with high potential to move into executive positions; a series of 76 local management seminars for 2,250 medical center staff; and skills training in accounting, building management, engineering, fiscal, management analysis, medical administration, personnel, and supply for 230 administrative entry-level trainees. A successful pilot program in quality circles was expanded, and facilitators from 25 VA medical centers received training preparing them to institute quality circles programs at their institutions.

The patient health education network in DM&S consists of 28 coordinators functioning at RMEC region, district, and medical center levels. Activities include a mix of strategies and methods occurring in all medical centers, and based on the view of patient education as an integral component of health care services, provided by those who care for the patient.

Library

The scope of collections held by the VA Library Network (VALNET) covers the totality of the medical center world with its many disciplines, professions, and health care services.

The 175 VALNET libraries are encouraged to establish themselves as the major component of a learning resources center, serving as the information and distribution resource for continuing education, patient education and training activities. Computerized bibliographic data bases provide the foundation for significant advances in the network's ability to provide agency health care professionals with the most current information for use in patient care. In FY 1982, 122 VA hospital libraries had direct access to on-line bibliographic data bases—17 more than in FY 1981. Continuing access to the DIALOG system, which provides over 400 separate data bases covering the physical, life, and behavioral sciences, was furnished to the network through the libraries at facilities hosting Regional Medical Education Centers.

Increased efficiency and cost effectiveness in document delivery are being provided through continuing development of union catalogs listing the holdings and locations of print and nonprint materials held by the network libraries. A prototype VA union list of monographs, listing 9,000 books acquired by VA libraries in 1981, was published and distributed on microfiche. In addition, the 1980 VA union list of audiovisuals was issued and work continued on the 1982 union list of periodicals. The materials listed in these catalogs are available for sharing throughout the VA. In related efforts to contain costs and prevent duplication, the Central Office Library provides centralized purchase and network distribution of audiovisuals, and coordinates a pre- and post-production review of all audiovisual programs intended for use throughout the Agency.

Medical Media

During the past year, Medical Media Production Services were in operation at 100 VA medical centers to provide a variety of audiovisual products and services in support of the clinical, research, and education programs in the field. The project initiated in 1981 to consolidate major television production resources at four sites was continued in 1982 by transferring equipment which would be underutilized at locations without production responsibilities. An aggressive program has been pursued to furnish video notebook capabilities to VA medical centers able to demonstrate need for such a modality, and audiovisual equipment loan pools have been strengthened to fill voids left by the closing down of dedicated local closed circuit television activities.

Thirty-nine scientific exhibits were displayed at a wide range of professional society meetings, and 14 audiovisual instructional packages were approved for systemwide use. The Veterans Administration Center for Endoscopic Programs (VACEP) at the VA medical center Lake City, Florida, remained the most honored VA audiovisual facility with four prestigious awards, including the coveted "Best Motion Picture in 1982" awarded by the American College of Chest Physicians for the videotape "Bronchoscopic Features of Carcinoma."

Educational Space and Facilities

During the year, 28 projects to provide new educational facilities or renovate and equip existing facilities were approved and funded. These projects included space for conference/classrooms, libraries, medical media production areas, and related space. The facilities provided through these projects will serve the many programs for patient education, continuing education for medical center staff, and the training of students and house staff from affiliated academic institutions.

Projects to provide education space for academic institutions receive support under Public Law 92-541, the VA Medical School Assistance and Health Manpower Training Act. Included is a project to renovate three existing buildings at

the VA medical center Columbia, South Carolina, for use by the University of South Carolina School of Medicine.

The Office of Academic Affairs also provides assistance and guidance to DM&S and the Office of Construction in the planning, development, and review of construction projects for education facilities provided under the major, minor, and minor miscellaneous construction appropriation.

:hange of Medical ›rmation

Public Law 89-785 charges the VA with the responsibility to strengthen VA medical facilities located remote from medical teaching centers, and to promote consultation and cooperation among clinicians and other members of the medical and health related professions either within or outside of the VA. Pursuit of these goals obliges the VA to seek and adapt the latest advances in biomedical communications and educational modalities which will help maintain the highest standards of patient care. The Exchange of Medical Information (EMI) program is one vehicle through which this is accomplished. EMI activities enhance educational, diagnostic, therapeutic and administrative activities at medical centers and help reduce professional isolation at relatively remote VA facilities.

The pilot activities conducted under the EMI program are supported by providing grants to medical schools, hospitals and research centers, and through direct funding to VA medical centers. As projects become fully developed and operational, continuing support is provided from other funding, freeing EMI funds for support of new projects. Hence, the most effective utilization of the limited funds is achieved.

During FY 1982, seven EMI projects were supported covering a wide range of activities and regions. Examples include development and operation of a 34 station audio-teleconferencing network used for medical education, diagnostic and administrative purposes; computer-based outreach health care delivery system making rehabilitative services available to veterans with speech and/or hearing impairments in their homes; and clinical application of chromosome analysis to the diagnosis, prognosis and treatment of leukemia and cancer.

sistance for Health ınpower Training titutions

Public Law 92-541 authorized a program of grants to academic institutions which, in affiliation with VA facilities, would conduct programs of education and training in the health professions and occupations. Funds could be allocated for modifying and equipping VA-owned facilities, which are shared for educational purposes by the VA and the affiliated institutions to help accommodate the educational programs in which they are participating.

Since 1974, when the program was implemented, the VA has provided essential resources for the creation of five new state medical schools to be operated in affiliation with VA facilities and community hospitals, and for expansion of 18 medical schools with established VA affiliations. All five of the new state medical schools are now accredited and have initiated educational programs with classes of from 24 to 100 students. One of these grants reached completion on June 30, 1982 (Wright State University School of Medicine). The 18 other medical schools with established VA affiliations have been assisted in increasing undergraduate enrollments through the grant-supported projects designed to strengthen faculty and curriculum, develop new areas of emphasis such as primary care outreach, establish new clinical campuses, or convert from 2- to 4-year degree-granting programs. Twelve of these grants concluded during FY 1982, leaving two grants still active.

The VA has made 138 grants (including supplementals) to other health manpower training institutions. These grants are for one to seven years, and have initiated or enhanced clinical affiliations with 97 VA facilities. Programs in nursing, pharmacy, optometry, social services, and many associated health professions have been funded. Since the program for grants was implemented, the number of students enrolled in programs receiving grant assistance has increased greatly, and VA health care facilities and other institutions have been able to hire

Research and Development

graduates of these training programs. Of the 138 grants initiated, 120 have come to completion, leaving 18 active grants.

Clinician and non-clinician investigators are engaged in the VA intramural research program covering a broad spectrum of health care issues. These include biomedical research, health care services delivery, and rehabilitation research and development. These efforts support the VA's patient care mission and are an integral part of it. The VA's research and development program emphasizes investigations focusing on the health problems that are particularly prevalent among veterans. In sharing these research findings with the medical and scientific community, contributions are also made to the nation's health care for both veterans and non-veterans.

During the fiscal year, the achievements of VA investigators were recognized through several prestigious awards, including the following:

- The William S. Middleton Award, which is the highest award given by the VA for achievement in biomedical research, went to Sami I. Said, M.D., Chief, Pulmonary Medicine at the VA medical center Oklahoma City, Oklahoma. Dr. Said has championed the concept that the lung is more than a mechanical bellows by showing that it is a metabolic organ having wide effects on the entire body. Dr. Said also isolated and characterized vasoactive intestinal peptide (VIP). VIP has become the first of several peptides found outside of the nervous system that have direct neurological effects. The discovery and characterization of these peptides has introduced a new dimension in our understanding of the body's mechanisms of neuroregulation.

- The Fourth International Geigy Research Prize was shared by David Howell, M.D., a medical investigator from the VA medical center Miami, Florida. This award is given once every four years for research in basic and clinical rheumatology.

- The Volvo Award was given to Avinash Patwardhan, Ph.D., a biochemical engineer at the rehabilitation engineering research and development center at the VA medical center Hines, Illinois. This award was given by the Volvo Group of Goteborg, Sweden, for outstanding biomechanical studies on lower back pain.

- Robert Morell, M.D., Ph.D., Chief of Neurology Service at the VA medical center Allen Park, Michigan, was named the North American Scholar for Alzheimer's Disease by the Kellogg International Scholarship Program on Health and Aging. The award includes $30,000 to study the care and services provided Alzheimer's patients and to establish an international disciplinary group on the topic.

- Craig Kitchens, M.D., a clinical investigator at the VA medical center Gainesville, Florida, received a Fulbright Award from the International Communication Agency. The award will allow Dr. Kitchens to establish a hematology laboratory with special facilities for evaluating blood clotting mechanisms at the National University in Montevideo, Uruguay.

- Milton Huppert, Ph.D., a research career scientist at the VA medical center San Antonio, Texas, received the 1982 Rhoda Behnam Award. This award is given by the Medical Mycology Society of the Ameircas in the highest recognition for sustained achievement and significant contributions to medical mycology.

- Frederic Bartter, M.D., Associate Chief of Staff for Research and Development at the VA medical center San Antonio, Texas, received the John Phillips Memorial Award. The award was given by the American College of Physicians for Dr. Bartter's distinguished contributions in the field of hypertension.

- The Marie T. Bonazinga Award from the Reticuloendothelial Society was given to John Hibbs, Jr., M.D., Chief of the Infectious Disease Section at the VA medical center Salt Lake City, Utah, for his outstanding and imaginative research.

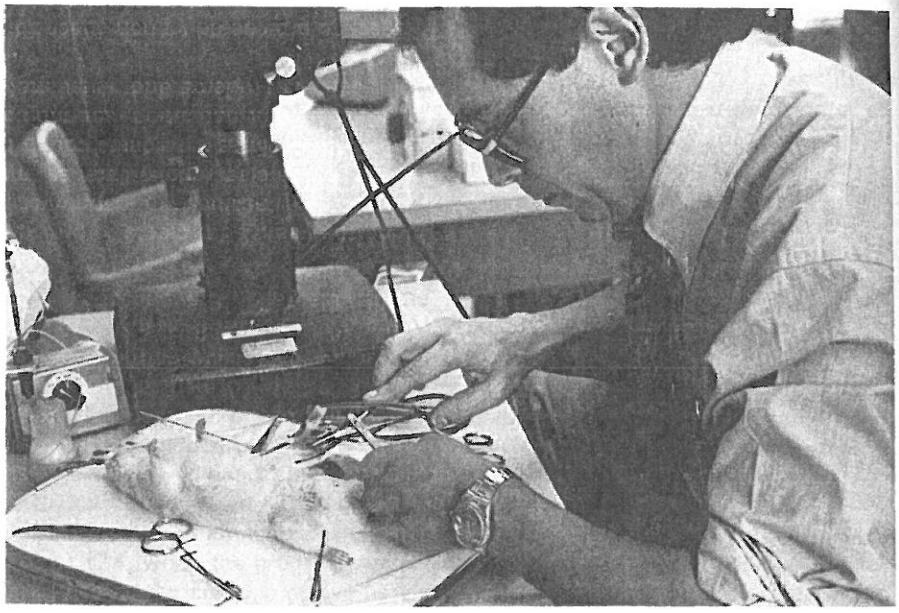
• Cynthia Fowler, Ph.D., and Janet Shanks, Ph.D., from the Audiology Service at the VA medical center Long Beach, California, received research awards from the American Speech-Language-Hearing Foundation. The awards were given for clinically useful contributions to the field of speech/language pathology and audiology.

• Joseph Zubin, Ph.D., a research career scientist at the VA medical center Pittsburgh (Highland Drive), Pennsylvania, received the New York Academy of Science Award in the Behavioral Sciences. This award cited Dr. Zubin for his distinguished contributions to psychopathology, particularly to the study of schizophrenia.

• The Outstanding Alumnus Award was given to Margaret J. Giannini, M.D., F.A.A.P., Director of Rehabilitation R&D Service at VA's Central Office, by Philadelphia Hahnemann Medical University and Hospital Alumni Association.

Medical Research

VA medical research programs are conducted at VA health care facilities by the clinical staff who have the desire and the ability to carry out quality research. The purposes of the VA medical research program are straightforward. First, the creation of new medical knowledge in support of the VA health care system will improve our understanding, diagnosis, and treatment of diseases that are prevalent among veteran patients. Second, having a quality research program at VA facilities improves the delivery of health care and thereby supports the Agency's mission of providing veterans with quality medical care.



The vast majority of the biomedical research conducted in VA medical facilities is initiated by the individual investigator. Such clinician-scientists see a problem, present a research proposal and, if approved, set out to find a solution.

Important areas which are currently under investigation include the seven areas in the high priority research program: schizophrenia, alcoholism, aging, spinal cord injury, delayed stress, Agent Orange, and health of former Prisoners of War. In addition, significant VA research is being conducted that focuses on other prevalent health problems of veterans including cancer, diabetes, chronic heart diseases, and chronic pulmonary disease. Since most VA investigators are health care providers at VA medical centers, VA medical research is characterized by a large number of studies which emphasize practical application of research findings to the medical care of veterans and the general population. One of the best examples is the cooperative studies program. VA cooperative studies are multihospital programs in which investigators at different VA medical centers study an important health care problem in a uniform manner under a common protocol. There are nineteen studies currently in progress. An additional eleven studies are

in the planning phase and twelve are in the final phase of analysis. Cooperative studies data resulted in the publication of seventeen manuscripts in leading scientific journals in calendar year 1982. The following examples illustrate areas of cooperative studies:

- A study involving seven VA medical centers is undertaking the measurement of the effects of reducing drugs or dosages of antihypertensive medication in patients whose high blood pressure has been controlled over a period of time.

- A study to evaluate new porous bioceramic implant material in the long-term treatment of periodontal osseous defects is being conducted in ten VA medical centers.

- A study to establish whether vasodilator therapy has long-term efficacy in some or all patients with chronic congestive heart failure is being carried out in ten VA medical centers. Since heart failure develops in the natural history of all common forms of heart disease, it is one of the most prevalent cardiac conditions treated at VA medical centers and the impact of the effectiveness of this new form of therapy will be considerable.

Health Services Research and Development Service

The Health Services Research and Development (HSR&D) Service develops programs and supports projects to evaluate alternative policies and interventions to improve the effectiveness, efficiency, accessibility and quality of the VA health care services delivery system and of VA initiatives to promote, maintain and improve the health of the veteran patient. The Service emphasizes HSR&D as a management tool, and is developing a system to make accessible to VA clinicians, administrators, researchers, and consumers, valid HSR&D information relevant to their decisions. The HSR&D Service also contributes to national and international health care. In FY 1982, the Service sponsored the first meeting of directors of health services research and development programs in operating health care systems. Participants were drawn from both the public and private sectors, and included the R&D managers of the nation's largest investor-owned hospital and health care systems.

During FY 1982, the HSR&D Service's priorities were: research to improve VA health care operations; care of the aging veteran; assessment of the cost-effectiveness of patient care technologies; improvement of rehabilitation services; and preventive health care services. HSR&D Service supported 36 investigator-initiated research projects at 25 VA medical centers. Under the VA's pilot program of preventive health care, established in response to Public Law 96-22, projects are being conducted in schizophrenia, hypertension, psychiatric screening, dentistry, and an evaluation of a selected set of preventive health care services. Projects completed during the year contributed information about:

- The effectiveness of a specifically designed rehabilitation program for young schizophrenic veterans.

- The effectiveness of a special "discharge facilitator" in improving the outcomes of services to psychiatric patients.

- The effectiveness of an illness behavior unit in a VA medical center in reducing the inappropriate utilization of hospital and clinical services.

- The cost effectiveness of "decentralizing" psychiatric services by special arrangements with community mental health centers.

- The costs of outcomes of group practice in a VA ambulatory care setting.

- The cost-effectiveness of special efforts to improve continuity of care in providing outpatient care for elderly veterans.

Four regional HSR&D field programs were established to integrate research with management and health practice information requirements. The HSR&D field pro-

grams conduct research, provide technical assistance to investigators and consultation to administrators and clinicians, educate VA staff about the uses of health services research, and serve as a system-wide resource in such critical areas as care of the aged veteran, ambulatory care, and operational efficiency.

The HSR&D Service's collaborative research program addresses the priority information requirements of VACO managers. Among the projects completed during the year were a study of bed-sizing methodologies, and a technique for the self-assessment of professional services.

Rehabilitation Research and Development

In recognition of expanded scope and new directions, the title of the Rehabilitative Engineering R&D Service was changed to the Rehabilitation R&D Service. Rehabilitation R&D emphasizes VA's primary concern for rehabilitating disabled veterans.

The mission of Rehabilitation R&D is to improve the quality of life and to allow more functionally independent daily living by physically disabled or infirm veterans. To accomplish this, R&D activities are concentrated in three areas representing the most prevalent disabilities of service-connected veterans:

- Prosthetics/Amputation - Special emphasis is on lower limb prosthetics. This includes such topics as improved fitting techniques for lower limb amputees to improve comfort and reduce irritation, and improved suspension techniques for amputees, especially the elderly.

- Spinal Cord Injury - Special emphasis is on wheelchairs. This includes studies to improve the performance and reliability of powered wheelchairs by improving motor and controller efficiency, reducing noise and developing a failsafe braking system.

- Sensory Aids - Special emphasis is on aids for the visually impaired. This includes studies in new aids for veterans with low vision, mobility and orientation needs of both low vision and blind veterans, and development of communication and vocational aids.

In June 1982, an R&D letter was issued announcing priority areas for Rehabilitation R&D focusing on current needs of disabled veterans. Areas of need emphasized were wheelchairs, blindness and low vision, and functional electrical stimulation. These were identified in specially convened workshops and seminars attended by experts in rehabilitation R&D, clinicians, manufacturers, and disabled veterans.

During FY 1982, the Rehabilitation R&D program sponsored 74 projects in 34 VA medical centers including two Rehabilitation R&D Centers located at Palo Alto, California, and Hines, Illinois.

Resources Costs

The costs of VA's Department of Medicine and Surgery during FY 1982 were $7,252,208,000, an increase of 8.3 percent over FY 1981. The accompanying table summarizes the distribution of these costs by major program.

Inflation and higher costs associated with VA efforts to improve the quality of care were the major factors in the growth of operating costs. The latter can be demonstrated by the technological cost of procuring and maintaining innovative medical equipment and systems, and of providing a trained work force to utilize these innovations effectively.

The VA strives to deliver the highest quality of care possible and at the same time contain costs by assuring delivery of services through the most appropriate type of care and the most cost efficient mode. The accompanying two tables illustrate the success of these efforts. First, while the average daily census has decreased over the past 10 years (82,479 in 1973 to 64,894 in 1982), both the number of patients treated and the number of staff outpatient visits have increased significantly over the same time period. The cost effectiveness of this is

Activity	Costs (in thousands)		
	FY 1982	FY 1981	Percent Change
Total DM&S	$7,252,208	$6,699,064	+ 8.3
Medical care	6,999,418	6,446,985	+ 8.6
Medical administration and miscellaneous operating expenses	57,846	50,453	+ 14.7
Medical and prosthetic research	139,809	144,725	− 3.4
Other medical programs*	55,135	56,901	− 3.1

**Does not include Revolving or Trust Funds.*

evidenced by the fact that while per diem costs have more than tripled ($57.92 in 1973 to $184.96 in 1982) in the past 10 years, the cost per inpatient treated has only doubled ($1,769 in 1973 to $3,526 in 1982).

The impacts of inflation and technological innovation are difficult to partition, but their overall impact on per diem costs for the major medical care activities are shown in the accompanying table.

Type of Care	Unit Costs			Percent Change
	FY 1982	FY 1981	Change	
Medical Care in VA Medical Centers				
Cost per pat. per day	$ 184.96	$ 168.36	$ + 16.60	+ 9.9
Total Costs (000)	4,380,987	4,078,563	+ 302,424	+ 7.4
Personal Services	3,218,780	3,016,151	+ 202,629	+ 6.7
Other	1,162,207	1,062,412	+ 99,795	+ 9.4
Visits to VA Staff				
Cost per visit	$ 86.78	$ 64.09	$ + 22.69	+ 35.4
Total Costs (000)	1,376,515	1,064,006	+ 312,509	+ 29.4
Personal Services	777,002	689,648	+ 87,354	+ 12.7
Other	599,513	374,358	+ 225,155	+ 60.1
Domiciliary Care in VA Facilities				
Cost per pat. per day	$ 35.59	$ 32.04	$ 3.55	+ 11.1
Total Costs (000)	92,052	86,000	+ 6,052	+ 7.0
Personal Services	58,940	56,693	+ 2,247	+ 4.0
Other	33,112	29,307	+ 3,805	+ 13.0
Nursing Home Care in VA Facilities				
Cost per pat. per day	$ 88.98	$ 81.72	$ + 7.26	+ 8.9
Total Costs (000)	275,579	242,955	+ 32,624	+ 13.4
Personal Services	207,361	185,350	+ 22,011	+ 11.9
Other	68,218	57,605	+ 10,613	+ 18.4

Workload

Fiscal Year	Hospital Inpatient Program				Outpatient Program
	Average Daily Patient Census		Patients Treated		Staff Visits
	Number	Index (1973=100)	Number	Index (1973=100)	Number (in thous.)	Index (1973=100)
1973	82,479	100	985,862	100	9,165	100
1974	81,453	99	1,043,293	106	10,458	114
1975	79,973	97	1,113,873	113	12,596	137
1976	78,264	95	1,178,894	120	14,223	155
1977	75,285	91	1,209,763	123	14,675	160
1978	73,008	89	1,228,755	125	15,070	164
1979	69,821	85	1,230,252	125	15,053	164
1980	68,109	83	1,247,516	127	15,752	172
1981	66,376	80	1,248,502	127	15,828	173
1982	64,894	79	1,242,544	126	15,862	173

COST EFFECTIVENESS OF INCREASED TURNOVER

Fiscal Year	Per Diem Cost		Cost Per Hospital Inpatient Treated	
	Amount	Index (1973=100)	Amount	Index (1973=100)
1973	57.92	100	1,769	100
1974	65.08	112	1,855	105
1975	75.71	131	1,984	112
1976	87.86	152	2,135	121
1977	103.27	178	2,346	133
1978	119.10	206	2,583	146
1979	133.82	231	2,772	157
1980	154.00	266	3,077	174
1981	168.35	291	3,267	185
1982	184.96	319	3,526	199

Resource Allocation Development

An allocation Development Service was created within DM&S in FY 1982, to methodically test, report, and evaluate potential resource allocation systems for acute hospital care, psychiatric care, long-term care, and outpatient care. The Service was charged to perform some of the functions required to establish an integrated, systematic method to manage, distribute, maintain, and justify DM&S medical care resources.

During FY 1982, several methods of resource allocation based on case mix and unit of service (bed day of care or outpatient visit) were analyzed to determine the extent of changes in resources to be expected at various levels within the VA health care system. The analyses for the study used simulation models based on FY 1981 experience with approximately one million VA discharges. The case mix methods involved weighting VA discharges in accordance with the 1982 New Jersey reimbursement schedules for affiliated and unaffiliated hospitals.

A number of budget items were excluded from the analysis. Such exclusions, or pass-throughs, were:

- Research appropriations.
- Medical care support for research.
- Renal dialysis.
- Intermediate, nursing home, and domiciliary care.

Employmer

- Fee basis and CHAMPVA.
- Mental hygiene clinics.
- Spinal cord injury units.

Thus, the analyses dealt with approximately $4.2 billion of the more than $6 billion in the FY 1981 medical care appropriation.

The analyses were simulations, i.e., scenarios in terms of "what if" budget dollars had been held constant at the national, regional, and/or district levels and those dollars had been moved around, or allocated, among facilities within each of those geographic levels, based on measures of differences in facility case mix and workload.

In the study, the two basic methods — case mix and unit of service—allocated resources differently in terms of the style of hospital practice and of the case mix. Facilities with shorter average lengths of stay benefited more from the case mix resource allocation model, while those with longer average stays (and often lower per diems), benefited from the allocations under the unit of service model.

Volume 1 of a two-volume study report was completed in July 1982. Volume 2 will be completed by December 31, 1982.

During FY 1983, the Service will develop and test methods for allocating medical care resources for long-term care, psychiatric care, and outpatient care. Where possible, other public and private sector experience will be examined for applicability to the VA. The resource allocation methods developed will be available for the FY 1985 budget process.

Employment

The net full-time equivalent employment (FTEE) in DM&S increased from 193,578 in FY 1981 to 195,250 in FY 1982.

Total Health Care: Net Full-Time Equivalent Employment
Fiscal Years 1981-1982

Appropriation/Fund	FY 1982	FY 1981
Total	195,250	193,578
Medical care	186,836	184,865
Inpatient care	153,878	153,322
Hospitals	141,654	141,572
Nursing homes	9,592	9,052
Domiciliaries	2,632	2,698
Outpatient care	31,183	29,267
All other	1,775	2,276
Medical administration and miscellaneous operating expenses	853	866
Research	4,066	4,295
Medical research	3,845	4,079
Rehabilitative research	128	112
Health Services research	93	104
Canteen service	3,495	3,552

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

Fiscal Year	Hospital Care (FTEE/Census)	Outpatient Care (FTEE/1,000 Visits)	Nursing Home Care (FTEE/Census)	Domiciliary Care (FTEE/Census)
1973	1.51	1.83	0.90	0.30
1974	1.57	1.73	0.92	0.30
1975	1.65	1.61	0.97	0.30
1976	1.75	1.56	1.00	0.32
1977	1.85	1.63	1.02	0.33
1978	1.99	1.75	1.08	0.35
1979	2.04	1.79	1.05	0.35
1980	2.11	1.84	1.09	0.36
1981	2.13	1.85	1.11	0.37
1982	2.18	1.97	1.13	0.37

Initiatives on Personnel Issues

Several major personnel issues were initiated during the year. An initiative to reallocate nearly 10 percent of DM&S Central Office staff ceiling to areas of emerging priority resulted in significant staff resources being made available to such areas as MEDIPP and the Agent Orange office. Concurrent organizational analyses of many offices in DM&S also resulted in savings of staff positions and further decentralization of responsibilities within Central Office.

Recruitment and retention of health care professionals was also improved by various initiatives. The VA Physicians Placement Service (Clearinghouse) became operational during the year, and through it over 40 physicians were placed in VA medical centers which have some difficulty in recruiting. In addition, using the authority contained in Public Law 96-330, the VA is paying special pay rates to nurses at 97 locations. These higher rates enabled the VA to remain competitive with private sector hospitals and have helped to ease the VA's nurse recruitment problems. Other personnel initiatives under the mandates of Public Law 96-330 were also completed during the year. For example, the report on Conversion of Title 5 Health Care Occupations to Title 38 was submitted to Congress in August and hearings are scheduled for the spring of 1983.

DM&S focus on selection and development of senior departmental executives continued throughout the year. Nearly 600 specific management training courses were given to executives and potential executives; many of these courses focused on managing health care systems so as to improve the quality of care. As in 1981, the Department successfully sponsored a candidate for the Annual President's Executive Exchange Program, to give a departmental manager a unique professional growth experience in the private sector.

Management Systems Service

To satisfy the need for a more effective method of determining staffing requirements, a new Management System Service was created during the year.

The mission of this new Service is to develop, implement and maintain preliminary staffing guidelines in conjunction with program services in a two fiscal year period. It is expected that refined guidelines will be developed, analyzed, implemented and maintained beginning with FY 1984. Depending on the nature of the program area under review, various management engineering techniques are being used. Some of those techniques are time study, work sampling and operational (desk or workplace) audit.

Refined staffing guidelines will be constructed in a manner that will produce management tools for comparing efficiencies, productivity, and staffing utilization. These tools will better enable the Department to project, explain need, allocate and reallocate its human resources.

Facilities and Equipment

Facility Planning

The need to provide and maintain modern, efficient health care facilities is an integral part of assuring that VA medical care is of the highest quality. In a large health care system with many older medical centers as VA's, planning for these facilities and their needed improvements is critical to assure that limited resources are utilized effectively, to provide a framework for evaluating facility needs in relationship to mission accomplishment, and to determine and justify appropriate funding levels.

A five-year facility plan for each VA medical center provides this planning framework. Each VA medical center annually prepares a construction and facility improvement plan covering a five-year period. This plan, which is reviewed and approved in Central Office, proposes construction strategies to meet facility requirements consistent with program and service plans.

A five-year medical facility construction plan is then developed and submitted to the Congress each year, identifying major construction needs of the VA health care system by covering projects costing over $2 million. The plan submitted to the Congress in June 1982, covering the period FY 1983-FY 1987, identified 252 projects with a combined estimated cost of $5.4 billion.

In addition to the major projects, construction needs for projects costing less than $2 million are also identified from the medical center facility plans. For the five year period FY 1983-FY 1987, such projects numbered more than 1,400 with an estimated cost of $850.4 million. In FY 1982, the Agency recognized a need for greater emphasis in these smaller projects and proposed a significant funding increase in its FY 1983 budget request for this purpose.

A total of 57 major construction projects (those exceeding $2 million) were identified for revalidation. Thirty-five of these projects were found valid as proposed and designed without change or with minor adjustments. Another five projects were identified early in the process as not having been developed far enough to make the deadline for preparation of the FY 1984 construction budget. The remaining 17 projects required further development because of various unresolved questions involving the scope of work, MEDIPP mission, and workload projections or design considerations. For the most part, the need for further development had been recognized before revalidation was initiated. Revalidation resulted in a recommendation of a FY 1984 agency major construction budget exceeding $750 million and heightened confidence in the adequacy of existing planning and developmental procedures.

Engineering

VA's 172 medical centers comprise over 5,000 buildings totaling more than 110 million square feet valued at $13 billion. Necessary minor construction, maintenance, repair, and plant operations during FY 1982 cost $777 million, or over 11 percent of the year's health care expenditures. Over $268 million was expended on recurring maintenance and repair, $62 million on non-recurring maintenance and repair, $356 million on plant operations, and $91 million on capital improvements.

The accompanying table provides the FY 1982 breakdown of the number and cost of the non-recurring maintenance and repair, and capital improvement pro-

Category	Number of Projects	Cost of Projects (Millions)
Electrical systems	64	$ 17.5
Fire protection systems	98	15.9
Safety and health systems	63	7.5
Air conditioning & refrigeration	102	16.8
Boiler plant systems	36	17.3
Elevators	20	5.4
Exterior maintenance	128	19.7
Exterior maintenance utilities	53	11.5
Interior maintenance	63	8.0
Interior maintenance utilities	56	7.1
Renovations	265	26.3
Total	948	$153.0

jects, by primary category. Top priority for funding was, once again, given to projects for correction of fire and safety deficiencies, many of which were identified by the Joint Commission on Accreditation of Hospitals (JCAH).

Medical Equipment Reporting System (MERS)

The medical equipment inventory of VA medical centers continues to increase in both quantity and technical complexity. In an effort to assist in managing the necessary comprehensive equipment support provided by the Engineering Service, an interactive computer-based Medical Equipment Reporting System (MERS) has been developed. MERS is designed to fulfill the needs of both the VA medical centers and Central Office to maintain and immediately access equipment histories, identify significant performance trends that may portend potential hazards, track mandated corrective actions, and establish an empirical data base to facilitate utilization review and resource planning. The biomedical engineering program has established a record of significant cost-avoidance (approximately $25 million annually) through an optimal blend of utilizing primarily in-house biomedical engineering personnel with a limited use of manufacturers' service contracts. The equipment record documentation requirements mandated by the JCAH and medico-legal authorities are presently implemented on a manual basis. This time-consuming process is becoming increasingly costly with the concomitant increase in equipment quantity and complexity. MERS is designed to reduce this growing burden through the integration of local data collection routines with an interactive computer-based environment. Each VA medical center will have immediate access to their local equipment histories, as well as all systemwide experiences and trends.

The software development necessary for the implementation of MERS is being performed at the Engineering Service Center located in St. Louis, Missouri. This effort includes the use of a commercially available data base management system and the design of customized applications programs. The initial operational phase includes field testing of prototypes at the VA medical centers St. Louis, Missouri; Washington, D.C.; and Richmond, Virginia. Systemwide implementation is expected by the end of FY 1985.

Fire Protection

Following adoption of the 1981 edition of the Life Safety Code (NFPA 101), the VA initiated a series of comprehensive fire protection engineering surveys of its medical center health care buildings. The surveys utilize a newly adopted appendix to NFPA 101 which permits a facility to use conditions in excess of code requirements to balance conditions which are not in accordance with the code. The process differs significantly from previous survey efforts in that a listing of work needed, in priority sequence, for each building will be developed and integrated into the Department's overall planning process. The studies are expected to be completed by the end of FY 1983.

Physical Security and Law Enforcement

The objectives of placing VA medical center security police units directly under the office of the medical center director, strengthening of qualification standards for police officers, and emphasizing the active prevention of losses through the techniques of stop and search were realized in FY 1982. Successive increases in total property losses in the past five years ended in FY 1982 when a decrease was recorded from the previous year.

Tighter security and stricter law enforcement in FY 1982 also resulted in a decline in criminal acts committed and an increase of 42 percent in offender apprehensions. Confiscation of dangerous weapons from persons entering medical centers increased by 57 percent, underscoring the attention focused on patient and staff protection.

Basic actions considered essential to upgrading the overall effectiveness of VA medical center security were identified. These were the initiation of careful prescreening of applicants for police positions, broadening of the scope of their training, and implementation of high performance standards. Specialized training in investigative, management and communications skills, and priority support to local training efforts, were initiated in recognition of the importance of the individual police officer's effectiveness to the goal of optimum personnel and property protection.

Energy Management Program

The VA has been actively involved in an energy management program since 1975. The current program is guided by national laws and requirements mandated by regulatory agencies. Long and short range planning provides specific energy reduction targets to be achieved. The long range planning goal for the VA is to achieve a 20 percent reduction in energy consumption by 1985, compared to 1975, without compromising its high quality standards for health care and services. FY 1982 is the fifth consecutive year in which the measured results and the 1977 energy management plan projections were almost identical. Seventeen VA medical centers have already achieved more than 100 percent of their 1985 goal and 28 have achieved more than 90 percent.

The basic plan provides for research in energy conservation, a detailed study of each VA medical center to determine its specific requirements, a training program for personnel, an updated five-year energy management plan for each VA medical center, review and priority listing of projects for funding, and a central review of the overall program to insure that each action will save more than it costs.

VA is widely accepted as one of the leaders in the energy management field and its employees are sought for consultation by many Federal and private institutions. The beneficiaries of the VA energy management program are principally VA's patients, since the savings from this program allow resources, otherwise unavailable, to be utilized for the improvement of the VA medical care programs. VA medical centers have received 17 awards for their achievements in energy conservation from the American Hospital Association.

A special achievement for FY 1982 was the completion, distribution and showing of a film titled, "It All Adds Up," as part of a VA employee awareness program. The film is based upon a consultant-prepared study which identified 70 ways to save energy in the Dietetic Service.

By the end of FY 1982, the VA had spent $81.3 million in energy conservation and has already saved $148.6 million. Of this amount, $44.7 million was saved in FY 1982.

Building Management

A major pursuit of the Building Management Service during the year was the testing of low temperature washing of hospital linens in an effort to conserve energy. The challenge was to reduce energy usage, and still produce hygienically clean linens. The answer lay in using a combination of low water temperature (75 to 85 degrees) with wash chemicals that were effective with water of that temperature.

The results of preliminary testing were dramatic. During the first six months of the test, energy requirements for wash water were reduced by 40 percent at the test site, and the cost for washing chemicals was reduced significantly.

In coordination with VA's Infectious Disease Advisory Committee, final testing of the low temperature wash process was begun at the VA medical center Denver, Colorado. As the first of their kind in the laundry industry, the tests are designed to scientifically analyze linens after low temperature laundering. As of June 1982, the project was at the stage of assessing the normal bacterial flora of dirty laundry.

Results released in July indicated that actual low temperature laundering may be near. If the procedure is safe and effective, it could save the VA over $32 million in energy costs by 1990.

Enhancement of recruitment of well qualified Building Management Service personnel was another item that received attention during the year. Through Central Office, a cooperative education agreement was worked out between East Tennessee State University (ETSU) and the VA medical center Mountain Home, Tennessee. The agreement provides for the training of baccalaureate students majoring in Institutional Health Management Services. The first student is expected to begin training under the cooperative education program at the VA medical center

in January 1983. It is anticipated that additional cooperative education agreements with other VA medical centers and ETSU and other colleges will be established so that this program can serve as a primary recruitment source for interns from outside the Federal government.

Management Initiatives and Quality of Care

Emergency Preparedness and Contingency Planning

With the passage of Public Law 97-174, "The VA-DOD Health Resources Sharing and Emergency Operations Act," the VA gained a new mission - to serve as the principle health care backup for members of the Armed Forces in case of war or national emergency. Hospital, nursing home, and medical services for active duty military personnel may be furnished on a priority basis during such a period.

The VA and DOD plan to integrate this new responsibility with DOD's new civilian-military contingency hospital system. This system is based on local "networks" of civilian hospitals participating on a voluntary basis with local Federal (VA and military) hospitals. Forty-seven areas have already been selected for developing the system. In 45 of these areas there are one or more VA medical centers that will participate in developing contingency plans to function as primary receiving centers for military casualties in the event of conventional war. Other VA medical centers would likely provide secondary support for patients, sent from the primary VA medical centers who are in need of convalescence, rehabilitation, or extended care.

A task force composed of field personnel representing various health care professions was formed soon after the law was enacted. The primary purpose of the task force is to develop a program guide on VA-DOD contingency planning. This guide will be used by field personnel in implementing VA medical center and medical district plans in support of the military health system.

In addition, the VA is playing a leading role on several of the principal work groups under the Emergency Mobilization Preparedness Board (EMPB) which is planning for national emergency preparedness. The purpose of this interagency effort, directed by the President's National Security Advisor, is to coordinate peacetime emergency efforts. The VA has played a prominent role in the EMPB's health component, the principal work group on health. Much of the VA's work has focused on identifying hospital beds for emergencies and participating in the development of an all-inclusive National Emergency Medical Care System for responding to large scale disasters and national emergencies.

During the year several VA facilities were designated as alternate emergency operations facilities.

VA medical centers provide community assistance in natural disasters, such as hurricanes, snow storms, and highway accidents. Each VA medical center has disaster plans to meet its own contingencies, including fire, flood, earthquake, and war. VA medical centers semiannually test their readiness for different disaster situations and are required to update their planning every two years. They also participate in community-wide drills, with local emergency planning bodies, medical schools, and other appropriate institutions.

Sharing

Public Law 97-174 will also greatly enhance sharing between the VA and DOD. To implement the sharing provisions of the law the two agencies plan to:

- Establish a VA/DOD Health Care Resources Sharing Committee. The committee will review policies, procedures, and practices and recommend changes. Monitoring new acquisitions of major equipment and the location of new facilities will be part of the committee's responsibilities.

- Publish guidelines based on the recommendations of the committee. These guidelines are not to affect adversely the range of services, the quality of care, or the established priorities for care of either agency.

- Authorize medical facilities to enter into sharing agreements with medical facilities of the other agency to treat the former agency's primary beneficiaries on

a referral basis. Reimbursement for primary beneficiaries shall be made to the facility that delivered the care.

As an initial step, the VA is putting together an inventory of services which can be shared. This inventory should lead to a system which will permit direct reimbursement to the hospital if the hospital director or base commander so desires. Enhanced sharing will be effected by a grass roots approach for most sharing, but a few programs will be developed in the planning offices of VA's Central Office and the Pentagon.

VA's objective in implementing sharing legislation is to promote common DOD/VA usage, which should result in economies. Sharing should also make available a more comprehensive range of services for VA's beneficiaries than would otherwise be the case.

The basic authority for the VA to share specialized medical resources was granted in 1966, in Public Law 89-785. The rationale behind the legislation was to permit VA medical centers with underutilized, specialized, scarce, and costly resources to share these with medical centers, community hospitals, Federal and state hospitals, clinics and blood and organ banks, and thereby eliminate the need for these institutions to develop duplicate resources. Conversely the law permitted the VA to utilize similar types of community resources for the care of veterans. It is a basic requirement that the sharing of these resources cause no reduction in service to the veteran and that provision be made for full-cost reciprocal reimbursement.

Since the beginning of the program, not only the VA but the health care community at large have reaped substantial benefits from sharing agreements, most of which are renegotiated annually with new items and services added each year. During FY 1982, 113 VA medical centers have entered into 348 sharing agreements with community health care facilities with the annual cost of services amounting to $34.6 million.

Some typical examples of shared resources are: CAT scans, electron microscopy studies, specialized laboratory procedures, nuclear medicine services, radiation therapy, cardiac catheterization, open heart surgery, dialysis, ultrasound and mammography.

Medical District Initiated Program Planning (MEDIPP)

A major initiative was undertaken by the VA in FY 1981 with the implementation of the MEDIPP process, which is designed to involve administrative and clinical personnel at all levels of DM&S. The district plans resulting from this process will describe changes necessary to meet future health care delivery needs in all elements of VA's health care system.

The purpose of the MEDIPP process is to create district plans which are:

- Responsive to the health care needs of veterans.
- Reflective of resource needs, as determined at the medical district level.
- Based on local and national demographic analyses.
- Supportive of the approved mission of each VA health care facility in a district.
- Built upon specific professional and supportive programs and activities.
- Reflective of current directives and policies, as set forth in the Chief Medical Director's guidance.

The MEDIPP process emphasizes field involvement and requires coordination between personnel in VA health care facilities, medical districts, regions and Central Office. Each level has a specific responsibility designed to enhance cooperation at all levels of the Department and to ensure successful implementation of the planning function.

The functions of the VA health care facility are demographic analysis, workload forecasting, review of local resources in and outside the facility, and subsequent implementation of the approved district plan.

Each medical district initiates and directs the planning process, develops the district plan, responds to comments from the region and Central Office, and reviews and assesses documentation following approval of the plan.

The region reviews and comments on the district plans, coordinates and monitors the resolution of problems relating to regional issues, and implements and monitors the approved plans.

Central Office reviews and comments on the plans and coordinates the resolution of problems relating to the Chief Medical Director's guidance, prior to final approval of the plans.

The MEDIPP cycle is a series of events, beginning each year on November 1 and ending on October 30. The first cycle resulted in the submission of 28 medical district plans to Central Office on November 1, 1982, to cover fiscal years 1985-1990. The preparation of the plans involved over 400 administrative and clinical personnel who served on medical district planning boards, advisory committees and task forces. These initial district plans provide information on the impact of the identified changes. They do not replace any existing budgeting, planning, or operational activities. Rather, they are intended to complement other cyclical planning processes.

The initial district plans will serve as the basis for the development of a national plan. This plan will identify overall program directions of DM&S; discuss trends in the health care needs of veterans; and describe the types and size of facilities and the mix of health care services necessary to meet identified needs.

Automated Data Processing

In February 1982, a policy of decentralization was adopted to provide clear management authority and responsibility over ADP activities to the user department — Department of Medicine & Surgery — and to provide for more participation by medical centers in the development and implementation of automated hospital systems. The decentralization policy provides for the location and operation of computers in the medical centers, the coordinated development of a standard "core" of computer programs at six selected medical centers, and the overall direction of ADP activities by the Chief Medical Director.

Medical center personnel have developed a variety of software packages which can, in the short term, provide data processing support for essential hospital activities. These resources, along with an initial procurement of equipment and systems software, will make possible the implementation of core systems at 30 medical centers during 1983.

Since February 1982, progress has been made in implementing the decentralization policy. A new organization in DM&S has been established — Medical Information Resources Management Office (MIRMO). The role of this office is to act as the control point for all DM&S information resources management and ADP activities. Six verification and development centers have been designated to provide software development and integration and to assist in implementation of core systems at medical centers within their jurisdictions. Software systems developed by medical center personnel have been integrated into an initial core system including admission, discharge, transfer, scheduling and outpatient pharmacy. During 1983, inpatient pharmacy and clinical laboratory will be added. Thirteen minicomputers are being moved from VA's medical computer support center at Hines, Illinois, to selected medical centers. Full implementation of the initial core system has been achieved at the VA medical centers Albany, New York, and Ft. Howard, Maryland.

These installations will demonstrate the effectiveness and transportability of field developed systems. They will also provide immediate relief where it is urgently

needed and will allow time for the pursuit of DM&S long range objective of reviewing, testing, and evaluating a wide array of both private sector and VA developed hospital systems.

Quality Assurance Reviews

During FY 1982, the medical inspector and evaluation office made significant progress reaching several milestones. The Systematic External Review Program (SERP) conducted 32 field surveys, including several experimental visits called "mini-SERPs." The objective of mini-SERP surveys is to reduce the size of the survey team and utilize various problem-focused techniques to provide a more cost-effective survey for smaller facilities. These experimental visits proved promising for future efforts. SERP has begun utilizing computerized data bases as a focusing and screening tool to assist in the identification of problems affecting the quality of patient care.

A signficant impact on the program was made by OMB Circular A-123, Internal Control Systems, which sets forth the policy for establishing and maintaining internal controls in order to prevent waste, fraud, abuse, or mismanagement in programs and administrative functions. DM&S in Central Office completed the vulnerability assessments, internal control review plans, and schedules for conducting on-going vulnerability assessments as required. There were 155 assessments conducted of which 30 were identified as being highly vulnerable or susceptible to waste, fraud, or abuse. Of these, 18 were applicable to field facilities and 12 to Central Office staff offices and programs. Indepth reviews will be conducted of all highly vulnerable areas in an ongoing effort to prevent waste, fraud, or abuse.

By the end of the year, SCEMs (standards, criteria, evaluative algorithms, and measuring instruments) had been developed for 19 professional and allied health services for use in SERP in the review of VA medical centers. A third set of SCEMs, covering ten administrative, ancillary, and extended care services has been developed and will be published in the first quarter of FY 1983. SCEMs for the ambulatory care program, domiciliary, and other services or programs are in progress. SCEM findings are providing valuable evaluation feedback for program management purposes.

Data from the SCEMs are being included as part of the quality assurance information system (QAIS), which is an ongoing developmental ADP project. SCEM data are being sent to the respective health care facility and regional office. Analyses of trends in quality of care are produced. Work is underway to refine QAIS to include external reviews such as the JCAH, SERP written reports, and the reports of the Inspector General. As the project evolves, the system will improve the timeliness and usefulness of existing quality assurance information.

Final regulations implementing Public Law 96-382 were published October 22, 1982. These regulations define the VA's medical quality assurance program, specify protections accorded to confidential and privileged Health Services Review Organization (HSRO) records and documents, and provide conditions under which disclosure may be authorized. A penalty may be imposed for willful unauthorized disclosure of such confidential HSRO records or documents.

Patient Satisfaction Survey

The 1981 patient satisfaction survey provided individual facilities with extensive information about the patients' opinion of their performance. This information included comparisons with similar patients in comparable facilities, and comparisons with the 1980 survey. The survey provided systemwide information as well. Participating in the latest survey were more than 19,000 hospitalized patients and 51,000 clinic patients selected at random to represent the veteran population for whom the VA provides health care. These surveys serve as a management tool for local allocation of resources and for taking corrective action where reasonable patient expectations are not met.

For the VA system as a whole, satisfaction with services is very high. For most aspects of satisfaction the percentage of favorable responses is in the 80's, and

for some in the 90's. Satisfaction with the time physicians and nurses spend talking and listening to patients and, for patients being admitted to a medical center bed, satisfaction with the time taken to process the admission were at lower levels, but these problems are shared in common with other health care providers. Hospitalized patients' satisfaction with care was for the most part unchanged from the previous survey, varying only about plus or minus one percent for some aspects of care. Only satisfaction with food declined as much as three percent. Levels of satisfaction for clinic patients declined slightly, but in all cases they remained highly satisfied.

When compared with surveys of satisfaction with health care in the general population, it is found that VA patients are generally more satisfied. This includes somewhat greater satisfaction with physician and nursing care, the time physicians and nurses devote to the patients, and the hospital food. Of those patients who have been treated at both VA and community hospitals within 18 months prior to the survey, 80 percent said the care was as good or better at the VA facility. The survey has not disclosed any area where VA patients are less satisfied than those who receive care from non-VA sources.

The patient satisfaction survey has been reprogrammed to a biennial cycle to reduce the paperwork burden on both medical facilities and patients.

Characteristics of VA Patients

The demographic and medical characteristics of VA patients are derived from the patient treatment file (discharges during FY 1982) and the annual patient census (taken on July 28, 1982). The data on discharges during FY 1982 excludes 230,881 one-day hemodialysis discharges. Census figures for hospital and domiciliary patients in VA facilities are based on a 20 percent sample; figures for nursing home patients in VA and community facilities are based on a 100 percent survey.

Age

As the veteran's age increases so does the utilization of VA medical centers. This phenomenon is demonstrated in the table which shows the number of hospital, domiciliary, and nursing home patients discharge during FY 1982 from VA facilities and from community nursing homes.

Age	Veteran Population on 3/31/82 (Thousands)	Hospital Patients Discharged From VA Facilities		Domiciliary Patients Discharged From VA Facilities		Nursing Home Patients Discharged From VA and Community Facilities			
		Number	Rate Per 1,000 Veterans	Number	Rate Per 1,000 Veterans	VA Nursing Home Care Units	Community Nursing Homes	Total	Rate Per 1,000 Veterans
Total	28,522	956,881	33.5	6,602	0.2	5,773	17,826	23,599	0.8
Under 25	744	17,129	23.0	41	0.1	12	31	43	0.1
25-44	10,437	192,171	18.4	1,127	0.1	170	542	712	0.1
45-54	5,864	151,596	25.9	1,444	0.3	394	1,244	1,638	0.3
55-64	7,971	337,050	42.3	2,534	0.3	1,652	4,972	6,624	0.8
65-74	2,753	175,600	63.8	1,094	0.4	1,511	4,973	6,484	2.4
75-84	450	44,901	99.8	255	0.6	850	2,720	3,570	7.9
85 and over	303	37,981	125.4	107	0.4	1,184	3,344	4,528	14.9
Unvailable[1]		453	—	—	—	—	—	—	—
Under 65	25,016	697,946	27.9	5,146	0.2	2,228	6,789	9,017	0.4
65 and over	3,506	258,482	73.7	1,456	0.4	3,545	11,037	14,582	4.2

[1] *Records for which data are not available.*

A 10-year trend in the age distribution of hospital patients remaining in VA medical centers near the end of the fiscal year is shown in the table below.

Census Date	Age Distribution of Hospital Patients Remaining in VA Medical Centers					
	Total[1]	Under 35	35-44	45-54	55-64	65 and Over
July 28, 1982	66,820	8,324	5,670	10,930	23,322	18,574
June 24, 1981	65,450	8,432	5,570	11,731	22,122	17,595
September 24, 1980	69,290	8,841	5,339	13,611	23,319	18,183
September 26, 1979	69,995	8,871	5,465	14,438	22,754	18,466
October 4, 1978	72,037	8,680	5,887	16,404	22,352	18,714
September 28, 1977	75,057	8,813	6,542	17,970	22,766	18,966
September 29, 1976	76,890	9,421	7,274	19,413	21,804	18,986
October 1, 1975	78,830	9,053	8,446	21,576	20,444	19,311
October 2, 1974	80,715	9,435	8,992	23,689	19,383	19,216
October 3, 1973	82,485	9,679	9,978	24,738	18,377	19,710
October 18, 1972	83,425	9,618	11,006	25,954	17,500	19,345

[1] *Totals may not equal sum of parts due to rounding.*

Service-Connected Patients and VA Pensioners

Of the hospital discharges from VA medical centers, 50.9 percent were veterans who had a service-connected disability or who were in receipt of a VA pension. In FY 1982, there was an increase of 2 percent in the proportion of hospital discharges involving veterans who have a service-connected condition or who receive a VA pension.

Of the 66,820 hospital patients in VA medical centers on July 28, 1982, 55.2 perdent had a service-connected disability or were receiving a VA pension. The fact that this is four percent higher than their proportion among discharges illustrates the longer term nature of the service-connected patient. The table below indicates the percentage distributions of hospital patients in VA medical centers on the census days of 1978 through 1982, according to their compensation and pension status.

Compensation and Pension Status	Percent Distribution of Hospital Patients in VA Medical Centers on Census Day				
	1982	1981	1980	1979	1978
Receiving care for a service-connected disability	16.4	15.9	16.2	17.5	17.0
Receiving care for a non-service connected disability and has a service-connected disability which does not require medical care	14.7	13.5	13.2	12.1	11.6
Total service connected	31.1	29.4	29.4	29.6	28.6
Receiving care for a non-service connected disability and on VA pension rolls	24.1	25.9	24.6	26.6	26.5
Receiving care for a non-service connected disability and not on VA compensation or pension rolls	44.5	44.2	45.5	43.4	44.4
Non-veterans	0.4	0.4	0.4	0.4	0.5

Note: May not add to 100 percent due to rounding.

Diagnoses

Diagnoses are classified by the VA as either principal or associated. The principal diagnosis is the one that the discharging physician considers to be responsible for the major part of the patient's length of stay. Associated diagnoses are all others for which the patient has been treated up to the time of discharge. The VA statistical system permits the reporting of a maximum of eight diagnoses per patient discharge. Thus, a count of total diagnoses includes the principal diagnosis and up to seven associated diagnoses. As shown on the table, five major categories accounted for the majority of principal diagnoses among patient discharges from VA medical centers during the past five years. When both principal and associated diagnoses are considered, and attention is focused on more specific diagnostic categories, the two most common are heart disease and alcoholism, accounting for 30 and 17 percent, respectively, of the total diagnoses.

Major Categories of Principal Diagnosis ICD-9-CM[1]	Percent by Diagnosis of Hospital Patients Discharged from VA Medical Centers				
	FY 1982	FY 1981	FY 1980	FY 1979	FY 1978
Mental Disorder	21.5	22.0	22.7	22.9	22.7
Circulatory	16.1	15.7	15.5	15.3	15.3
Neoplasms	10.7	10.3	10.3	10.1	10.0
Digestive	9.2	9.3	9.1	9.2	9.3
Respiratory	6.5	6.6	6.4	6.3	6.5

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

The number of hospital patients remaining in VA medical centers on the July 28, 1982, census day, by age and major diagnostic category, are shown in the following table. As in previous years, general medical and surgical patients tend to be older (34.5 percent 65 year of age and over), than patients with psychoses (18.9 percent 65 and over).

Type of Patient	Census Day-July 28, 1982				
	Total	Under 45	45-54	55-65	65 and Over
All patients[1]	66,820	13,994	10,930	23,322	18,574
General medical & surgical	39,681	4,210	5,888	15,906	13,677
Psychotic	17,044	5,515	3,189	5,112	3,227
Psychiatric	10,095	4,269	1,852	2,304	1,670

[1] *Totals may not add due to rounding.*

Note: Changes in this table reflect new ICD-9-CM codes.

Duration of Stay

There has been a steady decline in the average length of stay of patients discharged from VA hospitals over the past several years; FY 1982 continued that trend with an average length of stay of 26.6 days, down from 27.3 days in FY 1981. Similarly, the median length of stay has decreased from 10.4 days in FY 1981 to 10.2 days in FY 1982. The most notable change was among psychotic patients, where the average length of stay dropped from 88.4 days to 86.3 days in the same time period; however the median length of stay remained the same. Among general medical and surgical patients, who accounted for 78.1 percent of all the FY 1982 discharges, the average length of stay, 19.5 days, was only slightly less than the FY 1981 average of 20.2 days. The median length of stay also dropped slightly. The table shows the median length of stay of patients discharged, by type of patient during FY 1980, 1981, and 1982.

Type of Patient	Median Length of Stay of Hospital Patients Discharged From VA Medical Centers (In Days)		
	FY 1982	FY 1981	FY 1980
All Patients	10.2	10.4	10.7
General medical & surgical[1]	9.1	9.3	9.3
Psychotic	21.7	21.7	21.9
Other psychiatric	14.9	14.1	13.5

[1] *Includes tuberculosis and neurological patients.*

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

During FY 1982, 83.8 percent of the 956,881 hospital patients discharged from VA medical centers spent 30 days or less in a hospitalized status. Though this group comprised the majority of the discharges, they accounted for only 31.5 percent of the 25,469,411 million days of care received since admission by all the discharges. These short-term patients had an average length of hospital stay of less than 10 days. At the other extreme, 0.6 percent of discharges had stays of more than one year and had received 29.7 percent of all the days of care. Their average length of stay was 1,323 days.

As the table indicates, among hospital patients remaining in VA medical centers on the census days for the past five years, there was an overall gradual increase in the proportion with stays of 90 days or less until FY 1981.

Type of Patient	Percent of Hospital Patients in VA Medical Centers With 90 Days or Less of Attained Stay on Census Day				
	FY 1982	FY 1981	FY 1980	FY 1979	FY 1978
All Patients	72.1	69.4	70.2	70.1	69.3
Psychotic	43.3	40.2	39.4	40.2	39.4
General medical & surgical[1]	83.6	82.2	90.4	90.0	89.5

[1] *Includes tuberculosis and neurological patients.*

Disposition Status

Of the FY 1982 hospital discharges from VA medical centers for whom disposition data are available, 88.6 percent returned to the community. Although this overall percentage has changed little over the past five fiscal years, two of its components have changed. The percentage of patients discharged for further care as VA outpatients has increased progressively from 66.7 percent in FY 1978 to 69.7 percent in FY 1982. Correspondingly, the percent discharged for no further care has decreased from 16.4 to 14.0 percent in the same period.

As shown in the table, 7.0 percent of hospital patients were discharged from VA medical centers for further inpatient care (hospital, domiciliary, or nursing home care) in another VA facility or a community nursing home. Deaths accounted for 4.4 percent of discharges.

Manner of Disposition	Hospital Discharges from VA Medical Center During FY 1982	
	Number	Percent of Total
Total	[1]952,451	100.0
To community	844,315	88.6
Further care as VA outpatients	664,148	69.7
No further care	133,384	14.0
Release of committed or institutional award for trial in community	46,783	4.9
To further VA inpatient care	66,238	7.0
Another VA medical center for hospital care	31,639	3.3
Another VA medical center or community nursing home for nursing home care	27,562	2.9
VA facility for domiciliary care	7,037	0.7
Deaths	41,898	4.4

[1] *The total number of discharges excludes 4,430 cases with missing data. Data vary slightly from reports based on all discharges.*

Compensation and Pension

Comparative Highlights

Item	Fiscal Year		
	1982	1981	Percent Change
Cost (billions)	$13.4	$12.5	+ 7.2
Disability cases on rolls	3,099,109	3,154,029	- 1.7
Service connected	2,274,634	2,279,070	- 0.2
Non-service connected	824,329	874,783	- 5.8
Special acts and retired officers	146	176	-17.1
Death cases on rolls	1,307,710	1,381,256	- 5.3
Service connected	350,357	355,011	- 6.7
Non-service connected	957,338	1,026,228	- 6.7
Special acts	15	17	-11.8

Summary

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

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

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

3. Disability Pension — Veterans who served in time of war are eligible for pension benefits for 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 surviving 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.

5. Burial Allowances — These benefits include a burial allowance, a burial plot allowance, and a flag to drape the casket of a deceased veteran. All benefits require separation from the armed services under other than dishonorable conditions. A plot allowance is available in the case of veterans who die of non-service connected disabilities and are not buried in a national cemetery. An award of $1,100 in lieu of basic burial and plot allowances is payable for veterans who die of service-connected disabilities.

During FY 1982 the cost of compensation and pension benefits continued to rise, reaching $13.4 billion, an increase of $0.9 billion from last fiscal year. This increased cost is attributable to new legislation which granted cost of living increases.

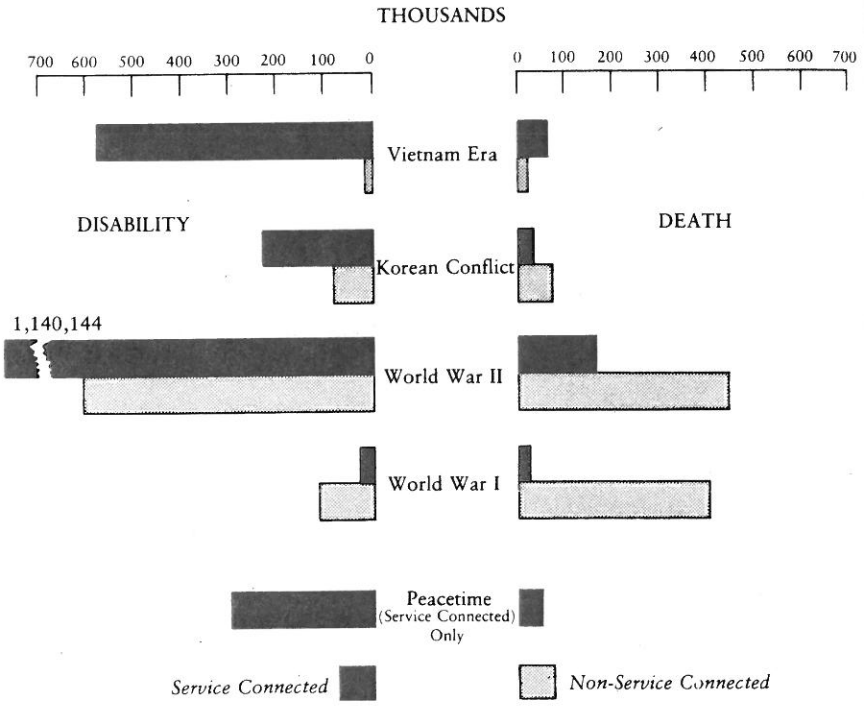
Public Law 97-66 (October 17, 1981) increased the rates of disability and dependency and indemnity compensation for disabled veterans and their survivors by approximately 11.2 percent. This law also resulted in the following changes:

- An 11.2 percent increase in allowances for dependents, and in benefits for housebound, and aid and attendance.

- An increase in the annual clothing allowance from $274 to $305.

The Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, effective October 1, 1981) limited the entitlement to the burial allowance of up to $300 to veterans who at the time of death were in receipt of pension or compensation, or who, but for the receipt of military retired pay, would have been entitled to compensation. Eligibility is also established when death occurs in a VA facility to which the deceased was properly admitted.

COMPENSATION AND PENSION CASES AS OF SEPTEMBER 1982



Compensation

As shown in the table, the number of veterans receiving compensation for service-connected disabilities decreased slightly during FY 1982, because of the declines among the World War I, World War II, and Korean conflict cases. There was a net decrease of 4,436 from FY 1981.

Period of Service	Disability Compensation Cases					
	FY 1982		FY 1981		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	21,556	0.9	25,417	1.1	− 3,861	− 15.2
World War II	1,140,144	50.1	1,167,481	51.2	−27,337	− 2.3
Korean conflict	231,475	10.2	233,820	10.3	− 2,345	− 1.0
Vietnam era	579,451	25.5	568,234	24.9	+11,217	+ 2.0
Peacetime	302,001	13.3	284,112	12.5	+17,889	+ 6.3
Spanish-American	3	*	1	*	+ 2	+200.0
Mexican Border	4	*	5	*	− 1	− 20.0
Total	2,274,634	100.0	2,279,070	100.0	− 4,436	− 0.2

**Less than 0.1 percent*

For the sixth straight year there has been a decline in the number of service-connected death cases for which payments are made to dependents of deceased veterans. The overall decline was 1.3 percent. Only Vietnam era and peacetime cases showed an increase from FY 1981.

Period of Service	Service Connected Death Cases					
	FY 1982		FY 1981		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	27,247	7.8	28,731	8.1	−1,484	− 5.2
World War II	165,890	47.3	169,791	47.8	−3,901	− 2.3
Korean conflict	38,809	11.1	39,192	11.0	− 383	− 1.0
Vietnam era	67,601	19.3	66,815	18.8	+ 786	+ 1.2
Peacetime	50,702	14.5	50,357	14.2	+ 345	+ 0.7
Spanish-American	104	*	120	*	− 16	−13.3
Mexican Border	1	*	1	*	−	−
Civil War	3	*	4	*	− 1	−25.0
Total	350,357	100.0	355,011	100.0	−4,654	− 1.3

**Less then 0.1 percent*

Pension

Effective June 1, 1982, improved pension rates were increased by 7.4 percent simultaneously with Social Security rates. The maximum annual rates of pension payable appear below.

Class of Beneficiary	Effective Date	
	June 1982	June 1981
Veteran		
Alone	$ 5,328	$4,960
One dependent	6,980	6,499
Alone, A&A allowance	8,524	7,936
One dependent, A&A allowance	10,176	9,474
Alone, housebound	6,513	6,064
One dependent, housebound	8,165	7,602
Surviving Spouse		
Alone	$ 3,570	$3,324
One child	4,676	4,353
Alone, A&A allowance	5,712	5,318
One child A&A allowance	6,817	6,347
Alone, housebound	4,365	4,064
One child, housebound	5,469	5,092

The decrease of 5.8 percent in the disability pension rolls during FY 1982 is similar to that experienced last year. Two periods of service showed increases during the year - the Korean conflict and the Vietnam era.

Period of Service	Disability Pension Cases					
	FY 1982		FY 1981		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	116,819	14.2	140,919	16.1	-24,100	-17.1
World War II	604,718	73.3	633;279	72.4	-28,561	- 4.5
Korean conflict	83,882	10.2	82,938	9.5	+ 944	+ 1.1
Vietnam era	18,727	2.3	17,411	2.0	+ 1,316	+ 7.6
Spanish-American	57	*	85	*	- 28	-32.9
Mexican Border	126	*	151	*	- 25	-16.6
Total	824,329	100.0	874,783	100.0	-50,454	- 5.8

Less than 0.1 percent

The following table shows that the number of death pension cases decreased in all eight periods of service. The overall decrease of 6.7 percent is a larger decline than that recorded during the prior fiscal year (6.1 percent).

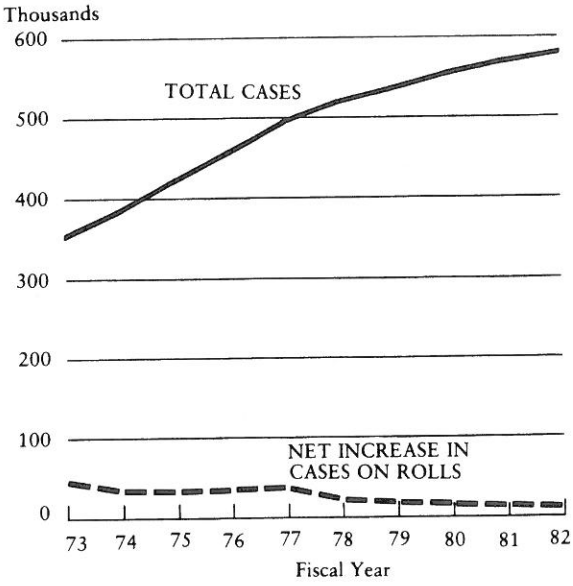
Period
Vietnam

Korean

Period of Service	Death Pension Cases					
	FY 1982		FY 1981		Change	
	Cases	Percent of Total	Cases	Percent of Total	Number	Percent
World War I	404,566	42.3	434,320	42.3	-29,754	- 6.9
World War II	442,562	46.2	471,151	45.9	-28,589	- 6.1
Korean conflict	73,864	7.7	81,914	8.0	- 8,050	- 9.8
Vietnam era	25,824	2.7	26,834	2.6	- 1,010	- 3.8
Spanish-American	9,919	1.0	11,326	1.1	- 1,407	-12.4
Mexican Border	433	*	487	*	- 54	-11.1
Indian Wars	35	*	38	*	- 3	- 7.9
Civil War	135	*	158	*	- 23	-14.6
Total	957,338	100.0	1,026,228	100.0	-68,890	- 6.7

Less than 0.1 percent

VIETNAM ERA VETERANS RECEIVING DISABILITY COMPENSATION



Period of Service

Vietnam Era

There were 11,217 more Vietnam veterans receiving compensation at the end of FY 1982 than at the end of the previous year. The chart shows the trend in new Vietnam era compensation cases since 1973. The total number of Vietnam era veterans receiving compensation continues to increase and, with new cases exceeding losses, this trend is expected to continue.

A total of 18,727 Vietnam era veterans were receiving disability pension at the end of the fiscal year, an increase of 1,316 or 7.6 percent over a year ago. Since the average age of these veterans is 35 years, a gradual increase in those applying for disability pension is expected. The number of service-connected death cases increased by 1.2 percent to 67,601. The non-service connected death pension cases numbered 25,824 at the end of the fiscal year, a decrease of 1,010 cases or 3.8 percent.

Korean Conflict

The number of Korean conflict veterans receiving compensation decreased to 231,475 during FY 1982, the ninth consecutive annual drop in that figure.

In contrast, the number of Korean conflict veterans receiving pension continued to rise. At the end of the fiscal year there were 83,882 Korean conflict veterans on the pension rolls, a 1.1 percent increase over FY 1981. As this group grows older the number on the pension rolls can be expected to increase.

The number of service-connected death cases at the end of the fiscal year was 38,809, a decrease of 1.0 percent, and the number of death pension cases decreased 9.8 percent to 73,864.

World War II

Veterans of World War II still constitute the largest single group receiving compensation for service-connected disabilities although their numbers continued to decline (2.3 percent) in FY 1982. Non-service connected pension showed a decrease of 4.5 percent to 604,718. Service-connected death cases declined by 3,901 or 2.3 percent in FY 1982. The non-service connected death pension caseload decreased 28,589 to 442,562 or 6.1 percent in FY 1982.

World War I

The number of World War I veterans receiving disability compensation declined 15.2 percent during the past fiscal year. World War I disability pension decreased 17.1 percent in the past fiscal year. The advanced age (average is about 86) of this group of veterans will accelerate these decreases in the next few years. Decreases were also recorded for service-connected death cases (5.2 percent) and death pension caes (6.9 percent).

Other Periods

In addition to the recipients of disability compensation and pension payments from the wars and armed conflicts cited above, there were three veterans of the Spanish-American War receiving disability compensation as of September 30, 1982, and 57 were receiving disability pension in FY 1982, a decline of 32.9 percent. The service-connected death and death pension caseloads were 104 and 9,919, respectively.

There were 4 veterans of the Mexican Border service receiving disability compensation and 126 receiving disability pension in FY 1982, down 25 from last fiscal year. There was one service-connected death case while the death pension cases decreased 11.1 percent to 433.

Although there are no living veterans of the Indian Wars, 26 widows and 9 helpless children are receiving death pension benefits. There is one case with two helpless children alone receiving service-connected death benefits with Civil War entitlement and 40 widows and 96 helpless children (constituting 135 cases) receiving death pension. There were 302,001 peacetime veterans receiving compensation as of September 30, 1982, an increase of 6.3 percent from the previous year. Beneficiaries of deceased peacetime veterans increased 345 to 50,702 in FY 1982.

Burial Allowance

Statutory burial allowances are designed to assist in providing a respectable burial for deceased veterans who were separated from the armed service under other than dishonorable conditions. The allowance is payable for a veteran who was separated from wartime service. It is also payable in the case of a peacetime veteran discharged or retired for a disability incurred in or aggravated by service in line of duty or who was in receipt of compensation for a service-connected disability.

Generally, the VA will pay a sum not to exceed $300 when death occurs while the veteran is under VA care or entitled to disability compensation or pension to

help cover burial and funeral expenses. Transportation charges are payable when the veteran dies while a patient in a VA medical center. An additional allowance of $150 is payble for a burial plot when a veteran is not buried in a national cemetery. An award of $1,100 in lieu of these basic allowances is authorized for an eligible veteran who dies of a service-connected disability.

In FY 1982 basic burial allowance was paid for 163,303 claims in an amount in excess of $53.7 million. This was a decrease of approximately $59.8 million mainly due to the change in the eligibility criteria effective October 1, 1981. Cemetery plot allowances amounting to over $42.1 million were paid to claimants; service-connected burial benefits amounting to $8.5 million were paid to 8,890 claimants. A total of 315,030 burial flags were issued, a decrease of 9.1 percent from FY 1981. The cost of each flag was $21.04, making a total of $6.6 million. Reimbursement in lieu of government headstones or markers amounting to $2.8 million were paid to 46,243 claimants.

Education Benefits

Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Education benefit costs (millions)	$ 1,675	$ 2,291	− 26.9
Post-Korean trainees	777,686	875,862	− 11.2
Post-Vietnam trainees	11,264	8,324	+ 35.3
Sons and daughters	80,347	82,646	− 2.8
Spouses	10,640	11,940	− 10.9

Summary

Education benefits administered by the DVB Education Service include educational assistance for veterans and service personnel, commonly termed the "GI Bill"; dependents' educational assistance for eligible spouses and children of veterans who died of service-connected causes, whose service-connected disability is rated permanent and total, or who are missing in action or prisoners of war for more than 90 days; and post-Vietnam era veterans' educational assistance for veterans and servicepersons entering active duty after December 31, 1976.

Other education benefits administered include payments to eligible veterans, survivors, and dependents to aid in defraying expenses of tutoring, and an education loan program for certain veterans or other eligible persons who are enrolled full-time in approved educational programs and have entitlement remaining after their period of eligibility for using education benefits has passed. Education loans are also available to eligible veterans pursuing flight training if they are entitled to be reimbursed at the 60 percent level. A work-study program permits eligible veterans to perform services for the VA in return for a monetary allowance.

Education and Training

Veterans' Educational Assistance (GI Bill)

Over 777,000 veterans and active duty personnel received educational benefits in FY 1982 under the post-Korean GI bill. This figure is down 11.2 percent from FY 1981 and is expected to continue its decline in coming years.

Veterans and service personnel who have neither completed high school nor received an equivalency certificate are considered to be educationally disadvantaged. They may, without charge to their basic entitlement, receive training to overcome their educational handicaps. At the end of September 1982, over 890,000 veterans and servicepersons had participated in these "free entitlement" programs.

Through September 1982, the total number of veterans and servicepersons trained under the current GI bill exceeded 7.9 million, of whom 73 percent have been Vietnam era veterans. More than half have trained at the college level (excluding correspondence). The remainder pursued vocational and technical training, correspondence training, flight training, cooperative training, and on-the-job training.

At year's end the participation rate was nearly 70 percent among Vietnam era veterans and servicepersons, and more than 62 percent for Vietnam era veterans only. This compares to a participation rate of 51 percent for veterans who trained under the World War II program.

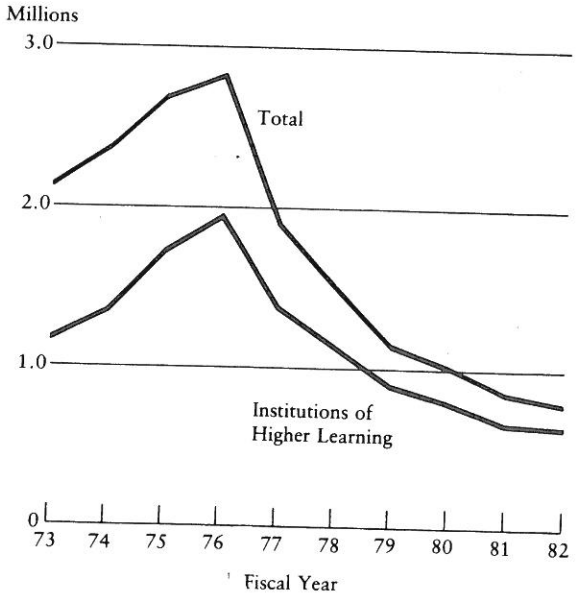
At the end of FY 1982, cumulative expenditures on veterans' educational assistance for post-Korean conflict trainees approached $36 billion. This compares to expenditures of $4.5 billion for the Korean conflict program and $14.5 billion for the World War II program.

Through the veteran student services program (work-study) in FY 1982, the VA paid for nearly 6.9 million hours of work by veterans enrolled under veterans' educational assistance or vocational rehabilitation programs. Services were performed at VA regional offices, schools, hospitals, cemeteries, and other designated sites.

There were 1,441 education loans granted in FY 1982, compared to 6,019 in FY 1981 and 7,846 in FY 1980. Costs declined from $5.8 million in FY 1981 to approximately $700,000 in FY 1982 due to legislation establishing more stringent eligibility requirements. For instance, Public Law 95-476 limited the program to loans for attendance at high-cost schools, and shortened the repayment period. Public Law 96-466 authorized the VA to grant education loans for enrollments in flight training only for eligible veterans entitled to reimbursement at 60 percent of the approved course charges. Public Law 97-35 terminated the loan program, effective October 1, 1981, with two exceptions. The first exception is for certain persons pursuing flight training. The second is for a veteran or other eligible person who has entitlement remaining at the expiration of his or her applicable delimiting period for using educational benefits, and who, at such time, is enrolled full-time in an approved program of education. Loan eligibility continues in the latter case, generally for a maximum of two years from the applicable delimiting date, provided the eligible individual remains continuously enrolled on a full-time basis in the same approved program.

Notwithstanding the FY 1982 decline in costs, the high rate of defaults (over 73 percent at year's end) continues to be a problem as an increasing number of loans granted earlier in the program reach maturity.

VETERANS' EDUCATIONAL ASSISTANCE:
PERSONS IN TRAINING DURING YEAR



Post-Vietnam Era Veterans' Educational Assistance

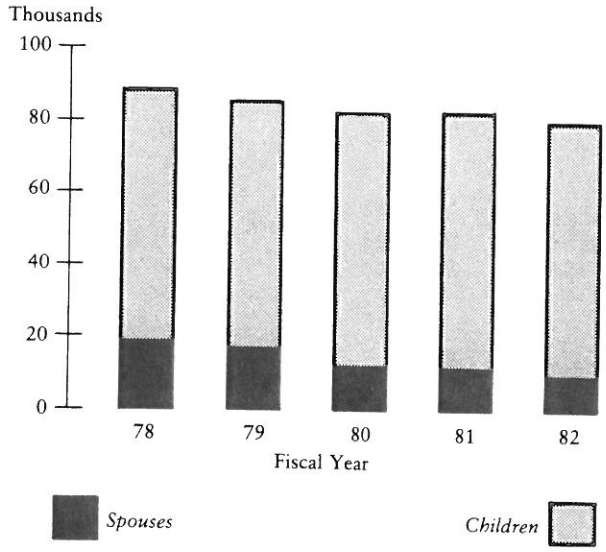
At the end of FY 1982, there were nearly 201,000 active participants (in-service contributors) in the post-Vietnam era veterans' education assistance fund. Of the more than 499,000 persons who have contributed, approximately 201,000 have disenrolled. The number of trainees during FY 1982 exceeded 21,000, with 11,264 enrolled at the end of the fiscal year. The program is under continuing

review by both the VA and the Department of Defense who prepare a joint annual progress report.

Dependents' Educational Assistance

This program provides educational assistance for eligible surviving spouses and children of veterans who died from service-connected causes and for eligible spouses and children of veterans whose service-connected disabilities are rated total and permanent. Spouses and children of service personnel who are listed as prisoners of war, missing in action, or interned by a foreign government for more than 90 days are also eligible under the program. Up to 45 months of full-time training is provided in approved schools. Over 80,000 children and 10,640 spouses took advantage of the program during FY 1982. Approximately 90 percent used their entitlement to acquire college level training.

DEPENDENTS' EDUCATIONAL ASSISTANCE: BENEFICIARIES IN TRAINING DURING YEAR



State Approving Agencies

State approving agencies were created originally to meet requirements of the World War II programs. Courses offered for training to veterans and other eligible persons must be approved by the approving agency of the state where the training facility is located, or by the Administrator. A number of states have designated two or more agencies to carry out this function. In FY 1982, the VA negotiated contracts with state approving agencies at a cost to the agency of about $13.2 million.

School Liability

A school may be held liable for overpayment to a veteran or eligible person when the overpayment was a result of willful or negligent failure of the school to report excessive absences, discontinuance, interruptions of a course or when it resulted from false reporting. Each regional office has a Committee on School Liability which holds hearings prior to liability determinations. Appeals are forwarded to the Central Office School Liability Appeals Board in the Department of Veterans Benefits. Since the moratorium on processing of school liability cases was lifted in March 1979, outright recoveries have totaled nearly $660,000 and compromises have resulted in the collection of nearly $253,000.

Housing Assistance

Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Number of loans			
Guaranteed home	92,930	178,239	− 47.9
Guaranteed manufactured home	10,509	9,389	+ 11.9
Direct	31	140	− 77.9
Average loan amount			
G/I primary home[1]	$57,112	$54,947	+ 3.9
Manufactured home	$20,020	$19,934	+ 0.4
Direct	$29,738	$25,826	+ 15.1
Maximum interest rate[2]			
G/I and direct home	17.5%	17.5%	–
Manufactured home unit	19.5%	19.5%	–
G/I home loans outstanding[3]	4,082,200	4,103,071	− 0.5
G/I home loans in default[3]	84,241	67,071	+ 25.6
As a percent of loans outstanding	2.06	1.63	+ 26.4
Substitutions of entitlement	6,413	8,932	− 28.2
Properties on hand[3]	17,269	11,515	+ 50.0

[1] *Includes condominiums*
[2] *During year*
[3] *End of year*

Summary

The loan guaranty program provides housing credit assistance whereby mortgage credit needs of veterans and service personnel may be satisfied by private capital. The extension of such assistance is on more liberal terms than are generally available to nonveterans, without the assumption of undue risks by the Federal Government.

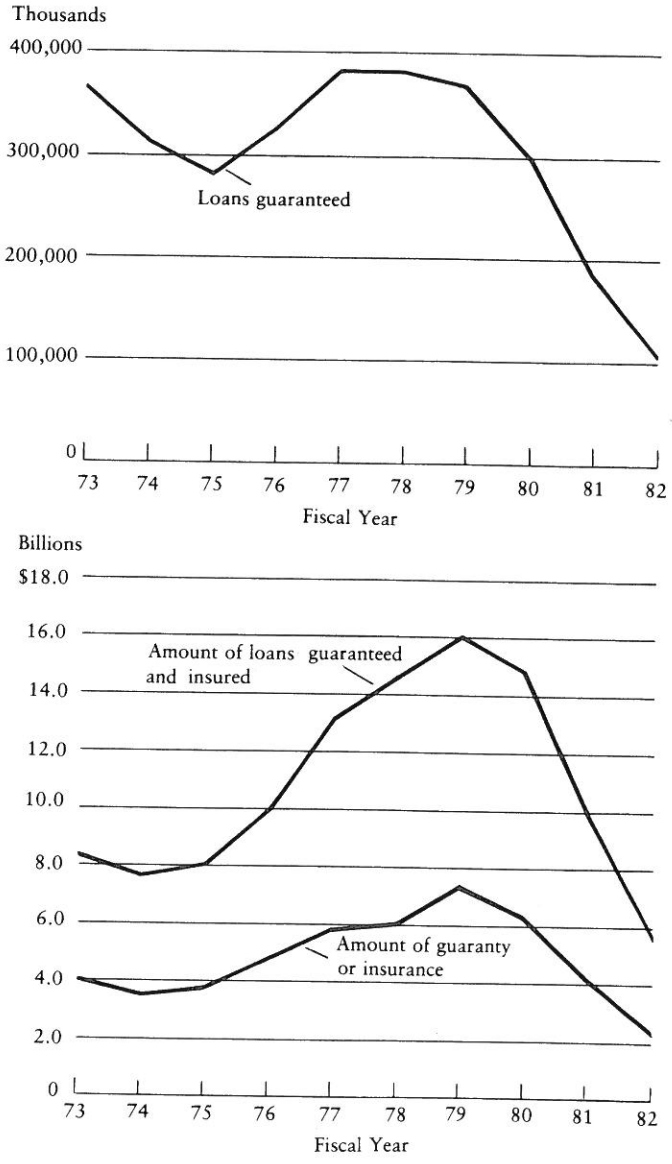
Assistance is primarily through substituting the government's guaranty on loans in lieu of substantial downpayments, relatively short terms, and other investment safeguards applicable to conventional mortgage transactions.

Loans may be used to purchase a home; to purchase a residential unit in certain condominium projects; to build a home; to repair, alter or improve a home; to refinance an existing home loan; to improve a home by installing solar heating or other energy conservation measures; to but a manufactured home, with or without a lot; or to buy a lot for a manufactured home the veteran already owns.

Loans are available to veterans with sufficient qualifying service since September 16, 1940; to unmarried surviving spouses of veterans who died from service connected causes; to spouses of service personnel officially listed as missing in action, or captured, for more than 90 days; and to service personnel who have served at least 181 days.

The volume of activity in the VA housing program during any given year is related to general economic conditions and more specifically to conditions in the financial and housing markets. As in the prior year, these markets in FY 1982 were disrupted by shortages of mortgage funds, escalating prices of homes, increasing ownership costs and the highest interest rates in history. As a reflection of these conditions during FY 1982, the VA housing program experienced a 44.9 percent decline from prior year activity. The number of loans guaranteed during the year was the lowest level of activity in any fiscal year since the inception of the program in 1944.

VA GUARANTEED AND INSURED LOANS 1973-1982



Over 110,600 veterans were assisted with home ownership during FY 1982. The VA guaranteed 103,439 home loans of over $5.5 billion; disbursed 31 direct loans of over $900,000; made 748 grants for specially adapted housing totaling almost $17.5 million; and approved 6,413 substitutions of entitlement.

Another milestone in the program was reached in September when the cumulative amount of loans guaranteed rose to over $200 billion.

Manufactured Home Loans[1]

Since the inception of the manufactured home loan program in February 1971, the VA has guaranteed 62,324 manufactured home loans, thereby assisting lenders in providing nearly $964 million in loans to veterans who probably would have been unable to afford a home in the conventional market.

During FY 1982, 11,312 applications were received and 10,509 manufactured home loans of $210 million were guaranteed. The number of loans guaranteed during the fiscal year represents an increase of 11.9 percent from FY 1981. Of these loans, over 68 percent were made by non-supervised lenders approved for automatic processing as provided by the Veterans Housing Act of 1974.

Of the loans guaranteed during the fiscal year, 9,900 were for the purchase of new manufactured homes while 609 were for used units. Loans for the purchase of single-wide manufactured homes accounted for more than 74 percent of the FY 1982 total. The average loan amount for single-wides was $18,617, while for double-wides it was $24,085.

Plant Inspections

In October 1981, the Department of Housing and Urban Development (HUD) advised the VA that it could provide the inspections and inspection reports related to monitoring of the manufacturing process of manufactured homes. Consequently, the VA discontinued its formal program of manufactured home plant inspections and elected to accept the results of HUD inspections, which involve all manufactured home factories, i.e., those producing products which are sold to veterans and non-veterans.

These reports on the activities of any particular manufacturing plant are available to the VA Loan Guaranty Service from either HUD or the National Conference of States on Building Codes and Standards.

Complaints from veterans, which are discussed in greater detail in the section entitled "Compliance with Warranty" were not of such a nature that VA inspections of manufacturing facilities should have been made in addition to the HUD inspections, and it appears that veterans are being adequately protected by the HUD inspection program and follow-up procedures.

Title VI of the Housing and Community Development Act of 1974, as amended, requires the Secretary of HUD to submit a biennial report to the Congress on its manufactured housing program. The current HUD report, which includes a portion of the time period covered by this report, describes inspection procedures, monitoring supervisory actions and the results of program surveillance, among other things. Subsequent to the completion of the report, HUD had one Primary Inspection Agency (PIA) withdraw from participation because of continued performance ratings of "Not Acceptable". The PIA acted in two capacities; as a Design Approval Primary Inspection Agency (DAPIA) and an In-Plant Primary Inspection Agency (IPIA). One DAPIA approval had lapsed because of inactivity and two PIA's ratings were upgraded to "Acceptable" from "Not Acceptable".

Manufactured Home Onsite Inspections

During FY 1982, VA randomly selected for inspection 1,144 manufactured homes secured by GI loans. Each inspection covered the home and its site, and included, where possible, an interview with the veteran owner or spouse, or both.

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

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

- The average size of the manufactured home units was 1,189 square feet.

- 70 percent of the manufactured homes had skirting and 73 percent had tiedowns installed.

- 67 percent of the homes were connected to community or public water facilities and 64 percent disposed of their sewage through public or community disposal systems.

- 73 percent of the units were located in mobile home parks and 27 percent occupied individual sites.

- 98 percent of the manufactured homes have remained at their original locations as specified in the loan applications.

- Nearly all sites were judged to be adequate.

Interviews were conducted with occupants of 72 percent of the units inspected. Their units had been occupied an average of six months at the time of the interviews. Following are their responses.

- 99 percent were satisfied with the treatment received from VA.

- 89 percent were satisfied with their lenders.

- 67 percent were satisfied with their dealers.

- 80 percent of those located in a mobile home park were satisfied with their park operators.

As for future housing plans, 69 percent plan to remain in their manufactured homes at their current location, 19 percent wish to move into conventional housing, and 12 percent prefer to move their homes to other sites.

Compliance With Warranty

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

During FY 1982, VA field stations reported 214 complaints from veterans expressing dissatisfaction in some manner with their manufactured home unit. Of these complaints, 210 were considered justified and 4 were determined to be unjustified. By the end of the fiscal year, 183 (87.1 percent) of the justified complaints had been resolved and 27 (12.9 percent) were pending resolution. Of these complaints, 159 (75.7 percent) were under warranty; 4 (1.9 percent) were due to faulty setup; and 47 (22.4 percent) were attributed to both warranty and faulty setup.

The nature of the complaints covered under warranty varied from minor defects to severely defective items to be repaired. A total of 111 justified (52.9 percent) complaints were reported because of flawed construction of the unit; complaints received on both the construction and furnishings of the manufactured home accounted for 67 (31.9 percent) of the complaints; 22 (10.5 percent) expressed dissatisfaction with only the furniture and appliances in the manufactured home; and 10 (4.8 percent) had other complaints.

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

Profile of Manufactured Home Market vs. GI Home Market

The primary beneficiaries of the VA manufactured home program are, for the most part, the younger, lower income veterans and servicepersons who cannot afford conventional housing.

Although the number of manufactured home loans guaranteed represents only a small percentage of the total loans guaranteed, it is evident that veterans obtaining manufactured home loans are those for whom the program is intended. The table compares selected characteristics of manufactured home loans to those of GI loans on conventional homes. Income, housing expense, and asset figures shown are based only on loans which were submitted for VA approval prior to loan disbursement. Condominium loans are not included with home loans.

Characteristics	Manufactured Home Loans	Home Loans
Average maturity (months)	180	355
Average loan amount	$20,027	$56,986
Average purchase price	$20,766	$61,785
Average gross monthly income	$ 1,700	$ 2,685
Average net monthly income	$ 1,188	$ 1,788
Average monthly housing expense	$ 498	$ 943
Average assets	$ 1,774	$10,039
Housing expense as a percent of gross monthly income	29.3	35.1
Housing expense as a percent of net monthly income	41.9	52.7

In addition, the manufactured home buyers were somewhat younger. Over 44 percent were 29 years old or less, compared to only 22 percent of conventional home purchasers in this age group. Almost 39 percent of them were Vietnam era veterans.

Defaults

When the VA manufactured home loan program was established, it was anticipated that the incidence of defaults and claims would be greater than that experienced for loans on conventional homes. During FY 1982, claims paid, as a percent of the average number of outstanding manufactured home loans, dropped to 2.0 percent from 2.2 percent during FY 1981. The rate for guaranteed loans on conventional homes increased to 0.37 percent during FY 1982.

Direct Loans

During the early stages of the loan guaranty program, there was little private money being made available by lenders to veterans who resided in rural and remote areas of the country. In order to place these veterans on a parity with those living in metropolitan areas, where funds were in ample supply, Congress authorized the direct loan program. It was intended to be a supplement to the guaranteed loan program in those areas where private financing was not generally available. The foundation for the program was Public Law 81-475, enacted April 20, 1950.

The most productive years for the program occurred from 1950 through 1970 when almost 310,000 loans were made, which averaged over 14,000 per year. From January 1971 through December 1979 only 23,000 loans were made, which averaged less than 2,600 per year. This precipitous drop beginning in 1971 was due, generally, to increased availability of private capital in rural and remote areas of

the country. To a great extent this availability was made possible by the development of an active secondary market for mortgage loans as the result of the increasing effectiveness of such quasi-governmental organizations as the Federal National Mortgage Association and the Government National Mortgage Association. The viable secondary market which developed made it feasible for mortgage bankers to expand their geographic areas of operation to include rural and remote areas.

A review of the program in 1980 revealed that over 98 percent of all VA loans made in rural and remote areas during 1979 were funded by the private sector with direct loans representing less than 2 percent of the total. In 1980 the percentage of VA loans funded by the private sector in rural and remote areas rose to 99.7 percent and direct loans amounted to only 0.3 percent. Because of the availability of mortgage funds in these areas, the direct loan program was suspended by Congressional action with the exception of loans to severely disabled veterans for specially adapted housing. During FY 1982, the VA made 20 such loans totaling $626,527.

GI Home Loans

During FY 1982, 92,930 home loans were guaranteed. This total includes refinancing loans, condominium loans, alteration and repair loans, and direct loans sold and guaranteed, in addition to loans for the purchase of the traditional single-family home.

Nearly 60 percent of the veterans purchasing a home with a guaranteed loan were able to obtain no downpayment loans. Loans to finance the purchase of previously occupied housing accounted for nearly 64 percent of the primary home loans guaranteed during the fiscal year. These loans averaged $51,774 and financed homes with an average purchase price of $56,083. On newly constructed homes, the average loan was $66,549 and the average purchase price was $72,097.

Of the total home loans guaranteed during FY 1982, slightly over 55 percent went to Vietnam and post-Vietnam era veterans, 18 percent to servicepersons, 10 percent to veterans whose entitlement was restored, almost 9 percent to post-Korean veterans, 4 percent to World War II veterans, 3 percent to Korean veterans, 0.2 percent to post-World War II veterans, and unmarried surviving spouses accounted for 0.2 percent of the total. Three loans were guaranteed for spouses of service personnel classified as prisoners of war or missing in action.

Between June 22, 1944, and September 30, 1982, veterans obtained nearly 11 million home loans totaling over $201 billion under the GI home loan program.

Credit Market Conditions

The life-blood of the VA home loan program is private capital. As a result, the availability and cost of funds in the money and capital markets have an immense impact on VA home loan activity. During FY 1982, the VA home loan program operated under very restrictive credit market conditions. Mortgage interest rates during most of the year remained high despite a substantial easing of inflation. For example, interest rates on new commitments by lenders for 30-year fixed-rate conventional home mortgages generally fluctuated between 17-1/2 percent and 18-1/2 percent from October 1981 through the early summer, before slipping below 16-1/2 percent. The VA interest rate ceiling, reflecting the general pressures in the mortgage market, peaked at 17-1/2 percent at the start of the fiscal year and then started to trend slowly down. At the end of the fiscal year the VA ceiling was 13-1/2 percent; a marked improvement over the start of the fiscal year, but still very high by historical standards.

The volatility and unpredictability of interest rates during the fiscal year had a very disruptive influence on both lenders and borrowers. The prospect of sudden changes in the interest rate deterred many investors from expanding their portfolios of fixed-rate home mortgages. At the same time, the unsettled employment outlook and high absolute level of interest rates, in conjunction with high home prices, erected a formidable barrier to prospective home buyers. As the fiscal year came to a close, the substantial improvement in the overall inflation rate was beginning to have a very favorable impact on long-term interest rates, and this helped to improve the housing outlook in general.

Funding Operations

No appropriations are required to pay claims and fund property management operations. Both the guaranteed and direct loan programs are financed from revolving funds derived from principal and interest payments made to VA, proceeds of VA loan sales and proceeds from cash sales and down payments in the sale of VA acquired properties.

During FY 1982, VA collected $246.3 million in principal and interest payments, with the interest portion amounting to $154.4 million. Loan sales from VA's own portfolio of loans totaled $373.1 million.

Specially Adapted Housing Assistance

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

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

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 adapated 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 359 disabled veterans for $8.1 million.

During FY 1982, 503 severely disabled veterans, who may be wheelchair bound, received grants totaling $16.4 million to buy, build or modify homes specially adapted for their use.

Public Law 96-385, The Veterans' Disability Compensation and Housing Benefits Amendments of 1980, effective October 1, 1980, authorized a new category of specially adapted housing grants. Under this amendment, a disabled veteran who is either blind in both eyes or who has lost the use of both hands, qualifies for a benefit of up to $5,000 to make minor adaptations to his or her house. During the first year for this benefit, 83 veterans received grants totaling $355,819. During FY 1982, the number of these grants increased to 245, totaling $1.1 million.

Fair Housing Program

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

Minority veterans continued to obtain a significant share of VA guaranteed loans during FY 1982. While comprising 12 percent of the veteran population, minority veterans obtained over 19 percent of the home loans closed. Black veterans obtained 13.8 percent, Hispanic veterans 4.2 percent, Asian/Pacific Island veterans 1.0 percent, and American Indian/Alaskan Native veterans 0.5 percent of the total loans.

Qualitative indexes show a continued trend of reliance on spousal income in order to qualify for home loans. A significant 49 percent of the VA guaranteed loans closed in FY 1982 were approved because of the supplemental income of the spouse. This compares with 46 percent a year ago and 39 percent four years earlier. Spousal income was especially important for minority buyers; 64 percent of the Asian/Pacific Islanders, 57 percent of the American Indian/Alaskan Natives, 56 percent of the black, and 55 percent of the Hispanics who obtained VA guaranteed home loans relied upon help from spouses' income.

From FY 1981 to FY 1982, there was a sizeable increase in the average annual income of home buyers using VA guaranteed loans to finance their home purchases. As shown in the table, average income for all groups went up substantially in FY 1982:

Group	Average Annual Income	
	FY 1982	FY 1981
White (not Hispanic)	$32,800	$28,400
Asian/Pacific Islander	$31,900	$29,800
American Indian/Alaskan Native	$30,900	$27,100
Hispanic	$29,100	$25,800
Black (not Hispanic)	$28,800	$25,800

VA guaranteed home loans covering the full purchase price of the home (no downpayment) were obtained by 81 percent of the black, 73 percent of the Hispanic, 69 percent of the American Indian/Alaskan Native, 62 percent of the Asian Pacific Islander, and 61 percent of the white participants in FY 1982.

VA's fair housing program includes an ongoing effort to increase minority business participation in work related to the loan guaranty program. This includes assigning appraisers and compliance inspectors, and engaging the service of repair contractors, management brokers, and sales brokers. During FY 1982, these minority businesses received $11.2 million or 15 percent of all commissions and fees paid and assignments made by VA. The dollar breakdown was as follows: $3.6 million to minority sales brokers, $3.2 million to minority repair and maintenance contractors, $2.8 million to minority fee appraisers and compliance inspectors, and $1.6 million to minority management brokers.

Another important aspect of VA's fair housing program is its home counseling service. The VA conducts this home counseling service in 23 cities to provide prospective home buying veterans advice and assistance in practical aspects of home buying and homeownership. Minority veterans comprised 7,680 of the 13,186 veterans counseled in FY 1982 reflecting the thrust of the program toward aiding minority veterans. Since the inception of the program in 1973, nearly 50,000 minority veterans and 86,000 veterans, overall, have been assisted by this home counseling service.

Life Insurance

Comparative Highlights

Program (thousands)	Fiscal Year 1982	Fiscal Year 1981	Percent Change
USGLI			
Policies	84	91	– 7.7
Amount	$335,926	$368,784	– 8.9
Death benefits	$29,472	$31,943	– 7.7
NSLI[1]			
Policies	3,377	3,481	– 3.0
Amount	$23,485,895	$24,056,246	– 2.4
Death benefits	$364,745	$345,884	+ 5.5
VSLI[1]			
Policies	505	523	– 3.4
Amount	$4,458,882	$4,604,899	– 3.2
Death benefits	$21,490	$19,887	+ 8.1
SDVI			
Policies	192	191	+ 0.5
Amount	$1,735,919	$1,728,016	+ 0.5
Death benefits	$18,797	$18,468	+ 1.8
VRI[1]			
Policies	160	164	– 2.4
Amount	$1,106,892	$1,136,535	– 2.6
Death benefits	$16,753	$14,801	+ 13.2
SGLI			
Policies	3,375	3,209	+ 5.2
Amount	$117,582,520	$63,930,890	+ 83.9
Death benefits	$118,426	$86,771	+ 36.5
VGLI			
Policies	392	443	– 11.5
Amount	$8,106,335	$8,732,385	– 7.2
Death benefits	$22,914	$23,210	– 1.3
VMLI			
Policies	6	6	–
Amount	$170,160	$162,323	+ 4.8
Death benefits	$4,854	$5,275	– 8.0

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

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

Summary

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

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

At the end of FY 1982 these eight programs provided coverage of nearly $157 billion to over 7.7 millions insureds.

Government Administered Programs

United States Government Life Insurance (USGLI)

This is the oldest government administered insurance program, established in 1919 to handle the conversion of World War I Risk Term Insurance. At the end of FY 1982, 84,000 of these policies remained in force, a decline of approximately 8 percent from the previous year. The program is self-supporting except for administrative expenses and claims traceable to the extra hazards of military service, which are paid by the government. There has been a steady decline in the number of policyholders which will continue to accelerate as the average age of these insureds is now nearly 78 years. Dividends are paid to USGLI policyholders from excess earnings of the trust fund. The 1982 dividend payments will average $303 per insured, compared to $296 in 1981.

It has been determined that the current reserves held in the USGLI fund are adequate to meet all future liabilities of this program. As a result of mortality savings and excess interest earned on policy reserves, the amount paid in dividends far exceeds the annual premium income. VA regulations have, therefore, been amended to provide that effective January 1, 1983, premium payments are no longer required on USGLI policies.

National Service Life Insurance (NSLI)

This program was established October 8, 1940, to serve the insurance needs of World War II service personnel. By the end of FY 1982, 3.4 million of these policies remained in force with a face value of $23.5 billion. The program is self-supporting except for administrative expense and claims traceable to the extra hazards of military service, which are paid by the government. The 1982 dividend payments from the excess earnings of the trust fund averaged nearly $189 per insured compared to $168 last year.

Approximately 31 percent of the NSLI policies are term insurance renewed every five years at the current attained age; premiums increase with each renewal. As the policyholders grow older, the premiums can become prohibitive, causing many to reduce the face amount of their policies. The VA makes continuous efforts to alert term policyholders about the high premium rates if they retain these policies 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 are lower than for any previous plans in existence. As of September 30, 1982, there were over 442,000 Modified Life policies in force with a face value of over $3.1 billion.

NSLI policyholders may use dividends to buy more insurance as paid-up additions to their policy, permitting policyholders to have more than $10,000 government life insurance in force. A total of 783,000 policies have paid-up additions with a face value over $1.75 billion. This represents an increase of 14 percent over the 1981 face amount.

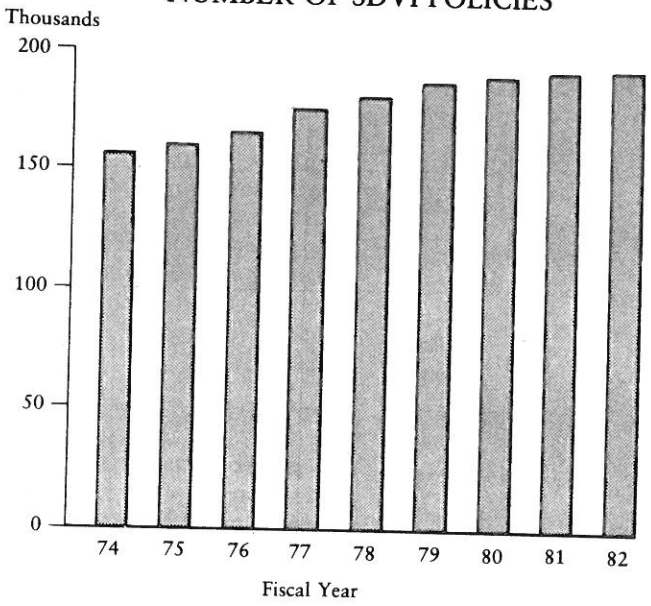
Veterans Special Life Insurance (VSLI)

This insurance program was made available within 120 days following separation to veterans separated from service on or after April 25, 1951, through December 31, 1956. VSLI was a means of providing post-service government life insurance for Korean conflict veterans for whom there was no premium paying insurance during service. The government provided insurance protection with a $10,000 Servicemen's Indemnity. During the stated period about 800,000 policies were issued of which 505,000 remained in force on September 30, 1982, with a face value of $4.5 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 nonrenewable after age 50, or to permit conversion to a permanent plan of insurance. This program was originally nonparticipating (no dividends payable), but Public Law 93-289, effective May 24, 1974, changed this insurance to participating. The 1982 dividend payments will amount to $35 million. The payments will average $71 per insured compared to $67 in 1981. A total of 99,000 policies have paid-up additions with a face value of nearly $70 million.

Service Disabled Veterans Insurance (SDVI)

The only government administered insurance program remaining open to new issues, SDVI was designed to assure that service-disabled veterans could obtain life insurance at standard rates. Every veteran 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 one year from the date of notice of the VA rating to apply for this coverage. The VA notifies veterans of their eligibility for this coverage after a VA service-connected rating is granted. In addition, the program is publicized through veterans' organizations and periodic information releases to the press, and 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 1982, there were approximately 192,000 policies in force with a face value of over $1.7 billion.

NUMBER OF SDVI POLICIES



terans Reopened urance (VRI)

This program was a limited reopening of National Service Life Insurance for certain disabled World War II and Korean conflict veterans who, because of their disability, would be unable to obtain commercial life insurance or could not obtain it at a reasonable cost. Applications for this insurance were accepted from May 1, 1965, through May 2, 1966. About 210,000 policies were issued, of which 160,000 remained in force at the end of FY 1982 with a face value over $1 billion. The Administrator may adjust premium rates up or down at intervals of not less than two years to keep the program self-supporting.

Public Law 96-128, enacted in 1979, makes all Veterans Reopened Insurance policies participating, with dividends payable for the first time in 1980. Dividends are paid to VRI policyholders from excess earnings of the fund. The 1982 dividend payments will average $97 per insured compared to $96 in 1981.

al Disability Income vision (TDIP)

This is an optional rider than an insured may add to the basic policy to provide a monthly income in case of disability. This rider may be added to any government administered policy except SDVI if a veteran pays an extra premium and meets the age and good health requirements.

TDIP provides a monthly benefit of $5.75 per $1,000 of USGLI insurance for total disability and, as of September 30, 1982, over 1,800 riders were in force with a face value of $12.9 million. TDIP riders have been issued on NSLI policies under three different versions of the law. Under the original provisions, these riders paid $5 per $1,000 of insurance with coverage to age 60. Subsequent changes first increased the payment to $10 per $1,000 of insurance with coverage up to age 60 and later extended the coverage to age 65. The table shows the modifications to the law affecting NSLI policies and the current status of these three different riders.

Effective Date of Modification	Monthly Income Per 1,000 of Insurance	Coverage To Age	In Force as of 9/30/82	
			No. of Policies	Amount of Insurance (in thousands)
Aug. 1, 1946	$ 5.00	60	7,664	$ 55,662
Nov. 1, 1958	10.00	60	91,143	667,180
Jan. 1, 1965	10.00	65	397,970	3,159,294

Government Supervised Programs

Servicemen's Group Life Insurance (SGLI)

This program, which provides insurance coverage for members of the uniformed services, is supervised by the VA, but 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 1982, 357 other commercial companies also participated in the SGLI program on a reinsurer/converter or converter only basis. By the end of FY 1982, 3.3 million active duty service personnel and reservists were insured in the amount of $118 billion, and death benefits paid during the year amounted to $118 million compared to $87 million for FY 1981.

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

Effective December 1, 1981, the maximum coverage is $35,000 and each serviceperson is automatically insured for this amount in the absence of a written request for less ($30,000; $25,000; $20,000; $15,000; $10,000; or $5,000) or no coverage. Coverage was previously limited to $20,000. Effective July 1, 1982, the premium rate for active duty and ready reserve members in this program was reduced from $0.15 to $0.116 per thousand dollars of coverage per month.

Veterans Group Life Insurance (VGLI)

This program, which provides for the conversion of SGLI to a 5-year nonrenewable term policy, was designed to provide low cost government supervised insurance to the veteran immediately following separation or release from service. Prior to establishment of the VGLI program, SGLI could be converted directly to an individual policy with one of the participating commercial companies immediately upon separation from service. Studies had shown that very few veterans were taking advantage of the conversion privilege, possibly due to limited income immediately after service, completion of schooling, or lack of family responsibility. VGLI was therefore designed to provide low cost protection during the period of transition into civilian life.

This group coverage was effective August 1, 1974, and is available in amounts of $35,000, $30,000, $25,000, $20,000, $15,000, $10,000 or $5,000, but for not more than the amount of SGLI which was in force at the time of separation. VGLI has no cash, loan, paid-up, or extended insurance values, but can be converted to a permanent policy with one of the participating companies at the end of the five-year term period. As of September 30, 1982, 392,000 veterans were insured for over $8.1 billion.

The VA mails an information pamphlet and an application for VGLI to all eligible veterans shortly after their release from duty.

This program is also available to reservists who, while performing active or inactive duty for training under a call or order specifying a period of less than 31 days, suffer an injury or disability which renders them uninsurable at standard premium rates.

Veterans Mortgage Life Insurance (VMLI)

This program is supervised by the VA, administered by the Bankers Life Insurance Company of Lincoln, Nebraska, and provides mortgage protection life insurance to a maximum of $40,000 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. Any unused portion is transferable to a subsequent home mortgage after the preceding one is disposed of, and coverage ceases when the mortgage is paid off, the home is sold, or the veteran reaches age 70.

The monthly 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 and the deficit is made up by transfers from the Compensation and Pension appropriation.

As of September 30, 1982, there were over 6,000 VMLI policyholders; death benefits paid during the fiscal year totaled nearly $5 million.

Veterans Assistance

Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Public telephone calls — toll-free	4,726,595	4,972,848	− 5.0
Public telephone calls — other	8,976,479	9,618,682	− 6.7
Interviews away from office	127,706	151,910	−15.9
Interviews at office	1,654,868	1,814,095	− 8.8
Patient interviews	552,362	530,311	+ 4.2
Correspondence	2,096,411	2,354,096	−10.9

Summary

Veterans Assistance personnel in VA field stations conducted a total of 16,038,010 interviews during 1982. Of this number 85 percent were interviews conducted over the telephone. Correspondence actions totaled 2,096,411. Interviews with patients at VA medical facilities totaled 552,362, an increase of 4.2 percent over the preceding year.

Compliance surveys of establishments approved for the education or training of veterans totaled 9,648.

Central Office staff made 41 field facility visits, analyzing management practices and determining local compliance with current requirements and directives. Recommendations on ways to improve service to veterans and their dependents were made to the field facilities.

Outreach[1]

The VA conducts an outreach program to inform veterans of the benefits and services to which they may be entitled. This outreach program was originally designed to reach recently separated veterans, particularly the educationally disadvantaged. It also embraces other categories of veterans including the aged, incarcerated, disabled, and all other veterans, dependents of veterans, and survivors who may be entitled to benefits but are unaware of them.

Toll-free telephone service makes outreach services available in all 50 states. The use of toll-free lines decreased 5.0 percent in FY 1982. The 926 local, Foreign Exchange (FX), and 800 service lines provide fast, easy, and inexpensive access to the VA for veterans' benefits information and assistance. Enterprise service is provided in Hawaii, and Zenith service in Alaska. Enterprise service has been replaced by the 800 intrastate service in Rhode Island. The availability of the VA through toll-free telephone numbers is widely publicized in commercial telephone directories and in newspaper, radio, and TV announcements. Toll-free telephone service is also advertised by posters displayed in appropriate locations or by enclosures inserted in outgoing mail. Several members of Congress have assisted in publicizing toll-free telephone service, and VA pamphlets encourage its use.

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

Elderly Beneficiaries

Special efforts are being made to assure that benefit information and services are available to elderly veterans and their dependents. The VA is an active participant in the Working Agreement on I&R (Information and Referral) Services for Older People Among Federal Departments and Agencies. The pamphlet, "Veterans Benefits for Older Americans," has been developed and, along with other informational material, has been widely distributed. Such information has been sent to more than 660 AAA's (Area Agencies on Aging). VA participation in the White House Conference on Aging and the National Council on the Aging Conference included an exhibit highlighting benefits and services available. A video-cassette presentation on veterans benefits for older Americans is currently being developed.

Prisoner of War Outreach Program

Public Law 97-37 provided expanded service-connected eligibility and medical benefits to former prisoners of war. The law requires the VA to seek out possible beneficiaries and provide them with information about their entitlement to various VA benefits and services. The following key activities on POW outreach have been implemented.

- A new brochure (VA Pamphlet 27-81-1) highlighting the provisions of the POW legislation was developed and printed.

- All field stations, including VA medical centers, were provided with a supply of brochures.

- A roster of some 32,000 names and addresses of former prisoners of war was developed and mailed to over 500 veterans service organizations and military unit associations.

- A roster of 38,000 veterans with POW status in receipt of compensation or pension benefits was assembled.

- An additional 7,200 names were secured as a result of publicity in the "Dear Abby" newspaper column. These names, separated by state, were sent to field stations for use in mailing the POW brochure.

All identified former prisoners of war have been mailed the POW brochure. This POW outreach has resulted in a large increase in telephone inquiries and personal visits to our veterans services divisions.

The Advisory Committee on Former Prisoners of War, established pursuant to Public Law 97-37, held its initial meeting on March 30 and 31, 1982. The Committee is composed of members appointed from the general public and includes representatives of former prisoners of war, disabled veterans, and members of the medical profession who are recognized authorities in fields pertinent to disabilities prevalent among former POW's. The purpose of the Committee, as expressed in its charter, is to advise the Administrator of Veterans' Affairs on the administration of benefits under Title 38, United States Code, for veterans who are former prisoners of war and on the needs of such veterans with respect to compensation, health care, and rehabilitation. Two additional meetings were held in June and September 1982.

At each meeting the Committee stressed the need for educating and sensitizing regional office and medical facility personnel to the POW experience so that treatment and claims could be handled with an understanding of the spirit and intent of Public Law 97-37. To this end, the Committee has made a number of recommendations which are being implemented by the VA. Among the recommendations which have been favorably endorsed are production of a videotape training film, development of a new examination protocol, funding of additional research, and administrative and regulatory changes designed to promote sensitive and compassionate adjudication and treatment for former prisoners of war.

Incarcerated Veterans

Service to incarcerated veterans began after World War II and has continued throughout the years. However, recent budget limitations on travel have had an impact on our outreach to veterans in correctional facilities and semiannual visits to federal and state institutions are no longer being made on a routine basis. Field stations continue to provide informational material, such as pamphlets or available audio visual aids upon request by correctional facility officials.

The VA's Department of Veterans Benefits and Department of Medicine and Surgery shared resources in a cooperative effort to produce a video-cassette presentation outlining benefits available to incarcerated veterans. Titled "The First Step," it has been distributed to all regional offices and is available upon request to prison officials for use at their facilities.

U.S. Veterans Assistance Centers

The mission of the USVAC's is to provide an integrated program of assistance for recently separated veterans, particularly the educationally disadvantaged. The program began in 1968 and is incorporated in Sections 240-245, Title 38, U.S.C. The law requires the VA to seek out recently separated veterans and advise them of benefits available. Special outreach procedures were established at regional offices to communicate directly with veterans who are considered educationally disadvantaged. Because of the dwindling number of veterans discharged who are eligible for these benefits, most of the USVAC's have been integrated into the VA regional offices and every effort is made to communicate directly with educationally disadvantaged Vietnam era veterans who are still being discharged.

Equal Opportunity Compliance

VA field station personnel conducted an equal opportunity compliance program to ensure that education and training offered to veterans and other eligible beneficiaries were provided without discrimination as to race, color, national origin, sex, or handicap. The compliance program was conducted to carry out provisions of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, and Section 504 of the Rehabilitation Act of 1973. As of September 30, 1982, there were 195 field station employees assigned to equal opportunity compliance functions along with their VA education compliance activities. They conducted 700 equal opportunity compliance reviews during FY 1982 in proprietary schools below college level, in apprenticeship programs, and other on-the-job training establishments. This represents a decrease of 72 percent from the 2,507 reviews conducted during FY 1981. The VA investigated six complaints of discrimination in FY 1982. Four other complaints were referred to other appropriate federal agencies. No instance of noncompliance was found during either the reviews or the investigations of complaints.

Employment Assistance

Although the principal responsibility for employment assistance to veterans belongs to the DOL (Department of Labor), the delivery of services requires close interagency cooperation. The VA has continued to work closely with DOL to improve the coordination of job and on-the-job (OJT/apprenticeship) training programs, and other employment services. Veterans with employment problems are given counseling and job assistance at U.S. Veterans Assistance Centers and career development centers at VA regional offices; they are also encouraged to register at the State Employment Security Agency (SESA) job service office in their community. The VA cooperates in the DOL's Disabled Veterans Outreach Program (DVOP) by providing names, addresses and veterans' benefits training. VA also provides lists of names and addresses of on-the-job training employers to be used by the SESA's in developing job opportunities. Also, veterans employment representatives and DVOP representatives are stationed in some VA regional offices. In FY 1982, 41,246 veterans requested VA employment assistance, and through various referrals, 4,795 obtained employment. Of this total, 242 obtained employment through the Office of Personnel Management; 3,637 through SESAs; 670 through VA contacts; and 246 through other contacts.

Fiduciary and Field Examination Activity

The F&FE (Fiduciary and Field Examination) activity supervised the payment of benefits to fiduciaries on behalf of nearly 129,000 beneficiaries; 112,267 adults who were incompetent or under some other legal restriction; and 16,426 minor beneficiaries. This supervision translated into 93,343 fiduciary program field examinations; 41,666 fiduciary account audits; 19,419 legal actions prepared; 4,770 court appearances; and 4,839,429 miles traveled. The F&FE activity caused 11,683 non-fiduciary program field examinations, and 2,241 special investigations.

Veteran-Student Services Program

The Veteran-Student Services Program commonly known as the VA Work-study Program provides a supplemental education allowance to full-time veteran-students in return for services performed in VA-related activities. The benefit was authorized by Congress in 1972.

Since 1978 the program has remained in essentially the same form with hourly rate increases to match the minimum wage. In 1982 there were 51,141 applications received and 47,184 work agreements authorized. This represented an increase of 211 and 788, respectively, from FY 1981. The hours worked by veterans during FY 1982 totaled 6,953,622.

Vocational Rehabilitation and Counseling

Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Vocational rehabilitation evaluations	48,743	46,730	+4.3
Vocational rehabilitation participants[1]	30,919	29,818	+3.7

[1] *Veterans who have participated in the vocational rehabilitation program at some time during the fiscal year.*

Summary

The VA provides counseling and evaluation services at 135 locations for disabled and non-disabled veterans, servicepersons, and eligible dependents (child, spouse, widow, or widower) who are planning to use their rehabilitation, educational, or vocational benefits. Service-disabled veterans are provided support and assistance needed to become employable, to obtain and maintain suitable employment, or to achieve maximum independence in daily living.

During FY 1982, vocational rehabilitation and counseling activities were as follows:

- 63,518 disabled and non-disabled veterans, servicepersons, and eligible dependents used their counseling/evaluation benefits.
- 30,919 disabled veterans actively participated in formal training programs.
- 1,381 disabled veterans actively participated in extended evaluation programs to determine feasibility for formal training.
- 70 severely disabled veterans were selected for the pilot program of independent living services.
- 4,000 disabled veterans actively participated in developing individual plans for obtaining suitable employment.
- 11,084 non-disabled veterans and servicepersons requested and received counseling.
- 3,574 eligible dependents requested and received counseling benefits.
- 117 post-Vietnam era veterans requested and received counseling.
- The VA and Department of Labor completed a comprehensive interagency agreement.
- The Veterans' Advisory Committee on Rehabilitation convened and submitted an annual report for FY 1982.

Vocational Rehabilitation

Training programs authorized under the vocational rehabilitation program are individualized and take in to account the disabled veteran's interests, aptitudes and abilities. Veterans may receive training in the classroom as well as in non-traditional settings such as the job site or the home.

The complete revision of the VA vocational rehabilitation program which became effective with the passage of Public Law 96-466 (Veterans' Rehabilitation and Education Amendments of 1980) improved and expanded the benefits and services available to service-connected disabled veterans. These benefits provide assistance to disabled veterans in achieving maximum independence in daily living, planning educational and training programs to become employable, and seeking, obtaining, and maintaining suitable employment. Emphasis is placed upon assuring that severely disabled veterans are provided the comprehensive services generally required to bring about bona fide rehabilitation. Comprehensive programs of independent living services and assistance are provided for those veterans for whom a vocational goal is determined to be infeasible. Independent living services are also furnished, as part of vocational rehabilitation programs, to veterans for whom vocational rehabilitation is feasible.

The major provisions of Public Law 96-466 include:

- A basic period of eligibility of twelve years, with rehabilitation programs limited to 48 months in most instances.

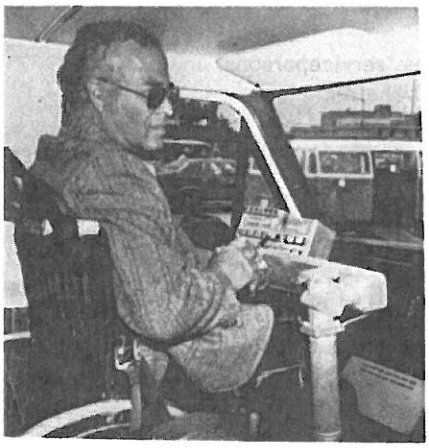
- Veterans for whom feasibility of vocational rehabilitation cannot be determined enter extended evaluation programs. The extended evaluation determines if the veteran may attain a level necessary to enter either vocational rehabilitation training or a program to achieve maximum independence in daily living.

- Comprehensive rehabilitation planning. An individualized, written rehabilitation plan is the vehicle for establishing goals and the approach to achieve them.

- Payment of all tuition fees, books, and supplies; provision of a subsistence allowance; and availability of an emergency revolving fund loan. Veterans are also provided a subsistence allowance during a period of extended evaluation. Eligible veterans may elect to receive the higher Chapter 34 (GI Bill) educational assistance in lieu of subsistence allowance and other training costs, while still receiving most Chapter 31 (rehabilitation) services.

- Employment assistance.

The majority of these provisions were effective April 1, 1981. Additional instructions were developed to further implement the pilot program of independent living services and provisions for employment assistance services.



Mobility training, driver education and vehicle modification are a few of the many services which disabled veterans may receive to maximize their independence in daily living.

Every veteran requesting vocational rehabilitation services who incurred a compensable service connected disability after September 30, 1940, is provided an initial evaluation by VR&C (Vocational Rehabilitation and Counseling) staff. The purpose is to determine eligibility and entitlement to vocational rehabilitation services, to determine if achievement of a vocational goal is reasonably feasible, and to develop an individualized, written rehabilitation plan.

A total of 48,743 disabled veterans, an increase of over 4 percent from last year, were provided such services during FY 1982, including 1,381 disabled veterans placed in extended evaluation to determine feasibility for a vocational rehabilitation training program. During FY 1982, 30,919 veterans were active participants in rehabilitation training or other rehabilitation services designed to restore employability. Approximately 78 percent of these disabled veterans received college training, 19 percent were in schools below college level, 2 percent in on-the-job training, and 1 percent in on-farm or independent instruction programs.

Independent Living Pilot Program

During FY 1982 severely disabled veterans for whom a vocational goal was determined to be infeasible, but who needed assistance to achieve maximum independence in daily living, received services under the pilot program of independent living services and assistance. Seventy veterans qualified for the pilot program during the first year. The most frequent services provided were in the areas of transportation, attendant care, housing, basic living skills, adaptive equipment, health maintenance, and family and peer counseling. A program evaluation pro-

tocol was developed for a mandated report on the cost effectiveness and accomplishments of the pilot program due to Congress by October 1984.

Employment Services

Public Law 96-466 specifically permits the VA to provide up to 18 months of placement, postplacement, and related services as a part of the vocational rehabilitation program. Disabled veterans who are in training programs under Chapter 31, former Chapter 31 trainees, and certain service-disabled veterans who trained under the state-federal program of vocational rehabilitation are eligible for employment services. Full utilization is made of community and governmental resources such as the State Employment Security agencies, the Disabled Veterans Outreach Program, and other offices. During FY 1982 approximately 4,000 IEAPs (Individualized Employment Assistance Plans) were developed with disabled veterans to assist them in obtaining suitable employment.

Services, such as job site modification, which are necessary for a disabled veteran to obtain and maintain suitable employment may be provided under the vocational rehabilitation program.

Coordination With Other Federal Programs[1]

One of the priorities for the VA's rehabilitation program has been to strengthen and expand cooperative relationships with other Federal agencies and programs with which VA shares responsibility. These efforts are directed toward the successful reintegration of veterans into civilian life to help assure thatservice-disabled veterans receive the available benefits providing for their special consideration, emphasis, or preference in obtaining employment or training.

During FY 1982, the VA and the Department of Labor successfully completed a comprehensive interagency agreement which incorporates organizational, legislative, and programmatic changes and encompasses all appropriate VA and Department of Labor components except CETA (Comprehensive Employment and Training Act) programs. The agreement will be amended when the funding level and continued authority for CETA are determined. The policies, goals, and procedures identified in the national agreement will be carried out by the national offices and field components of both agencies. In each state, pre-existing agreements regarding the VA's participation in the Targeted Jobs Tax Credit Program, and the outstationing of Disabled Veterans Outreach Program staff at VA facilities will be incorporated into statewide agreements between the VA and the State Employment Security Agencies.

Counseling

Educational and vocational counseling under Chapters 34,32, and 35 may be provided to assist non-disabled veterans, servicepersons, and other eligible persons in planning programs of education and training and in selecting an employment objective. Counseling services are provided upon request. The primary service providers are VA counseling psychologists, supplemented as needed on a fee basis.

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

Under the GI Bill (Chapter 34), 11,084 veterans were assisted during FY 1982 in developing appropriate plans for using their educational and training benefits or in selecting an employment objective.

One hundred seventeen post-Vietnam era (Chapter 32) veterans and servicepersons were seen during the past year, an increase of 77 percent over the previous year.

In FY 1982, counseling was provided to 3,574 eligible dependents (child, spouse, widow, or widower) to assist them with plans to use their educational benefits. This counseling assistance, provided under the Survivors' and Dependents' Educational Assistance (Chapter 35) program, accounted for 5.6 percent of all cases seen.

Counseling and evaluation services were available at 135 locations including 101 VA field facilities and 34 contract guidance centers. The number and geographical dispersion of VA counseling offices and contract guidance centers make counseling services more readily available to eligible veterans and dependents.

Cases Counseled

Item	FY 1982	FY 1981	Percent Change
Veterans educational assistance (Chapter 34)	11,084	15,383	−27.9
Dependents educational assistance (Chapter 35)	3,574	5,597	−36.1
Post-Vietnam era veterans (Chapter 32)	117	66	+77.3

Veterans' Advisory Committee on Rehabilitation[1]

The Veterans' Advisory Committee on Rehabilitation was established by Public Law 96-466 to provide advice and consultation to the Administrator regarding the administration of veterans' rehabilitation programs under Title 38, U.S.C. During FY 1982 the Administrator approved the Committee's charter and appointed the ten members, who will serve until December 31, 1984.

The Committee membership represents disabled veterans and persons distinguished in the fields of rehabilitation medicine, vocational counseling, training, rehabilitation, and employment services.

The Committee will assure that VA's practices and methods utilized in the rehabilitation of veterans remain in accord with modern concepts and advanced knowledge in the field of rehabilitation by conducting reviews assessing the rehabilitation needs of veterans and the programs and activities of the VA designed to meet those needs.

Specific areas of concern are:

- Strategies for identification of blinded and partially sighted veterans.
- Case management coordination procedures and issues.
- Assessment of needs of disabled veterans.
- Procedures for obtaining new wheelchairs.
- Methods of sharing resources (inter/intraagency).

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

- A need to review the 1980 Rehabilitation Task Force Report.

- A need to review the adequacy and effectiveness of VA outreach efforts.

The Committee's deliberations on the priorities among their special issues of concern focused on the exploration of methods of sharing inter/intraagency resources. They began their review of policies, programs and interagency coordination with the broad area of orthotics and prosthetics and with attention to the resources used by the VA, RSA (Rehabilitation Services Administration) and SSA (Social Security Administration). The Committee is planning to continue in FY 1983 its extensive review of programs and services which are offered by more than one agency which will provide the Committee with information for recommendations concerning sharing of resources.

Cemeteries and Memorials

Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Interments in national cemeteries	41,422	41,811	– 0.9
Applications for headstone/markers	276,985	289,960	– 4.5
Canceled	49,971	53,991	– 7.4
Headstone/markers ordered	223,096	247,756	–10.0
National cemeteries	43,104	49,954	–13.7
Private cemeteries	179,992	197,802	– 9.0
Replacement headstones/markers	6,160	6,577	– 6.3

Summary

The Department of Memorial Affairs administers veterans' interment benefits that include the national cemetery, headstones and markers, memorial plots and markers, and state cemetery grants programs.

In FY 1982, DMA accomplished 41,422 interments and ordered 223,096 headstones and markers for the graves of eligible persons. Applications were submitted by three states for grant assistance and four grants were awarded. Among the other significant events that took place during the year were the following:

- Mr. Paul T. Bannai assumed the responsibilities of Chief Memorial Affairs Director on December 7, 1981. On May 16, 1982, Messrs. James Rankin and Roger Rapp were appointed directors of the San Francisco and Philadelphia Area Offices, respectively.

- In March 1982, the DMA gravesite size policy was changed from the basic 5 by 10 feet and 6 by 10 feet to 4 by 8 feet to assure the fullest and most economical use of available cemetery acreage.

- A contract for the maintenance of Jefferson City National Cemetery was awarded in April 1982. Estimated annual savings from the management improvement action are $40,000 and two FTE.

- Through the use of garden niche interments, four national cemeteries in California reopened on June 1, 1982, for the burial of cremated remains. During fiscal year 1982, this method of interment allowed for the burial of 460 veterans and dependents who otherwise may have been denied grave space.

- Construction was completed on the Region III national cemetery at Indiantown Gap, Pennsylvania, in July 1982, and the cemetery was opened for interments on September 20, 1982.

- The post cemetery at Fort Custer, Michigan (Region V) was opened as a national cemetery in May 1982. Planning for construction of expanded facilities continued on schedule.

- Construction progressed on schedule at the national cemetery site at Quantico, Virginia, with opening planned for the spring of 1983.

- Land acquisition and transfer efforts and cemetery planning for Region IV national cemetery at Fort Mitchell, Alabama, continued. Milestone schedules have been developed.

- Draft environmental impact statements for two alternative cemetery sites in Florida (Region IV) were submitted. Milestone schedules have not been developed.

At the end of FY 1982, the National Cemetery System consisted of 108 cemeteries (58 open, 49 closed, and one under construction) totaling over 9,000 acres, and 32 soldiers' lots and plots totaling 28.6 acres. Over 3,500 acres of land have been developed for burials. There were approximately 160,000 gravesites[1] available for burials in open cemeteries; 67,784 reserved gravesites; 4,200 in-ground sites for cremains; and 20,000 columbarium niches. Potential gravesites, including undeveloped acreage in cemeteries not yet open for interments, amount to nearly 3.5 million.

Construction Projects

The FY 1982 construction program included two major and four minor construction or development projects at four national cemeteries, as shown in the table below:

National Cemetery	Project	Cost (thousands)
Florida	Prepare Master Plan	$ 350
	Prepare preliminary drawings, engineering, drainage and seismic studies	150
Mountain Home	Design and develop 4 acres	300
White City	Design and develop entrance gate and roadways	400
	Design and develop administrative/service buildings	400
Santa Fe	Design and develop 13 acres	1,400
Total		$3,000

During FY 1982, the Department of Memorial Affairs continued to stress energy efficiency and barrier-free access in structures within the national cemetery system. Plans were completed for energy saving renovations at four national cemeteries. Design criteria are being used to provide barrier-free access in all new cemetery construction through the concept of omitting barriers by design rather than making special adaptations.

A study of the existence of potentially unsafe asbestos in national cemetery structures was initiated by the Department of Memorial Affairs during FY 1982.

All national cemeteries are eligible for or are listed on the National Register of Historic Places. Each project having a visual impact on the cemtery must be submitted for review and comment by the appropriate state historic preservation officer and the advisory council on historic preservation. In FY 1982 all such projects were approved, including the restoration of a historically significant perimeter wall at Natchez National Cemetery, Mississippi.

[1] *Casket sites only. Does not include obstructed sites, half sites, or niches.*

Headstones and Markers

The Department of Memorial Affairs is responsible for furnishing government headstones and markers for all national, state-owned veterans', and military post cemeteries; also to private cemeteries, both here and abroad, upon request, for eligible veterans who are buried or memorialized therein. The activity remains the largest of its kind throughout the world.

The number of monuments furnished in fiscal year 1982 took an unexpected 10 percent drop from last fiscal year. This decline proved helpful as it permitted personnel to better train for the imminent conversion to automated applications processing. Much of the required equipment is on hand and programming is underway. The new system should be fully operational in the fourth quarter of fiscal year 1983.

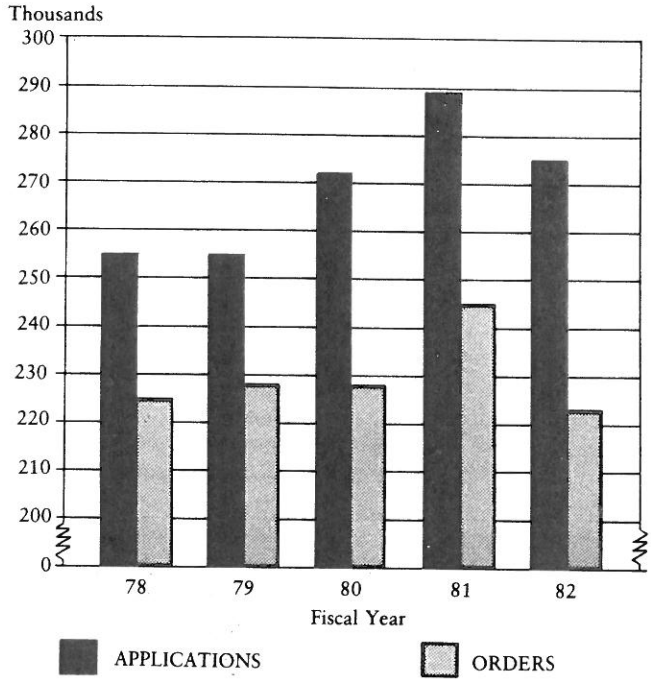
The estimated in-house processing time for applications has decreased from a 41 calendar day average of two years ago to an average of 16 calendar days today. This significant improvement is credited to improved operating procedures in each processing area. The low error rate on headstone/marker inscriptions has also been maintained and is expected to improve with the automated system.

It is expected that requests for government-furnished headstones and markers will experience a steady increase during the coming years. The veteran population 65 years and older exceeds 3.5 million now. It will exceed 4.9 million by 1985.

The total purchase and shipping costs of headstones, markers, and niche covers for fiscal year 1982 was over $12.1 million. The average cost per monument was $54.46.

Eighty one percent of all monuments ordered were for placement at private cemeteries.

HEADSTONES AND MARKERS
APPLICATIONS RECEIVED/ORDERS PLACED



Fiscal year 1982 saw the manufacture and delivery of the first bronze niche markers designed for national cemetery columbaria. Although the number was small, an increase is expected as columbarium use becomes more commonplace.

This fiscal year also saw the first flat slate markers ordered, now marking the graves of 27 eligible veterans buried in private cemeteries.

The total number of applications received during fiscal year 1982 was almost 13,000 fewer than the preceding fiscal year. This, however, is considered to be a temporary drop and, as the veteran population ages, a steady increase is expected in the number of applications.

Type Headstone/Marker	Number Ordered	
	FY 1982	FY 1981
Total	223,096	247,756
Upright marble	37,064	41,682
Flat marble	8,779	10,900
Flat granite	60,767	68,946
Flat bronze	115,242	125,156
Flat slate	27	—
Niche covers	1,006	1,030
Special purchase orders	211	42

The percentage of flat bronze markers ordered is showing a slow but steady increase over the years. In Fiscal Year 1982, 52 percent of all government monuments furnished were flat bronze.

DESTINATION	NUMBER	DESTINATION	NUMBER
American Samoa	15	Ireland	13
Australia	5	Israel	1
Austria	1	Italy	1
British-Columbia	1	Japan	9
Canada	35	Korea	4
Costa Rica	1	Mexico	13
Cuba	1	Panama	1,237
El Salvador	1	Philippines	360
England	3	Poland	1
Germany	18	Spain	2
Guam	23	Trinidad	2
Guatemala	1	Venezuela	1
Guyana	1	Virgin Islands	17
Honduras	1	West Indies	1
Iceland	1	Zaire	1
		TOTAL:	1,771

During this past fiscal year 1,771 headstones and markers were shipped to cemeteries outside the United States. Many of these monuments were placed at military cemeteries. When a monument arrives overseas, an American Embassy office often ensures that it is forwarded to the correct destination.

Other shipments include 133 to Alaska, 709 to Hawaii, and 1,437 to Puerto Rico.

State Cemetery Grants

The VA's relationship to state veterans' cemeteries is based on a Federal assistance program to aid any state in establishing, expanding, or improving veterans' cemeteries owned by it. The program became operational on October 1, 1979. As of September 30, 1982, the VA had received 14 applications from 10 states requesting $7.9 million. Over $5 million has been obligated in support of the construction projects. The accompanying table provides details on these applications:

Location	Project	Grant (thousands) Request	Grant (thousands) Funds Obligated
Arizona Phoenix	a. Establish cemetery/construct admin. bldg.	$ 104	[1]$ 104
	b. Construct columbarium, road paving and water distribution system	[3]300	.....
California Yountville	Cemetery renovation	600	.....
Connecticut Middletown	Estab. cemetery/construct admin. bldg.	600	600
Guam	Estab. cemetery/site development, admin. bldg., chapel	2,000	[2]1,600
Illinois Quincy	a. Construct roadway & entrance gate	60	[3]44
	b. Construct storage and maintenance shed	70	70
Maine Augusta	Cemetery improvement/ expansion	200	198
Maryland Cheltenham	Construct admin., main. bldgs. and chapel	404	[1]404
Crownsville	Site devel. & construct admin. main. bldgs. & chapel	739	642
Garrison Forest	Site devel. & construct admin. main. bldgs. & chapel	757	757
New Jersey Arnytown	Estab. cem./construct admin., main. bldgs., lodge	600	.....
Rhode Island Exeter	Cemetery improvement/ expansion	700	[3]700
Wyoming Evansville	Estab. cem./construct admin., main. bldgs./chapel	746	.....
	TOTAL:	$7,880	$5,119

[1]Project completed (amount reflects final cost).
[2]FY 82 statutory limit on amount state could receive.
[3]Revision of grant request.

Administration and Management

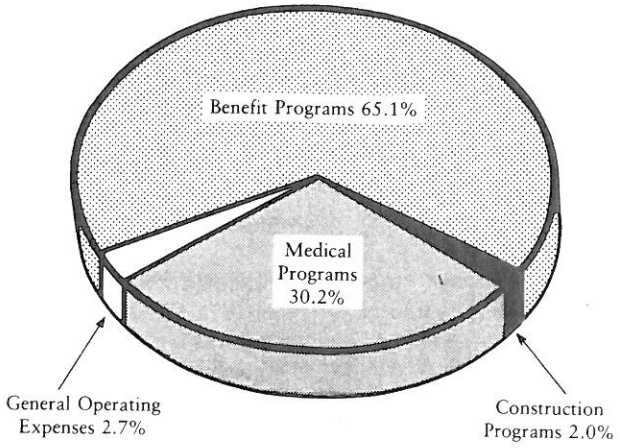
Comparative Highlights

Item	FY 1982	FY 1981	Percent Change
Total appropriations (millions)	$ 24,205	$ 22,455	+ 7.8
General Operating Expenses	662	643	+ 3.0
Benefit programs	15,752	14,893	+ 5.8
Medical programs	7,317	6,548	+11.7
Construction programs	474	371	+27.8
Total employment	235,982	232,417	+ 1.5
Minority (full-time)	64,559	63,431	+ 1.8
Women	125,073	122,079	+ 2.5
Veteran preference	82,712	84,554	− 2.2
Vietnam era veterans	44,031	42,600	+ 3.4
Disabled veterans	12,767	12,890	− 1.0
Records holdings (thousands of cubic feet)	1,497	1,460	+ 2.5
Forms and form letters	12,587	11,864	+ 6.1
Appeals filed	68,183	68,558	− 0.5
Appeals disposed of	61,352	58,068	+ 5.7
Appeals allowed	13,082	13,787	− 5.1

Agency Funding

Congress appropriated $24.2 billion in FY 1982 to fund benefits and services administered by the VA. This represents an increase over FY 1981 of $1.7 billion.

VA FY 1982 APPROPRIATIONS



Monthly compensation and pension benefits paid to some 4.5 million veterans and survivors in FY 1982 totaled $13.8 billion, an increase of $1.3 billion over FY 1981. During FY 1982, a rate increase of 11.2 percent was provided under both the compensation and pension programs.

More than $7.1 billion was appropriated for medical care and treatment of veterans in 1982, an increase of $762 million over 1981. Medical and prosthetic research efforts to improve the delivery of health care to veterans and to improve the treatment of the disabilities and diseases most common to veterans were funded by a $137 million appropriation in 1982. Almost 1.4 million inpatient care and treatment visits were provided in 1982 and 18 million outpatient care visits were made.

Congressional Affairs

During Fiscal Year 1982, the Office of Congressional Affairs was established as an independent staff office and is responsible for insuring that the VA promotes and maintains a responsible and favorable working relationship with Members of Congress and key congressional committees. This mission is accomplished in accordance with the President's policies and in the interest of our nation's veterans.

In order to execute this function, OCA maintains three locations—VA Central Office, the Senate, and the House of Representatives. The Central Office congressional affairs staff provides service to the Agency and to both Houses of Congress in matters concerning VA policies, programs, and legislative issues. The Senate Congressional Liaison Service and the House Congressional Liaison Service provide, exclusively, veteran constituent casework assistance to Members of Congress and their staffs.

Information was provided to congressional members, their staffs, and committees concerning major personnel changes; VA's budget, legislation and programs; organizational changes within the Agency; and developments in the construction program. Additionally, information and assistance concerning veterans' rights and benefits was given which aided congressional offices in providing help to their veteran constituents.

During the course of FY 1982, there were 11,500 constituent casework problems handled; approximately 100,000 telephone calls responded to or placed concerning a variety of VA issues, and 6,500 walk-in visits.

Emergency Preparedness

Significant actions regarding the Agency's emergency preparedness activities during FY 1982 included publication of a revision to the Emergency Preparedness Planning manual, participation in the joint civilian/military readiness exercise REX 82 ALPHA, contributions to several working groups under the Emergency Mobilization Preparedness Board, participation with the Department of Defense in testing the civilian/military contingency hospital system to receive simulated battlefield casualties, and revision of an inter-agency agreement between VA and Federal Emergency Management Agency to address major natural disasters or emergencies. During the year, the VA submitted a proposed revision to VA section in Executive Order 11490, "Assignment of Emergency Preparedness Responsibilities to Federal Agencies and Departments" and initiated planning for an emergency radio network to interconnect and command, control, and key resource facilities. The VA also committed additional resources to support Presidential initiatives in emergency preparedness and implementation of Public Law 97-174 (Veterans Administration - Department of Defense Health Resources Sharing and Emergency Operations Act).

Public Law 97-174 not only promotes greater efficiency in the use of government health care facilities, but clarifies the VA role as the primary backup to the Department of Defense during a period of national emergency or war. The VA now has a clearer mandate to assure that it is able to marshall the vast resources under its jurisdiction to contribute to disaster relief in response to a Presidential declaration of a major natural disaster or a national emergency. Special briefings were held for officials identified as emergency designees who have assignments to perform essential duties in time of national emergency.

Personnel Management

During FY 1982 a new performance appraisal system was implemented within the VA. Over 175,000 employees received official ratings under the new system. The ratings were "linked" with other personnel actions to include:

- reward outstanding employees
- identify training needs
- assist in promotion decisions
- remove unsatisfactory performers

The VA's third Senior Executive Service (SES) performance appraisal period ended on September 30, 1981. The performance of 248 senior executives and Title 38 equivalents was evaluated in early FY 1982 and 49 executives were granted awards for their performance accomplishments.

Implementation of the VA Health Care Amendments of 1980 (Public Law 96-330) continued, and included the following actions:

- A study on physician and dentist pay comparability was conducted by a firm of consultants. This included a comprehensive review of the VA special incentive pay program. (Section 104)

- A study was completed and submitted to Congress on the feasibility and desirability of converting Title 5 health care employees to Title 38. (Section 117)

The VA Merit Pay System was evaluated and minor changes made to the system. Salary increases were scheduled for 4,198 merit pay employees in October 1982 based on current performance appraisals.

The VA began work on Federal Wage System (FWS) surveys in three new areas: Boston, Chicago, and New Orleans. The Office of Personnel Management (OPM) has reassigned these surveys, and the responsibility to determine the pay schedules of all FWS employees in the areas, from the Department of Defense to the VA.

Annual review of OPM authorized special salary rates for recruitment and retention was completed. These rates apply to approximately 3,600 employees in VA, including 2,100 critical health care employees. Special rates or above minimum entrance rates have also been authorized by VA for nurses at 97 medical centers.

Onsite personnel management evaluations were conducted at 37 field facilities for monitoring and assisting local facilities in improving personnel management activities. Continued attention was focused on classification and position management and overall adherence to legal, regulatory, and merit system requirements. In addition, the effectiveness of personnel management self-evaluations, as required at local field facilities, was also monitored. Agency-wide findings on common personnel management program strengths and needs were publicized to all field personnel officers for consideration in local program planning.

The increased demands for management information require an expansion of the agency's automated personnel and accounting integrated data (PAID) system. The preliminary work leading to a complete redesign of the system is continuing.

Staffing

A significantly enhanced nurse recruitment program was developed and implemented during FY 1982 to improve VA's recruitment potential. Major components of the program included: attendance at national nursing conventions and job fairs, increased emphasis on recruitment advertising, special recruitment efforts aimed at cities with no VA medical centers, and a toll-free telephone service. Over 4,400 potential nurse applicants contacted through these efforts were referred to medical centers for prompt recruitment/employment action.

Recruitment efforts for other shortage category health care professions included national and local advertising, attendance at national professional conventions, direct mail contact with prospects, and maintaining relationships with professional organizations.

The *VA Recruitment Bulletin,* which lists vacancies in shortage category positions at VA facilities, continued to receive wide distribution in FY 1982, with significant reductions in its production costs. The cost reductions were accomplished by changing the publication dates from twice to once per month and by purging addresses of organizations no longer interested in receiving the *Recruitment Bulletin.*

The nurse anesthetist qualification standard was revised to allow basing the rate of pay of these employees on their professional qualifications and special training rather than their supervisory or administrative responsibilities. This revision was made to improve the VA's recruitment and retention of nurse anesthetists, and was possible as a result of a change made by Public Law 96-330.

The VA has been authorized by OPM to appoint rehabilitation technicians in drug and alcoholism rehabilitation units without civil service competition. Applicants must be former drug or alcoholism patients who have been rehabilitated through a prescribed treatment program. As of September 30, 1982, there were 308 rehabilitation technicians employed under this authority. Of these, 198 had veteran's preference including 90 Vietnam era veterans.

To facilitate the recruitment of candidates for the Vietnam era veterans readjustment counseling program, the VA has OPM approval to appoint up to 400 persons at grades GS-3 through GS-11 under Schedule A authority. This authority has been used to fill more than three-quarters of the positions in the readjustment counseling program. As of September 30, 1982, over 83 percent of those appointed under this authority were veterans. Of this group, 98 percent were Vietnam era veterans.

An increase in the Agency's Senior Executive Service position allocation and the lifting of OPM restrictions on SES career appointments imposed during the Presidential transition produced a sharp increase in SES staffing activities. Thirty-eight new career senior executives were appointed to the Agency during FY 1982 as compared to seven in FY 1981.

In keeping with the Federal Employees Part-time Career Employment Act of 1978, employment of part-time workers increased by 1 percent during the past fiscal year.

Employment of Veterans

The VA has consistently been one of the major Federal employers of veterans; new hires in FY 1982 included 14,274 veterans. As of September 30, 1982, 5 percent of all VA employees were disabled veterans and 19 percent were Vietnam era veterans. Male veterans constituted 66 percent of all VA male employees; of these, 51 percent served during the Vietnam era and 17 percent were disabled.

The VA made full use of greater flexibility in hiring Veterans Readjustment Appointment (VRA) eligibles under the expanded provisions of Public Law 95-520. The VRA authority allows eligible Vietnam era veterans to be hired directly, for a two-year period during which they also pursue training or education. Following successful completion of these requirements, VRA appointees are converted to competitive civil service status. The 70,727 Vietnam era veterans hired by the VA under this authority since it was established in April 1970 represent more than a third of the VRA appointments made throughout the Federal government. The VA hired 4,961 under this authority during the past year and continued to rank among the Federal leaders in the use of VRA authority. To meet short-term staffing needs, the VA temporarily employed 1,805 Vietnam era veterans in FY 1982.

Under the Civil Service Reform act, Federal agencies are authorized to employ, non-competitively, veterans with service-connected disabilities of 30 percent or more in positions for which they qualify. The VA has hired 1,029 veterans under this new authority. Training and work experience have also been provided to 479 disabled veterans, and 58 have been converted noncompetitively to career-conditional appointments in the VA under Civil Service regulations.

A sizable number of Vietnam era veterans serve in VA jobs where they meet, work closely with, and provide services to other Vietnam era veterans and their families. Over 60 percent of the veterans benefits counselors are Vietnam era veterans, as are 44 percent of veterans claims examiners. Vietnam era veterans also account for over half of all prosthetic representatives, 42 percent of the vocational rehabilitation specialists, and 18 percent of the medical technicians. Among the first VA representatives a patient encounters are the medical administrative assistants in medical center admission areas; 30 percent of these assistants are Vietnam era veterans.

Executive Development and Training

Executive and management development continued to be a high priority. In May 1982, 26 competitively selected men and women began the VA executive development program in preparation for the Senior Executive service and for medical center director positions that were excepted from the SES by Public Law 96-330. Completion of the current program is targeted for spring 1984.

Leadership VA was conducted for 60 outstanding managers at middle and senior levels. During the course of five 1-week seminars throughout the year, the participants undertook a probing examination of the VA, its programs and administration, and the various political, social, economic, and other outside influences which impact on the Agency.

Programs in the Four-Tier System for executive and management development continued. Training in various management areas was provided to 1,371 managers and executives. Included in this category were five special emphasis training sessions for VA field facility directors and personnel officers concerning a new national master agreement between the VA and the American Federation of Government Employees (AFGE).

The Office of Personnel and Labor Relations provided career development assistance to employees through the publication of two pamphlets: *Individual Development Planning in VA,* a practical guide for planning training and development activities, and *Resource Catalog for Executive and Management Development,* a compilation of books, journal articles, and training courses for use by VA executives and managers. Both publications have been distributed to all VA field facilities.

Labor Management Relations

Approximately 164,000 VA employees (or nearly 70 percent of the total) are represented by unions. In the past three years, four unions have consolidated their local units of recognition within the VA, resulting in a great deal of bargaining activity at the national level.

On June 7, 1982, a master agreement between the VA and the National Association of Government Employees (NAGE) for nurses at four facilities became effective. A master agreement with NAGE covering approximately 11,000 non-professional employees at 15 facilities has been in effect since November 10, 1980, and its three year term will end in November 1983.

On August 12, 1982, a master agreement between the VA and the Service

Employees International Union (SEIU) was signed. The Agreement essentially defines the relationship between the parties, reserves substantive issues for local level negotiations, and covers approximately 11,000 non-professional employees at 16 facilities.

Negotiations with the AFGE for a master agreement, covering over 102,000 non-professional employees at 185 facilities were concluded in FY 1982. On August 13, 1982, the agreement was signed and became effective for a 3-year period. Extensive management training geared toward contract implementation was conducted during August and September.

AFGE has submitted proposals for ground rules in connection with master agreement negotiations for a professional unit covering approximately 11,000 employees. Bargaining should begin in FY 1983.

On September 15, 1982, negotiations between the VA and the National Federation of Federal Employee (NFFE) for a master agreement, covering nearly 14,000 professional and non-professional employees at 34 facilities in the consolidated unit, were concluded. The Agreement should become effective in the early part of FY 1983. Management training for implementation of this contract will follow shortly after approval of the final agreement.

Eleven additional labor organizations represent other VA employees at local field facilities, and nearly all unionized VA employees are covered by negotiated agreements.

Employee Recognition

VA employees are encouraged to go beyond normal job requirements to provide the best possible service to veterans and their beneficiaries. Through special honors established under the Agency's incentive awards program and awards granted by sponsors outside of the VA, the following extraordinary contributions were highlighted in FY 1982. Harold L. Mowles, Staff Social Worker, Jerry L. Pettis Memorial Veterans' Hospital, Loma Linda, California, received the fourth annual Olin E. Teague Award for achievement in the rehabilitation of war-injured veterans. Mr. Mowles was instrumental in establishing three organizations that, with no additional cost to the VA, substantially increased service to veterans with alcohol related problems.

Richard Brodkin, a field examiner at the VA regional office, Denver, Colorado, and Wilton B. Mackall, Special Assistant to the Director, VA medical center, Bay Pines, Florida, were named recipients of the annual Sam Rose Awards. These awards recognize exemplary assistance provided to veterans and their beneficiaries in obtaining veterans benefits. Mr. Brodkin undertook a special project to assist American ex-prisoners of war from Colorado to receive the additional benefits provided by Public Law 97-37. Mr. Mackall was recognized for the compassionate, personal service he has provided veterans and their families for more than 36 years. His high accomplishments are illustrated by his success in drafting State legislation dealing with veterans' reemployment rights, preference for employment, and tax exemption for severely disabled veterans.

Once a year, each medical facility may choose an outstanding employee who combined compassion with the best in patient care to receive the Administrator's Hands and Heart Award. One hundred and forty-nine individuals were so recognized during the year.

• Donald L. Wardle, Director, Monument Service, Department of Memorial Affairs, was one of three Federal employees to receive the Congressional Award for Exemplary Service to the Public. The award, sponsored by Representatives Elliott H. Levitas and Benjamin A. Gilman, recognizes exemplary courtesy on the part of Federal civilian employees. Mr. Wardle was honored for providing sensitive responsive service to the families of veterans and dependents eligible for burial in the National Cemetery System.

- Michael D. Tomsey, Counseling Psychologist at the VA regional office, Washington, D.C., received the fifth annual Air Force Association Award. He was honored for compassionate and beneficial service to veterans, as exemplified by his unique efforts on behalf of the hearing impaired.

- Suggestions and other achievements beyond job requirements by VA employees saved the Federal Government $2,896,116. High level performance and special contributions were also recognized when 6,317 employees received quality step increases and 23,411 others were awarded special achievement awards including cash payments.

Equal Employment Opportunity

Minority Employment

During FY 1982, the total full-time employment of minorities in the VA increased from 32.0 percent to 32.1 percent of the work force, or 64,559. Blacks constituted 25.9 percent of the work force; Hispanics, 3.3 percent; American Indian/Alaskan Natives, 0.4 percent; and Asian/Pacific Islanders, 2.4 percent. Asian/Pacific Islanders increased from 2.2 percent in FY 1982. The other minority categories remained the same as last year's figures.

The total full-time employment throughout the VA in FY 1981 was 199,189. In FY 1982, the total full-time employment was 201,313, an increase of 2,124 employees or 1.1 percent. The total full-time employment of minorities VA-wide in FY 1981 was 63,431. In FY 1982, the minority employment population VA-wide increased by 1,128 or 1.8 percent. Minority women increased from 17.5 percent in FY 1981 to 18.0 percent of the work force in FY 1982. Minority men constituted 14.1 percent of the work force, a decrease of 0.2 percent.

Advances were realized by minorities at all levels except GS-16 thru GS-18. At the GS-1 thru GS-4 level, 39.3 percent of the work force were minorities, an increase of 0.1 percent from the previous year. At the GS-5 thru GS-8 level, 33.9 percent were minorities, an increase of 0.7 percent. At the GS-9 thru GS-11 level, 20.8 percent of the work force constituted minorities, an increase of 1.0 percent. At the GS-12 thru 13 level, 12.0 percent of the work force were minorities, an increase of 0.5 percent. At the GS-14 thru GS-15 level, 20.2 percent were minorities, an increase of 1.1 percent. At the Senior Executive Service (SES) level, 9.7 percent of the work force were minority employees, an increase of 1.4 percent from the previous year.

Minorities in the VA accounted for 29.1 percent of all employees in General Schedule and equivalent full-time positions in FY 1982. Minorities were generally well represented among Title 38 positions with 21.9 percent of the nurses, 18.0 percent of the physicians, and 5.0 percent of the dentists. These figures represent a decrease of 4.5 percent minority representation for physicians and an increase for nurses and dentists. Minority employment under the wage system decreased from 45.9 percent to 45.4 percent.

Employment of Women

The number of women employed in VA increased by 2,994 over FY 1981. Women have also made progress in attaining higher level positions. As of September 30, 1982, women occupied 125,073 or 53 percent of all VA positions. Of the Agency's higher level positions, grades GS-12 and equivalent and above, 4,998 or 22.5 percent were occupied by women as compared to 11.0 percent in these grades throughout government. Women occupy 2,052 or 14.5 percent of all full-time positions in grades GS-13 through GS-15 and equivalent as compared to 8.3 percent in these grades throughout government. During the year, women received approximately 58 percent of all promotions and nearly 52 percent of all training of eight hours or more.

Part-time employment of women continued at a high rate in a wide range of professional, administrative, and technical positions in various occupational specialties and at many grade levels. As of September 30, 1982, total part-time employment was 32,393 of which 14,348 or 44.3 percent were women.

Women held many high-level positions in the Department of Medicine and

Surgery: Assistant Chief Medical Director for Administration, Deputy ACMD for Academic Affairs, Deputy ACMD for Nursing Programs, and Special Assistant to the Chief Medical Director. In addition, three women were medical center directors, one an outpatient clinic director, and another a domiciliary director. Eleven women were assistant and associate medical center directors; six were chiefs of staff, and four were in training to become assistant center directors.

In the Department of Veterans Benefits, a woman is serving as Chief Benefits Director, another a regional office director and three are assistant directors. In addition, five women serve in the Senior Executive Service (SES) and 25 as personnel directors at VA field stations.

Employment of Disabled Veterans and Handicapped Individuals

The VA remains strongly committed to the hiring, placement, and advancement of disabled veterans and other handicapped persons. As of September 30, 1982, the VA employed 22,463 disabled persons including 12,767 disabled veterans and 3,522 persons with targeted (severe) disabilities. Emphasis was placed on increasing the placement of severely handicapped individuals and disabled veterans. During fiscal year 1982, the VA hired 780 severely handicapped persons and 1,665 disabled veterans. In calendar year 1981 more than 3,000 handicapped employees in the VA were promoted; 667 handicapped employees received quality step increases; 238 received special achievement awards; and 217 had outstanding performance ratings. The VA approved 66 barrier removal projects for FY 1982 at an estimated cost of nearly $9 million. Also, the VA has approved 45 barrier removal projects for FY 1983 at an estimated cost of almost $4 million.

In observance of the National Year of Disabled Persons - 1982, the VA continued the momentum gained during 1981 to intensify its affirmative action program on behalf of disabled veterans and handicapped persons. In 1982 a VA employee was named "Handicapped American of the Year" by the President's Committee on Employment of the Handicapped. Another VA employee was named as one of the 10 Outstanding Handicapped Federal Employees for FY 1982.

Program activities have been increased especially in the area of active liaison with veterans' organizations. Active membership on the Interagency Committee on Handicapped Employees has been maintained, providing full support and assistance in the achievement of its goals and objectives. The VA also maintains contact with various organizations that represent disabled persons.

Discrimination Complaint Processing

During FY 1982, the number of active discrimination complaints increased by 8.4 percent. This increase is primarily attributed to the awareness of employees and applicants for employment of their right to file a formal complaint under the Equal Employment Opportunity Commission (EEOC) regulations. In an effort to control the increasing number of active complaints, several management initiatives were undertaken during the second quarter. First, the Discrimination Complaints Automated Tracking System (DCATS) was installed to provide an automated network to control and monitor discrimination complaints. The DCATS will enable the Agency to provide instant retrieval of complainant data for both inquiries and reports.

A central record file management system was established to maximize control of complainant case files as they advance from one processing stage to another. This system of centralized control has had a significant impact on record management activities. A major change in the investigation of complaints occurred when the productivity of the part-time (ad hoc) EEO investigators increased by assigning each investigator, when appropriate, a minimum of two complaints to investigate during each assignment. In addition, the ad hoc investigators were assigned cases within geographical proximity of his/her station.

During FY 1982 EEO counselor training was conducted in Chicago, Illinois; Portland, Oregon; Philadelphia, Pennsylvania; and Dallas, Texas. A total of 162 counselors received this training. In addition, investigator training was conducted at Dayton, Ohio; St. Louis, Missouri; and Los Angeles, California. This training was designed to prepare retirees and selected ad hoc prospects to conduct EEO investigations on an agencywide basis.

Historically Black Colleges and Universities

In response to Executive Order 12320 of September 15, 1981, VA extended its efforts to support Historically Black Colleges and Universities (HBCUs) through briefing sessions for appropriate departments and staff offices on procedures for assisting the institutions.

VA's mid-year report to the Department of Education indicates obligations totaling $637 thousand to HBCUs. Although this is only 1.2 percent of the more than $53 million dollars VA obligated to higher educational institutions, we expect a substantial increase in the near future.

During 1982 on-site visits were made to four accredited schools of engineering: Tennessee State University, Tuskegee Institute, Prairie View A and M University, and Southern University. The purpose of the visits was to provide information on the availability of grants and contracts in the field of engineering. The VA was supportive of the legislation to help Meharry Medical College continue its long tradition of service.

In its efforts to implement Executive Order 12320, VA's Equal Opportunity Staff is making steady progress in opening avenues to assure that HBCUs receive an equitable portion of VA's funds which are available to institutions of higher learning.

Automatic Data Processing

Virtually all VA beneficiaries are affected by the Agency's extensive computer network and its related facilities. Through this network, regional offices have ready access to veterans' records, which in turn enables them to process claims and issue benefits more efficiently and at lower cost to the government.

In our on-going efforts to improve the accuracy and decrease operating expenses of these services, in addition to meeting legislative requirements, the VA is currently replacing its older outdated computer systems with newer equipment and methods. Some of these efforts include the upgrading of equipment at the Austin Data Processing Center and the expansion of the Centralized Accounts Receivable System (CARS) to meet congressionally mandated debt collection obligations.

The VA is also placing special emphasis on ADP technology as it relates to its medical services. ADP systems have been developed to assist the hospital pharmacist in providing high quality clinical services, while at the same time minimizing the clerical and administrative tasks involved in prescription distribution. The pharmacy subsystem of the Computerized Medical Information Support System (COMISS) is currently in production in one medical district. ADP systems are also under development will support the medical administration functions within the VA's medical centers. These functions include admissions, discharges, transfers, patient registration, and patient scheduling.

The development of an on-line insurance system is continuing, with installation of an inquiry function scheduled for FY 1983.

Computer System Improvements

Our efforts to provide increasingly reliable levels of automatic data processing (ADP) support to VA missions serving the veteran continued during the fiscal year. Improvements in computing hardware, applications, and control program software were made at the data processing centers (DPCs). Two obsolete large-scale computers at the Austin DPC were upgraded by replacing them with more efficient, "state-of-the-art" machines. The modern computers deliver the computing capacity of the old machines while costing less to lease and operate. At the St. Paul DPC, a modern computer and an electronic printing system replaced an obsolete computer and conventional printers, in support of the VA's debt collection effort. Both DPCs also started the implementation of modern computer control programs and database management systems for the integrated management of data resources for applications at the centers. These systems will increase the productivity of system designers and computer programmers. Word processing systems were also competitively selected for the Austin and St. Paul DPCs. A large-scale computer was acquired for use in the redesign and redevelopment of the VA insurance system at the Philadelphia DPC. With the transfer of applications to the large-scale computer, three older medium-scale computers will be excessed. Over $300,000 in maintenance costs were saved during the fiscal year through the excessing of several antiquated small-scale computers at the DPCs. Construction of a standby diesel generator capability at the Hines DPC progressed on schedule, and should be completed in early FY 1983. The diesel backup to the Hines Uninterruptible Power System (UPS) will provide assured electrical power to the center during prolonged power outages.

During Fiscal Year 1982, the Office of Data Management and Telecommunications began development of an Information Technology Center (ITC) to serve the needs of ADP users who want to develop their own ad hoc ADP applications. The facility will be initially configured to provide a color graphics capability, timesharing terminals for accessing VA databases and files, and microcomputers for user demonstrations and instructions. The graphics capability will aid the management decision-making process by rapidly assembling large volumes of data into full color bar charts, pie charts and comparative curve diagrams.

Medical Applications

The Fee Basis System (FEE) is designed to provide outpatient medical services to eligible veterans through private vendors when VA facilities are inaccessible or cannot provide the required medical services. In FY 1982, two major projects to enhance the FEE system were initiated. One strengthened safeguards against making duplicate and/or fraudulent payments. The other project, currently in development, will allow FEE to interface with CHAMPVA (Civilian Health and Medical Program of the Veterans Administration) and pay for medical services and supplies obtained by eligible veteran beneficiaries from civilian sources. This interface is projected to be installed in January, 1983.

The VA awarded a contract for up to 175 Supply Processing and Distributing (SPD) inventory computer systems, and with FY 82 funds procurred the first 56 units. Purchase of these microcomputers represent the first step in a nationwide application. The SPD inventory system is an automated inventory status, order processing, and cost distribution system. The inventory consists primarily of items that must be kept on-hand, and to provide cost distribution for obligation of supplies.

In order to provide Vietnam veterans with accurate information regarding the possible correlation between Agent Orange exposure and long-term effects on human health, an automated file was created which contains the names and addresses of veterans examined for Agent Orange exposure. During FY 1982, the initial mailout, including a letter and two information phamphlets, was accomplished. Future mailings containing Agent Orange status information are planned.

During FY 1982, the Physician Recruitment and Staffing Reports System was implemented at the Austin data processing center. This system provides information to all VA medical facilities relative to the recruitment and retention of VA physicians.

Veterans Benefits Applications

In the past decade, the delivery of veterans' benefit has undergone major computerization efforts. As a result, the majority of the VA's compensation, pension, and education benefits is now handled by computer. Benefit checks are processed at three of the VA's five DPCs, and in cooperation with the U.S. Treasury, are subsequently sent to veterans, nationwide. The largest of these computer systems, known as the Target System, also gives each VA regional office the ability to process original and supplemental awards and to immediately access service record information on-site, as it is requested by a veteran or beneficiary.

During FY 1982, several actions were taken to improve the operation of the Target System. New control software was installed on all of the system's computers, and several new pieces of equipment were installed, greatly improving response time during peak workload months. Up-time for the entire system is now in excess of 95 percent, with more than 95 percent of all on-line commands handled in five seconds or less.

The fiscal year also saw the expansion of processing for education claims of post-Vietnam era veterans. As a result of this expansion, all types of transactions are now accepted via the Target System, and benefits processing can be performed on a nightly schedule. In addition, a complete accounting system designed to meet GAO accounting standards was installed. The documentation for this sytem was submitted to GAO to obtain approval as a certified accounting system. This is the first automated system to be submitted for such approval.

The Centralized Accounts Receivable System (CARS), given special attention in 1980 as a result of Public Law 96-46, was given a high priority by the VA in FY 1982. This law provides for charging interest on uncollected accounts, reactivation of uncollectable or terminated accounts, and increased litigation efforts, including referrals to commercial credit agencies. During the year, the reactivation of compensation, pension, and education and loan guaranty terminated accounts was accomplished. Interest on education accounts will begin in FY 1983, and a system for charging interest on compensation and pension accounts is scheduled for installation in FY 1984. To address immediate needs, data base and transaction processor software was procured, and a data base management system was selected. A study examining the feasibility of an on-line CARS system was also completed, and plans call for its implementation in FY 1983.

As the next step in the development of an on-line insurance system, a detailed design was completed during FY 1982. Preliminary plans for the installation of the system, scheduled for January 1983, were also begun. In preparation for the system's installation, the terminals to be used by the VA insurance centers were ordered, and magnetic tape and disk storage devices were installed.

Equipment was also procured that will allow unsighted regional office employees to use the Target System. The new equipment will provide the audio equivalent of the veteran information displayed on Target terminals.

One of the items identified in the VA's five year ADP plan was the need for achieving rapid access to loan guaranty files. A preliminary study into the ways this might be accomplished was completed in FY 1982, and several alternatives were outlined. Further studies on the cost benefits of each alternative will continue through FY 1983.

Progress continued on a functional design document for the redesign of the Beneficiary Identification Records Locator System. Current plans call for the preliminary designs to be ready in calendar year 1983 and for installation to take place in FY 1985.

Preliminary specifications were also completed for the redesign of the Automated Diary and Index System, which aids fiduciary and field examination staffs in serving nearly 129,000 incompetent veterans and their beneficiaries. Preparation of final specifications are scheduled to begin in FY 1983.

Other Applications

The Correspondence Tracking System (CTS) for the Office of the Administrator was successfully installed during FY 1982. This system provides a cost effective means of controlling and tracking White House, Vice Presidential, Congressional, and routine correspondence handled by the Administrator's mail unit. CTS provides a method for controlling task, correspondence, and memorandum assignments through quick and easy access to mini-computer records. Terminals (workstations) and high-speed printers connected to a mini-computer system are used for entering, retrieving, and updating information on tasks and documents, and for generation of reports.

A computer system was procured and installed to support the Information and Regulations Staff's Agency Regulations Management Information Retrieval System (ARMIRS). A tape file of VA's 38 Code of Federal Regulations was obtained from the Government Printing Office (GPO) to undergo conversion from GPO codes and format to VA required codes and format. Functional requirements for ARMIRS Phase I, VA regulations control number processing, were completed.

During FY 1982, a contract was awarded for the hardware requirements of the General Counsel Tracking System (GCATS). In addition, the technical specifications for Phase I of GCATS, Litigation Tracking Subsystem, was completed. Work for Phase II, Legislation Tracking Subsystem, and Phase III, Work Measurement Subsystem, will follow in FY 83.

Program development for Phase I of the Information Processing System for Department of Memorial Affairs was contracted out under GSA's ADP Requirements Contract Program. Phase I will automate record of interment and monument application processing and provide on-line interactive capabilities, batch processing capabilities, and allow user intervention and control.

The Race and Ethnic Data System, designed to comply with the Uniform Guidelines on Employee Selection Procedures, was completed during FY 1982. Almost 300,000 pending transactions were processed and resulted in a file of records representing all applicants who were considered for VA positions filled during the last two years. Field facilities can now obtain listings to support their affirmative action program. During the coming year, recurring statistical reports will become available to both field facilities and Central Office.

During FY 82, the preliminary study was completed for the redesign of the Personnel Accounting and Integrated Data (PAID) pay system. The study identified and documented the functions, processes, data, information, and deficiencies of the current PAID system and reported the conclusion that outmoded technology is the major problem affecting the system. The study further concluded that significant benefits will accrue to the Agency if a redesigned PAID system addressing the major problem is implemented. The next phase (feasibility study) of the project to redesign the PAID system was approved at the end of the year. This next phase will focus on system design alternatives and cost/benefit analysis and is scheduled for completion in FY 84.

During FY 82, targeted Office of Construction applications were converted, as planned, to upgraded distributed date processors. Also, during the year, utilization of the word processing capability of the upgraded distributed data processors resulted in elimination of stand-alone word processing units.

The on-line Automated Budget System, used in the preparation of input to the Presidential budget, was modified this year to give additional flexibility and capacity to store, manipulate, and report dollar and employment information for the FY 84 budget. The system provides for an evaluation of all programs and activities of the VA on an initiative-by-initiative basis for seven years.

A portion of the Agency's Centralized Accounting for Local Management system was automated during FY 82 to provide on-line query and update capability by the Finance Division in Austin, Texas for the processing of payments to vendors for goods and services rendered to the VA.

Telecommunications

Telephone

Telephone services continue to be upgraded and expanded permitting veterans seeking benefit information and assistance to place toll-free telephone calls to VA regional offices. In FY 82, foreign exchange and 800 service circuits were reengineered at selected locations to improve service and reduce costs. These changes also included replacement of obsolete automatic call distributors with modern automatic call sequencers and associated telephone management information systems.

In FY 82, technical support was provided for replacement of telephone systems in 18 medical centers. Early funding problems resulted in most of the effort being done during the latter half of the year. The VA conducted the site engineering, prepared specifications, and technically evaluated contractor submittals for the two-step procurements. Contract award for the last of the 18 replacement systems was not completed until the final week of the fiscal year.

Nurse Call Systems

During the past year considerable effort was dedicated to nurse call systems. Whether jobs were hospital level or Office of Construction controlled, our staff performed site visits for design of replacement systems, interim and final inspections, and provided technical expertise to the medical centers. Specifications were revised to keep pace with state-of-the-art technology and Joint Commission on Accreditation of Hospitals requirements.

Installation of the first VA centralized nurse call system has been completed at VA Medical regional office center, White River Junction, Vermont. It was designed to permit one console operator to conduct all nurse call communications within the medical center. The operator utilizes a dedicated nurses' radio paging facility, provided as part of the system, to direct the appropriate level of nursing personnel to satisfy patient calls. Statistical information concerning all nurse calls is automatically stored and can be extracted on demand for management purposes. It is anticipated that similar centralized type systems will eventually be installed in many VA medical centers.

Broadband Integrated Telecommunications Systems (BITS)

Technical support was provided for installing and testing Broadband Integrated Telecommunications Systems at the two divisions of VA medical center, Little Rock, Arkansas. These local area networks are connected via a microwave system, which is part of the telephone system procurement for the two divisions.

A contract has been awarded for the microwave system which will provide one full duplex video channel with two program quality audio channels; 24 full duplex voice tie line channels with signalling; 12 full duplex data channels (voice grade); and one full duplex voice order-wire channel for maintenance use.

A contract was awarded for installing the BITS trunk distribution to several buildings on the North Little Rock Division campus. The trunk distribution will be installed using the system design provided by the VA.

The combination of the two BITS networks with a microwave interconnect is the first integrated approach to providing modern telecommunications for voice, video and data in a two-division medical center.

Advanced Records System (ARS) Upgrade Project

The ARS upgrade will replace existing teletype paper tape preparation equipment with state-of-the-art visual display keyboard terminals at VA facilities. The first twenty-seven medical centers have received the new equipment from the contractors and field stations have been notified of necessary site preparation requirements and equipment delivery dates. Installation of the ARS terminal systems and training are being phased by DM&S regions, one per month with VA

representatives conducting the training. Initial installation was started in September 1982 and is scheduled for completion in early 1983.

Data Transmission Systems

The modems which supported the distribution of telecommunications data among the five VA data processing centers for the past seven years were replaced with the latest technology. This action was necessary due to the unavailability of repair parts for old modems.

In December 1981, the number of data circuits were reduced between VA Central Office and the Austin data processing center by using the multiplexing feature. Two data circuits and four modems were eliminated which resulted in a cost savings of approximately $51,000 per year. Multiplexing of data circuits is now a primary consideration for all data requirements in an effort to reduce overall cost for data communications.

Closed Circuit Television

During the past year, a number of multi-camera security surveillance television systems were installed, and new installation activity is expected to continue. Most systems included television recording capabilities for permanent documentation. Other features included unobtrusive camera housings, motion detection, sequential switching, and digital remote control. Special starlite sensitive cameras were used in extremely low light level conditions. Patient monitoring television systems have also been provided to meet the requirements of the Joint Commission on Accreditation of Hospitals.

Assistance to Foreign Governments

At the request of the Director, Alberta Urban Hospitals Project, VA representatives traveled to Edmonton, Alberta, Canada, and conducted briefings and group discussions on a wide variety of telecommunications activities relating to medical centers. The Alberta government is currently planning and developing requirements for four new 500 bed hospitals. They were interested in VA's methods for providing telecommunications systems such as nurse call, telephone, intercom, paging, etc., and anticipated future applications. The VA's Broadband Integrated Telecommunications System for distribution of television and data in medical centers was of particular interest. In addition to the briefings, copies of specifications used for the procurement of a variety of types of telecommunications systems in VA medical centers were provided.

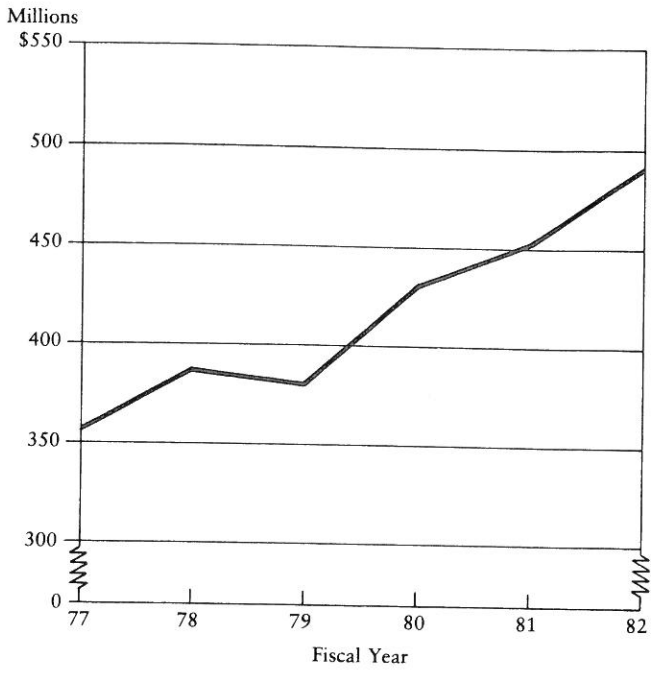
Supplies and Equipment

The Office of Procurement and Supply provides supply support to the most extensive medical program in the Federal Government. A marketing center, three supply depots, 172 supply services in VA medical centers, and a prosthetic distribution center furnish support to 300 VA and 4,100 other government installations throughout the United States, the Republic of the Philippines, and the Commonwealth of Puerto Rico. Supply expenditures for FY 1982 amounted to an estimated $2.2 billion. Approximately $1.6 billion was expended for supplies and equipment for VA activities; $600 million was expended for utilities, equipment rental, and other contractual services; and about $32 million was expended for supplies and equipment for other government agencies.

A self-sustaining revolving fund without fiscal year limitation finances depot and medical center inventories which, in major part, are purchased centrally at volume discounts. During FY 1982, the VA Marketing Center participated in procurements of $845 million, resulting in an annual savings of $177 million to the serviced appropriations. Since FY 1977, total supply fund sales have risen 38 percent, an increase of $136 million. Presently, the supply fund is operating with a net worth of $213 million, supporting an average inventory of $113 million at three depots and 160 medical center warehouses. It also financed direct delivery purchases of $60 million in FY 1982, including $12 million for other government agencies. Yearly sales from FY 1977 through FY 1982 are shown on the chart.

Support to other government agencies, both in numbers of customers serviced and volume of stock sales, increased in FY 1982.

SUPPLY FUND SALES



The VA, with its extensive health care programs continues to be a leader in the standardization of medical products. The VA ensures that only safe and high quality products enter its central distribution system. Prior to distribution of medical products, they are tested at the VA supply depot, Hines, Illinois. This intensified inspection program will be computerized to provide timely feedback of faulty items, or potentially hazardous products. Quality assurance overview for drugs and devices is provided by the Food and Drug Administration.

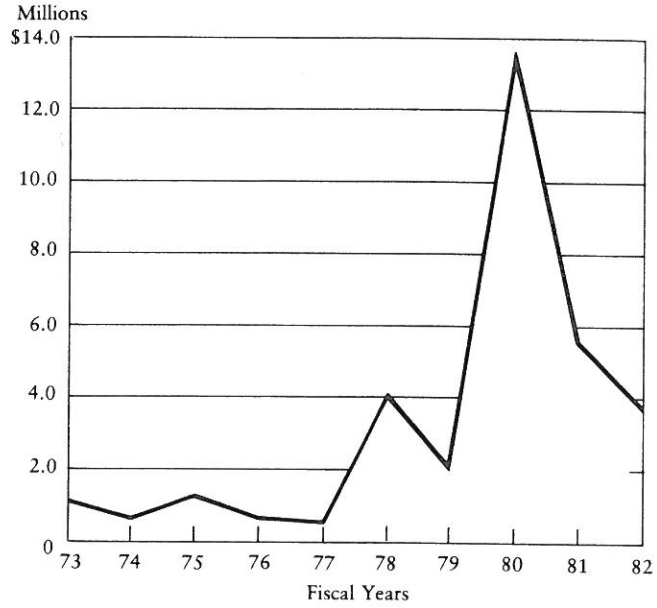
The Veterans Administration remains a leader among government agencies in the recovery of precious metals. Silver is reclaimed from scrap medical X-ray film and X-ray processing solutions throughout the VA medical centers. In addition, gold and other precious metals are recovered from VA dental clinics and laboratories. Through the sale of 364,452 troy ounces of silver bullion and 1,148,719 pounds of scrap medical film, the VA received $3.7 million in FY 1982. This is $2.1 million less than the amount received in FY 1981 due to a significant decrease in silver prices. Money received from these sales was used to partially offset increased costs of stock supplies and depot services to the medical centers.

During Fiscal Year 1982, personal property valued at $13 million was reassigned within the VA in order to obviate the need to purchase new items. Personal property valued at $35 million, determined to be excess to the needs of the Agency, was transferred to other Federal agencies for further utilization.

Equipment assets increased 9 percent in FY 1982 to $1.6 billion. This increase in acquisition value of $135 million reflects continued requirements for state-of-the-art equipment and activation of new facilities. The relatively low percentage increase can be attributed to a reduction in funds available for equipment acquisitions and continued centralized controls.

The VA/DOD Shared Procurement Program for medical products has resulted in joint usage of 229 contracts with a value of $232 million. This program, which is

INCOME FROM VA SILVER RECOVERY PROGRAM



VA Equipment Assets
September 30, 1982

Equipment on Hand	Value (Millions)	Percent of Total
Lab	$294	18.4
Dietetic, housekeeping and laundry	89	5.6
X-ray	328	20.5
Hospital furnishings and equipment	148	9.2
Medical, surgical, dental, and optical	303	18.9
Office machines	87	5.4
Furniture	17	1.1
Motor vehicles, tractors, material handling, and firefighting	48	3.0
Communications	83	5.2
Musical instruments, recreational, and athletic equipment	16	1.0
Maintenance and repair - tools and hardware	6	.4
Refrigeration	20	1.2
ADP equipment	79	4.9
All other	84	5.2
Grand total	$1,602	100.0

directed toward the reduction of duplication in the acquisition of medical items, has resulted in savings of $29.3 million over the past three years.

In FY 1982 the Marketing Center assumed contracting responsibility from GSA for five additional Federal supply schedules. There are 13 assigned schedules with a value of $500 million. The increase in vendor participation has resulted in cost savings of approximately 10 percent for the VA and other agencies using the various schedules for their supply needs.

Construction

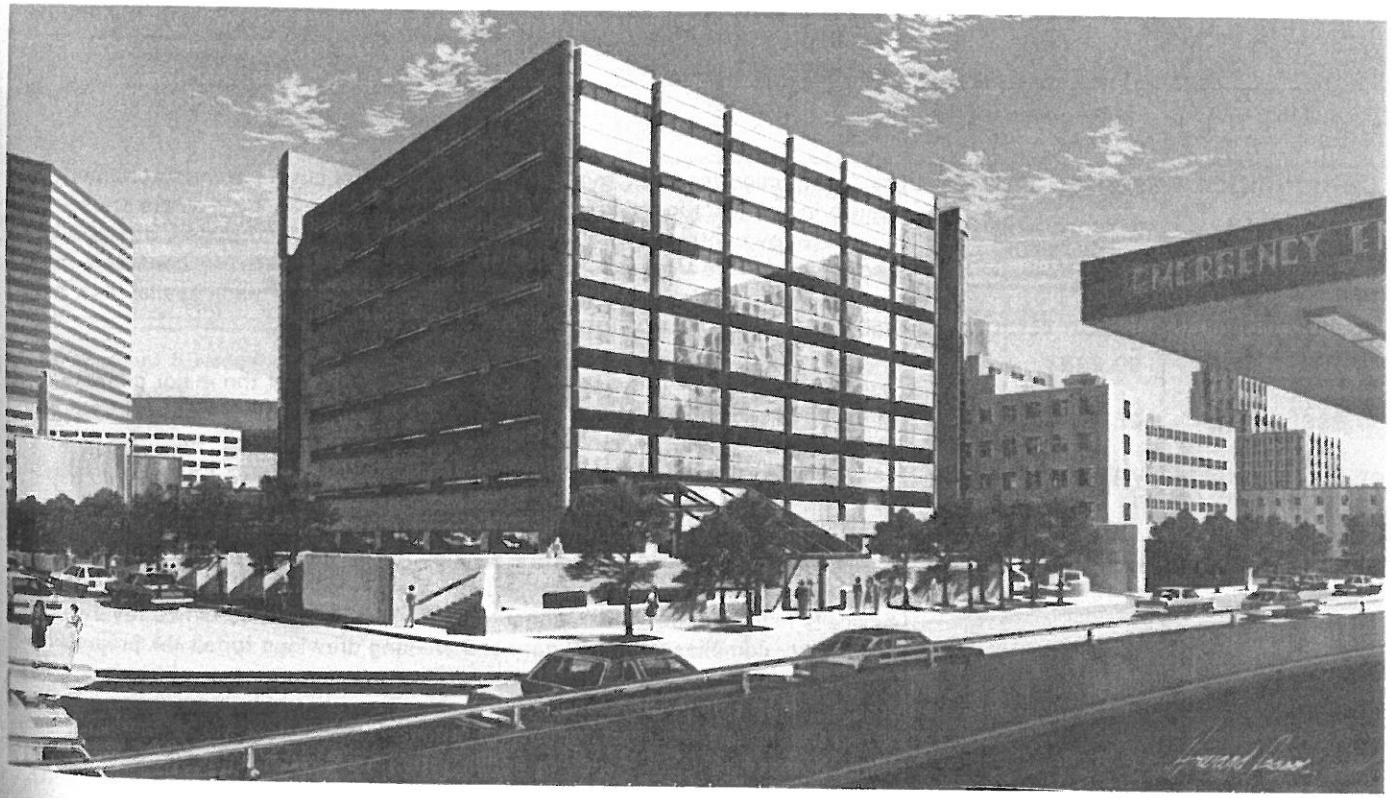
The Office of Construction is responsible for planning, design and construction of new buildings, additions, and alterations, and for major repairs of existing buildings and structures at 283 VA facilities, including medical centers, domiciliaries, nursing homes, and 109 cemeteries located throughout the U.S.

This office is also responsibile for real property management, which includes acquisition and disposal of real estate, and space management in VA facilities and those GSA facilities occupied by VA in either government-owned buildings or government-leased space.

Construction Contracts

In FY 1982, the Office of Construction awarded 35 major construction contracts totaling about $265 million. Six were set-aside for labor surplus area firms. Six of these, worth about $188 million, were awarded to large business firms. These projects included New Orleans, Louisana, expanded clinical outpatient; Palo Alto (Menlo Park Division) California, center core building; Portland, Oregon, replacement hospital; Seattle, Washington, replacement hospital; Tucson, Arizona, clinical addition; Washington, D.C., nursing home, clinical and parking. In addition, two construction contracts valued at $3.2 million were awarded: Calverton, New York, National Cemetery, to develop 25 acres, and Quantico, Virginia, National Cemetery, to develop 26,000 gravesites. Twenty-nine of these contracts, totaling about $77 million, were awarded to small business firms. Of the 29, two, with a total value of $6.5 million, were awarded to small business firms in

Clinical Outpatient and Educational Space, VAMC New Orleans, LA.



competition with large firms; 18 were Small Business Set-Asides worth $50 million; and, nine, with a total value of $21 million, were negotiated with disadvantaged firms under section 8(a) of the Small Business Act.

Architect-Engineer Contracts

There were 62 architect-engineer contracts awarded covering 65 projects with the fees totaling $30.5 million. Of the 62 contracts, there were seven major contracts awarded worth about $16.6 million: Albuquerque, New Mexico, new clinical service building; Birmingham, Alabama, clinical expansion, outpatient and education; Memphis, Tennessee, spinal cord injury building; Miami, Florida, ambulatory care expansion; Portland, Oregon, replacement hospital; Vancouver, Washington, nursing home care unit; St. Louis (John Cochran Division), Missouri, clinical addition. Forty-seven of the selected firms were small businesses, one of which was a minority firm.

Energy Engineering

Energy efficient designs and development and use of renewable energy resources continued to be a maor goal during FY 1982.

Average building energy usage on FY 1982 new construction contract awards was reduced 48 percent compared to similar buildings in 1975. Reduction was based on computer simulations of the design of these facilities compared to a simulation of similar facilities using 1975 criteria, standards and practices. This reduction can be expected to change each year depending on the type and geographical location of facilities. The VA has met the 45 percent reduction in design energy use goal for 1985 identified in Executive Order 12003.

During FY 1982, six solar energy systems were put into operation in a continuing effort to use cost effective renewable energy resources. All of the projects have a positive life cycle cost and include domestic hot water and a steam production system applied to a variety of building types.

The energy efficiency of VA buildings will continue to be of high priority, subject to budget limitations. All new energy investments will be evaluated using the methods and procedures mandated by the National Energy Conservation Policy Act, and only those investments which have a superior life cycle will be utilized.

Construction Research

The construction research and development program covers architectural and engineering projects in health care building technology. These projects are accomplished by contracts with private firms, educational institutions, other Federal agencies, or by the VA staff. Findings are incorporated in the VA construction program where appropriate, and reports are published and made available to the public.

There were 20 ongoing projects during FY 1982. Some of the major projects were smoke control systems, solar steam generation, sound control, integrated ADP systems for the Office of Construction, integrated ceiling systems, and evaluating Broad Band Integrated Telecommunication Systems (BITS).

Barrier-Free Design

In compliance with the Architectural Barriers Act of 1968 (Public Law 90-480), all new VA construction and renovation projects are accessible and usable by the physically handicapped. The Architectural Barriers Compliance Office reviews, for accessibility compliance, preliminary and working drawings for all VA projects and VA-funded state home projects. A five-year plan for the removal of barriers in all VA-owned and leased facilities is in progress. The order of priority of projects is determined from the results of annual accessibility reviews of VA-owned and leased facilities. During FY 1982, priorities were established for 66 non-recurring maintenance projects at a cost of $8 million.

State Veterans' Homes

The Office of Construction provides technical assistance to the Office of the Assistant Chief Medical Director for Geriatrics and Extended Care for state domiciliary, nursing home, and hospital facilities in 33 states. During FY 1982, six state home projects were approved at an estimated cost of $11.4 million. New requests, which total $15.4 million, were received from six states and have been reviewed. A total grant request estimated to be $82.4 million and covering 38 projects is being held pending Federal funding in future years.

Real Estate and Space Management

In FY 1982 the VA acquired the following parcels of land: VAMC Memphis, Tennessee .7 acre for additional parking; VAMC Togus, Maine, 24,920 square feet, for the installation of a sanitary sewer line; Fort Custer Post Cemetery, 12.2 acres for incorporation into the new VA Region V national cemetery, Battle Creek, Michigan. In addition, the VA received donations of 1.7 acres of land from the American Legion, Marion Post #49, Inc. to expand the Lebanon National Cemetery, Kentucky, and 3.3 acres of land from the city of Springfield, Missouri, to expand the Springfield national cemetery.

The VA issued 114 outgrants, in the form of leases, licenses, permits, agreements, and easements, authorizing the use of VA real property by individuals, organizations, and Federal and local government agencies during FY 1982.

The VA paid $66.6 million for the rental of 9 million square feet of space leased through GSA, and $1.6 million was paid for 225,323 square feet of direct leased space. Two clinics and the Austin Finance Center were opened. At the end of the fiscal year, two new outpatient clinic projects and relocation and expansion of eight outpatient clinic projects were in the acquisition process, and one project was under construction.

CONSTRUCTION STATUS 1982

Description	Total		Completed		Under Construction		Authorized but not Under Construction	
	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)	Number	Estimated Construction Cost (millions)
Totals	765	$3,003.75	175	$176.29	306	$1,179.92	284	$1,647.54
Replacement & relocation hospital	7	$965.48	0	-0-	6	$695.09	1	$270.39
Modernization projects	11	440.12	2	20.75	3	82.55	6	336.82
Cemeteries	40	66.07	15	16.96	7	10.91	18	38.20
Nursing home care units	22	147.28	4	20.93	6	46.10	12	80.25
Domiciliaries	2	17.25	0	-0-	0	-0-	2	17.25
Research & education	12	62.08	2	5.01	4	15.85	6	41.22
Other Improvements	671	1,305.47	152	112.64	280	329.42	239	863.41
Air conditioning	6	79.16	3	17.17	2	17.99	1	44.00
Other	665	1,226.31	149	95.47	278	311.43	238	819.41

Management Improvement

During the past year, the VA implemented the first phases of an Integrated Management System (IMS). For the first time, the VA is now able to link policy and program planning with budget formulation and financial management. The VA is one of only a handful of agencies in the Federal Government which has integrated their central policy management process. The IMS is comprised of seven phases: pre-policy analysis; policy guidance; program planning and analysis; budget formulation; program and budget execution; program evaluation; and post-policy analysis.

During FY 1982, the following IMS milestones were achieved: issuance of the Administrator's Guidance; formulation and analysis of FY 1984-88 program plans and budget estimates; conduct of internal review hearings; and issuance of Program Decision Memorandum reflecting the Administrator's decisions on program plans and budget resources. Implementation of IMS during the year provided VA top management with an organized and structured process for evaluating department and staff office program plans and budget needs and for making decisions based on justified need.

Two analytical studies were completed during FY 1982, the outcomes of which identify areas of potential improvement to management efficiency. One study examined outbasing of DVB field examiners, an alternative which was found to be cost-effective. Another study, concerning an analysis of discrimination complaints processing in the Office of Equal Opportunity, determined that automating certain functions within the complaints processing workflow would result in a more efficient, timely turnaround of cases.

The VA evaluates its programs in terms of measuring their success in achieving stated goals in a cost effective and efficient manner and to assess their impact on related programs. Six program evaluations were completed during the year. Some of the programs evaluated were radiation therapy, nuclear medicine, and hospital based home care. As programs are reevaluated, data describing the impact, effectiveness and efficiency of delivery of services to beneficiaries will be updated and made available to managers for use in administering VA programs.

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Public and Consumer Affairs

The VA merged its public information and consumer affairs activities during FY 1982 by establishing the Office of Public and Consumer Affairs. Comprised of activities formerly carried out by the Office of Information Services and the Consumer Affairs Staff, this new organizational entity enhances the Agency's ability to communicate and interrelate with the variety of publics served by and involved in VA programs and services.

The foundation of the Office of Public and Consumer Affairs mission is to support the delivery of VA benefits and health care in an environment enhanced by public awareness of agency capabilities and limitations. The office adheres to a total communications concept which involves dealing with mass media, Agency employees, veterans service organizations, educational institutions, professional societies and many other entities having either a direct interest in the Agency or which have the ability to represent VA to others.

Additionally, the Office of Public and Consumer Affairs utilizes a variety of means to ascertain public interest in and reaction to various facets of VA activity. It monitors and analyzes mass media treatment of Agency subjects, coordinates administration of consumer feedback programs, and works closely with field facilities in the implementation of community relations activities. The office also manages the statutory reporting requirements of the Agency's 29 Federal advisory committees which provide unique expertise and guidance on subjects ranging from prisoners of war to educational benefits.

Fiscal year 1982 was highlighted by increased activity in a variety of communications areas. Services to mass media were improved with strengthened inquiry

response capability in the news and liaison division. Three new publications were developed to provide information concerning Agent Orange and were included in a mailing to some 80,000 veterans who had previously undergone physical examinations. Emphasis was shifted to providing photofeature service to magazines and newspapers consistent with the industry trend toward greater use of illustrative material.

The Agency employee newsletter VAnguard was also enhanced in keeping with the emphasized importance of total staff and personnel awareness of VA accomplishments, trends, and issues. The office also provided advisory and public information support to expanded VA nurse recruiting efforts. FY 1982 marked publication of the most comprehensive edition ever of "Federal Benefits for Veterans and Dependents." This perennial government "best-seller" contains summaries of VA programs, other Federal veterans services, and a complete address and telephone roster of all VA health care facilities, regional offices, outreach centers, and cemeteries.

The years ahead present many challenges to VA and the Office of Public and Consumer Affairs. Burgeoning communications media services and public access to expanding information resources will continue to place demands on the Agency's ability to communicate effectively and innovatively. The office will pursue all available opportunities to take advantage of technological support so that its mission can be accomplished efficiently and in keeping with the expectations of beneficiaries.

Records and Information Management

The year-end records holdings for FY 1982 were 1,497,433 cubic feet, an increase of 37,778 or 2.6 percent over previous year-end holdings. The volume of new records created during FY 1982 was 249,164 cubic feet, which is an increase of 39,765 cubic feet when compared to FY 1981 figures. This growth is primarily due to an increase in the holdings of veterans' medical records at VA medical centers. There were 986,149 inactive claims folders representing approximately 19,170 cubic feet transferred to low cost storage within VA, and an additional 74,430 cubic feet of records were retired to Federal Archives and Records Centers (FARCs). During FY 1982, 136,956 cubic feet of records were destroyed under authority of the National Archives and Records Service (NARS).

Certain initiatives by the Department of Veterans Benefits resulted in cost-avoidance savings. The transfer of 20,497 cubic feet of inactive claims folders (death cases) to FARCs has freed filing space equivalent to 3,495 five-drawer file cabinets valued at $709,485 and 24,458 square feet of prime office space costing $213,763. The estimated cost-avoidance savings, less the transfer costs, amounted to $802,821.

The relocation of 986,149 inactive claims folders to the VA Records Processing Center freed approximately 3,897 five-drawer filing cabinets valued at $790,892 and 27,302 square feet of prime office space costing $351,947. This initiative resulted in a net cost-avoidance savings of $937,046.

Office information processing technologies, such as word processing and micrographics, continue to be aggressively promoted, managed, and controlled to ensure that the VA receives full benefits of these technologies. In FY 1982, over 300 VA organizational elements implemented office automation technologies to improve the efficiency and effectiveness of their operations.

During FY 1982, the VA continued its initiatives to exchange records and information with other agencies through automated data exchange. The pilot program between the United States Air Force and the VA to exchange information on military retired pay and disability compensation/pension payments has been expanded to include all elements of the military services and the United States Coast Guard.

The VA is actively participating in the Army Study on Separation Processing. The study involves several different areas of concern to the VA, one of which is the feasibility of providing to the VA, by automated means, information concerning military service that is contained on the release from active duty form. This information is used to send information about VA benefits to recently discharged veterans and to enter military information into the VA's automated master index.

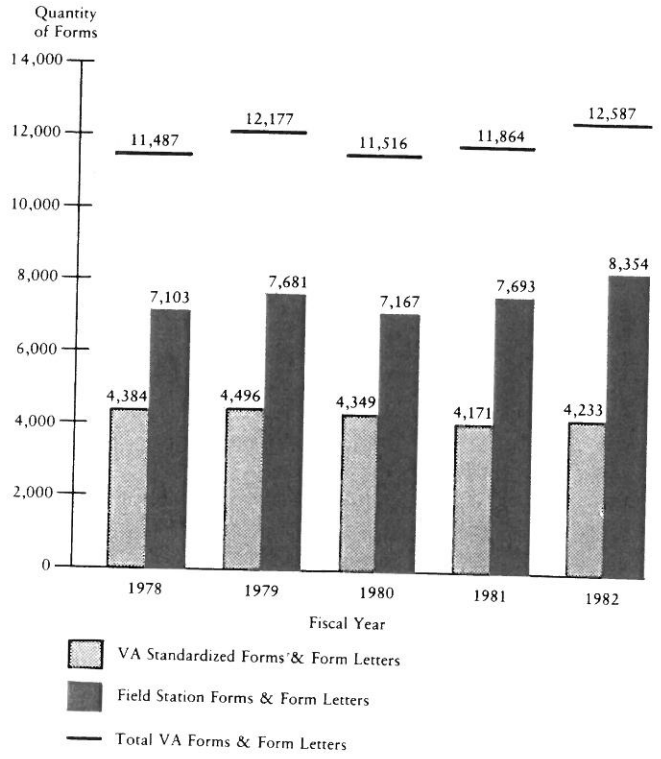
Starting in July 1982, the Information and Regulations Staff worked with the Biometrics Division and Environmental Medicine staff in coordinating with the General Services Administration the provision of military personnel records to VA contractors supporting Agent Orange studies.

VA continued to provide support to the National Personnel Records Center (NPRC) in St. Louis and VA regional offices through its liaison officer at NPRC and resolved numerous problems between the DOD and VA in the exchange of information and records.

At the end of fiscal year 1982, there were 4,233 standard and 8,354 field station forms and form letters in use, for a total of 12,587, up 6 percent from last year. The standard forms are those developed in Central Office for use in Central Office or field facilities and the field station forms are those developed by one facility for use by that facility only. Thirty-six percent of the forms in use are standardized for VA-wide use. During the year, 87 standardized forms and form letters were eliminated, 111 were created to meet new requirements, and 184 were updated and improved.

The overall increase in forms and form letters for the Agency is primarily due to new and expanding program requirements and legislative changes which affect VA programs.

The following chart provides a five-year trend in forms and form letters used in the VA.



The Information and Regulations Staff sends copies of approved, proposed, and final VA regulations published in the *Federal Register* to service organizations with a strong interest in veterans' affairs. Copies of these documents are also forwarded to the congressional veterans' affairs committees for their immediate information.

Test of Metered Mailing Systems

A six-month study on the use of metered mailing systems initiated during FY 1981 was concluded during FY 1982. In addition to demonstrating that metering systems are a viable means for reducing overall postage costs, this study highlighted many other steps that could be taken to improve VA mailing systems. As a result of the original study, the Department of Veterans Benefits has elected to convert all field facilities under its jurisdiction to metered mail, a process that should be completed during FY 1983. The Office of Procurement and Supply will examine metering systems and their potential for improving small package shipping operations through a second six-month test of metered mail at the three VA supply depots and the VA Forms and Publications Depot.

Reports Management

The major source of personnel reports is the Personnel and Accounting Integrated Data (PAID) system. The PAID system contains over 242,000 master records which reflect the current status of each employee. During the fiscal year the following major projects were accomplished:

- Modified 70 existing reports to reflect reorganizations, legislative changes, etc.

- Established six new recurring reports. Four of the six reports were workforce profiles which provided information on minority employment for the Equal Opportunity Staff to meet requirements of the Equal Employment Opportunity Commission.

- Developed 100 ad hoc reports.

The AMIS (Automated Management Information System) is a statistical system designed to meet management information needs of the Agency. Of the 1,334 reports produced by AMIS during the fiscal year, 92 were new reports. AMIS also accommodated 594 requests for changes to existing reports. Major accomplishments during the year included:

- Cancellation of AMIS segments on the medical care appropriation, which resulted in a cost savings of $125,000 annually.

- Automation of statistical tables for major recurring reports.

Sixty nine new recurring report plans were approved and 80 were eliminated during fiscal year 1982 for a net decrease of eleven. VA's inventory consists of 640 (530 internal and 110 interagency) approved recurring reports. In addition, 41 internal non-recurring reports were cleared during the fiscal year. A study of the total information needs of the DM&S Office of Geriatrics and Extended Care was completed during the fiscal year.

The Patient Treatment File is an automated system providing data on inpatient treatment under VA auspices. Four new recurring reports were approved during the fiscal year. Two recurring reports were changed from quarterly to annual production and two were cancelled.

Title 38 U.S.C. authorizes the Administrator to release names and addresses of present or former members of the Armed Forces and their dependents to non-profit organizations provided the intended use is directly connected with the conduct of programs and utilization of benefits in Title 38. Approximately 125 such requests were processed in fiscal year 1982.

Financial Management

The VA Cash management policy, implemented in line with the President's Reorganization Project, produced savings in the amount of $3.1 million, an increase of $.2 million over the previous year. There was also an increase in the number of wire transfers of funds by private purchasers of VA vendee loans in FY 1982 which totaled in excess of $367 million.

The Direct Deposit/Electronic Funds Transfer program for recurring compensation and pension payments increased to 1,140,422 participants at the end of FY 1982. This represents a participation rate of nearly 26 percent at the end of the fifth full year of the program. Participation is increasing at an average of almost 7,000 accounts per month. Also included in the program are VA employee salaries which, at the end of the third full year, represent more than 76,000 payments, or over 32 percent of all VA employees. The program ensures that a benefit or salary payment is automatically deposited in a checking or savings account at a designated financial organization. This eliminates checks being late, lost or stolen. The government realizes considerable monetary savings, and both the government and the payees benefit from a reduction in the number of replacement checks.

During Fiscal Year 1982, 42 VA medical facilities were converted to the full CALM (Centralized Accounting for Local Management) accounting and payment system. The conversions allowed a reduction of staff in the medical centers. In addition, centralization of payments provides a number of benefits in the payment of vouchers such as use of statistical sampling, vendor magnetic tape billing, extensive use of microforms, and elimination of paper storage.

During FY 1982, the Office of Budget and Finance continued to promote more efficient use of VA staffing resources. Efforts included development of methodologies to better relate workloads and staffing in the budget process, refinement of Federal productivity measurement project workload indicators to more accurately reflect work accomplished, and development of performance measurement systems to assist program managers in determining, justifying, and allocating staffing resources. In addition, management engineering technical assistance was provided to various departments and staff offices in the areas of procedures analysis, work measurement, and productivity.

Audits and Investigations

The Office of Inspector General (OIG) has statutory responsibility to promote the economy, efficiency, and effectiveness of VA programs and to prevent and detect fraud and abuse in such programs and operations. Based upon cost avoidance, more economical use of appropriations, penalties and funds management has committed to recover, savings for resolved audits and closed investigations totaled $310.2 million in FY 1982. Several significant joint investigations with other Federal, state, and local law enforcement authorities resulted in indictments and convictions. Fraud prevention and awareness efforts were expanded.

The Office of Audit issued 361 audit reports during FY 1982 that included recommendations for management improvements, improved procedures, and recoupment of overpayments. Significant audits covered the construction planning process, payment controls over CHAMPVA medical provider billings, quality control procedures over benefit payments from the compensation, pension and education programs, use of school liability to ensure prompt reporting of student status for education benefits, and implementation of existing policy and procedures to control unliquidated obligations and third party reimbursements. Cost avoidance on audits resolved in FY 1982 was $301.3 million and potential cost recovery was $4.3 million.

The Office of Investigations opened 641 cases and closed 392 cases during FY 1982. Investigations resulted in 361 referrals to the Justice Department for prosecution. There were 31 indictments and 43 convictions. One hundred sixty nine administrative actions resulting from investigations were also taken. Investigative efforts accounted for $4.6 million in savings, cost avoidance, fines,

recoveries, and penalties from prosecutions or administrative actions. Significant cases included embezzlement by an agent cashier, illicit drug activities, procurement and supply fraud, false reporting of income by pensioners, and school fraud.

Significant attention was given to assessing vulnerabilities to fraud, waste, and mismanagement of VA programs, functions, and activities. The internal control review system established under Office of Management and Budget Circular A-123 is being monitored. Continuing efforts are being conducted with the Department of Health and Human Services to identify means to control health provider fraud.

The VA is the lead agency for the President's Council on Integrity and Efficiency project, "Federal Employees Receiving Government Assistance." This computer-assisted matching project is designed to identify Federal personnel who are indebted to the Government with delinquent debts or are inappropriately receiving other benefits. As a further means of identifying inefficiency, the Inspector General Advisory Council, comprised of employees of the organization being reviewed, issued a report on fee basis medical programs, whose far-reaching policy recommendations are currently under review.

The OIG complaint center receives complaints about fraud, waste or mismanagement from the employee hotline, through the Administrator's mail, and from other sources. During FY 1982, there were 1,271 complaints which contained 162 allegations of fraud, waste, and mismanagement which were substantiated.

The Office of Inspector General reviewed 91 legislative and 71 regulatory proposals. Testimony was also given before Senate and House committees during the year.

The OIG consolidated certain activities performed in several offices by establishing an Office of Policy, Planning, and Resources in Central Office. The new office develops audit and investigation policy, provides planning of audits and investigations, develops applicable audit and investigative standards and procedures, and provides management support necessary to accomplish scheduled audits and investigations. Three new Inspector General field offices were established, which increased field office locations from four to seven in FY 1982. The new offices are located in Hartford, Connecticut; Kansas City, Missouri; and Dallas, Texas. An eighth office is planned to open in Seattle, Washington in FY 1983.

Audiovisuals

The VA produced two videotape documentaries during the fiscal year. The videotape titled "A National Tribute" documents events and ceremonies at Arlington National Cemetery on Veterans Day, November 11, 1981. This historical presentation features the placing of the Presidential Wreath at the Tomb of the Unknowns by the Secretary of Defense and his Veterans Day Address to the Nation from the amphitheater.

The "Second Annual Music Festival" produced for the Department of Medicine and Surgery highlights the national VA music competition winners grand finale held at VA medical center Coatesville, Pennsylvania, during the week of June 6. This entertaining film presents the VA hospitalized veterans' winning performances and will be used to encourage more veterans to utilize music as a positive element in their therapy.

A videotape titled "Building for Tomorrow" was produced for use in an Office of Construction informational display for convention usage. It was created from excerpts of the VA film "Foundations for Caring" and shows examples of early construction recognized by the Historic Preservation Foundation.

Two TV spots with accompanying slides were produced during the fiscal year. The first production titled "National Salute to Hospitalized Veterans Week,"

featured Joe Theisman, Washington Redskin quarterback, who reminded the public to remember hospitalized veterans by visiting them at VA medical centers. This spot also stimulates volunteer participation at medical centers. The accompanying TV slide contained an appropriate script. The completed package was aired during the week of February 7-14, 1982. The second TV spot and slide package was produced to inspire the public to remember and observe POW/MIA Recognition Day, July 9, 1982.

The audiovisual activity maintains the VA centralized motion picture film library consisting of 812 titles and 4,082 prints for use in medical and scientific research, orientation, training and information, and rehabilitation programs. During FY 1982, 5,120 distributions were made to VA facilities, other Federal and State agencies, veterans' organizations, educational institutions, and professional and scientific groups.

The exhibit activity designed and produced 21 new exhibits on 12 program titles for the Department of Medicine and Surgery, the Department of Veterans Benefits, the Office of Personnel and Labor Relations, and the Office of Construction. Fifty-three new and existing exhibits were displayed during the year at 149 meetings and conventions for a total of 749 presentation days at VA facilities, national and state veterans' organization annual conventions, educational institutions, and professional, medical, and scientific group meetings.

Presidential Memorial Certificate Program

The Presidential Memorial Certificate Program honors the memory of honorably discharged deceased veterans. Statutory authority for the program is contained in Section 112, Title 38, U.S.C. President Reagan approved its continuation on February 4, 1981. The VA issues to the next of kin certificates which bear the President's signature and express the country's grateful recognition of the veteran's service in the armed forces. Eligibility for the certificate is determined by the VA when notice of the veteran's death is received and next of kin information is available. Certificates may also be issued upon request to other relatives and friends of the deceased veteran.

Over 4.3 million certificates have been issued since the program was initiated in March 1962. The VA now issues an average of close to 1,100 certificates each workday. A total of 269,200 were issued during FY 1982.

Legal Matters

The Office of the General Counsel has continued to experience an increased demand for legal services.

Collection of reimbursements for medical care amounted to $10.5 million in FY 1982, a 20 percent increase over FY 1981. Of that total, $5.2 million was collected from third-party tort feasors, and $5.3 million in industrial injury and insurance cases. Legislation to counter State laws and insurance policies that were designed to preclude payment of hospital costs to the Federal government was enacted in FY 1982. It is expected that this will aid and support recovery efforts for injuries where no tort liability need be shown, such as under workers' compensation, automobile no-fault insurance, or a state crime-victims' compensation program.

Considerable progress has been made in the area of debt collection. An Office of Debt Collection was established under the Office of General Counsel for the purpose of central coordination and control of the VA debt collection activities and an Agency plan is currently in effect. During FY 1982, cases representing $70 million were referred to District Counsels. Cash collections totaled $7.9 million, an increase of almost 400 percent over collections for FY 1981. Complaints filed in court totaled 27,567, representing a value of $21 million. Judgments were obtained in 14,330 cases, representing $9,282,917.

Medical malpractice claims under the Federal Tort Claims Act continued to be filed at record levels. Funds paid out in settlement of administrative tort claims under $2,500 increased 5 percent to $225,000 in FY 1982.

The number of legal actions related to procurement of construction, supplies, and services continued to increase in FY 1982. For FY 1982, a total of 121 new appeals were filed with the VA Board of Contract Appeals, compared to 102 in FY 1981. Approximately 15 cases were appealed directly to the U.S. Court of Claims. In addition, numerous disputes have arisen on contract matters which were either settled or dropped by the contractors after General Counsel involvement. A procedure has now been developed whereby District Counsel offices will be handling some of the appeals at the VA Board of Contract Appeals.

In the education benefits area, the Government has had continued success in defending challenges to the Public Law 96-466 provisions restricting the educational benefits of incarcerated convicted felons to only the cost of tuition and fees. To date, the Government has prevailed at both the district and appellate court levels, in all litigation brought on this subject matter. A few cases are still pending in district courts. Actions brought by incarcerated veterans have involved complex issues of due process, civil rights, bill of attainder, and *ex post facto* law, among others. Most cases, however, have been disposed of on motion, based upon principles of sovereign immunity and lack of subject matter jurisdiction.

Litigation involving the VA's right to recover excessive funding of schools under the Predischarge Education Program (PREP) is still being pursued. A major suit is pending involving five PREP schools and more than $7 million in surplus funds. Additional PREP cases have been referred to the Department of Justice, and are awaiting decision on enforced collection.

In a totally new area, the Government is pursuing cases of schools' liability for overpayments resulting from failure to timely or properly certify student enrollment status. Several school liability cases have been filed by the VA in Federal District Courts. These are cases of first impression having profound impact on the integrity of the educational benefits program. Out-of-court settlements have disposed of several other school liability claims.

There have been developments in another important area of education litigation: suits attacking the statutory authority for, and constitutionality of, Agency regulations treating alcoholism as the result of willful misconduct and, thus, a bar to benefits. While brought in the context of challenging a denial of extension of the delimiting date for using educational benefits, this litigation has raised complex legal questions affecting all monetary VA benefits. Last year, the Government prevailed in the first action brought on these issues.

In loan guaranty matters, VA's success in its defense of loan guaranty liability, due to forgery of loan documents or misrepresentation, was bolstered by two district court decisions supporting VA's position. These decisions and similar earlier decisions will give VA adequate precedent in its disputes with lenders on these issues.

The VA continued to successfully defend suits seeking to prevent holders of defaulted loans from foreclosing, based upon alleged failure of both VA and the holder to adequately service the loan. During the past year, two more Federal Courts of Appeal and several lower courts ruled that neither the basic VA statute nor VA internal publications may form the basis of a suit challenging a foreclosure. Some of these opinions noted that, even had the statute permitted a suit, VA's servicing was adequate. The only decision adverse to VA was overturned at the appellate level. On October 4, 1982, the Supreme Court of the United States refused to review the Appellate Court's decision. These decisions and the action of the Supreme Court should effectively put an end to the controversy.

The number of bankruptcy petitions filed in bankruptcy courts continued to rise

with corresponding increases in petitions by veterans, affecting the ability of VA to collect outstanding debts. The VA will continue to object to the discharge of outstanding debts when appropriate under the Bankruptcy Code.

The VA faced several broad program challenges in litigation invoking constitutional and statutory due process rights. Two of these involved the extent to which the laws pertaining to the VA required notice of the right to request a waiver and an opportunity for a hearing prior to recovery of overpayments from current and future benefits entitlements. Although final decisions were not reached in these cases, the VA has already made several program and operational changes in response to the civil actions.

Two further cases challenged the procedure by which the VA and the Treasury Department recover benefit payments made by direct deposit or electronic funds transfer following the death of a beneficiary. These automatic payments are often made before the Government learns of the beneficiary's death and is able to stop further payments. The recovery procedure includes a request to the Treasury to demand return of the payment from the bank which received it, which in these cases automatically deducted the amounts overpaid from the accounts of the joint account owners, the surviving spouses. Plaintiffs in both cases demanded the courts order VA to give the same notice of overpayment and a right to request a waiver and a hearing as afforded beneficiaries from whom the Government seeks collection. The Government contended that surviving joint account holders are not entitled to these procedures because they are not payees of the benefit payments. One of these cases was decided adversely to the VA, but was settled in lieu of appeal. The other is still pending.

Another potentially serious case challenges certain delays in processing of claims for benefits. Making a comparison with cases which have placed timeliness constraints on the Government for processing claims for Social Security benefits, plaintiff demands similar standards be imposed on the VA. The VA's defense includes the absence of any statutory requirements for timeliness in VA benefits claims processing, and the fact that Congress is well aware of VA's internal efforts to improve timeliness through its detailed oversight of our operations.

Other litigated areas concerned the timing and adequacy of notice to claimants when VA benefits are reduced, and a challenge to certain VA documents as "rules" requiring public comment. The Government also successfully defended the constitutionality of a 1980 law limiting the compensation eligibility of certain incarcerated veterans.

In the medical benefits area, the U.S. Court of Appeals for the District of Columbia reversed a district court ruling which had declared invalid a VA regulation which provides that women veterans are not entitled to VA hospital care for pregnancy and normal childbirth. The Court of Appeals found the regulations sufficiently reasonable in light of the legislative history, the wide-ranging responsibility and discretion of the VA on matters dealing with veterans' benefits, and the longstanding, consistent, and widely published nature of the VA's statutory interpretation, upon which the regulation was based.

The General Counsel is the VA official responsible for coordinating applications for recognition of veterans organizations. During FY 1982, the United Vietnam Veterans Organization was the second national Vietnam veterans service organization recognized by the Administrator for the preparation, presentation, and prosecution of claims for VA benefits.

Negotiations between the VA and the American Federation of Government Employees (AFGE), supported by full-time legal advice from the General Counsel, were successfully concluded on August 13 with the formal signing of a three-year contract covering nonprofessional employees. Bargaining between the Agency and the AFGE on a contract covering professional employees is expected to commence in early 1983. Important litigation pending before the U.S. Court of Appeals for the Eighth Circuit will influence the scope of bargaining for professional

employees by deciding on the scope of grievance procedures for Title 38 employees. Bargaining sessions with other unions representing VA employees have been completed. District Counsels will continue to provide close support to VA managers in administering collective bargaining agreements.

A number of environmental assessments and impact statements concerning new VA construction have been reviewed to assure compliance with the National Environmental Policy Act. In addition, a number of questions on environmental regulations and historic preservation have been handled. During the past year, the VA has entered into agreements with State Historical Preservation Officers on the retention and cataloging of historic structures at VA facilities.

The Office of Government Ethics reported that its audit of the VA's ethics program concluded that the VA is in full conformance with the standards and requirements of the Ethics in Government Act with respect to the annual filing, review, and maintenance of both public and confidential financial disclosure reports submitted by certain VA employees. The Assistant General Counsel for PSG III, who serves as the Agency's designated ethics official, reviewed and signed over 400 public financial disclosure reports of senior employees during FY 1982.

The Office of General Counsel has placed increasing emphasis on the practice of preventive law. This is being accomplished by providing information, advice, conferences, and workshops for medical, procurement, and other professionals in the VA system, designed to assist them in foreseeing and preventing potential problems. Although this practice generates increased demand for legal services, we believe that this is more than offset by avoidance of incidents of liability and litigation.

In FY 1982, the Office of General Counsel continued its Freedom of Information Act (FOIA) and other information disclosure law training of VA personnel, both in Central Office and in the field. The FOIA requires that a report be sumitted to Congress by each Federal agency by March 1 for each preceding calendar year. In FY 1982, of the thousands of initial FOIA requests received by this Agency, 2,394 determinations not to comply with an initial FOIA request were made. Of that number, 29 appeals were filed with dispositions thereof prepared for the Administrator by the Office of General Counsel. Six of the 29 appeals considered were granted in full; 10 were denied in full; and 13 in were granted in part. The total reported cost to the VA of administering the Act was $1,552,896 which was an increase of over $200,000 from the previous year. The Agency assessed $44,541 in FOIA fees from requestors.

During FY 1982, the Office of the General Counsel made 310 final decisions regarding complaints of discrimination. Those decisions involved procedural questions of the acceptability of complaints for further investigation, as well as substantive decisions involving the issue of the occurrence of discrimination. In addition, 122 cases referred to the Office of the General Counsel for final decisions were remanded for further information or fact finding. During FY 1982, 81 decisions were received from the Office of Review and Appeals (ORA) of the Equal Employment Opportunity Commission on appeals from decisions made by the Office of General Counsel. VA decisions stood in 82.7 percent of the ORA decisions involving procedural questions as well as substantive questions concerning the existence of discrimination.

Appellate Review

Claimants for VA benefits who are not satisfied with determinations made by field offices may file a written notice of disagreement with the office taking the action. If, after reviewing the case in light of the claimant's disagreement, the field office is not able to grant benefits sought, it sends the appellant a statement of the case. This statement outlines the issue, evidence of record, pertinent law and regulations, and the reason for the decision. If the appellant, after reading the statement of the case, still disagrees with the field office, he or she may submit

an appeal to the Board of Veterans Appeals (BVA). Again the field office reviews the case. If still unable to resolve the appeal to the satisfaction of the claimant, the field office sends the case to the BVA for review and final decision.

A heavy volume of appeals continued through 1982—surpassing the record level of 1981. According to available records, only 1949 and 1950—the peak years following World War II—had greater numbers of new appeals.

Adding new appeals to those carried over from 1981, the 1982 appellate workload was more than 124,000 cases. About 31,000 appeals were resolved in field offices—another 35,800 were decided by the Board of Veterans Appeals. There were more than 61,300 final dispositions of appeals—over 21 percent of which were allowances of benefits sought by claimants. The chart shows appellate activities of the VA for fiscal years 1981 and 1982.

Appellate Processing	FY 1982	FY 1981
Appeals pending, start of period	55,443	51,337
Undocketed, in field stations	(46,406)	(43,525)
Docketed, in BVA	(9,037)	(7,812)
Notices of disagreement filed during period	68,558	68,183
Settled in field stations	31,001	29,391
Allowed	(8,429)	(9,638)
Closed	(15,552)	(12,639)
Withdrawn	(7,020)	(7,114)
Submitted to BVA*	33,224	34,686
Decided by BVA	35,771	33,461
Allowed	(4,653)	(4,149)
Remanded	(5,420)	4,787)
Withdrawn	(294)	(247)
Denied	(25,404)	(24,278)
Appeals pending, end of period	59,776	55,443
Undocketed, in field stations	(47,661)	(46,406)
Docketed, in BVA*	(12,115)	(9,037)
Summary		
Final dispositions	61,352	58,065
Allowed	21.3%	23.7%
Closed	25.3%	21.8%
Withdrawn	11.9%	12.7%
Denied	41.4%	41.8%

**Flow of cases from field stations to the BVA controlled through VARMS (Veterans Appeals Record Management System) to maintain optimum level of cases at the Board.*

The VA employs two data processing systems to provide positive case management and control of appeals. When a claimant files a notice of disagreement, the Department of Veterans Benefits (DVB) field station creates an appeal record in VARMS (Veterans Appeals Record Management System). VARMS then tracks the appeal until its final disposition.

The BVA, through VARMS, holds its caseload at a level that permits optimum operations. Each month the Board determines the number of appeals to be called in. DVB, using VARMS, selects the cases, oldest first, and sends them to Washington. These call-up procedures have held average response time in Washington to about 100 days. Also, by keeping appellant records until the BVA calls for them, field offices are better able to serve veterans and other claimants by responding to inquiries, assisting them in other matters, and in developing their appeals.

Average overall response time to appeals, measured from the date of notice of disagreement until BVA decision, reached 483 days (over 16 months) at the end of FY 1982. This is up from 443 days at the start of the year. The biggest increase was the time appeals were held for call-up by the Board. We estimate this delay to be about five months.

Appellants, their representatives, and other case advocates continued to show great interest in claims for disabilities involving Agent Orange, exposure to radiation, and incarceration as prisoners of war. The Board has made each of these categories a specialty area and assigns them to one of the sections designated to handle them. This permits the Board to develop expertise in these sensitive areas and to ensure consistency in the application of laws and regulations. In FY 1982 the Board received 380 appeals involving Agent Orange (up from 288 in 1981), 168 involving radiation (down from 205), and 303 from former prisoners of war or their beneficiaries (up from 251 in 1981).

The BVA held 1,503 personal hearings for appellants in FY 1982, 1,001 in Washington and 502 before traveling sections of the Board sitting in 38 field stations. Up until several years ago, about 70 percent of the appellants who asked for hearings appeared for them. In FY 1982 that dropped to less than 49 percent. A year earlier the rate was 56 percent.

In 1981 the BVA started a program to reduce the time required for personal hearings before the Board. When possible, and when requested by the appellant, the Board provides a copy of hearing recordings to appellants in lieu of transcriptions. This procedure, satisfactory to more than 55 percent of appellants with formal hearings in Washington, has reduced the Board's response time in those cases by four to six weeks. This procedure applies only to hearings held before the Board in Washington. All travel board hearings continue to be transcribed.

At the end of FY 1982, the waiting time on the hearing docket was about ten weeks, the same as at the end of FY 1981. Unfortunately, most appellants who fail to show up for their scheduled hearings do not notify us in time to schedule a replacement.

The portion of appellants who chose to be represented by one of the veterans' service organizations continued to grow. Our records for FY 1982 show that more than 86 percent selected one of the accredited organizations; just over two percent used attorneys or agents; and less than 12 percent chose to pursue their appeals without representation. Appellants handling their appeals without representation has declined steadily from about 22 percent to less than 12 percent over the past decade.

At the end of fiscal year 1982, there were more than 47,600 appeals in process in VA field stations. About 36 percent of these were in the initial, (notice of disagreement) stage, the remainder in the final stages of field processing. Including 12,115 cases on the BVA docket, the total number of appeals pending at the end of FY 1982 was 59,776, up 4,333 from a year earlier.

Headed by a Chairman, a Vice Chairman, and two Deputy Vice Chairmen, the Board had a complement of 16 full sections. To help reduce the large backlogs of appeals, the Chairman operated a skeletal seventeenth board section within budgetary limitations for 16 sections. As a result the BVA produced 35,771

decisions, which is a record number. Among the 17 sections there were 33 legal and 15 medical members. Supporting the sections was a medical adviser, 107 staff attorneys, and an administrative service. Excluding overtime, the Board had an average employment level of 343 during the year.

Other professional support available included advisory medical opinions from the Chief Medical Director and legal opinions from the General Counsel. In addition, under the authority of Section 4009, Title 38, U.S.C., the Board requested 202 opinions from independent medical experts who were not VA employees. The chart shows a breakout of the medical specialties covered by these opinions.

Medical Specialty	Number of Advisory Opinions Requested	
	Fiscal year 1982	Fiscal year 1981
All Specialties	202	184
Number requested in connection with:		
Appellate consideration	189	164
Reconsideration	13	20
Internal Medicine:		
General	12	7
Cardiovascular	15	13
Gastroenterology	6	6
Pulmonary diseases	12	12
Surgery:		
General	0	0
Orthopedic	8	6
Thoracic	1	0
Otolaryngology & Ophthalmology	8	8
Psychiatry	51	34
Neurology - Medical and/or Surgical	17	8
Pathology - Medical and/or Surgical	54	70
Other	18	20

The Freedom of Information Act requires the BVA to produce an index of its final decisions on appeals and to make the decisions available to the public. Developed in compliance with the Act, AIRS (Appellate Index and Retrieval System) includes quarter and cumulative annual subject indexes on microfiche and BVA decisions, stripped of personal identifiers, on microfilm. Appellants and others interested in decisions of the Board are able to check these indexes to locate specific type cases. They can then request copies of the decisions they want. At the end of FY 1982, AIRS indexes covered the period from July 1, 1977 through June 30, 1982—about 170,000 BVA decisions.

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Estimated Number, State, Period of Service—September 30, 1982

(In Thousands)

State	Total Veterans	War Veterans							Post-Vietnam Era [4]	Service Between Korean Conflict and Vietnam Era Only
		Total [1]	Vietnam Era		Korean Conflict		World War II [3]	World War I		
			Total [2]	No Service in Korean Conflict	Total [2 3]	No Service in World War II				
Total	28,522#	24,262#	8,708	8,188	5,421	4,338	11,368	368	1,372	2,888
State Total	28,393	24,152	8,669	8,151	5,396	4,318	11,317	366	1,366	2,875
Alabama	431	367	130	122	96	79	161	5	20	44
Alaska	50	41	19	19	9	7	15	([5])	3	6
Arizona	399	342	125	119	81	61	157	5	19	38
Arkansas	273	238	84	80	48	37	116	5	10	25
California	3,088	2,646	926	860	656	472	1,280	34	149	293
Colorado	407	341	146	140	72	54	143	4	23	43
Connecticut	422	361	122	114	93	79	163	5	19	42
Delaware	78	60	22	21	11	8	30	1	5	13
District of Columbia	67	56	14	12	18	14	29	1	3	8
Florida	1,459	1,278	394	364	296	205	681	28	56	125
Georgia	625	524	217	206	127	102	210	6	33	68
Hawaii	100	80	32	30	21	17	32	1	5	15
Idaho	119	99	38	36	18	14	47	2	6	14
Illinois	1,348	1,144	388	363	268	235	529	17	65	139
Indiana	675	567	223	210	119	102	247	8	38	70
Iowa	356	299	111	105	59	51	137	6	18	39
Kansas	307	263	95	90	53	43	125	5	14	30
Kentucky	403	344	125	118	73	57	163	6	17	42
Louisiana	447	381	133	125	89	74	176	6	21	45
Maine	158	134	49	47	25	20	65	2	6	18
Maryland	556	471	177	167	117	89	210	5	29	56
Massachusetts	746	640	226	213	148	124	293	10	35	71
Michigan	1,118	934	356	336	202	177	408	13	63	121
Minnesota	530	442	187	179	78	65	190	8	32	56
Mississippi	242	209	69	66	43	35	104	4	8	25
Missouri	647	553	200	187	118	98	258	10	30	64
Montana	105	85	30	29	14	11	43	2	5	15
Nebraska	194	164	66	63	29	25	73	3	9	21
Nevada	130	112	38	36	28	22	53	1	7	11
New Hampshire	131	106	37	35	19	15	54	2	7	18
New Jersey	942	805	264	246	192	160	388	11	41	96
New Mexico	158	133	48	45	30	22	64	2	7	18
New York	1,980	1,713	503	466	407	355	865	27	84	183
North Carolina	658	556	229	216	113	94	239	7	29	73
North Dakota	68	55	18	17	8	7	30	1	3	10
Ohio	1,372	1,155	425	401	241	207	530	17	74	143
Oklahoma	401	342	127	121	74	56	159	6	19	40
Oregon	400	341	126	121	65	48	166	6	21	38
Pennsylvania	1,584	1,353	458	427	291	243	663	20	75	156
Rhode Island	126	104	34	32	23	17	54	1	6	16
South Carolina	354	302	128	123	67	55	121	3	17	35
South Dakota	78	63	18	17	11	9	35	2	3	12
Tennessee	532	450	168	160	101	87	196	7	26	56
Texas	1,726	1,468	553	518	318	244	686	20	84	174
Utah	161	134	65	62	24	19	51	2	9	18
Vermont	63	52	20	20	8	7	24	1	4	7
Virginia	681	578	224	211	142	99	261	7	31	72
Washington	621	523	206	195	113	78	243	7	33	65
West Virginia	239	206	67	64	40	34	104	4	10	23
Wisconsin	576	485	191	179	91	78	219	9	31	60
Wyoming	62	53	18	18	9	7	27	1	4	5
Puerto Rico	129	110	39	37	25	20	51	2	6	13

NOTE: These estimates have been developed from "benchmark" veteran population statistics for the states as of April 1, 1980, based on 1980 Decennial Census data on veterans' place of residence. They are independent of, and therefore not directly comparable with, estimates previously published. (Refer to the general note below table 3.) Excluded are an estimated 127 (thousand) who served only between World War I and World War II, and 235 (thousand) who served only between World War II and the Korean conflict. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only.

See footnotes at end of table 3.

TABLE 2

Estimated Number, Regional Office, Period of Service—September 30, 1982

(In Thousands)

Regional Office		Total Veterans	War Veterans							Post-Vietnam Era [4]	Service Between Korean Conflict and Vietnam Era Only
			Total [1]	Vietnam Era		Korean Conflict		World War II [3]	World War I		
				Total [2]	No Service in Korean Conflict	Total [2 3]	No Service in World War II				
Total		28,522#	24,262#	8,708	8,188	5,421	4,338	11,368	368	1,372	2,888
Alabama	Montgomery	431	367	130	122	96	79	161	5	20	44
Alaska	Anchorage	50	41	19	19	9	7	15	([5])	3	6
Arizona	Phoenix	399	342	125	119	81	61	157	5	19	38
Arkansas	Little Rock	279	243	86	82	49	38	118	5	10	26
California	Los Angeles	1,591	1,365	464	433	334	251	665	16	75	151
	San Diego	288	245	99	89	68	36	116	4	16	27
	San Francisco	1,204	1,032	362	337	253	184	497	14	58	114
Colorado	Denver	407	341	146	140	72	54	143	4	23	43
Connecticut	Hartford	422	361	122	114	93	79	163	5	19	42
Delaware	Wilmington	78	60	22	21	11	8	30	1	5	13
District of Columbia	Washington	396	334	132	122	91	60	149	3	20	42
Florida	St. Petersburg	1,459	1,278	394	364	296	205	681	28	56	125
Georgia	Atlanta	625	524	217	206	127	102	210	6	33	68
Hawaii	Honolulu	100	80	32	30	21	17	32	1	5	15
Idaho	Boise	119	99	38	36	18	14	47	2	6	14
Illinois	Chicago	1,348	1,144	388	363	268	235	529	17	65	139
Indiana	Indianapolis	675	567	223	210	119	102	247	8	38	70
Iowa	Des Moines	356	299	111	105	59	51	137	6	18	39
Kansas	Wichita	307	263	95	90	53	43	125	5	14	30
Kentucky	Louisville	403	344	125	118	73	57	163	6	17	42
Louisiana	New Orleans	447	381	133	125	89	74	176	6	21	46
Maine	Togus	158	134	49	47	25	20	65	2	6	18
Maryland	Baltimore	372	316	113	107	77	61	144	4	19	37
Massachusetts	Boston	675	579	205	194	134	112	264	9	32	64
Michigan	Detroit	1,118	934	356	336	202	177	408	13	63	121
Minnesota	St. Paul	500	417	177	170	74	61	179	7	30	53
Mississippi	Jackson	242	209	69	66	43	35	104	4	8	25
Missouri	St. Louis	647	553	200	187	118	98	258	10	30	64
Montana	Ft. Harrison	105	85	30	29	14	11	43	2	5	15
Nebraska	Lincoln	194	164	66	63	29	25	73	3	9	21
Nevada	Reno	135	116	39	37	29	23	55	1	7	12
New Hampshire	Manchester	131	106	37	35	19	15	54	2	7	18
New Jersey	Newark	942	805	264	246	192	160	388	11	41	96
New Mexico	Albuquerque	158	133	48	45	30	22	64	2	7	18
New York	Buffalo	520	447	141	131	106	92	217	7	24	49
	New York	1,460	1,266	362	335	301	263	648	20	60	134
North Carolina	Winston-Salem	658	556	229	216	113	94	239	7	29	73
North Dakota	Fargo	98	80	28	26	12	11	41	2	5	13
Ohio	Cleveland	1,372	1,155	425	401	241	207	530	17	74	143
Oklahoma	Muskogee	401	342	127	121	74	56	159	6	19	40
Oregon	Portland	400	341	126	121	65	48	166	6	21	38
Pennsylvania	Philadelphia	1,009	859	299	278	188	155	413	13	49	101
	Pittsburgh	602	517	166	156	108	92	262	7	27	58
Puerto Rico	San Juan[6]	129	110	39	37	25	20	51	2	6	13
Rhode Island	Providence	197	165	55	51	37	29	83	2	9	23
South Carolina	Columbia	354	302	128	123	67	55	121	3	17	35
South Dakota	Sioux Falls	78	63	18	17	11	9	35	2	3	12
Tennessee	Nashville	532	450	168	160	101	87	196	7	26	56
Texas	Houston	767	652	246	230	144	110	304	8	37	78
	Waco	953	811	305	286	173	133	380	12	47	95
Utah	Salt Lake City	161	134	65	62	24	19	51	2	9	18
Vermont	White River Junction	63	52	20	20	8	7	24	1	4	7
Virginia	Roanoke	536	455	170	161	109	81	207	6	24	57
Washington	Seattle	621	523	206	195	113	78	243	7	33	65
West Virginia	Huntington	212	183	60	57	35	30	92	4	9	20
Wisconsin	Milwaukee	576	485	191	179	91	78	219	9	31	60
Wyoming	Cheyenne	62	53	18	18	9	7	27	1	4	5

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. Refer to the general note below table 1.

See footnotes at end of table 3.

Estimated Age, Period of Service—September 30, 1982

(In Thousands)

Age	Total Veterans	War Veterans							Post-Vietnam Era [4]	Service Between Korean Conflict and Vietnam Era Only
		Total [1]	Vietnam Era		Korean Conflict		World War II [3]	World War I		
			Total [2]	No Service in Korean Conflict	Total [2 3]	No Service in World War II				
All Ages	28,522#	24,262#	8,708	8,188	5,421	4,338	11,368	368	1,372	2,888
Under 20 years	9	.....	.....	.....	.....	.....	.....	.....	9	.....
20-24 years	735	12	12	12	.....	.....	.....	.....	723	.....
25-29 years	1,718	1,162	1,162	1,162	.....	.....	.....	.....	556	.....
30-34 years	2,890	2,818	2,818	2,818	.....	.....	.....	.....	72	.....
35-39 years	3,364	3,084	3,084	3,084	.....	.....	.....	.....	11	269
40-44 years	2,465	951	944	941	10	10	.....	.....	1	1,513
45-49 years	2,538	1,527	260	137	1,390	1,390	.....	.....	([5])	1,011
50-54 years	3,326	3,241	215	23	2,781	2,624	594	.....	.....	85
55-59 years	4,133	4,125	115	7	703	274	3,844	.....	.....	8
60-64 years	3,838	3,836	65	3	336	28	3,805	.....	.....	2
65-69 years	1,917	1,917	27	1	136	11	1,905	.....	.....	.....
70-74 years	836	836	6	([5])	46	1	835	.....	.....	.....
75-79 years	301	301	([5])	.....	14	([5])	301	.....	.....	.....
80-84 years	149	149	.....	.....	4	.....	74	75	.....	.....
85 years and over	303	303	.....	.....	1	.....	10	293	.....	.....
Median age [7]	50.8	54.0	35.6	35.2	52.4	51.5	61.6	87.3	24.7	43.9

Note: These veteran population estimates are substantially lower than those reported prior to September 1982. This is largely due to the fact that these figures reflect the overall count of veterans from the 1980 Decennial Census, a total some five percent below what had been estimated earlier. Additionally, the above data include only those veterans living in the U.S. and Puerto Rico. Estimates of veterans living in other areas outside the U.S. will no longer be made due to insufficient data. These statistics exclude an estimated 127 (thousand) who served only between World I and World War II, all of whom are 70 years of age or older, and 235 (thousand) who served only between World War II and the Korean conflict, all of whom are 45-59 years of age. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only.

[1] *Veterans who served in both World War II and the Korean conflict, or in both the Korean conflict and the Vietnam era, are counted only once.*
[2] *Includes 520 (thousand) who served in both the Korean conflict and the Vietnam era.*
[3] *Includes 1,083 (thousand) who served in both World War II and the Korean conflict.*
[4] *Service only after May 7, 1975.*
[5] *Less than 0.5 (thousand).*
[6] *Includes veterans living in Puerto Rico only and excludes veterans living in the Virgin Islands.*
[7] *Computed from data by five-year age groups.*
 # There are also 60 living Spanish-American War veterans whose median age is 102 years and 130 living veterans from the Mexican Border Service.
X Not applicable.

TABLE 4

Hospital and Extended Care: Average Daily Census[1]
Fiscal Years 1973–1982

Fiscal Years	Total	Hospital				Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1982 . .	102,601	66,582	64,894	1,108	580	11,580	7,087	4,493	24,439	8,486	9,525	6,428
1981 . .	102,751	68,479	66,376	1,222	881	11,925	7,353	4,572	22,347	8,145	8,348	5,855
1980 . .	105,085	70,251	68,109	1,213	929	12,786	7,894	4,892	22,048	7,933	8,529	5,586
1979 . .	106,816	71,983	69,821	1,182	980	13,744	8,448	5,296	21,089	7,760	8,126	5,203
1978 . .	109,769	75,390	73,008	1,378	1,004	13,957	8,721	5,236	20,422	7,480	7,997	4,945
1977 . .	111,164	77,671	75,285	1,344	1,042	14,214	8,933	5,281	19,279	7,166	7,507	4,606
1976 . .	113,055	80,519	78,264	1,233	1,022	14,652	9,090	5,562	17,884	6,993	6,646	4,245
1975 . .	114,384	82,253	79,973	1,267	1,013	15,030	9,181	5,849	17,101	6,739	6,239	4,123
1974 . .	114,426	83,534	81,453	1,053	1,028	15,584	9,723	5,861	15,308	6,418	4,885	4,005
1973 . .	115,170	84,556	82,479	1,031	1,046	16,286	10,261	6,025	14,328	6,094	4,572	3,662

[1] *Fiscal year averages based on total patient bed days during year divided by the number of days in year.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there was an average daily patient census of 633 with one day duration of stay during FY 1982.*

TABLE 5

Hospital and Extended Care: Admissions[1]
Fiscal Years 1973–1982

Fiscal Years	Total	Hospital				Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1982 . .	1,255,753	1,210,828	1,178,421	28,370	4,037	10,876	6,491	4,385	34,049	6,530	22,635	4,884
1981 . .	1,258,648	1,217,342	1,183,458	29,397	4,487	11,142	6,571	4,571	30,164	5,368	20,265	4,531
1980 . .	1,256,186	1,216,367	1,182,603	28,760	5,004	10,746	6,115	4,631	29,073	4,666	19,610	4,797
1979 . .	1,236,987	1,196,169	1,162,566	28,403	5,200	12,278	6,920	5,358	28,540	4,428	19,925	4,187
1978 . .	1,233,818	1,193,613	1,157,787	30,369	5,457	12,382	7,230	5,152	27,823	4,157	19,314	4,352
1977 . .	1,211,029	1,170,563	1,133,380	31,449	5,734	12,998	7,755	5,243	27,468	3,966	19,340	4,162
1976 . .	1,175,148	1,136,285	1,102,271	28,238	5,776	14,134	8,169	5,965	24,729	4,023	16,553	4,153
1975 . .	1,107,808	1,069,757	1,036,101	27,710	5,946	14,478	7,831	6,647	23,573	3,767	16,056	3,750
1974 . .	1,028,502	991,473	964,466	21,091	5,916	15,558	8,522	7,036	21,471	3,834	13,598	4,039
1973 . .	968,203	932,481	905,545	20,816	6,120	17,459	10,365	7,094	18,263	4,002	10,774	3,487

[1] *Interhospital transfer data are excluded.*

[2] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 230,881 admissions for one day duration of stay during FY 1982.*

TABLE 6

VA Medical Centers: Average Operating Beds[1]
Fiscal Years 1973–1982

Fiscal Years	All VA Facilities	Hospital Care Component				Domiciliary Care Component	Nursing Home Care Component
		Total	Bed Section				
			Medical	Surgical	Psychiatric		
1982	97,556	80,154	39,539	16,866	23,748	8,277	9,125
1981	99,169	82,079	40,501	17,533	24,045	8,390	8,700
1980	101,740	84,129	41,203	18,040	24,886	9,217	8,394
1979	105,469	87,713	42,772	18,542	26,402	9,389	8,357
1978	108,891	91,215	44,372	19,175	27,669	9,792	7,884
1977[2]	109,906	92,401	44,583	19,618	28,200	9,946	7,559
1976	111,574	94,075	44,943	19,854	29,278	10,101	7,398
1975	112,143	94,801	44,893	19,725	30,183	10,310	7,032
1974	113,714	96,106	45,331	19,597	31,178	10,839	6,769
1973	115,369	97,689	45,261	19,640	32,788	11,172	6,508

[1] *Fiscal year averages are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with June of the prior year and ending with June of the indicated fiscal year. Beginning with fiscal year 1977 averages are based on the number of operating beds at the end of each month for 13 consecutive months, beginning with September of the prior year and ending with September of the indicated fiscal year.*

[2] *Corrected data.*

TABLE 7

Hospital and Extended Care: Patients Remaining (On Rolls) At End of Period[1]—Fiscal Years 1973–1982

Fiscal Years	Total	Hospitals								Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component			Non-VA			State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
			Total	Bed Occupants	ABO[2]	Total	Bed Occupants	ABO[2]								
1982	106,319	67,810	66,345	65,633	712	862	859	3	603	12,258	7,720	4,538	26,251	9,069	10,582	6,600
1981	104,617	67,837	66,118	65,420	698	827	824	3	892	12,573	8,063	4,510	24,207	8,641	9,492	6,074
1980	[3]105,842	70,519	68,626	67,862	764	999	996	3	894	[3]12,997	8,306	[3]4,691	22,326	8,289	8,330	5,707
1979	[3]106,350	69,828	67,897	66,914	983	945	923	22	986	14,245	9,061	5,184	[3]22,277	[3]8,093	8,836	5,348
1978	[3]108,530	72,284	70,134	69,062	1,072	[3]1,165	[3]1,163	2	985	14,858	9,595	5,263	21,388	7,893	8,336	5,159
1977	111,267	75,271	73,116	72,010	1,106	1,138	1,123	15	1,017	15,282	9,902	5,380	20,714	7,603	8,310	4,801
1976	112,114	77,750	75,786	74,413	1,373	957	942	15	1,007	15,317	10,120	5,197	19,047	7,419	7,196	4,432
1975	113,422	79,499	77,432	76,007	1,425	1,031	1,008	23	1,036	15,882	10,226	5,656	18,041	7,075	6,869	4,097
1974	114,174	80,526	78,640	76,847	1,793	852	811	41	1,034	16,415	10,653	5,762	17,233	6,828	6,287	4,118
1973	113,496	81,146	79,336	77,356	1,980	793	762	31	1,017	17,322	11,373	5,949	15,028	6,526	4,695	3,807

[1] *Patients remaining (on rolls) on June 30 of each fiscal year 1973 through 1976, and September 30, thereafter.*

[2] *Denotes absent bed occupants, i.e. patients on authorized absence.*

[3] *Corrected data.*

TABLE 8

HEALTH CARE

Hospital and Extended Care: Total Discharges[1] Fiscal Years 1973–1982

Fiscal Years	Total	Hospitals				Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2 4]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component[3]	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1982	1,251,228	1,208,573	1,176,199	28,327	4,047	11,060	6,815	4,245	31,595	6,003	21,076	4,516
1981	1,255,639	1,216,359	1,182,384	29,524	4,451	11,606	6,814	4,792	27,674	4,913	18,750	4,011
1980	[4]1,253,429	1,212,447	1,178,890	28,457	5,100	11,969	6,874	5,095	[4]29,013	4,461	20,206	[4]4,346
1979	1,235,811	1,195,884	1,162,355	28,323	5,206	12,832	7,480	5,352	27,095	4,190	18,971	3,934
1978	1,233,634	1,194,367	1,158,621	30,253	5,493	12,914	7,680	5,234	26,353	3,778	18,660	3,915
1977	1,211,506	1,173,740	1,136,647	31,378	5,715	13,173	8,103	5,070	24,593	3,714	17,048	3,831
1976	1,174,973	1,137,231	1,103,108	28,316	5,807	14,635	8,288	6,347	23,107	3,522	15,802	3,783
1975	1,106,685	1,069,945	1,036,441	27,573	5,931	14,668	8,262	6,406	22,072	3,457	14,880	3,735
1974	1,026,576	991,599	964,653	21,047	5,899	15,959	9,269	6,690	19,018	3,496	11,850	3,672
1973	968,469	933,237	906,015	21,084	6,138	17,471	10,721	6,750	17,761	3,009	11,592	3,160

[1] *Includes deaths.*

[2] *Interhospital transfer data are excluded.*

[3] *Patients admitted to VA hospitals for chronic dialysis are considered inpatients; there were 230,881 one-day dialysis discharges during fiscal year 1982.*

[4] *Corrected data.*

TABLE 9

HEALTH CARE

Hospital and Extended Care: Patients Treated[1]— Fiscal Years 1973–1982

Fiscal Years	Total	Hospitals				Domiciliaries			Nursing Homes			
		Total	VA Medical Centers—Hospital Care Component[2]	Non-VA	State	Total	VA Medical Centers—Domiciliary Care Component	State	Total	VA Medical Centers—Nursing Home Care Component	Community	State
1982	1,357,547	1,276,383	1,242,544	29,189	4,650	23,318	14,535	8,783	57,846	15,072	31,658	11,116
1981	1,360,256	1,284,196	1,248,502	30,351	5,343	24,179	14,877	9,302	51,881	13,554	28,242	10,085
1980	[3]1,359,271	1,282,966	1,247,516	29,456	5,994	24,966	15,180	9,786	[3]51,339	12,750	28,536	[3]10,053
1979	1,342,161	1,265,712	1,230,252	29,268	6,192	27,077	16,541	10,536	49,372	12,283	27,807	9,282
1978	1,342,164	[3]1,266,651	1,228,755	31,418	6,478	27,772	17,275	10,497	47,741	11,671	[3]26,996	9,074
1977	1,322,773	1,249,011	1,209,763	32,516	6,732	28,455	18,005	10,450	45,307	11,317	25,358	8,632
1976	1,287,087	1,214,981	1,178,894	29,273	6,814	29,952	18,408	11,544	42,154	10,941	22,998	8,215
1975	1,220,107	1,149,444	1,113,873	28,604	6,967	30,550	18,488	12,062	40,113	10,532	21,749	7,832
1974	1,140,750	1,072,125	1,043,293	21,899	6,933	32,374	19,922	12,452	36,251	10,324	18,137	7,790
1973	1,081,965	1,014,383	985,351	21,877	7,155	34,793	22,094	12,699	32,789	9,535	16,287	6,967

[1] *Fiscal year data based on number of discharges and deaths during year plus number of patients on the rolls at the end of the year.*

[2] *Patients coming to VA hospitals for chronic dialysis are considered inpatients. There were 230,881 patients treated for one day during fiscal year 1982.*

[3] *Corrected data.*

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1982

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2 3]	State Home [2 4]	VA Medical Centers—Nursing Home Care Component	Community [2 3]	State Home [2 4]	VA Medical Centers—Domiciliary Care Component	State Home [2 4]	VA Staff	Fee Basis [2 5]	Examinations	Treatment Cases Completed	Net Cases Authorized [2 6]
All facilities — Total	1,242,544	29,189	4,650	15,072	31,658	11,116	14,535	8,783	15,861,687	1,947,290	100,590	97,768	52,761
Alabama:													
Birmingham	12,478	.....	.....	.....	265	.....	.....	.....	115,756	.....	2,138	2,188	.....
Montgomery	3,242	314	.....	.....	54	.....	.....	.....	28,984	41,119	591	582	532
Tuscaloosa	3,653	3	.....	166	106	.....	.....	.....	44,366	.....	359	401	.....
Tuskegee	6,474	.....	.....	141	92	.....	.....	.....	32,901	.....	196	232	.....
Alaska: Anchorage	.....	4,121	.....	.....	51	.....	.....	.....	2,275	25,049	.....	.....	311
Arizona:													
Phoenix	10,942	355	.....	199	600	.....	.....	.....	120,493	33,029	1,141	1,515	1,165
Prescott	3,852	.....	.....	.....	34	.....	425	.....	48,965	.....	216	211	.....
Tucson	9,784	158	.....	64	241	.....	.....	.....	118,284	.....	238	244	.....
Arkansas:													
Fayetteville	4,431	.....	.....	.....	60	.....	.....	.....	28,623	.....	436	442	.....
Little Rock	19,171	401	.....	234	405	.....	.....	150	166,649	41,094	788	1,030	886
Little Rock Div.	19,171	401	.....	234	405	.....	.....	150	102,546	41,094	782	1,002	886
No. Little Rock Div.	.....	.....	.....	.....	.....	.....	.....	.....	64,103	.....	6	28	.....
California:													
Fresno	5,118	27	.....	.....	176	.....	.....	.....	82,721	.....	224	417	.....
Livermore	2,283	.....	.....	153	77	.....	.....	.....	30,921	.....	316	311	.....
Loma Linda	9,908	78	.....	200	196	.....	.....	.....	146,884	.....	1,042	1,090	.....
Long Beach	18,304	16	.....	475	508	.....	.....	.....	330,406	.....	1,315	1,183	.....
Los Angeles — Brentwood	3,498	.....	.....	.....	175	.....	.....	.....	170,003	.....	91	156	.....
Los Angeles — Wadsworth	16,513	6	.....	.....	460	.....	640	.....	217,890	.....	445	663	.....
Los Angeles — Wadsworth	16,513	6	.....	.....	460	.....	640	.....	200,134	.....	445	663	.....
Santa Barbara	.....	.....	.....	.....	.....	.....	.....	.....	17,756	.....	.....	.....	.....
Los Angeles	.....	683	.....	.....	.....	.....	.....	.....	183,318	67,568	1,425	949	3,240
Martinez	7,245	27	.....	.....	134	.....	.....	.....	179,786	.....	1,147	962	.....
Martinez	7,245	27	.....	.....	134	.....	.....	.....	100,046	.....	424	343	.....
Oakland	.....	.....	.....	.....	.....	.....	.....	.....	29,540	.....	.....	.....	.....
Sacramento	.....	.....	.....	.....	.....	.....	.....	.....	50,200	.....	723	619	.....
Palo Alto	12,948	1	.....	907	206	.....	.....	.....	219,543	.....	632	699	.....
Palo Alto Div.	12,948	1	.....	907	206	.....	.....	.....	134,590	.....	558	641	.....
Menlo Park Div.	.....	.....	.....	.....	.....	.....	.....	.....	84,953	.....	74	58	.....
San Diego	13,427	138	.....	184	129	.....	.....	.....	206,536	6,783	2,855	1,837	1,688
San Diego (La Jolla Village Dr.)	13,427	138	.....	184	129	.....	.....	.....	152,674	6,783	1,301	1,414	.....
San Diego (Camino Del Rio North)	.....	.....	.....	.....	.....	.....	.....	.....	53,862	.....	1,554	423	1,688
San Francisco	10,895	798	1,044	.....	216	1,541	.....	1,391	209,936	68,914	784	664	3,486
Sepulveda	11,145	.....	.....	261	195	.....	.....	.....	208,982	.....	1,135	1,267	.....
Colorado:													
Denver	11,636	137	.....	.....	226	204	.....	107	128,917	11,045	1,136	1,160	1,613
Ft. Lyon	1,132	3	.....	53	53	.....	.....	.....	23,267	.....	53	48	.....
Grand Junction	2,457	.....	.....	61	88	.....	.....	.....	16,821	.....	118	116	.....
Connecticut:													
[illegible]	3,974	46	764	.....	96	.....	.....	805	52,460	20,728	759	618	187
[illegible]									106,483	.....	654	668	.....

Denver	1,132	3	.....	.....	61	88	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ft. Lyon	2,457	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grand Junction															
Connecticut:															
Newington	3,974	46	764	.....	96	.....	.....	805	52,460	20,728	759	618	187		
West Haven	10,801	.....	.....	104	101	.....	.....	.....	106,483	.....	654	668	.....		
Delaware: Wilmington	4,316	44	.....	116	195	278	.....	.....	47,824	1,663	319	481	19		
District of Columbia: Washington	17,172	51	.....	.....	190	.....	.....	563	168,969	1,155	1,292	645	1,038		
Florida:															
Bay Pines	10,442	2,776	.....	373	583	.....	382	.....	170,184	119,477	2,054	2,064	3,898		
Bay Pines	10,442	2,776	.....	373	583	.....	382	.....	87,705	119,477	853	932	.....		
Ft. Myers	.....	.....	.....	.....	.....	.....	.....	.....	25,889	.....	398	290	.....		
St. Petersburg	.....	.....	.....	.....	.....	.....	.....	.....	56,590	.....	803	842	3,898		
Gainesville	12,733	23	.....	150	209	.....	.....	.....	126,469	.....	1,536	907	.....		
Gainesville	12,733	23	.....	150	209	.....	.....	.....	84,547	.....	227	229	.....		
Jacksonville	.....	.....	.....	.....	.....	.....	.....	.....	41,922	.....	1,309	678	.....		
Lake City	7,552	8	.....	53	77	.....	.....	.....	25,752	.....	164	196	.....		
Miami	18,612	387	.....	209	438	.....	.....	.....	297,453	.....	2,706	2,570	.....		
Miami	18,612	387	.....	209	438	.....	.....	.....	205,457	.....	1,057	1,221	.....		
Oakland Park	.....	.....	.....	.....	.....	.....	.....	.....	42,758	.....	921	513	.....		
Riviera Beach	.....	.....	.....	.....	.....	.....	.....	.....	49,238	.....	728	836	.....		
Tampa	20,555	35	.....	.....	635	.....	.....	.....	196,564	.....	1,977	2,020	.....		
Tampa	20,555	35	.....	.....	635	.....	.....	.....	139,624	.....	1,045	1,143	.....		
Orlando	.....	.....	.....	.....	.....	.....	.....	.....	56,940	.....	932	877	.....		
Georgia:															
Atlanta	13,744	379	.....	.....	371	.....	.....	.....	159,665	47,249	1,045	953	2,789		
Augusta	11,103	13	.....	50	353	384	.....	.....	97,232	.....	568	569	.....		
Forest Hills Div.	11,103	13	.....	50	353	384	.....	.....	69,268	.....	441	429	.....		
Lenwood Div.	.....	.....	.....	.....	.....	.....	.....	.....	27,964	.....	127	140	.....		
Dublin	4,953	.....	.....	121	126	284	681	377	23,356	.....	141	129	.....		
Hawaii: Honolulu	.....	1,821	.....	.....	45	.....	.....	.....	50,998	9,438	509	717	203		
Idaho: Boise	3,232	195	.....	.....	126	131	.....	258	49,816	16,139	472	483	653		
Illinois:															
Chicago (Lakeside)	12,639	22	.....	.....	333	.....	.....	.....	140,289	.....	120	147	.....		
Chicago (West Side)	9,043	508	.....	.....	432	.....	.....	.....	199,336	68,292	891	783	873		
Danville	5,374	.....	.....	154	138	.....	.....	.....	61,745	.....	210	256	.....		
Danville	5,374	.....	.....	154	138	.....	.....	.....	38,925	.....	112	142	.....		
Peoria	.....	.....	.....	.....	.....	.....	.....	.....	22,820	.....	98	114	.....		
Hines	22,326	.....	.....	.....	599	.....	.....	.....	221,035	.....	282	316	.....		
Marion	4,348	14	.....	.....	193	.....	.....	.....	47,680	.....	322	381	.....		
Marion	4,348	14	.....	.....	193	.....	.....	.....	24,954	.....	322	381	.....		
Evansville	.....	.....	.....	.....	.....	.....	.....	.....	22,726	.....	.....	.....	.....		
North Chicago	6,201	.....	.....	236	359	.....	.....	.....	106,685	.....	328	241	.....		
Indiana:															
Ft. Wayne	3,241	.....	.....	78	139	.....	.....	.....	18,203	.....	203	223	.....		
Indianapolis	11,391	496	.....	136	250	280	.....	118	105,699	59,571	663	722	292		
Cold Spring Road Div.	.....	.....	.....	.....	.....	.....	.....	.....	16,368	.....	.....	.....	.....		
West Tenth Street Div.	11,391	496	.....	136	250	.....	.....	.....	89,331	59,571	663	722	292		
Marion	2,996	.....	.....	100	169	.....	.....	.....	30,208	.....	172	157	.....		
Iowa:															
Des Moines	5,994	70	308	.....	245	556	.....	133	71,354	19,444	567	571	558		
Iowa City	10,277	199	462	.....	296	852	.....	214	64,635	.....	192	271	.....		
Knoxville	1,996	.....	.....	247	97	.....	.....	.....	24,460	.....	133	136	.....		
Kansas:															
Leavenworth	5,047	2	.....	61	170	.....	1,529	.....	27,637	.....	131	179	.....		
Topeka	5,634	2	.....	101	186	.....	.....	.....	96,218	.....	376	356	.....		
Wichita	4,502	69	.....	.....	87	83	.....	64	45,257	15,053	335	413	226		
Kentucky:															
Lexington	13,489	14	.....	173	328	.....	.....	.....	95,643	.....	306	306	.....		
Leestown Div.	13,489	14	.....	173	328	.....	.....	.....	33,393	.....	21	91	.....		
Cooper Drive Div.	.....	.....	.....	.....	.....	.....	.....	.....	62,250	.....	285	215	.....		
Louisville	7,591	137	.....	.....	201	.....	.....	.....	74,893	15,396	556	859	282		

See footnotes at end of table.

TABLE 10—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1982

Location of VA Facility	Inpatient Care – Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2 3]	State Home [2 4]	VA Medical Centers—Nursing Home Care Component	Community [2 3]	State Home [2 4]	VA Medical Centers—Domiciliary Care Component	State Home [2 4]	VA Staff	Fee Basis [2 5]	Examinations	Treatment Cases Completed	Net Cases Authorized [2 6]
Louisiana:													
Alexandria	6,082	.....	.....	130	138	.....	.....	.....	30,251	.....	201	151	.....
New Orleans	12,364	152	.....	.....	160	.....	.....	156	217,440	32,327	756	774	359
New Orleans	12,364	152	.....	.....	160	.....	.....	156	188,386	32,327	375	391	359
Baton Rouge	.....	.....	.....	.....	.....	.....	.....	.....	29,054	.....	381	383	.....
Shreveport	9,746	79	.....	.....	278	.....	.....	.....	77,660	14,665	709	654	412
Maine: Togus	6,818	155	.....	72	135	.....	.....	.....	46,423	23,187	388	430	465
Maryland:													
Baltimore	6,882	149	.....	.....	98	.....	.....	.....	156,525	9,708	619	908	258
Baltimore (Lock Raven Blvd.)	6,882	149	.....	.....	98	.....	.....	.....	96,642	9,708	154	268	.....
Baltimore (Federal Building)	.....	.....	.....	.....	.....	.....	.....	.....	59,883	.....	465	640	258
Ft. Howard	2,209	.....	.....	50	72	.....	.....	.....	17,023	.....	42	40	.....
Perry Point	3,131	.....	.....	108	64	.....	.....	.....	36,442	.....	99	81	.....
Massachusetts:													
Bedford	3,355	8	.....	201	146	.....	.....	.....	108,361	.....	334	481	.....
Boston	13,567	1	.....	.....	250	.....	.....	.....	164,209	.....	117	222	.....
Boston (So. Huntington Ave.)	13,567	1	.....	.....	250	.....	.....	.....	132,412	.....	117	222	.....
Lowell	.....	.....	.....	.....	.....	.....	.....	.....	31,797	.....	.....	.....	.....
Boston (Court Street)	.....	332	1,405	.....	.....	261	.....	570	187,766	49,159	2,653	1,480	164
Brockton	4,623	.....	.....	102	165	.....	.....	.....	91,743	.....	744	624	.....
Northampton	2,339	20	177	113	110	376	.....	57	84,368	.....	494	437	.....
Northampton	2,339	20	.....	113	110	376	.....	57	59,590	.....	494	437	.....
Springfield	.....	.....	.....	.....	.....	.....	.....	.....	24,778	.....	.....	.....	.....
West Roxbury	4,876	.....	.....	.....	22	.....	.....	.....	59,146	.....	318	333	.....
West Roxbury	4,876	.....	.....	.....	22	.....	.....	.....	38,683	.....	318	333	.....
Worcester	.....	.....	.....	.....	.....	.....	.....	.....	20,463	.....	.....	.....	.....
Michigan:													
Allen Park	13,932	245	.....	103	251	695	.....	228	189,824	38,723	1,151	779	1,196
Ann Arbor	11,749	5	.....	.....	267	.....	.....	.....	104,819	.....	764	907	.....
Ann Arbor	11,749	5	.....	.....	267	.....	.....	.....	73,277	.....	463	565	.....
Toledo, OH	.....	.....	.....	.....	.....	.....	.....	.....	31,542	.....	301	342	.....
Battle Creek	4,235	.....	.....	239	204	.....	.....	.....	93,188	.....	826	761	.....
Battle Creek	4,235	.....	.....	239	204	.....	.....	.....	69,409	.....	156	164	.....
Grand Rapids	.....	.....	.....	.....	.....	.....	.....	.....	23,779	.....	670	597	.....
Iron Mountain	4,719	42	.....	264	52	.....	.....	77	20,461	4,510	93	99	420
Saginaw	3,990	.....	.....	105	247	.....	.....	.....	31,878	.....	393	379	.....
Minnesota:													
Minneapolis	18,668	391	.....	.....	745	265	.....	704	225,434	45,836	1,140	1,303	2,492
Minneapolis	18,668	391	.....	.....	745	265	.....	704	191,793	45,836	1,140	1,303	2,492
St. Paul	.....	.....	.....	.....	.....	.....	.....	.....	33,641	.....	.....	.....	.....
St. Cloud	3,368	.....	.....	62	201	.....	.....	.....	54,806	.....	205	200	.....
Mississippi:													
Biloxi	6,914	.....	.....	48	301	.....	699	.....	74,314	.....	389	361	.....
Biloxi Div.	6,914	.....	.....	48	301	.....	699	.....	37,458	.....	287	274	.....
Gulfport Div.	.....	.....	.....	.....	.....	.....	.....	.....	28,664	.....	102	87	.....
Mobile, AL	.....	.....	.....	.....	.....	.....	.....	.....	8,192	.....	.....	.....	.....
Jackson	15,959	112	.....	143	173	.....	.....	.....	83,193	23,308	649	615	566
Missouri:													

Biloxi	6,914	.....	.....	46	.....	.....	.....	.....	28,664	.....	.....	.....	.....
Biloxi Div.	.....	.....	.....	.....	.....	.....	.....	.....	8,192	.....	.....	.....	.....
Gulfport Div.	.....	.....	.....	.....	.....	.....	.....	.....	83,193	23,308	649	615	566
Mobile, AL	15,959	112	.....	143	173	.....	.....	.....					
Jackson													
Missouri:													
Columbia	7,180	176	.....	74	155	.....	.....	.....	61,096	.....	169	163	.....
Kansas City	11,069	126	.....	.....	199	.....	.....	.....	103,033	30,270	431	666	226
Poplar Bluff	4,108	.....	.....	111	143	.....	.....	.....	30,703	.....	251	264	.....
St. Louis	16,128	81	.....	118	364	257	.....	95	194,202	10,151	776	856	230
John Cochran Div.	16,128	81	.....	118	364	257	.....	95	134,819	10,151	482	600	230
Jefferson Barracks Div.	.....	.....	.....	.....	.....	.....	.....	.....	59,383	.....	294	256	.....
Montana:													
Ft. Harrison	3,825	210	.....	.....	123	65	.....	103	18,832	29,469	108	112	463
Miles City	2,525	.....	.....	29	84	.....	.....	.....	11,334	.....	23	19	.....
Nebraska:													
Grand Island	2,466	1	.....	76	10	661	.....	187	17,128	.....	132	130	.....
Lincoln	4,169	76	.....	.....	64	.....	.....	.....	36,281	12,705	238	208	.....
Omaha	8,292	16	.....	.....	241	.....	.....	.....	81,008	.....	428	424	203
Nevada:													
Las Vegas	.....	112	.....	.....	.....	.....	.....	.....	49,503	3,363	668	629	710
Reno	4,151	43	.....	26	68	.....	.....	.....	53,261	6,077	362	359	12
New Hampshire: Manchester	3,329	132	.....	306	121	97	.....	.....	58,013	15,717	493	496	241
New Jersey:													
East Orange	15,459	138	.....	81	333	350	.....	74	167,443	30,856	1,157	1,027	453
East Orange	15,459	.....	.....	81	333	350	.....	74	110,401	30,856	1,157	1,027	453
Newark	.....	138	.....	.....	.....	.....	.....	.....	57,042	.....	.....	.....	.....
Lyons	3,655	.....	.....	122	82	.....	.....	.....	36,010	.....	341	342	.....
New Mexico: Albuquerque	9,327	113	.....	90	147	.....	.....	.....	126,119	16,669	865	845	833
New York:													
Albany	9,539	36	.....	151	65	.....	.....	.....	111,531	25,112	385	389	470
Batavia	2,173	2	.....	.....	29	.....	.....	.....	61,586	.....	271	234	.....
Batavia	2,173	2	.....	.....	29	.....	.....	.....	20,117	.....	271	234	.....
Rochester	.....	.....	.....	.....	.....	.....	.....	.....	41,469	.....	.....	.....	.....
Bath	1,782	19	.....	251	61	.....	845	.....	11,144	33	133	124	.....
Bronx	14,913	.....	.....	.....	124	.....	.....	.....	156,026	.....	335	367	.....
Brooklyn	17,914	68	.....	478	132	.....	.....	.....	277,798	572	1,593	1,700	1
Brooklyn Div.	17,914	68	.....	478	132	.....	.....	.....	147,680	572	327	358	.....
St. Albans Div.	.....	.....	.....	.....	.....	.....	.....	.....	25,462	.....	96	94	.....
Brooklyn	.....	.....	.....	.....	.....	.....	.....	.....	104,656	.....	1,170	1,248	1
Buffalo	13,673	98	.....	60	104	.....	.....	.....	148,512	12,830	955	974	65
Canandaigua	2,995	4	.....	153	34	.....	.....	.....	37,305	.....	163	186	.....
Castle Point	2,827	.....	.....	166	25	.....	.....	.....	22,781	.....	637	249	.....
Montrose	4,085	.....	.....	147	26	.....	.....	.....	73,652	.....	413	298	.....
New York	13,557	482	.....	.....	75	.....	.....	.....	288,978	16,863	1,736	1,787	632
New York (First Ave.)	13,557	.....	.....	.....	75	.....	.....	.....	126,953	16,863	1,736	1,787	632
New York (Seventh Ave.)	.....	482	.....	.....	.....	.....	.....	.....	162,025	.....	.....	.....	.....
Northport	12,162	.....	.....	.....	91	.....	.....	.....	202,318	.....	937	818	.....
Syracuse	5,959	72	.....	127	64	121	.....	88	86,269	42,426	712	650	279
North Carolina:													
Asheville	8,501	12	.....	111	220	.....	.....	.....	72,220	.....	414	427	.....
Durham	10,175	.....	.....	.....	276	.....	.....	.....	97,817	.....	291	375	.....
Fayetteville	5,864	.....	.....	64	177	.....	.....	.....	51,713	.....	367	324	.....
Salisbury	5,274	222	.....	133	109	.....	.....	.....	76,402	57,974	652	850	1,594
Salisbury	5,274	.....	.....	133	109	.....	.....	.....	52,773	57,974	349	350	.....
Winston-Salem	.....	222	.....	.....	.....	.....	.....	.....	23,629	.....	303	500	1,594
North Dakota: Fargo	4,621	356	.....	121	119	.....	.....	149	28,150	20,968	347	356	412
Ohio:													
Chillicothe	6,389	.....	.....	261	467	.....	.....	.....	51,724	.....	152	157	.....
Cincinnati	9,698	144	.....	332	289	.....	.....	.....	108,035	8,889	534	524	36
Cleveland	17,236	143	.....	160	375	255	.....	552	242,879	29,033	1,105	1,396	147
Wade Park Div.	17,236	143	.....	160	375	.....	.....	552	141,847	29,033	536	666	.....
Brecksville Div.	.....	.....	.....	.....	.....	.....	.....	.....	65,932	.....	245	353	147
Canton	.....	.....	.....	.....	.....	.....	.....	.....	35,100	.....	324	377	.....
Columbus (Kenny Rd.)	.....	274	.....	.....	.....	.....	.....	.....	61,814	21,005	489	364	313
Dayton	7,589	.....	.....	372	148	.....	1,057	.....	53,577	.....	436	488	.....

See footnotes at end of table.

TABLE 10—Continued

Inpatient and Ambulatory Care: Program Summary—Fiscal Year 1982

Location of VA Facility	Inpatient Care — Patients Treated[1]								Ambulatory Care				
	Hospitals			Nursing Homes			Domiciliaries		Medical Visits		Dental Care		
											VA Staff		Fee Basis
	VA Medical Centers—Hospital Care Component	Non-VA [2 3]	State Home [2 4]	VA Medical Centers—Nursing Home Care Component	Community [2 3]	State Home [2 4]	VA Medical Centers—Domiciliary Care Component	State Home [2 4]	VA Staff	Fee Basis [2 5]	Examinations	Treatment Cases Completed	Net Cases Authorized [2 6]
Oklahoma:													
Muskogee	4,269	151	.....	.....	183	.....	.....	.....	86,779	19,586	1,304	1,248	404
Muskogee	4,269	151	.....	.....	183	.....	.....	.....	44,352	19,586	574	503	404
Tulsa	.....	.....	.....	.....	.....	.....	.....	.....	42,427	.....	730	745	.....
Oklahoma City	12,057	29	490	.....	347	1,108	.....	480	135,165	.....	688	604	.....
Oregon:													
Portland	15,232	455	.....	.....	551	.....	.....	.....	139,096	44,882	845	789	765
Portland Div.	15,232	455	.....	.....	551	.....	.....	.....	70,697	44,882	481	443	765
Vancouver Div.	.....	.....	.....	.....	.....	.....	.....	.....	39,218	.....	364	346	.....
Portland	.....	.....	.....	.....	.....	.....	.....	.....	29,181	.....	.....	.....	.....
Roseburg	4,184	1	.....	114	218	.....	.....	.....	36,547	.....	108	114	.....
White City	.....	79	.....	.....	.....	.....	1,684	.....	6,995	.....	158	154	.....
Pennsylvania:													
Altoona	2,227	104	.....	73	73	120	.....	110	20,103	17,829	313	256	321
Butler	2,716	19	.....	139	70	.....	.....	.....	28,672	3,028	335	268	40
Coatesville	4,022	17	.....	68	366	.....	.....	.....	33,656	3,126	145	154	4
Erie	3,195	67	.....	52	50	88	.....	79	29,847	3,405	219	184	102
Lebanon	3,163	165	.....	162	84	.....	.....	.....	55,345	28,374	301	261	208
Lebanon	3,163	165	.....	162	84	.....	.....	.....	43,954	28,374	301	261	208
Harrisburg	.....	.....	.....	.....	.....	.....	.....	.....	11,391	.....	.....	.....	.....
Philadelphia	9,354	423	.....	.....	341	.....	.....	.....	242,113	40,668	1,505	1,251	135
Philadelphia (Univ. & Woodland Aves.)	9,354	423	.....	.....	341	.....	.....	.....	167,052	40,668	127	305	.....
Philadelphia (Cherry St.)	.....	.....	.....	.....	.....	.....	.....	.....	75,061	.....	1,378	946	135
Pittsburgh (Highland Dr.)	3,278	25	.....	.....	134	.....	.....	.....	56,027	4,387	426	431	38
Pittsburgh	12,333	94	.....	346	336	.....	.....	.....	138,856	10,468	371	328	160
Pittsburgh (Univ. Dr.) Div.	12,333	94	.....	346	336	.....	.....	.....	124,743	10,468	312	276	160
Aspinwall Div.	.....	.....	.....	.....	.....	.....	.....	.....	2,569	.....	59	52	.....
Pittsburgh (Liberty Ave.)	.....	.....	.....	.....	.....	.....	.....	.....	11,544	.....	.....	.....	.....
Wilkes-Barre	5,830	238	.....	79	130	.....	.....	.....	107,739	28,362	1,675	2,079	256
Wilkes-Barre	5,830	238	.....	79	130	.....	.....	.....	77,698	28,362	1,443	1,457	256
Allentown	.....	.....	.....	.....	.....	.....	.....	.....	30,041	.....	232	622	.....
Philippines: Manila	.....	1,119	.....	.....	.....	.....	.....	.....	7,126	926	.....	.....	23
Puerto Rico:													
San Juan	17,376	2,684	.....	.....	196	.....	.....	.....	237,498	88,791	1,194	974	1,566
San Juan	17,376	2,684	.....	.....	196	.....	.....	.....	192,657	88,791	722	443	1,535
Mayaguez	.....	.....	.....	.....	.....	.....	.....	.....	44,841	.....	472	531	31
Rhode Island:													
Providence	8,318	128	.....	.....	168	326	.....	140	124,829	16,419	915	1,181	88
Providence	8,318	128	.....	.....	168	326	.....	140	116,916	16,419	915	1,181	88
New Bedford, MA	.....	.....	.....	.....	.....	.....	.....	.....	7,913	.....	.....	.....	.....
South Carolina:													
Charleston	6,612	.....	.....	.....	126	.....	.....	.....	67,669	.....	376	494	.....
Columbia	9,464	245	.....	261	212	197	.....	.....	101,774	23,402	1,317	1,355	725
Columbia	9,464	245	.....	261	212	197	.....	.....	80,186	23,402	613	677	725
Greenville	.....	.....	.....	.....	.....	.....	.....	.....	21,588	.....	704	678	.....
South Dakota:	3,141	6	.....	.....	40	.....	.....	.....	35,246	.....	188	200	.....
											76	59	

Columbia	9,464	245	.....	201	.....	.....	.....	.....	21,588	.....				
Columbia	.....	.....	.....	.....										
Greenville														
South Dakota:														
Ft. Meade	3,141	6	.....	.....	40	.....	.....	.....	35,246	.....	186	200	.....	
Hot Springs	4,093	.....	.....	.....	27	48	878	132	16,136	.....	76	59	.....	
Sioux Falls	4,526	40	.....	119	156	.....	.....	.....	32,519	9,610	215	194	170	
Tennessee:														
Memphis	15,347	.....	.....	307	136	.....	.....	.....	144,647	.....	743	713	.....	
Mountain Home	6,479	.....	.....	86	352	.....	1,472	.....	50,822	.....	281	287	.....	
Murfreesboro	2,116	.....	.....	59	103	.....	.....	.....	25,378	.....	178	176	.....	
Nashville	13,745	302	.....	.....	222	.....	.....	.....	132,455	18,337	887	811	952	
Nashville	13,745	302	.....	.....	222	.....	.....	.....	96,857	18,337	887	811	952	
Chattanooga	.....	.....	.....	.....	.....	.....	.....	.....	19,870	.....	.....	.....	.....	
Knoxville	.....	.....	.....	.....	.....	.....	.....	.....	15,728	.....	.....	.....	.....	
Texas:														
Amarillo	3,405	9	.....	.....	142	.....	.....	.....	30,543	.....	108	131	.....	
Big Spring	3,581	.....	.....	118	162	.....	.....	.....	21,919	.....	85	85	.....	
Bonham	2,039	.....	.....	126	132	.....	380	.....	15,654	.....	256	252	.....	
Dallas	17,456	232	.....	.....	644	.....	.....	.....	180,258	44,022	1,181	1,230	1,939	
El Paso	.....	832	.....	.....	.....	.....	.....	.....	44,579	12,545	818	547	626	
Houston	17,170	123	.....	111	400	.....	.....	.....	260,627	5,942	1,172	1,129	177	
Houston	17,170	123	.....	111	400	.....	.....	.....	242,723	5,942	911	909	177	
Beaumont	.....	.....	.....	.....	.....	.....	.....	.....	17,904	.....	261	220	.....	
Kerrville	4,762	.....	.....	43	149	.....	.....	.....	28,268	.....	70	69	.....	
Lubbock	.....	237	.....	.....	.....	.....	.....	.....	28,712	14,453	408	164	437	
Marlin	2,061	.....	.....	.....	41	.....	.....	.....	9,293	.....	77	90	.....	
San Antonio	19,021	234	.....	.....	425	.....	.....	.....	175,553	7,236	1,327	1,548	535	
San Antonio (Merton Minter Blvd.)	19,021	17	.....	.....	425	.....	.....	.....	132,936	7,236	937	1,224	535	
Corpus Christi	.....	.....	.....	.....	.....	.....	.....	.....	16,211	.....	.....	.....	.....	
McAllen	.....	.....	.....	.....	.....	.....	.....	.....	7,881	.....	.....	.....	.....	
San Antonio (Dwyer Ave.)	.....	217	.....	.....	.....	.....	.....	.....	18,525	.....	390	324	.....	
Temple	9,834	.....	.....	149	259	.....	1,025	.....	70,435	.....	799	751	.....	
Waco	5,283	99	.....	115	205	.....	.....	.....	93,823	14,489	401	574	362	
Waco (Memorial Dr.)	5,283	21	.....	115	205	.....	.....	.....	88,877	14,489	401	574	362	
Waco (N. Valley Mills Dr.)	.....	78	.....	.....	.....	.....	.....	.....	4,946	.....	.....	.....	.....	
Utah: Salt Lake City	10,342	45	.....	.....	320	.....	.....	.....	114,674	9,755	571	566	158	
Vermont: White River Junction	4,437	66	.....	142	69	283	.....	27	51,762	12,723	240	356	115	
Virginia:														
Hampton	7,195	10	.....	181	143	.....	839	.....	80,055	.....	985	800	.....	
Richmond	14,631	3	.....	.....	298	.....	.....	.....	123,528	.....	1,042	1,072	.....	
Salem	7,889	292	.....	207	162	.....	.....	.....	125,894	42,221	455	417	1,504	
Washington:														
American Lake	3,178	135	.....	92	84	.....	.....	.....	55,754	.....	787	685	.....	
Seattle	8,215	508	.....	.....	407	377	.....	403	147,340	37,254	507	597	1,018	
Spokane	3,967	.....	.....	.....	197	.....	.....	.....	38,679	.....	458	494	.....	
Walla Walla	2,404	.....	.....	.....	103	.....	.....	.....	24,755	.....	105	109	.....	
West Virginia:														
Beckley	4,858	.....	.....	50	86	.....	.....	.....	22,869	193	206	199	.....	
Clarksburg	6,213	.....	.....	.....	205	.....	.....	.....	32,161	.....	236	252	.....	
Huntington	3,627	62	.....	.....	246	.....	.....	94	45,314	17,168	326	422	452	
Martinsburg	6,147	6	.....	200	201	.....	805	.....	55,490	2,493	166	60	10	
Wisconsin:														
Madison	8,957	.....	.....	.....	141	573	.....	37	52,793	.....	150	141	.....	
Tomah	3,183	.....	.....	152	111	.....	.....	.....	29,696	.....	84	73	.....	
Wood	13,583	419	.....	246	419	.....	1,209	.....	182,907	40,980	1,115	851	1,723	
Wyoming:														
Cheyenne	2,631	25	.....	67	70	.....	.....	.....	18,440	3,605	259	218	157	
Sheridan	2,101	37	.....	.....	68	.....	.....	61	17,973	.....	48	21	.....	

[1] *Based on the number of discharges and deaths during FY 1982, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1982. Interhospital transfers are excluded from the overall totals but are included in the individual bed section totals. Intrahospital transfers (i.e., movement of patients from one type of bed section to another) are included in both the overall bed section totals and in the individual hospital bed section totals.*

[2] *As reported by VA authorizing facility.*

[3] *Authorized and paid for by VA.*

[4] *Supported by VA.*

[5] *Medical visits to private physicians authorized by VA on a fee-for-service basis.*

[6] *Net number of dental cases authorized by VA to private dentists on a fee-for-service basis.*

TABLE 11

Actions on Applications For Medical Care—Fiscal Years 1981—1982

Item	FY 1982	FY 1981
Total applications	2,782,336	2,835,577
Pending determination of need at beginning of period	1,893	3,368
Received during period	2,780,443	2,832,209
Processed — Total	2,720,390	2,765,391
In need of care	2,418,978	2,437,719
Hospital care	898,427	904,478
Ambulatory care	1,510,331	1,523,610
Nursing home care	5,180	4,619
Domiciliary care	5,040	5,012
Not in need of care	301,412	327,672
Cancelled	61,017	65,900
Pending determination of need at end of period	929	1,893
Acceptance rate	88.9%	88.2%

TABLE 12

Total Health Care: Operating Costs by Program by Appropriation—Fiscal Year 1982

	Cost (000)
Total operating costs	$7,197,073
Medical care	6,999,418
Inpatient care	5,052,426
Hospitals	4,477,079
VA hospitals	4,380,987
Contract hospitals	92,502
State home hospitals	3,590
Nursing homes	471,488
VA nursing homes	275,579
Community nursing homes	165,587
State nursing homes	30,322
Domiciliaries	103,859
VA domiciliaries	92,052
State domiciliaries	11,807
Outpatient care	1,376,515
CHAMPVA	57,477
Education and training	369,141
Miscellaneous benefits and services	143,859
Medical administration and miscellaneous operating expenses	57,846
Medical administration	42,146
Post graduate & inservice training	9,384
Health professional scholarship	6,316
Medical & prosthetic research	139,809
Medical research	129,248
Rehabilitative research	7,623
Health services research	2,938

VA and Non-VA Facilities: Average Costs—Fiscal Years 1981–1982

Type of Facility	Average Cost per Patient Treated		Average Cost per Patient Day	
	FY 1982	FY 1981	FY 1982	FY 1981
VA hospitals				
All bed sections	$3,526	$3,267	$184.96	$168.36
Medical bed sections	3,058	2,870	192.69	175.10
Surgical bed sections	3,626	3,270	259.05	228.38
Psychiatric bed sections	5,258	4,838	127.98	119.62
Non-VA (contract) hospitals	3,169	2,731	228.73	185.83
VA nursing home care units	18,285	17,925	88.98	81.72
Community nursing homes	5,230	4,429	47.63	41.05
VA domiciliaries	6,333	5,781	35.59	32.04
State homes				
Hospital care	772	800	[1] 13.25	[1] 13.25
Nursing home care	2,728	2,543	12.92	12.00
Domiciliary care	1,344	1,159	[1] 6.35	[1] 6.35

[1] *Per diems reflect statutory limitations.*

TABLE 14

VA Medical Centers—Hospital Care Component, Non-VA (Contract), and State Home Hospitals: Admissions, Discharges, and Remaining by Type of Hospital and Bed Section—Fiscal Year 1982

Item	Type of Bed Section			
	Total	Medical	Surgical	Psychiatric
ADMISSIONS[1]				
All hospitals	1,210,828	[2]743,901	[2]301,934	[2]160,956
VA medical centers — Total	1,178,421	725,285	298,832	154,304
Non-VA (contract) hospitals — Total	28,370	18,616	3,102	6,652
Federal government hospitals — Total	2,350	1,422	658	270
Army	1,909	988	658	263
Air Force	400	400	.....	.....
Navy	28	25	.....	3
Public Health Service	9	9	.....	.....
Other[3]	4	.....	.....	4
State and local government hospitals	8,712	5,273	852	2,587
Non-Public hospitals[4]	17,308	11,921	1,592	3,795
State home hospitals	4,037	([5])	([5])	([5])
DISCHARGES[1] [6]				
All hospitals	1,208,573	[2]726,466	[2]311,395	[2]166,665
VA medical centers — Total	1,176,199	707,884	308,305	160,010
Non-VA (contract) hospitals — Total	28,327	18,582	3,090	6,655
Federal government hospitals — Total	2,347	1,423	658	266
Army	1,909	992	658	259
Air Force	394	394	.....	.....
Navy	28	25	.....	3
Public Health Service	12	12	.....	.....
Other[3]	4	.....	.....	4
State and local government hospitals	8,724	5,294	849	2,581
Non-Public hospitals[4]	17,256	11,865	1,583	3,808
State home hospitals	4,047	([5])	([5])	([5])
BED OCCUPANTS REMAINING				
Total occupants remaining on September 30, 1982	67,095	[2]32,140	[2]13,007	[2]21,345
VA medical centers — Total	65,633	31,916	12,924	20,793
Non-VA (contract) hospitals — Total	859	224	83	552
Federal government hospitals — Total	83	42	24	17
Army	70	29	24	17
Air Force	13	13	.....	.....
Navy	.....	.....	.....	.....
Public Health Service	.....	.....	.....	.....
Other[3]	.....	.....	.....	.....
State and local government hospitals	126	50	26	50
Non-Public hospitals[4]	650	132	33	485
State home hospitals	603	([5])	([5])	([5])
ABSENT BED OCCUPANTS REMAINING				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1982	715	162	153	400
VA medical centers — Total	712	162	152	398
All other hospitals	3	.....	1	2

[1] *Excludes interhospital transfers for VA medical centers; includes transfers for all other hospitals.*
[2] *Excludes State Home Hospitals; data by bed section.*
[3] *St. Elizabeth Hospital, Washington, D.C., which is operated by the Department of Health and Human Services.*
[4] *Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.*
[5] *Data not available.*
[6] *Includes deaths.*

VA Medical Centers—Hospital Care Component and Non-VA Hospitals: Patient Movement By Type of Bed Section—Fiscal Year 1982

Item	VA Medical Centers				Non-VA (Contract) Hospitals			
	Total Patients	Type of Bed Section[1]			Total Patients	Type of Bed Section		
		Medical[2]	Surgical	Psychiatric		Medical	Surgical	Psychiatric
Gains – Total	1,361,596	819,907	357,605	184,084	28,410	18,622	3,126	6,662
Admissions	1,178,421	725,285	298,832	154,304	28,370	18,616	3,102	6,652
Transfers in from other hospitals[3]	30,539	14,205	8,999	7,335	([4])	([4])	([4])	([4])
Change in bed section (+)	152,636	80,417	49,774	22,445	40	6	24	10
Losses – Total	1,361,516	820,227	357,442	183,847	28,355	18,605	3,092	6,658
Regular discharges – Total	1,132,596	671,661	301,187	159,748	27,445	17,783	3,024	6,638
To Ambulatory Care	760,516	481,150	227,244	52,122	([5])	([5])	([5])	([5])
Other	372,080	190,511	73,943	107,626	27,445	17,783	3,024	6,638
Deaths	43,603	36,223	7,118	262	882	799	66	17
Transfers out to other hospitals[3]	32,652	18,347	8,616	5,689	([5])	([5])	([5])	([5])
Changes in bed sections (–)	152,665	93,996	40,521	18,148	28	23	2	3
Remaining on September 30, 1982 – Total	66,345	32,078	13,076	21,191	862	224	84	554
Bed occupants	65,633	31,916	12,924	20,793	859	224	83	552
On leave of absence	712	162	152	398	3	.....	1	2
Patients treated[6] [7]	1,242,544	739,962	321,381	181,201	29,189	18,806	3,174	7,209
Episodes of care[8]	1,395,209	833,958	361,902	199,349	29,217	18,829	3,176	7,212
Average daily census[9]								
Total	64,894	32,176	12,323	20,395	1,108	408	88	612
Excluding days while patients on authorized leave of absence of 96 hours or less	63,597	31,752	12,038	19,807	.....	.....	.....	.....

[1] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.*
[2] *Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine and blind rehabilitation.*
[3] *Includes only patients transferred as VA beneficiaries.*
[4] *Included with admissions.*
[5] *Included with "other" regular discharges.*
[6] *Based on the number of discharges and deaths during FY 1982, plus the number remaining on the rolls on September 30, 1982. Interhospital and intrahospital transfers are excluded.*
[7] *Patients admitted to VA hospitals for chronic dialysis are considered to be inpatients; there were 230,881 such patients with one day duration of stay treated during the fiscal year.*
[8] *Based on the number of discharges and deaths during FY 1982, plus the number remaining on the rolls on September 30, 1982. Interhospital transfers are excluded but intrahospital transfers are included.*
[9] *Based on the number of patient days divided by the number of days in the fiscal year.*

TABLE 17–Continued

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1982

Location	Average Operating Beds[1]				Patients Treated Total[2,3]	Episodes of Care[4]			Average Daily Census[5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Northampton	590	268	.....	323	2,339	1,530	.....	1,496	519
West Roxbury	270	194	76	.....	4,876	3,319	2,096	.....	199
Michigan:									
Allen Park	538	268	150	120	13,932	10,359	3,029	1,771	430
Ann Arbor	285	122	95	68	11,749	8,703	3,760	856	229
Battle Creek	890	376	.....	514	4,235	1,734	.....	3,411	734
Iron Mountain	192	114	78	.....	4,719	3,487	1,428	.....	142
Saginaw	152	111	41	.....	3,990	3,032	1,132	.....	121
Minnesota:									
Minneapolis	738	321	318	99	18,668	12,222	7,084	1,514	572
St. Cloud	834	423	.....	411	3,368	1,733	.....	2,433	693
Mississippi:									
Biloxi	842	284	67	490	6,914	3,197	1,971	3,056	730
Jackson	447	219	158	70	15,959	10,533	4,801	1,158	374
Missouri:									
Columbia	359	159	140	60	7,180	3,748	3,513	555	237
Kansas City	341	128	121	92	11,069	7,566	3,729	1,250	316
Poplar Bluff	168	118	41	10	4,108	3,131	1,102	349	138
St. Louis[8]	847	397	197	253	16,128	11,042	4,491	2,906	688
Montana:									
Ft. Harrison	149	94	54	.....	3,825	2,683	1,542	.....	117
Miles City	92	70	22	.....	2,525	2,276	878	.....	64
Nebraska:									
Grand Island	141	106	36	.....	2,466	1,964	850	.....	105
Lincoln	171	49	69	53	4,169	2,241	1,562	1,362	130
Omaha	365	179	120	67	8,292	6,066	2,618	940	279
Nevada: Reno	178	91	67	20	4,151	2,266	2,280	344	123
New Hampshire: Manchester	164	94	61	9	3,329	2,351	1,010	124	138
New Jersey:									
East Orange	876	541	222	113	15,459	12,343	3,277	1,567	726
Lyons	1,132	435	23	674	3,655	1,971	329	2,655	983
New Mexico: Albuquerque	362	158	139	65	9,327	6,057	3,172	972	270
New York:									
Albany	626	356	169	101	9,539	6,204	3,289	1,290	545
Batavia	239	209	30	.....	2,173	2,029	548	.....	201
Bath	208	197	.....	11	1,782	1,848	.....	196	188
Bronx	664	360	240	63	14,913	11,437	3,511	822	522
Brooklyn[8]	940	602	223	115	17,914	14,003	3,444	1,666	789
Buffalo	756	430	203	124	13,673	9,406	3,597	1,974	657
Canandaigua	865	491	.....	374	2,995	2,313	.....	1,944	793
Castle Point	232	162	69	.....	2,827	1,860	1,252	.....	186
Montrose	1,281	461	.....	820	4,085	1,872	.....	3,421	1,082
New York	810	353	309	148	13,557	8,070	4,501	1,947	670
Northport	832	339	157	336	12,162	9,919	3,708	2,319	742
Syracuse	344	138	143	63	5,959	3,143	2,889	500	241
North Carolina:									
Asheville	527	346	151	30	8,501	5,874	3,192	494	450
Durham	447	181	196	70	10,175	5,933	4,150	889	363
Fayetteville	306	202	74	31	5,864	4,198	1,518	489	243
Salisbury	818	354	40	424	5,274	2,637	871	2,892	724
North Dakota: Fargo	205	140	65	.....	4,621	4,003	1,019	.....	140
Ohio:									
Chillicothe	833	452	.....	381	6,389	5,312	.....	3,314	703
Cincinnati	363	131	140	92	9,698	5,852	3,297	1,103	267
Cleveland[8]	1,297	437	249	611	17,236	11,300	3,597	4,283	984
Dayton	530	326	159	45	7,589	5,014	2,335	982	418
Oklahoma:									
Muskogee	194	100	94	.....	4,269	2,814	1,657	.....	149
Oklahoma City	423	169	157	97	12,057	8,361	3,574	1,293	291
Oregon:									
Portland[8]	749	422	250	77	15,232	10,521	4,929	1,131	506
Roseburg	341	160	22	159	4,184	3,036	842	1,370	263
Pennsylvania:									
Altoona	143	108	35	.....	2,227	1,826	839	.....	112
Butler	320	320	.....	.....	2,716	3,004	.....	.....	246
Coatesville	1,042	297	.....	745	4,022	889	.....	3,672	905
Erie	137	97	40	.....	3,195	2,135	1,486	.....	119
Lebanon	825	398	29	398	3,163	2,249	618	1,260	786
Philadelphia	420	195	183	42	9,354	6,127	3,101	936	344
Pittsburgh (Highland Drive)	724	308	.....	416	3,278	1,404	.....	2,676	633
Pittsburgh (University Drive)[8]	620	420	170	30	12,333	9,287	3,739	411	479
Wilkes-Barre	462	229	121	112	5,830	3,214	1,582	1,570	376
Puerto Rico: San Juan	692	279	173	240	17,376	10,705	3,908	3,448	626
Rhode Island: Providence	336	223	74	38	8,318	7,227	1,518	537	233
South Carolina:									
Charleston	225	106	87	32	6,612	3,824	2,665	576	177
Columbia	458	230	168	60	9,464	5,835	3,299	896	335
South Dakota:									
Ft. Meade	392	208	21	163	3,141	1,209	693	1,561	325
Hot Springs	232	151	41	40	4,093	3,462	982	730	178
Sioux Falls	248	123	87	38	4,526	2,695	1,839	448	181

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1982

Location	Average Operating Beds[1]				Patients Treated Total [2 3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
All hospitals	80,154	39,539	16,866	23,748	1,242,544	833,958	361,902	199,349	64,894
Alabama:									
Birmingham	387	181	206	.....	12,478	8,362	5,259	.....	283
Montgomery	198	170	28	.....	3,242	3,134	737	.....	157
Tuscaloosa	504	137	.....	367	3,653	1,163	.....	2,968	425
Tuskegee	840	446	79	315	6,474	4,038	1,683	2,362	705
Arizona:									
Phoenix	470	212	122	136	10,942	5,569	3,795	2,593	384
Prescott	212	133	49	30	3,852	2,570	1,002	493	148
Tucson	322	157	117	48	9,784	6,168	3,355	800	237
Arkansas:									
Fayetteville	199	132	67	.....	4,431	3,000	1,676	.....	151
Little Rock[8]	1,270	424	296	550	19,171	10,529	8,097	3,794	988
California:									
Fresno	218	109	76	33	5,118	2,797	2,136	722	172
Livermore	137	90	47	.....	2,283	1,582	795	.....	99
Loma Linda	434	200	164	70	9,908	6,706	3,474	825	349
Long Beach	1,168	770	248	150	18,304	12,211	5,005	1,934	872
Los Angeles (Brentwood)	450	30	.....	420	3,498	331	.....	3,461	398
Los Angeles (Wadsworth)	710	487	223	.....	16,513	13,250	5,189	.....	496
Martinez	395	206	127	62	7,245	3,741	2,882	1,096	299
Palo Alto[8]	1,286	419	131	736	12,948	7,773	3,296	5,405	1,066
San Diego	561	259	198	104	13,427	9,085	4,416	1,376	372
San Francisco	347	129	171	46	10,895	6,027	4,996	838	241
Sepulveda	606	311	100	195	11,145	7,987	2,100	1,771	449
Colorado:									
Denver	338	109	157	72	11,636	6,501	4,483	1,330	277
Ft. Lyon	342	114	.....	228	1,132	658	.....	808	313
Grand Junction	111	59	26	26	2,457	1,634	674	371	92
Connecticut:									
Newington	188	71	84	34	3,974	2,296	1,613	439	149
West Haven	640	354	147	139	10,801	8,136	2,636	1,077	454
Delaware: Wilmington	320	170	150	.....	4,316	2,360	2,381	.....	212
District of Columbia: Washington	708	327	201	180	17,172	14,122	3,010	1,526	593
Florida:									
Bay Pines	662	383	151	128	10,442	6,353	4,031	1,610	559
Gainesville	441	162	188	90	12,733	6,603	5,654	1,086	358
Lake City	335	248	87	.....	7,552	5,811	2,205	.....	277
Miami	704	340	207	157	18,612	13,170	5,262	2,723	566
Tampa	693	299	244	150	20,555	14,466	5,347	1,958	543
Georgia:									
Atlanta	493	205	192	96	13,744	8,639	4,142	1,515	390
Augusta[8]	1,006	426	150	430	11,103	5,985	3,123	3,674	824
Dublin	314	278	36	.....	4,953	4,801	1,062	.....	260
Idaho: Boise	140	88	38	14	3,232	2,182	983	300	100
Illinois:									
Chicago (Lakeside)	463	256	179	27	12,639	10,462	2,725	321	360
Chicago (West Side)	503	238	181	85	9,043	5,038	3,344	1,628	426
Danville	849	501	69	279	5,374	3,273	1,667	2,036	680
Hines	1,185	689	264	232	22,326	16,823	4,511	3,224	954
Marion	171	133	38	.....	4,348	3,494	1,039	.....	134
North Chicago	1,155	385	85	685	6,201	4,308	1,118	3,030	933
Indiana:									
Ft. Wayne	162	108	54	.....	3,241	3,290	956	.....	109
Indianapolis[8]	456	211	149	96	11,391	7,276	4,122	1,147	354
Marion	782	535	.....	247	2,996	2,452	.....	1,551	703
Iowa:									
Des Moines	278	141	137	.....	5,994	3,527	2,857	.....	198
Iowa City	315	137	142	37	10,277	6,753	3,745	544	233
Knoxville	430	119	.....	311	1,996	1,868	.....	2,891	392
Kansas:									
Leavenworth	421	197	69	155	5,047	3,278	1,236	1,489	345
Topeka	872	332	57	483	5,634	3,176	1,474	2,179	706
Wichita	164	90	74	.....	4,502	3,306	1,473	.....	133
Kentucky:									
Lexington[8]	885	468	128	289	13,489	9,423	3,904	2,026	786
Louisville	349	153	147	49	7,591	4,007	3,088	1,202	278
Louisiana:									
Alexandria	360	215	106	39	6,082	4,727	2,239	575	285
New Orleans	468	208	182	78	12,364	8,612	3,920	1,006	395
Shreveport	365	183	116	66	9,746	5,065	3,601	1,543	297
Maine: Togus	487	172	68	246	6,818	3,435	1,674	2,479	429
Maryland:									
Baltimore	279	132	109	38	6,882	4,258	2,438	616	197
Ft. Howard	225	208	.....	17	2,209	2,142	.....	241	195
Perry Point	815	409	.....	406	3,131	2,579	.....	1,630	733
Massachusetts:									
Bedford	747	360	.....	387	3,355	2,195	.....	2,021	687
Boston	732	374	272	86	13,567	10,641	5,569	1,062	562
Brockton	829	357	.....	472	4,623	2,358	.....	2,816	723

See footnotes at end of table.

TABLE 17—Continued

VA Medical Centers—Hospital Care Component: Selected Data—Fiscal Year 1982

Location	Average Operating Beds[1]				Patients Treated Total[2,3]	Episodes of Care[4]			Average Daily Census[5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Northampton	590	268	.....	323	2,339	1,530	.....	1,496	519
West Roxbury	270	194	76	.....	4,876	3,319	2,096	.....	199
Michigan:									
Allen Park	538	268	150	120	13,932	10,359	3,029	1,771	430
Ann Arbor	285	122	95	68	11,749	8,703	3,760	856	229
Battle Creek	890	376	.....	514	4,235	1,734	.....	3,411	734
Iron Mountain	192	114	78	.....	4,719	3,487	1,428	.....	142
Saginaw	152	111	41	.....	3,990	3,032	1,132	.....	121
Minnesota:									
Minneapolis	738	321	318	99	18,668	12,222	7,084	1,514	572
St. Cloud	834	423	.....	411	3,368	1,733	.....	2,433	693
Mississippi:									
Biloxi	842	284	67	490	6,914	3,197	1,971	3,056	730
Jackson	447	219	158	70	15,959	10,533	4,801	1,158	374
Missouri:									
Columbia	359	159	140	60	7,180	3,748	3,513	555	237
Kansas City	341	128	121	92	11,069	7,566	3,729	1,250	316
Poplar Bluff	168	118	41	10	4,108	3,131	1,102	349	138
St. Louis[8]	847	397	197	253	16,128	11,042	4,491	2,906	688
Montana:									
Ft. Harrison	149	94	54	.....	3,825	2,683	1,542	.....	117
Miles City	92	70	22	.....	2,525	2,276	878	.....	64
Nebraska:									
Grand Island	141	106	36	.....	2,466	1,964	850	.....	105
Lincoln	171	49	69	53	4,169	2,241	1,562	1,362	130
Omaha	365	179	120	67	8,292	6,066	2,618	940	279
Nevada: Reno	178	91	67	20	4,151	2,266	2,280	344	123
New Hampshire: Manchester	164	94	61	9	3,329	2,351	1,010	124	138
New Jersey:									
East Orange	876	541	222	113	15,459	12,343	3,277	1,567	726
Lyons	1,132	435	23	674	3,655	1,971	329	2,655	983
New Mexico: Albuquerque	362	158	139	65	9,327	6,057	3,172	972	270
New York:									
Albany	626	356	169	101	9,539	6,204	3,289	1,290	545
Batavia	239	209	30	.....	2,173	2,029	548	.....	201
Bath	208	197	.....	11	1,782	1,848	.....	196	188
Bronx	664	360	240	63	14,913	11,437	3,511	822	522
Brooklyn[8]	940	602	223	115	17,914	14,003	3,444	1,666	789
Buffalo	756	430	203	124	13,673	9,406	3,597	1,974	657
Canandaigua	865	491	.....	374	2,995	2,313	.....	1,944	793
Castle Point	232	162	69	.....	2,827	1,860	1,252	.....	186
Montrose	1,281	461	.....	820	4,085	1,872	.....	3,421	1,082
New York	810	353	309	148	13,557	8,070	4,501	1,947	670
Northport	832	339	157	336	12,162	9,919	3,708	2,319	742
Syracuse	344	138	143	63	5,959	3,143	2,889	500	241
North Carolina:									
Asheville	527	346	151	30	8,501	5,874	3,192	494	450
Durham	447	181	196	70	10,175	5,933	4,150	889	363
Fayetteville	306	202	74	31	5,864	4,198	1,518	489	243
Salisbury	818	354	40	424	5,274	2,637	871	2,892	724
North Dakota: Fargo	205	140	65	.....	4,621	4,003	1,019	.....	140
Ohio:									
Chillicothe	833	452	.....	381	6,389	5,312	.....	3,314	703
Cincinnati	363	131	140	92	9,698	5,852	3,297	1,103	267
Cleveland[8]	1,297	437	249	611	17,236	11,300	3,597	4,283	984
Dayton	530	326	159	45	7,589	5,014	2,335	982	418
Oklahoma:									
Muskogee	194	100	94	.....	4,269	2,814	1,657	.....	149
Oklahoma City	423	169	157	97	12,057	8,361	3,574	1,293	291
Oregon:									
Portland[8]	749	422	250	77	15,232	10,521	4,929	1,131	506
Roseburg	341	160	22	159	4,184	3,036	842	1,370	263
Pennsylvania:									
Altoona	143	108	35	.....	2,227	1,826	839	.....	112
Butler	320	320	.....	.....	2,716	3,004	.....	.....	246
Coatesville	1,042	297	.....	745	4,022	889	.....	3,672	905
Erie	137	97	40	.....	3,195	2,135	1,486	.....	119
Lebanon	825	398	29	398	3,163	2,249	618	1,260	786
Philadelphia	420	195	183	42	9,354	6,127	3,101	936	344
Pittsburgh (Highland Drive)	724	308	.....	416	3,278	1,404	.....	2,676	633
Pittsburgh (University Drive)[8]	620	420	170	30	12,333	9,287	3,739	411	479
Wilkes-Barre	462	229	121	112	5,830	3,214	1,582	1,570	376
Puerto Rico: San Juan	692	279	173	240	17,376	10,705	3,908	3,448	626
Rhode Island: Providence	336	223	74	38	8,318	7,227	1,518	537	233
South Carolina:									
Charleston	225	106	87	32	6,612	3,824	2,665	576	177
Columbia	458	230	168	60	9,464	5,835	3,299	896	335
South Dakota:									
Ft. Meade	392	208	21	163	3,141	1,209	693	1,561	325
Hot Springs	232	151	41	40	4,093	3,462	982	730	178
Sioux Falls	248	123	87	38	4,526	2,695	1,839	448	181

See footnotes at end of table.

VA Medical Centers—Hospital Care Components: Selected Data—Fiscal Year 1982

Location	Average Operating Beds[1]				Patients Treated Total [2 3]	Episodes of Care[4]			Average Daily Census [5]
	Total	Bed Section[6]				Bed Section[6]			
		Medical[7]	Surgical	Psychiatric		Medical[7]	Surgical	Psychiatric	
Tennessee:									
Memphis	881	498	203	180	15,347	9,785	5,212	1,622	689
Mountain Home	498	287	139	72	6,479	3,874	2,156	1,301	411
Murfreesboro	528	213	.....	315	2,116	601	.....	1,722	449
Nashville	482	231	206	46	13,745	10,164	3,797	832	361
Texas:									
Amarillo	129	69	61	.....	3,405	2,263	1,528	.....	103
Big Spring	223	124	60	39	3,581	2,572	1,875	755	127
Bonham	78	39	24	15	2,039	1,293	922	216	71
Dallas	686	297	254	135	17,456	10,986	5,937	1,919	530
Houston	1,011	443	214	354	17,170	10,396	5,637	3,317	861
Kerrville	259	209	50	.....	4,762	4,150	1,126	.....	207
Marlin	220	220	.....	.....	2,061	2,233	.....	.....	174
San Antonio	670	286	204	180	19,021	13,911	4,854	1,899	563
Temple	584	278	216	90	9,834	5,402	3,568	1,564	443
Waco	986	400	.....	586	5,283	2,236	.....	4,112	804
Utah: Salt Lake City	383	180	102	101	10,342	6,811	2,777	1,727	294
Vermont: White River Junction	194	95	79	20	4,437	2,628	1,716	302	152
Virginia:									
Hampton	425	221	94	110	7,195	5,011	1,643	1,360	333
Richmond	714	470	182	63	14,631	11,420	3,862	1,022	553
Salem	738	286	76	376	7,889	4,527	2,268	3,799	620
Washington:									
American Lake	429	144	.....	286	3,178	1,698	.....	1,817	369
Seattle	300	137	97	66	8,215	5,399	2,540	845	245
Spokane	211	117	94	.....	3,967	2,719	1,687	.....	150
Walla Walla	147	101	26	20	2,404	1,721	607	327	108
West Virginia:									
Beckley	174	114	60	.....	4,858	3,952	1,328	.....	130
Clarksburg	216	99	80	37	6,213	4,203	1,427	804	178
Huntington	136	77	58	.....	3,627	2,256	1,755	.....	120
Martinsburg	414	324	68	22	6,147	4,782	1,499	409	357
Wisconsin:									
Madison	337	168	149	20	8,957	6,217	3,078	322	224
Tomah	798	333	.....	465	3,183	1,438	.....	2,266	639
Wood	715	384	239	92	13,583	8,970	4,373	1,619	560
Wyoming:									
Cheyenne	129	94	35	.....	2,631	2,239	504	.....	91
Sheridan	335	127	.....	208	2,101	1,337	.....	1,289	269

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months (September 1981 – September 1982).*

[2] *Based on the number of discharges and deaths during FY 1982, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1982. Inter-hospital transfers are excluded from the overall total but are included in the individual hospital totals.*

[3] *Beginning with FY 1973, patients coming to VA hospitals for chronic dialysis are considered to be inpatients; there were 230,881 such patients during FY 1982.*

[4] *Based on the number of discharges and deaths during FY 1982, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1982. Inter-hospital transfers are excluded from the overall totals. Intrahospital transfers (i.e., movement of patients from one type of bed section to another) are included in both the overall bed section totals and in the individual hospital bed section totals.*

[5] *Based on total patient days during FY 1982 divided by the number of days in the fiscal year.*

[6] *Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on diagnostic basis.*

[7] *Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.*

[8] *Includes data for two divisions of the VA medical center.*

TABLE 18

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1982

Location of Authorizing VA Facility	Average Daily Census[2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1982[4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Total	1,108	28,370	28,327	29,189	2,430	8,853	17,906	862
Medical Bed Section Total	408	18,616	18,582	18,806	1,465	5,344	11,997	224
Surgical Bed Section Total	88	3,102	3,090	3,174	682	876	1,616	84
Psychiatric Bed Section Total	612	6,652	6,655	7,209	283	2,633	4,293	554
Alabama:								
Montgomery	3	310	311	314	.....	203	111	3
Tuscaloosa	.....	2	3	3	.....	3	.....	.....
Alaska: Anchorage (RO)	95	4,111	4,068	4,121	199	269	3,653	53
Arizona:								
Phoenix	4	352	353	355	.....	43	312	2
Tucson	2	154	156	158	.....	112	46	2
Arkansas: Little Rock	5	401	401	401	.....	401	.....	.....
California:								
Fresno	1	27	27	27	.....	25	2	.....
Loma Linda	1	78	78	78	.....	78	.....	.....
Long Beach	.....	16	15	16	.....	2	14	1
Los Angeles (OC)	16	682	683	683	2	222	459	.....
Los Angeles (Wadsworth)	.....	6	6	6	.....	1	5	.....
Martinez	.....	26	27	27	.....	.....	27	.....
Palo Alto	1	.....	1	1	.....	1	.....	.....
San Diego	2	138	130	138	.....	43	95	8
San Francisco	10	798	798	798	2	472	324	.....
Colorado:								
Denver	2	138	129	137	1	47	89	8
Fort Lyon	.....	2	3	3	.....	3	.....	.....
Connecticut: Newington	5	45	44	46	.....	33	13	2
Delaware: Wilmington	1	44	43	44	.....	.....	44	1
District of Columbia: Washington	1	50	50	51	28	.....	23	1
Florida:								
Bay Pines	39	2,754	2,749	2,776	12	1,042	1,722	27
Gainesville	.....	23	23	23	.....	.....	23	.....
Lake City	.....	8	8	8	.....	.....	8	.....
Miami	7	377	387	387	.....	387	.....	.....
Tampa	1	34	35	35	.....	.....	35	.....
Georgia:								
Atlanta	5	378	379	379	.....	379	.....	.....
Augusta	.....	13	13	13	.....	13	.....	.....
Hawaii: Honolulu (RO)	78	1,740	1,764	1,821	1,203	362	256	57
Idaho: Boise	2	195	195	195	.....	132	63	.....
Illinois:								
Chicago (Lakeside)	.....	22	22	22	.....	.....	22	.....
Chicago (West Side)	13	508	508	508	.....	141	367	.....
Marion	.....	13	14	14	.....	14	.....	.....
Indiana: Indianapolis	11	476	491	496	.....	183	313	5
Iowa:								
Des Moines	1	70	70	70	.....	20	50	.....
Iowa City	1	198	196	199	.....	183	16	3
Kansas:								
Leavenworth	.....	2	2	2	.....	2	.....	.....
Topeka	.....	2	2	2	.....	1	1	.....
Wichita	1	67	69	69	.....	.....	69	.....
Kentucky:								
Lexington	.....	14	14	14	.....	14	.....	.....
Louisville	2	137	137	137	5	108	24	.....
Louisiana:								
New Orleans	3	153	152	152	.....	7	145	.....
Shreveport	1	79	79	79	1	8	70	.....
Maine: Togus	2	155	155	155	.....	.....	155	.....
Maryland: Baltimore	5	144	142	149	.....	17	132	7
Massachusetts:								
Bedford	.....	7	8	8	.....	.....	8	.....
Boston	.....	.....	1	1	.....	.....	1	.....
Boston (OC)	7	332	332	332	.....	21	311	.....
Northampton	.....	17	19	20	.....	20	.....	1
Michigan:								
Allen Park	5	245	245	245	.....	107	138	.....
Ann Arbor	.....	5	3	5	.....	5	.....	2
Iron Mountain	.....	42	41	42	.....	42	.....	1
Minnesota: Minneapolis	6	391	388	391	.....	172	219	3
Mississippi: Jackson	2	111	112	112	.....	88	24	.....
Missouri:								
Columbia	2	174	173	176	.....	176	.....	3
Kansas City	3	126	126	126	.....	.....	126	.....
St. Louis	3	77	80	81	3	.....	78	1
Montana: Fort Harrison	2	210	210	210	.....	.....	210	.....

See footnotes at end of table.

Non-VA Hospitals[1] : Selected Data—Fiscal Year 1982

Location of Authorizing VA Facility	Average Daily Census [2]	Admissions	Discharges and Deaths	Patients Treated[3]				Patients Remaining on Sept. 30, 1982 [4]
				Total	Federal Hospitals	State and Local Government Hospitals	Non-Public Hospitals	
Nebraska:								
Grand Island	.....	1	1	1	.....	.....	1	.....
Lincoln	2	75	76	76	.....	16	60	.....
Omaha	.....	15	16	16	.....	9	7	.....
Nevada:								
Las Vegas (OC)	2	116	112	112	.....	22	90	.....
Reno	1	43	43	43	.....	26	17	.....
New Hampshire: Manchester	1	132	132	132	.....	19	113	.....
New Jersey: East Orange	3	134	136	138	.....	15	123	2
New Mexico: Albuquerque	1	113	112	113	.....	20	93	1
New York:								
Albany	2	36	36	36	.....	1	35	.....
Batavia	.....	2	2	2	.....	2	.....	.....
Bath	.....	17	19	19	.....	.....	19	.....
Brooklyn	2	68	68	68	.....	65	3	.....
Buffalo	1	97	98	98	.....	23	75	.....
Canandaigua	.....	4	4	4	.....	4	.....	.....
New York	15	480	477	482	.....	321	161	5
Syracuse	1	70	71	72	.....	.....	72	1
North Carolina:								
Asheville	.....	11	12	12	.....	.....	12	.....
Salisbury	9	222	222	222	.....	61	161	.....
North Dakota:								
Fargo	7	344	347	356	251	1	104	9
Ohio:								
Cincinnati	3	144	144	144	.....	55	89	.....
Cleveland	2	143	143	143	.....	3	140	.....
Columbus (OC)	4	271	273	274	.....	102	172	1
Oklahoma:								
Muskogee	6	150	150	151	.....	151	.....	1
Oklahoma City	.....	29	26	29	.....	29	.....	3
Oregon:								
Portland	6	455	455	455	.....	27	428	.....
Roseburg	.....	1	1	1	.....	1	.....	.....
White City (Dom)	1	78	78	79	.....	.....	79	1
Pennsylvania:								
Altoona	2	98	103	104	.....	.....	104	1
Butler	.....	19	19	19	.....	19	.....	.....
Coatesville	.....	17	17	17	.....	17	.....	.....
Erie	1	67	67	67	.....	67	.....	.....
Lebanon	1	164	164	165	.....	7	158	1
Philadelphia	8	421	423	423	.....	67	356	.....
Pittsburgh (Univ. Dr.)	1	94	94	94	.....	.....	94	.....
Pittsburgh (Highland Dr.)	1	24	25	25	.....	.....	25	.....
Wilkes-Barre	10	237	234	238	.....	36	202	4
Philippines: Manila (RO)	51	1,065	1,064	1,119	.....	1,095	[5] 24	55
Puerto Rico: San Juan	513	2,183	2,141	2,684	.....	33	2,651	543
Rhode Island: Providence	1	128	128	128	.....	13	115	.....
South Carolina: Columbia	8	246	244	245	.....	135	110	1
South Dakota:								
Fort Meade	.....	5	6	6	.....	6	.....	.....
Sioux Falls	2	40	40	40	.....	2	38	.....
Tennessee: Nashville	5	301	302	302	.....	154	148	.....
Texas:								
Amarillo	.....	8	9	9	.....	7	2	.....
Dallas	4	232	231	232	.....	135	97	1
El Paso (OC)	23	809	814	832	549	99	184	18
Houston	2	123	123	123	.....	11	112	.....
Lubbock (OC)	6	235	236	237	.....	.....	237	1
San Antonio	5	233	229	234	50	59	125	5
Waco	4	99	99	99	.....	48	51	.....
Utah: Salt Lake City	.....	45	45	45	.....	.....	45	.....
Vermont: White River Junction	3	66	65	66	.....	.....	66	1
Virginia:								
Hampton	.....	9	10	10	.....	.....	10	.....
Richmond	.....	3	3	3	.....	3	.....	.....
Salem	10	289	290	292	.....	7	285	2
Washington:								
American Lake	3	131	129	135	124	1	10	6
Seattle	7	502	500	508	.....	150	358	8
West Virginia:								
Huntington	3	62	62	62	.....	62	.....	.....
Martinsburg	.....	6	6	6	.....	6	.....	.....
Wisconsin: Wood	7	418	419	419	.....	17	402	.....
Wyoming:								
Cheyenne	.....	24	25	25	.....	22	3	.....
Sheridan	.....	37	37	37	.....	.....	37	.....

[1] *Excludes State Home hospitals.*

[2] *Based on the number of patient days during the fiscal year divided by the number of days in this year rounded to the nearest whole number.*

[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

[4] *Total on rolls (bed occupants and patients on authorized leave of absence).*

[5] *Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.*

TABLE 19

VA Medical Centers—Hospital Care Component: Patients Remaining, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—July 28, 1982

Reported State of Residence	All Patients			Type of Patient					
				Medical and Surgical		Psychotic		Other Psychiatric	
	Total	Hospitalized in Same State		Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
		Number	Percent						
Total	66,820	57,544	86.1	39,681	86.9	17,044	84.9	10,095	85.2
United States	66,174	56,921	86.0	39,281	86.8	16,808	84.8	10,085	85.2
Alabama	1,445	1,208	83.6	732	82.8	520	85.4	194	82.0
Alaska	9	.....	.....	9	.....	.....	.....	.....	.....
Arizona	898	832	92.7	657	92.2	121	92.6	120	95.0
Arkansas	1,099	935	85.1	762	82.4	178	94.4	159	88.1
California	4,662	4,559	97.8	2,932	98.0	899	99.0	830	95.8
Colorado	573	482	84.1	299	83.3	163	93.9	111	72.1
Connecticut	747	614	82.2	475	93.7	176	49.4	96	85.4
Delaware	226	130	57.5	148	87.8	58	.....	19	.....
District of Columbia	390	280	71.8	226	88.9	88	33.0	75	66.7
Florida	2,589	2,251	86.9	1,859	92.6	447	66.7	283	82.3
Georgia	1,624	1,234	76.0	935	78.4	407	73.0	283	72.4
Hawaii	.....	.....	.....	.....	.....	.....	.....	.....	.....
Idaho	212	79	37.3	166	41.6	24	29.2	22	13.6
Illinois	3,662	3,259	89.0	2,379	88.3	835	90.4	448	90.0
Indiana	1,451	1,069	73.7	667	63.6	555	87.7	229	69.0
Iowa	816	665	81.5	501	76.2	237	94.5	77	76.6
Kansas	926	821	88.7	452	85.4	279	93.2	195	89.7
Kentucky	1,209	1,004	83.0	761	79.9	255	89.8	194	86.1
Louisiana	1,152	899	78.0	770	93.4	230	33.9	151	66.9
Maine	443	414	93.5	199	90.5	157	94.3	87	100.0
Maryland	1,247	843	67.6	754	63.5	316	82.9	176	58.0
Massachusetts	2,482	2,359	95.0	1,165	91.3	916	99.0	401	96.5
Michigan	1,701	1,571	92.4	851	90.8	664	95.0	186	89.8
Minnesota	1,206	1,056	87.6	639	81.7	330	95.5	238	92.0
Mississippi	910	708	77.8	597	74.2	165	81.8	147	88.4
Missouri	1,572	1,147	73.0	1,131	77.4	295	60.0	146	65.1
Montana	349	172	49.3	245	59.6	55	7.3	48	47.9
Nebraska	646	445	68.9	418	84.9	126	27.0	102	54.9
Nevada	221	111	50.2	192	53.1	24	37.5	5	.....
New Hampshire	284	114	40.1	206	47.6	53	.....	25	68.0
New Jersey	1,871	1,597	85.4	857	85.1	763	89.9	251	72.1
New Mexico	291	227	78.0	217	82.0	47	68.1	27	63.0
New York	6,573	6,374	97.0	3,856	97.9	1,659	94.9	1,058	97.0
North Carolina	1,644	1,516	92.2	987	91.3	433	96.1	224	88.4
North Dakota	130	64	49.2	74	74.3	42	.....	14	64.3
Ohio	2,566	2,273	88.6	1,473	87.8	638	87.6	455	92.3
Oklahoma	673	466	69.2	436	87.4	93	20.4	144	45.8
Oregon	706	505	71.5	500	71.8	99	82.8	107	59.8
Pennsylvania	4,109	3,733	90.8	2,017	90.0	1,551	91.7	541	91.7
Rhode Island	270	194	71.9	189	94.7	67	22.4	14	.....
South Carolina	940	505	53.7	640	62.3	165	21.2	135	52.6
South Dakota	537	474	88.3	287	88.9	141	85.1	108	91.7
Tennessee	1,573	1,471	93.5	885	94.1	401	88.8	287	98.3
Texas	4,236	3,959	93.5	2,604	93.3	909	90.5	723	97.6
Utah	246	181	73.6	86	94.2	96	42.7	64	90.6
Vermont	116	87	75.0	94	88.3	18	.....	4	100.0
Virginia	1,645	1,313	79.8	1,081	80.4	348	83.6	216	70.8
Washington	866	820	94.7	444	90.8	213	100.0	209	97.6
West Virginia	739	466	63.1	517	77.9	98	18.4	124	37.1
Wisconsin	1,503	1,284	85.4	836	83.4	381	89.2	286	86.4
Wyoming	192	149	77.6	71	64.8	72	87.5	49	81.6
Outside United States	646	623	96.4	400	95.3	236	98.3	10	100.0
Puerto Rico	638	623	97.6	396	96.2	232	100.0	10	100.0
All other	9	.....	.....	4	.....	4	.....	.....	.....

[1] *Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records for patients remaining on July 28, 1982. Totals may not add due to rounding.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Percent By Attained Stay, Diagnostic Grouping[1]—July 28, 1982

Diagnostic Composition of Patients[2]	Number of Patients	Percent in Each Diagnostic Category for Specified Length of Stay						
		90 Days or Less	91 Days or More	Inpatient Stay More Than (Years)				
				1	2	5	10	20
All patients	66,820	72.1	27.9	15.9	11.4	5.3	2.3	1.1
Psychotic	17,044	43.3	56.7	37.4	28.2	15.1	7.2	3.7
Alcohol psychoses (291)	1,185	39.2	60.8	43.1	29.7	11.1	3.3	.....
Drug psychoses (292)	55	89.1	9.1	9.1	9.1	9.1	.....	.....
Other Psychoses (290, 293-299)	15,805	43.5	56.5	37.0	28.2	15.5	7.5	4.0
Other psychiatric	10,095	75.6	24.4	13.2	9.2	3.4	1.2	.4
Alcohol dependence and abuse (303, 305.0)	4,822	93.1	6.9	1.8	1.1	.6	.1	.....
Drug dependence and abuse (304, 305.1-305.9)	840	79.5	20.6	1.1	.5	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	4,432	55.8	44.2	27.9	19.7	7.1	2.6	.9
Medical and surgical	39,681	83.6	16.4	7.3	4.8	1.6	.5	.1
All infectious and parasitic diseases (001-139)	687	77.3	22.7	4.8	1.9	1.3	1.3	.7
Malignant neoplasms (140-208, 230-234)	5,593	92.1	7.9	1.0	.5	.....	.....	.....
Benign and unspecified neoplasms (210-229, 235-239)	443	95.7	4.1	.9	.....	.....	.....	.....
Diabetes Mellitus (250)	1,221	85.4	14.6	5.9	2.2	1.3	.5	.....
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	462	85.1	15.2	6.5	4.1	.9	.9	.....
Disorders involving the immune mechanisms (279)	6	100.0	.....	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	375	92.5	7.5	2.7	1.3	.....	.....	.....
Quadriplegia (344.0)	364	45.9	54.1	32.4	22.8	14.3	4.1	1.4
Paraplegia (344.1)	261	69.7	30.3	10.0	6.1	4.2	.....	.....
Other diseases of the nervous system (320-343, 344.2-359)	2,955	48.1	52.0	33.6	23.2	8.2	2.1	.9
Diseases of the sense organs (360-389)	829	96.9	3.0	1.2	.....	.....	.....	.....
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,357	89.6	10.4	5.0	3.1	.7	.3	.....
Cerebrovascular diseases (430-438)	2,842	65.5	34.5	21.0	14.4	4.3	.7	.2
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	2,240	87.5	12.5	2.2	1.7	.6	.2	.....
Acute respiratory diseases (460-466, 480-487)	472	90.0	10.0	4.4	2.1	1.1	.....	.....
Chronic bronchitis and emphysema (491-492)	139	85.6	14.4	10.8	10.8	.....	.....	.....
Other respiratory diseases (470-478, 490, 493-519)	2,316	79.6	20.4	8.1	4.4	.9	.....	.....
Diseases of the oral cavity, salivary glands, and jaws (520-529)	110	95.5	4.5	.....	.....	.....	.....	.....
Hernia of the abdominal cavity (550-553)	605	99.2	.8	.....	.....	.....	.....	.....
Alcohol related liver diseases (571.0-571.3)	289	88.2	11.8	1.7	1.7	.....	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,706	94.2	5.8	.9	.6	.....	.....	.....
Diseases of the male genital organs (600-608)	686	95.8	4.2	.7	.7	.7	.....	.....
Other diseases of the genitourinary system (580-599)	1,380	91.4	8.5	1.9	1.1	.....	.....	.....
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	65	100.0	.....	.....	.....	.....	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,298	86.6	13.3	1.2	.4	.....	.....	.....
Diseases of the musculoskeletal system and connective tissue (710-739)	2,168	87.5	12.5	3.5	2.1	.4	.....	.....
Congenital anomalies (740-759)	122	91.0	9.0	4.1	4.1	.....	.....	.....
Symptoms, signs and ill-defined conditions (780-799)	2,385	91.4	8.6	3.2	2.1	.4	.2	.....
Injuries and poisonings (800-904, 910-999)	2,619	83.5	16.5	6.4	4.6	2.6	1.2	.....
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	164	34.8	64.6	43.9	26.8	17.7	11.0	.....
Factors influencing health status and contact with health service (V01-V82)	523	82.4	17.6	6.1	4.8	1.9	.....	.....

[1] *Figures shown are estimates based on tabulations of a 20 percent random sample of records for patients remaining on July 28, 1982 and may not agree with counts in other tables where sample patients remaining are used. Totals may not add due to rounding.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

TABLE 21

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group[1]—July 28, 1982

Principal Diagnosis[2]	All Patients	Period of Service						Average Age	Age Group						
		Vietnam Era	Post Korea [3]	Korean Conflict [4]	WW II	WW I	All Others [5]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions	66,820	10,584	4,157	8,262	35,880	3,768	4,170	56.5	8,324	5,670	10,930	23,322	11,813	3,693	3,068
I. Infective and parasitic diseases	687	55	35	133	417	43	5	58.6	29	34	158	293	113	23	37
Pulmonary tuberculosis (011)	324	26	25	83	186	.....	5	55.2	15	20	98	137	54	.....	.....
Tuberculosis, other (010, 012-018)	37	.....	.....	11	26	.....	.....	[6]	.....	.....	6	21	5	5	.....
Tuberculosis, late effects (137)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other infectious and parasitic diseases (001-009, 020-136)	322	29	10	40	200	43	.....	61.7	14	14	54	130	53	19	37
Late effects of other infectious and parasitic diseases (138-139)	5	.....	.....	.....	5	.....	.....	[6]	.....	.....	.....	5	.....	.....	.....
II. Neoplasms	6,036	294	225	620	4,416	322	158	62.3	153	121	786	2,700	1,552	447	277
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	563	11	39	88	411	.....	14	59.6	.....	15	115	290	132	10	.....
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	905	35	18	101	684	58	10	63.4	24	5	82	424	252	69	49
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	1,404	62	54	168	1,047	41	31	61.9	5	22	216	699	348	83	31
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	387	27	18	53	278	5	6	59.3	9	12	74	189	89	15	.....
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	392	26	16	66	239	16	30	57.4	36	10	88	160	66	15	16
Malignant neoplasm of genitourinary organs (179-189, 233)	889	37	24	35	626	136	31	68.1	9	10	61	277	288	119	125
Malignancies of all other systems (170-175, 190-199, 232, 234)	1,053	54	44	77	814	39	26	62.0	52	19	103	468	281	96	34
Neoplasms, benign (210-229)	192	19	5	11	142	5	11	62.0	10	14	16	69	54	25	5
Neoplasms of unspecified nature (235-239)	251	24	8	22	175	21	.....	60.8	9	14	30	124	43	15	16
III. Endocrine, nutritional and metabolic diseases and immunity disorders	1,689	125	76	235	1,064	107	83	60.6	56	79	310	692	383	77	92
Diabetes mellitus (250)	1,221	100	50	165	766	72	67	60.4	46	54	209	510	282	67	53
Diseases of the endocrine glands (240-246, 251-259)	131	15	.....	9	92	10	5	64.2	6	10	9	37	50	5	14
Gout (274)	33	.....	.....	5	27	.....	.....	[6]	.....	.....	5	22	5	.....	.....
Obesity (278.0-278.1)	65	4	17	29	15	.....	.....	[6]	.....	4	45	15	.....	.....	.....
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	234	5	10	27	157	24	11	62.3	5	10	36	108	45	5	24
Disorders involving the immune mechanisms (279)	6	.....	.....	.....	6	.....	.....	[6]	.....	.....	6	.....	.....	.....	.....
IV. Diseases of the blood and blood-forming organs	375	18	9	48	208	93	.....	67.6	6	.....	56	126	71	40	76
Anemias (280-282.4, 282.7-285)	289	.....	9	43	154	83	.....	67.6	.....	.....	56	93	47	31	61
Sickle-cell trait and sickle cell anemia (282.5-282.6)	6	6	.....	.....	.....	.....	.....	[6]	6	.....	.....	.....	.....	.....	.....
Other diseases of the blood and blood-forming organs (286-289)	80	11	.....	5	53	10	.....	[6]	.....	.....	.....	33	24	8	15
	27,139	7,016	2,248	3,624	10,711	1,090	2,449	50.7	6,190	3,594	5,042	7,416	3,019	1,000	878

V. Mental Disorders	27,139	7,016	2,248	3,624	10,711	1,090	2,449	50.7	6,190	3,594	5,042	7,416	3,019	1,000	878
Alcohol psychosis (291)	1,185	94	72	138	826	10	45	59.4	22	91	193	521	275	73	10
Drug psychosis (292)	55	33	.....	10	.....	.....	11	(6)	40	5	10	.....	.....	.....	.....
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	2,273	109	56	160	1,480	392	75	66.8	50	71	215	691	636	274	336
Schizophrenic disorders (295)	10,687	2,919	1,082	1,536	3,756	243	1,151	47.8	2,783	1,582	2,248	2,998	707	206	163
Other psychoses (296-299)	2,845	578	271	421	1,300	41	234	52.3	508	365	523	902	391	115	40
Neurotic disorders (300)	771	232	88	101	289	.....	63	48.8	188	109	149	234	78	10	4
Personality disorders (301)	449	206	32	29	69	.....	115	37.1	254	88	34	63	11	.....	.....
Alcohol dependence or abuse (303, 305.0)	4,822	1,579	503	913	1,410	.....	417	46.2	1,216	823	1,321	1,153	275	34	.....
Drug dependence or abuse (304, 305.1-305.9)	840	538	37	26	33	.....	206	32.8	627	139	35	39	.....	.....	.....
Other nonpsychotic mental disorders (302, 306-319)	3,211	728	109	289	1,549	403	133	58.5	504	320	314	814	646	289	324
VI. Diseases of the nervous system and sense organs	4,409	509	283	484	2,697	139	297	57.5	330	374	703	1,760	945	219	79
Quadriplegia (344.0)	364	90	33	57	117	.....	62	47.4	79	67	91	91	32	5	.....
Paraplegia (344.1)	261	72	17	27	99	.....	46	46.7	63	47	42	84	25	.....	.....
Epilepsy (345)	152	31	9	13	80	.....	19	50.7	28	21	23	55	25	.....	.....
Disorders of the peripheral nervous system (350-359)	337	27	30	35	230	5	10	58.2	14	21	72	135	70	20	5
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	2,466	241	140	266	1,631	91	97	59.5	98	182	352	1,046	597	147	45
Glaucoma (365)	42	.....	.....	11	32	.....	.....	(6)	.....	.....	6	20	17	.....	.....
Cataract (366)	337	4	15	31	262	25	.....	64.3	4	11	29	142	98	32	20
Blindness (369)	131	22	24	15	48	13	9	55.4	9	21	31	46	6	14	4
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	186	6	5	20	116	4	36	59.2	11	.....	42	90	39	.....	4
Diseases of the ear and mastoid process (380-389)	133	16	5	10	83	.....	19	54.4	24	5	15	51	36	.....	.....
VII. Diseases of the circulatory system	8,438	443	365	914	5,742	741	232	63.4	100	282	1,137	3,597	1,990	676	655
Chronic rheumatic heart disease (393-398)	37	.....	5	.....	31	.....	.....	(6)	.....	.....	11	26	.....	.....	.....
Hypertensive disease without heart involvement (401, 403, 405)	326	15	40	46	212	9	5	60.1	.....	16	69	147	74	20	.....
Hypertensive heart disease (402, 404)	88	.....	.....	4	53	26	5	(6)	.....	.....	9	42	5	17	14
Acute myocardial infarction (410)	473	53	38	60	275	18	29	58.5	10	53	80	234	64	15	18
Other ischemic heart disease (411-414)	1,350	81	59	141	895	142	32	63.8	10	30	216	581	272	103	139
Other forms of heart disease (391, 392.0, 420-429)	1,409	75	66	112	929	190	38	66.2	9	51	142	526	332	165	185
Cerebrovascular diseases (430-438)	2,842	106	114	299	2,023	235	65	64.4	15	73	339	1,194	745	274	201
Atherosclerosis (440)	180	4	14	10	91	39	21	66.6	5	.....	19	71	45	5	34
Other diseases of arteries, arterioles and capillaries (441-448)	1,002	45	10	130	770	43	5	62.5	9	9	138	456	318	39	33
Varicose veins of lower extremities (454)	104	11	.....	10	69	15	.....	60.3	5	6	14	55	9	.....	15
Hemorrhoids (455)	62	24	.....	.....	23	11	5	(6)	10	14	.....	19	9	5	6
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	565	30	19	103	371	14	27	58.5	28	30	101	248	117	33	10
VIII. Diseases of the respiratory system	2,927	156	103	272	2,080	240	76	63.3	90	74	265	1,216	837	282	164
Acute respiratory infections (460-466)	28	10	.....	.....	18	.....	.....	(6)	5	.....	.....	9	10	4	.....
Pneumonia and influenza (480-487)	444	34	16	40	257	86	11	65.3	20	9	56	145	85	83	46
Chronic bronchitis (491)	45	5	.....	5	31	5	.....	(6)	.....	.....	9	14	17	.....	5
Emphysema (492)	94	.....	5	5	75	10	.....	(6)	.....	.....	10	41	28	5	10
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	2,316	108	82	222	1,700	139	65	62.9	66	65	190	1,006	696	190	103

See footnotes at end of table

TABLE 21—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Diagnostic Category, Period of Service, Average Age and Age Group[1]—July 28, 1982

Principal Diagnosis[2]	All Patients	Period of Service						Average Age	Age Group						
		Vietnam Era	Post Korea [3]	Korean Conflict [4]	WW II	WW I	All Others [5]		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
IX. Diseases of the digestive system	3,711	444	240	544	2,156	184	142	58.6	198	300	747	1,350	776	191	148
Diseases of oral cavity, salivary glands and jaws (520-529)	110	30	10	10	56	4	.....	55.8	15	15	19	29	23	5	4
Ulcers of the digestive system (530.2, 531-534)	292	40	15	25	186	13	14	60.6	13	10	47	118	78	9	17
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	300	26	13	37	188	20	15	60.5	5	20	51	144	36	23	20
Hernia of the abdominal cavity (550-553)	605	48	26	71	389	46	25	61.0	30	18	98	236	143	49	31
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	1,134	96	84	158	678	76	42	60.0	65	80	227	322	306	84	50
Alcohol related liver disorders (571.0-571.3)	289	31	4	80	169	.....	4	55.4	10	14	96	131	38	.....	.....
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577)	980	172	87	164	488	26	43	55.4	61	142	209	370	152	21	26
X. Diseases of the genitourinary system	2,131	151	65	182	1,360	273	101	64.4	77	85	263	713	509	244	240
Nephritis, nephrotic syndrome and nephrosis (580-589)	373	34	13	74	219	28	6	60.8	9	19	78	141	79	25	23
Other diseases of the urinary system (590-599)	1,006	93	47	80	571	149	67	63.9	51	61	134	329	178	108	146
Diseases of the prostate (600-602)	550	4	.....	20	425	96	5	70.3	4	.....	9	151	205	111	71
Other diseases of the male genital organs (603-608)	136	20	5	.....	101	.....	10	59.4	5	5	20	71	35	.....	.....
Disorders of breast and gynecological diseases (610-629)	65	.....	.....	8	44	.....	13	([6])	9	.....	23	21	13	.....	.....
XII. Diseases of the skin and subcutaneous tissue	1,298	188	112	166	685	78	69	56.9	125	119	188	526	229	54	57
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	612	66	54	95	343	24	29	57.2	44	47	83	280	110	24	24
Other diseases of skin and subcutaneous tissue (700-709)	686	121	58	70	342	54	40	56.6	81	71	105	246	119	31	33
XIII. Diseases of the musculoskeletal system and connective tissue	2,168	335	115	268	1,229	93	128	56.6	237	162	364	845	365	130	63
Osteoarthrosis and allied disorders (715)	214	6	5	34	140	24	5	65.5	.....	.....	29	91	44	41	9
Other arthropathies and related disorders (710-714, 716-719)	451	52	22	45	277	15	41	55.8	51	34	69	192	70	25	9
Dorsopathies (720-724)	713	168	40	98	322	34	50	54.2	109	76	140	233	96	35	25
Rheumatism, excluding the back (725-729)	200	14	10	16	151	.....	10	56.9	19	6	34	92	44	5	.....
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	590	94	38	76	339	20	23	56.8	58	46	92	237	112	25	20
XIV. Congenital deformities (740-759)	122	24	5	21	68	.....	4	54.0	18	10	26	43	25	.....	.....
XVI. Symptoms, signs and ill-defined conditions (780-799)	2,385	221	125	370	1,420	149	101	59.7	152	101	418	981	458	154	120
XVII. Injury and poisoning	2,782	555	135	316	1,302	175	299	53.5	522	309	400	873	407	126	145

XVII. Injury and poisoning	2,782	555	135	316	1,302	175	299	53.5	522	309	400	873	407	126	145
Fracture of skull (800-804)	92	17	5	15	31	.....	25	([6])	35	11	15	31	.....	.....	.....
Fracture of neck and trunk (805-809)	268	70	5	25	123	5	40	49.6	75	24	36	85	26	11	10
Fracture of upper and lower limb (810-829)	909	115	43	113	452	110	76	58.4	117	69	99	322	139	74	88
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	166	45	9	34	47	5	26	48.3	41	28	38	35	14	10	.....
Intracranial injury, excluding those with skull fracture (850-854)	187	59	14	18	47	5	44	42.4	65	43	33	35	7	.....	5
Internal injury of chest, abdomen and pelvis (860-869)	24	5	5	4	5	.....	5	([6])	5	5	4	.....	10	.....	.....
Open wounds (870-897)	204	83	9	15	66	16	14	49.4	51	56	15	38	16	21	7
Burns (940-949)	78	15	.....	9	45	.....	9	([6])	19	5	5	30	19	.....	.....
Poisoning by drugs, medicinal and biological substances (960-979)	41	11	.....	.....	25	.....	5	([6])	11	.....	6	9	11	.....	5
Toxic effects of substances chiefly nonmedical as to source (980-989)	14	.....	5	.....	9	.....	.....	([6])	.....	5	5	4	.....	.....	.....
All other injuries (900-904, 910-939, 950-959, 990-995)	267	35	15	15	156	17	30	55.3	55	10	34	78	67	5	17
Complications of surgical and medical care, NEC (996-999)	370	39	14	40	241	14	21	57.8	15	26	73	158	83	.....	14
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	164	61	10	29	56	4	4	49.6	33	27	37	47	16	4	.....
XVIII. Factors influencing health status and contact with health services (V01-V82)	523	51	16	66	325	41	25	60.5	40	26	66	191	133	30	37

[1] *Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records of patients remaining on July 28, 1982. Totals may not add due to rounding.*

[2] *The diagnostic categories and selected diagnoses are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XI, "Complications of Pregnancy, Childbirth and Puerperium" and Category XV, "Conditions Originating in the Prenatal Period," in which no cases occurred, are not included in this table.*

[3] *Service between February 1, 1955 and August 4, 1964.*

[4] *Service between June 22, 1950 and January 31, 1955.*

[5] *Consists of 5 Spanish-American, 1,211 peacetime, 2,686 post Vietnam, 183 active military and 85 non-veterans.*

[6] *Average age not calculated for totals less than 100 cases.*

TABLE 22

VA Medical Centers—Hospital Care Component: Patients Remaining, Age, Diagnostic Grouping[1] July 28, 1982

Diagnostic Composition of Patients[2]	Total All Patients		Age Group							
			Under 55		55-64		65-74		75 and Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All patients	66,820	100.0	24,923	100.0	23,322	100.0	11,813	100.0	6,762	100.0
Psychotic	17,044	25.5	8,705	34.9	5,112	21.9	2,009	17.0	1,218	18.0
Alcohol psychoses (291)	1,185	1.8	306	1.2	521	2.2	275	2.3	83	1.2
Drug psychoses (292)	55	.1	55	.2	.....	.....	.....	.....	.....	.....
Other psychoses (290, 293-299)	15,805	23.7	8,344	33.5	4,591	19.7	1,734	14.7	1,135	16.8
Other psychiatric	10,095	15.1	6,121	24.6	2,304	9.9	1,010	8.5	660	9.8
Alcohol dependence and abuse (303, 305.0)	4,822	7.2	3,360	13.5	1,153	4.9	275	2.3	34	.5
Drug dependence and abuse (304, 305.1-305.9)	840	1.3	801	3.2	39	.2	.....	.....	.....	.....
Other nonpsychotic mental disorders (300-302, 306-319)	4,432	6.6	1,960	7.9	1,111	4.8	735	6.2	627	9.3
Medical and surgical	39,681	59.4	10,098	40.5	15,906	68.2	8,794	74.4	4,883	72.2
All infectious and parasitic diseases (001-139)	687	1.0	221	.9	293	1.3	113	1.0	61	.9
Malignant neoplasms (140-208, 230-234)	5,593	8.4	968	3.9	2,507	10.7	1,455	12.3	662	9.8
Benign and unspecified neoplasms (210-229, 235-239)	443	.7	92	.4	193	.8	97	.8	61	.9
Diabetes mellitus (250)	1,221	1.8	308	1.2	510	2.2	282	2.4	121	1.8
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	462	.7	131	.5	182	.8	101	.9	49	.7
Disorders involving the immune mechanisms (279)	6	.....	6	.....	.....	.....	.....	.....	.....	.....
Diseases of the blood and blood-forming organs (280-289)	375	.6	63	.3	126	.5	71	.6	115	1.7
Quadriplegia (344.0)	364	.5	236	.9	91	.4	32	.3	5	.1
Paraplegia (344.1)	261	.4	153	.6	84	.4	25	.2	.....	.....
Other diseases of the nervous system (320-343, 344.2-359)	2,955	4.4	810	3.3	1,237	5.3	692	5.9	217	3.2
Diseases of the sense organs (360-389)	829	1.2	209	.8	348	1.5	196	1.7	75	1.1
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	3,357	5.0	620	2.5	1,408	6.0	673	5.7	656	9.7
Cerebrovascular diseases (430-438)	2,842	4.3	427	1.7	1,194	5.1	745	6.3	475	7.0
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	2,240	3.4	472	1.9	996	4.3	572	4.8	199	2.9
Acute respiratory diseases (460-466, 480-487)	472	.7	89	.4	154	.7	96	.8	133	2.0
Chronic bronchitis and emphysema (491-492)	139	.2	18	.1	55	.2	45	.4	20	.3
Other respiratory diseases (470-478, 490, 493-519)	2,316	3.5	321	1.3	1,006	4.3	696	5.9	293	4.3
Diseases of the oral cavity, salivary glands and jaws (520-529)	110	.2	49	.2	29	.1	23	.2	9	.1
Hernia of the abdominal cavity (550-553)	605	.9	146	.6	236	1.0	143	1.2	80	1.2
Alcohol related liver diseases (571.0-571.3)	289	.4	119	.5	131	.6	38	.3	.....	.....
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	2,706	4.0	930	3.7	954	4.1	572	4.8	250	3.7
Diseases of the male genital organs (600-608)	686	1.0	43	.2	222	1.0	240	2.0	182	2.7
Other diseases of the genitourinary system (580-599)	1,380	2.1	351	1.4	470	2.0	257	2.2	302	4.5
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	65	.1	31	.1	21	.1	13	.1	.....	.....
Diseases of the skin and subcutaneous tissue (680-709)	1,298	1.9	431	1.7	526	2.3	229	1.9	111	1.6
Diseases of the musculoskeletal system and connective tissue (710-739)	2,168	3.2	764	3.1	845	3.6	365	3.1	193	2.9
Congenital anomalies (740-759)	122	.2	54	.2	43	.2	25	.2	.....	.....
Symptoms, signs and ill-defined conditions (780-799)	2,385	3.6	671	2.7	981	4.2	458	3.9	274	4.1
Injuries and poisonings (800-904, 910-999)	2,619	3.9	1,135	4.6	826	3.5	392	3.3	267	3.9
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	164	.2	96	.4	47	.2	16	.1	4	.1
Factors influencing health status and contact with health service (V01-V82)	523	.8	132	.5	191	.8	133	1.1	67	1.0
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

[1] *Figures shown are estimates based on tabulations of a 20 percent random sample of records for patients remaining on July 28, 1982. Totals may not add due to rounding.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

VA Medical Centers—Hospital Care Component: Patients Remaining, Age Groups By State[1] July 28, 1982

Location	Total All Patients	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Total	66,814	1,179	7,149	5,669	10,926	23,320	18,571
Alabama:							
Birmingham	302	5	11	22	70	129	65
Montgomery	138	5	.....	.....	19	43	71
Tuscaloosa	413	12	100	47	71	142	41
Tuskegee	732	16	67	88	119	257	185
Arizona:							
Phoenix	419	.....	38	38	56	143	144
Prescott	160	.....	.....	10	44	34	72
Tucson	260	.....	35	5	30	75	115
Arkansas:							
Fayetteville	174	.....	4	4	35	74	57
Little Rock (Little Rock)	386	.....	29	19	39	174	125
Little Rock (North Little Rock)	650	.....	70	74	142	235	129
California:							
Fresno	161	.....	6	10	31	74	40
Livermore	114	.....	4	4	12	47	47
Loma Linda	362	10	16	21	57	119	139
Long Beach	880	21	85	72	111	359	232
Los Angeles (Brentwood)	396	4	115	58	96	94	29
Los Angeles (Wadsworth)	508	8	12	12	117	198	161
Martinez	310	12	19	23	67	124	65
Palo Alto (Palo Alto)	544	14	72	72	109	151	126
Palo Alto (Menlo Park)	474	9	164	95	67	99	40
San Diego	375	.....	39	60	47	112	117
San Francisco	253	15	20	20	20	102	76
Sepulveda	440	5	76	40	65	110	144
Colorado:							
Denver	267	5	20	21	54	75	92
Fort Lyon	327	10	49	62	66	101	39
Grand Junction	101	10	10	10	16	8	47
Connecticut:							
Newington	134	.....	22	16	26	35	35
West Haven	551	20	88	44	91	156	152
Delaware: Wilmington	238	4	8	12	32	73	109
District of Columbia: Washington	589	20	102	63	85	226	93
Florida:							
Bay Pines	536	10	49	14	66	167	230
Gainesville	393	8	21	39	66	140	119
Lake City	295	.....	10	10	46	158	71
Miami	582	4	47	39	97	211	184
Tampa	580	10	97	46	90	197	140
Georgia:							
Atlanta	391	10	53	24	108	146	50
Augusta (Forest Hills)	342	.....	24	24	48	174	72
Augusta (Lenwood)	551	.....	96	70	149	154	82
Dublin	254	.....	.....	11	42	90	111
Idaho: Boise	98	.....	7	11	28	28	24
Illinois:							
Chicago (Lakeside)	388	.....	41	36	53	114	144
Chicago (West Side)	468	9	40	45	68	178	128
Danville	689	7	35	47	88	247	265
Hines	1,008	32	131	91	139	401	214
Marion	153	.....	7	7	13	53	73
North Chicago	942	26	128	87	164	338	199
Indiana:							
Fort Wayne	113	.....	4	4	17	42	46
Indianapolis (W. Tenth St.)	266	8	17	8	42	116	75
Indianapolis (Cold Spr. Rd.)	108	11	22	5	16	38	16
Marion	677	.....	62	43	133	192	247
Iowa:							
Des Moines	206	4	13	8	25	63	93
Iowa City	258	.....	11	8	39	128	72
Knoxville	403	5	67	47	68	121	95
Kansas:							
Leavenworth	372	4	31	31	77	128	101
Topeka	728	19	139	100	143	152	175
Wichita	120	.....	.....	10	24	38	48
Kentucky:							
Lexington (Leestown)	520	.....	37	37	69	175	202
Lexington (Cooper Drive)	303	.....	35	11	57	103	97
Louisville	276	5	49	10	60	71	81
Louisiana:							
Alexandria	310	7	22	20	58	89	114
New Orleans	427	9	60	23	85	189	61
Shreveport	331	.....	19	38	55	131	88

See footnotes at end of table.

TABLE 23—Continued

VA Medical Centers—Hospital Care Component: Patients Remaining, Age Groups By State[1] July 28, 1982

Location	Total All Patients	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Maine: Togus	437	14	79	59	72	115	98
Maryland:							
Baltimore	226	.....	18	29	30	87	62
Fort Howard	184	.....	12	8	24	72	68
Perry Point	753	20	86	60	105	263	219
Massachusetts:							
Bedford	670	10	60	38	95	222	245
Boston	591	.....	93	62	94	204	138
Brockton	735	9	90	76	138	225	197
Northampton	518	9	76	80	61	186	106
West Roxbury	202	16	.....	21	27	74	64
Michigan:							
Allen Park	438	14	59	39	78	147	101
Ann Arbor	245	6	32	28	30	98	51
Battle Creek	712	45	145	75	120	206	121
Iron Mountain	149	.....	13	4	26	44	62
Saginaw	128	.....	6	6	23	64	29
Minnesota:							
Minneapolis	605	19	34	29	77	245	201
St. Cloud	658	9	71	86	136	188	168
Mississippi:							
Biloxi (Biloxi)	304	5	5	5	53	130	106
Biloxi (Gulfport)	458	15	50	60	119	174	40
Jackson	393	5	52	22	65	146	103
Missouri:							
Columbia	252	8	.....	20	40	91	93
Kansas City	328	14	10	47	43	142	72
Poplar Bluff	149	.....	16	.....	37	62	34
St. Louis (John J. Cochran)	310	.....	29	19	33	124	105
St. Louis (Jefferson Barracks)	385	10	72	62	76	116	49
Montana:							
Fort Harrison	100	4	8	4	15	38	31
Miles City	72	.....	.....	7	.....	29	36
Nebraska:							
Grand Island	114	.....	12	.....	18	36	48
Lincoln	129	.....	10	10	34	33	42
Omaha	296	12	20	20	37	70	137
Nevada: Reno	144	.....	4	4	14	73	49
New Hampshire: Manchester	123	.....	15	6	12	47	43
New Jersey:							
East Orange	761	5	46	69	122	275	244
Lyons	970	18	119	66	178	333	256
New Mexico: Albuquerque	279	10	33	49	46	78	63
New York:							
Albany	534	13	48	27	27	179	240
Batavia	205	.....	.....	5	35	80	85
Bath	192	.....	11	.....	34	42	105
Bronx	496	.....	43	47	148	152	106
Brooklyn (Brooklyn)	678	.....	71	84	123	197	203
Brooklyn (St. Albans)	119	.....	.....	.....	13	33	73
Buffalo	656	20	35	20	83	233	265
Canandaigua	777	14	67	63	124	215	294
Castle Point	197	15	15	.....	.....	73	94
Montrose	1,101	22	152	99	221	358	249
New York	682	6	68	48	117	280	163
Northport	748	10	86	51	124	289	188
Syracuse	260	20	19	.....	39	125	57
North Carolina:							
Asheville	469	.....	13	17	86	194	159
Durham	369	7	32	19	33	206	72
Fayetteville	243	.....	13	13	71	88	58
Salisbury	708	.....	34	30	149	269	226
North Dakota: Fargo	155	5	9	9	27	73	32
Ohio:							
Chillicothe	723	17	90	84	108	249	175
Cincinnati	277	5	26	42	36	117	51
Cleveland (Wade Park)	461	21	21	26	66	220	107
Cleveland (Brecksville)	593	16	158	77	72	188	82
Dayton	431	4	29	10	70	191	127
Oklahoma:							
Muskogee	163	.....	10	5	25	69	54
Oklahoma City	313	5	27	33	39	136	73
Oregon:							
Portland (Portland)	302	.....	9	19	46	116	112
Roseburg	263	9	32	36	32	77	77

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Remaining, Age Groups By State[1] July 28, 1982

Location	Total All Patients	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and Over
Pennsylvania:							
Altoona	117	.....	.....	.....	9	54	54
Butler	263	.....	6	6	24	78	149
Coatesville	902	33	177	154	131	267	140
Erie	130	4	8	.....	20	45	53
Lebanon	812	7	57	54	140	280	274
Philadelphia	380	.....	37	23	50	171	99
Pittsburgh (Highland Drive)	685	15	75	90	146	185	174
Pittsburgh (University Drive)	349	6	18	6	58	168	93
Pittsburgh (U. Dr. Aspinwall)	167	.....	.....	.....	19	38	110
Wilkes-Barre	394	10	23	14	44	140	163
Puerto Rico: San Juan	623	6	127	84	155	166	85
Rhode Island: Providence	248	4	10	9	27	68	130
South Carolina:							
Charleston	170	4	17	17	35	68	29
Columbia	358	.....	35	43	52	144	84
South Dakota:							
Fort Meade	310	.....	32	27	40	121	90
Hot Springs	174	.....	16	8	55	50	45
Sioux Falls	197	.....	21	5	28	75	68
Tennessee:							
Memphis	746	28	109	70	143	294	102
Mountain Home	440	5	44	24	63	159	145
Murfreesboro	449	.....	41	54	71	157	126
Nashville	368	16	13	21	102	140	76
Texas:							
Amarillo	105	4	.....	4	13	53	31
Big Spring	127	.....	8	12	30	47	30
Bonham	75	.....	.....	.....	7	35	33
Dallas	585	.....	92	44	69	224	156
Houston	898	20	147	116	168	306	141
Kerrville	209	.....	12	8	24	59	106
Marlin	191	.....	.....	5	14	57	115
San Antonio	610	11	87	54	103	225	130
Temple	498	5	35	26	60	230	142
Waco	813	30	102	56	154	296	175
Utah: Salt Lake City	295	.....	29	51	62	109	44
Vermont: White River Junction	167	.....	.....	23	24	64	56
Virginia:							
Hampton	332	5	54	25	43	126	79
Richmond	568	25	52	38	74	238	141
Salem	666	10	113	52	99	214	178
Washington:							
American Lake	364	14	81	57	50	121	41
Portland (Vancouver)	154	.....	29	20	25	42	38
Seattle	253	.....	34	36	42	93	48
Spokane	160	.....	.....	.....	27	53	80
Walla Walla	119	3	13	3	11	35	54
West Virginia:							
Beckley	127	.....	17	6	23	46	35
Clarksburg	170	.....	5	16	32	64	53
Huntington	134	.....	4	7	22	41	60
Martinsburg	367	.....	13	29	57	134	134
Wisconsin:							
Madison	244	.....	22	21	35	62	104
Tomah	652	19	58	68	91	169	247
Wood	619	11	85	65	54	187	217
Wyoming:							
Cheyenne	79	.....	7	.....	.....	33	39
Sheridan	272	5	36	58	48	62	63

[1] *Figures shown are estimates based on a tabulation of a 20 percent systematic random sample of records for patients remaining on July 28, 1982. Totals may not add due to rounding.*

TABLE 24

VA Medical Centers—Hospital Care Component: Patients Remaining, Compensation and Pension Status, Type of Patient, Age[1]—July 28, 1982

Type of Patient and Age Group	Total All Patients	Service Connected Veterans				Non-Service Connected			Non-Veterans[3]
		Total	10% or More	Less than 10%	NSC with SC[2]	Total	Pension	Other	
All patients	66,820	20,783	10,291	638	9,854	45,794	16,082	29,712	243
Under 25	1,180	271	222	5	44	794	20	774	115
25-34	7,144	2,867	2,023	88	757	4,219	498	3,721	58
35-44	5,670	2,107	1,434	16	657	3,537	448	3,089	25
45-54	10,930	3,075	1,626	117	1,332	7,840	2,463	5,377	15
55-64	23,322	7,429	3,253	266	3,909	15,878	6,291	9,587	15
65 and over	18,574	5,035	1,733	147	3,155	13,526	6,362	7,164	14
Psychotic	17,044	7,371	6,003	201	1,167	9,650	3,829	5,821	23
Under 25	477	174	159	.....	14	280	5	275	23
25-34	2,924	1,654	1,448	44	162	1,270	227	1,044	.....
35-44	2,114	1,057	929	5	123	1,057	203	854	.....
45-54	3,189	1,249	995	57	197	1,940	897	1,043	.....
55-64	5,112	2,249	1,777	70	402	2,863	1,478	1,385	.....
65 and over	3,227	988	695	25	268	2,239	1,019	1,220	.....
Other psychiatric	10,095	2,350	869	84	1,397	7,729	1,714	6,015	15
Under 25	304	36	16	.....	20	263	10	253	5
25-34	2,485	606	239	24	343	1,868	83	1,785	11
35-44	1,480	332	146	.....	186	1,147	47	1,100	.....
45-54	1,852	395	109	19	267	1,457	303	1,154	.....
55-64	2,304	665	272	31	362	1,639	593	1,046	.....
65 and over	1,670	316	87	10	218	1,354	678	676	.....
Medical and surgical	39,681	11,062	3,419	352	7,290	28,415	10,540	17,876	204
Under 25	399	61	46	5	10	251	5	246	87
25-34	1,735	607	336	20	251	1,080	188	892	47
35-44	2,076	718	359	11	347	1,333	197	1,136	25
45-54	5,888	1,431	522	41	867	4,442	1,263	3,179	15
55-64	15,906	4,515	1,205	164	3,146	11,376	4,221	7,155	15
65 and over	13,677	3,730	950	111	2,669	9,933	4,666	5,267	14

[1] *Figures shown are estimates based on tabulations of a 20 percent systematic random sample of records of patients remaining on July 28, 1982. Totals may not add due to rounding.*

[2] *Veterans with compensable SC disabilities, but treated for non-service connected disabilities only.*

[3] *This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If veteran is admitted as an Office of Worker's Compensation case, he/she is coded as a non-veteran.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Disposition, Diagnostic Grouping[1]— Fiscal Year 1982

Diagnostic Composition of Patients[2]	Total Discharges	Disposition					Unavailable[3]
		Regular	Irregular	Total Deaths	Transfers to Further VA Inpatient Care at VA or Non-VA Hospital		
All discharges	956,881	837,597	44,970	42,134	31,771		409
Psychotic	79,403	60,137	12,896	993	5,331		46
Alcohol psychoses (291)	7,261	6,166	720	110	262		3
Drug psychoses (292)	686	502	160	2	22		.....
Other psychoses (290, 293-299)	71,456	53,469	12,016	881	5,047		43
Other Psychiatric	126,374	101,027	21,213	753	3,334		47
Alcohol dependence and abuse (303, 305.0)	82,634	66,764	13,928	328	1,583		31
Drug dependence and abuse (304, 305.1-305.9)	11,378	7,730	3,456	7	182		3
Other nonpsychotic mental disorders (300-302, 306-319)	32,362	26,533	3,829	418	1,569		13
Medical and surgical	747,423	673,256	10,704	40,167	22,993		303
All infectious and parasitic diseases (001-139)	9,717	8,393	213	914	194		3
Malignant neoplasms (140-208, 230-234)	91,252	73,061	651	13,879	3,629		32
Benign and unspecified neoplasms (210-229, 235-239)	11,549	10,859	88	153	446		3
Diabetes mellitus (250)	21,135	19,843	383	458	436		15
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	9,448	8,695	174	421	155		3
Disorders involving the immune mechanisms (279)	62	57	1	3	1		.....
Diseases of the blood and blood-forming organs (280-289)	7,182	6,736	105	203	137		1
Quadriplegia (344.0)	1,381	1,239	14	24	104		.....
Paraplegia (344.1)	1,553	1,407	27	21	98		.....
Other diseases of the nervous system (320-343, 344.2-359)	20,355	18,342	296	794	907		16
Diseases of the sense organs (360-389)	25,960	25,170	114	31	634		11
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	91,157	78,479	1,240	7,222	4,179		37
Cerebrovascular diseases (430-438)	21,034	17,905	191	2,008	907		23
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	41,422	38,187	514	1,571	1,138		12
Acute respiratory diseases (460-466, 480-487)	14,651	12,121	180	2,179	165		6
Chronic bronchitis and emphysema (491-492)	4,998	4,617	72	252	54		3
Other respiratory diseases (470-478, 490, 493-519)	42,770	39,151	597	2,267	741		14
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,747	4,634	26	8	77		2
Hernia of the abdominal cavity (550-553)	18,846	18,395	116	51	281		3
Alcohol related liver diseases (571.0-571.3)	6,526	5,148	242	1,007	128		1
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	58,206	53,702	968	2,155	1,357		24
Diseases of the male genital organs (600-608)	20,367	19,864	89	46	361		7
Other diseases of the genitourinary system (580-599)	25,470	23,525	211	917	803		14
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,724	1,679	15	.....	30		.....
Diseases of the skin and subcutaneous tissue (680-709)	22,407	21,405	416	206	376		4
Diseases of the musculoskeletal system and connective tissue (710-739)	43,353	41,490	525	223	1,101		14
Congenital anomalies (740-759)	2,757	2,567	20	45	125		.....
Symptoms, signs and ill-defined conditions (780-799)	50,277	44,981	1,692	2,021	1,556		27
Injuries and poisonings (800-904, 910-999)	42,556	38,659	897	721	2,257		22
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	2,376	2,202	28	26	120		.....
Factors influencing health status and contact with health service (V01-V82)	32,185	30,743	599	341	496		6
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....		.....
Unavailable[3]	3,681	3,177	157	221	113		13

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Includes all records for which required data are unavailable.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Diagnostic Category[1]—Fiscal Year 1982

Diagnostic Category[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age	Age Group of Principal Diagnosis							
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Unavailable[5]
All diseases and conditions	2,593,067	956,881	1,636,186	56.1	121,628	87,695	151,608	337,097	175,629	44,908	37,993	323
I. Infectious and parasitic diseases	42,853	9,717	33,136	53.3	1,858	1,034	1,621	2,931	1,418	407	445	3
Pulmonary tuberculosis (011)	3,663	1,981	1,682	57.0	88	172	481	809	315	59	56	1
Tuberculosis, other (010, 012-018)	505	258	247	56.9	23	22	47	97	53	10	6	.....
Tuberculosis, late effects (137)	473	68	405	(6)	3	2	13	33	12	3	2	.....
All other infectious and parasitic diseases (001-009, 020-136)	38,102	7,397	30,705	52.1	1,744	836	1,076	1,987	1,036	335	381	2
Late effects of other infectious and parasitic diseases (138-139)	110	13	97	(6)	.....	2	4	5	2	.....	.....	.....
II. Neoplasms	177,093	102,801	74,292	62.5	2,601	2,863	12,485	45,029	27,994	6,868	4,930	31
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	8,592	6,442	2,150	60.5	45	132	1,224	3,247	1,451	211	130	2
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	16,291	13,212	3,079	64.3	90	226	1,460	5,714	3,764	1,118	831	9
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	29,345	24,635	4,710	62.1	51	332	3,274	12,628	6,727	1,224	395	4
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	4,381	3,461	920	61.2	32	62	520	1,783	853	140	70	1
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	12,796	9,702	3,094	59.4	714	521	1,315	3,960	2,255	540	396	1
Malignant neoplasm of genitourinary organs (179-189, 233)	23,627	17,235	6,392	67.2	266	223	882	6,043	6,065	1,956	1,793	7
Malignancies of all other systems (170-175, 190-199, 232, 234)	60,652	16,565	44,087	61.9	593	650	2,095	7,053	4,119	1,089	962	4
Neoplasms, benign (210-229)	16,203	8,990	7,213	58.2	690	600	1,408	3,605	2,098	377	209	3
Neoplasms of unspecified nature (235-239)	5,206	2,559	2,647	61.9	120	117	307	996	662	213	144	.....
III. Endocrine, nutritional and metabolic diseases and immunity disorders	150,495	30,645	119,850	58.9	1,402	2,119	5,702	12,882	6,015	1,320	1,193	12
Diabetes mellitus (250)	83,588	21,135	62,453	58.3	867	1,450	4,113	9,323	4,092	785	497	8
Diseases of the endocrine glands (240-246, 251-259)	11,285	2,897	8,388	57.1	270	241	521	1,079	555	121	109	1
Gout (274)	7,527	1,074	6,453	61.1	29	55	179	433	270	61	47	.....
Obesity (278.0-278.1)	17,600	984	16,616	53.8	70	121	258	403	116	10	6	.....
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	30,289	4,493	25,796	63.2	157	242	621	1,620	974	343	533	3
Disorders involving the immune mechanisms (279)	206	62	144	(6)	9	10	10	24	8	.....	1	.....
IV. Diseases of the blood and blood-forming organs	52,113	7,182	44,931	62.9	440	298	838	2,507	1,728	627	743	1
Anemias (280-282.4, 282.7-285)	38,626	4,837	33,789	65.1	189	117	517	1,717	1,191	486	620	.....
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	676	240	436	37.3	136	37	46	17	3	.....	1	.....
Other diseases of the blood and blood-forming organs (286-289)	12,811	2,105	10,706	60.8	115	144	275	773	534	141	122	1
V. Mental disorders	376,076	205,777	170,299	45.2	64,753	40,061	39,058	43,971	12,439	2,777	2,630	88

V. Mental disorders	376,076	205,777	170,299	45.2	64,753	40,061	39,058	43,971	12,439	2,777	2,630	88
Alcohol psychosis (291)	14,168	7,261	6,907	53.0	663	1,011	1,910	2,613	945	98	20	1
Drug psychosis (292)	1,316	686	630	36.8	433	102	49	59	29	9	5	.....
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	9,453	4,858	4,595	69.0	186	134	333	1,174	1,222	827	981	1
Schizophrenic disorders (295)	59,516	48,739	10,777	39.8	22,470	10,332	7,329	6,720	1,498	210	150	30
Other psychoses (296-299)	25,688	17,859	7,829	48.4	4,374	3,047	3,242	4,888	1,606	378	315	9
Neurotic disorders (300)	26,033	9,982	16,051	47.0	2,682	1,867	1,752	2,689	792	126	70	4
Personality disorders (301)	30,868	5,335	25,533	36.5	3,031	1,212	494	465	96	20	14	3
Alcohol dependence or abuse (303, 305.0)	133,177	82,634	50,543	46.8	17,900	16,888	21,261	21,612	4,491	315	134	33
Drug dependence or abuse (304, 305.1-305.9)	34,670	11,378	23,292	33.2	7,999	2,303	662	334	54	11	11	4
Other nonpsychotic mental disorders (302, 306-319)	41,187	17,045	24,142	49.1	5,015	3,165	2,026	3,417	1,706	783	930	3
VI. Diseases of the nervous system and sense organs	144,528	49,249	95,279	58.7	4,077	3,843	7,101	18,213	10,834	2,871	2,299	11
Quadriplegia (344.0)	3,858	1,381	2,477	45.0	404	289	266	321	87	10	4	.....
Paraplegia (344.1)	5,283	1,553	3,730	47.0	386	295	315	389	142	15	11	.....
Epilepsy (345)	7,294	2,801	4,493	49.0	646	420	504	829	306	58	38	.....
Disorders of the peripheral nervous system (350-359)	18,771	6,323	12,448	56.1	516	601	1,172	2,591	1,137	183	122	1
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349)	43,953	11,231	32,722	57.1	1,039	1,162	1,866	3,856	2,323	607	377	1
Glaucoma (365)	6,871	1,712	5,159	64.2	32	51	166	690	490	163	118	2
Cataract (366)	16,283	11,339	4,944	66.2	69	138	939	4,493	3,469	1,153	1,077	1
Blindness (369)	3,740	828	2,912	59.5	55	69	123	316	160	55	50	.....
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	24,364	8,003	16,361	61.0	438	399	974	3,237	2,029	507	415	4
Diseases of the ear and mastoid process (380-389)	14,111	4,078	10,033	54.8	492	419	776	1,491	691	120	87	2
VII. Diseases of the circulatory system	507,436	153,613	353,823	61.9	2,991	5,845	23,524	66,554	36,368	9,681	8,608	42
Chronic rheumatic heart disease (393-398)	4,017	1,508	2,509	58.5	42	82	325	690	298	46	23	2
Hypertensive disease without heart involvement (401, 403, 405)	96,646	12,607	84,039	58.0	494	868	2,618	5,498	2,482	404	240	3
Hypertensive heart disease (402, 404)	11,155	4,602	6,553	63.0	23	83	661	2,136	1,174	295	229	1
Acute myocardial infarction (410)	14,585	8,816	5,769	61.7	80	341	1,470	4,029	1,943	518	431	4
Other ischemic heart disease (411-414)	128,827	42,275	86,552	61.2	204	1,490	7,783	20,047	8,873	2,014	1,851	13
Other forms of heart disease (391, 392.0, 420-429)	123,659	33,956	89,703	64.4	637	955	4,001	13,364	8,819	2,996	3,176	8
Cerebrovascular diseases (430-438)	47,442	21,034	26,408	64.3	200	377	2,372	8,818	6,058	1,771	1,435	3
Atherosclerosis (440)	11,360	3,023	8,337	65.4	8	39	319	1,294	800	293	267	3
Other diseases of arteries, arterioles and capillaries (441-448)	29,637	11,756	17,881	62.6	125	308	1,462	5,382	3,332	707	438	2
Varicose veins of lower extremities (454)	4,621	1,769	2,852	58.9	106	155	279	685	352	104	87	1
Hemorrhoids (455)	9,800	3,868	5,932	52.3	536	560	848	1,293	512	80	39	.....
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	25,687	8,399	17,288	59.0	536	587	1,386	3,318	1,725	453	392	2
VIII. Diseases of the respiratory system	174,988	62,419	112,569	61.8	3,110	2,533	7,320	24,963	16,185	4,618	3,680	10
Acute respiratory infections (460-466)	8,666	2,848	5,818	58.0	372	164	364	1,017	574	179	178	.....
Pneumonia and influenza (480-487)	25,493	11,803	13,690	64.6	605	510	1,320	3,733	2,737	1,277	1,621	.....
Chronic bronchitis (491)	8,504	3,126	5,378	62.9	46	60	357	1,427	919	189	128	.....
Emphysema (492)	7,486	1,872	5,614	63.5	5	32	205	849	584	128	69	.....

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Diagnostic Category[1]—Fiscal Year 1982

Diagnostic Category[2]	Total Diagnoses	Principal Diagnosis[3]	Associated Diagnoses[4]	Average Age	Age Group of Principal Diagnosis							
					Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over	Unavailable[5]
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	124,839	42,770	82,069	61.1	2,082	1,767	5,074	17,937	11,371	2,845	1,684	10
IX. Diseases of the digestive system	247,238	88,325	158,913	57.1	8,001	7,304	15,692	33,655	16,534	3,896	3,206	37
Diseases of oral cavity, salivary glands and jaws (520-529)	57,053	4,747	52,306	51.2	1,048	422	770	1,646	666	112	81	2
Ulcers of the digestive system (530.2, 531-534)	18,960	8,905	10,055	58.5	605	597	1,515	3,614	1,851	387	332	4
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	27,950	9,631	18,319	57.9	742	732	1,630	3,771	1,981	443	329	3
Hernia of the abdominal cavity (550-553)	32,234	18,846	13,388	59.2	1,302	1,110	2,806	7,633	4,265	1,001	722	7
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	58,879	25,454	33,425	57.7	2,649	2,136	4,036	8,923	4,845	1,463	1,387	15
Alcohol related liver disorders (571.0-571.3)	19,626	6,526	13,100	54.9	256	666	1,878	2,865	790	55	15	1
Other diseases of liver, gallbladder and pancreas (570, 571.4-577)	32,536	14,216	18,320	54.9	1,399	1,641	3,057	5,203	2,136	435	340	5
X. Diseases of the genitourinary system	130,164	47,533	82,631	61.3	3,078	2,417	5,705	17,337	12,506	3,366	3,107	17
Nephritis, nephrotic syndrome and nephrosis (580-589)	19,087	5,812	13,275	58.6	387	411	1,064	2,153	1,253	274	269	1
Other diseases of the urinary system (590-599)	65,166	19,658	45,508	61.5	1,368	1,237	2,495	6,544	4,687	1,606	1,712	9
Diseases of the prostrate (600-602)	30,216	14,226	15,990	65.9	106	122	846	5,800	5,178	1,235	936	3
Other diseases of the male genital organs (603-608)	12,549	6,141	6,408	55.4	785	473	1,046	2,329	1,144	203	158	3
Disorders of breast and gynecological diseases (610-629)	3,146	1,696	1,450	50.4	432	174	254	511	244	48	32	1
XI. Complications of pregnancy, childbirth and puerperium (630-676)	47	28	19	([6])	25	2	.....	.....	.....	1	.....	.....
XII. Diseases of skin and subcutaneous tissue	59,850	22,407	37,443	54.0	3,471	2,492	3,760	7,567	3,531	857	718	11
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	29.313	11,576	17,737	53.1	1,905	1,347	2,084	3,861	1,647	396	329	7
Other diseases of skin and subcutaneous tissue (700-709)	30,537	10,831	19,706	55.0	1,566	1,145	1,676	3,706	1,884	461	389	4
XIII. Diseases of the musculoskeletal system and connective tissue	113,681	43,353	70,328	53.4	6,508	5,006	7,589	15,414	6,692	1,294	841	9
Osteoarthrosis and allied disorders (715)	22,155	5,346	16,809	61.3	205	254	696	2,257	1,341	359	233	1
Other arthropathies and related disorders (710-714, 716-719)	25,086	10,555	14,531	50.6	2,463	1,158	1,575	3,464	1,522	241	129	3
Dorsopathies (720-724)	30,659	12,486	18,173	52.5	1,551	1,971	2,634	4,351	1,515	268	194	2
Rheumatism, excluding the back (725-729)	16,428	7,733	8,695	54.0	1,047	759	1,396	2,923	1,294	201	110	3
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	19,353	7,233	12,120	52.6	1,242	864	1,288	2,419	1,020	225	175	.....
XIV. Congenital deformities (740-759)	7,732	2,757	4,975	53.5	428	305	461	977	457	77	51	1
XVI. Symptoms, signs and ill-defined conditions (780-799)	149,233	50,277	98,956	57.5	4,794	4,026	8,791	18,520	9,138	2,549	2,447	12

XIV. Congenital deformities (740-759)	7,732	2,757	4,975	53.5	428	305	461					
XVI. Symptoms, signs and ill-defined conditions (780-799)	149,233	50,277	98,956	57.5	4,794	4,026	8,791	18,520	9,138	2,549	2,447	12
XVII. Injury and poisoning	95,866	44,932	50,934	51.6	10,441	5,203	6,980	12,727	5,835	1,833	1,890	23
Fracture of skull (800-804)	3,202	2,063	1,139	42.4	839	366	347	344	119	23	23	2
Fracture of neck and trunk (805-809)	6,181	2,414	3,767	55.2	423	213	347	760	375	131	165	.....
Fracture of upper and lower limb (810-829)	15,813	10,712	5,101	56.4	1,755	952	1,530	3,166	1,718	715	869	7
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	6,190	3,822	2,368	45.5	1,376	519	578	886	315	95	51	2
Intracranial injury, excluding those with skull fracture (850-854)	2,921	1,990	931	48.7	599	223	300	506	210	83	67	2
Internal injury of chest, abdomen and pelvis (860-869)	1,271	563	708	48.2	169	83	84	132	59	15	21	.....
Open wounds (870-897)	9,451	4,909	4,542	44.9	1,818	729	744	1,088	354	88	85	3
Burns (940-949)	2,508	1,148	1,360	50.5	245	147	192	381	141	20	20	2
Poisoning by drugs, medicinal and biological substances (960-979)	6,207	2,009	4,198	50.2	527	283	302	450	289	82	75	1
Toxic effects of substances chiefly nonmedical as to source (980-989)	1,046	385	661	49.5	97	55	59	111	44	10	9	.....
All other injuries (900-904, 910-939, 950-959, 990-995)	13,297	4,804	8,493	51.3	1,130	550	798	1,366	592	172	193	3
Complications of surgical and medical care, NEC (996-999)	17,305	7,737	9,568	56.8	809	609	1,263	2,982	1,448	354	272	.....
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	10,474	2,376	8,098	46.3	654	474	436	555	171	45	40	1
XVIII. Factors influencing health status and contact with health services (V01-V82)	159,993	32,185	127,808	58.1	3,117	2,014	4,425	12,572	7,262	1,702	1,084	9
Unavailable[5]	3,681	3,681	.....	55.4	533	330	556	1,278	693	164	121	6

[1] *Patient treatment file. This table, as well as all others in this discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Prenatal Period" in which no cases occurred, is not included in this table.*

[3] *Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.*

[4] *Associated diagnoses are established diagnoses for which treatment was given, other than the principal diagnosis.*

[5] *Includes all records for which required data are unavailable.*

[6] *Average age not calculated for totals of less than 100 cases.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Age, Length of Stay[1]—Fiscal Year 1982

Type of Patient and Age Group	Patients	Total Average Days	Median Days[2]	Short Term Average Days[3]	Short Term Discharges as Percent of Total Discharges[3]	Length of Stay Distribution (Days)														Total Days[5]
						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	Unavailable[4]	
All patients	956,881	26.6	10.2	14.9	97.1	103,403	133,278	175,504	203,496	104,510	81,759	96,569	26,083	19,661	4,733	2,109	3,026	2,696	54	25,469,411
Under 20	652	19.1	7.0	12.9	96.3	101	122	135	101	46	42	63	15	18	5	4	.....	.....	...	12,449
20-24	16,480	20.8	7.5	14.6	96.5	2,384	2,924	3,299	2,461	1,164	1,215	1,812	545	472	107	51	38	7	1	343,401
25-29	39,778	20.9	8.1	14.9	96.9	5,608	6,580	7,529	6,363	3,139	3,419	4,390	1,284	982	256	95	107	22	4	833,230
30-34	64,718	21.9	9.6	15.6	96.9	8,431	9,684	11,631	10,984	5,700	6,059	7,803	2,029	1,620	393	166	164	50	4	1,415,151
35-39	51,995	22.6	9.8	15.6	96.9	6,371	7,805	9,442	9,213	4,717	4,730	6,233	1,614	1,229	325	95	155	63	3	1,175,791
40-44	35,700	24.2	9.9	15.3	97.1	3,936	5,389	6,668	6,820	3,382	3,140	4,122	1,050	745	201	85	93	68	1	864,367
45-49	56,623	24.6	9.9	14.8	97.3	6,070	8,435	10,572	11,667	5,746	4,876	5,998	1,556	1,037	261	133	148	121	3	1,390,190
50-54	94,985	25.7	10.0	14.6	97.4	9,907	13,668	17,969	20,457	10,165	8,006	9,515	2,429	1,750	413	170	281	248	7	2,442,322
55-59	154,052	27.0	10.2	14.7	97.4	15,968	21,478	28,483	34,221	17,330	12,898	14,832	4,061	2,994	629	298	426	426	8	4,163,546
60-64	183,045	25.0	10.2	14.4	97.4	19,190	24,842	33,983	41,749	21,469	15,135	16,793	4,390	3,377	764	351	522	475	5	4,583,970
65-69	112,651	26.5	10.4	14.6	97.3	11,641	15,304	20,501	25,652	13,398	9,268	10,425	2,949	2,077	491	227	332	379	7	2,985,713
70-74	62,978	28.9	10.9	15.1	96.7	6,478	7,846	10,869	14,647	7,658	5,340	6,022	1,719	1,379	335	140	285	255	5	1,821,923
75-79	26,969	34.7	11.6	15.8	96.2	2,598	3,137	4,635	6,075	3,324	2,486	2,752	784	660	155	72	154	136	1	935,674
80-84	17,939	45.7	11.8	16.0	95.8	1,612	2,017	3,101	4,121	2,254	1,591	1,860	533	410	134	69	87	149	1	819,132
85 and over	37,993	44.1	12.1	16.2	95.6	3,059	4,007	6,626	8,893	4,983	3,530	3,922	1,119	906	264	151	233	296	4	1,674,681
Unavailable[4]	323	NOT COMPUTED		12.9	97.2	49	40	61	72	35	24	27	6	5	.....	2	1	1	...	7,871
Psychotic	79,403	86.3	21.7	24.5	88.8	5,122	6,011	8,702	11,562	8,738	9,088	14,685	5,551	5,172	1,564	781	1,068	1,348	11	6,847,655
Under 20	104	31.3	14.6	20.6	95.2	18	8	8	19	9	10	22	5	2	1	2	.....	.....	...	3,257
20-24	3,886	35.5	19.6	24.4	92.9	358	330	470	528	392	427	744	296	251	51	22	15	1	1	137,917
25-29	9,955	35.2	17.3	22.5	93.1	882	914	1,274	1,546	1,083	1,079	1,689	682	552	126	48	65	13	2	350,701
30-34	14,181	37.3	18.3	22.5	92.9	1,201	1,168	1,780	2,192	1,578	1,705	2,534	839	772	199	96	79	36	2	528,240
35-39	9,507	42.4	18.7	22.7	92.0	751	795	1,148	1,446	1,140	1,100	1,661	588	532	169	53	86	38	...	403,410
40-44	5,119	59.2	21.0	24.3	90.7	304	367	603	782	591	576	1,015	349	293	94	48	51	46	...	303,138
45-49	5,736	78.3	22.4	24.9	89.1	296	441	631	851	620	664	1,124	424	361	113	70	63	77	1	449,253
50-54	7,127	99.8	24.5	25.8	86.9	357	480	752	952	789	826	1,425	528	490	168	79	131	150	...	711,592
55-59	8,339	133.2	26.4	27.2	85.9	368	600	765	1,119	842	963	1,687	664	670	177	106	145	231	2	1,110,287
60-64	7,115	144.0	27.6	27.2	82.9	293	441	589	952	783	798	1,377	565	592	201	112	164	247	1	1,024,656
65-69	3,512	159.6	29.5	28.2	81.6	139	224	266	434	347	414	687	294	281	116	57	91	161	1	560,400
70-74	1,788	177.7	27.2	26.6	79.8	62	95	150	257	208	208	282	135	148	54	28	54	107	...	317,744
75-79	862	209.8	29.2	26.2	76.9	27	41	71	120	94	97	144	57	74	24	12	42	59	...	180,845
80-84	660	422.9	27.0	24.8	76.1	20	42	54	96	85	59	95	44	45	23	16	22	59	...	279,101
85 and over	1,471	330.4	25.6	23.9	76.2	43	60	135	260	175	155	192	81	107	48	32	59	123	1	485,760
Unavailable[4]	41	NOT COMPUTED		18.4	92.7	3	5	6	8	2	7	7	.....	2	.....	.....	1	.....	...	1,354
Other psychiatric	126,374	31.3	14.9	20.1	96.5	10,737	14,590	18,576	19,442	11,378	17,467	23,926	5,046	3,331	840	310	419	308	4	3,954,226
Under 20	143	21.8	11.5	17.7	97.9	14	26	26	11	15	21	21	4	3	1	1	.....	.....	...	3,122
20-24	3,729	25.5	15.1	20.3	96.6	397	433	494	537	302	522	742	157	107	22	10	6	.....	...	95,192
25-29	11,397	25.0	14.9	19.9	97.0	1,302	1,319	1,569	1,537	1,004	1,692	2,111	431	297	85	26	20	3	1	285,287
30-34	21,358	25.7	15.1	19.9	96.6	2,368	2,297	2,906	3,073	1,976	3,073	3,969	842	607	142	54	44	6	1	548,302
35-39	16,083	26.0	15.6	20.4	96.9	1,665	1,839	2,207	2,214	1,425	2,277	3,168	670	449	105	23	29	10	2	417,448
40-44	9,352	24.2	14.4	19.9	97.5	851	1,232	1,401	1,309	748	1,310	1,848	357	215	49	15	14	3	...	226,329
45-49	11,639	26.1	14.9	20.2	97.5	906	1,439	1,792	1,705	983	1,650	2,366	459	241	48	15	26	9	...	304,180
50-54	14,556	28.2	14.3	20.0	97.5	1,093	1,738	2,346	2,325	1,185	2,044	2,831	528	319	65	22	41	19	...	409,815
55-59	16,179	32.9	14.8	20.5	96.8	1,028	1,868	2,556	2,695	1,440	2,168	3,094	699	413	89	33	52	44	...	532,118
60-64	12,338	36.9	14.8	19.9	96.0	664	1,404	1,922	2,234	1,245	1,575	2,261	460	327	98	35	61	52	...	455,557
65-69	5,050	51.1	14.7	20.0	94.8	223	608	783	946	522	631	817	223	159	36	20	39	43	...	257,845
70-74	2,089	63.0	15.6	19.7	90.4	93	224	293	413	227	230	316	83	86	42	20	32	30	...	131,547
75-79	749	80.9	19.1	21.9	87.7	46	59	97	115	96	75	124	34	45	14	8	21	15	...	60,564
80-84	506	140.9	18.4	21.7	84.2	23	36	63	105	54	43	67	27	25	15	11	7	30	...	71,286
85 and over	1,159	131.8	20.9	23.1	87.5	61	63	116	213	150	146	184	72	38	29	17	27	43	...	152,784
Unavailable[4]	47	NOT COMPUTED		17.6	97.9	3	5	5	10	6	10	7	.....	.....	.....	.....	.....	1	...	2,870
Medical and Surgical	747,423	19.5	9.1	13.1	98.1	87,050	112,254	147,660	171,732	84,013	54,875	57,567	15,336	11,047	2,293	1,002	1,523	1,034	37	14,571,148

75-79	506	140.9	18.4	21.7	84.2	23	30	66	213	150	146	184	72	38	29	17	7	1	...	2,870
80-84	1,159	131.8	20.9	23.1	87.5	61	63	116	10	6	10	7	.....	.....	.....	.....	.....	.....		
85 and over	47	NOT COMPUTED		17.6	97.9	3	5	5												
Unavailable[4]																				
Medical and Surgical	747,423	19.5	9.1	13.1	98.1	87,050	112,254	147,660	171,732	84,013	54,875	57,567	15,336	11,047	2,293	1,002	1,523	1,034	37	14,571,148
Under 20	399	14.9	5.8	9.4	96.2	65	88	100	71	22	11	20	6	12	3	1	.....	.....	...	5,926
20-24	8,763	12.2	5.0	8.0	98.1	1,610	2,147	2,320	1,379	461	262	316	85	111	33	18	15	6	...	107,102
25-29	18,256	10.6	5.2	8.0	98.9	3,396	4,319	4,650	3,255	1,037	640	576	165	128	42	21	20	6	1	193,041
30-34	28,924	11.5	6.0	9.3	99.0	4,820	6,190	6,901	5,673	2,128	1,255	1,275	334	234	49	16	40	8	1	332,867
35-39	26,203	13.4	6.6	10.2	98.8	3,924	5,148	6,048	5,521	2,131	1,342	1,379	343	245	49	19	38	15	1	349,836
40-44	21,101	15.7	7.4	11.3	98.5	2,761	3,771	4,645	4,701	2,034	1,239	1,252	338	233	58	22	27	19	1	332,289
45-49	39,049	16.2	8.0	11.9	98.5	4,847	6,526	8,119	9,066	4,123	2,546	2,492	665	429	94	48	58	35	1	631,544
50-54	72,945	17.9	8.7	12.6	98.4	8,414	11,412	14,819	17,105	8,159	5,109	5,206	1,362	923	177	67	108	77	7	1,307,729
55-59	128,979	19.4	9.3	13.3	98.2	14,506	18,958	25,073	30,294	14,977	9,727	9,972	2,677	1,899	357	155	228	151	5	2,507,489
60-64	162,869	19.0	9.6	13.5	98.1	18,117	22,913	31,362	38,407	19,360	12,695	13,098	3,344	2,439	461	200	295	174	4	3,086,903
65-69	103,624	20.8	10.0	13.9	97.9	11,232	14,417	19,384	24,175	12,477	8,167	8,873	2,413	1,621	337	147	200	175	6	2,155,937
70-74	58,873	23.2	10.6	14.6	97.4	6,295	7,501	10,396	13,926	7,200	4,877	5,398	1,490	1,143	237	90	198	117	5	1,366,152
75-79	25,256	27.4	11.2	15.3	97.1	2,518	3,027	4,452	5,814	3,122	2,302	2,478	686	536	115	52	91	62	1	691,404
80-84	16,711	27.9	11.4	15.5	96.9	1,562	1,936	2,981	3,901	2,108	1,482	1,692	460	334	95	42	58	59	1	465,937
85 and over	35,242	29.3	11.6	15.7	96.7	2,941	3,873	6,362	8,391	4,647	3,214	3,527	962	757	186	102	147	130	3	1,033,367
Unavailable[4]	229	NOT COMPUTED		11.3	97.8	42	28	48	53	27	7	13	6	3	.....	2	.....	.....	...	3,625
Unavailable[4]	3,681	26.2	11.3	16.3	95.6	494	423	566	760	381	329	391	150	111	36	16	16	6	2	96,382
Under 20	6	24.0	.....	1.6	83.3	4	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	...	144
20-24	102	31.3	9.2	16.7	94.1	19	14	15	17	9	4	10	7	3	1	1	2	.....	...	3,190
25-29	170	24.7	7.2	13.2	94.7	28	28	36	25	15	8	14	6	5	3	.....	2	.....	...	4,201
30-34	255	22.5	9.9	16.8	96.9	42	29	44	46	18	26	25	14	7	3	.....	1	.....	...	5,742
35-39	202	25.2	9.8	16.9	96.5	31	23	39	32	21	11	25	13	3	2	.....	2	.....	...	5,097
40-44	128	20.4	9.5	13.9	96.1	20	19	19	28	9	15	7	6	4	.....	.....	1	.....	...	2,611
45-49	199	26.3	11.0	15.0	94.0	21	29	30	45	20	16	16	8	6	6	.....	1	.....	1	5,213
50-54	357	36.9	12.2	17.4	93.6	43	38	52	75	32	27	53	11	18	3	2	1	2	...	13,186
55-59	555	24.6	12.3	17.1	95.9	66	52	89	113	71	40	79	21	12	6	4	1	.....	1	13,652
60-64	723	23.3	10.3	14.4	96.4	116	84	110	156	81	67	57	21	19	4	4	2	2	...	16,854
65-69	465	24.8	12.5	17.3	95.9	47	55	68	97	52	56	48	19	16	2	3	2	.....	...	11,531
70-74	228	28.4	12.1	17.8	96.9	28	26	30	51	23	25	26	11	2	2	2	1	1	...	6,480
75-79	102	28.0	13.1	20.2	95.1	7	10	15	26	12	12	6	7	5	2	.....	.....	.....	...	2,861
80-84	62	45.3	14.6	18.5	88.7	7	3	3	19	7	7	6	2	6	1	.....	.....	1	...	2,808
85 and over	121	23.1	13.4	17.7	95.9	14	11	13	29	11	15	19	4	4	1	.....	.....	.....	...	2,790
Unavailable[4]	6	NOT COMPUTED		3.7	100.0	1	2	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	...	22

[1] *Patient Treatment File. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[3] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[4] *Includes all records for which required data are unavailable.*

[5] *Excludes those cases for which the number of days are unavailable.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Age, Marital Status, Diagnostic Grouping[1]—Fiscal Year 1982

Diagnostic Composition of Patients[2]	Total Discharged	Age Group						Marital Status					
		Under 45	45-54	55-64	65-74	75 and Over	Unavailable[3]	Never Married	Married	Separated	Widowed	Divorced	Unknown[3]
All discharges	956,881	209,323	151,608	337,097	175,629	82,901	323	130,272	507,049	49,400	63,567	171,176	35,417
Psychotic	79,403	42,752	12,863	15,454	5,300	2,993	41	29,284	22,551	5,681	2,614	16,024	3,249
Alcohol pyschoses (291)	7,261	1,674	1,910	2,613	945	118	1	1,086	2,453	688	490	2,284	260
Drug psychoses (292)	686	535	49	59	29	14	.....	245	203	65	15	120	38
Other psychoses (290, 293-299)	71,456	40,543	10,904	12,782	4,326	2,861	40	27,953	19,895	4,928	2,109	13,620	2,951
Other psychiatric	126,374	62,062	26,195	28,517	7,139	2,414	47	23,300	43,655	11,674	5,552	38,586	3,607
Alcohol dependence and abuse (303, 305.0)	82,634	34,788	21,261	21,612	4,491	449	33	14,097	25,529	7,767	3,947	29,268	2,026
Drug dependence and abuse (304, 305.1-305.9)	11,378	10,302	662	334	54	22	4	3,519	3,408	1,360	114	2,439	538
Other nonpsychotic mental disorders (300-302, 306-319)	32,362	16,972	4,272	6,571	2,594	1,943	10	5,684	14,718	2,547	1,491	6,879	1,043
Medical and surgical	747,423	103,646	111,994	291,848	162,497	77,209	229	77,120	438,963	31,791	55,154	116,000	28,395
All infectious and parasitic diseases (001-139)	9,717	2,892	1,621	2,931	1,418	852	3	1,517	4,729	597	632	1,746	496
Malignant neoplasms (140-208, 230-234)	91,252	3,937	10,770	40,428	25,234	10,855	28	7,800	55,890	3,419	7,576	13,056	3,511
Benign and unspecified neoplasms (210-229, 235-239)	11,549	1,527	1,715	4,601	2,760	943	3	1,130	7,416	436	721	1,498	348
Diabetes mellitus (250)	21,135	2,317	4,113	9,323	4,092	1,282	8	1,991	12,685	962	1,410	3,316	771
Other endocrine, nutritional and metabolic diseases (240-246, 251-278)	9,448	1,185	1,579	3,535	1,915	1,230	4	1,098	5,311	430	810	1,445	354
Disorders involving the immune mechanisms (279)	62	19	10	24	8	1	.....	7	48	.....	.....	6	1
Diseases of the blood and blood-forming organs (280-289)	7,182	738	838	2,507	1,728	1,370	1	723	4,181	285	694	990	309
Quadriplegia (344.0)	1,381	693	266	321	87	14	.....	290	662	72	34	274	49
Paraplegia (344.1)	1,553	681	315	389	142	26	.....	293	796	70	53	283	58
Other diseases of the nervous system (320-343, 344.2-359)	20,355	4,384	3,542	7,276	3,766	1,385	2	2,205	12,541	753	1,106	3,080	670
Diseases of the sense organs (360-389)	25,960	2,162	2,978	10,227	6,839	3,745	9	2,393	15,421	988	2,333	3,874	951
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)	91,157	3,937	14,240	40,266	21,107	11,579	28	6,007	59,579	3,069	7,454	11,752	3,296
Cerebrovascular diseases (430-438)	21,034	577	2,372	8,818	6,058	3,206	3	1,616	13,213	712	1,864	2,814	815
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459)	41,422	4,322	6,912	17,470	9,203	3,504	11	3,937	24,397	1,909	3,083	6,488	1,608
Acute respiratory diseases (460-466, 480-487)	14,651	1,651	1,684	4,750	3,311	3,255	.....	1,726	7,663	691	1,660	2,267	644
Chronic bronchitis and emphysema (491-492)	4,998	143	562	2,276	1,503	514	.....	379	2,967	226	440	869	117
Other respiratory diseases (470-478, 490, 493-519)	42,770	3,849	5,074	17,937	11,371	4,529	10	3,989	24,584	1,836	3,612	7,169	1,580
Diseases of the oral cavity, salivary glands and jaws (520-529)	4,747	1,470	770	1,646	666	193	2	804	2,561	246	220	686	230
Hernia of the abdominal cavity (550-553)	18,846	2,412	2,806	7,633	4,265	1,723	7	2,200	10,984	795	1,275	3,061	531
Alcohol related liver diseases (571.0-571.3)	6,526	922	1,878	2,865	790	70	1	690	2,800	439	464	1,847	286
Other diseases of the digestive system (530-543, 555-570, 571.4-579)	58,206	10,501	10,238	21,511	10,813	5,116	27	6,528	32,461	2,894	4,038	10,102	2,183
Diseases of the male genital organs (600-608)	20,367	1,486	1,892	8,129	6,322	2,532	6	1,829	13,299	655	1,512	2,383	689
Other diseases of the genitourinary system (580-599)	25,470	3,403	3,559	8,697	5,940	3,861	10	2,550	15,513	986	2,048	3,230	1,143
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676)	1,724	633	254	511	244	81	1	260	872	89	118	314	71
Diseases of the skin and subcutaneous tissue (680-709)	22,407	5,963	3,760	7,567	3,531	1,575	11	3,446	11,467	1,208	1,356	4,002	928
Diseases of the musculoskeletal system and connective tissue (710-739)	43,353	11,514	7,589	15,414	6,692	2,135	9	4,600	26,818	1,708	2,062	6,885	1,280
Congenital anomalies (740-759)	2,757	733	461	977	457	128	1	355	1,630	116	145	417	94
Symptoms, signs and ill-defined conditions (780-799)	50,277	8,820	8,791	18,520	9,138	4,996	12	5,289	28,836	2,421	3,513	8,200	2,018
Injuries and poisonings (800-904, 910-999)	42,556	14,516	6,544	12,172	5,664	3,638	22	7,318	19,196	2,484	2,709	8,527	2,322
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	2,376	1,128	436	555	171	85	1	456	1,081	135	93	506	105
Factors influencing health status and contact with health service (V01-V82)	32,185	5,131	4,425	12,572	7,262	2,786	9	3,694	19,362	1,160	2,119	4,913	937
Supplementary classification of external causes of injury and poisoning (E800-E999)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unavailable[3]	3,681	863	556	1,278	693	285	6	568	1,880	254	247	566	166

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Includes all records for which required data are unavailable.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Age[1]—Fiscal Year 1982

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Non-Service Connected			Non-Veterans[3]	Unavailable[4]
		Total	10% or More	Less Than 10%	NSC With SC[2]	Total	Pension	Other		
All patients	956,881	286,761	98,947	3,820	183,994	662,346	200,325	462,021	4,896	2,878
Under 25	17,132	4,178	2,851	54	1,273	11,295	709	10,586	1,571	88
25-34	104,496	37,086	21,996	376	14,714	65,904	6,515	59,389	1,203	303
35-44	87,695	29,323	15,309	310	13,704	57,404	6,142	51,262	722	246
45-54	151,608	40,110	15,715	466	23,929	110,548	26,865	83,683	495	455
55-64	337,097	102,871	27,305	1,393	74,173	232,745	78,116	154,629	501	980
65 and over	258,530	73,105	15,732	1,221	56,152	184,245	81,924	102,321	377	803
Unavailable[4]	323	88	39	.....	49	205	54	151	27	3
Psychotic	79,403	37,305	29,793	384	7,128	41,589	11,914	29,675	487	22
Under 25	3,990	1,721	1,515	18	188	1,971	159	1,812	297	1
25-34	24,136	13,764	11,895	97	1,772	10,238	1,617	8,621	126	8
35-44	14,626	7,467	6,251	55	1,161	7,121	1,248	5,873	34	4
45-54	12,863	5,190	3,986	82	1,122	7,661	2,650	5,011	10	2
55-64	15,454	6,470	4,538	78	1,854	8,974	3,726	5,248	8	2
65 and over	8,293	2,678	1,597	54	1,027	5,603	2,509	3,094	7	5
Unavailable[4]	41	15	11	.....	4	21	5	16	5	.....
Other psychiatric	126,374	30,083	10,994	388	18,701	95,780	17,078	78,702	471	40
Under 25	3,872	566	278	1	287	3,110	118	2,992	195	1
25-34	32,755	7,913	3,457	90	4,366	24,704	1,685	23,019	130	8
35-44	25,435	5,972	2,276	62	3,634	19,386	1,411	17,975	68	9
45-54	26,195	5,089	1,656	68	3,365	21,065	4,020	17,045	30	11
55-64	28,517	7,909	2,548	119	5,242	20,558	6,595	13,963	41	9
65 and over	9,553	2,623	775	48	1,800	6,921	3,246	3,675	7	2
Unavailable[4]	47	11	4	.....	7	36	3	33	.....	.....
Medical and surgical	747,423	219,041	58,028	3,044	157,969	524,197	171,148	353,049	3,931	254
Under 25	9,162	1,883	1,054	35	794	6,186	429	5,757	1,078	15
25-34	47,180	15,342	6,606	188	8,548	30,873	3,203	27,670	945	20
35-44	47,304	15,849	6,760	193	8,896	30,821	3,478	27,343	619	15
45-54	111,994	29,786	10,060	316	19,410	81,708	20,171	61,537	455	45
55-64	291,848	88,386	20,185	1,195	67,006	202,930	67,716	135,214	449	83
65 and over	239,706	67,735	13,340	1,117	53,278	171,535	76,105	95,430	363	73
Unavailable[4]	229	60	23	.....	37	144	46	98	22	3
Unavailable[4]	3,681	332	132	4	196	780	185	595	7	2,562
Under 25	108	8	4	.....	4	28	3	25	1	71
25-34	425	67	38	1	28	89	10	79	2	267
35-44	330	35	22	.....	13	76	5	71	1	218
45-54	556	45	13	.....	32	114	24	90	.....	397
55-64	1,278	106	34	1	71	283	79	204	3	886
65 and over	978	69	20	2	47	186	64	122	.....	723
Unavailable[4]	6	2	1	.....	1	4	.....	4	.....	.....

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *Veterans with compensable service-connected disabilities but treated for non-service connected disability only.*

[3] *Includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Worker's Compensation program case, he/she is coded as a non-veteran.*

[4] *Includes all records for which required data are unavailable.*

[5] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[6] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification" numbers following the diagnoses are the identifying code numbers of this diagnostic classification.*

[3] *Includes all records for which required data are unavailable.*

VA Medical Centers-Hospital Care Component: Patients Discharged, Compensation and Pension Status, Type of Patient, Sex[1]—Fiscal Year 1982

Compensation and Pension Status	All Patients					Female[2]					Male[2]				
	Total	Psychotic	Other Psychiatric	Medical and Surgical	Unavailable[3]	Total	Psychotic	Other Psychiatric	Medical and Surgical	Unavailable[3]	Total	Psychotic	Other Psychiatric	Medical and Surgical	Unavailable[3]
VA Hospitals—Totals	956,881	79,403	126,374	747,423	3,681	16,625	2,085	1,624	12,865	51	940,171	77,310	124,741	734,494	3,626
Service connected	102,767	30,177	11,382	61,072	136	2,198	720	250	1,224	4	100,558	29,455	11,129	59,842	132
10% or more	98,947	29,793	10,994	58,028	132	2,130	711	244	1,171	4	96,806	29,080	10,747	56,851	128
Less than 10%	3,820	384	388	3,044	4	68	9	6	53	.....	3,752	375	382	2,991	4
Non-service connected with SC	183,994	7,128	18,701	157,969	196	2,541	136	173	2,230	2	181,439	6,992	18,528	155,727	192
NSC with pension	200,325	11,914	17,078	171,148	185	3,097	388	223	2,482	4	197,212	11,525	16,855	168,652	180
NSC no claim pending	462,021	29,675	78,702	353,049	595	7,791	805	945	6,029	12	454,188	28,865	77,751	346,989	583
Non-veterans[4]	4,896	487	471	3,931	7	956	35	33	887	1	3,939	452	438	3,043	6
Unavailable[3]	2,878	22	40	254	2,562	42	1	.....	13	28	2,835	21	40	241	2,533

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *Female and male discharges will not equal the total discharges since 85 records did not show sex data.*

[3] *Includes all records for which required data are unavailable.*

[4] *Includes all patients other than veterans, such as active military, humanitarian emergencies reimbursable cases, allied beneficiaries, donors, etc. If a veteran is admitted as an Office of Worker's Compensation program case, he/she is coded as a non-veteran.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Type of Patient, Percent Hospitalized in Reported State of Residence[1]—Fiscal Year 1982

Reported State of Residence	All Discharges			Type of Patient							
	Total	Hospitalized in Same State		Medical and Surgical		Psychotic		Other Psychiatric		Unavailable[2]	
		Number	Percent	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State	Total	Percent Hospitalized In Same State
Total	956,881	844,275	88.3	747,423	88.4	79,403	88.8	126,374	87.0	3,681	89.7
United States	945,341	833,300	88.1	739,129	88.3	77,017	88.5	125,544	86.9	3,651	89.8
Alabama	19,769	17,595	89.0	14,742	89.8	1,867	89.4	3,112	85.2	48	91.7
Alaska	122	.....	.....	97	.....	11	.....	14	.....	.....	.....
Arizona	20,304	19,760	97.3	16,204	97.5	1,419	96.3	2,660	97.1	21	85.7
Arkansas	20,869	17,383	83.3	17,379	82.7	946	83.6	2,494	87.8	50	44.0
California	76,789	74,875	97.5	61,436	97.8	6,797	96.8	8,376	96.1	180	98.3
Colorado	10,202	9,184	90.0	7,480	92.8	800	88.4	1,869	79.6	53	96.2
Connecticut	9,806	9,300	94.8	7,754	96.8	674	81.3	1,354	90.8	24	79.2
Delaware	2,151	1,824	84.8	1,801	93.5	102	25.5	189	29.1	59	100.0
District of Columbia	4,531	4,282	94.5	3,605	96.7	350	84.0	563	87.0	13	84.6
Florida	54,713	52,372	95.7	46,098	96.7	3,568	89.2	4,956	91.1	91	87.9
Georgia	24,686	19,418	78.7	19,103	78.3	2,061	77.4	3,458	81.1	64	93.8
Hawaii	30	.....	.....	20	.....	3	.....	7	.....	.....	.....
Idaho	4,727	2,804	59.3	3,985	61.0	221	62.9	505	43.8	16	93.8
Illinois	45,774	38,249	83.6	35,083	82.0	3,966	86.3	6,597	90.0	128	91.4
Indiana	16,641	12,323	74.1	12,460	73.3	1,672	74.0	2,494	78.1	15	66.7
Iowa	13,816	11,235	81.3	11,657	81.1	887	89.3	1,263	77.6	9	44.4
Kansas	12,404	10,217	82.4	9,575	81.1	824	84.6	1,990	87.8	15	46.7
Kentucky	19,633	14,957	76.2	16,190	75.6	1,359	81.6	1,956	76.2	128	95.3
Louisiana	20,203	18,486	91.5	16,510	94.9	1,565	72.1	2,118	79.8	10	70.0
Maine	5,252	4,816	91.7	3,111	88.2	836	96.8	1,295	97.0	10	80.0
Maryland	13,881	9,444	68.0	10,255	65.9	887	70.3	2,675	75.3	64	76.6
Massachusetts	22,278	19,785	88.8	16,143	86.8	2,940	95.3	3,133	92.9	62	95.2
Michigan	26,253	24,993	95.2	19,113	95.2	3,182	96.2	3,921	94.6	37	75.7
Minnesota	18,076	15,041	83.2	14,274	81.8	1,551	91.0	2,238	87.0	13	69.2
Mississippi	17,170	13,970	81.4	14,457	81.3	1,049	86.0	1,589	82.4	75	2.7
Missouri	27,660	23,372	84.5	22,702	85.3	1,835	85.9	3,065	77.4	58	84.5
Montana	7,562	5,828	77.1	6,096	81.0	270	40.7	1,181	65.5	15	53.3
Nebraska	11,514	9,844	85.5	8,746	87.3	711	82.3	2,052	79.3	5	.....
Nevada	4,617	3,046	66.0	4,013	67.8	224	55.8	374	52.9	6	66.7
New Hampshire	5,522	2,754	49.9	4,684	50.1	229	20.1	596	59.4	13	46.2
New Jersey	14,120	11,177	79.2	9,283	77.1	2,150	86.0	2,391	80.3	296	85.8
New Mexico	5,919	5,340	90.2	4,698	91.3	376	86.7	837	85.9	8	75.0
New York	64,899	63,831	98.4	49,680	98.5	5,034	96.9	9,448	98.1	737	99.7
North Carolina	23,833	22,228	93.3	19,003	93.9	1,586	92.1	3,221	90.3	23	69.6
North Dakota	2,752	2,046	74.3	2,008	83.3	219	32.4	520	57.5	5	80.0
Ohio	29,763	25,453	85.5	20,704	82.5	3,738	93.8	4,800	90.8	521	98.8
Oklahoma	14,155	12,016	84.9	11,863	88.2	545	62.8	1,737	69.1	10	60.0
Oregon	14,427	13,091	90.7	11,777	90.6	979	93.1	1,591	90.0	80	96.3
Pennsylvania	31,374	29,097	92.7	22,915	92.7	3,860	94.8	4,531	91.8	68	64.7
Rhode Island	4,257	3,790	89.0	3,630	92.5	325	72.0	298	66.8	4	25.0
South Carolina	17,579	12,745	72.5	14,751	75.8	952	55.4	1,859	55.5	17	35.3
South Dakota	8,295	7,370	88.8	5,895	86.9	504	90.3	1,880	94.6	16	87.5
Tennessee	22,441	21,643	96.4	17,768	97.1	1,617	94.4	2,811	93.5	245	98.8
Texas	70,049	65,750	93.9	55,540	93.9	5,515	93.8	8,802	93.5	192	96.4
Utah	5,374	5,210	96.9	3,721	97.1	567	94.5	1,061	97.6	25	100.0
Vermont	2,687	2,442	90.9	2,288	92.7	105	84.8	288	79.2	6	83.3
Virginia	23,176	19,310	83.3	17,514	83.4	2,224	90.2	3,394	78.3	44	90.9
Washington	15,980	12,870	80.5	12,332	79.5	1,329	90.7	2,295	80.4	24	62.5
West Virginia	14,600	12,081	82.7	11,477	85.3	803	60.9	2,310	77.7	10	90.0
Wisconsin	19,040	16,036	84.2	14,908	83.3	1,586	88.9	2,512	86.5	34	94.1
Wyoming	3,666	2,617	71.4	2,601	67.1	197	84.3	864	81.6	4	25.0
Outside United States	11,335	10,975	96.8	8,124	96.2	2,375	99.1	810	97.0	26	88.5
Puerto Rico	11,033	10,975	99.5	7,851	99.5	2,365	99.5	794	99.0	23	100.0
All other	302	.....	.....	273	.....	10	.....	16	.....	3	.....
Unavailable[2]	205	.....	.....	170	.....	11	.....	20	.....	4	.....

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *Includes all records for which required data are unavailable.*

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Grouping, Length of Stay[1]—Fiscal Year 1982

Diagnostic Composition of Patients[2]	Total			Short Term Average Days[4]	Short Term Discharges Percent of Total Discharges[4]	Length of Stay (Days)														Total Days[6]
	Patients	Average Days	Median 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	Unknown[5]	
All diseases and conditions	956,881	26.6	10.2	14.9	97.1	103,403	133,278	175,504	203,496	104,510	81,759	96,569	26,083	19,661	4,733	2,109	3,026	2,696	54	25,469,411
I. Infectious and parasitic diseases	9,717	28.4	10.0	14.7	96.0	1,062	1,537	1,742	1,905	1,114	736	883	300	273	91	28	32	13	1	276,047
Pulmonary tuberculosis (011)	1,981	53.0	20.4	24.4	89.6	50	86	195	381	365	243	300	127	136	64	15	17	2	.....	104,979
Tuberculosis, other (010, 012-018)	258	30.3	16.8	19.6	93.4	13	32	32	41	43	31	36	12	13	2	2	1	.....	.....	7,808
Tuberculosis, late effects (137)	68	35.9	13.1	16.9	98.5	4	8	6	22	8	7	9	3	.....	.....	.....	.....	1	.....	2,441
All other infectious and parasitic diseases (001-009, 020-136)	7,397	21.7	7.5	12.2	97.8	995	1,409	1,503	1,460	698	455	537	157	122	25	11	14	10	1	160,445
Late effects of other infectious and parasitic diseases (138-139)	13	28.8	7.0	21.9	92.3	.....	2	6	1	.....	.....	1	1	2	.....	.....	.....	.....	.....	374
II. Neoplasms	102,801	21.9	11.2	16.9	97.7	15,568	13,616	14,254	17,313	11,524	10,006	13,584	4,039	2,292	302	95	134	66	8	2,246,195
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0)	6,442	33.0	17.7	24.0	93.2	475	674	811	1,000	684	649	1,023	597	445	57	10	14	3	.....	212,617
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9)	13,212	26.1	16.8	21.1	97.4	1,325	1,123	1,703	2,045	1,692	1,750	2,501	630	369	33	18	14	8	1	344,262
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2)	24,635	24.6	14.6	19.3	98.1	2,666	2,499	3,130	4,311	3,339	2,929	4,160	1,001	482	51	16	31	15	5	606,987
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9)	3,461	30.6	17.3	23.8	95.0	264	455	423	472	361	350	600	313	186	26	6	2	3	.....	106,018
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208)	9,702	14.7	6.6	12.3	98.8	2,597	1,413	1,277	1,585	892	716	856	230	104	13	3	13	3	.....	143,015
Malignant neoplasm of genitourinary organs (179-189, 233)	17,235	19.9	11.6	16.4	98.0	2,122	2,074	2,561	3,582	2,129	1,668	2,136	556	322	40	15	22	8	.....	342,561
Malignancies of all other systems (170-175, 190-199, 232, 234)	16,565	21.1	8.4	14.9	97.7	3,528	2,318	2,290	2,543	1,609	1,419	1,819	584	328	66	20	26	14	1	349,670
Neoplasms, Benign (210-229)	8,990	10.0	3.6	7.5	99.4	2,115	2,628	1,662	1,262	555	327	301	80	34	10	2	8	5	1	90,022
Neoplasms of unspecified nature (235-239)	2,559	19.9	7.8	12.1	98.3	476	432	397	513	263	198	188	48	22	6	5	4	7	.....	51,043
III. Endocrine, nutritional and metabolic diseases and immunity disorders	30,645	21.4	11.2	14.5	97.3	2,433	3,537	5,719	8,152	4,055	2,593	2,542	695	623	140	57	62	37	.....	655,156
Diabetes mellitus (250)	21,135	22.6	11.9	15.3	97.1	1,540	2,031	3,740	5,867	2,997	1,875	1,864	525	470	108	42	46	30	.....	476,784
Diseases of the endocrine glands (240-246, 251-259)	2,897	15.3	9.4	12.3	98.5	258	425	616	749	348	228	196	30	29	11	2	5	.....	.....	44,247
Gout (274)	1,074	12.0	7.4	10.2	99.2	89	187	314	259	101	57	48	9	7	2	.....	.....	1	.....	12,877
Obesity (278.0-278.1)	984	25.5	12.2	16.9	95.3	52	129	155	261	108	88	100	37	36	9	4	5	.....	.....	25,094
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8)	4,493	21.3	9.0	13.0	97.8	469	754	888	1,009	498	340	331	94	79	10	9	6	6	.....	95,485
Disorders involving the immune mechanisms (279)	62	10.8	2.2	9.2	98.3	25	11	6	7	3	5	3	.....	2	.....	.....	.....	.....	.....	669
IV. Diseases of the blood and blood forming organs	7,182	14.7	7.3	10.9	99.1	1,526	1,217	1,025	1,523	836	491	413	81	45	8	7	7	3	.....	105,516

Disorders involving the immune mechanisms (279)	62	10.8	2.2	9.2	98.3	25	11	6	7	3	5	3	.....	1	.....	.....	.....	.....	.....	.....
IV. Diseases of the blood and blood-forming organs	7,182	14.7	7.3	10.9	99.1	1,526	1,217	1,025	1,523	836	491	413	81	45	8	7	7	3	.....	105,516
Anemias (280-282.4, 282.7-285)	4,837	13.1	7.9	11.3	99.3	1,043	791	605	1,010	631	359	308	52	26	5	3	3	1	.....	63,580
Sickle-cell trait and sickle-cell anemia (282.5-282.6)	240	8.0	5.3	7.1	99.5	37	62	65	55	8	6	3	3	.....	1	.....	.....	.....	.....	1,923
Other diseases of the blood and blood-forming organs (286-289)	2,105	19.0	6.8	10.3	98.7	446	364	355	458	197	126	102	26	19	2	4	4	2	.....	40,013
V. Mental disorders	205,777	52.5	17.9	21.7	93.5	15,859	20,601	27,278	31,004	20,116	26,555	38,611	10,597	8,503	2,404	1,091	1,487	1,656	15	10,801,881
Alcohol psychosis (291)	7,261	59.6	11.2	16.4	92.5	349	998	1,645	1,414	679	507	837	248	240	101	38	85	120	.....	432,963
Drug psychosis (292)	686	26.9	10.7	15.1	96.2	57	63	167	149	77	54	71	18	21	1	2	3	3	.....	18,446
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294)	4,858	203.9	28.3	26.2	77.4	150	233	387	736	571	503	777	329	402	146	101	194	328	1	990,406
Schizophrenic disorders (295)	48,739	93.5	22.5	24.8	88.3	3,386	3,733	4,959	6,757	5,289	5,682	9,095	3,482	3,361	1,000	514	651	822	8	4,556,343
Other psychoses (296-299)	17,859	47.6	24.3	26.9	91.3	1,180	984	1,544	2,506	2,122	2,342	3,905	1,474	1,148	316	126	135	75	2	849,497
Neurotic disorders (300)	9,982	33.4	15.9	21.2	94.8	952	928	1,327	1,642	1,144	1,174	1,631	558	423	99	39	46	18	1	333,387
Personality disorders (301)	5,335	28.0	13.1	18.3	94.9	608	642	750	925	622	533	698	245	214	54	19	17	8	.....	149,288
Alcohol dependence or abuse (303, 305.0)	82,634	24.9	15.1	20.2	98.0	6,290	10,088	12,754	12,080	6,593	12,529	17,351	2,905	1,504	266	95	136	41	2	2,054,180
Drug dependence or abuse (304, 305.1-305.9)	11,378	25.7	13.2	18.4	95.7	1,376	1,247	1,639	1,950	1,180	1,331	1,659	425	377	123	39	31	1	.....	292,310
Other nonpsychotic mental disorders (302, 306-319)	17,045	66.0	16.5	20.7	91.2	1,511	1,685	2,106	2,845	1,839	1,900	2,587	913	813	298	118	189	240	1	1,125,061
VI. Diseases of the nervous system and sense organs	49,249	27.1	7.4	11.9	96.7	4,826	8,846	13,046	9,830	4,061	2,653	3,034	1,154	960	262	136	221	213	7	1,333,086
Quadriplegia (344.0)	1,381	82.8	19.6	21.7	84.2	88	136	172	201	142	136	188	85	111	48	30	22	22	.....	114,324
Paraplegia (344.1)	1,553	58.7	17.9	23.0	88.2	135	162	167	244	167	121	231	115	137	25	13	24	12	.....	91,090
Epilepsy (345)	2,801	14.1	8.4	11.3	99.1	230	493	637	748	310	182	146	21	25	3	2	2	2	.....	39,399
Disorders of the peripheral nervous system (350-359)	6,323	15.4	7.5	11.7	98.4	616	1,331	1,382	1,306	614	438	406	120	57	24	11	14	3	1	97,342
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349)	11,231	61.8	14.8	19.3	91.9	788	1,130	1,418	2,372	1,449	1,086	1,442	547	488	152	70	130	157	2	694,376
Glaucoma (365)	1,712	9.6	5.1	7.3	99.5	413	332	417	324	111	58	39	11	4	.....	1	.....	2	.....	16,397
Cataract (366)	11,339	11.0	6.3	7.1	99.6	593	1,921	5,491	2,448	483	205	121	27	20	2	4	14	7	3	124,324
Blindness (369)	828	48.7	36.4	35.8	91.3	57	77	64	68	67	49	179	165	94	3	2	1	2	.....	40,358
Disorders of the eye and adnexa (360-364, 367-368, 370-379)	8,003	10.6	5.3	7.5	99.5	1,406	1,937	2,121	1,499	502	256	198	43	19	4	2	9	6	1	84,516
Diseases of the ear and mastoid process (380-389)	4,078	7.6	4.8	6.8	99.7	500	1,327	1,177	620	216	122	84	20	5	1	1	5	.....	.....	30,960
VII. Diseases of the circulatory system	153,613	21.7	10.9	14.1	97.7	11,162	19,356	29,597	40,609	21,249	12,689	11,946	2,983	2,563	543	257	383	270	6	3,329,519
Chronic rheumatic heart disease (393-398)	1,508	16.1	10.7	13.8	99.2	95	219	301	362	234	139	121	22	10	1	.....	2	2	.....	24,274
Hypertensive disease without heart involvement (401, 403, 405)	12,607	12.8	7.2	10.4	99.1	2,065	2,100	2,686	2,884	1,250	705	656	128	86	13	10	18	5	1	160,808
Hypertensive heart disease (402, 404)	4,602	18.4	11.1	13.6	98.1	189	447	1,093	1,318	687	420	289	63	58	15	4	14	5	.....	84,801
Acute myocardial infarction (410)	8,816	17.2	12.6	14.0	99.0	633	520	1,072	3,325	1,842	765	483	80	64	10	1	10	11	.....	151,447
Other ischemic heart disease (411-414)	42,275	15.6	8.9	11.3	99.0	2,794	6,966	9,945	11,665	5,305	2,808	1,972	361	253	56	42	66	40	2	657,439
Other forms of heart disease (391, 392.0, 420-429)	33,956	19.5	9.6	12.5	98.7	2,473	4,540	7,833	9,286	4,262	2,448	2,198	427	283	55	36	61	54	.....	661,725
Cerebrovascular diseases (430-438)	21,034	42.9	17.0	21.8	92.8	843	1,340	2,605	4,844	3,066	2,334	3,121	1,129	1,124	252	112	143	119	2	901,853
Atherosclerosis (440)	3,023	38.5	18.6	22.2	92.7	95	234	357	583	468	383	512	145	158	44	16	19	9	.....	116,510

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Grouping, Length of Stay[1]—Fiscal Year 1982

Diagnostic Composition of Patients[2]	Total			Short Term Average Days[4]	Short Term Discharges Percent of Total Discharges[4]	Length of Stay (Days)													Total Days[6]
	Patients	Average Days	Median 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	Unknown[5]	
Other diseases of arteries, arterioles and capillaries (441-448)	11,756	27.1	16.2	19.4	96.0	660	1,205	1,364	2,326	1,986	1,586	1,672	426	385	76	31	25	13	1	318,686
Varicose veins of lower extremities (454)	1,769	27.7	14.4	19.3	97.0	98	155	246	421	272	185	249	78	50	8	2	4	1	.....	49,041
Hemorrhoids (455)	3,868	8.7	6.5	8.1	99.7	681	668	934	1,006	336	136	88	8	5	3	.....	3	.....	.....	33,670
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459)	8,399	20.2	12.2	14.3	98.7	536	962	1,161	2,589	1,541	780	585	116	87	10	3	18	11	.....	169,265
VIII. Diseases of the respiratory system	62,419	21.0	9.8	12.8	98.1	3,210	8,682	15,023	17,384	7,418	4,375	4,091	944	706	173	102	159	149	3	1,311,446
Acute respiratory infections (460-466)	2,848	10.5	7.0	9.1	99.6	176	598	869	747	233	107	86	23	7	.....	.....	1	1	.....	29,799
Pneumonia and influenza (480-487)	11,803	32.5	11.9	14.7	97.1	426	898	2,516	3,781	1,722	958	923	203	175	37	27	65	71	1	384,130
Chronic bronchitis (491)	3,126	16.7	10.4	13.0	98.6	110	332	793	984	378	238	206	38	27	10	4	5	1	.....	52,100
Emphysema (492)	1,872	29.1	12.3	15.5	96.2	70	166	376	523	258	188	176	40	39	11	5	14	6	.....	54,419
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519)	42,770	18.5	9.1	12.4	98.3	2,428	6,688	10,469	11,349	4,827	2,884	2,700	640	458	115	66	74	70	2	790,998
IX. Diseases of the digestive system	88,325	14.9	9.1	12.1	99.1	7,832	12,546	20,422	23,982	9,955	6,015	5,477	1,200	606	93	45	88	59	5	1,314,266
Diseases of oral cavity, salivary glands and jaws (520-529)	4,747	8.1	4.0	6.3	99.5	1,112	1,259	1,218	686	228	106	82	30	14	3	1	5	2	1	38,609
Ulcers of the digestive system (530.2, 531-534)	8,905	15.0	8.8	11.5	99.3	1,093	1,298	1,793	2,396	1,021	650	484	100	54	5	.....	4	7	.....	133,613
Other diseases of the esophagus, stomach and duodenum (530.0, 530.1, 530.3-530.9, 535-537)	9,631	12.0	6.6	9.8	99.3	1,614	1,924	1,967	2,180	809	503	465	98	44	9	4	11	3	.....	115,925
Hernia of the abdominal cavity (550-553)	18,846	11.4	8.6	10.0	99.7	771	1,983	6,183	6,516	1,875	855	523	69	38	6	3	14	7	3	214,677
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579)	25,454	15.5	8.3	11.4	98.9	2,491	4,154	5,835	6,522	2,798	1,629	1,391	335	173	34	22	37	33	.....	394,437
Alcohol related liver disorders (571.0-571.3)	6,526	22.5	14.9	19.5	97.9	238	581	933	1,534	1,020	821	981	252	136	17	8	4	1	.....	147,081
Other diseases of the liver, gallbladder and pancreas (570, 571.4-577)	14,216	19.0	12.7	16.3	98.9	513	1,347	2,493	4,148	2,204	1,451	1,551	316	147	19	7	13	6	1	269,924
X. Diseases of the genitourinary system	47,533	14.5	8.1	10.9	99.0	5,658	8,156	9,836	12,321	5,131	3,003	2,447	476	279	69	31	80	42	4	689,388
Nephritis, nephrotic syndrome and nephrosis (580-589)	5,812	21.6	9.3	14.1	97.6	739	994	976	1,092	648	500	572	131	88	21	14	21	15	1	125,575
Other diseases of the urinary system (590-599)	19,658	14.2	8.2	11.2	99.0	2,225	3,315	4,149	5,037	2,180	1,269	1,044	215	123	36	10	37	15	3	278,940
Diseases of the prostate (600-602)	14,226	14.5	9.5	11.2	99.4	1,839	1,803	2,524	4,421	1,787	994	663	102	51	12	6	16	8	.....	205,671
Other diseases of the male genital organs (603-608)	6,141	10.7	6.1	7.9	99.6	562	1,590	1,772	1,437	396	193	139	27	16	.....	1	5	3	.....	65,641
Disorders of breast and gynecological diseases (610-629)	1,696	8.0	5.0	6.8	99.8	293	454	415	334	120	47	29	1	1	.....	.....	1	1	.....	13,561
XI. Complications of pregnancy, childbirth																				

XI. Complications of pregnancy, childbirth and puerperium (630-676)	28	10.1	4.5	5.6	96.4	6	7	9	4	.....	.....	1	.....	1	.....	.....	.....	.....	.....	284
XII. Diseases of skin and subcutaneous tissue	22,407	17.3	7.0	12.2	97.6	5,127	3,278	3,772	4,011	1,912	1,408	1,750	531	417	100	33	52	15	1	387,729
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698)	11,576	15.7	9.5	13.2	98.7	976	1,569	2,656	2,890	1,299	884	918	204	128	24	7	16	5	.....	182,272
Other diseases of skin and subcutaneous tissue (700-709)	10,831	19.0	3.0	11.2	96.6	4,151	1,709	1,116	1,121	613	524	832	327	289	76	26	36	10	1	205,457
XIII. Diseases of the musculoskeletal system and connective tissue	43,353	17.4	10.2	14.0	98.4	3,776	6,396	8,488	9,938	5,465	3,774	3,827	897	563	120	40	49	20	.....	753,449
Osteoarthrosis and allied disorders (715)	5,346	18.1	12.9	15.8	98.7	331	620	872	1,215	903	671	544	108	58	15	5	3	1	.....	96,851
Other arthropathies and related disorders (710-714, 716-719)	10,555	17.9	8.8	12.8	98.2	1,131	1,466	2,406	2,437	1,150	793	748	213	137	39	8	18	9	.....	189,205
Dorsopathies (720-724)	12,486	17.5	12.1	15.3	98.9	937	1,586	1,871	3,155	1,929	1,311	1,293	234	127	19	10	11	3	.....	218,679
Rheumatism, excluding the back (725-729)	7,733	10.5	6.3	9.1	99.3	924	1,773	2,037	1,586	633	351	300	67	45	7	1	8	1	.....	81,299
Osteopathies, chondropathies and acquired musculoskeletal deformities (730-739)	7,233	23.1	12.1	17.3	96.8	453	951	1,302	1,545	850	648	942	275	196	40	16	9	6	.....	167,415
XIV. Congenital deformities (740-759)	2,757	17.6	8.0	12.1	98.3	303	477	603	579	311	200	190	43	32	7	2	7	3	.....	48,547
XVI. Symptoms, signs and ill-defined conditions (780-799)	50,277	14.9	7.5	10.6	98.8	5,704	9,528	11,411	12,101	4,994	2,873	2,430	547	434	82	42	81	50	.....	748,956
XVII. Injury and poisoning	44,932	23.1	8.1	13.4	96.9	6,450	7,369	8,479	8,563	4,400	3,077	3,853	1,153	1,039	245	96	129	77	2	1,035,925
Fracture of skull (800-804)	2,063	20.7	7.2	10.0	98.6	203	385	566	529	160	81	81	27	16	4	1	5	5	.....	42,615
Fracture of neck and trunk (805-809)	2,414	33.9	12.3	17.1	94.1	150	325	422	500	279	202	299	70	95	42	15	9	5	1	81,890
Fracture of upper and lower limb (810-829)	10,712	31.2	13.5	18.3	95.4	1,143	1,198	1,450	2,015	1,378	1,068	1,446	450	399	75	25	37	28	.....	333,991
Dislocations, sprains and strains of joints and adjacent muscles (830-848)	3,822	10.7	6.8	9.7	99.4	497	706	1,014	894	313	176	147	45	22	4	1	3	.....	.....	40,806
Intracranial injury, excluding those with skull fracture (850-854)	1,990	33.6	6.8	13.0	94.4	420	384	273	276	161	129	171	57	65	22	9	14	9	.....	66,814
Internal injury of chest, abdomen and pelvis (860-869)	563	13.6	8.2	12.1	98.7	42	82	154	143	57	29	40	6	9	1	.....	.....	.....	.....	7,637
Open wounds (870-897)	4,909	11.0	2.7	6.8	98.5	1,767	1,015	895	589	237	137	150	41	46	15	6	8	3	.....	53,794
Burns (940-949)	1,148	23.9	14.0	18.8	97.1	89	141	159	219	160	136	155	46	34	2	3	3	1	.....	27,380
Poisoning by drugs, medicinal and biological substances (960-979)	2,009	10.5	5.8	9.0	99.2	379	431	440	393	164	73	94	15	13	3	1	3	.....	.....	21,088
Toxic effects of substances chiefly nonmedical as to source (980-989)	385	9.3	4.5	8.8	99.4	93	90	86	58	17	11	21	7	2	.....	.....	.....	.....	.....	3,583
All other injuries (900-904, 910-939, 950-959, 990-995)	4,804	19.6	5.9	10.3	97.7	897	1,042	978	804	384	238	253	90	80	15	7	8	8	.....	94,287
Complications of surgical and medical care, NEC (996-999)	7,737	18.1	9.5	14.3	97.9	595	1,277	1,655	1,662	854	595	708	196	143	28	8	13	2	1	140,360
Late effects of injuries, poisonings, toxic effects and other external causes (905-909)	2,376	51.2	12.9	17.8	91.6	175	293	387	481	236	202	288	103	115	34	20	26	16	.....	121,680

See footnotes at end of table.

VA Medical Centers—Hospital Care Component: Patients Discharged, Diagnostic Grouping, Length of Stay[1]—Fiscal Year 1982

Diagnostic Composition of Patients[2]	Total			Short Term Average Days[4]	Short Term Discharges Percent of Total Discharges[4]	Length of Stay (Days)														Total Days[6]
	Patients	Average Days	Median 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	Unknown[5]	
XVIII. Factors influencing health status and contact with health services (V01-V82)	32,185	10.4	1.9	6.8	99.0	12,407	7,706	4,234	3,517	1,588	982	1,099	293	214	58	31	39	17	.....	335,639
Unavailable[5]	3,681	26.2	11.3	16.3	95.6	494	423	566	760	381	329	391	150	111	36	16	16	6	2	96,382

[1] *Patient treatment file. This table, as well as all others in this hospital discharge series, excludes 230,881 one-day dialysis discharges.*

[2] *The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Conditions Originating in the Prenatal Period" in which no cases occured, is not included in this table.*

[3] *One-half of the discharges in the given category have length of stay greater than the median; the other half, less than the median.*

[4] *Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.*

[5] *Includes records for which required data are unavailable.*

[6] *Excludes those cases for which the number of days are unavailable.*

Surgical Procedures Performed in VA Medical Centers-Hospital Care Component[1]—Fiscal Year 1982

Surgical Procedures	All Hospitals	Affiliated Hospitals	Non-Affiliated Hospitals
Total[2]	340,842	316,741	24,101
Operations on the nervous system (01-05)	7,811	7,603	208
Incision and excision of skull, brain and cerebral meninges (01)	1,570	1,566	4
Other operations on skull, brain, and cerebral meninges (02)	647	642	5
Operations on spinal cord and spinal canal structures (03)	1,428	1,416	12
Operations on cranial and peripheral nerves (04)	3,752	3,642	110
Operations on sympathetic nerves or ganglia (05)	414	337	77
Operations on the endocrine system (06-07)	1,150	1,119	31
Operations on thyroid and parathyroid glands (06)	954	926	28
Operations on other endocrine glands (07)	196	193	3
Operations on the eye (08-16)	24,555	23,958	597
Operations on eyelids (08)	3,286	3,168	118
Operations on lacrimal system (09)	209	207	2
Operations on conjunctiva (10)	193	189	4
Operations on cornea (11)	805	768	37
Operations on iris, ciliary body, sclera and anterior chamber (12)	1,248	1,230	18
Operations on lens (13)	15,594	15,195	399
Operations on retina, choroid, vitreous and posterior chamber (14)	2,138	2,130	8
Operations on extraocular muscles (15)	387	383	4
Operations on orbit and eyeball (16)	695	688	7
Operations on the ear (18-20)	4,587	4,399	188
Operations on external ear (18)	1,659	1,495	164
Reconstructive operations on middle ear (19)	1,586	1,577	9
Other operations on middle and inner ear (20)	1,342	1,327	15
Operations on the nose, mouth and pharynx (21-29)	16,870	16,169	701
Operations on nose (21)	5,508	5,281	227
Operations on nasal sinuses (22)	1,417	1,382	35
Removal and restoration of teeth (23)	1,926	1,818	108
Other operations on teeth, gums and alveoli (24)	1,377	1,311	66
Operations on tongue (25)	1,171	1,147	24
Operations on salivary glands and ducts (26)	922	878	44
Other operations on mouth and face (27)	2,732	2,574	158
Operations on tonsils and adenoids (28)	798	778	20
Operations on pharynx (29)	1,019	1,000	19
Operations on the respiratory system (30-34)	26,268	24,932	1,336
Excision of larynx (30)	1,710	1,689	21
Other operations on larynx and trachea (31)	9,675	9,499	176
Excision of lung and bronchus (32)	2,538	2,405	133
Other operations on lung and bronchus (33)	8,476	7,728	748
Operations on chest wall, pleura, mediastinum and diaphragm (34)	3,869	3,611	258
Operations on the cardiovascular system (35-39)	35,167	34,121	1,046
Operations on valves and sepia of heart (35)	884	884	.....
Operations on vessels of heart (36)	4,458	4,457	1
Other operations on heart and pericardium (37)	4,359	4,258	101
Incision, excision and occlusion of vessels (38)	8,324	7,809	515
Other operations on vessels (39)	17,142	16,713	429
Operations on the hemic and lymphatic system (40-41)	5,890	5,625	265
Operations on lymphatic system (40)	5,155	4,925	230
Operations on bone marrow and spleen (41)	735	700	35
Operations on the digestive system (42-54)	73,229	65,733	7,496
Operations on esophagus (42)	5,015	4,766	249
Incision and excision of stomach (43)	2,654	2,446	208
Other operations on stomach (44)	5,874	5,275	599
Incision, excision, and anastomosis of intestine (45)	13,162	11,748	1,414

See footnotes at end of table.

Surgical Procedures Performed in VA Medical Centers–Hospital Care Component[1]– Fiscal Year 1982

Surgical Procedures	All Hospitals	Affiliated Hospitals	Non-Affiliated Hospitals
Other operations on intestine (46)	3,834	3,583	251
Operations on appendix (47)	1,991	1,757	234
Operations on rectum and perirectal tissue (48)	3,872	3,405	467
Operations on anus (49)	5,007	4,231	776
Operations on liver (50)	1,574	1,479	95
Operations on gallbladder and biliary tract (51)	6,538	5,942	596
Operations on pancreas (52)	747	724	23
Repair of hernia (53)	17,781	15,598	2,183
Other operations on abdominal region (54)	5,180	4,779	401
Operations on the urinary system (55-59)	38,960	35,300	3,660
Operations on kidney (55)	2,069	1,985	84
Operations on ureter (56)	1,798	1,699	99
Operations on urinary bladder (57)	30,348	27,347	3,001
Operations on urethra (58)	4,388	3,937	451
Other operations on urinary tract (59)	357	332	25
Operations on the male genital organs (60-64)	25,607	23,312	2,295
Operations on prostate and seminal vesicles (60)	16,299	14,901	1,398
Operations on scrotum and tunica vaginalis (61)	924	818	106
Operations on testes (62)	1,977	1,821	156
Operations on spermatic cord, epididymis and vas deferens (63)	2,686	2,323	363
Operations on penis (64)	3,721	3,449	272
Operations on the female genital organs (65-71)	666	594	72
Operations on ovary (65)	175	156	19
Operations on fallopian tubes (66)	13	11	2
Operation on cervix (67)	49	40	9
Other incision and excision of uterus (68)	161	145	16
Other operations on uterus and supporting structures (69)	170	158	12
Operations on vagina and cul-de-sac (70)	65	57	8
Operations on vulva and perineum (71)	33	27	6
Obstetrical procedures (72-75)	1	1	.....
Forceps, vacuum and breech delivery (72)	.....	.....	.....
Other procedures inducing or assisting delivery (73)	.....	.....	.....
Cesarean section and removal of fetus (74)	1	1	.....
Other obstetric operations (75)	.....	.....	.....
Operations on the musculoskeletal system (76-84)	49,637	47,064	2,573
Operations on facial bones and joints (76)	2,645	2,615	30
Incision, excision and division of other bones (77)	6,041	5,758	283
Other operations on bones, except facial bones (78)	3,158	3,021	137
Reduction of fracture and dislocation (79)	6,295	5,926	369
Incision and excision of joint structures (80)	8,660	8,308	352
Repair and plastic operations on joint structures (81)	8,047	7,754	293
Operations on muscle, tendon and fascia of hand (82)	3,152	2,908	244
Operations on muscle, tendon, fascia and bursa, except hand (83)	3,740	3,468	272
Other procedures on musculoskeletal system (84)	7,899	7,306	593
Operations on the integumentary system (85-86)	30,444	26,811	3,633
Operations on the breast (85)	1,376	1,245	131
Operations on skin and subcutaneous tissue (86)	29,068	25,566	3,502

[1] *Patient treatment file. The procedures included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the operations are the identifying code numbers of this operation classification. Excluded are miscellaneous diagnostic and therapeutic procedures (87-99) and the following selected diagnostic procedures (16.21, 18.11, 20.31, 21.21, 29.11 and 31.41).*

[2] *753 surgical procedures codes were not usable due to unavailable data.*

Operating Costs of VA Inpatient Facilities—Fiscal Year 1982
Fiscal Year 1982

(Dollars in Thousands)

Activity	Total	VA Hospital Care			VA Nursing Care	VA Domiciliaries
		Medical Bed Section	Surgical Bed Section	Psychiatric Bed Section		
Total Costs	$5,072,304	$2,429,418	$1,268,381	$999,089	$281,922	$93,494
Professional and ancillary:						
Medical services[1]	1,348,150	679,316	390,532	229,710	33,642	14,950
Nursing services	1,235,815	589,756	304,063	252,937	86,019	3,040
Chaplain services	22,695	9,889	3,982	5,572	1,890	1,362
Dietetics services	354,800	148,908	60,715	87,157	36,292	21,728
Dental services	44,708	19,639	8,793	12,171	2,049	2,056
Audiology & speech pathology	6,667	3,859	1,268	524	812	204
Direct care, Total	3,012,835	1,451,367	769,353	588,071	160,704	43,340
Administrative support	605,292	292,154	147,153	121,465	32,279	12,241
Engineering support	574,389	246,322	112,529	140,255	47,214	28,069
Building management[2]	269,283	117,750	61,387	62,742	22,930	4,474
Research support	94,079	57,692	24,070	11,091	1,036	190
Education & training support	323,686	166,337	103,186	46,378	6,343	1,442
Asset acquisitions	192,740	97,796	50,703	29,087	11,416	3,738
Support, Total	2,059,469	978,051	499,028	411,018	121,218	50,154

[1] *Professional medical services include laboratory, pharmacy, blind rehabilitation, clinical nuclear medicine, rehabilitation medicine, social service, clinical psychology, radiology, medical illustration and library.*

[2] *Includes operation of laundry.*

VA Nursing Homes, Community Nursing Homes, and VA Domiciliaries: Patient Movement Fiscal Year 1982

Item	VA Nursing Homes	Community Nursing Homes	VA Domiciliaries
Gains, Total	11,487	27,573	10,887
Direct gains — Total	6,530	22,635	6,491
Admissions after rehospitalization	[1] 324	[2] 2,114	[2] 510
Other admissions	6,206	20,521	5,981
Transfers in from similar facilities[3]	54	731	18
Returns from absent sick in hospital status	4,903	4,207	4,378
Losses, Total	11,106	26,327	11,140
Discharges and deaths while in bed occupant or authorized leave of absence status — Total	4,233	15,566	4,936
Discharges	3,367	12,304	4,848
Deaths	866	3,262	88
(Discharges and deaths while in absent sick in hospital status-Total)	1,770	5,510	1,879
Discharges	1,048	4,140	1,772
Deaths	722	1,370	107
Transfers out to similar facilities[3]	212	589	15
Losses to absent sick in hospital status	6,661	10,172	6,189
Remaining on September 30, 1982 — Total	9,069	10,582	7,720
Bed occupants	8,771	10,231	7,101
On authorized leave of absence	55	33	393
Absent sick in hospital	242	318	226
Patients treated[4]	15,072	31,658	14,535
Average daily census[5]	8,486	9,525	7,087

[1] *Admissions after rehospitalization of more than 30 days.*
[2] *Admissions after rehospitalization of more than 15 days.*
[3] *Includes only patients transferred as VA beneficiaries.*

[4] *Discharges and deaths during Fiscal Year 1982 plus the number remaining on the rolls on September 30, 1982.*
[5] *Based on the number of patients days during the fiscal year divided by the number of days in the fiscal year.*

TABLE 36

State Home Hospitals, State Nursing Homes, and State Domiciliary Homes: Patient Movement[1]—Fiscal Year 1982

Item	State Home Hospitals	State Nursing Homes	State Domiciliary Homes
Gains, Total	4,346	9,722	10,866
Direct gains – Total	4,037	4,884	4,385
Admissions from state facilities	2,151	2,128	1,576
Other admissions	1,886	2,756	2,809
Returns from leave of absence status	309	4,838	6,481
Losses, Total	4,394	9,491	10,798
Discharges and deaths – Total	4,047	4,516	4,245
Discharges to state facilities	2,048	1,968	1,786
Other discharges	1,694	1,382	2,340
Deaths	305	1,166	119
Losses to leave of absence status	347	4,975	6,553
Bed occupants remaining on September 30, 1982	603	6,600	4,538
Patients treated[2]	4,650	11,116	8,783
Average daily census[3]	580	6,428	4,493

[1] *Data include only patients supported by VA.*
[2] *Discharges and deaths during the fiscal year plus the number on the rolls at the end of the fiscal year.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

TABLE 37

VA Medical Centers—Domiciliary Care Component: Selected Data Fiscal Year 1982

Facility	Average Operating Beds [1]	Bed Occupancy Rate (%) [2]	Average Daily Census [3]	Admissions [4]	Discharges [4 5]	Patients Treated [4 6]	Remaining on Sept. 30, 1982 [7]
Total	8,277	85.6	7,087	6,491	6,815	14,535	7,720
Arizona: Prescott	218	79.4	173	222	218	425	207
California: Los Angeles	400	75.0	300	307	326	640	314
Florida: Bay Pines	200	90.0	180	194	185	382	197
Georgia: Dublin	344	82.3	283	364	356	681	325
Kansas: Leavenworth	708	87.4	619	799	825	1,529	704
Mississippi: Biloxi	429	79.5	341	253	339	699	360
New York: Bath	525	86.7	455	329	359	845	486
Ohio: Dayton	780	85.3	665	302	380	1,057	677
Oregon: White City	1,040	82.1	854	699	745	1,684	939
South Dakota: Hot Springs	473	78.4	371	439	471	878	407
Tennessee: Mountain Home	646	98.1	634	732	729	1,472	743
Texas:							
Bonham	225	90.7	204	157	152	380	228
Temple	528	82.6	436	575	552	1,025	473
Virginia: Hampton	481	89.4	430	337	390	839	449
West Virginia: Martinsburg	540	90.6	489	286	265	805	540
Wisconsin: Wood	739	88.5	654	514	538	1,209	671

[1] *Based on the number of operating beds at the end of each month of 13 consecutive months (September 1981 – September 1982).*
[2] *Average daily census as a percent of the average operating beds.*
[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[4] *Transfers included in individual facility totals, but excluded from overall total.*
[5] *Includes deaths.*
[6] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[7] *Total on rolls (bed occupants, patients on authorized leave of absence, and patients absent sick in hospital).*

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1982

Location	Average Operating Beds[1]	Bed Occupancy Rate (%)[2]	Average Daily Census[3]	Admissions[4]	Discharges[4 5]	Patients Treated[4 6]	Remaining on Sept. 30, 1982[7]
Total	9,125	93.0	8,486	6,530	6,003	15,072	9,069
Alabama:							
Tuscaloosa	120	93.3	112	45	41	166	125
Tuskegee	112	94.6	106	29	31	141	110
Arizona:							
Phoenix	120	94.2	113	80	84	199	115
Tucson	41	92.7	38	24	23	64	41
Arkansas: Little Rock	200	95.0	190	35	37	234	197
California:							
Livermore	55	63.6	35	124	39	153	114
Loma Linda	60	95.0	57	143	144	200	56
Long Beach	180	93.9	169	299	296	475	179
Palo Alto	150	94.7	142	769	765	907	142
San Diego	58	91.4	53	132	126	184	58
Sepulveda	184	90.2	166	98	108	261	153
Colorado:							
Ft. Lyon	37	94.6	35	17	18	53	35
Grand Junction	42	95.2	40	21	20	61	41
Connecticut: West Haven	90	96.7	87	18	16	104	88
Delaware: Wilmington	60	93.3	56	59	58	116	58
Florida:							
Bay Pines	240	93.8	225	154	141	373	232
Gainesville	83	57.8	48	150	43	150	107
Lake City	40	95.0	38	14	14	53	39
Miami	121	76.9	93	111	91	209	118
Georgia:							
Augusta	40	92.5	37	11	12	50	38
Dublin	86	93.0	80	36	35	121	86
Illinois:							
Danville	120	95.0	114	36	35	154	119
North Chicago	190	96.8	184	48	52	236	184
Indiana:							
Ft. Wayne	54	94.4	51	26	25	78	53
Indianapolis	60	95.0	57	85	76	136	60
Marion	69	95.7	66	34	31	100	69
Iowa: Knoxville	200	96.5	193	51	48	247	199
Kansas:							
Leavenworth	45	95.6	43	18	16	61	45
Topeka	80	92.5	74	27	26	101	75
Kentucky: Lexington	100	98.0	98	75	74	173	99
Louisiana: Alexandria	93	91.4	85	35	41	130	89
Maine: Togus	60	96.7	58	13	13	72	59
Maryland:							
Ft. Howard	47	95.7	45	4	3	50	47
Perry Point	80	93.8	75	38	29	108	79
Massachusetts:							
Bedford	162	96.3	156	40	40	201	161
Brockton	82	93.9	77	24	23	102	79
Northampton	90	54.4	49	16	60	113	53
Michigan:							
Allen Park	72	97.2	70	35	31	103	72
Battle Creek	205	96.1	197	37	34	239	205
Iron Mountain	40	92.5	37	233	223	264	41
Saginaw	30	93.3	28	77	74	105	31
Minnesota: St. Cloud	44	95.5	42	24	20	62	42
Mississippi:							
Biloxi	35	97.1	34	14	14	48	34
Jackson	120	95.0	114	27	24	143	119
Missouri:							
Columbia	54	96.3	52	16	20	74	54
Poplar Bluff	49	89.8	44	66	63	111	48
St. Louis	93	96.8	90	27	25	118	93
Montana: Miles City	26	96.2	25	4	3	29	26
Nebraska: Grand Island	42	88.1	37	38	38	76	38
Nevada: Reno	22	95.5	21	4	4	26	22
New Hampshire: Manchester	120	96.7	116	187	184	306	122
New Jersey:							
East Orange	60	96.7	58	24	21	81	60
Lyons	90	96.7	87	32	32	122	90

See footnotes at end of table.

TABLE 38—Continued

VA Medical Centers—Nursing Home Care Component: Selected Data—Fiscal Year 1982

Location	Average Operating Beds[1]	Bed Occupancy Rate (%)[2]	Average Daily Census[3]	Admissions[4]	Discharges[4 5]	Patients Treated[4 6]	Remaining on Sept. 30, 1982[7]
New Mexico: Albuquerque	44	93.2	41	43	54	90	36
New York:							
Albany	100	94.0	94	57	53	151	98
Bath	167	92.2	154	85	84	251	167
Brooklyn	300	96.7	290	180	178	478	300
Buffalo	36	97.2	35	24	24	60	36
Canandaigua	100	98.0	98	52	53	153	100
Castle Point	134	95.5	128	43	21	166	145
Montrose	122	94.3	115	25	29	147	118
Syracuse	50	88.0	44	93	79	127	48
North Carolina:							
Asheville	82	95.1	78	29	28	111	83
Fayetteville	39	94.9	37	25	25	64	39
Salisbury	94	95.7	90	43	42	133	91
North Dakota: Fargo	47	80.9	38	65	83	121	38
Ohio:							
Chillicothe	99	98.0	97	109	162	261	99
Cincinnati	206	93.2	192	129	131	332	201
Cleveland	100	93.0	93	60	60	160	100
Dayton	284	96.1	273	90	86	372	286
Oregon: Roseburg	75	97.3	73	40	39	114	75
Pennsylvania:							
Altoona	33	90.9	30	41	41	73	32
Butler	104	91.3	95	39	40	139	99
Coatesville	50	96.0	48	17	19	68	49
Erie	40	95.0	38	13	12	52	40
Lebanon	120	97.5	117	43	42	162	120
Pittsburgh (U.D.)	230	90.9	209	128	117	346	229
Wilkes-Barre	28	28.6	8	79	9	79	70
South Carolina: Columbia	120	95.8	115	132	139	261	122
South Dakota: Sioux Falls	75	93.3	70	47	44	119	75
Tennessee:							
Memphis	120	65.0	78	252	184	307	123
Mountain Home	58	93.1	54	31	28	86	58
Murfreesboro	48	97.9	47	13	11	59	48
Texas:							
Big Spring	40	100.0	40	75	82	118	36
Bonham	100	98.0	98	27	26	126	100
Houston	78	96.2	75	30	34	111	77
Kerrville	35	94.3	33	9	8	43	35
Temple	98	79.6	78	92	52	149	97
Waco	84	97.6	82	30	32	115	83
Vermont: White River Junction	30	96.7	29	111	115	142	27
Virginia:							
Hampton	120	94.2	113	64	71	181	110
Salem	100	93.0	93	113	108	207	99
Washington: American Lake	76	96.1	73	16	17	92	75
West Virginia:							
Beckley	42	97.6	41	8	8	50	42
Martinsburg	120	98.3	118	79	78	200	122
Wisconsin:							
Tomah	100	97.0	97	50	52	152	100
Wood	200	96.0	192	47	48	246	198
Wyoming: Cheyenne	47	93.6	44	21	23	67	44

[1] *Based on the number of operating beds at the end of each month for 13 consecutive months, beginning with June of the prior year and ending with June of the indicated fiscal year.*

[2] *Average daily census as a percent of the average operating beds.*

[3] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*

[4] *Transfers included in individual facility totals excluded from overall total.*

[5] *Includes deaths.*

[6] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*

[7] *Total on rolls (bed occupants, patients on authorized leave of absence and patients sick in hospital).*

State Nursing Care Homes: Selected Data—Fiscal Year 1982

Location	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges [2]	Patients Treated [3]	Remaining on Sept. 30, 1982 [4]
Total		6,428	4,884	4,516	11,116	6,600
California: Yountville	San Francisco, CA	624	[5] 939	903	1,541	638
Colorado:						
Florence	Denver, CO	103	71	66	170	104
Homelake	Denver, CO	22	13	10	34	24
Georgia:						
Augusta	Augusta, GA	178	209	206	384	178
Milledgeville	Dublin, GA	190	116	91	284	193
Idaho: Boise	Boise, ID	77	54	51	131	80
Illinois: Quincy	Iowa City, IA	329	571	507	852	345
Indiana: Lafayette	Indianapolis, IN	193	99	66	280	214
Iowa: Marshalltown	Des Moines, IA	304	259	249	556	307
Kansas: Fort Dodge	Wichita, KS	51	32	25	83	58
Massachusetts:						
Chelsea	Boston, MA (OPC)	54	208	206	261	55
Holyoke	Northampton, MA	241	129	140	376	236
Michigan: Grand Rapids	Allen Park, MI	524	169	171	695	524
Minnesota: Minneapolis	Minneapolis, MN	145	188	80	265	185
Missouri: St. James	St. Louis, MO	132	125	122	257	135
Montana: Columbia Falls	Ft. Harrison, MT	39	25	25	65	40
Nebraska: Grand Island	Grand Island, NE	460	246	192	661	469
New Hampshire: Tilton	Manchester, NH	85	12	21	97	76
New Jersey:						
Menlo Park	East Orange, NJ	249	110	60	350	290
Vineland	Wilmington, DE	253	67	27	278	251
New York: Oxford	Syracuse, NY	72	49	48	121	73
Ohio: Sandusky	Cleveland, OH	194	43	78	255	177
Oklahoma:						
Ardmore	Oklahoma City, OK	74	113	116	189	73
Clinton	Oklahoma City, OK	130	84	112	225	113
Norman	Oklahoma City, OK	199	27	45	234	189
Sulphur	Oklahoma City, OK	111	54	64	171	107
Talihina	Oklahoma City, OK	149	137	137	289	152
Pennsylvania:						
Hollidaysburg	Altoona, PA	41	83	22	120	98
Erie	Erie, PA	71	21	20	88	68
Rhode Island: Bristol	Providence, RI	242	68	98	326	228
South Carolina: Columbia	Columbia, SC	110	91	84	197	113
South Dakota: Hot Springs	Hot Springs, SD	35	10	13	48	35
Vermont: Bennington	White River Junction, VT	127	152	158	283	125
Washington:						
Orting	Seattle, WA	86	32	36	122	86
Retsil	Seattle, WA	105	151	144	255	111
Wisconsin: King	Madison, WI	430	127	123	573	450

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Includes deaths.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Total on rolls (bed occupants, patients on leave of absence, and patients absent sick in hospital).*
[5] *Includes transfers from Yountville State Home Hospital.*

TABLE 40

Community Nursing Homes: Selected Data—Fiscal Year 1982

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges[2 3]	Patients Treated[2 4]	Remaining on September 30, 1982[2]
Total	9,525	22,635	21,076	31,658	10,582
Alabama:					
Birmingham	66	219	176	265	89
Montgomery	15	34	32	54	22
Tuscaloosa	44	67	58	106	48
Tuskegee	31	67	58	92	34
Alaska: Anchorage	9	41	41	51	10
Arizona:					
Phoenix	190	425	392	600	208
Prescott	10	27	21	34	13
Tucson	65	177	166	241	75
Arkansas:					
Fayetteville	12	48	45	60	15
Little Rock	114	315	266	405	139
California:					
Fresno	37	149	137	176	39
Livermore	19	47	54	77	23
Loma Linda	63	222	120	196	76
Long Beach	127	369	362	508	146
Los Angeles (Brentwood)	65	99	95	175	80
Los Angeles (Wadsworth)	108	341	326	460	134
Martinez	38	104	98	134	36
Palo Alto	69	166	138	206	68
San Diego	45	92	77	129	52
San Francisco	46	176	153	216	63
Sepulveda	88	120	93	195	102
Colorado:					
Denver	60	158	167	226	59
Ft. Lyon	38	18	14	53	39
Grand Junction	23	67	61	88	27
Connecticut:					
Newington	32	85	55	96	41
West Haven	45	64	69	101	32
Delaware: Wilmington	65	152	129	195	66
District of Columbia: Washington	67	119	116	190	74
Florida:					
Bay Pines	150	414	410	583	173
Gainesville	52	155	150	209	59
Lake City	21	54	61	77	16
Miami	111	268	300	438	138
Tampa	141	500	479	635	156
Georgia:					
Atlanta	96	273	269	371	102
Augusta	117	251	224	353	129
Dublin	33	97	80	126	46
Hawaii: Honolulu	10	33	35	45	10
Idaho: Boise	34	94	87	126	39
Illinois:					
Chicago (Lakeside)	81	255	227	333	106
Chicago (West Side)	123	332	296	432	136
Danville	44	94	94	138	44
Hines	145	470	442	599	157
Marion	55	164	135	193	58
North Chicago	167	194	168	359	191
Indiana:					
Ft. Wayne	31	115	98	139	41
Indianapolis	60	189	183	250	67
Marion	80	94	74	169	95
Iowa:					
Des Moines	47	199	197	245	48
Iowa City	66	227	223	296	73
Knoxville	33	50	52	97	45
Kansas:					
Leavenworth	47	131	127	170	43
Topeka	66	113	97	186	89
Wichita	21	71	52	87	35
Kentucky:					
Lexington	81	254	244	328	84
Louisville	59	185	136	201	65

See footnotes at end of table.

Community Nursing Homes: Selected Data—Fiscal Year 1982

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges[2 3]	Patients Treated[2 4]	Remaining on September 30, 1982[5]
Louisiana:					
Alexandria	24	91	106	138	32
New Orleans	52	150	99	160	61
Shreveport	64	210	207	278	71
Maine: Togus	48	89	80	135	55
Maryland:					
Baltimore	33	81	69	98	29
Ft. Howard	26	42	51	72	21
Perry Point	26	41	29	64	35
Massachusetts:					
Bedford	80	72	63	146	83
Boston	70	183	169	250	81
Brockton	80	110	64	165	101
Northampton	53	63	42	110	68
West Roxbury	8	18	10	22	12
Michigan:					
Allen Park	68	187	163	251	88
Ann Arbor	63	209	192	267	75
Battle Creek	86	125	102	204	102
Iron Mountain	16	38	41	52	11
Saginaw	74	196	164	247	83
Minnesota:					
Minneapolis	195	594	490	745	255
St. Cloud	78	138	107	201	94
Mississippi:					
Biloxi	117	208	177	301	124
Jackson	46	138	114	173	59
Missouri:					
Columbia	35	129	106	155	49
Kansas City	61	172	135	199	64
Poplar Bluff	34	113	106	143	37
St. Louis	98	260	245	364	119
Montana:					
Ft. Harrison	38	89	79	123	44
Miles City	21	71	62	84	22
Nebraska:					
Grand Island	3	6	6	10	4
Lincoln	17	48	50	64	14
Omaha	39	200	205	241	36
Nevada: Reno	18	47	43	68	25
New Hampshire: Manchester	38	88	85	121	36
New Jersey:					
East Orange	131	188	211	333	122
Lyons	40	38	44	82	38
New Mexico: Albuquerque	39	134	94	147	53
New York:					
Albany	26	40	42	65	23
Batavia	11	22	19	29	10
Bath	18	48	40	61	21
Bronx	34	95	79	124	45
Brooklyn	35	105	98	132	34
Buffalo	35	67	79	104	25
Canandaigua	10	26	10	34	24
Castle Point	6	18	18	25	7
Montrose	14	12	13	26	13
New York	18	55	53	75	22
Northport	44	50	48	91	43
Syracuse	24	47	33	64	31
North Carolina:					
Asheville	80	199	135	220	85
Durham	57	228	206	276	70
Fayetteville	55	131	127	177	50
Salisbury	43	70	59	109	50
North Dakota: Fargo	28	94	87	119	32
Ohio:					
Chillicothe	180	283	277	467	190
Cincinnati	49	214	235	289	54
Cleveland	141	245	236	375	139
Dayton	54	97	99	148	49

See footnotes at end of table.

TABLE 40—Continued

Community Nursing Homes: Selected Data—Fiscal Year 1982

Location of Authorizing VA Facility	Average Daily Census[1]	Admissions[2]	Discharges[2 3]	Patients Treated[2 4]	Remaining on September 30, 1982[5]
Oklahoma:					
Muskogee	35	139	144	183	39
Oklahoma City	58	274	279	347	68
Oregon:					
Portland	136	386	391	551	160
Roseburg	73	147	150	218	68
Pennsylvania:					
Altoona	27	48	43	73	30
Butler	25	41	45	70	25
Coatesville	204	159	179	366	187
Erie	19	44	29	50	21
Lebanon	41	43	37	84	47
Philadelphia	114	225	215	341	126
Pittsburgh (University Dr)	86	229	261	336	75
Pittsburgh (Highland Dr)	86	78	48	134	86
Wilkes-Barre	49	72	86	130	44
Puerto Rico: San Juan	51	128	142	196	54
Rhode Island: Providence	54	129	112	168	56
South Carolina:					
Charleston	24	88	91	126	35
Columbia	66	180	129	212	83
South Dakota:					
Ft. Meade	9	28	31	40	9
Hot Springs	8	22	21	27	6
Sioux Falls	33	132	121	156	35
Tennessee:					
Memphis	39	98	97	136	39
Mountain Home	116	143	225	352	127
Murfreesboro	34	69	59	103	44
Nashville	68	155	135	222	87
Texas:					
Amarillo	33	121	103	142	39
Big Spring	49	105	113	162	49
Bonham	36	97	96	132	36
Dallas	124	416	496	644	148
Houston	106	279	285	400	115
Kerrville	37	118	98	149	51
Marlin	11	22	30	41	11
San Antonio	105	312	299	425	126
Temple	67	193	182	259	77
Waco	94	127	110	205	95
Utah: Salt Lake City	86	230	224	320	96
Vermont: White River Junction	19	51	51	69	18
Virginia:					
Hampton	44	106	86	143	57
Richmond	76	227	235	298	63
Salem	82	139	80	162	82
Washington:					
American Lake	33	52	44	84	40
Seattle	108	282	294	407	113
Spokane	48	149	140	197	57
Walla Walla	24	84	80	103	23
West Virginia:					
Beckley	19	70	67	86	19
Clarksburg	61	162	145	205	60
Huntington	54	197	200	246	46
Martinsburg	79	146	109	201	92
Wisconsin:					
Madison	36	110	98	141	43
Tomah	51	66	63	111	48
Wood	108	301	310	419	109
Wyoming:					
Cheyenne	16	55	52	70	18
Sheridan	26	36	43	68	25

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Transfers included in individual facility totals; excluded from overall total.*
[3] *Includes deaths.*
[4] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[5] *Total on rolls (bed occupants, patients on authorized leave of absence, and patients absent sick in hospital).*

State Domiciliary Homes: Selected Data—Fiscal Year 1982

Location of State Home Domiciliary	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges [2]	Patients Treated [3]	Remaining on September 30, 1982 [4]
Total		4,493	4,385	4,245	8,783	4,538
Arkansas: Little Rock	Little Rock, AR	53	116	97	150	53
California: Yountville	San Francisco, CA	620	825	749	1,391	642
Colorado: Homelake	Denver, CO	64	43	50	107	57
Connecticut: Rocky Hill	Newington, CT	400	411	420	805	385
Georgia: Milledgeville	Dublin, GA	212	168	157	377	220
Idaho: Boise	Boise, ID	118	131	145	258	113
Illinois: Quincy	Iowa City, IA	84	146	126	214	88
Indiana: Lafayette	Indianapolis, IN	90	31	28	118	90
Iowa: Marshalltown	Des Moines, IA	76	54	47	133	86
Kansas: Fort Dodge	Wichita, KS	53	16	12	64	52
Louisiana: Jackson	New Orleans, LA	101	75	41	156	115
Massachusetts:						
Chelsea	Boston, MA (OC)	272	300	304	570	266
Holyoke	Northampton, MA	34	22	24	57	33
Michigan:						
Grand Rapids	Allen Park, MI	157	71	67	228	161
Marquette	Allen Park, MI	49	38	30	77	47
Minnesota:						
Hastings	Minneapolis, MN	156	152	119	280	161
Minneapolis	Minneapolis, MN	205	178	200	424	224
Missouri: St. James	St. Louis, MO	56	44	38	95	57
Montana: Columbia Falls	Ft. Harrison, MT	64	36	38	103	65
Nebraska: Grand Island	Grand Island, NE	111	62	78	187	109
New Jersey:						
Menlo Park	East Orange, NJ	61	1	27	74	47
New York: Oxford	Syracuse, NY	46	46	37	88	51
North Dakota: Lisbon	Fargo, ND	105	42	45	149	104
Ohio: Sandusky	Cleveland, OH	414	144	134	552	418
Oklahoma:						
Ardmore	Oklahoma City, OK	93	241	241	333	92
Clinton	Oklahoma City, OK	31	60	69	99	30
Norman	Oklahoma City, OK	1	.....	1	1	.....
Sulphur	Oklahoma City, OK	19	28	26	47	21
Pennsylvania:						
Hollidaysburg	Altoona, PA	68	44	43	110	67
Erie	Erie, PA	51	13	32	79	47
Rhode Island: Bristol	Providence, RI	98	48	57	140	83
South Dakota: Hot Springs	Hot Springs, SD	85	50	35	132	97
Vermont: Bennington	White River Jct., VT	10	16	18	27	9
Virginia: Occoquan [5]	Washington, DC	114	429	463	563	100
Washington:						
Orting	Seattle, WA	76	36	46	116	70
Retsil	Seattle, WA	140	148	143	287	144
West Virginia: Barboursville	Huntington, WV	31	101	34	94	60
Wisconsin: King	Madison, WI	30	3	8	37	29
Wyoming: Buffalo	Sheridan, WY	47	16	16	61	45

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Includes deaths.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Total on rolls (bed occupants, patients on leave of absence, and patients absent sick in hospital).*
[5] *Operated by the government of the District of Columbia.*

State Home Hospitals: Selected Data—Fiscal Year 1982

Location of State Home Hospitals	Location of Authorizing VA Facility	Average Daily Census [1]	Admissions	Discharges [2]	Patients Treated [3]	Remaining on September 30, 1982 [4]
Total		580	4,037	4,047	4,650	603
California: Yountville	San Francisco, CA	35	1,009	[5] 1,012	1,044	32
Connecticut: Rocky Hill	Newington, CT	305	446	454	764	310
Illinois: Quincy	Iowa City, IA	18	433	448	462	14
Iowa: Marshalltown	Des Moines, IA	87	225	202	308	106
Massachusetts:						
Chelsea	Boston, MA (OC)	109	1,294	1,295	1,405	110
Holyoke	Northampton, MA	7	164	167	177	10
Oklahoma: Sulphur	Oklahoma City, OK	17	466	469	490	21

[1] *Based on the number of patient days during the fiscal year divided by the number of days in the fiscal year.*
[2] *Includes deaths.*
[3] *Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.*
[4] *Total on rolls (bed occupants and patients on leave of absence.)*
[5] *Excludes transfers to Yountville State Nursing Care Home.*

TABLE 43

Outpatient Medical Program: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis Fiscal Years 1973–1982

Fiscal Year	Purpose of Visit											
	All Purposes			Examinations for Compensation for Pension Purposes			Examinations to Determine Need for Medical Care			All Other Purposes		
	Total	Staff	Fee	Total	Staff	Fee	Total	Staff	Fee	Total	Staff	Fee
1982. .	17,808,977	15,861,687	1,947,290	365,218	271,508	93,710	2,402,135	2,368,513	33,622	15,041,624	13,221,666	1,819,958
1981. .	17 929,550	15,825,064	2,104,486	377,559	283,539	94,020	2,463,349	2,435,466	27,883	15,088,642	13,106,059	1,982,583
1980. .	17,971,407	15,751,690	2,219,717	373,300	287,724	85,576	2,435,856	2,403,684	[1]32,172	15,162,251	13,060,282	2,101,969
1979. .	17,262,408	15,053,332	2,209,076	372,077	290,695	81,382	2,239,313	2,213,770	25,543	[1]14,651,018	12,548,867	2,102,151
1978. .	17,416,275	15,069,573	2,346,702	405,301	321,372	83,929	2,244,929	2,227,915	17,014	14,766,045	12,520,286	2,245,759
1977. .	17,045,079	14,675,284	2,369,795	421,425	337,252	84,173	2,205,165	2,193,258	11,907	14,418,489	12,144,774	2,273,715
1976. .	[1]16,506,970	[1]14,319,224	2,187,046	388,674	345,152	43,522	2,126,614	2,124,362	2,252	[1]13,991,682	[1] 11,850,410	2,141,272
1975. .	14,629,517	12,595,514	2,034,003	353,590	323,085	30,505	1,951,618	1,948,907	2,711	12,324,309	10,323,522	2,000,787
1974. .	12,266,476	10,457,830	1,808,646	316,359	290,728	25,631	1,692,876	1,691,695	1,181	10,257,241	[1] 8,475,407	1,781,834
1973. .	10,858,491	9,165,094	1,693,397	339,557	310,686	28,871	1,577,282	1,576,143	1,139	8,941,652	7,278,265	1,663,387

[1] *Corrected data.*

TABLE 44

Outpatient Dental Care: Applications for Care (Eligibility Classes I-VI) [1] *Fiscal Years 1973–1982*

Fiscal Year	Pending Fee Case Load Beginning of Year	Received During The Year	Total	Dispositions During The Year	Pending Fee Case Load At End of Year
1982	[2]27,913	199,724	227,637	209,206	18,431
1981	46,641	211,205	257,846	229,845	28,001
1980	37,281	243,277	280,558	233,917	46,641
1979	40,751	191,308	232,059	194,778	37,281
1978	36,096	197,338	233,434	192,683	40,751
1977	[2]40,254	216,863	257,117	221,021	36,096
1976	45,910	233,392	279,302	241,003	38,299
1975	41,611	239,182	280,793	234,883	45,910
1974	39,684	219,564	259,248	217,637	41,611
1973	64,530	257,388	321,918	282,234	39,684

[1] *As provided for in Title 38 USC, Sec. 612, and VA Regulations 6120–6129.*

[2] *Corrected data.*

TABLE 45

Outpatient Dental Care: Workload by VA Staff and on a Fee-For-Service Basis Fiscal Years 1973–1982

Fiscal Year	VA Staff		Non-VA Dentists on a Fee-for-Service Basis		
	Examinations Completed	Treatment Cases Completed	Examinations Completed	Treatment Cases Completed	Net Cases Authorized
1982	159,964	166,352	.....	.....	52,761
1981	155,493	155,151	.....	.....	90,675
1980	157,601	143,345	.....	.....	109,801
1979	128,195	134,769	.....	.....	89,848
1978	127,278	127,167	.....	.....	110,081
1977	107,987	100,305	.....	.....	107,265
1976	93,230	94,097	.....	.....	121,956
1975	85,802	83,670	.....	.....	130,891
1974	79,674	79,498	([1])	([1])	156,467
1973	114,199	82,916	113,578	165,472	.....

[1] *Reporting of fee-basis workload changed to the net number of cases authorized by VA.*

Pharmacy Activity—Fiscal Years 1981—1982

Activity	FY 1982	FY 1981
VA Pharmacies		
Prescriptions dispensed — Total	40,650,610	39,265,391
Inpatient	1,472,914	1,444,007
Ambulatory — Total	39,177,696	37,821,384
Methadone	1,170,819	1,100,847
All other	38,006,877	36,720,537
Unit doses dispensed	82,387,900	70,643,903
Primary intravenous admixtures	1,674,538	1,507,000
Secondary intravenous admixtures ("piggy backs")	5,624,211	4,837,430
Hyperalimentation	341,977	355,451
Fluids and sets	9,131,306	9,878,145
Fee-Basis		
Prescriptions filled by participating pharmacies	884,592	1,305,827

TABLE 47

Replacement and Relocation Hospital Construction Projects, Fiscal Year 1982— Completions And Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost[1]	Value of Work in Place	Percent Complete[2]	Date Construction Completed (C) or Contract Awarded (A)
Total	7	4,771	$965,483,300	$367,693,000	38	
A. Projects completed						
Total	0	.....	.....	.....	....	
B. Projects under construction						
Total	6	3,926	695,085,300	367,693,000	53	
Arkansas : Little Rock		505	131,598,000	98,311,000	75	July 1980 (A)
Florida : Bay Pines		830	104,745,300	81,466,000	78	August 1978 (A)
Oregon : Portland/Vancouver		610	166,050,000	4,193,000	3	August 1982 (A)
Virginia : Richmond		814	113,295,000	95,731,000	85	November 1976 (A)
Washington : Seattle		490	109,879,000	31,136,000	28	May 1980 (A)
West Virginia : Martinsburg		677	69,518,000	56,856,000	82	July 1977 (A)
C. Projects authorized — not under construction						
Total	1	845	270,398,000			
Minnesota : Minneapolis		845	270,398,000			

[1] *Construction anticipated, issued, awarded, including contingencies.*

[2] *Based on general construction only.*

TABLE 48

Modernization Construction Projects,[1]—Fiscal Year 1982 Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Total	11		$440,122,007	$32,085,408	7	
A. Projects completed, Total	2		20,749,763	20,749,763	100	
New York : St. Albans		Modernization	1,006,494	(2)	100	March 1982 (C)
Utah : Salt Lake City		Clinic & OP addition	19,743,269	(2)	100	August 1982 (C)
B. Projects under construction, Total	3		82,548,244	11,335,645	14	
Kansas : Wichita		Modernization & alterations	5,081,832	1,724,296	34	September 1981 (A)
Louisiana : New Orleans		Clinical expansion	60,992,154	3,836,053	6	September 1981 (A)
Massachusetts : West Roxbury		SCI center & modernization	16,474,258	5,775,296	35	September 1981 (A)
C. Projects not under construction, Total	6		336,824,000			
Alabama : Birmingham		Clinical expansion	48,312,000			
California : San Francisco		Remodel Bldgs. 2, 4, 200	28,010,000			
Colorado : Denver		Clinical support wing	56,100,000			
Mississippi : Biloxi		Modernize various buildings	84,875,000			
New Mexico : Albuquerque		Clinical improvements	103,127,000			
Ohio : Chillicothe		Modernization Phase 2	16,400,000			

[1] *Projects included if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.*

[2] *Same as value of construction issued or awarded when project is financially complete.*

TABLE 49

Nursing Home Care Units Construction Projects,[1]—Fiscal Year 1982 — Completions and Year End Status

Location	Number of 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	22	2,137	$147,280,694	$28,536,586	19	
A. Projects completed, Total	4	397	20,930,435	20,930,435	100	
Colorado : Fort Lyon		37	805,940	([2])	100	July 1982 (C)
Georgia : Atlanta		120	7,245,423	([2])	100	May 1982 (C)
Illinois : Hines		120	7,436,746	([2])	100	September 1982 (C)
Pennsylvania : Wilkes-Barre		120	5,442,326	([2])	100	June 1982 (C)
B. Projects under construction, Total	6	600	46,101,259	7,606,151	16	
Dist. of Columbia: Washington		120	19,102,000	1,839,380	10	April 1982 (A)
Kansas : Wichita		60	3,250,000	.....	0	August 1982 (A)
Nevada : Reno		60	4,755,221	3,552,595	75	September 1981 (A)
Pennsylvania : Coatesville		120	6,514,668	1,933,396	30	September 1981 (A)
Texas : Dallas		120	6,356,372	280,780	4	May 1982 (A)
: Kerrville		120	6,122,998	.....	0	August 1982 (A)
C. Projects not under construction, Total	12	1,140	80,249,000			
California : Fresno		60	4,385,000			
: Los Angeles		120	5,941,000			
Colorado : Denver		60	5,076,000			
Florida : Lake City		120	8,042,000			
: Miami		120	6,253,600			
: Tampa		120	8,558,000			
Illinois : Hines		120	9,779,000			
: Marion		60	4,820,000			
Michigan : Ann Arbor		120	8,134,000			
Missouri : St. Louis		60	5,468,000			
New York : Bronx		120	9,105,000			
Washington : Spokane		60	4,688,000			

[1] *Projects included if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.*

[2] *Same as value of construction issued or awarded when project is financially complete.*

TABLE 50

Research and Education Construction Projects,[1]—Fiscal Year 1982 Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
TOTAL	12		$62,081,992	$18,271,891	29	
A. Projects completed, Total	2		5,014,758	5,014,758	100	
Dist. of Columbia: Washington		Closed Circuit TV & Relocate Med. Illust.	426,580	([2])	100	June 1978 (C)
Texas : Houston		Research & Education Building	4,588,178	([2])	100	June 1978 (C)
B. Projects under construction, Total	4		15,854,834	13,257,133	84	
California : Martinez		Education Building	2,015,386	1,589,581	79	May 1981 (A)
: San Francisco		Animal Research	1,711,523	225,422	13	May 1982 (A)
Florida : Miami		Research & Education Bldg.	10,519,976	10,320,633	98	December 1980 (A)
Wisconsin : Wood		Renovate Bldg. 70	1,607,949	1,121,497	70	August 1981 (A)
C. Projects not under construction, Total	6		41,212,400			
Projects $1,000,000 and over, Total	4		39,712,400			
California : Long Beach		Research Addition	11,636,000			
Missouri : St. Louis		Education Addition Bldg.2	1,212,400			
New York : Buffalo		Research Building and Clinic	24,253,000			
Tennessee : Mountain Home		Medical Library	2,611,000			
Projects under $1,000,000, Total	2		1,500,000			

[1] *Projects included if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.*

[2] *Same as value of construction issued or awarded when project is financially complete.*

TABLE 51

Other Improvement Construction Projects,[1] Fiscal Year 1982
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
1. AIR CONDITIONING CONSTRUCTION PROJECTS					
TOTAL	6 Projects	$79,224,157	$30,058,587	38	
A. Projects completed, Total	3 Projects	17,232,368	17,172,368	100	
Iowa : Knoxville		9,598,407	(2)	100	November 1981 (C)
Illinois : North Chicago		288,723	(2)	100	August 1982 (C)
New York : Castle Point		7,345,238	(2)	100	August 1982 (C)
B. Projects under construction, Total	2 Projects	17,991,789	12,886,219	72	
Projects $1,000,000 and over, Total	2 Projects	17,991,789	12,886,219	72	
Pennsylvania : Coatesville		14,033,065	11,080,620	79	December 1978 (A)
Texas : Amarillo		3,958,724	1,805,599	46	September 1981 (A)
C. Projects not under construction, Total	1 Project	44,000,000			
Projects $1,000,000 and over, Total	1 Project	44,000,000			
Illinois : Hines		44,000,000			
2. OTHER IMPROVEMENT – CONSTRUCTION PROJECTS					
TOTAL	664 Projects	1,226,297,403	253,744,600	21	
A. Projects completed, Total	148 Projects	95,458,788	95,458,788	100	
Alabama : Birmingham	Blind & Low Vision Center	4,264,796	(2)	100	June 1982 (C)
: Tuscaloosa	Renovate Dietetics	1,355,125	(2)	100	November 1981 (C)
: Tuscaloosa	Relocate Canteen	329,660	(2)	100	June 1982 (C)
: Tuscaloosa	Renov. Basement Bldg. 4	134,316	(2)	100	September 1982 (C)
: Tuskegee	Ambulatory Care Addition	2,961,903	(2)	100	July 1982 (C)
: Tuskegee	Safety & Fire Improvements	444,785	(2)	100	October 1981 (C)
: Tuskegee	Provide Patient Privacy	239,000	(2)	100	March 1982 (C)
Arkansas : Fayetteville	Renovate Building 4	972,206	(2)	100	May 1982 (C)
California : Livermore	Remodel 5th Floor Wards Bldg. 62	1,636,278	(2)	100	April 1982 (C)
: Loma Linda	Outpatient Clinic Expansion	434,265	(2)	100	February 1982 (C)
: Loma Linda	Relocate Outpatient Clinic	206,107	(2)	100	June 1982 (C)
: Long Beach	Non-Structural Seismic Corrections	379,271	(2)	100	April 1982 (C)
: Long Beach	Expand Clinical Lab. Space	367,000	(2)	100	January 1982 (C)
: Palo Alto	Pharmacy Reloc. & Radiology Expan.	389,857	(2)	100	November 1981 (C)
: Palo Alto	Improve Radiology - Phase 2	345,185	(2)	100	December 1981 (C)
: Palo Alto	Remodel Inpat. & Outpat. Pharmacy	241,457	(2)	100	July 1982 (C)
: San Francisco	Fire Alarm Smoke Barriers	174,458	(2)	100	January 1982 (C)
: San Francisco	Expan. of Rehab. Medical Service	310,644	(2)	100	January 1982 (C)
Colorado : Ft. Lyon	Safety & Fire Improve., Bldg. 5, 7, 8	575,160	(2)	100	August 1982 (C)
: Grand Junction	Relocate S.P.D. 4 South	330,926	(2)	100	December 1981 (C)
Connecticut : West Haven	Automatic Sprinklers	477,375	(2)	100	March 1982 (C)
Delaware : Wilmington	Eliminate Architectural Barriers	232,692	(2)	100	November 1981 (C)
Florida : Bay Pines	Relocate Fee Program	345,302	(2)	100	November 1981 (C)
: Lake City	Construct Learning Resource	337,514	(2)	100	November 1981 (C)
: Miami	Reloc. Surgical Intensive Care	1,325,909	(2)	100	July 1982 (C)
Georgia : Augusta (Lenwood)	Animal Research Facility	295,980	(2)	100	March 1982 (C)
: Augusta (Lenwood)	New Sewer Line	59,626	(2)	100	June 1982 (C)
: Dublin	Sewage Treatment Plant	402,307	(2)	100	March 1982 (C)
Idaho : Boise	Renov. Wards 2 & 4 Bldg. 67	1,973,684	(2)	100	September 1982 (C)
Illinois : Chicago (Lakeside)	Remodel Floors 7 & 8	431,370	(2)	100	November 1981 (C)
: Chicago (Lakeside)	Correction of Electrical Def.	1,221,940	(2)	100	January 1982 (C)
: Chicago (West Side)	Electrical Deficiencies	930,995	(2)	100	October 1981 (C)
: Danville	Alter Patient Bathrms. Bldg 101	419,682	(2)	100	August 1982 (C)
: Hines	Alter. Renal & Hypertension Sec.	426,163	(2)	100	November 1981 (C)
: Hines (DPC)	Warehouse Addition	267,637	(2)	100	November 1981 (C)
: North Chicago	Install Heat Recovery System	166,376	(2)	100	February 1982 (C)
: North Chicago	ARF (Primate & Rodent Housing)	431,070	(2)	100	October 1981 (C)
Indiana : Ft. Wayne	Deadend Corridor Stairs	669,874	(2)	100	January 1982 (C)
: Ft. Wayne	Realign Space for Bed Ward	119,056	(2)	100	January 1982 (C)
: Marion	Connect Corr. Bldgs. 7, 9, 10, 11, & 18	897,640	(2)	100	December 1981 (C)
Iowa : Des Moines	Replace/Upgrade Fire Alarm Sys.	263,796	(2)	100	April 1982 (C)
: Des Moines	Eliminate Barriers - Handicap	179,274	(2)	100	January 1982 (C)
: Des Moines	Renovate - Modern. SICU Bldg. 1	116,767	(2)	100	November 1981 (C)
: Iowa City	Remodel 9th Floor Wards	1,033,157	(2)	100	March 1982 (C)
: Knoxville	Porch Enclosures	435,788	(2)	100	December 1981 (C)
Kansas : Wichita	Underground Drain Culvert	1,549,747	(2)	100	December 1981 (C)
Kentucky : Louisville	Renovate OR Rooms	1,676,406	(2)	100	June 1982 (C)
: Louisville	Renovate OP (PYS/Service)	288,754	(2)	100	November 1981 (C)
: Louisville	Remodel Morgue	124,578	(2)	100	February 1982 (C)
Louisiana : New Orleans	Renovate PAD	61,503	(2)	100	January 1982 (C)
: New Orleans	Renovate EKG & Cardiac Cath.	130,850	(2)	100	August 1982 (C)
: New Orleans	Renov. of SPD (Revised)	199,544	(2)	100	April 1982 (C)
Maine : Togus	Safety & Fire Improvements	729,152	(2)	100	February 1982 (C)
: Togus	Renovate Bldg 206 Pat. Priv.	404,364	(2)	100	February 1982 (C)
: Togus	Renovate Ward 3S B-200	319,331	(2)	100	June 1982 (C)
Maryland : Baltimore	Update Fire Alarm System	221,889	(2)	100	January 1982 (C)
: Perry Point	Elevator 4H, 5H	263,378	(2)	100	July 1982 (C)
Massachusetts : Bedford	Patient Privacy Bldg. 2	411,234	(2)	100	October 1981 (C)
: Boston	Refurbish SICU/CCU	362,648	(2)	100	August 1982 (C)
: Brockton	Consolidate Research Act.	343,760	(2)	100	October 1981 (C)

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1982 Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Michigan : Battle Creek	Clinical Renov. - Vending Room	77,509	[2]	100	October 1982 (C)
: Saginaw	Deadend Corr. Stairs (Sprinkl. Sys.)	758,451	[2]	100	April 1982 (C)
: Saginaw	Patient Privacy	161,255	[2]	100	June 1982 (C)
Mississippi : Biloxi (Biloxi Div)	Renovation of Building 2	4,482,003	[2]	100	November 1981 (C)
: Biloxi (Gulfport Div)	Install Solar Windows	123,129	[2]	100	January 1982 (C)
: Jackson	Expand Surgical ICU	465,100	[2]	100	July 1982 (C)
: Jackson	Window Wells SICU	217,101	[2]	100	March 1982 (C)
Missouri : Columbia	Pre-Engineered Warehouse	423,031	[2]	100	September 1982 (C)
: St. Louis	Emergency Generator	814,691	[2]	100	June 1982 (C)
: St. Louis	Remodel Central Svc. Bldg. 1	264,631	[2]	100	January 1982 (C)
Montana : Ft. Harrison	Expand Pharmacy	738,553	[2]	100	April 1982 (C)
: Ft. Harrison	Install Dampers Bldg. 154	67,060	[2]	100	April 1982 (C)
: Ft. Harrison	Correct NFPA/JCAH Def.	234,189	[2]	100	October 1981 (C)
: Ft. Harrison	Addition to Bldg. 141 (DVB)	52,504	[2]	100	January 1982 (C)
: Ft. Harrison	Remodel 4S Patient Privacy	357,213	[2]	100	June 1982 (C)
Nebraska : Grand Island	Emerg. Gen. & Elec. Defic.	1,064,690	[2]	100	November 1981 (C)
: Grand Island	Bedside AOV Units & Ceilings	288,198	[2]	100	August 1982 (C)
: Lincoln	Emerg. Gen. & Elec. Defic.	677,184	[2]	100	December 1981 (C)
: Omaha	Heat Recovery Bldgs. 1 - 15	265,037	[2]	100	October 1981 (C)
: Omaha	Renov. Laundry Facility Bldg. 9	368,525	[2]	100	February 1982 (C)
Nevada : Reno	Stairwells - Deadend Corridors	84,418	[2]	100	November 1981 (C)
: Reno	Non-Structural Seismic Corr.	46,368	[2]	100	May 1982 (C)
: Reno	Finish Education Space	272,629	[2]	100	April 1982 (C)
New Jersey : Lyons	Renov. Radiology Svc. Bldg. 1	294,194	[2]	100	October 1981 (C)
: Lyons	Emergency Generator Bldgs. 4 & 54	345,605	[2]	100	September 1982 (C)
New York : Albany	Patient Support System "AOV"	1,713,444	[2]	100	June 1982 (C)
: Canandaigua	Outpatient Clinic Renovation	175,888	[2]	100	October 1981 (C)
: Northport	Renovate E Wing Bldg. 61 (ARF)	411,490	[2]	100	October 1981 (C)
: Syracuse	Correction of Elec. Defic.	1,114,158	[2]	100	October 1981 (C)
North Carolina : Asheville	Add'l. Elev. & Entrances, Bldg. 15	251,566	[2]	100	November 1981 (C)
: Asheville	Energy Retrofit	378,537	[2]	100	October 1981 (C)
: Asheville	Alterations Multipurpose Rm.	155,254	[2]	100	November 1981 (C)
: Salisbury	Renov. for Patient Privacy	315,209	[2]	100	June 1982 (C)
: Salisbury	Renovate 2-5A for GM&S	68,317	[2]	100	August 1982 (C)
North Dakota : Fargo	Dietetic Remodel	605,942	[2]	100	October 1981 (C)
Ohio : Chillicothe	Elimin. of Exit Defic. (Overview)	244,149	[2]	100	April 1982 (C)
: Cleveland	Additional Fuel Oil Storage	331,311	[2]	100	November 1981 (C)
: Cleveland	Relocate Pharmacy to Bldg. 2	412,733	[2]	100	November 1981 (C)
: Cleveland	25 Bed Respiratory Care Ctr.	677,203	[2]	100	October 1981 (C)
Oregon : Portland	Correct JCAH Fire Defic.	197,462	[2]	100	October 1981 (C)
: White City	Replace/Upgrade Fire Alarm Sys.	811,826	[2]	100	January 1982 (C)
Pennsylvania : Altoona	Medical Gas - Renovate Ward 4	398,571	[2]	100	December 1981 (C)
: Lebanon	Safety & Fire Improvements	720,643	[2]	100	June 1982 (C)
: Philadelphia	Convert Kitchen to Central. Tray Svc.	687,251	[2]	100	March 1982 (C)
: Philadelphia	Adm/Educ. Reloc. for Clinical Improv.	1,322,825	[2]	100	July 1982 (C)
: Philadelphia	Remodel 7E & 7W	301,352	[2]	100	November 1981 (C)
: Pittsburgh	Convert 16 & 8 Bed Wds. to 4 Bed Wds.	918,171	[2]	100	March 1982 (C)
: Pittsburgh	Emerg. Generator System	741,240	[2]	100	March 1982 (C)
: Pittsburgh	Convert 16 Bed Wards	372,353	[2]	100	November 1981 (C)
: Pittsburgh	Renovate Surgical Ward 4th Floor	50,983	[2]	100	April 1982 (C)
Rhode Island : Providence	Automatic Sprinklers System	721,227	[2]	100	March 1982 (C)
: Providence	Relocate Canteen	340,806	[2]	100	October 1981 (C)
: Providence	Expand Rehab. Medicine Svc.	187,301	[2]	100	August 1982 (C)
South Carolina : Charleston	Patient Privacy, Wards 3B & 4B	243,465	[2]	100	September 1982 (C)
: Columbia	New Road (Woodlawn Rd. to Repl. Hosp.)	160,959	[2]	100	December 1981 (C)
: Columbia	Renovate 2nd Flr. Bldg. 9 (Res)	186,980	[2]	100	June 1982 (C)
South Dakota : Sioux Falls	New Boiler Plant	2,201,689	[2]	100	December 1981 (C)
: Sioux Falls	Weather Protect Entrances	144,627	[2]	100	May 1982 (C)
: Sioux Falls	Fire Sprinklers B 1 & 5	129,398	[2]	100	June 1982 (C)
Tennessee : Mountain Home	New KV Electrical Service	173,293	[2]	100	May 1982 (C)
: Murfreesboro	Remodel Ward 5A and 5B	1,360,202	[2]	100	January 1982 (C)
: Murfreesboro	Telephone Equip. Room Add.	149,273	[2]	100	April 1982 (C)
: Murfreesboro	Reloc. Morgue & Constr. Entrance	189,134	[2]	100	September 1982 (C)
: Nashville	Ambulatory Care, Res. & Educ. Add.	11,371,701	[2]	100	January 1982 (C)
: Nashville	Correct Architectural Barriers	142,782	[2]	100	May 1982 (C)
: Nashville	VAMC Connecting Corridor	162,470	[2]	100	September 1982 (C)
Texas : Big Spring	Relocate-Expand Central Dental Lab.	377,443	[2]	100	January 1982 (C)
: Big Spring	Patient Privacy	357,026	[2]	100	August 1982 (C)
: Dallas	Ambulatory Care Add. & Renov.	5,901,580	[2]	100	July 1982 (C)
: Dallas	Smoke Door Closures	357,000	[2]	100	July 1982 (C)
: Houston	Smoke Barriers	202,155	[2]	100	June 1982 (C)
: Houston	Modernize Ward 308	168,636	[2]	100	August 1982 (C)
: Waco	Upgrade and Extend Fire Alarm Sys.	408,597	[2]	100	December 1981 (C)
Vermont : White River Junction	Emergency Generator & Elec. Defic.	359,860	[2]	100	April 1982 (C)
: White River Junction	Temporary Research Bldg.	301,321	[2]	100	March 1982 (C)
Virginia : Hampton	Energy Conservation Modifications	287,551	[2]	100	November 1981 (C)
: Hampton	Renovate Domiciliary Bldg. 52	356,376	[2]	100	June 1982 (C)
Washington : American Lake	Fire Alarm System	396,208	[2]	100	February 1982 (C)
: American Lake	Renovate Wards - Bldg. 7	1,460,356	[2]	100	November 1981 (C)
West Virginia : Huntington	Addition to Bldg. 1 (Phase 1)	11,122	[2]	100	March 1982 (C)
: Huntington	Animal Research Facility	369,930	[2]	100	April 1982 (C)
Wisconsin : Madison	2 Emergency Distr. & Generator	1,520,356	[2]	100	July 1982 (C)
: Madison	Space Relocation - Phase 2	214,617	[2]	100	November 1981 (C)
: Madison	Space Relocation - Phase 3	70,700	[2]	100	January 1982 (C)
: Wood	8" Hot Water Line Bldg. 112E & 111	1,177,243	[2]	100	October 1981 (C)
: Wood	Steam Conversion, Bldg. 111	182,749	[2]	100	October 1981 (C)
Wyoming : Cheyenne	Benefits Office Annex	443	[2]	100	July 1982 (C)
: Cheyenne	Ambulance Entrance Encl.	150,555	[2]	100	June 1982 (C)

See footnotes at end of table.

TABLE 51—Continued

Other Improvement Construction Projects,[1] Fiscal Year 1982
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
B. Projects under construction, Total	278 Projects	311,433,232	158,285,812	51	
Projects $1,000,000 and over, Total	59 Projects	235,965,521	117,277,682	50	
Alabama : Tuscaloosa	Fire & Safety Improvements	1,525,535	1,489,815	98	September 1980 (A)
: Tuskegee	Primary Distr. & 2nd Distr. Sys.	1,851,976	1,421,795	77	March 1981 (A)
Arkansas : Fayetteville	Clinical Addition	3,166,302	1,109,953	35	February 1982 (A)
: Little Rock	New Warehouse	1,524,187	1,481,281	97	June 1981 (A)
California : Fresno	Correct Seismic Deficiencies	4,146,459	1,445,942	35	November 1981 (A)
: Long Beach	Addition & Renovation SPD	2,015,840	.....	0	July 1982 (A)
: Los Angeles	Remodel Building 209 - PSY	1,894,148	1,813,860	96	August 1981 (A)
: Palo Alto	Two Additional Elevators	1,413,304	1,395,743	99	June 1981 (A)
: Palo Alto	Corr. Seismic Defic. (Ctr. Core Bldg.)	16,094,772	1,069,479	7	July 1982 (A)
: Sepulveda	Fire & Safety Improvement	5,622,938	2,428,759	43	February 1982 (A)
Dist. of Columbia: Washington	Outpatient Clinic Renov/Admiss. Consol.	4,145,349	4,051,287	98	August 1980 (A)
Florida : Gainesville	Clinical Improv. & Res. & Educ. - Ph. 2	12,925,409	8,644,023	67	September 1981 (A)
Georgia : Atlanta	Ambulatory Care Addition	7,258,563	6,559,640	90	November 1980 (A)
: Atlanta	Warehouse and Engr. Office	1,609,272	727,319	45	November 1981 (A)
: Augusta (Lenwood Div)	Ldry. Add. for Consol. Bldg. 95	1,553,578	775,535	50	December 1981 (A)
: Dublin	Renov. Bldg. 19 for Pat. Priv.	1,196,846	.....	0	September 1982 (A)
Illinois : North Chicago	Fire & Safety Improvements	3,340,165	.....	0	September 1982 (A)
Iowa : Des Moines	Ambulatory Care Add. & Renov.	2,776,695	1,746,055	63	August 1981 (A)
: Iowa City	Safety & Fire Improvements	1,049,253	227,118	22	March 1982 (A)
Maine : Togus	Renovate Bldg. 207 1st & 3rd Floor	2,094,890	.....	0	July 1982 (A)
Maryland : Perry Point	Upgrade Town Sewage Treat. Plant	1,105,000	.....	0	July 1982 (A)
Massachusetts : Boston	Secondary Gen. & Update Wiring	2,061,835	1,127,848	55	June 1981 (A)
Michigan : Allen Park	Expand/Renovate Lab.	1,270,288	1,120,112	88	July 1981 (A)
: Allen Park	Convert Laundry to Admin. Space	1,011,190	817,275	81	April 1982 (A)
: Battle Creek	Fire & Safety Improvements	1,117,479	1,102,238	99	May 1981 (A)
Mississippi : Biloxi	Clinical Add. & Outpatient	15,200,206	6,445,743	42	September 1981 (A)
: Jackson	Construct Admin. Ofc. & Expand Lab.	1,346,899	95,490	7	August 1982 (A)
Missouri : Poplar Bluff	Correct Seismic Deficiencies	6,849,400	126,387	2	June 1981 (A)
: St. Louis	Safety & Fire Improvements	1,330,521	835,180	63	September 1981 (A)
: St. Louis	Safety & Fire Improvements	1,307,075	434,564	33	September 1981 (A)
: St. Louis	Relocate Admin. to Bldg. 18	1,132,597	895,126	79	June 1981 (A)
New York : Albany	Update Primary Distri. (Phase 3)	1,210,731	990,556	82	June 1981 (A)
: Albany	Radiation Therapy	1,415,372	1,076,317	76	August 1981 (A)
: Bath	Ambulatory Care Add. B-76	2,676,738	1,755,661	66	September 1981 (A)
: Brooklyn (St. Albans Div)	Primary Distr. & 2nd Generator Sys.	1,716,062	935,918	55	June 1981 (A)
: Buffalo	Renovate SPD	1,402,100	79,000	6	July 1982 (A)
: Canandaigua	Safety & Fire Improvements	7,323,879	6,603,392	90	September 1980 (A)
: Castle Point	Relocate & Replace Boiler Plant	1,964,691	1,571,414	80	August 1981 (A)
: New York	Safety & Fire Improvements	4,353,467	3,562,962	82	September 1980 (A)
: Northport	Safety & Fire Improvements	1,452,263	884,629	61	September 1981 (A)
: Syracuse	Improvements to Outpatient Clinic	1,118,500	22,429	2	August 1982 (A)
Ohio : Cincinnati	Correction of Fire & Safety Defic.	9,741,235	1,706,461	18	July 1981 (A)
: Cincinnati	Clinical Exp., Reloc., 2 Add. Elev.	9,737,462	2,417,906	25	July 1981 (A)
Oklahoma : Oklahoma City	Clinical Add/Modern/S & F Defic.	33,781,638	24,717,229	73	December 1980 (A)
Oregon : Roseburg	Elevators	1,362,331	149,794	11	August 1982 (A)
: White City	Renovate/Consol. RMS	1,075,872	307,995	29	April 1982 (A)
Pennsylvania : Philadelphia	Clinical Improvements	1,299,800	232,700	18	August 1982 (A)
: Pittsburgh	Fire & Safety Improvements	4,276,069	2,616,805	61	September 1981 (A)
: Wilkes-Barre	Three Additional Elevators	1,764,118	1,181,437	67	June 1981 (A)
South Carolina : Charleston	Correct of Seismic Defic.	8,820,129	6,630,393	75	September 1980 (A)
: Columbia	Renovate Bldg. 22 (Admin)	1,374,217	1,098,164	80	September 1981 (A)
South Dakota : Sioux Falls	Reg Office Act. Building	1,372,218	.....	0	August 1982 (A)
Tennessee : Memphis	Ambulatory Care Addition	4,693,779	855,285	18	March 1982 (A)
: Mountain Home	Clinical Addition	10,646,474	3,442,136	32	March 1981 (A)
: Murfreesboro	Safety & Fire Improvements	1,295,237	1,025,690	79	October 1981 (A)
: Murfreesboro	Renovate Wards 6A & 6B	1,289,618	1,289,080	99	September 1981 (A)
Texas : Amarillo	HVAC, Pat. Priv., Nurse Call Sys.	3,958,724	1,805,599	46	September 1981 (A)
Virginia : Hampton	Spinal Cord Injury Unit	1,855,861	810,007	44	September 1981 (A)
: Salem	Fire & Safety Improvements	2,048,965	121,156	6	July 1982 (A)
Projects under $1,000,000, Total	219 Projects	75,467,711	41,008,130	54	
C. Projects not under construction, Total	238 Projects	819,405,383			
Projects $1,000,000 and over, Total	90 Projects	777,319,000			
Alabama : Tuscaloosa	Outpatient Clinic Addition	12,303,000			
: Tuskegee	Correct Fire Deficiencies	1,545,000			
California : Fresno	Clinical Add., Dental, Surgery, Rms.	10,000,000			
: Livermore	Fire & Safety Imp. & Add 2 Svc. Elev.	6,500,000			
: Long Beach	Relocate MICU, Bldg. 126	1,652,000			
: Palo Alto	Surg. Add. & Fire & Safety Improv.	21,099,000			
: Palo Alto	Correct Electrical Defic.	1,626,000			
: San Diego	Emerg. Gen. & Conserv. of Energy	4,200,000			
: San Francisco	Modern. Surgical ICU	1,110,000			
: Sepulveda	Add Clinic., SICU, Educ. & New Res. Bldg.	16,000,000			
Colorado : Denver	Clinic. Supp. Wing, A/C & S&F Def.	1,800,000			
Delaware : Wilmington	Patient Privacy	1,117,000			
Florida : Lake City	Outpatient & Clinical Add.	4,777,000			
: Miami	Outpatient Add./Renov. & SCI Reloc.	42,964,000			
Georgia : Atlanta	Two Additional Elevators	2,580,000			
Idaho : Boise	Electrical Distr.	3,084,000			

See footnotes at end of table.

Other Improvement Construction Projects,[1] Fiscal Year 1982
Completions and Year End Status

Location	Number and Description of Projects	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Illinois : Chicago (WS)	OP Add. & Renov. of Bldg. 11A & B	39,665,000			
: Chicago (WS)	Remodel Surgical Suite (OR)	1,242,000			
: Chicago (WS)	Renovate Psychiatric Wd. Area	1,220,000			
: Danville	Expand & Relocate PAD	5,281,000			
: Hines	New Warehouse/Svc. Bldg.	9,453,000			
: Hines	Prim. Distr. 2nd Distr. & 2nd Gen.	3,860,000			
: Hines (Supply)	Supply Depot Expan. Bldg. 37	6,994,000			
: North Chicago	Patient Environ. Improv., PH 1	18,456,200			
Indiana : Indianapolis	Expand Outpatient Clinic	1,835,000			
Iowa : Iowa City	Addn. to Bldg. 1 (OP. RES & EDUC)	11,000,000			
Kansas : Leavenworth	F & S Improv. (Exit & Sprinklers)	8,552,000			
: Topeka	Correct Elec. Defic. Prim. & Sec.	7,800,000			
: Wichita	Renovate for Outpatient Clinic	9,025,000			
Kentucky : Lexington	Clinical & Admin. Add.	20,000,000			
: Lexington	Relocate CCU	1,323,000			
: Louisville	Med. Gas & Nur. Call & Pat. Priv.	3,228,000			
Louisiana : Alexandria	Clinic. Improv. & Reloc. Supp. Func.	30,000,000			
: Alexandria	F & S Improvements Bldgs. 2 & 7	1,194,000			
: New Orleans	16-Bed Ward Renov.	1,000,000			
: Shreveport	Upgrade Prim. Dist. Sys. & Elev. Add.	2,013,000			
Maine : Togus	DVB Building	2,741,000			
Maryland : Perry Point	New Laundry Building	4,549,000			
Massachusetts : Brockton	Renov. Bldg. 8, Pat. Priv., F&S Seismic	11,000,000			
Michigan : Battle Creek	Renov. B-82	3,371,000			
Missouri : St. Louis	Cl. Add./Wd. Renov./New Ambul. Care Bldg.	37,565,000			
Nebraska : Grand Island	Exit Strwls. A/C, Pat. Priv., Sup. Sys.	6,800,000			
: Lincoln	Outpatient Clinic Addition	6,515,000			
New Hampshire : Manchester	Laundry, Warehouse & Engr. Facility	10,000,000			
New Jersey : East Orange	Improve & Corr. Envir. Defic.	28,033,000			
: Lyons	Renov. Bldg. 4 - Intermediate	3,500,000			
: Lyons	Replace Sewage Plant	1,644,000			
New Mexico : Albuquerque	New Clinic Svc. Bed Bldg.	1,500,000			
New York : Brooklyn	Air, Oxygen & Vacuum System	2,928,000			
: Brooklyn (St. Albans Div)	Laundry Consolidation	10,187,000			
: Northport	10 Bed SICU	1,100,000			
: Northport	Enclose Stairwells	1,392,000			
: Syracuse	F&S Pat. Priv. & Supp. Sys. & HVAC	28,106,000			
North Carolina : Asheville	Energy Mgmt. & Heat Run-Around	1,374,000			
: Durham	Additional Elevators	2,592,000			
: Durham	Cl. Ad. (Amb. Care, Lab., Pharm.) Sprink.	14,000,000			
: Fayetteville	Clinical Addition	24,000,000			
: Salisbury	Renov. Ward Areas - Pat. Priv.	1,381,000			
North Dakota : Fargo	Addition for Clinical Improv.	17,458,000			
Ohio : Cleveland	Clinic. Improv. Surg. Svc. Reloc.	8,357,000			
Oklahoma : Muskogee	Outpatient Addition	8,815,000			
Oregon : Portland	Boiler Plant Replacement	1,890,000			
Pennsylvania : Altoona	Ambulatory Care Addition	7,848,000			
: Pittsburgh	Central Laundry	6,500,000			
: Pittsburgh	Canteen Renovation	1,792,200			
: Pittsburgh	Outpatient Clinic Addition	21,540,000			
: Pittsburgh	Centralized Warehouse Facility	3,000,000			
: Wilkes-Barre	Kitchen Remodel Section A	1,435,000			
: Wilkes-Barre	Correct Electrical Defic.	1,528,900			
South Carolina : Charleston	Clinical Services Add. & Renov.	11,881,000			
: Charleston	Relocate SICU & MICU	1,175,000			
South Dakota : Sioux Falls	Clinic & Supp. Svc. Addition	15,000,000			
Tennessee : Memphis	120 Bed SCI Unit	30,292,000			
: Nashville	Relocate & Expand SICU	1,217,000			
: Nashville	Renov. Laboratory Svc.	1,632,000			
Texas : Amarillo	Add & Renov. for Amb. Care Cl. & Educ.	38,400,000			
: Amarillo	Ambulatory Care (Energ. Conser.)	1,900,000			
: Dallas	Upgrade Primary Distribution	4,000,000			
: Dallas	Renov. Bldgs. 1 & 2 - Pat. Priv.	1,509,000			
: Houston	Correct Electrical Defic.	2,347,000			
: Houston	Interim Improv. SCI Unit	1,075,000			
: Kerrville	Update 2nd Distr. & Essent. Elec.	1,408,000			
: San Antonio	Sprinkler System	3,361,000			
: Temple	Clinic Expand & Reloc. Supp. Fac.	24,045,000			
Utah : Salt Lake City	Remodel for Pharmacy	1,110,000			
Virginia : Hampton	Renov. & A/C Dining Room, Bldg. 116	1,336,700			
Washington : American Lake	Remodel Ward Bldg. 5, Incl. Seismic	1,253,000			
West Virginia : Clarksburg	Clinical Add. & Alterations	20,900,000			
Wisconsin : Tomah	Modernize Bldgs. 406 &408	12,000,000			
: Tomah	Remodel Dietetics, Bldg. 424	1,537,000			
Projects under $1,000,000, Total	148 Projects	42,086,383			

[1] *Projects included if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.*

[2] *Same as value of construction issued or awarded when project is financially complete.*

National Cemetery Projects,[1] Fiscal Year 1982—Completions and Year End Status

Location	Number of Projects	Description	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
Total	40		$66,071,830	$24,960,791	38	
A. Projects completed, Total	15		16,959,189	16,959,189	100	
California : Los Angeles		Renov. of Svc. Area & Admin. Bldg.	424,062	[2]	100	May 1982 (C)
: Riverside		Develop 45 Acres	2,347,564	[2]	100	November 1981 (C)
Colorado : Ft. Logan		Develop 35 Acres	2,046,922	[2]	100	October 1981 (C)
Hawaii : Honolulu		Columbarium on Crater Run	1,417,112	[2]	100	June 1982 (C)
Kansas : Leavenworth		Serv. Bldg., Entrance Gate & Drive	859,814	[2]	100	July 1982 (C)
Missouri : Jefferson		Develop 40 Acres	640,103	[2]	100	November 1981 (C)
New York : Calverton		Develop 50 Acres (Phase I)	2,837,600	[2]	100	September 1982 (C)
Ohio : Dayton		Admin. & Svc. Bldg. & Devel. 5 Acres	1,026,462	[2]	100	April 1982 (C)
Oregon : Willamette		20 Acre Develop & Svc. Bldg.	1,258,299	[2]	100	October 1981 (C)
Pennsylvania : Indiantown Gap		Dev. 20 Acres/Constr. Adm. & Svc. Bldg.	2,560,039	[2]	100	July 1982 (C)
Puerto Rico : Bayamon		Develop 12 Acres	763,563	[2]	100	March 1982 (C)
Texas : Ft. Sam Houston		Purchase Land (31.6 Acres)	120,000	[2]	100	August 1982 (C)
: Houston		3 Bay Addition to Svc. Bldg.	152,790	[2]	100	November 1981 (C)
: Houston		Develop 15 Acres	450,086	[2]	100	November 1981 (C)
Virginia : Culpeper		Facil. Upgrade/Phase I	54,773	[2]	100	May 1982 (C)
B. Projects under construction, Total	7		10,909,541	8,001,602	73	
Projects $1,000,000 and over, Total	4		9,686,941	7,144,575	74	
Massachusetts : Bourne		Develop 32 Acres Phase 2	1,921,507	1,764,859	92	September 1981 (A)
New York : Calverton		Admin. Bldg. & Committal Svc. Compl.	2,395,327	1,628,347	68	August 1981 (A)
: Calverton		Develop 25 Acres & Svc. Bldg.	1,868,602	545,242	29	January 1982 (A)
Virginia : Quantico		Dev. 5,000 Graves/Adm. & Svc. Bldg.	3,501,505	3,206,127	92	September 1981 (A)
Projects under $1,000,000, Total	3		1,222,600	857,027	70	
C. Projects not under construction, Total	18		38,203,100			
Projects $1,000,000 and over, Total	9		35,137,000			
Alabama : Ft. Mitchell		Dev. 50 Acres/Adm. & Svc. Bldg.	3,385,000			
Kansas : Leavenworth		Admin. Bldg. Add. Facil.	1,066,000			
Michigan : Ft. Custer		Dev. 115 Acres/Adm. &Svc. Bldg.	5,064,000			
Minnesota : Ft. Snelling		Dev. 14,800 Graves & Add. Fac.	1,868,000			
New York : Calverton		Dev. 78,000 Graves & Add. Fac.	3,972,000			
Oregon : Willamette		Dev. 12,000 Gravesites	1,403,000			
Tennessee : Chattanooga		Relocate Drives	1,062,000			
Texas : Ft. Sam Houston		Dev. 20,000 Gravesites	1,832,000			
Virginia : Quantico		Dev. 50 Acres Phase 3	15,485,000			
Projects under $1,000,000, Total	9		3,066,100			

[1] *Projects included if approved for development by Administrator's office or if there has been an appropriation of funds available for financing all or part of the project.*

[2] *Same as value of construction issued or awarded when project is financially complete.*

Domiciliary Construction Projects,[1] Fiscal Year 1982—Completions and Year End Status

Location	Number of Projects	Number of Beds	Estimated Construction Cost	Value of Work in Place	Percent Complete	Date Construction Completed (C) or Contract Awarded (A)
TOTAL	2	400	$17,248,000	0	0	
A. Projects completed, Total	0	0	0	0	0	
B. Projects under construction, Total	0	0	0	0	0	
C. Projects not under construction, Total	2	400	17,248,000			
New York : Bath		200	8,915,000			
Virginia : Hampton		200	8,333,000			

[1] *Projects included 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.*

Incompetent and Minor Beneficiaries Served

Fiscal Year	Total Beneficiaries	Incompetent Adults				Minors		
		Total	Type of Fiduciary			Total	Type of Fiduciary	
			State Court Appointed Fiduciaries	Federal Fiduciaries	Supervised Direct Payment		State Court Appointed	Federal Fiduciaries
1982	128,693	112,267	37,066	68,939	6,262	16,426	2,964	13,462
1981	132,446	112,757	38,708	67,826	6,223	19,689	4,002	15,687
1980	138,797	114,905	40,917	67,930	6,058	23,892	5,490	18,402
1979	143,286	115,933	42,890	67,283	5,760	27,353	7,022	20,331
1978	145,891	115,187	44,759	65,029	5,399	30,704	9,184	21,520
1977	149,843	114,262	46,960	62,258	5,044	35,581	11,685	23,896
T.Q. 9/30/76	144,997	105,191	48,850	51,803	4,538	39,806	15,044	24,762
1976	141,218	100,044	49,208	46,505	4,331	41,174	16,154	25,020
1975	146,471	97,272	52,662	40,995	3,615	49,199	21,971	27,228
1974	[1]177,950	107,636	58,328	46,618	2,690	[1]70,314	33,856	[1]36,458
1973	669,028	115,495	61,399	52,251	1,845	583,533	43,857	539,676

[1] *Decrease represents cases where approved, close relative/custodians receive payments for the benefit of minors.*

National Cemeteries—Location, Interments, and Status of Gravesites
September 30, 1982

National Cemetery	FY 1982 Interments	Cumulative Gravesites Used	Gravesites Reserved	Gravesites Available[1]	Close-out Date[2] (Fiscal Year)
Alexandria, LA	82	6,336	151	348	1986
Alexandria, VA	1	4,062	25	1	Closed
Alton, IL	2	491	35	6	Closed
Annapolis, MD	3	2,920	33	2	Closed
Balls Bluff, VA	0	25	0	0	Closed
Baltimore, MD	375	34,049	3,344	844	Closed
Barrancas, FL	589	13,568	581	3,051	1988
Bath, NY	123	8,942	0	422	1995
Baton Rouge, LA	7	5,022	54	6	Closed
Bayamon, PR	866	13,612	1,348	3,183	2000+
Bay Pines, FL	5	4,226	0	0	Closed
Beaufort, SC	148	11,687	170	5,988	2000+
Beverly, NJ	347	36,567	4,003	131	Closed
Biloxi, MS	223	2,921	506	631	1999
Black Hills, SD	374	6,666	453	14,677	2000+
Bourne, MA	567	1,111	0	9,037	2000+
Calverton, NY	6,280	24,965	0	15,987	2000+
Camp Butler, IL	281	8,816	315	486	2000+
Camp Nelson, KY	192	6,189	65	3,147	2000+
Cave Hill, KY	1	5,634	3	25	Closed
Chattanooga, TN	487	24,669	562	1,554	2000+
City Point, VA	6	5,483	78	36	Closed
Cold Harbor, VA	0	968	0	4	Closed
Corinth, MS	22	6,278	22	7,214	2000+
Crown Hill, IN	0	795	0	0	Closed
Culpeper, VA	328	5,201	16	3,120	2000+
Cypress Hills, NY	24	18,562	59	82	Closed
Danville, IL	89	6,363	0	2,271	2000+
Danville, KY	0	393	1	5	Closed
Danville, VA	6	2,152	28	27	Closed
Dayton, OH	466	25,847	2	1,532	2000+
Fayetteville, AR	101	3,507	108	140	1983
Finn's Point, NJ	0	2,703	2	0	Closed
Florence, SC	68	4,626	71	288	1983
Fort Bayard, NM	35	1,919	0	727	2000+
Fort Bliss, TX	791	16,173	1,214	8,414	2000+
Fort Custer, MI	91	296	19	1,884	2000+
Fort Gibson, OK	232	7,915	135	535	2000+
Fort Harrison, VA	8	1,113	2	2	Closed
Fort Leavenworth, KS	521	18,495	587	298	1983
Fort Logan, CO	1,609	26,943	753	1,017	2000+
Fort Lyon, CO	21	958	0	822	2000+
Fort McPherson, NE	103	3,744	90	1,845	2000+
Fort Meade, SD	0	188	0	0	Closed
Fort Mitchell, AL	0	0	0	0	Not Yet Open
Fort Rosecrans, CA	602	44,349	2,258	88	Closed
Fort Sam Houston, TX	1,805	40,911	3,119	3,234	2000+
Fort Scott, KS	71	3,081	97	2,829	2000+
Fort Smith, AR	145	5,722	225	2,856	2000+
Fort Snelling, MN	2,944	74,380	13,669	6,693	2000+
Glendale, VA	7	1,308	0	3	Closed
Golden Gate, CA	1,076	97,721	8,302	140	Closed
Grafton, WV	2	2,081	48	2	Closed
Hampton, VA	44	20,947	476	251	Closed
Hampton (VAMC), VA	0	22	0	0	Closed
Hot Springs, SD	0	1,481	0	1	Closed
Houston, TX	1,186	14,174	35	197	2000+
Indiantown Gap, PA	29	29	0	16,712	2000+
Jefferson Barracks, MO	2,407	66,581	2,336	2,279	2000+
Jefferson City, MO	7	1,561	66	11	Closed
Keokuk, IA	49	2,607	60	4,095	2000+
Kerrville, TX	0	460	0	0	Closed
Knoxville, TN	24	7,341	239	183	Closed
Leavenworth, KS	212	14,157	2	3,703	2000+
Lebanon, KY	27	2,019	31	43	2000+
Lexington, KY	0	1,388	0	9	Closed
Little Rock, AR	347	16,335	325	1,892	1988
Long Island, NY	2,871	233,974	13,152	6,603	Closed
Los Angeles, CA	343	69,951	1	2,255	Closed
Loudon Park, MD	10	6,493	5	141	Closed
Marietta, GA	79	16,347	413	84	Closed
Marion, IN	88	4,751	0	342	2000+
Memphis, TN	691	30,096	595	3,376	1989
Mill Springs, KY	30	1,778	33	544	2000+
Mobile, AL	12	3,595	261	8	Closed
Mound City, IL	45	6,837	72	1,001	2000+
Mountain Home, TN	163	6,336	0	207	2000+
Nashville, TN	449	25,855	402	4,971	1992
Natchez, MS	52	4,987	53	186	1986
Nat. Memorial Cemetery of the Pacific, HI	671	27,691	665	6,608	1985

See footnotes at end of table.

National Cemeteries—Location, Interments, and Status of Gravesites September 30, 1982

National Cemetery	FY 1982 Interments	Cumulative Gravesites Used	Gravesites Reserved	Gravesites Available[1]	Close-out Date[2] (Fiscal Year)
New Albany, IN	7	4,942	158	211	Closed
New Bern, NC	107	5,478	100	166	1983
Philadelphia, PA	43	10,368	38	15	Closed
Port Hudson, LA	157	6,477	31	684	1987
Prescott, AZ	8	2,966	0	0	Closed
Quantico, VA	0	0	0	0	Not Yet Open
Quincy, IL	5	468	1	109	2000+
Raleigh, NC	146	4,001	85	1,292	1992
Richmond, VA	16	7,244	242	0	Closed
Riverside, CA	4,062	14,235	0	12,618	2000+
Rock Island, IL	335	11,223	270	2,722	2000+
Roseburg, OR	8	2,380	0	0	Closed
St. Augustine, FL	2	1,159	22	0	Closed
Salisbury, NC	117	14,484	67	1,056	1992
San Antonio, TX	0	3,007	28	197	Closed
San Francisco, CA	149	22,970	682	694	Closed
Santa Fe, NM	673	13,117	426	1,044	1996
Seven Pines, VA	3	1,132	1	2	Closed
Sitka, AK	18	640	1	27	Closed
Springfield, MO	264	7,701	223	932	2000+
Staunton, VA	3	840	5	14	Closed
Togus, ME	0	5,371	0	0	Closed
White City, OR	170	1,758	0	88	2000+
Willamette, OR	2,228	54,793	2,224	4,902	2000+
Wilmington, NC	129	4,539	64	239	1984
Winchester, VA	9	5,052	39	98	Closed
Wood, WI	708	21,848	1	1,489	1985
Woodlawn, NY	21	6,269	226	21	Closed
Zachary Taylor, KY	72	8,454	1,075	149	Closed
Totals	41,422	1,483,362	67,784	190,105	

[1] *Includes in-ground sites suitable for cremains and niches.*

[2] *Cemeteries indicated as "closed" will continue to make interments of eligible family members in occupied gravesites and previously reserved gravesites.*

Disability, Death: Number of Cases, Expenditures by Period of Service

Period of Service	Number of Cases as of Sept. 30, 1982	Total Expenditures (in Thousands)[1]	Estimated Average Annual Expenditure Per Case[2]	
		Fiscal Year 1982	Fiscal Year 1982	Fiscal Year 1981
Grand total	4,406,819	$13,134,689	$2,980.54	$2,683.68
Living veterans	3,099,109	10,053,126	3,243.88	2,931.96
Service connected	2,274,634	7,593,642	3,338.40	3,010.53
Retired Reserve or Emergency Officers	134	1,101	8,216.87	7,501.95
Non-service connected	824,329	2,458,380	2,982.28	2,726.48
Special acts	12	3	271.50	253.50
Deceased veterans	1,307,710	3,081,563	2,356.46	2,116.75
Service connected	350,357	1,702,515	4,859.37	4,368.94
Non-service connected	957,338	1,379,047	1,440.50	1,337.67
Special acts	15	1	86.40	208.94
Prior periods[3]	10,828	17,584	1,623.90	1,530.08
Living veterans	190	605	3,182.73	3,297.52
Service connected	7	60	8,500.14	12,666.67
Non-service connected	183	545	2,979.33	3,059.32
Deceased veterans	10,638	16,979	1,596.06	1,494.85
Service connected	108	607	5,621.94	4,888.00
Non-service connected	10,522	16,372	1,554.77	1,460.65
Special acts	8	([4])	([4])	([4])
World War I	570,323	1,129,881	1,981.13	1,821.11
Living veterans	138,510	462,053	3,335.88	2,956.54
Service connected	21,556	93,093	4,318.66	3,821.24
Retired emergency officers	134	1,101	8,216.87	7,501.95
Non-service connected	116,819	367,859	3,148.94	2,795.44
Special acts	1	([4])	120.00	120.00
Deceased veterans	431,813	667,829	1,546.57	1,422.36
Service connected	27,247	148,690	5,457.13	4,851.67
Non-service connected	404,566	519,138	1,283.20	1,195.51
World War II	2,353,314	6,745,719	2,866.48	2,606.34
Living veterans	1,744,862	5,333,383	3,056.62	2,775.40
Service connected	1,140,144	3,638,997	3,191.70	2,871.33
Non-service connected	604,718	1,694,386	2,801.94	2,598.55
Deceased veterans	608,452	1,412,336	2,321.19	2,131.35
Service connected	165,890	719,101	4,334.81	4,005.57
Non-service connected	442,562	693,235	1,566.41	1,455.93
Korean conflict	428,030	1,483,373	3,465.58	3,073.37
Living veterans	315,357	1,187,020	3,764.05	3,383.43
Service connected	231,475	873,933	3,775.50	3,393.48
Non-service connected	83,882	313,087	3,732.47	3,355.09
Deceased veterans	112,673	296,353	2,630.20	2,262.41
Service connected	38,809	182,278	4,696.79	4,105.33
Non-service connected	73,864	114,075	1,544.39	1,380.66
Peacetime	352,721	1,315,225	3,728.80	3,417.19
Living veterans	302,012	1,026,322	3,398.28	3,130.83
Service connected	302,001	1,026,319	3,398.40	3,130.98
Special acts	11	3	296.18	262.40
Deceased veterans	50,709	288,903	5,697.27	5,032.67
Service connected	50,702	288,902	5,698.03	5,033.44
Special acts	7	1	185.14	171.00
Vietnam era	691,603	2,442,907	3,532.24	3,162.93
Living veterans	598,178	2,043,743	3,416.61	3,065.74
Service connected	579,451	1,961,241	3,384.65	3,042.44
Non-service connected	18,727	82,502	4,405.51	3,825.85
Deceased veterans	93,425	399,165	4,272.57	3,770.72
Service connected	67,601	362,937	5,368.81	4,737.50
Non-service connected	25,824	36,228	1,402.86	1,363.50

[1] *Totals may not add due to rounding.*
[2] *Averages based on unrounded expenditures.*
[3] *Includes Civil War, Indian Wars, Spanish-American War, Mexican Border Service.*
[4] *Data not available.*

Disability Cases: by Estimated Age Group, by Period of Service—September 1982

Age Group	Grand Total			World War I and Earlier[1]			World War II		
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected
Median age[3]	59.9	57.6	65.2	87.7	87.2	87.8	63.4	62.9	64.9
Total veterans	3,099,109	2,274,780	824,329	138,700	21,698	117,002	1,744,862	1,140,144	604,718
Under 20	189	189	.....	.....	.....	.....	.....	.....	.....
20 to 24	17,147	17,141	6	.....	.....	.....	.....	.....	.....
25 to 29	71,210	69,595	1,615	.....	.....	.....	.....	.....	.....
30 to 34	188,533	182,590	5,943	.....	.....	.....	.....	.....	.....
35 to 39	196,925	189,100	7,825	.....	.....	.....	.....	.....	.....
40 to 44	108,625	105,681	2,944	.....	.....	.....	.....	.....	.....
45 to 49	164,075	143,144	20,931	.....	.....	.....	.....	.....	.....
50 to 54	294,591	231,189	63,402	.....	.....	.....	21,925	9,930	11,995
55 to 59	521,501	387,706	133,795	.....	.....	.....	433,254	309,070	124,184
60 to 64	661,249	492,002	169,247	.....	.....	.....	603,913	435,941	167,972
Under 65	2,224,045	1,818,337	405,708	.....	.....	.....	1,059,092	754,941	304,151
65 to 69	397,126	264,779	132,347	.....	.....	.....	367,217	235,548	131,669
70 to 74	220,113	118,939	101,174	.....	.....	.....	208,264	107,352	100,912
75 to 79	89,839	39,726	50,113	99	12	87	84,405	34,466	49,939
80 to 84	44,733	13,622	31,111	19,506	4,745	14,761	22,561	6,224	16,337
85 to 89	95,387	15,733	79,654	91,924	13,816	78,108	2,830	1,289	1,541
90 to 94	25,392	3,222	22,170	24,966	2,861	22,105	252	192	60
95 and over	2,474	422	2,052	2,205	264	1,941	241	132	109
65 and over	875,064	456,443	418,621	138,700	21,698	117,002	685,770	385,203	300,567

Age Group	Korean Conflict			Vietnam Era			Peacetime[2]
	Total	Service Connected	Non-Service Connected	Total	Service Connected	Non-Service Connected	
Median age[3]	52.8	53.1	52.1	37.5	37.6	36.1	45.9
Total veterans	315,357	231,475	83,882	598,178	579,451	18,727	302,012
Under 20	.....	.....	.....	.....	.....	.....	189
20 to 24	.....	.....	.....	71	65	6	17,076
25 to 29	.....	.....	.....	32,828	31,213	1,615	38,382
30 to 34	.....	.....	.....	175,318	169,375	5,943	13,215
35 to 39	.....	.....	.....	181,816	173,991	7,825	15,109
40 to 44	174	43	131	52,437	49,624	2,813	56,014
45 to 49	53,480	32,919	20,561	47,254	46,884	370	63,341
50 to 54	184,090	132,783	51,307	51,713	51,613	100	36,863
55 to 59	42,574	32,989	9,585	26,777	26,751	26	18,896
60 to 64	18,270	17,006	1,264	19,933	19,922	11	19,133
Under 65	298,588	215,740	82,848	588,147	569,438	18,709	278,218
65 to 69	9,674	9,004	670	8,045	8,037	8	12,190
70 to 74	4,317	4,061	256	1,615	1,609	6	5,917
75 to 79	1,833	1,750	83	328	324	4	3,174
80 to 84	648	635	13	41	41	.....	1,977
85 to 89	244	239	5	2	2	.....	387
90 to 94	51	46	5	.....	.....	.....	123
95 and over	2	.....	2	.....	.....	.....	26
65 and over	16,769	15,735	1,034	10,031	10,013	18	23,794

[1] *Includes Spanish-American War, Mexican Border Service, Special Acts and Retired Emergency Officers.*

[2] *Includes Special Acts.*

[3] *Last year the average (arithmetic mean) age was used.*

TABLE 58

Reasons for Terminations of Disability and Death Awards, By Period of Service—Fiscal Year 1982

Reasons for Terminations	Total	World War I		World War II		Korean Conflict		Vietnam Era		Peacetime	Old Wars[2]
		Service-Connected	Non-Service-Connected	Service-Connected	Non-Service-Connected	Service-Connected	Non-Service-Connected	Service-Connected	Non-Service-Connected		
Disability, total	195,936	3,760	31,897	31,604	85,990	3,787	9,157	11,817	2,056	15,787	81
Death of veteran	118,359	3,704	27,434	30,719	42,982	3,400	2,552	3,367	175	3,949	77
Disability less than 10 percent	1,483	.....	.....	38	.....	31	.....	686	.....	728	.....
Disability less than permanent and total	334	.....	.....	.....	102	.....	120	.....	112	.....	.....
Estate in excess of $1,500	127	.....	8	23	38	7	8	23	5	15	.....
Excessive corpus of estate	420	.....	162	.....	241	.....	13	.....	4	.....	.....
Failure to cooperate	2,673	2	282	24	1,137	11	205	494	74	444	.....
Income provision	43,483	.....	2,953	.....	34,522	.....	4,822	.....	1,186	.....	.....
Person entitled is incarcerated	159	.....	.....	1	65	.....	51	3	37	2	.....
Veteran on active duty or in receipt of retirement pay	3,141	.....	.....	98	9	106	.....	1,360	.....	1,568	.....
Failure to return questionnaire	5,866	.....	199	.....	4,622	.....	784	.....	260	.....	1
Miscellaneous[1]	19,891	54	859	701	2,272	232	602	5,884	203	9,081	3
Death, total	198,020	2,047	40,807	12,235	89,181	3,296	29,833	10,457	5,157	4,918	89
Dependency not established or discontinued	74,115	9	331	1,001	41,550	666	22,741	4,309	1,936	1,572	.....
Payee incarcerated	104	.....	1	.....	13	.....	3	66	21	.....	.....
Death of payee	53,479	1,844	29,336	8,990	8,898	1,573	364	974	43	1,381	76
Income provisions	40,319	4	6,582	189	27,560	154	3,752	545	1,525	.....	8
Excess corpus of estate	321	.....	139	21	139	13	7	.....	2	.....	.....
Person entitled (widow, child, parent) married	7,259	20	451	427	3,245	129	1,110	881	521	475	.....
Failure to return questionnaire	6,929	.....	871	.....	4,463	.....	725	.....	869	.....	1
Miscellaneous[1]	15,494	170	3,096	1,607	3,313	761	1,131	3,682	240	1,490	4

[1] *Includes temporary terminations.*
[2] *All periods prior to World War I.*

TABLE 59

COMPENSATION AND PENSION

Veterans Receiving Disability Compensation or Pension Compared With Estimated Veteran Population by Period of Service

Period of Service	Estimated Veterans Population	Total		Compensation Only		Pension Only	
		Number	Percent	Number	Percent	Number	Percent
Total	28,522,000	[1] 3,099,109	10.87	2,274,634	7.98	824,329	2.89
World War I	368,000	[1] 138,510	37.64	21,556	5.86	116,819	31.74
World War II	11,368,000	1,744,862	15.35	1,140,144	10.03	604,718	5.32
Korean Conflict	4,338,000	315,357	7.27	231,475	5.34	83,882	1.93
Vietnam Era	8,188,000	598,178	7.31	579,451	7.08	18,727	0.23
Peacetime	4,260,000	[1] 302,012	7.09	302,001	7.09	NA	.....
Old Wars[2]	([3])	190	.....	7	.....	183	.....

[1] *Includes Special Acts and Retired Emergency Officers.*
[2] *Includes Spanish-American War and Mexican Border Service.*
[3] *Less than 1,000.*

TABLE 60

COMPENSATION AND PENSION

Veterans Receiving Disability Compensation, Pension and/or Retirement Compared with Estimated Veteran Population by Geographic Area of Residence

U.S. Geographic Location	Estimated Veteran Population	Veterans Receiving Compensation, Pension and/or Retirement	
		Number	Percent
Total	28,522,000	3,099,109	10.87
East	7,025,000	809,941	11.53
South	6,307,000	810,734	12.85
Midwest	7,269,000	676,056	9.30
Southwest	2,839,000	335,542	11.82
West	5,082,000	466,836	9.19

Composition of geographic locations:

East – CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT.
South – AL, AR, FL, GA, KY, LA, MS, NC, PR, SC, TN, VA, WV.
Midwest – IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI.
Southwest – AZ, NM, OK, TX, UT.
West – AK, CA, CO, HI, ID, MT, NV, OR, WA, WY and Philippines.

TABLE 61

COMPENSATION AND PENSION

Death Benefit Cases (Compensation, Dependency & Indemnity Compensation or Pension) Compared to the Number of Deceased Veterans Who Participated In Each Period of Service

Period of Service	Deceased War Participants	Total		Compensation and/or DIC		Pension	
		Cases	Percent	Cases	Percent	Cases	Percent
Total	13,975,000	[1] 1,307,710	9.36	350,357	2.51	957,338	6.85
World War I	4,376,000	431,813	9.87	27,247	0.62	404,566	9.25
World War II	5,167,000	608,452	11.78	165,890	3.21	442,562	8.57
Korean Conflict	1,386,000	112,673	8.13	38,809	2.80	73,864	5.33
Vietnam Era	335,000	93,425	27.89	67,601	20.18	25,824	7.71
Indian War	106,000	35	0.03	.....	.....	35	0.03
Mexican Border	([2])	434	.....	1	.....	433	.....
Civil War	2,213,000	[1] 140	0.01	3	([3])	135	0.01
Peacetime	([2])	[1] 50,709	.....	50,702	.....	.....	.....
Spanish-American War	392,000	[1] 10,029	2.56	104	0.03	9,919	2.53

[1] *Includes Special Act cases.*
[2] *Data not available.*
[3] *Less than 0.005 percent.*

TABLE 62

Disability: Class of Dependent, Period of Service—Sept. 1982

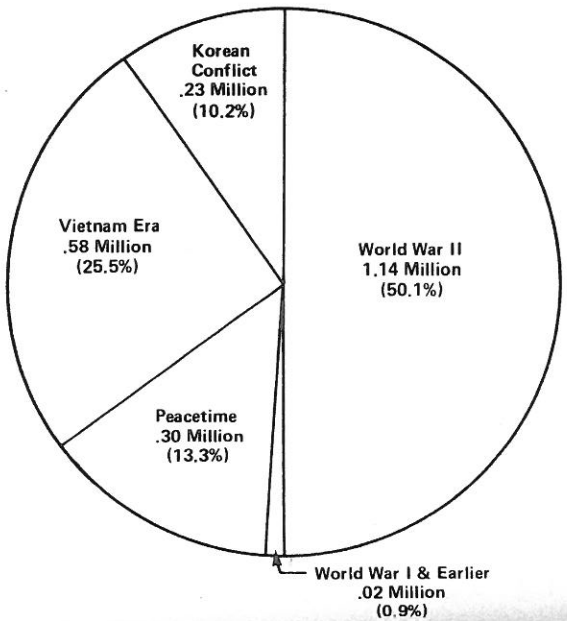
Class of Dependent	Total			World War I and Earlier[1]		World War II		Korean Conflict		Vietnam Era		Peacetime	
	Number	Monthly Value (Sept. 1982 only)	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total veterans	2,274,634	$629,050,670	$276.55	21,563	$348.90	1,140,144	$264.28	231,475	$311.33	579,451	$280.65	302,001	$283.21
Veterans less than 30 percent disabled (no dependency benefit)	1,272,146	92,254,674	72.52	10,027	101.19	628,412	71.58	123,527	73.17	330,076	73.40	180,104	72.14
Veterans 30 percent or more disabled	1,002,488	536,795,996	535.46	11,536	564.21	511,732	500.92	107.948	583.86	249,375	554.97	121,897	595.07
Without dependents	297,937	135,893,725	456.12	5,630	521.33	157,791	433.02	31,045	486.17	63,623	481.08	39,848	543.14
With dependents	704,551	400,902,271	569.02	5,906	605.09	353,941	538.53	76,903	623.30	185,752	580.84	82,049	620.29
Spouse only	438,342	242,850,065	554.02	5,792	603.37	299,784	533.01	44,295	628.64	53,320	553.98	35,151	631.14
Spouse, child or children	227,772	130,913,633	574.76	78	703.35	45,902	545.02	27,686	591.91	114,440	576.62	39,666	591.58
Spouse, child or children, and parent or parents	2,557	2,542,368	994.28	.....	.....	571	808.17	322	1,054.70	1,259	1,055.44	405	1,018.51
Spouse, parent or parents	1,933	1,758,182	909.56	.....	.....	1,051	843.15	385	1,032.16	291	881.55	206	1,058.84
Child or children only	28,474	16,957,413	595.54	36	675.22	4,879	550.84	3,224	517.13	14,820	609.79	5,515	609.36
Child or children and parent or parents	533	542,307	1,017.46	.....	.....	68	779.75	55	989.82	307	1,080.27	103	1,001.96
Parent or parents only	4,940	5,338,303	1,080.41	.....	.....	1,686	1,017.53	936	1,133.38	1,315	1,074.08	1,003	1,145.69
Total dependents on whose account additional compensation was being paid	1,168,890	.....	.....	5,998	.....	424,983	.....	126,602	.....	444,888	.....	166,416	.....
Spouses	670,603	.....	.....	5,867	.....	347,308	.....	72,688	.....	169,310	.....	75,428	.....
Children	487,012	.....	.....	131	.....	74,128	.....	52,031	.....	271,693	.....	89,029	.....
Parents	11,275	.....	.....	.....	.....	3,547	.....	1,883	.....	3,885	.....	1,959	

[1] *Includes Spanish-American War and Mexican Border Service.*

VETERANS RECEIVING COMPENSATION

By Period of Service

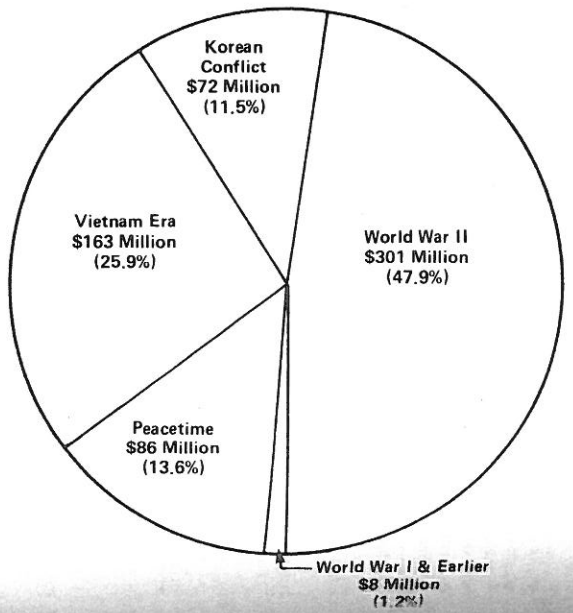
September 1982



MONTHLY VALUE OF COMPENSATION PAYMENTS

By Period of Service

September 1982



Death: Class of Beneficiary, Period of Service—As of September 30, 1982

Class of Beneficiary	Total			World War I		World War II	
	Number	Monthly Value	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	350,357	$143,289,678	$408.98	27,247	$449.55	165,890	$376.27
Compensation	46,958	3,700,430	78.80	22	93.95	35,527	79.08
Dependency and indemnity compensation	300,750	138,165,522	459.40	27,225	449.84	128,476	456.17
Dependency and indemnity compensation and compensation	2,649	1,423,726	537.46	.....	.....	1,887	531.95
Surviving spouse alone	213,887	106,153,699	496.31	26,331	449.87	106,517	477.52
Surviving spouse and children	26,783	15,674,852	585.25	306	660.29	3,923	579.43
Surviving spouse, children and mother	1,645	1,153,071	700.96	.....	.....	74	750.42
Surviving spouse, children and father	190	129,733	682.81	.....	.....	10	767.60
Surviving spouse, children, mother and father	423	296,622	701.23	.....	.....	4	925.75
Surviving spouse, and mother	6,546	4,037,120	616.73	.....	.....	3,083	609.98
Surviving spouse, and father	740	456,227	616.52	.....	.....	385	624.51
Surviving spouse, mother and father	630	393,910	625.25	.....	.....	177	666.27
Children alone	16,284	4,204,642	258.21	533	336.79	1,701	301.18
Children and mother	1,249	474,451	379.86	.....	.....	52	466.71
Children and father	140	49,318	352.27	.....	.....	2	454.00
Children, mother and father	324	121,032	373.56	.....	.....	3	727.67
Mother alone	66,386	8,066,474	121.51	75	282.15	42,226	124.41
Father alone	7,219	960,514	133.05	2	147.00	4,659	150.16
Mother and father	7,911	1,118,013	141.32	.....	.....	3,074	158.99
Total survivors	421,512	.....	.....	27,605	.....	178,503	.....
Surviving spouses	250,833	.....	.....	26,639	.....	114,166	.....
Children	67,986	.....	.....	887	.....	7,330	.....
Mothers	85,116	.....	.....	77	.....	48,693	.....
Fathers	17,577	.....	.....	2	.....	8,314	.....

Class of Beneficiary	Korean Conflict		Vietnam Era		Peacetime		Old Wars[1]	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	38,809	$387.00	67,601	$440.39	50,702	$469.04	108	$459.06
Compensation	9,499	77.95	10	71.50	1,900	77.82	.....	.....
Dependency and indemnity compensation	28,706	485.83	67,582	440.43	48,653	484.07	108	459.06
Dependency and indemnity compensation and compensation	604	550.71	9	589.78	149	550.36	.....	.....
Surviving spouse alone	21,775	537.90	25,693	542.47	33,478	550.36	93	466.97
Surviving spouse and children	1,901	571.95	15,063	584.20	5,588	592.49	2	897.50
Surviving spouse, children and mother	38	716.08	1,223	693.37	310	717.20	.....	.....
Surviving spouse, children and father	6	643.00	141	673.49	33	704.18	.....	.....
Surviving spouse, children, mother and father	5	637.00	335	695.48	79	718.32	.....	.....
Surviving spouse, and mother	875	605.92	1,497	629.04	1,091	627.60	.....	.....
Surviving spouse, and father	96	578.60	163	609.44	96	634.46	.....	.....
Surviving spouse, mother and father	59	586.29	262	615.63	132	606.76	.....	.....
Children alone	755	271.84	10,885	244.02	2,397	270.22	13	335.00
Children and mother	36	384.22	1,011	371.81	150	402.98	.....	.....
Children and father	6	401.00	118	348.60	14	347.86	.....	.....
Children, mother and father	5	366.80	280	371.95	36	357.53	.....	.....
Mother alone	10,605	101.12	7,761	134.31	5,719	118.39	.....	.....
Father alone	1,128	97.56	809	107.66	621	102.24	.....	.....
Mother and father	1,519	105.63	2,360	149.01	958	122.32	.....	.....
Total survivors	44,499	.....	105,856	.....	64,937	.....	112	.....
Surviving spouses	24,753	.....	44,378	.....	40,802	.....	95	.....
Children	3,780	.....	42,281	.....	13,691	.....	17	.....
Mothers	13,142	.....	14,729	.....	8,475	.....	.....	.....
Fathers	2,824	.....	4,468	.....	1,969	.....	.....	.....

[1] *All periods prior to World War I.*

$8 Million (1.2%)

World War I & Earlier .02 Million (0.9%)

Disability, Degree of Impairment, Type of Major Disability, Period of Service—Sept. 1982

Degree of Impairment	Total				Psychiatric and Neurological Diseases				General Medical and Surgical Conditions[1]			
	Number	Percent of Total[2]	Monthly Value	Average Monthly Value	Number	Percent of Total Psychiatric and Neurological Diseases[2]	Percent of degree of impairment	Average Monthly Value	Number	Percent of Total General Medical and Surgical Conditions[2]	Percent of degree of impairment	Average Monthly Value
TOTAL ALL PERIODS												
Total	2,274,634	100.0	$629,050,670	$276.55	463,571	100.0	20.4	$489.70	1,811,063	100.0	79.6	$221.99
No disability	26,187	1.2	1,750,090	66.83	.....	.....	.....	.....	26,187	1.4	100.0	66.83
10 percent	887,885	39.0	51,901,107	58.45	130,427	28.1	14.7	58.22	757,458	41.8	85.3	58.49
20 percent	358,074	15.7	38,603,466	107.81	24,657	5.3	6.9	108.18	333,417	18.4	93.1	107.78
30 percent	317,156	13.9	57,899,816	182.56	76,713	16.5	24.2	179.53	240,443	13.3	75.8	183.53
40 percent	186,890	8.2	49,324,621	263.92	26,377	5.7	14.1	260.99	160,513	8.9	85.9	264.41
50 percent	114,404	5.0	42,743,556	373.62	43,072	9.3	37.6	367.39	71,332	3.9	62.4	377.38
60 percent	121,984	5.4	86,667,377	710.48	19,511	4.2	16.0	606.50	102,473	5.7	84.1	730.28
70 percent	71,516	3.1	60,900,739	851.57	29,383	6.3	41.1	840.85	42,133	2.3	58.9	859.04
80 percent	38,289	1.7	36,512,368	953.60	10,419	2.2	27.2	976.40	27,870	1.5	72.8	945.08
90 percent	14,144	0.6	14,844,563	1,049.53	3,836	0.8	27.1	1,070.99	10,308	0.6	72.9	1,041.54
100 percent	138,105	6.1	187,902,967	1,360.58	99,176	21.4	71.8	1,305.23	38,929	2.1	28.2	1,501.59
WORLD WAR I AND EARLIER PERIODS[3]												
Total	21,563	100.0	7,523,346	348.90	4,067	100.0	18.9	546.82	17,496	100.0	81.1	302.89
No disability	309	1.4	20,018	64.78	.....	.....	.....	.....	309	1.8	100.0	64.78
10 percent	4,257	19.7	294,635	69.21	297	7.3	7.0	71.57	3,960	22.6	93.0	69.04
20 percent	5,447	25.3	699,934	128.50	664	16.3	12.2	137.08	4,783	27.3	87.8	127.31
30 percent	3,062	14.2	566,997	185.17	544	13.4	17.8	189.08	2,518	14.4	82.2	184.33
40 percent	1,861	8.6	489,883	263.24	332	8.2	17.8	271.28	1,529	8.7	82.2	261.49
50 percent	1,504	7.0	554,696	368.81	550	13.5	36.6	371.71	954	5.5	63.4	367.15
60 percent	1,661	7.7	1,176,224	708.14	247	6.1	14.9	536.92	1,414	8.1	85.1	738.05
70 percent	781	3.6	632,879	810.34	255	6.3	32.7	779.08	526	3.0	67.3	825.50
80 percent	519	2.4	453,629	874.04	125	3.1	24.1	814.38	394	2.3	75.9	892.97
90 percent	137	0.6	134,969	985.18	12	0.3	8.8	1,032.92	125	0.7	91.2	980.59
100 percent	2,025	9.4	2,499,482	1,234.31	1,041	25.6	51.4	1,218.81	984	5.6	48.6	1,247.63
WORLD WAR II												
Total	1,140,144	100.0	301,312,508	264.28	258,448	100.0	22.7	421.22	881,696	100.0	77.3	217.98
No disability	14,808	1.3	988,901	66.78	.....	.....	.....	.....	14,808	1.7	100.0	66.78
10 percent	445,614	39.1	25,963,475	58.26	84,485	32.7	19.0	58.09	361,129	41.0	81.0	58.31
20 percent	167,990	14.7	18,029,967	107.33	13,353	5.2	8.0	107.13	154,637	17.5	92.1	107.34
30 percent	168,659	14.8	30,016,250	177.97	46,884	18.1	27.8	176.10	121,775	13.8	72.2	178.69
40 percent	96,355	8.5	24,753,078	256.89	15,070	5.8	15.6	254.16	81,285	9.2	84.4	257.41
50 percent	60,895	5.3	22,337,748	366.82	22,730	8.8	37.3	362.02	38,165	4.3	62.7	369.70
60 percent	65,137	5.7	46,681,343	716.66	10,480	4.1	16.1	590.64	54,657	6.2	83.9	740.84
70 percent	36,438	3.2	31,598,313	867.18	15,370	6.0	42.2	901.46	21,068	2.4	57.8	842.17
80 percent	20,266	1.8	18,823,489	928.82	5,371	2.1	26.5	964.78	14,895	1.7	73.5	915.86
90 percent	6,767	0.6	6,944,537	1,026.24	1,595	0.6	23.6	1,031.56	5,172	0.6	76.4	1,024.76
100 percent	57,215	5.0	75,175,407	1,313.91	43,110	16.7	75.3	1,283.63	14,105	1.6	24.7	1,406.35

80 percent	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
90 percent	6,767	0.6	6,944,537	1,026.24	1,595	0.6	23.6	[illegible]	14,105	1.6	24.7	1,406.35
100 percent	57,215	5.0	75,175,407	1,313.91	43,110	16.7	75.3	1,283.63				
KOREAN CONFLICT												
Total	231,475	100.0	72,064,786	311.33	42,186	100.0	18.2	644.80	189,289	100.0	81.8	237.00
No disability	7,029	3.0	471,030	67.01	.....	.....	.....	.....	7,029	3.7	100.0	67.01
10 percent	80,816	34.9	4,729,613	58.52	8,802	20.9	10.9	58.19	72,014	38.0	89.1	58.56
20 percent	35,682	15.4	3,838,296	107.57	1,868	4.4	5.2	107.49	33,814	17.9	94.8	107.57
30 percent	31,310	13.5	5,722,089	182.76	5,787	13.7	18.5	181.80	25,523	13.5	81.5	182.70
40 percent	19,551	8.4	5,182,702	265.09	2,222	5.3	11.4	264.18	17,329	9.2	88.6	265.20
50 percent	11,321	4.9	4,285,149	378.51	3,521	8.3	31.1	374.08	7,800	4.1	68.9	380.52
60 percent	13,907	6.0	10,109,483	726.93	2,166	5.1	15.6	627.80	11,741	6.2	84.4	745.22
70 percent	8,215	3.5	7,187,027	874.87	2,846	6.7	34.6	850.37	5,369	2.8	65.4	887.85
80 percent	4,470	1.9	4,385,660	981.13	1,205	2.9	27.0	999.05	3,265	1.7	73.0	974.52
90 percent	1,638	0.7	1,706,412	1,041.77	467	1.1	28.5	1,063.14	1,171	0.6	71.5	1,033.24
100 percent	17,536	7.6	24,447,325	1,394.12	13,302	31.5	75.9	1,357.40	4,234	2.2	24.1	1,511.60
VIETNAM ERA												
Total	579,451	100.0	162,621,846	280.65	101,362	100.0	17.5	546.86	478,089	100.0	82.5	224.21
No disability	868	0.1	56,719	65.34	.....	.....	.....	.....	868	0.2	100.0	65.34
10 percent	229,237	39.6	13,411,451	58.50	23,395	23.1	10.2	58.43	205,842	43.1	89.8	58.51
20 percent	99,971	17.3	10,758,106	107.61	5,949	5.9	6.0	107.58	94,022	19.7	94.0	107.61
30 percent	74,657	12.9	14,214,388	190.40	14,490	14.3	19.4	188.53	60,167	12.6	80.6	190.28
40 percent	48,741	8.4	13,349,832	273.89	6,108	6.0	12.5	273.59	42,633	8.9	87.5	273.94
50 percent	28,675	4.9	11,058,717	385.66	10,390	10.3	36.2	378.08	18,285	3.8	63.8	389.96
60 percent	27,328	4.7	18,077,778	661.51	4,726	4.7	17.3	611.59	22,602	4.7	82.7	671.95
70 percent	18,815	3.2	15,386,432	817.77	7,413	7.3	39.4	751.11	11,402	2.4	60.6	861.12
80 percent	9,678	1.7	9,474,133	978.94	2,711	2.7	28.0	982.90	6,967	1.5	72.0	977.39
90 percent	4,416	0.8	4,766,841	1,079.45	1,389	1.4	31.5	1,110.52	3,027	0.6	68.5	1,065.19
100 percent	37,065	6.4	52,067,449	1,404.76	24,791	24.5	66.9	1,307.94	12,274	2.6	33.1	1,602.91
PEACETIME												
Total	302,001	100.0	85,528,184	283.21	57,508	100.0	19.0	578.85	244,493	100.0	81.0	213.67
No disability	3,173	1.1	213,422	67.26	.....	.....	.....	.....	3,173	1.3	100.0	67.26
10 percent	127,954	42.4	7,501,933	58.63	13,448	23.4	10.5	58.42	114,506	46.8	89.5	58.65
20 percent	48,977	16.2	5,277,163	107.75	2,823	4.9	5.8	108.01	46,154	18.9	94.2	107.73
30 percent	39,426	13.1	7,380,092	186.88	9,008	15.7	22.8	181.10	30,418	12.4	77.2	188.68
40 percent	20,381	6.7	5,549,126	272.27	2,645	4.6	13.0	266.81	17,736	7.3	87.0	273.08
50 percent	12,009	4.0	4,507,246	375.32	5,881	10.2	49.0	364.86	6,128	2.5	51.0	385.37
60 percent	13,951	4.6	10,622,549	761.42	1,892	3.3	13.6	666.31	12,059	4.9	86.4	776.34
70 percent	7,267	2.4	6,096,088	838.87	3,499	6.1	48.1	761.52	3,768	1.5	51.9	910.71
80 percent	3,356	1.1	3,375,457	1,005.80	1,007	1.8	30.0	1,013.92	2,349	1.0	70.0	1,002.32
90 percent	1,187	0.4	1,291,804	1,088.29	373	0.6	31.4	1,103.49	814	0.3	68.6	1,081.33
100 percent	24,320	8.1	33,713,304	1,386.24	16,932	29.4	69.6	1,320.59	7,388	3.0	30.4	1,538.33

[1] *Includes tuberculosis (lung and pleura).*
[2] *Totals may not add to 100.0 percent due to rounding.*
[3] *Includes Spanish-American War, Mexican Border Service, Indian Wars, and Civil War.*

TABLE 65

Disability: Type of Major Disability and Type of Pension by Period of Service—September 1982

Type of Pension and Disability	Total				World War I and Earlier[1]		
	Number	Percent of Total	Monthly Value	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	824,329	100.0	$204,519,910	$248.10	117,002	100.0	$252.55
Type of disability							
Psychiatric and neurological diseases	189,226	23.0	57,478,499	303.76	13,282	11.4	404.60
Psychoses	50,885	6.2	14,603,305	286.99	1,180	1.0	429.10
Other psychiatric and neurological diseases	138,341	16.8	42,875,194	309.92	12,102	10.3	402.21
General medical and surgical conditions[2]	521,669	63.3	128,364,423	246.06	92,658	79.2	231.15
No disability shown	113,434	13.8	18,676,988	164.65	11,062	9.5	254.38
Type of pension							
Old Law	23,979	2.9	1,986,904	82.86	19,976	17.1	82.09
Sec 306	433,296	52.6	61,505,285	141.95	60,335	51.6	167.81
PL 95-588	367,054	44.5	141,027,721	384.22	36,691	31.4	484.72

Type of Pension and Disability	World War II			Korean Conflict			Vietnam Era		
	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value	Number	Percent of Total	Average Monthly Value
Total cases	604,718	100.0	$234.28	83,882	100.0	$314.12	18,727	100.0	$371.15
Type of disability									
Psychiatric and neurological diseases	132,099	21.8	288.03	32,344	38.6	308.26	11,501	61.4	355.28
Psychoses	30,186	5.0	274.58	12,688	15.1	276.45	6,831	36.5	336.82
Other psychiatric and neurological diseases	101,913	16.9	292.01	19,656	23.4	328.79	4,670	24.9	382.28
General medical and surgical conditions[2]	370,683	61.3	237.66	51,120	60.9	319.38	7,208	38.5	398.37
No disability shown	101,936	16.9	154.77	418	0.5	193.76	18	0.1	307.28
Type of pension									
Old Law	3,536	0.6	86.88	467	0.6	85.46	.....	.....	.....
Sec 306	330,547	54.7	136.34	36,335	43.3	146.46	6,079	32.5	163.11
PL 95-588	270,635	44.8	355.82	47,080	56.1	445.79	12,648	67.5	471.14

[1] *Includes Spanish-American War and Mexican Border Service.*
[2] *Includes tuberculosis (lungs and pleura).*

NOTE: Totals may not add due to rounding.

TABLE 66

Death: Class of Beneficiary, Period of Service— September 1982

Class of Beneficiary	Total			World War I and Earlier[1]	
	Number	Monthly Value	Average Monthly	Number	Average Monthly Value
Total cases	957,338	$114,464,945	$119.57	415,088	$107.06
Surviving spouse alone	754,190	94,018,389	124.66	398,306	107.51
Surviving spouse and children	64,215	10,550,284	164.30	6,277	173.65
Children alone	138,933	9,896,272	71.23	10,505	64.61
Total dependents	1,106,767	.....	.....	422,627	.....
Surviving spouses	818,407	.....	.....	404,582	.....
Children	288,360	.....	.....	18,045	.....

Class of Beneficiary	World War II		Korean Conflict		Vietnam Era	
	Number	Average Monthly Value	Number	Average Monthly Value	Number	Average Monthly Value
Total cases	442,562	$130.73	73,864	$124.36	25,824	$115.58
Surviving spouse alone	332,641	141.09	20,810	195.14	2,433	212.79
Surviving spouse and children	38,141	161.47	12,746	169.32	7,051	162.15
Children alone	71,780	68.40	40,308	73.97	16,340	81.29
Total dependents	515,677	.....	115,645	.....	52,818	.....
Surviving spouses	370,785	.....	33,556	.....	9,484	.....
Children	144,892	.....	82,089	.....	43,334	.....

[1] *Includes Spanish-American War, Mexican Border Service, Indian Wars, and Civil War.*

Persons in Training During Fiscal Year by Program and Period of Service

Program	Fiscal Year				
	1982	1981	1980	1979	1978
POST-KOREAN EDUCATIONAL ASSISTANCE PROGRAM					
In training during year – Total	777,686	948,526	1,106,889	1,278,538	1,521,840
Institutions of higher learning	620,341	736,018	842,088	967,790	1,144,075
Resident schools other than college	97,739	122,448	148,551	175,098	211,241
Correspondence schools	21,115	34,849	42,102	51,383	72,945
On-job training	38,491	55,211	74,148	84,267	93,579
CHILDREN'S EDUCATIONAL ASSISTANCE PROGRAM					
In training during year – Total	80,347	82,646	82,632	85,696	88,299
Institutions of higher learning	72,134	74,619	75,530	77,915	80,402
Schools other than college	7,814	7,541	6,538	7,180	7,291
Special restorative training	46	70	61	73	94
On-job training	353	416	503	528	512
Period of service of beneficiary's parent					
World War I	819	959	1,129	1,108	1,099
World War II	20,378	22,462	25,246	28,899	31,756
Korean conflict	12,500	12,332	12,759	13,519	13,848
Vietnam era	37,159	37,552	33,451	31,225	29,507
Other	9,491	9,341	10,047	10,945	12,089
EDUCATIONAL ASSISTANCE FOR SPOUSES OF TOTALLY DISABLED OR DECEASED VETERANS					
In training during year – Total	10,641	11,940	12,952	17,260	19,394
Institutions of higher learning	9,021	10,078	10,752	13,977	15,548
Schools other than college	1,608	1,837	2,162	3,239	3,801
Special restorative training	.....	.....	.....	2	2
On-job training	12	25	38	42	43
Period of service of beneficiary's spouse					
World War I	54	90	111	183	205
World War II	1,507	1,690	2,088	3,553	4,300
Korean conflict	937	1,029	1,232	1,854	2,250
Vietnam era	6,796	7,943	8,303	9,758	10,184
Other	1,347	1,188	1,218	1,912	2,455
VOCATIONAL REHABILITATION PROGRAM FOR DISABLED VETERANS					
In training during year – Total	30,919	29,818	25,543	29,470	31,018
Institutions of higher learning	22,095	21,730	18,854	21,672	23,145
Schools other than college	7,489	6,717	5,371	6,195	6,233
On-job training	913	998	943	1,116	1,160
Institutional on-farm	93	106	119	149	173
Unknown	329	267	256	338	307
Period of service of veterans					
World War II	239	295	350	395	353
Korean conflict	295	356	376	440	456
Vietnam era	28,787	27,357	23,073	26,870	28,809
Post-Korean and between wars	1,598	1,810	1,744	1,765	1,400

HOUSING ASSISTANCE

TABLE 68

Guaranteed or Insured Loans, Direct Loans, Property Management

Item	Cumulative Through Sept. 30, 1982	Fiscal Year 1982	Fiscal Year 1981
Guaranteed or Insured Loans			
Number of loans, total	10,951,901	103,439	187,628
Home	10,889,577	92,930	178,239
Manufactured home	62,324	10,509	9,389
Amount of loans ($000), total	$201,229,945	$5,541,915	$10,008,945
Home	$200,265,963	$5,331,522	$9,821,789
Manufactured home	$963,982	$210,393	$187,156
Amount of guaranty and insurance ($000), total	$96,920,580	$2,292,114	$4,248,382
Home	$96,476,676	$2,187,195	$4,155,102
Manufactured home	$443,904	$104,919	$93,280
Defaults and claims total:			
Defaults reported	3,288,656	158,808	146,455
Loans in default, end of period	.....	84,257	67,089
Defaults disposed of, total	3,204,399	141,640	139,446
Cured or withdrawn	2,765,102	125,650	126,800
Percent	86.3	88.7	90.9
Claims vouchered for payment	439,297	15,990	12,646
Rate per 1,000 loans outstanding	.....	3.91	3.08
Average number of loans outstanding	.....	4,086,626	4,104,535
Direct Loans			
Number of loans fully disbursed	333,168	31	140
Amount of loans fully disbursed ($000)	$3,436,782	$922	$3,616
Property Management			
Number acquired	476,044	16,746	13,436
Number sold	453,026	10,829	10,731
Number redeemed	5,754	171	210
Number on hand, end of period	.....	17,269	11,515

NOTE: Cumulative data includes prior years' adjustments.

INSURANCE

TABLE 69

VA Administered Insurance Programs— Assets and Liabilities - Fiscal Year 1982

(In thousands)

Item	United States Government Life Insurance Fund	National Service Life Insurance Fund	Veterans Special Life Insurance Fund	Service-Disabled Veterans Insurance Fund	Veterans Reopened Insurance Fund
ASSETS					
U.S. Treasury securities	$355,664	$8,446,268	$760,404	.....	$487,221
Policy loans	38,890	1,198,528	81,947	$34,525	45,357
Liens and receivables	33	546	43	578	39
Cash	503	7,022	314	6,120	566
Accrued interest	7,414	214,059	16,884	963	12,273
Due from U.S. Government	.....	10	.....	.....	.....
Total	$402,504	$9,866,433	$859,592	$42,186	$545,456
LIABILITIES					
Policy reserves	$271,842	$7,169,958	$622,556	$202,217	$444,946
Reserve for payments under optional income settlements	70,519	740,806	7,104	6,022	2,616
Disability premium waiver reserves	304	484,695	93,258	.....	21,338
Disability income reserves	2,736	279,913	36,345	.....	13,284
Reserve for pending and unreported claims	5,445	66,188	4,041	4,203	2,961
Reserve for dividends	21,800	600,600	35,300	.....	15,500
Reserve for undelivered checks and payments due	738	8,517	131	24	44
Reserve for dividends left on credit or deposit	20,771	371,098	27,924	.....	6,044
Reserve for unearned premiums	1,178	85,314	16,969	1,284	2,845
Unassigned funds (surplus)	7,171	59,344	15,964	−171,564*	35,878
Total	$402,504	$9,866,433	$859,592	$42,186	$545,456

**Total loss to date is $259,139 of which $87,575 has been met by Government appropriation.*

TABLE 70

Summary of Operations (Accrual Basis)

(In thousands)

Item	U.S. Government Life Insurance		National Service Life Insurance		Veterans Special Life Insurance		Service-Disabled Veterans Insurance		Veterans Reopened Insurance	
	Fiscal Year 1982	Cumulative to Sept. 30, 1982	Fiscal Year 1982	Cumulative to Sept. 30, 1982	Fiscal Year 1982	Cumulative to Sept. 30, 1982	Fiscal Year 1982	Cumulative to Sept. 30, 1982	Fiscal Year 1982	Cumulative to Sept. 30, 1982
INCOME										
Premiums	$3,647	$2,085,810	$678,349	$21,710,798	$65,605	$1,042,396	$29,463	$354,409	$23,499	$523,886
Policy proceeds left to be paid in installments	899	782,319	14,832	5,420,365	984	40,353	506	25,834	310	14,167
Dividends left on credit or deposit	3,468	82,560	71,785	1,519,042	8,213	40,912	.....	.....	2,583	8,099
Investment income	29,052	2,195,810	766,833	10,898,068	58,908	457,656	1,781	13,339	44,303	342,024
Extra hazard contributions from the U.S. Government	23	142,393	2,105	4,815,659	.....	.....	.....	.....	.....	.....
Total	37,089	5,288,892	1,533,904	44,363,932	133,710	1,581,317	31,750	393,582	70,695	888,176
DISPOSITION OF INCOME										
Death benefits	29,186	1,529,688	364,674	10,643,266	21,638	306,689	18,848	290,889	16,964	181,618
Matured endowments	409	498,557	50,400	780,802	3,698	23,540	312	3,205	8,705	36,022
Surrender benefits	2,389	323,511	68,228	964,498	8,033	58,767	4,735	28,048	3,342	23,169
Disability benefits	556	387,483	68,251	930,420	3,308	27,069	8,785	98,669	3,275	26,414
Payments from policy proceeds left to be paid in installments	11,670	1,056,175	93,128	7,796,226	1,570	37,632	821	23,540	766	13,236
Dividends withdrawn	4,943	82,421	78,378	1,441,143	5,674	18,715	.....	.....	1,275	2,794
Net deposits for policy reserves	−33,034	346,225	187,068	8,688,482	54,915	759,472	12,916	208,370	20,153	482,241
Reserve for dividends left on credit or deposit	−91	20,771	21,084	371,098	4,322	27,924	.....	.....	1,716	6,044
Administrative costs	.....	.....	.....	.....	.....	.....	.....	.....	1,042	20,516
Total	16,028	4,244,831	931,211	31,615,935	103,158	1,259,808	46,417	652,721	57,238	792,054
Net gain or loss (−) from operations before dividends and transfers	21,061	1,044,061	602,693	12,747,997	30,552	321,509	−14,667	−259,139	13,457	96,122
Dividends to policyholders	23,367	1,036,890	610,727	12,688,653	34,915	249,932	.....	.....	15,053	60,244
Transfers to U.S. Government	.....	.....	.....	.....	.....	55,613	.....	.....	.....	.....
Gain or loss (−) after dividends and transfers	−2,306	7,171	−8,034	59,344	−4,363	15,964	−14,667	−259,139	−1,596	35,878

TABLE 71

Insurance in Force—Fiscal Year 1982

Item	Participating								Nonparticipating	
	U.S. Government Life Insurance		National Service Life Insurance[1]		Veterans Special Life Insurance[1]		Veterans Reopened Insurance[1]		Service-Disabled Veterans Insurance	
	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)	Number of Policies	Amount of Insurance (thousands)
In force at beginning of year	91,361	$368,784	3,476,857	$22,494,850	522,904	$4,549,033	164,035	$1,127,583	190,782	$1,728,016
Insurance issued during year	.....	.....	.....	.....	.....	.....	.....	.....	7,680	71,446
Insurance reinstated during year	3	22	11,176	47,032	403	3,602	1,067	3,999	60	561
Insurance terminated during year by:										
Death	6,611	29,472	56,191	341,721	2,520	21,193	2,576	16,600	2,108	18,797
Maturity as endowment	92	468	8,195	45,713	645	3,620	1,358	8,666	83	317
Permanent total disability	1	5	.....	.....	.....	.....	.....	.....	.....	.....
Lapse, expiry, and net changes	44	245	33,589	343,919	12,723	121,866	275	7,806	3,015	29,323
Cash surrender	638	2,690	16,577	95,705	2,009	16,681	744	5,228	1,799	15,667
Total terminated	7,386	32,880	114,552	827,058	17,897	163,360	4,953	38,300	7,005	64,104
In force at end of year	83,978	335,926	3,373,481	21,714,824	505,410	4,389,275	160,149	1,093,282	191,517	1,735,919
Selected year end items:										
In force on 5-year term plan	428	2,696	1,060,845	8,318,214	266,668	2,451,956	.....	.....	87,958	846,233
In force on all other plans	83,550	333,230	2,312,636	13,396,610	238,742	1,937,319	160,149	1,093,282	103,559	889,686
In force with disability income rider	1,844	12,886	402,192	3,053,325	83,942	759,358	10,257	76,723	.....	.....
In force under disability premium waiver	397	2,563	157,593	1,079,684	8,378	72,042	15,465	103,071	42,015	395,340

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

INSURANCE

TABLE 72

Servicemen's and Veterans Group Life Insurance Statement of Operations (Accrual Basis)

Item	Policy Year Ending June 30, 1982	Cumulative From Sept. 29, 1965
INCOME		
Premiums	$192,674,941	$1,866,073,213
Extra hazard payments	1,425,000	513,046,301
Interest earned	23,029,933	133,196,322
Total	$217,129,874	$2,512,315,836
DISPOSITION OF INCOME		
Death claims	$145,685,072	$2,064,968,507
Net cost of extra mortality on conversions	1,795,336	53,768,021
Expense of administration	7,868,847	52,300,709
Taxes and fees	3,660,516	40,016,578
Term to age 60 reserve (Retired Reserves)	7,499,797	25,771,239
5-Year Term and conversion cost reserve (VGLI)	−1,520,974	30,712,020
Contingency reserve	52,141,280	244,778,762
Total	$217,129,874	$2,512,315,836

EMPLOYMENT

TABLE 73

Employment: Full, Part-Time and Intermittent by Installation

Installation	Sept. 30, 1982	Sept. 30, 1981
Total	235,982	232,417
Central Office	4,557	4,474
Field	231,425	227,943
Medical centers (separate)	186,233	182,328
Domiciliaries and medical centers	17,965	17,565
Regional offices (separate)	12,781	13,492
Regional office and medical centers	7,766	7,659
Regional office and insurance centers	1,907	1,838
Independent outpatient clinics	1,239	1,516
Data processing centers	1,771	1,699
National cemeteries	953	874
Supply depots and marketing center	426	450
Miscellaneous activities (VCS field offices, national cemetery area offices, records processing center, prosthetic center, prosthetic distribution center, and VCS finance center)	384	[1] 522

[1] *Includes IG field offices of audit.*

EMPLOYMENT

TABLE 74

Employment: Full, Part-Time and Intermittent by Pay System

Pay System	Sept. 30, 1982	Sept. 30, 1981
Total	235,982	232,417
GS/GM	134,972	133,600
Title 38 (excludes canteen)	56,612	54,237
Wage system	39,021	39,256
Canteen	3,622	3,629
Nationals (Manila)	205	211
Senior executive service	134	96
Others (includes stay-in-school)	1,416	1,388

Employment: Sex and Veteran Preference - September 30, 1982

	All Employees		Male Employees		Female Employees	
	Number	Percent	Number	Percent	Number	Percent
Total	235,982	100.0	110,909	100.0	125,073	100.0
With preference	82,712	35.1	73,559	66.3	9,153	7.3
Without preference	153,270	64.9	37,350	33.7	115,920	92.7

Employment: Minority Groups By Grade - September 30, 1982

Grade or Supervisory Level	Total Employment (Full-time)[1]	Percent Minority Employment	Black	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander Oriental
Total All Pay Plans	201,313	32.1	52,104	6,674	872	4,909
GS and Equivalent	163,989	29.1	37,538	4,953	696	4,607
GS-1 thru GS-4	39,329	39.3	13,526	1,374	254	313
GS-5 thru GS-8	57,865	33.9	16,751	1,809	260	795
GS-9 thru GS-11	44,889	20.8	5,955	1,196	137	2,070
GS-12 thru GS-13	12,459	12.0	1,031	218	29	216
GS-14 thru GS-15	9,084	20.2	259	350	16	1,210
GS-16 thru GS-18	363	6.9	16	6	0	3
Other Pay Systems[2]	614	14.7	40	19	4	27
Wage Administration	36,710	45.4	14,526	1,702	172	275
Non-supervisory	30,630	46.6	12,413	1,475	143	245
Leader	727	49.1	315	35	2	5
Supervisory	3,445	43.6	1,361	122	10	10
Production Facilitating	106	4.7	1	4	0	0
Other Wage Systems	1,802	29.6	436	66	17	15

[1] *Excludes Philippine Nationals at Manila and all employees in Hawaii and Puerto Rico.*

[2] *Includes Senior Executive Service and Statutory Pay Plans.*

Employment of Women by Pay Category—Full Time, Part-time and Intermittent—September 30, 1982

Pay Category	Total Employment	Women	
		Number	Percent
Total	235,982	125,073	53.0
GS Total	134,972	77,359	57.3
GS-1 thru GS-6	87,219	59,030	67.7
GS-7 thru GS-12	41,420	17,507	42.3
GS-13 and above	6,333	822	13.0
Title 38	56,612	34,253	60.5
Wage Administration	39,021	9,874	25.3
Canteen Service	3,622	2,714	74.9
Non-U.S. Citizens – Manila	205	100	48.8
Other	1,550	773	49.9

TABLE 78

Appropriations, Expenditures and Balances—Cash Basis

Account Categories	Appropriations	Expenditures		Nonexpenditure Transfers	(—) Covered into U.S. Treasury (+) or restored	Investments	Cash Balance
		Fiscal Year 1982	Cumulative through September 30, 1982				
General and Special Funds:							
Compensation and pension	$190,028,241,000	$13,295,885,072	$188,484,389,220	$16,969	.....	.....	$1,543,868,750
Readjustment benefits	63,906,430,904	2,005,364,534	63,733,489,689	*63,709,000	.....	.....	109,232,215
Veterans insurance and indemnities	376,661,036	9,254,905	425,864,676	49,746,500	.....	.....	542,861
Medical care, current year	7,113,726,000	6,323,404,733	6,323,404,733	*12,698,000	(—)$3,475,361	.....	774,147,906
Medical care, 1954-81	62,777,909,226	528,263,344	62,000,656,177	.....	(—)739,637,418	.....	37,615,631
Medical and prosthetic research	1,587,133,131	135,258,237	1,561,243,941	.....	(—)1,804,889	.....	24,084,301
Assistance for health manpower training institutions, 1973-85	296,693,000	34,376,590	269,786,761	.....	(—)22,950	.....	26,883,289
Medical administration and miscellaneous operating expenses, current year	63,392,000	45,160,068	45,160,068	.....	(—)319,144	.....	17,912,788
Medical administration and miscellaneous operating expenses, 1954-81	769,031,481	6,386,416	732,131,303	.....	(—)36,002,558	.....	897,620
General operating expenses, current year	662,057,000	619,817,942	619,817,942	.....	(—)3,844,584	.....	38,394,474
General operating expenses, 1954-81	8,243,366,650	30,121,378	8,098,023,905	.....	(—)136,906,780	.....	8,435,965
Construction of hospital and domiciliary facilities	1,042,596,863	.....	1,032,915,863	*9,681,000	.....	.....	.....
Construction, major projects	2,878,893,000	345,322,935	1,616,600,217	7,734,760	.....	.....	1,270,027,543
Construction, minor projects	828,349,000	83,355,061	645,396,108	2,019,442	.....	.....	184,972,334
Construction, minor projects (Corps of Engineers)	.....	.....	2,126,796	2,126,796	.....	.....	.....
Grants for construction of state extended care facilities, 1966-84	133,040,000	15,253,052	100,508,723	.....	(—)1,737,618	.....	30,793,659
Grants to the Republic of the Philippines	863,000	68,727	790,402	.....	.....	.....	72,598
Grants to the Republic of the Philippines, current year	500,000	.....	.....	.....	.....	.....	500,000
Grants to the Republic of the Philippines, 1950-81	51,970,537	113,456	38,657,205	.....	(—)13,313,332	.....	.....
Grants for the construction of state veterans cemeteries, 1980-83	10,000,000	860,934	1,769,466	.....	(—)1	.....	8,230,533
Loan guaranty revolving fund	32,420,742	183,026,804	1,300,800,279	1,367,709,424	.....	.....	99,329,887
Direct loan revolving fund	1,733,055,599	*62,265,567	*912,622,920	*2,266,245,027	.....	.....	379,433,492
Canteen service revolving fund	4,965,000	*803,500	*27,501,458	.....	(—)12,068,086	.....	20,398,372
Rental, maintenance and repair of quarters	.....	.....	*97,127	.....	(—)97,127	.....	.....
Service-disabled veterans insurance fund	4,500,000	*2,563,063	*1,945,831	.....	.....	.....	6,445,831
Soldiers' and sailors' civil relief	3,528,000	.....	2,011,031	*16,969	(—)1,500,000	.....	.....
Veterans reopened insruance fund	.....	*18,659,430	*488,091,509	.....	.....	$487,221,000	870,509
Special therapeutic and rehabilitation activities fund	.....	*174,573	*814,195	.....	.....	.....	814,195
Vocational rehabilitation revolving fund	3,447,000	59,439	505,221	.....	(—)1,600,000	.....	1,341,779
Education loan fund	.....	*5,187,341	60,470,416	63,709,000	.....	.....	3,238,585
Servicemen's group life insurance fund	.....	*39,998,136	*40,025,604	.....	.....	37,086,999	2,938,605
Supply fund	130,000,000	*11,510,554	*4,412,989	*71,400	(—)15,677,579	.....	118,664,010
Construction and operation of garage and parking facilities	.....	79,933	*176,416	.....	.....	.....	176,416
Consolidated working fund	.....	*216	.....	.....	.....	.....	.....
Total: Appropriations and funds	342,682,770,169	23,520,271,180	335,620,832,093	*859,358,505	(—)968,007,427	524,307,999	4,710,264,148
Deduct proprietary receipts from the public	.....	3,476,430	.....	.....	.....	.....	.....
Total: Federal funds	342,682,770,169	23,516,794,750	335,620,832,093	*859,358,505	(—)968,007,427	524,307,999	4,710,264,148
Trust Funds:							
Post Vietnam era veterans education	520,611,136	107,453,114	216,871,127	.....	.....	.....	303,740,009
General post fund, national homes	107,542,593	7,641,145	93,401,488	.....	(—)386	5,192,000	8,948,719
National service life insurance fund	34,148,007,644	925,291,112	25,687,607,871	.....	(—)89	8,446,268,000	14,131,684
U.S. government life insurance fund	3,996,773,122	64,331,554	3,638,352,535	.....	(—)1,811,199	355,664,000	945,388
Veterans special life insurance fund	250,000	*50,510,344	*816,301,102	*51,150,000	(—)4,250,000	760,404,000	747,102
Sub-Total: Trust funds	38,773,184,495	1,054,206,581	28,819,931,919	*51,150,000	(—)6,061,674	9,567,528,000	328,512,902
Deduct: Proprietary receipts from the public	.....	612,101,988	.....	.....	.....	.....	.....
Total: Trust funds	38,773,184,495	442,104,593	28,819,931,919	*51,150,000	(—)6,061,674	9,567,528,000	328,512,902
Deduct: Intragovernmental transactions	.....	2,637,695	.....	.....	.....	.....	.....
Total: Veterans Administration	381,455,954,664	23,956,261,648	364,440,764,012	*910,508,505	(—)974,069,101	10,091,835,999	5,038,777,050
Appropriations and funds not included above:							
Personal funds of patients	.....	2,424,168	*58,443,516	.....	.....	.....	58,443,516
Funds due incompetent beneficiaries	.....	.....	*29,095	.....	.....	.....	29,095
Miscellaneous administrative and construction expenses	10,855,083,789	.....	10,476,102,823	.....	(—)378,980,966	.....	.....
Miscellaneous benefit and insurance expenses	25,110,301,012	.....	24,621,740,653	.....	(—)488,560,359	.....	.....
Miscellaneous trust funds	4,700,842,392	.....	4,658,621,658	.....	(—)42,220,735	.....	.....
Miscellaneous transfer appropriations and working funds	38,634,996	.....	31,269,691	.....	(—)7,365,305	.....	.....
Total: Other appropriations and funds	40,704,862,190	2,424,168	39,729,262,214	.....	(—)917,127,365	.....	58,472,611

*Indicates negative balance.

Note: Totals may not add due to rounding.

Comparative Consolidated Balance Sheet[1]

Account Categories	September 30, 1982	September 30, 1981	Increase (Decrease)
ASSETS			
Current assets:			
Cash and disbursing authority[2]	$ 5,111,465,279.96	$ 4,521,757,613.05	.....
Accounts receivable	891,068,852.96	613,589,489,80	.....
Interest receivable	260,543,764.94	238,728,441.15	.....
Advance for bidding at public sales	428,214.40	269,025.90	.....
Inventories	158,919,515.66	169,727,685.98	.....
Acquired security or collateral property	588,981,254.77	353,774,636.83	.....
Accrued reimbursements due from insurance appropriations	.....	20,000.00	.....
Total current assets	7,011,406,882.69	5,897,866,892.71	$1,113,539,989.98
Other assets:			
Loans receivable	1,288,444,999.37	1,921,264,498.01	.....
Vendee accounts receivable	1,837,641,747.95	1,409,407,809.36	.....
Investments	10,091,835,999.30	9,776,771,000.00	.....
Policy liens	851,036.81	844,006.81	.....
Deposits with trustee	401,691,283.00	29,430,786.04	.....
Total other assets	13,620,465,066.43	13,137,718,100.22	482,746,966,21
Fixed assets:			
Land, buildings and plants	3,706,764,023.23	3,197,791,845.35	.....
Construction and betterments in process	1,108,841,501.50	1,154,281,337.06	.....
Leasehold improvements	4,392,708.04	4,048,919.25	.....
Equipment	1,543,774,144.99	1,492,135,015.98	.....
Total fixed assets	6,363,772,377.76	5,848,257,117.64	515,515,260.12
Deferred charges:			
Construction advance	41,814,810.04	32,978,512.17	.....
Advance payments on undelivered supplies and services	35,716,415.49	38,510,941.30	.....
Advance to employee for travel expenses	2,693,963,56	2,513,403.21	.....
Value of ADP equipment purchases options	3,290,272.93	3,290,119.96	.....
Advance for educational benefits	12,473,779.88	17,375,741.26	.....
Total deferred charges	95,989,241.90	94,668,717.90	1,320,524.00
Total assets	27,091,633,568.78	24,978,510,828.47	2,113,122,740.31
LIABILITIES AND CAPITAL			
Current liabilities:			
Accounts payable	1,755,958,982.57	1,355,586,542.32	.....
Accrued salaries and wages	181,674,020.81	154,743,436.64	.....
Accrued services and benefits	381,024,080.08	236,242,776.40	.....
Undelivered orders - personal funds of patients	137,169.09	107,534.44	.....
Employees payroll allotments for U.S. Savings Bonds	1,058,289.62	897,522.00	.....
Federal, state, city, territorial income, and FICA taxes withheld	6,199,317.23	13,549,084.22	.....
Canteen Service unredeemed coupons	256,814.76	104,181.30	.....
Other miscellaneous liabilities - Canteen Service	.....	.....	.....
Accrued interest - U.S. Treasury	618,412.91	1,381,224.71	.....
Accrued interest on policy liens due general fund	56,403.80	47,244.85	.....
Accrued interest on dividend deposits	15,722,695.34	13,416,682.84	.....
Premium paid in advance	102,730,500.00	101,399,000.00	.....
Matured contracts payable	37,820,279.17	44,630,544.05	.....
Undeposited general fund receipts	972,835.44	1,415,214.11	.....
Accrued reimbursement due insurance fund	.....	20,000.00	.....
Total current liabilities	2,484,229,800.82	1,923,540,987.88	560,688,812.94
Other liabilities:			
Participation certificates outstanding, net	225,847,093.97	248,737,609.30	.....
Insurance program operating reserves	11,188,712,360.00	10,915,988,354.00	.....
Total other liabilities	11,414,559,453.97	11,164,725,963.30	249,833,490.67
Unfunded liabilities:			
Accrued annual leave	734,794,956.81	578,424,183.74	.....
Unredeemed coupons	267,476.41	267,476.41	.....
Total unfunded liabilities	735,062,433.22	578,691,660.15	156,370,773.07
Total liabilities	14,633,851,688.01	13,666,958,611.33	966,893,076.68
Accountabilities:			
Funds of patients and incompetent beneficiaries	56,687,343.54	59,278,601.20	.....
Policyholders insurance dividend deposit	404,301,836.51	381,217,723.34	.....
Borrowers deposits for taxes and insurance	87,771,420.74	53,787,456.92	.....
Unapplied insurance collections	2,392,772.39	2,784,861.30	.....
Bid deposits and other suspense items	5,944,594.80	5,299,832.82	.....
Total accountabilities	557,097,967.98	502,368,475.58	54,729,492.40
Capital: Reserves:			
Insurance fund retained earnings (reserve for contingencies)	(—)50,421,831.21	(—)30,693,462.37	.....
Direct loan and loan guaranty programs - reserve for losses	810,912,500.29	810,281,164.02	.....
Total reserves	760,490,669.08	779,587,701.65	(19,097,032.57)
Capital: Direct Loan Prog. - Loans from U.S. Treausry - Interest bearing	1,730,077,996.00	1,730,077,996.00	.....
Capital: Residual	9,410,115,247.71	8,299,518,043.91	1,110,597,203.80
Total liabilities and capital	27,091,633,568.78	24,978,510,828.47	2,113,122,740.31

[1] *Contingent liabilities with respect to the guaranty or insurance of loans not shown.*

[2] *Cash and disbursing authority for annual appropriations reduced by the unobligated balance returned to the Treasury in accordance with Section 18, Title 7, GAO Policy and Procedures Manual.*

TABLE 80

Supply Fund Comparative Balance Sheet

Account Categories	September 30, 1982	September 30, 1981	Increase (Decrease)
ASSETS			
Cash	$118,664,011	$107,153,457	.....
Advance payments on undelivered orders	194,553	82,651	.....
Advances to employees	28,110	26,663	.....
Accounts receivable	23,551,267	18,622,341	.....
Inventories	108,299,220	109,112,756	.....
Work in process – Service & Reclamation division	123,037	172,306	.....
Work in process – Printing & Reproduction	22,101	38,590	.....
Supply Depot operating equipment less reserve for depreciation	1,075,286	1,020,625	.....
Printing & Reproduction equipment less reserve for depreciation	797,804	724,625	.....
Marketing center equipment less reserve for depreciation	68,815	67,853	.....
Total Assets	252,824,205	237,021,868	$15,802,337
LIABILITIES AND CAPITAL			
Accrued salaries and wages	556,607	509,962	.....
Accrued transportation and service costs	495,898	306,829	.....
Accounts payable	38,054,166	[1] 34,885,153	.....
Advances from other government agencies	508,476	147,419	.....
Total Liabilities	39,615,146	35,849,364	3,765,782
Capital at beginning of period	172,998,878	172,998,878	.....
Property acquired without cost to VA	.....	.....	.....
Adjusted capital	172,998,878	172,998,878	.....
Operating profit or loss – Current fiscal year	12,036,555	13,371,425	.....
Operating profit or loss – Prior fiscal year	28,173,626	14,802,201	.....
Capital at end of period	213,209,059	201,172,504	12,036,555
Total Liabilities and Capital	252,824,205	237,021,868	15,802,337

[1] *Corrected data.*
NOTE: Totals may not add due to rounding.

FISCAL

TABLE 81

Supply Fund–Statement of Income and Expense
Fiscal Year 1982

INCOME	FY 1982	FY1981
Sales of supplies and equipment	$489,622,537	$455,301,471
Less: cost of goods sold	475,934,556	441,739,720
Income on sales	13,687,981	13,561,751
Other Income:		
Income-station transfers	11,423,871	9,165,762
Discounts on purchases	3,397,637	3,019,744
Reimbursable earnings	3,660,177	4,070,045
Donated income	4,415,887	6,005,549
Credit allowances	1,393,560	1,590,827
Variances and adjustments	(–)46,439	481,307
Increased valuation	154,686	122,809
Miscellaneous income	3,390	7,617
Total other income	24,402,769	24,463,660
Total income	38,090,750	38,025,411
EXPENSES		
Maintenance and operation of supply depots	10,068,400	9,576,588
Other operating expenses	10,475,594	9,793,711
Net transportation costs	3,064,071	3,081,045
Completed S&R projects	1,681,832	1,659,159
Depot storage, handling, etc.	106,829	57,072
Donations, reappraisals and write-offs	634,829	489,318
Disposal of operating equipment	22,641	*(–)2,907
Total expense	26,054,195	24,653,986
Operating profit	12,036,555	13,371,425

**Negotiation.*
NOTE: Totals may not add due to rounding.

TABLE 82

FISCAL

Gross Expenditures[1]—Fiscal Years 1973—1982

Fiscal Year	Grand Total	Medical and Administrative Expenses					Hospital and Domiciliary Construction Costs	Construction Grants for State Homes	Health Manpower Training Facilities
		Total	Medical Care	General Operating Expenses	Medical and Prosthetic Research	Medical Administration Expenses			
1982	$26,937,380,175	$8,008,923,888	$7,155,116,985	$660,648,680	$138,059,378	$55,098,845	$439,300,114	$11,426,475	$30,124,345
1981	25,203,273,183	7,199,253,633	6,378,209,474	627,611,969	142,385,166	51,047,024	399,733,392	9,022,259	46,958,172
1980	23,186,845,618	6,646,752,559	5,857,450,290	605,216,938	137,038,522	47,046,809	286,094,889	14,223,186	41,416,112
1979	22,178,870,841	6,205,941,745	5,408,251,895	625,740,917	125,577,137	46,371,796	240,304,876	14,190,947	38,321,902
1978	20,937,098,838	5,683,811,346	4,948,297,375	575,213,971	117,563,185	42,736,815	245,081,811	5,031,278	38,143,438
1977	20,284,739,028	5,072,993,821	4,402,752,024	522,061,364	108,745,374	39,435,059	224,546,309	3,670,801	33,875,869
T.Q. 9-30-76	4,524,304,468	1,195,770,956	1,033,503,297	123,644,945	27,373,991	11,248,723	49,196,439	2,064,709	3,749,462
1976	20,617,672,990	4,446,765,605	3,831,942,636	479,213,633	101,130,244	34,479,087	185,569,710	11,616,975	26,950,826
1975	18,292,228,350	3,919,256,983	3,348,139,083	438,660,271	95,794,770	36,662,859	119,579,730	3,153,684	12,926,229
1974	15,282,065,660	3,290,154,883	2,833,622,391	343,916,399	81,581,682	31,034,411	106,364,406	2,484,814	.....
1973	13,973,493,557	2,966,237,960	2,545,676,531	317,104,838	78,412,475	25,044,116	92,635,174	2,448,163	.....

Fiscal Year	Compensation and Pension									
	Total	Compensation and Pension	Statutory Burial Awards	Clothing Allowances[2]	Mortgage and Group Insurance	Interment and Plot Awards[3]	Invalid Lifts, Devices, and Polio Rentals[2]	Headstones, Markers and Burial Flags[2]	Tort Claim Settlements	Other[4]
1982	$13,347,772,503	$13,132,667,623	$53,307,710	$20,292,102	$3,229,980	$42,111,664	$10,115,696	$17,569,212	.....	$68,478,516
1981	12,492,329,634	12,225,973,619	113,579,173	18,417,970	3,815,667	60,408,283	10,427,759	18,850,432	.....	40,856,731
1980	11,256,935,680	11,046,637,368	101,078,125	15,070,089	3,200,000	53,954,538	7,886,835	16,830,344	.....	12,278,381
1979	10,540,134,325	10,324,258,064	94,218,175	13,763,407	4,260,424	50,436,396	12,306,114	15,243,853	.....	25,647,892
1978	9,630,679,653	9,455,752,982	85,881,083	12,709,134	2,600,000	51,369,656	7,497,994	13,469,609	.....	1,399,195
1977	9,038,803,014	8,874,719,650	80,034,069	11,471,325	2,844,000	47,647,466	6,630,520	14,050,489	.....	1,405,495
T.Q. 9-30-76	2,087,912,845	2,040,460,373	19,849,033	9,524,355	1,283,940	11,888,226	1,557,711	3,348,447	.....	[4]760
1976	8,242,088,546	8,074,488,426	130,505,883	10,623,546	3,740,397	.....	6,361,164	13,079,492	.....	3,289,638
1975	7,551,176,877	7,385,070,190	130,590,145	8,794,394	1,600,000	.....	5,304,048	13,007,763	.....	6,810,337
1974	6,734,790,004	6,615,598,931	101,607,099	740,193	2,200,000	.....	3,929,569	2,644,410	$1,228	8,068,574
1973	6,519,121,230	6,426,646,756	77,701,419	759,462	1,249,917	.....	3,340,854	2,559,306	15,324	6,848,192

Fiscal Year	Educational Assistance and Readjustment Benefits								
	Total[6]	Post-Korean Veterans (Ch. 34) Educational Assistance	Dependents (Chapter 35) Educational Assistance	Vocational Rehabilitation (Ch. 31, Books, Supplies, etc.)	Subsistence Allowance (Voc. Rehab. Chapter 31)	Automobiles, etc., for Disabled Veterans	Housing for Paraplegic Veterans	Changes in Receivables	Post-Vietnam Era Veterans (Ch. 32) Educational Assistance
1982	$2,001,298,853	$1,474,285,394	$196,625,805	$41,590,584	$74,693,870	$12,465,088	$17,459,086	$180,491,709	$3,687,317
1981	2,332,820,985	1,968,295,623	204,779,070	37,213,213	76,662,855	11,909,278	15,849,848	13,960,530	4,150,568
1980	2,383,912,487	2,066,583,779	194,146,792	31,924,840	56,055,388	12,470,395	19,467,885	2,341,866	921,542
1979	2,800,897,985	2,449,924,173	204,061,042	32,333,777	64,071,095	12,457,080	22,607,775	15,212,423	230,620
1978	3,336,611,015	3,026,928,408	216,981,694	32,767,736	67,285,440	13,757,956	14,299,168	[5]35,409,387	.....
1977	3,891,448,932	3,567,244,475	202,161,088	32,679,339	68,016,591	13,306,986	14,254,830	[5]6,214,377	.....
T.Q. 9-30-76	738,178,540	667,905,838	28,229,888	6,800,966	13,454,828	3,446,095	3,351,014	14,989,911	.....
1976	5,543,354,200	5,028,843,708	185,582,673	27,502,222	58,077,759	19,073,015	14,553,425	209,721,398	.....
1975	4,529,227,472	4,164,774,846	163,277,716	22,500,293	50,565,594	17,251,021	14,322,011	96,535,991	.....
1974	3,268,556,875	3,005,746,476	115,546,256	22,593,495	45,151,941	5,005,085	11,254,178	63,259,444	.....
1973	2,745,199,423	2,513,214,849	99,879,139	22,995,825	48,959,907	6,789,579	12,890,667	40,469,457	.....

Fiscal Year	Insurance and Indemnities								
	U.S. Government Life Insurance	National Service Life Insurance	Veterans Special Life Insurance	Service-disabled Veterans Insurance	Veterans Reopened Insurance	Servicemen's Group Life Insurance Fund	Servicemen's Idemnities	Military and Naval Insurance	Soldiers' and Sailors' Civil Relief
1982	$73,156,297	$1,327,449,895	$86,142,623	$31,293,597	$55,558,355	$127,622,434	.....	$256,442	.....
1981	81,051,871	1,336,751,521	83,498,342	31,733,638	56,116,017	103,009,270	.....	342,096	$7,922
1980	87,086,482	1,290,320,168	79,460,717	29,483,042	50,544,569	99,727,203	.....	402,000	.....
1979	84,395,143	1,109,596,880	77,173,601	26,108,688	29,240,377	105,653,392	$3,000	488,000	830
1978	70,401,933	745,611,702	29,913,010	21,547,719	21,977,962	118,539,000	1,000	567,000	3,178
1977	75,022,139	763,278,062	28,307,779	21,393,447	21,367,900	118,089,380	5,574	666,788	6,698
T.O. 9-30-76	15,284,568	168,012,046	7,869,537	6,077,136	5,366,324	25,927,221	2,786	181,462	.....
1976	88,805,893	949,901,617	38,287,346	23,150,102	22,218,746	126,001,104	191	752,714	9,417
1975	104,128,105	1,028,933,065	34,256,480	22,388,592	21,672,793	132,272,330	9,476	887,627	2,078
1974	96,269,929	879,961,278	26,758,014	21,346,577	19,389,713	83,241,810	4,268	1,006,426	4,887
1973	85,585,286	736,065,715	24,346,142	20,082,876	18,408,675	79,426,528	28,827	1,090,058	2,602

Fiscal Year	Miscellaneous Funds and Expenditures								
	Vocational Rehabilitation Revolving Fund	Grants to The Republic of The Philippines	Rental and Maintenance and Repair of Quarters	Supply Fund	General Post Fund	Consolidated Working Fund	Direct Loans to Veterans	Loan Guaranty Revolving Fund	All Others
1982	$1,058,992	$24,685	.....	$553,327,788	$7,646,874	.....	$10,319,629	$824,676,386	.....
1981	932,622	1,165,011	.....	449,933,820	7,031,302	.....	18,698,447	552,883,229	.....
1980	985,779	1,390,088	.....	418,130,463	6,186,030	.....	49,160,273	444,633,891	.....
1979	986,491	268,790	.....	389,165,552	5,600,648	.....	57,375,851	453,021,818	.....
1978	1,007,173	1,672,105	.....	392,897,095	5,030,407	$1,177,107	73,296,267	514,097,639	.....
1977	992,362	2,013,640	$387	364,926,821	4,374,619	1,558,753	96,587,591	520,808,342	.....
T.O. 9-30-76	242,704	543,402	61,709	80,745,157	1,053,625	599,754	19,168,327	116,295,760	.....
1976	833,532	1,869,576	217,101	330,636,825	4,661,975	1,531,704	88,649,371	483,799,919	.....
1975	992,277	2,019,325	205,320	297,924,000	3,912,665	1,059,537	83,694,151	422,549,554	.....
1974	884,041	1,952,900	200,342	213,261,928	3,674,147	795,145	81,861,265	449,102,008	.....
1973	627,319	1,816,967	179,495	199,030,568	3,171,917	502,089	104,064,742	372,580,455	$841,346

[1] *Data are on an accrued expenditures basis.*
[2] *Clothing Allowance, Polio Rentals, Headstones/Markers included in their respective columns beginning with FY 1975; previously included under "All Others."*
[3] *Reported separately for the first time Transition Quarter ending 9/30/76.*
[4] *Changes in receivables and WWI adjusted service certificates. TQ 9/30/76 WWI adjusted service certificates only.*
[5] *Credit.*
[6] *Grand totals for FY 1973 include $37,628 for construction of a Corregidor-Bataan memorial.*
NOTE: Totals have been corrected for FY 1973-FY 1976, FY 1978, and FY 1981, and Supply Fund for FY 1975.

Estimated Selected Expenditures by State—Fiscal Year 1982

State	Total	Readjustment Benefits							
		Total		Educational Assistance					
				Post-Korean Conflict Veterans (Title 38, U.S.C., Ch. 34)		Sons and Daughters of Deceased & Totally Disabled Veterans (Title 38, U.S.C., Ch. 35)		Widows/Widowers and Spouses of Totally Disabled Veterans (Title 38, U.S.C., Ch. 35)	
		Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount	Total Number Who Trained During Year	Amount
World Totals	[1] $24,796,126,145	[3] 899,593	$1,817,253,907	777,686	$1,474,285,394	80,347	$177,141,519	10,641	$19,484,286
Philippines	124,575,269	3,759	9,324,598	1,651	6,402,622	2,056	2,817,599	46	60,674
Other foreign areas	78,750,666	752	8,154,479	570	7,680,109	151	444,361	6	30,009
Puerto Rico	335,988,109	6,852	19,902,593	3,763	12,104,317	2,260	6,069,924	351	898,624
Other U.S. areas	4,372,858	615	478,018	575	461,272	29	11,577	4	5,169
Total U.S.	24,252,439,243	887,476	1,779,394,219	771,127	1,447,637,074	75,851	167,798,058	10,234	18,489,810
Alabama	499,525,312	24,506	62,497,941	20,673	48,891,582	2,320	6,617,506	302	729,188
Alaska	34,027,453	2,574	2,836,159	2,479	2,727,497	61	34,512	6	3,803
Arizona	373,506,173	21,487	37,141,070	18,654	29,750,814	1,884	3,916,667	341	431,581
Arkansas	446,297,092	10,327	24,182,201	8,442	18,920,990	1,313	3,106,904	229	342,352
California	2,242,149,345	121,249	209,285,447	110,414	182,501,038	7,864	17,077,008	1,330	1,881,740
Colorado	318,580,590	18,709	39,629,788	15,889	31,086,247	1,412	3,023,832	198	333,199
Connecticut	236,221,477	7,622	9,833,460	6,813	8,059,310	437	599,153	54	66,021
Delaware	62,627,467	2,720	4,129,616	2,377	3,329,801	213	346,555	19	38,187
District of Columbia	596,674,802	7,012	3,625,485	6,387	2,577,550	312	325,507	39	35,868
Florida	1,468,901,418	48,131	104,240,309	40,267	83,397,626	5,879	14,627,243	1,165	1,611,788
Georgia	649,658,412	24,899	65,210,810	20,618	48,855,196	2,686	8,786,185	364	968,157
Hawaii	80,309,044	7,063	10,849,925	6,427	9,473,187	374	762,889	56	84,063
Idaho	86,355,138	4,527	8,383,766	3,915	6,903,760	362	652,192	45	71,865
Illinois	893,170,753	30,358	57,688,588	28,359	51,587,031	1,218	2,594,443	131	285,883
Indiana	410,384,963	17,186	39,377,813	15,032	31,774,976	1,094	2,221,972	86	244,841
Iowa	287,232,603	7,295	20,514,285	6,416	16,955,299	509	1,439,635	43	158,634
Kansas	255,522,043	9,592	18,769,652	8,414	16,026,421	768	1,436,675	83	158,308
Kentucky	392,991,233	13,139	28,734,556	11,166	23,147,654	1,440	3,158,321	150	348,018
Louisiana	422,165,979	12,635	31,390,100	10,999	25,972,946	1,237	3,393,660	120	373,950
Maine	143,677,556	5,030	8,417,204	4,068	6,323,616	478	559,301	64	61,630
Maryland	353,341,367	17,728	24,662,729	15,688	19,841,596	1,227	1,861,678	142	205,140
Massachusetts	748,447,975	17,899	28,750,001	15,034	21,779,162	2,289	4,106,265	169	452,473
Michigan	676,417,067	26,429	47,242,004	23,338	38,673,284	1,943	3,745,299	163	412,697
Minnesota	407,880,995	14,658	30,812,947	13,358	27,243,749	895	1,822,522	59	200,825
Mississippi	345,677,190	7,745	18,358,419	6,323	14,376,134	1,021	2,288,147	125	252,133
Missouri	544,046,613	19,411	41,026,038	17,516	35,447,852	1,279	2,921,601	158	321,933
Montana	79,416,793	3,477	5,972,534	3,057	4,954,678	239	451,389	27	49,739
Nebraska	151,850,088	7,770	10,240,438	6,820	8,176,853	599	999,162	79	110,098
Nevada	93,511,509	4,828	7,355,151	4,252	5,788,208	234	387,258	47	42,672
New Hampshire	105,288,620	4,493	8,442,040	3,689	6,270,128	395	603,521	52	66,502
New Jersey	535,509,843	12,842	23,865,526	10,867	16,595,944	1,083	2,330,545	148	256,805
New Mexico	183,805,752	8,290	19,030,272	6,897	14,500,024	877	1,942,852	123	214,084
New York	1,737,238,421	33,262	53,646,964	28,074	41,242,324	3,612	6,070,670	359	668,932
North Carolina	654,193,701	28,090	72,091,823	23,900	59,410,517	3,011	7,885,912	467	868,955
North Dakota	55,884,297	2,639	3,789,062	2,376	3,256,035	168	205,612	10	22,656
Ohio	939,483,800	30,657	65,457,839	27,122	53,819,618	1,934	4,375,111	154	482,097
Oklahoma	435,562,157	15,559	30,410,223	12,843	23,190,324	1,759	3,937,658	304	433,894
Oregon	320,661,427	13,078	30,717,044	11,372	24,635,796	827	1,789,680	92	197,206
Pennsylvania	1,145,484,246	26,830	49,080,351	23,240	38,623,965	2,282	4,289,934	155	472,711
Rhode Island	119,025,625	3,823	5,986,778	3,055	4,431,704	525	593,479	35	65,396
South Carolina	323,115,226	18,281	47,774,176	16,067	41,349,867	1,473	3,838,552	209	422,974
South Dakota	113,334,075	3,133	6,466,202	2,580	4,868,986	230	364,915	22	40,210
Tennessee	570,421,943	16,003	48,390,154	13,574	39,962,063	1,637	4,149,345	185	457,220
Texas	1,604,337,972	69,957	138,538,064	59,092	107,614,502	6,995	15,912,793	1,230	1,753,443
Utah	140,491,096	7,015	16,043,521	6,025	13,037,908	617	1,139,587	47	125,572
Vermont	64,982,493	1,247	1,895,762	914	1,164,539	161	164,902	10	18,171
Virginia	665,614,742	28,662	58,173,214	24,638	47,253,801	2,802	6,251,461	392	688,853
Washington	474,819,384	25,568	62,250,749	22,607	53,331,216	2,064	5,864,117	304	646,172
West Virginia	278,062,730	5,681	10,319,204	4,691	7,935,671	587	938,745	61	103,441
Wisconsin	429,477,328	14,229	22,850,846	12,389	17,873,626	1,079	1,733,764	70	191,045
Wyoming	55,075,914	2,131	3,015,969	1,920	2,724,459	146	151,422	11	16,685

[1] *Excludes the following which are not distributable by State: adjusted service and dependents pay; statutory burial awards and burial flags; special allowances under ch. 23, title 38 U.S.C., invalid lifts, devices, equipment, etc.; death gratuities; adjusted service certificates World War I; tort claim settlements; mortgage life insurance; funds transferred to Veterans' Administration by National Cancer Institute; vocational rehabilitation revolving fund; loan guaranty revolving fund; rental, maintenance and repair of quarters; supply revolving fund; general post fund; and personal funds of patients.*

Estimated Selected Expenditures by State—Fiscal Year 1982

State	Readjustment Benefits—Continued				Direct Loans	Insurance and Indemnities	Hospital and Domiciliary Construction[2]	Medical Services and Administrative Costs
	Vocational Rehabilitation		Automobiles and Other Conveyances for Disabled Veterans	Homes for Paraplegics				
	Subsistence, Equipment and Supplies, Books and Tuition (Title 38, U.S.C., Ch. 31)							
	Total Number Who Trained During Year	Amount						
World Totals	[3]30,919	$116,284,454	$12,564,365	$17,493,889	$8,039,523	$1,377,359,099	$450,726,589	$8,008,058,348
Philippines	6	43,703	.....	.....	.....	1,708,395	.....	2,624,563
Other foreign areas	25	.....	.....	.....	.....	3,487,758	.....	.....
Puerto Rico	478	695,648	99,277	34,803	.....	2,188,409	526,345	88,662,151
Other U.S. areas	7	.....	.....	.....	1,975	242,836	.....	.....
Total U.S.	30,264	115,545,103	12,465,088	17,459,086	8,037,548	1,369,731,701	450,200,244	7,916,771,634
Alabama	1,211	5,209,224	263,318	787,123	22,063	23,285,439	6,984,623	141,100,344
Alaska	28	61,113	.....	9,234	888	1,369,732	.....	18,802,736
Arizona	608	2,469,012	199,924	373,072	540	20,545,976	506,224	112,777,823
Arkansas	343	1,392,395	209,167	210,393	191,463	12,327,585	56,972,225	122,480,827
California	1,641	5,675,273	1,292,836	857,552	36,198	156,149,414	15,273,678	782,713,422
Colorado	1,210	4,329,730	202,550	654,230	51	20,545,976	2,283,399	97,985,547
Connecticut	318	794,008	194,992	119,976	.....	20,545,977	647,815	84,119,824
Delaware	111	349,142	13,175	52,756	.....	2,739,463	187,695	27,364,402
District of Columbia	274	596,248	218	90,094	4,532,988	4,109,195	31,778,623	507,530,024
Florida	820	3,151,187	976,315	476,150	30,722	98,620,682	53,626,548	339,259,305
Georgia	1,231	5,526,410	239,811	835,051	54,852	31,503,829	10,250,230	168,482,295
Hawaii	206	437,993	25,611	66,182	.....	12,327,585	1,189,234	16,976,310
Idaho	205	643,089	15,688	97,172	39,604	5,478,927	1,259,669	23,170,683
Illinois	650	2,574,174	258,095	388,962	1,082,360	64,377,390	8,353,395	404,677,656
Indiana	974	4,173,814	331,539	630,671	2,698	24,655,171	2,396,644	119,600,907
Iowa	327	1,601,469	117,263	241,985	66,117	16,436,780	4,230,330	102,125,775
Kansas	327	884,300	130,329	133,619	11,161	17,806,512	2,998,132	97,419,367
Kentucky	383	1,702,675	120,611	257,277	20,080	16,436,781	2,058,216	106,294,432
Louisiana	279	1,226,835	237,332	185,377	28,213	19,176,244	4,907,226	124,393,952
Maine	420	1,165,040	131,577	176,040	58,725	6,848,659	924,729	39,326,112
Maryland	671	2,234,055	182,690	337,570	4,308	30,134,097	7,081,844	93,160,833
Massachusetts	407	1,823,519	313,045	275,537	.....	39,722,219	9,907,298	243,074,273
Michigan	985	3,580,669	289,009	541,046	149,488	43,831,414	5,945,022	188,973,663
Minnesota	346	1,177,642	190,265	177,944	181,093	26,024,902	2,954,413	146,443,800
Mississippi	276	1,201,035	59,491	181,479	20,009	12,327,585	9,414,043	96,290,476
Missouri	458	1,787,257	277,337	270,058	21,278	26,024,903	4,760,160	195,467,355
Montana	154	429,014	22,889	64,825	73,849	4,109,195	786,234	23,732,004
Nebraska	272	821,546	8,642	124,137	5,054	8,218,390	865,407	67,127,894
Nevada	295	918,651	79,552	138,810	.....	4,109,195	3,957,221	29,314,128
New Hampshire	357	1,244,135	69,763	187,991	34,648	5,478,927	347,026	23,942,309
New Jersey	744	3,820,362	284,606	577,264	.....	54,789,268	1,645,602	138,214,048
New Mexico	393	1,894,324	192,752	286,236	214	8,218,390	2,629,295	45,927,160
New York	1,217	4,320,669	691,508	652,861	66,132	108,208,804	30,270,838	654,920,524
North Carolina	712	3,084,736	375,594	466,109	80,957	28,764,366	1,550,359	161,375,092
North Dakota	85	260,378	5,037	39,344	64,000	2,739,463	148,832	22,321,440
Ohio	1,447	5,392,728	573,434	814,851	125,525	60,268,195	3,772,735	287,183,357
Oklahoma	653	2,250,156	258,188	340,003	100,873	13,697,317	15,907,672	91,626,346
Oregon	787	3,398,099	182,804	513,459	16,352	13,697,317	8,481,954	112,802,679
Pennsylvania	1,153	4,203,863	854,666	635,212	36,265	79,444,439	21,473,340	367,378,634
Rhode Island	208	699,827	90,627	105,745	.....	6,848,659	930,893	38,294,269
South Carolina	532	1,762,879	133,530	266,374	39,450	10,957,854	7,284,204	83,758,712
South Dakota	301	958,769	88,450	144,872	51,500	2,739,463	627,676	58,139,060
Tennessee	607	2,755,959	649,137	416,430	10,086	23,285,439	9,331,498	195,230,206
Texas	2,640	10,901,189	708,947	1,647,190	367,177	68,486,585	7,313,468	446,708,594
Utah	326	1,488,101	27,498	224,855	33,297	8,218,390	8,136,192	54,973,811
Vermont	162	450,676	29,376	68,098	47,380	2,739,463	590,473	25,080,699
Virginia	830	3,105,979	403,801	469,319	47,517	36,982,756	28,347,777	187,830,040
Washington	593	1,856,276	272,481	280,487	29,427	26,024,902	18,132,591	119,552,284
West Virginia	342	1,128,924	41,841	170,582	49,628	9,588,122	21,638,277	97,361,936
Wisconsin	691	2,524,180	146,823	381,408	170,318	26,024,902	7,942,033	156,835,325
Wyoming	54	106,375	954	16,074	33,000	2,739,463	1,197,232	27,128,940

[2] *Includes $11,426,475 in grants for construction of state extended care facilities.*
[3] *Includes 139 not identified by location.*

NOTE:-Total dollars may not add due to rounding.

Estimated Selected Expenditures by State—Fiscal Year 1982

State	Compensation and Pension							
	All Periods of Service							
	Living and Deceased Veterans						Living Veterans	
	Total		Service Connected		Non-Service Connected		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Totals	4,406,658	$13,134,688,679	2,624,991	$9,297,258,181	1,781,667	$3,837,430,498	3,098,963	$10,053,125,525
Philippines	34,909	110,917,713	26,873	76,691,188	8,036	34,226,525	13,142	43,791,741
Other foreign areas	21,391	67,108,429	9,075	38,517,460	12,316	28,590,969	8,249	31,500,383
Puerto Rico	47,076	224,708,611	22,000	143,189,585	25,076	81,519,026	34,834	191,348,233
Other U.S. areas	2,453	3,650,029	2,059	2,476,031	394	1,173,998	1,911	2,799,703
Total U.S.	4,300,829	12,728,303,897	2,564,984	9,036,383,917	1,735,845	3,691,919,980	3,040,827	9,783,685,465
Alabama	91,679	265,634,902	48,254	167,661,521	43,425	97,973,381	59,674	188,395,513
Alaska	4,631	11,017,938	3,974	9,498,874	657	1,519,064	4,020	9,395,526
Arizona	58,238	202,534,540	40,977	164,503,872	17,261	38,030,668	44,759	162,765,788
Arkansas	65,468	230,142,791	31,863	151,484,319	33,605	78,658,472	44,630	179,786,126
California	368,979	1,078,691,186	239,723	830,629,812	129,256	248,061,374	268,115	804,791,190
Colorado	50,839	158,135,829	37,068	128,976,131	13,771	29,159,698	38,405	121,550,469
Connecticut	47,298	121,074,401	32,396	94,587,765	14,902	26,486,636	35,430	96,619,385
Delaware	10,410	28,206,291	6,552	20,773,804	3,858	7,432,487	7,386	21,308,012
District of Columbia	14,387	45,098,487	8,464	30,721,427	5,923	14,377,060	9,947	31,448,426
Florida	251,458	873,123,852	165,911	692,070,671	85,547	181,053,181	188,111	694,559,962
Georgia	117,813	374,156,396	65,394	259,185,359	52,419	114,971,037	79,711	275,753,283
Hawaii	12,085	38,965,990	9,614	33,533,556	2,471	5,432,434	9,499	30,531,412
Idaho	16,121	48,022,489	10,242	36,036,212	5,879	11,986,277	12,074	38,545,135
Illinois	143,775	356,991,364	77,375	221,499,879	66,400	135,491,485	96,280	267,753,775
Indiana	82,967	224,351,730	46,201	152,004,841	36,766	72,346,889	56,226	171,028,627
Iowa	45,471	143,859,316	24,733	94,618,106	20,738	49,241,210	31,006	110,925,091
Kansas	41,518	118,517,219	24,079	80,741,512	17,439	37,775,707	28,477	88,795,346
Kentucky	81,479	239,447,168	40,166	144,670,180	41,313	94,776,988	54,611	181,121,094
Louisiana	84,056	242,270,244	40,301	141,748,324	43,755	100,521,920	53,761	170,460,812
Maine	28,541	88,102,127	15,766	61,384,016	12,775	26,718,111	20,136	69,610,598
Maryland	70,609	198,297,556	44,624	146,062,582	25,985	52,234,974	49,120	146,363,595
Massachusetts	144,458	426,994,184	100,816	332,931,706	43,642	94,062,478	109,536	344,896,244
Michigan	142,670	390,275,476	88,382	287,814,145	54,288	102,461,331	101,664	313,386,228
Minnesota	73,662	201,463,840	44,446	133,796,947	29,216	67,666,893	53,232	156,252,882
Mississippi	64,799	209,266,658	28,960	120,161,071	35,839	89,105,587	42,486	154,516,147
Missouri	96,345	276,746,879	49,184	172,461,473	47,161	104,285,406	64,059	206,540,294
Montana	15,338	44,742,977	9,456	32,794,742	5,882	11,948,235	11,518	36,949,967
Nebraska	26,603	65,392,905	15,469	44,794,861	11,134	20,598,044	18,786	50,739,669
Nevada	16,714	48,775,814	11,926	38,940,782	4,788	9,835,032	13,276	39,190,389
New Hampshire	20,767	67,043,670	13,817	53,076,732	6,950	13,966,938	15,729	55,452,991
New Jersey	127,365	316,995,399	84,040	245,406,057	43,325	71,589,342	92,721	250,917,389
New Mexico	31,130	108,000,421	20,103	82,071,464	11,027	25,928,957	23,503	88,083,111
New York	314,666	890,125,159	190,780	617,423,641	123,886	272,701,518	227,867	704,878,978
North Carolina	124,903	390,331,104	64,666	257,827,221	60,237	132,503,883	82,817	289,131,622
North Dakota	10,075	26,821,500	6,101	17,795,676	3,974	9,025,824	7,534	21,792,839
Ohio	189,320	522,676,149	112,994	358,687,787	76,326	163,988,362	134,369	410,441,632
Oklahoma	80,101	283,819,726	45,096	190,960,291	35,005	92,859,435	56,801	224,348,735
Oregon	51,212	154,946,081	29,724	107,225,400	21,488	47,720,681	37,747	124,483,329
Pennsylvania	237,651	628,071,217	138,189	438,032,946	99,462	190,038,271	163,133	481,214,049
Rhode Island	23,343	66,965,026	15,184	53,277,820	8,159	13,687,206	17,015	53,970,557
South Carolina	63,019	173,300,830	31,472	109,833,854	31,547	63,466,976	39,508	116,560,289
South Dakota	14,368	45,310,174	7,175	27,435,881	7,193	17,874,293	10,102	35,923,843
Tennessee	101,324	294,174,560	47,832	174,835,951	53,492	119,338,609	66,336	215,538,816
Texas	293,759	942,924,084	180,951	700,300,561	112,808	242,623,523	208,374	719,291,425
Utah	18,040	53,085,885	12,717	41,120,860	5,323	11,965,025	13,613	41,997,793
Vermont	10,013	34,628,716	5,868	25,985,308	4,145	8,643,408	7,153	28,063,034
Virginia	110,577	354,233,438	67,742	263,856,653	42,835	90,376,785	77,371	262,567,712
Washington	78,362	248,829,431	54,074	194,925,266	24,288	53,904,164	58,865	194,560,354
West Virginia	47,368	139,105,563	23,658	85,194,628	23,710	53,910,935	32,312	108,160,075
Wisconsin	77,854	215,653,904	45,655	148,931,628	32,199	66,722,276	56,452	175,001,721
Wyoming	7,201	20,961,310	4,830	16,089,802	2,371	4,871,508	5,570	17,324,188

TABLE 83—Continued

Estimated Selected Expenditures by State—Fiscal Year 1982

State	Compensation and Pension—Continued									
	All Periods of Service									
	Living Veterans				Deceased Veterans					
	Service Connected		Non-Service Connected		Total		Service Connected		Non-Service Connected	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
World Totals	2,274,634	$7,594,743,288	824,329	$2,458,382,237	1,307,695	$3,081,563,154	350,357	$1,702,514,893	957,338	$1,379,048,261
Philippines	10,174	25,380,260	2,968	18,411,481	21,767	67,125,972	16,699	51,310,928	5,068	15,815,044
Other foreign areas	5,586	21,016,751	2,663	10,483,632	13,142	35,608,046	3,489	17,500,709	9,653	18,107,337
Puerto Rico	19,328	131,489,435	15,506	59,858,798	12,242	33,360,378	2,672	11,700,150	9,570	21,660,228
Other U.S. areas	1,772	1,923,709	139	875,994	542	850,326	287	552,322	255	298,004
Total U.S.	2,237,774	7,414,933,133	803,053	2,368,752,332	1,260,002	2,944,618,432	327,210	1,621,450,784	932,792	1,323,167,648
Alabama	40,402	130,853,502	19,272	57,542,011	32,005	77,051,626	7,852	36,700,988	24,153	40,350,638
Alaska	3,728	8,313,234	292	1,082,292	611	1,632,304	246	1,193,898	365	438,406
Arizona	35,724	135,652,925	9,035	27,112,863	13,479	39,820,541	5,253	28,861,564	8,226	10,958,977
Arkansas	26,569	127,104,799	18,061	52,681,327	20,838	50,434,877	5,294	24,424,128	15,544	26,010,749
California	205,074	638,335,030	63,041	166,456,160	100,864	273,322,339	34,649	191,606,310	66,215	81,716,029
Colorado	32,273	103,113,984	6,132	18,436,485	12,434	36,537,937	4,795	25,818,860	7,639	10,719,077
Connecticut	29,549	80,778,221	5,881	15,841,164	11,868	24,487,865	2,847	13,859,893	9,021	10,627,972
Delaware	5,796	16,824,414	1,590	4,483,598	3,024	6,890,419	756	3,945,858	2,268	2,944,561
District of Columbia	7,088	21,657,105	2,859	9,791,321	4,440	13,602,126	1,376	9,007,781	3,064	4,594,345
Florida	143,556	568,525,891	44,555	126,034,071	63,347	178,723,859	22,355	123,554,927	40,992	55,168,932
Georgia	54,006	201,299,438	25,705	74,453,845	38,102	98,232,418	11,388	57,704,784	26,714	40,527,634
Hawaii	8,354	26,801,455	1,145	3,729,957	2,586	8,426,908	1,260	6,720,719	1,326	1,706,189
Idaho	9,087	30,426,186	2,987	8,118,949	4,047	9,497,487	1,155	5,623,655	2,892	3,873,832
Illinois	68,668	182,822,250	27,612	84,931,525	47,495	89,224,212	8,707	38,694,620	38,788	50,529,592
Indiana	40,726	127,377,093	15,500	43,651,534	26,741	53,323,248	5,475	24,669,891	21,266	28,653,357
Iowa	21,657	78,969,041	9,349	31,956,050	14,465	32,960,882	3,076	15,670,218	11,389	17,290,664
Kansas	20,577	64,663,988	7,900	24,131,358	13,041	29,694,962	3,502	16,052,219	9,539	13,642,743
Kentucky	33,768	117,221,886	20,843	63,899,208	26,868	58,349,270	6,398	27,424,585	20,470	30,924,685
Louisiana	33,834	110,843,541	19,927	59,617,271	30,295	71,648,304	6,467	30,817,706	23,828	40,830,598
Maine	13,652	51,120,094	6,484	18,490,504	8,405	18,523,941	2,114	10,275,871	6,291	8,248,070
Maryland	38,468	114,002,515	10,652	32,361,080	21,489	51,823,313	6,156	31,966,923	15,333	19,856,390
Massachusetts	91,797	287,736,096	17,739	57,160,148	34,922	82,281,029	9,019	45,427,136	25,903	36,853,893
Michigan	80,325	251,438,193	21,339	61,948,035	41,006	77,074,741	8,057	36,619,003	32,949	40,455,738
Minnesota	39,912	113,498,464	13,320	42,754,418	20,430	45,259,974	4,534	20,357,533	15,896	24,902,441
Mississippi	23,616	95,264,347	18,870	59,251,800	22,313	54,729,008	5,344	24,843,627	16,969	29,885,381
Missouri	42,084	140,184,621	21,975	66,355,673	32,286	70,176,981	7,100	32,255,663	25,186	37,921,318
Montana	8,570	28,733,643	2,948	8,216,324	3,820	7,830,391	886	4,090,126	2,934	3,740,265
Nebraska	13,428	37,079,109	5,358	13,660,560	7,817	14,665,114	2,041	7,720,878	5,776	6,944,236
Nevada	10,721	32,344,204	2,555	6,846,185	3,438	9,599,782	1,205	6,602,799	2,233	2,996,983
New Hampshire	12,436	45,971,193	3,293	9,481,798	5,038	11,637,079	1,381	7,144,036	3,657	4,493,043
New Jersey	76,801	210,427,102	15,920	40,490,287	34,644	66,139,558	7,239	35,123,111	27,405	31,016,447
New Mexico	17,484	69,188,887	6,019	18,894,224	7,627	19,980,941	2,619	12,911,930	5,008	7,069,011
New York	173,720	536,093,838	54,147	168,785,140	86,799	185,621,282	17,060	81,798,739	69,739	103,822,543
North Carolina	54,105	206,724,582	28,712	82,407,040	42,086	101,082,857	10,561	51,025,605	31,525	50,057,252
North Dakota	5,551	15,599,175	1,983	6,193,664	2,541	5,050,639	550	2,212,367	1,991	2,838,272
Ohio	101,718	307,274,177	32,651	103,167,455	54,951	112,409,536	11,276	51,619,722	43,675	60,789,814
Oklahoma	38,340	158,955,335	18,461	65,393,400	23,300	59,595,233	6,756	32,040,934	16,544	27,554,299
Oregon	26,319	90,522,871	11,428	33,960,458	13,465	30,553,890	3,405	16,742,924	10,060	13,810,966
Pennsylvania	123,109	370,361,828	40,024	110,852,221	74,518	146,862,967	15,080	67,845,072	59,438	79,017,895
Rhode Island	13,685	45,570,169	3,330	8,400,388	6,328	13,018,166	1,499	7,737,137	4,829	5,281,029
South Carolina	25,541	80,555,208	13,967	36,005,081	23,511	56,516,606	5,931	29,126,295	17,580	27,390,311
South Dakota	6,316	23,678,570	3,786	12,245,273	4,266	9,416,682	859	3,775,866	3,407	5,640,816
Tennessee	39,761	139,213,048	26,575	76,325,768	34,988	78,564,391	8,071	35,555,230	26,917	43,009,161
Texas	153,707	559,880,211	54,667	159,411,214	85,385	223,454,492	27,244	140,185,366	58,141	83,269,126
Utah	11,369	34,301,307	2,244	7,696,486	4,427	11,097,289	1,348	6,828,452	3,079	4,268,837
Vermont	5,096	22,184,867	2,057	5,878,167	2,860	6,584,456	772	3,814,167	2,088	2,770,289
Virginia	56,891	203,803,834	20,480	58,763,878	33,206	91,475,243	10,851	59,850,531	22,355	31,624,712
Washington	47,262	157,702,758	11,603	36,857,596	19,497	54,267,821	6,812	37,186,756	12,685	17,081,065
West Virginia	20,120	70,923,217	12,192	37,236,858	15,056	31,001,842	3,538	14,287,577	11,518	16,714,265
Wisconsin	41,062	129,065,852	15,390	45,935,869	21,402	40,808,813	4,593	19,974,944	16,809	20,833,869
Wyoming	4,372	13,949,836	1,198	3,374,352	1,631	3,652,791	458	2,151,859	1,173	1,500,932

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Veterans Administration
Washington DC 20420

Administrator of
Veterans Affairs
Annual Report 1982
June 1983

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