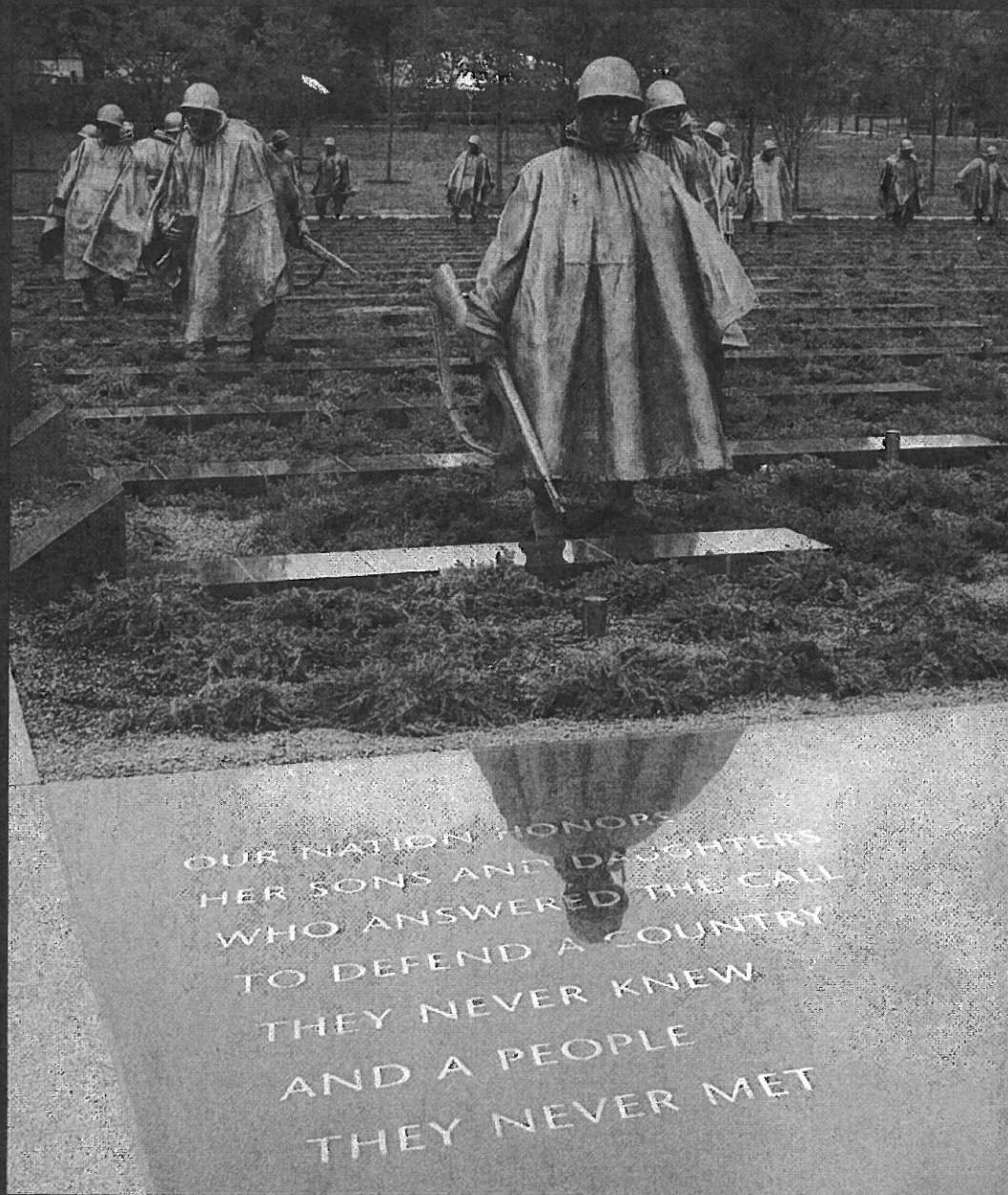




Department of
Veterans Affairs

ANNUAL REPORT OF THE SECRETARY OF VETERANS AFFAIRS

FISCAL YEAR 1995



(1950 – 1953)

Korean War Memorial, Washington, DC

Annual Report 1995

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 104th Congress.

I submit this report on the activities of the Department of Veterans Affairs for the fiscal year ending September 30, 1995, as required by 38 U.S.C. § 529.

In presenting this annual account to the Congress, I believe it should be viewed as more than just this Federal agency's yearly summary of its programs and accomplishments. While this report represents an important opportunity to note our progress and performance, I urge the reader's further consideration of the magnitude of the Department and what it represents as this Nation's formal expression of gratitude to those who have served in uniform.

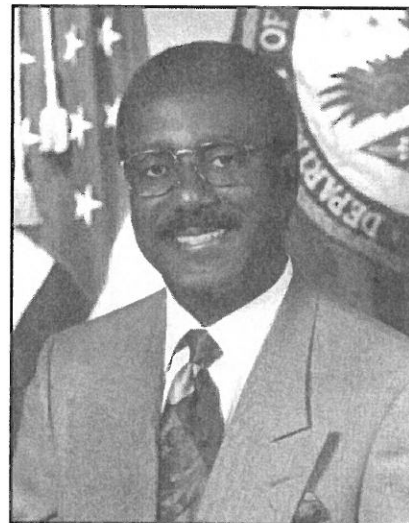
A forthright commentary on FY 1995 must note that heretofore accepted premises supporting VA's mission were exposed to unprecedented scrutiny as our Nation's leaders grappled with the fundamental structure of many American institutions. Elements of uncertainty clouded the Department's ability to plan with its usual degree of foresight and confidence that VA's future obligation to veterans would not be compromised. Nevertheless, the men and women who staff our hospitals, process benefits, and maintain our national cemeteries continued to serve with pride, dedication, and distinction. This is the story of that important year.

VA's far-reaching health-care system underwent the initial phase of a bold and innovative restructuring that by year's end placed it on the doorstep of medical practice for the 21st century. Adopting a strategy to form service delivery networks, the Veterans Health Administration will begin FY 1996 newly focused on patient expectations and committed to higher standards of excellence and efficiency.

VA's value as a national medical resource was again demonstrated through important accomplishments in research and in the vitality of its training programs for thousands of health-care professionals. The Department also showed innovation in such diverse areas as nursing, the application of medical data and communication systems, cost recovery, and services for homeless veterans.

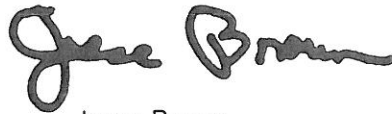
The Veterans Benefits Administration continued its progressive improvement in meeting expectations for timely claims processing. Case backlogs and response times showed marked reductions, and the recommendations of a blue-ribbon panel hold the promise of further achievement.

Plans for appropriate expansion of national and state-funded veterans' cemeteries materialized with the selection of several new sites and the awarding of grants. The majesty and dignity of VA cemeteries everywhere was underscored with the use of the National Memorial Cemetery of the Pacific in Hawaii as the central site for observances commemorating the 50th anniversary of the end of World War II.



FY 1995 also marked new emphasis on VA's assistance for veterans and cooperation with other Federal Departments seeking to resolve health problems reported by Persian Gulf War veterans. A magnificent new medical center in West Palm Beach, FL, was added to our nationwide system. The results of a far-reaching national survey of veterans produced data that will help support future policy and legislative initiatives.

The Department remains faithful to its historical underpinnings in representing a grateful Nation's respect for its veterans of military service. It is an honored tradition to which VA people everywhere have committed themselves and one that I am proud to uphold.

A handwritten signature in dark ink, reading "Jesse Brown". The signature is fluid and cursive, with the first name "Jesse" and the last name "Brown" clearly distinguishable.

Jesse Brown
Secretary of Veterans Affairs

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Introduction

A Brief History

The United States has the most comprehensive system of assistance for veterans of any nation in the world. This benefits system traces its roots back to the Pilgrims of Plymouth Colony, who in 1636 passed a law stating that disabled soldiers would be supported by the colony.

The Continental Congress of 1776 encouraged enlistments during the Revolutionary War by providing pensions for soldiers who became disabled. In the early days of the Republic, individual States and communities provided direct medical and hospital care to veterans. In 1811, the Federal Government authorized the first domiciliary and medical facility for veterans. During the 19th century, the nation's veterans assistance program was expanded to include benefits and pensions not only for veterans but also for their widows and dependents.

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

Congress established a new system of veterans benefits when the United States entered World War I in 1917. Included were programs for disability compensation, insurance for service persons and veterans, and vocational rehabilitation for the disabled. By the 1920s, the various benefits were administered by three different Federal agencies: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers.

Congress authorized establishment of the Veterans Administration in 1930 in order to "consolidate and coordinate Government activities affecting war veterans"; and thus, the three bureaus became components of the the Veterans Administration. Brigadier General Frank T. Hines, who directed the Veterans Bureau for seven years, was named the first Administrator of Veterans Affairs, a position he held until 1945.

The responsibilities and benefits programs of the Veterans Administration grew enormously during the six decades following its establishment. The VA health care system grew from 54 hospitals in 1930, to include 173 medical centers; more than 375 outpatient clinics; 130 nursing home care units; and 39 domiciliaries in 1995; and the range of services provided by VA health care facilities grew to include a broad spectrum of medical, surgical, and rehabilitative care. World War II (WWII) resulted in not only a vast increase in the veteran population, but also in a large number of new benefits enacted by the Congress for veterans of the war. The WWII GI Bill, signed into law on June 22, 1944, is said to have had more effect on the American way of life than any law since the Homestead Act almost a century before. Further educational assistance acts were passed for the benefit of veterans of the Korean Conflict, the Vietnam Era, Persian Gulf War, and the All-Volunteer Force.

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

On March 15, 1989, the Department of Veterans Affairs (VA) was established as a Cabinet-level agency. President Bush hailed the creation of the new Department saying, "There is only one place for the veterans of America, in the Cabinet Room, at the table with the President of the United States of America."

Administrators of Veterans Affairs

Frank T. Hines	(1930-1945)
Omar N. Bradley	(1945-1948)
Carl R. Gray	(1948-1953)
Harvey V. Higley	(1953-1957)
Sumner G. Whittier	(1957-1961)
John S. Gleason	(1961-1965)
William J. Driver	(1965-1969)
Donald E. Johnson	(1969-1974)
Richard L. Roudebush	(1974-1977)
Max Cleland	(1977-1981)
Robert P. Nimmo	(1981-1982)
Harry N. Walters	(1982-1986)
Thomas K. Turnage	(1986-1989)
Edward J. Derwinski	(1989)

Secretaries of Veterans Affairs

Edward J. Derwinski	(1989-1992)
Jesse Brown	(1993-)

VA Organization

The Department includes 3 administrations that provide for the delivery of services and benefits; 5 assistant secretaries; 14 deputy assistant secretaries; and 7 Department staff offices that provide specific assistance to the Secretary. (See organizational chart at page xiii.)

Mission of the Department of Veterans Affairs

The Department's mission is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support, and recognition earned in service to this nation.

Secretary's Vision

We will function as a unified Department delivering benefits and services in a high quality, cost effective, and timely manner to serve veterans and their families.

National Performance Review

In 1993, the Vice President's National Performance Review (NPR) embarked on a nationwide effort to reinvent government. Since then, NPR has published three major reports, *From Red Tape to Results: Creating a Government That Works Better & Costs Less* (FY 1993); *Putting Customers First: Standards for Serving the American People* (FY 1994); and *Common Sense Government: Works Better and Costs Less* (FY 1995). The theme has been, and continues to be, change -- ongoing, meaningful change that improves customer service. Each fiscal year, NPR worked with VA to identify significant initiatives that do more to improve services with fewer resources.

The phases of reinventing government were dubbed REGO I and REGO II. During REGO I, NPR and VA developed 16 initiatives which focus on the 5-year period of 1994 through 1999. Several of the completed initiatives include VA's development of a management policy framework that decentralizes decisionmaking authority and promotes management effectiveness, revised Medical Care Cost Recovery policy that allows funds collected to be used in defraying all collection costs for all categories of Veterans Health Administration (VHA) receivables, and a joint report and recommendations to improve Department of Defense disability retirement and VA disability compensation payment processes. Also during REGO I, NPR identified 14 government-wide systems initiatives which included hundreds of recommendations. Of the 17 government-wide recommendations affecting VA, completed initiatives include the use of the Purchase Card Program which authorizes employees to purchase small dollar value items, development of a Departmental Quality Council, and development of customer questionnaires which can be used to gauge their satisfaction with services.

VA, too, published several reports that describe in greater depth efforts to change the Department. In July 1995, the most recent report, *From Red Tape to Results, Department of Veterans Affairs, Reinventing Government Phase II*, includes 12 specific initiatives to reaffirm the viability of the VA health care system, enable VA to provide better health care to veterans, and improve service overall. VA identified savings that may be reinvested to improve veterans' health care and benefits. Some of these initiatives include reforming VA's archaic health-care eligibility and treatment rules, studying Medicare reimbursement for VA, allowing VA to retain a portion of medical collections, simplifying means testing, terminating the

mobile home loan program, and privatizing loan guaranty servicing.

The framework for streamlining VA's organizations and operations, however, began based on changes in how the Department does business, how it is organized to conduct that business, and the results achieved in serving its customers. In the beginning of FY 1995, VA submitted a Streamlining Plan to the Office of Management and Budget (OMB) that outlined steps to redirect staffing and included initiatives to ensure putting veterans first. VA began restructuring the VHA's field operations and its Central Office management. Described in the March 1995 *Vision for Change*, VHA replaced its 4 medical regions with 22 Veterans Integrated Service Networks to emphasize patient-focused care and coordinate and share services and resources. In addition to improving the quality of veterans health care, VA realigned the Board of Veterans' Appeals (BVA) to improve effectiveness in holding hearings and rendering decisions on appeals in a timely manner, and abolished the position of Assistant Secretary for Acquisition and Facilities, realigning functions assigned to that office with budget and information management.

VA also made great strides in streamlining operations. VA successfully ceased distribution operations from its centralized supply depots, as recommended during Phase I of Reinventing Government. As of October 1, 1995, all VA facilities receive pharmaceutical, medical/surgical, and subsistence items directly from "just-in-time" commercial distribution sources. Moreover, VA began consolidating various functions to provide more focused and responsive management control, to take advantage of greater flexibilities in using employees between operations, and to reduce administrative costs, e.g., education claims-processing, loan-accounting activities, and human resources functions. Along with other members of the President's Management Council, VA had identified opportunities for collocations/cross training to improve customer service and alternative office configurations and locations in its regional field structure.

VA is one of several Federal departments and agencies participating in NPR initiatives to improve customer service to match the best in business. The *President's Vanguard* will improve the public's perception of customer service by tracking specific key initiatives which will demonstrate to the American public that government is working better. The *U.S. Business Advisor* will electronically link all information and services government provides. A Federal consortium study on handling complaints will provide best practices of private corporations.

VA continued to implement and update its Customer Service Plan and standards, which were published initially in FY 1994. In addition to the brochures previously developed for VHA, the National Cemetery System, and BVA, VA published brochures on customer service standards for Veterans Canteen Service, Veterans Benefits Administration, and the Office of Small and Disadvantaged Business Utilization as well as a BVA pamphlet on *Understanding the Appeal Process* during FY 1995. At this time, VA can report quantitative results for some of the standards and intends to provide the results to its customers through the use of local and national publications. Customer service is not new, but now it is a new standard for VA organizations that directly touches the lives of veterans and their families.

Furthermore, VA pursued other NPR initiatives. Here are a few:

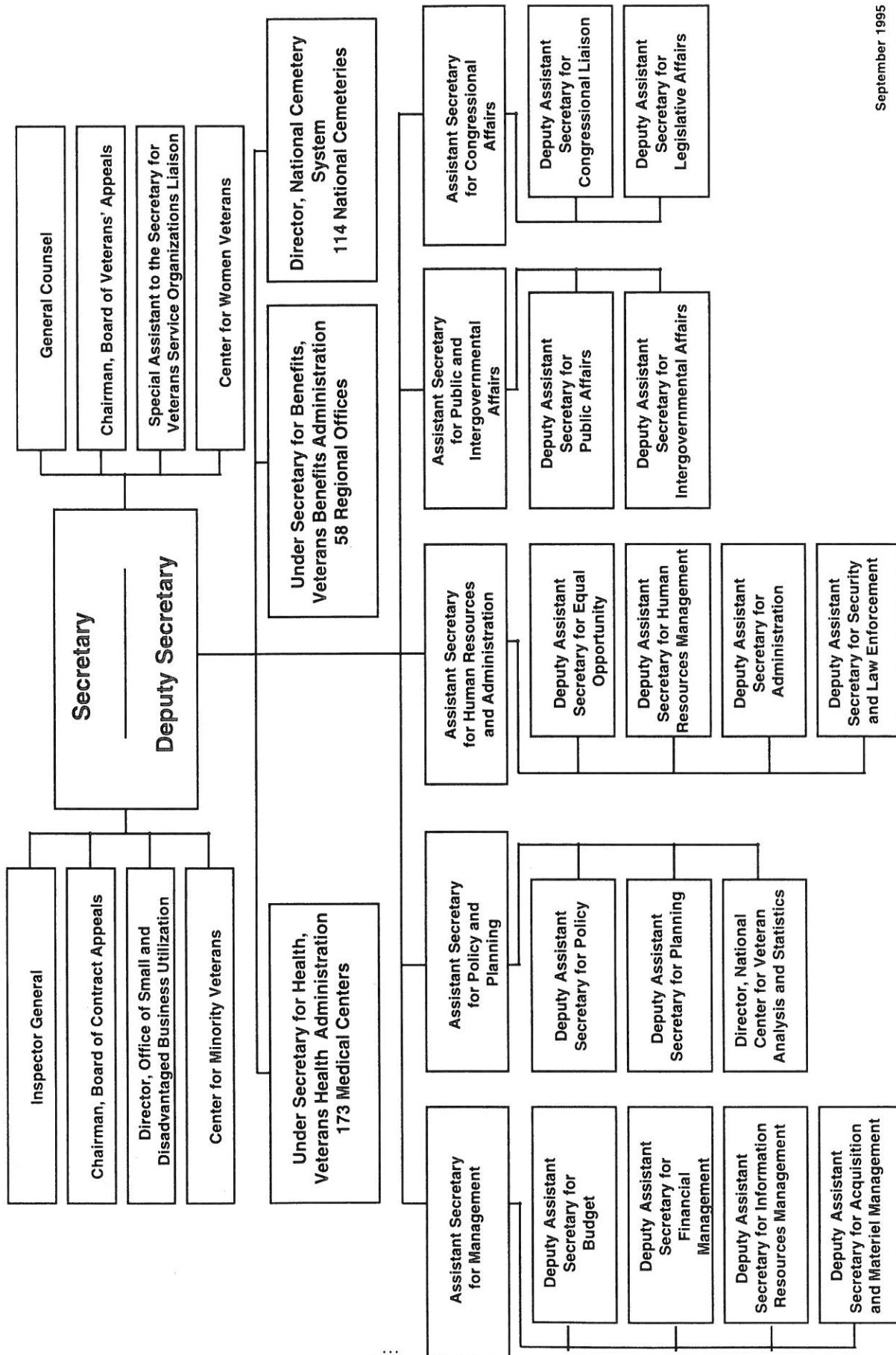
- In January 1995, VA designated the West Palm Beach, FL, VAMC as a Reinvention Lab and, in June, expanded the Baltimore, MD, Lab to include Perry Point and Fort Howard, MD, since the integration of these sites with Baltimore VAMC. The Deputy Secretary designated field Reinvention Labs at the Baltimore, MD, and Milwaukee, WI, VAMCs, and the New York VARO in 1993 and the Sioux Falls, SD, VAM&ROC in 1994. These Labs are places of innovation and experimentation where authority is delegated; where waivers are granted to deviate from established rules and procedures; and where new approaches are encouraged and failure is allowed without penalty.
- In VA Central Office, 1,510 of 3,500 internal directives were reviewed and 80 percent of those reviewed were eliminated.
- April 12, 1995, marked the first anniversary of the signing of the VA National Partnership Agreement and its first annual report. As a result of this initiative, 74 percent of VA facilities formed local partnership councils, and 65 percent have partnership agreements.

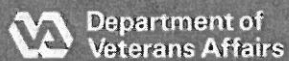
Recognizing heroes of reinvention is an important aspect of reinventing government. In FY 1995, VA designed and implemented the Deputy Secretary's *Scissors Award* Program, which recognizes accomplishments of individuals or groups within VA that improve processes, timeliness, and quality of service. By the end of FY 1995, 77 *Scissors Awards* were approved. VA also received 17 of the Vice

President's *Hammer Awards*, which are presented to teams who have made significant contributions in support of NPR principles. Over fiscal years 1994 and 1995, VA received a total of 31 Hammer Awards.

Throughout FY 1995, VA constantly searched for ways to improve service, maintain high quality of care, and become more efficient. VA will treat FY 1996 no differently.

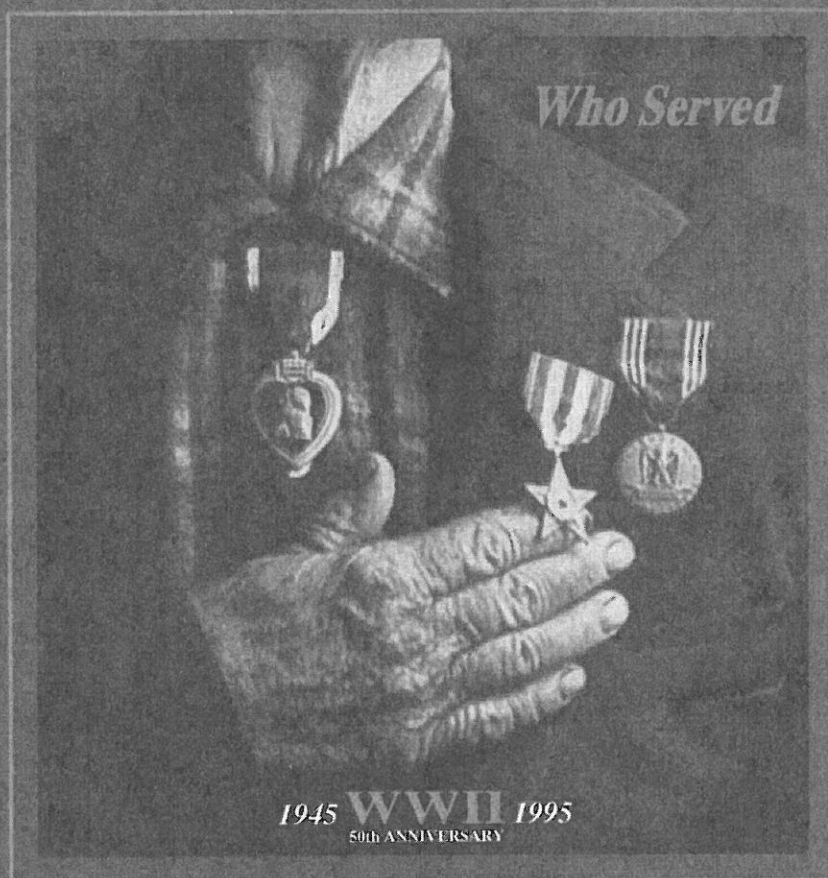
DEPARTMENT OF VETERANS AFFAIRS





Department of
Veterans Affairs

HONORING ALL



VETERANS DAY
November 11, 1995



Pictured is the 1995 National Veterans Day poster honoring all veterans during the 50th anniversary year of World War II. Veterans who served in World War II are now the second largest component of the veteran population.

The Veteran

Summary

Beginning with our nation's struggle for freedom two centuries ago, approximately 42 million men and women have served their country during wartime periods. Most (about 85 percent) served in one or more of the four major conflicts of the 20th century, with World War II (WWII) veterans alone representing nearly 40 percent of all American war participants. As of July 1, 1995, an estimated 26.2 million veterans were living in the United States and the Commonwealth of Puerto Rico; 20.2 million of these veterans served during at least one wartime period. (See Table 1.)

Number of Veterans and Periods of Service

The estimate of the veteran population living in the United States and Puerto Rico stood at 26,198,000 as of July 1, 1995. This figure represents an overall decline in the veteran population (305,000 less than the total as of July 1, 1994) as the result of a higher number of veteran deaths (515,000) than separations from the Armed Forces (211,000).

Vietnam era veterans, the largest segment of the veteran population at 8.3 million, declined in population for the second consecutive year. Deaths (49,000) outnumbered separations (38,000). WWII veterans, the second largest segment of the veteran population at 7.4 million, dominated the deaths of veterans (361,000). As of July 1, 1995, there were an estimated 8,273,000 living Vietnam era veterans, representing 32 percent of the total veteran population. Veterans who served during WWII are now the second largest component of the veteran population; numbering 7,433,000, they constituted 28 percent of the overall veteran count. WWII

veterans accounted for 70 percent of all veteran deaths (361,000) between July 1, 1994, and July 2, 1995.

Two other major conflicts and the Persian Gulf War contributed to the total count of United States wartime veterans. Living Korean conflict participants totaled 4,499,000 (17 percent of all veterans), Persian Gulf War veterans numbered 1,450,000 (approximately 6 percent of all veterans), and World War I veterans numbered 13,400 (less than one-tenth of 1 percent) as of July 1, 1995.

Approximately 6 million veterans (23 percent) served only during peacetime. Almost equal numbers of these peacetime veterans served only between the Korean conflict and the Vietnam era (2.8 million) or only between May 7, 1975, and August 1, 1990, during the post-Vietnam peacetime era (3 million).

Age of Veterans

As of July 1, 1995, half of all living veterans were older than 57.1 years of age (the median age) and half were younger. Veterans under 45 years of age constituted 23 percent of the total, while those aged 45 to 64 represented 44 percent. Veterans 65 years old and older accounted for 34 percent of the overall veteran count. The 80- to 84-year old age group showed the greatest relative increase (nearly 14 percent) in number, followed closely by the 75 to 79 and 85 and over age groups (13 and 11 percent respectively) over the last year, reflecting the aging of WWII veterans. (See Chart 1.)

Approximately 27 percent of all civilian males 18 years old and older were veterans on July 1, 1995. This percentage varied by age, reflecting the degree of our nation's involvement in each of the major armed conflicts of this century. For example, of those civilian males aged 70 to 74 years, 76 percent were veterans, clear evidence of the extent of our participation in

WWII; among civilian males aged 45 to 49 years, 40 percent were veterans, reflecting America's participation in the Vietnam War. (See Chart 2.)

Chart 1. Estimated Veteran Population, by Age as of July 1, 1995

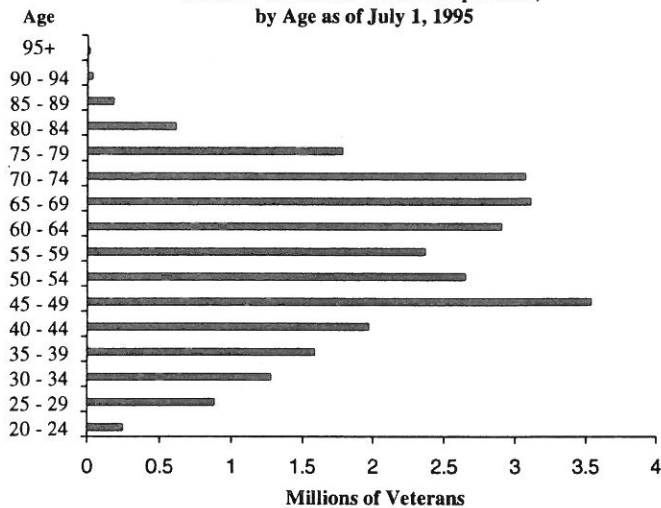
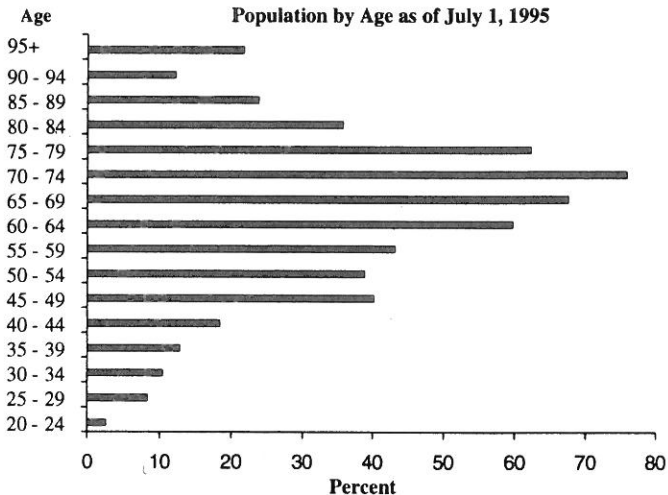


Chart 2. Male Veterans as a Percent of the Male Civilian Population by Age as of July 1, 1995



Female Veterans

The female veteran population of 1.2 million constituted 4.6 percent of all veterans living in the United States and Puerto Rico on July 1, 1995. Female veterans as a percent of all veterans are expected to increase since the number of former military servicewomen continues to increase, although at a slow pace, in contrast to the decline of the male veteran population. In general, the demographic profile of the female veteran population stands in contrast to that of the male veteran population. Differences in age and period of service are notable examples.

The median age of female veterans (44.9) is more than 12 years younger than the median age for male veterans (57.4). The growing involvement of women in

the military in recent years is reflected in period-of-service differences between male and female veterans. Nearly 45 percent of all female veterans, for example, served only during the peacetime period following the Vietnam era (May 7, 1975, through August 1, 1990) or during the Persian Gulf War, in contrast to about 16 percent of male veterans.

Characteristics of Veterans

Data on various characteristics of veterans and nonveterans are obtained from the Current Population Survey (CPS) through a contract agreement with the U.S. Bureau of Census and with the approval of the Department of Labor, sponsor of the survey. CPS data include information on labor force, employment, income and education of veterans and nonveterans. It is important to note, however, that the CPS population estimates may differ from official VA estimates because the two sources of estimates are subject to different kinds of statistical error. Also, the veteran population base may differ from one section to another, depending on the reference year, i.e., whether it is fiscal or calendar year.

Education

Education plays a critical role in the social and economic achievements of individuals. In 1995, as was the case in 1994, significant differences are observed when one examines the distribution of male veterans and nonveterans by highest level of education attained. As is shown in Table 2, among males 20 or older, 14 percent of veterans had completed less than 4 years of high school compared to 20 percent of nonveterans. A higher proportion of veterans than nonveterans had completed high school and not attended college (36 percent and 31 percent, respectively) and completed 1 to 3 years of college (28 percent and 24 percent, respectively). The proportion of males 20 years and over with a high school diploma and at least some college education was slightly higher among veterans (50 percent) than nonveterans (49 percent). Nonveterans, on the other hand, had a slightly higher proportion with 4 or more years of college (25 percent and 22 percent, respectively). (See Table 2.)

The pattern described above is also observed for Vietnam era veterans and nonveterans aged 40 to 54 and post-Vietnam era veterans and nonveterans aged 20 to 39. Since income and education tend to be correlated, it is worth noting that a higher proportion of Vietnam era veterans than nonveterans had at least some college (62 percent and 56 percent, respectively). But the same is not the case for post-Vietnam era

veterans aged 20 to 39 and their nonveteran age counterparts: 48 percent of veterans compared to 51 percent of nonveterans had at least some college.

Labor Force

About 16 million veterans, representing 61 percent of the non-institutional veteran population, were in the labor force in FY 1995. The veterans' labor participation rate of 61.1 percent, however, was about 8 percentage points lower than the participation rate of nonveterans 20 years and over. While comparing data on labor force and employment for veterans and nonveterans, one should keep in mind that there are significant differences in their sex and age compositions. More than 90 percent of veterans are, for example, male and the proportion of males beyond retirement age is higher for veterans than for nonveterans.

Among male veterans aged 20 or older, about 15 million, or 61 percent of the male veteran population, were in the labor force in FY 1995. This is in sharp contrast to 83 percent of 52 million nonveteran males 20 years of age or older in the labor force. The difference in the overall participation rate between male veterans and nonveterans reflects the higher proportion of veterans in the retirement years, 65 and older, who are no longer in the labor force. For male post-Vietnam era veterans and nonveterans aged 20 to 39, and male Vietnam era veterans and nonveterans aged 40 to 54, the labor participation rates ranged from 90 to 93 percent.

The female veteran labor force of 770,000 represents only about 1 percent of the size of the civilian nonveteran female labor force aged 20 or older. The labor force participation rate of female veterans was not significantly different from the participation rate of female nonveterans. Both female veterans and nonveterans aged 20 years or older had a labor force participation rate of 59 percent. However, differences do exist within and between specific groups. In the age groups 20 to 39 and 40 to 54, the proportion of female veterans in the labor force was higher than that proportion for female nonveterans. (See Table 3.)

Unemployment

The unemployment rate of 4.2 percent among veterans 20 or older, both sexes, was lower than the 5.0 percent rate for their nonveteran counterparts. The unemployment rate of 4.1 percent for male veterans aged 20 or older was almost one percentage point lower than the rate for their male nonveteran counterparts. While the unemployment rate of male veterans 20 or

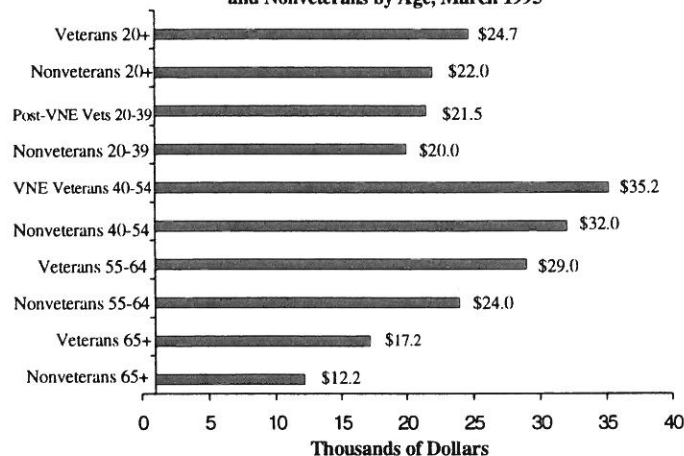
older was lower than male nonveterans of the corresponding age group, there were no significant differences between the unemployment rates of specified younger groups. Both male post-Vietnam era veterans and nonveterans aged 20 to 39 had unemployment rates of 5.8 percent. Male Vietnam era veterans and nonveterans aged 40 to 54 had unemployment rates of 3.7 percent, much lower than the 5.8 percent rate of the younger males. However, older male veterans in the labor force had lower unemployment rates than their nonveteran counterparts. Among older male veterans and nonveterans aged 55 to 64, their unemployment rates were 3.3 percent and 3.9 percent, respectively.

Female veterans 20 years of age or older experienced a higher rate of unemployment than their nonveteran counterparts, 7.1 percent compared to 4.9 percent. Among females aged 20 to 39 and 40 to 54, veterans had higher unemployment rates than nonveterans. (See Table 3.)

Income

In general the personal income of male veterans was higher than the personal income of male nonveterans due to differences in their age distribution and, in part, to differences in education, job skills, and training. The median income of \$24,708 for veterans aged 20 or older was 13 percent higher than the median income for nonveterans 20 or older, which was \$21,941. For all the groups shown in Chart 3, the median income of

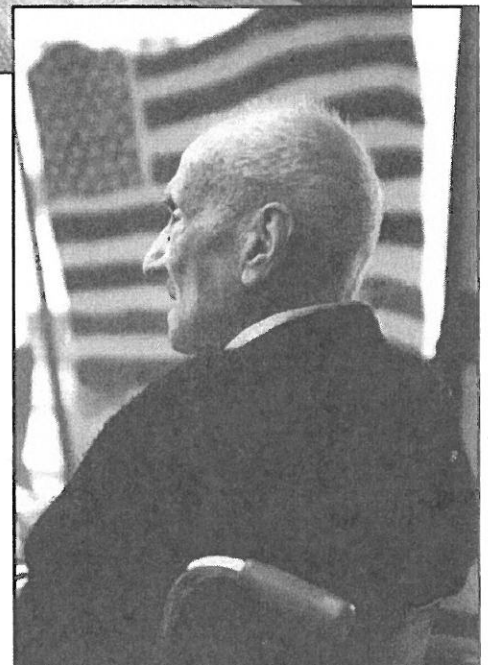
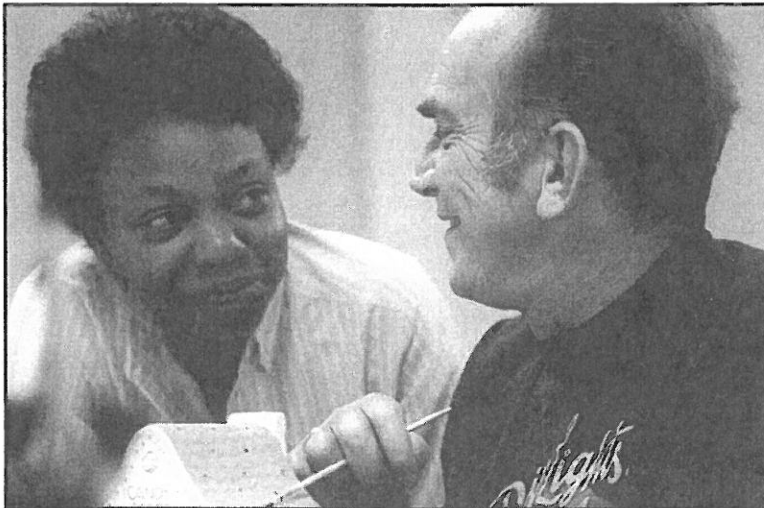
Chart 3. Median Personal Income (1994) of Male Veterans and Nonveterans by Age, March 1995



\$35,230 for Vietnam era veterans aged 40 to 54 years was the highest, 10 percent more than their nonveteran age counterparts (\$31,907). Similarly, the youngest veterans 20 to 39 years of age, i.e., post-Vietnam era veterans, had a median income 8 percent

higher than the median income of correspondingly aged nonveterans: \$21,498 for post-Vietnam era veterans compared to \$19,903 for nonveterans. The difference between the income of veterans and nonveterans becomes more pronounced as age increases. The median income of veterans

aged 55 to 64, for example, was 21 percent higher than the median income of nonveterans of that age group, \$29,007 for veterans compared to \$23,958 for nonveterans. Similarly, the median income of \$17,173 of veterans aged 65 or older was 40 percent greater than the median income of \$12,242 for nonveterans.



The new veterans' health-care system supports innovation, empowerment, productivity, and accountability. Working together, VHA provides a continuum of high quality health care in a convenient, responsive, and caring manner, and at a reasonable cost. This is health-care value, and it begins with VA.

Health Care

Veterans Health Administration

A rapidly changing health-care environment, an era of government downsizing, the sharpening demands for a more customer-focused orientation, and the vision of a new Under Secretary for Health have prompted a sweeping reorganization of the Veterans Health Administration. In January 1995, a work group was formed to assist in creating a document entitled *Vision for Change*, in which the Under Secretary for Health outlined his blueprint for the transformation. The foundation of the document was a new field structure which eliminated the 4 large regions structure and replaced it with 22 smaller, more autonomous networks of facilities. Called Veterans Integrated Service Networks, or VISNs, these entities will shift focus from independent medical facilities to groups of centers working collaboratively to provide efficient, accessible care to the population of veterans in their areas. The reorganization also downsizes headquarters, decentralizes decision making, strengthens accountability, and emphasizes customer service. The reorganization received Congressional affirmation in September 1995, and was officially initiated on October 1, 1995. The effects of this reorganization will be far-reaching, not only affecting the health care, research, education, and emergency medical preparedness missions of the administration, but also creating the model of a flagship health-care system for the future.

Health Care

Therapeutic and Rehabilitation Activities¹

Physical Medicine and Rehabilitation Service (PM&RS), in cooperation with the Office of Quality Management and the Institute for Healthcare Improvement, developed and implemented clinical practice guidelines for the rehabilitation of stroke and

lower extremity amputee patients. The guidelines will be distributed to other selected VA medical facilities in FY 1996.

PM&RS provided training to 12 facilities committed to pursuing accreditation for their acute medical inpatient rehabilitation programs through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is recognized as the national standard by which rehabilitation programs, both private and public, are measured in the United States and Canada.

Acquired Immune Deficiency Syndrome

VHA is the Nation's largest single source of direct care for Acquired Immune Deficiency Syndrome (AIDS) patients with a caseload of 24,000 treated since the first case of AIDS was seen in the New York VA Medical Center (VAMC) in 1979. During FY 1995, clinical care efforts were directed toward the development of clinical practice guidelines for the management of human immunodeficiency virus (HIV) infection and selected opportunistic infections. Educational efforts focused on modalities of care delivery, including hospice care; interdisciplinary care collaboration on neurological conditions; and clinical care issues for nurse practitioners, physician assistants, and staff nurses.

VA developed and maintains the most comprehensive HIV registry depicting how the disease affects oral health. The registry is acclaimed by the World Health Organization as an "international treasure."

Women Veterans

Full-time women veteran coordinator positions were established at 40 VAMCs, bringing the total number to 61. Positions focusing on treating women veterans were distributed to 27 VAMCs and 4 Vet Centers

¹Included in compliance with 38 U.S.C. § 1718(c)(3).

through a competitive proposal process. These positions included such health-care professionals as nurse practitioners, physicians, psychologists, nurses, and social workers. Eight Women Veterans' Comprehensive Health Centers were fully operational during FY 1995.

Emphasis on the clinical problems and health issues of women in the primary care setting were addressed in a national training program for physicians, nurse practitioners, and physician assistants from facilities across the system. A seminar for staff from the eight Women Veterans' Comprehensive Health Centers and national satellite video programs on breast disease and hormone replacement therapy were conducted.

Pathology and Laboratory Medicine Service concentrated on the use of cervical vaginal smears (PAP smears) for early detection of uterine cervical cancer. Workload recording of cytotechnologist screeners became a requirement. New guidelines, using the format and terminology of the nationally recognized Bethesda System of Reporting, were established to ensure descriptive reporting.

In FY 1995, two VAMCs, Brockton and West Roxbury Division, MA, and Madison, WI, were selected for fellowship programs in *Health Issues of Women Veterans*. The two new sites are in addition to six other fellowship sites selected in FY 1994 to prepare physicians for academic careers with a focus on women's health.

Persian Gulf Veterans' Illnesses

The Persian Gulf Veterans' Coordinating Board, chaired by the Secretaries of Veterans Affairs, Defense, and Health and Human Services, spurred significant progress during FY 1995 and developed a blueprint for continued success. The Board's research working group developed a comprehensive research strategy, chaired by VHA, to guide future research initiatives.

A special Persian Gulf Information Helpline (1-800-PGW-VETS), an electronic bulletin board (1-800-US1-VETS), and town hall and health day meetings with veterans were used to enhance communication. Publication of a Persian Gulf brochure, a brief research report summarizing scientific investigations, and three additional issues of the widely distributed *Persian Gulf Review* newsletter were also a major part of the FY 1995 effort to inform Persian Gulf veterans. During FY 1995, the *Persian Gulf Review* direct mail

distribution list was expanded to include more than 190,000 Persian Gulf veterans.

More than 155,000 Gulf War veterans received a range of services at VHA facilities. As more individuals are discharged from active duty and learn about the program, this number is expected to increase.

Sickle Cell Anemia²

VA continues to have a strong program in Sickle Cell Anemia, including counseling and teaching. All VAMCs have testing available either in their own laboratories or via the special hematology reference lab testing. The last survey of facilities showed more than 14,000 patients were screened and more than 57,000 patients, family members, and visitors attended educational sessions.

Spinal Cord Dysfunction Registry

Social Work Service worked with an Executive Committee and Expert Panel to develop and implement a Spinal Cord Dysfunction Registry. This project was a joint effort of VA field facilities, VA headquarters, and staff from the Paralyzed Veterans of America. The goals of the registry are to provide better coordinated care, up-to-date information, improved access to important medical data, a tool to analyze current services, and a better design for future services.

Homeless Veterans

VA participated in planning sessions for the very successful project, Winterhaven*DC for homeless veterans. This project included Federal, State and local agencies as well as volunteers. VA also worked with the Federal Interagency Council on Homeless working group which was charged with making recommendations to ensure improved discharge planning for homeless individuals.

In FY 1995, VA received \$10 million to expand services for homeless veterans, bringing total funding for specialized treatment and assistance to more than \$75 million. Among other things, these new resources were used to establish one new Comprehensive Homeless Center and four new Homeless Chronically Mentally Ill Veterans Programs, begin space renovation for two new Domiciliary Care for Homeless Veterans Programs, and expand the Homeless Grant and Per Diem Program which awarded \$6.37 million

²Included in compliance with 38 U.S.C. § 1754.

to 28 grantees. The grantees used the money to establish service centers, rehabilitate or build transitional housing, or to purchase a mobile service unit.

In FY 1995, VA launched Project Community Homelessness Assessment, Local Education and Network Groups (CHALENG) for Veterans. VAMCs and ROs jointly sponsored local summits to raise awareness of the needs of homeless veterans, create new partnerships in the fight against homelessness, and develop new strategies for future action.

Blind Rehabilitation

- Established a 15-bed Blind Rehabilitation Clinic at Augusta, GA, with anticipated opening in early 1996.
- Provided 12 FTE to complete staffing for the Computer Access Training programs at all Blind Rehabilitation centers (except Puerto Rico).
- Established 22 new full-time Visual Impairment Services Team (VIST) Coordinator positions and provided funds for ADP equipment for each position.
- Established 14 new Blind Rehabilitation Outpatient Specialist positions designated to work with veterans in their local environment for pre/post rehabilitation training. Funds were also provided for ADP equipment and start-up for each position.
- Funded four contract nurses and a recreation therapy assistant at the San Juan, PR, Blind Center.
- Established a computer programmer position to address ADP requirements for the national Blind Rehabilitation program.

Mental Health and Substance Abuse Services

Geriatrics and Extended Care

New intensive community case management teams were funded at 29 VAMCs, filling a crucial gap in the integrated continuum of mental health care. A nine-facility psycho/geriatric demonstration program is treating elderly patients seen in acute VA medical and surgical inpatient units with the intent of decreasing lengths of stay and unnecessary emergency room

visits while increasing patients' independence in the community. The Under Secretary's interdisciplinary Special Committee for the Seriously Mentally Ill Veteran identified 326,000 veterans with serious mental illness who use VA services each year. Of this total, 64 percent of them are service-connected, 51 percent served in a war zone, and 43 percent served in combat.

VA substance abuse treatment programs and VA researchers contributed to the discovery of the use of Naltrexone in the treatment of alcohol dependence. This medication, when part of a comprehensive alcohol treatment program, reduced craving for alcohol and promoted abstinence.

During FY 1995, the following new or expanded geriatric and extended care programs were established:

- A comprehensive Center for Alzheimer's Disease and Other Neurodegenerative Disorders was established at the Oklahoma City, OK, VAMC. The Center will develop and evaluate a rural health-care model for the coordinated care of patients with Alzheimer's Disease or other degenerative neurological disorders in the State of Oklahoma. Using an Interdisciplinary case management approach, the Center provides patient services as well as support for family and other caregivers.
- VHA obligated \$103.5 million for State veterans' home construction projects that will result in 1,208 new nursing home beds and 321 new domiciliary beds. Five new State veterans homes were recognized by VA, adding a total of 626 nursing home beds and 12 domiciliary beds.
- New Domiciliary Care for Homeless Veterans (DCHV) programs were developed at Perry Point, MD (50 beds), and Tuskegee, AL (50 beds). Treatment capabilities of DCHV programs at Anchorage, AK, and Martinsburg, WV, were significantly enhanced.
- New Nursing Home Care Units were established at West Palm Beach, FL; New Orleans, LA; and Pittsburgh (HD), PA, bringing the total number of units in VA to 130.
- A Congressionally-mandated study of the Homemaker/Home Health Aide (H/HHA) program was completed in FY 1995. The evaluation concluded that the program served veterans in need and that services were successfully provided

within the financial cap set by Congress. The study found that veterans were highly satisfied with the service which is now available through 120 VA facilities.

Preventive Health Care Services

The National Center for Health Promotion and Disease Prevention located at Durham, NC, received funding for the first time in FY 1995. The Center monitors and encourages the provision, evaluation, and improvement of preventive medicine services and promotes the expansion and improvement of clinical, research, and educational activities. Relationships were established between the National Center, local and State health institutions, and the Centers for Disease Control and Prevention. The opportunities for dialogue will enhance VA's collaborative efforts in clinical, educational, and research relevant to preventive medicine.

In FY 1995, the directive, *Screening for Cervical Cancer*, was disseminated to the field. This directive is the cumulative product of input from the Women's Program Office, Pathology Service, and Office of the Inspector General.

VA National Transplant Program

Two transplantation coordinators were appointed to implement the centralized approval and funding process for the transplant program. The change is already providing improved access, review, and placement of transplant candidates. With over 500 referral and 250 transplant procedures during FY 1995, the program continues to provide vital medical care to veterans in need of organ and bone marrow transplantation.

Work and Incentive Therapy Programs

In FY 1995, 36,000 veterans are estimated to have received paychecks for \$25 million under VHA's Compensated Work Therapy (CWT) and Incentive Therapy (IT) programs. These programs provide services to improve functioning related to skills and abilities appropriate to gain and maintain suitable employment, independent living, and community reintegration.

Four medical centers are now using veterans enrolled in CWT to perform ongoing renovation and

construction at these facilities. Over \$1.3 million was obligated for projects completed in FY 1995. These projects serve veterans in mental health and substance abuse programs, domiciliary programs and transitional residences, and will emphasize and support the transition to and effectiveness of outpatient care for these individuals.

Dental Service

VHA's Office of Dentistry developed cost effective templates to provide VA Dental Services with a tool to analyze the efficiency and cost effectiveness of their services. Using the Baldrige quality criteria, a business plan for VA dentistry was developed and disseminated to new service chiefs. In addition, the Office of Dentistry worked with the Domiciliary Care Program Office to develop a national dental needs assessment survey for homeless veterans. As a result of these needs, three pilot projects were proposed for funding to treat the oral health needs of homeless veterans.

For the third consecutive year, VA Dentistry won the Carl A. Schlack AMSUS Award which recognizes superior achievements in dental research, excellence in leadership, and outstanding contributions in dental education.

Optometry Service

Optometry Service, in cooperation with Prosthetic and Sensory Aids Service, reduced waiting times for eye examinations and eyeglasses by 17 percent in FY 1995. In the past 5 years, an overall 46 percent improvement in customer waiting time for eye examinations and eyeglasses has been realized. In addition, a recruitment program to reach under-represented groups in VHA optometry programs resulted in 60 percent of the entering optometry residencies in FY 1995 to be held by women.

Recreation Therapy

Each year, VA supports four national events for the benefit of veterans served by VA medical facilities. These programs enhance the physical, social, mental, and emotional well-being of the veteran athletes, raise awareness of the rehabilitative value of recreation therapy, and foster improved visibility of VA and the events' veterans service organizations sponsor. In March 1995, the National Disabled Veterans Winter Sports Clinic was held in Crested Butte, CO. During the summer of 1995, the National Veterans

Wheelchair Games were held in Atlanta, GA, and the National Veterans Golden Age Games were held in Dallas, TX. In October 1995, the National Veterans Creative Arts Festival was held in Lancaster, PA. In the fall of 1995, Recreation Therapy Service participated in town forums on aging at medical centers with Geriatric Research, Education, and Clinical centers. Each forum addressed one of the White House conference issue areas on comprehensive health care, long-term care, economic security, housing and support services, and quality of life. Forum participants included veterans and their families, veterans service organization representatives, governors' offices on aging, affiliated universities, and State veterans homes.

Mail-Out Pharmacies

Three Consolidated Mail-Out Pharmacies (CMOPs) located at Dallas, TX; Bedford, MA; and West Los Angeles, CA, became operational in FY 1995 and joined the previously established Leavenworth, KS, CMOP in providing automated mail prescription service. While not operating at full capacity, the 4 sites currently support 43 VAMCs and fill over 150,000 prescriptions weekly. The automated service dramatically cuts turnaround time for prescriptions, reduces overall operating expense, and improves customer service. In conjunction with the Leavenworth, KS, CMOP, a 24-hour medication counseling center was established in Kansas City. A toll-free number allows patients access to pharmacists for any medication-related question.

TraVALabs

Ninety TraVALabs, mobile clinical pathology workstations equipped with some of the latest high technology specimen analyzers, are being used by VA facilities. They are operated by specially trained medical technologists and provide point-of-care testing with rapid reporting of results. These workstations are reducing outpatient clinic times, shortening diagnostic evaluations, and facilitating the best care for the veterans.

National Performance Review Benchmarking Study

VA, as the lead agency, is working in cooperation with other Federal agencies and the Vice President's National Performance Review (NPR) staff in performing and publishing a government-wide benchmarking study on *Complaint Handling Practices*. Six organizations in the private sector,

identified by the NPR Research Staff as Best-in-Practice, were selected as benchmarking partners. The completed study is expected to be available in late November 1995. VA and other Federal agencies will then be encouraged to perform a gap analysis of their own complaint handling systems leading to opportunities to improve current complaint handling systems.

Mammography Quality Standards

VHA established the Mammography Quality Standards Office at Durham, NC, VAMC. Forty-three VAMCs have mammography equipment. During FY 1995, 27 of these mammography facilities attained full accreditation by the American College of Radiology. The remaining 16 facilities are completing the accreditation process and have provisional accreditation. Receiving full and or provisional accreditation indicates complete conformity with the *Mammography Quality Standards Act of 1992* which all private sector facilities must meet. Seven additional facilities are under consideration for installation of mammography equipment and will be required to achieve full accreditation.

VA and DoD Sharing

VA and military health care facilities have more than 670 sharing agreements for some 4,200 shared services. Most are traditional agreements between VAMCs and DoD medical treatment facilities in which one facility provides medical or support services to the other on a space-available, reimbursable basis. The providing facility receives direct reimbursement income from the sharing partner, more efficient use of specialized services, and frequently can offer expanded services to their beneficiaries.

VA and the military services embarked upon joint venture construction projects at seven sites and are considering several others. One joint venture project, the VA Outpatient Clinic at Reynolds Army Hospital, Fort Sill, OK, was completed on March 15, 1995, and activated on April 6, 1995. It becomes the third active joint venture site, joining the Albuquerque, NM, and Las Vegas, NV, Federal Medical Facilities.

Enhanced Authority to Contract for Necessary Services³

This year, VHA issued comprehensive contracting guidance to field facilities that defined all existing authorities to procure necessary services. This

³Included in compliance with 38 U.S.C. § 8110(c)(9).

guidance reiterated all existing authorities at the disposal of field facilities and provided information on responsible program offices and contact points. The enhanced authority provision applies to commercial type activities only. Implementation is awaiting future guidance; but within existing VA authorities such as sharing and scarce medical specialist contracts, significant decentralization to field facilities has been accomplished.

CHAMPUS

Since FY 1994, the Asheville, NC, VAMC has offered limited health-care services, primarily outpatient and pharmacy on a pilot basis, to military retirees and dependents. Asheville, NC, VAMC is reimbursed by DoD's CHAMPUS contractor and uses this revenue to improve service to veterans. Currently more than 1,550 CHAMPUS beneficiaries are registered in the Asheville pilot program. Similar CHAMPUS agreements for VAMCs in Syracuse, NY, and Indianapolis, IN, were approved in August 1995. Training for VA personnel involved in billing and record-keeping was conducted as the two sites prepared to care for a CHAMPUS population that recently lost access to their military medical treatment facilities due to base closures.

In June 1995, VA Under Secretary for Health and DoD Assistant Secretary for Health Affairs signed a separate Memorandum of Understanding providing the framework for agreements between VA facilities and DoD's managed care support (MCS) contractors. This would permit VAMCs to provide reimbursed care to CHAMPUS beneficiaries covered by DoD's TRICARE managed care system by being part of the MCS contractors' provider networks. Discussions are underway with a MCS contractor that could lead to VA participation in TRICARE provider networks.

Veteran Universal Access Identification Card

A Veteran Universal Access Identification Card (VIC) is being developed to replace the current embossed card carried by patients in VAMCs. This card includes a bar code, magnetic strip, and photo of the patient as well as the traditional embossing. Initially, the card will be used for identification purposes. In the near future, it will be used for check-in and check-out processing. Future applications will identify the last treatment location for the veteran and allow for automatic requesting of patient information over the VA data network.

VHA, working with the Veteran ID Card work group, formulated software specifications and developed an interface with the new equipment to DHCP. A prototype was successfully tested at the Albany, NY, IRM Field Office. It is envisioned that the card will improve services to the veteran by reducing waiting times at medical facilities, enabling the veteran to get personalized information at VA kiosks and providing immediate and positive identification through the use of a photo ID.

VIC is viewed as complementary to the Master Veteran Record (MVR) initiative which aims at improved sharing of essential information among VA agencies and to the vision of "One Veteran, One VA."

Fee-Basis Satellite Training Conference

A national Fee-Basis Satellite Training Conference held on September 21, 1995, for Fee-Basis clerks and supervisors provided technical information and training on the conversion of VA's payment system. The change from the previous payment process to the Medicare Physician's Fee Schedule is estimated to save \$31 million annually.

Civilian Health and Medical Program of VA

Established in 1973, the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program for dependents of totally disabled veterans and survivors of veterans who died from service-connected conditions. The CHAMPVA Center implemented several new programs, including electronic data interchange technology that allows for the electronic transmission and receipt of claims data and eliminates intensive document handling, scanning, and data inputting. In addition, significant improvements were made in reducing the reporting burden for applicants and claimants. The CHAMPVA Claim Form, for example, was reduced recently from a four-page document to a single page. Program improvements, which began in the late 1980s, are saving about \$6 million per year.

Administration of the Department's Foreign Medical Program (FMP) was successfully centralized to the CHAMPVA Center in Denver, CO, beginning with FY 1995. FMP is a health benefits program designed for veterans with service-connected conditions who are residing or traveling abroad (Canada and the Philippines excluded). Historically, FMP is

administered jointly by the Washington, DC, VAMC and the Veterans Benefits Administration with heavy involvement and dependency on the U.S. State Department's embassy staff. Centralization of activities at the CHAMPVA Center streamlined procedures to such a degree that local assistance from embassy staff is no longer necessary. In addition, centralization of FMP activities resulted in improved claims processing times from an average of 45 days to 10 days.

Income Verification Match

The Income Verification Match (IVM) Center continues to meet the needs of veterans through its Data Collection Pilot Program, which simplify and centralize the application process for veterans whose eligibility for VA medical care (medical care, prescription co-payment exemption, and beneficiary travel) is based on income. The program enables these veterans to complete a single application during a calendar year. Expert assistance is provided to veterans through toll-free telephone numbers. Each veteran's eligibility information is maintained in the centralized IVM database and made available to VA facilities. This pilot program includes 12 VA facilities in the States of North Carolina and Massachusetts.

The IVM program matches financial information provided by veterans with information from the Internal Revenue Service and the Social Security Administration. During FY 1995, 60 percent of the identified discrepancy cases resulted in eligibility changes. The program also enhances accuracy and consistency of veterans' information by verifying the demographic information in the medical records. To date, 110,000 invalid Social Security Numbers were identified and steps were taken to obtain the correct numbers. Another benefit was identification of third party health insurance information, resulting in identifying health insurance coverage not previously known to VHA for patients whose third party health insurance companies can be billed.

Pre-Registration Process

The Medical Care Cost Recovery (MCCR) Office implemented a pre-registration process wherein VA employees contact veterans at home prior to scheduled appointment. Cancellations are identified earlier and scheduled patients are processed more speedily, freeing up time and space for others. The pre-registration effort also is used to update the patients' demographic, insurance, and income information. This process yielded thousands of changes to VA's

patient data base in FY 1995, increased the number of patients with identifiable insurance coverage, and above all showed veterans that VA cares.

Laundry Modernization

As part of the VHA's ongoing laundry facility modernization program, 12 active VAMC laundry modernizations were managed with project values estimated at \$49 million. As a part of a National Management Improvement Program, 17 laundry integrations were approved, resulting in cost benefits of over \$40 million by 1998. Agreements were made with the Department of Defense and other Federal and State entities to establish laundry agreements with new customers. VA laundry facilities are processing textiles for over 70 sharing customers and are generating revenues at those local facilities.

Technology

The use of telemedicine is emerging as a key strategy for delivering quality patient care throughout VA's distributed health-care system. Telemedicine technologies are proving especially beneficial in extending scarce resources in rural areas and during off-duty hours and in allowing patients to assume an active role in their own course of treatment. Applications range from low technology applications such as voice response systems to high technology applications such as teleradiology and telepathology. Voice response systems allow patients to use a telephone to reorder prescriptions, schedule appointments, and monitor life-saving devices such as cardiac pacemakers. Approximately 70 sites now use these systems. Teleradiology and telepathology implementations allow VAMCs to pool resources and reduce the burden associated with transporting patients to remote sites. The use of telemedicine is being explored as a way to enhance communication among providers in distant settings.

VA Online bulletin board service is available 24 hours a day, 7 days a week to veterans via a toll-free electronic bulletin board (BBS) with Internet accessibility. The system also allows military personnel who are geographically remote from VA facilities to inquire about benefits. During a 7-month period, VA Online received over 100,000 calls, downloaded over 52,000 files, and recorded over 17,000 messages by callers.

VA's Internet Worldwide Web (WWW) Server provides information on VA programs, veterans benefits, VA offices worldwide, and VA automation

software. The VA WWW provides an average of over 20,000 connections to over 2,400 unique electronic addresses per week. This service is available 24 hours a day, 7-days a week to veterans via Internet. Internet mail is also available for specific inquiries and allows timely responses from VA staff.

Decision Support System

The Decision Support System, currently in the second year of a four-year installation and implementation process in all VAMCs, is a commercial state-of-the-art software product that supports a longitudinal, data-driven, outcomes-oriented method of performance improvement and measurement. This information permits VA managers and clinicians to analyze the quality of patient care and the cost of providing that care. This sophisticated technology supports the rational realignment of services and provides documentation of the value of VA health care.

Clinical Lexicon and Clinical Record Problem List

The Clinical Lexicon was developed by VHA to express diagnostic clinical problems in easy-to-understand terminology. The innovative package provides a basis for a common language of terminology so that all members of the health-care team can communicate with each other.

VHA distributed the Clinical Record Problem List package to all VHA Medical Centers during FY 1995. This package is used to document and track patient problems and provides clinicians with a current and historical view of the patient's medical care.

Major Construction

In FY 1995, 51 contracts were awarded, totaling \$385.6 million. This total includes 13 architect and engineering contracts for design development, 12 for construction documents, 21 construction contracts, 3 design-and-build contracts, and 2 construction management contracts.

Twenty-six projects were completed, totaling \$450 million, including the new West Palm Beach, FL, VAMC and New Orleans, LA, 120-bed nursing home care unit.

Enhanced Use Leases

The Enhanced Use Lease Authority authorizes VA to out-lease under-utilized VA property, on a long-term

basis, to non-VA users for uses compatible with VA programs in return for obtaining facilities, services, and/or money for VA requirements that would otherwise be unavailable or unaffordable. This program has reduced costs to VA and benefited veterans, employees, and the local community. For example, a VBA RO building opened in July 1995 on the Houston, TX, VAMC campus using only \$10.6 million of the \$17.2 million initially appropriated. VA will receive a lump sum payment of \$75,000 plus annual payments of \$21,000 and 10 percent of the developer's gross income. A \$1.5 million child-care center opened in September 1995 at Washington, DC, VAMC at no cost to VA. La Petite Academy, one of the leading child-care providers in the United States, operates the center, providing child-care services to VA employees at a discounted cost.

Lease Acquisition

During FY 1995, the Real Property Management Office obligated \$151 million as a result of lease contract awards to operate outpatient clinics in Boston, MA; Bradford County (Sayre), PA; Mayaguez, PR; Redding, CA; Santa Barbara, CA; and Winston-Salem, NC; and an Ambulatory Care Center in Las Vegas, NV.

Research and Studies

Research

VHA continues its role as a world leader in medical and health-care research, not only searching for answers to some of the most significant health-care issues facing veterans, but allowing physician researchers to combine hands-on clinical practice with laboratory studies. Notable findings during FY 1995 include:

- **Cancer** -- Birmingham, AL, VAMC investigators described a new mechanism for gene therapy for tumors. A major obstacle was the inability to express foreign genes in 100 percent of the tumor cells. The scientists successfully expressed a bacterial enzyme, purine nucleoside phosphorylase, in tumor cells. This enzyme converts a nontoxic inactive drug into a highly toxic, locally acting drug. In this manner, researchers could kill all the tumor cells in a culture even when as few as one percent of the cells expressed the gene.
- **Heart malformations** -- In the first evidence of mutation in a gene associated with human heart

malformations, Loma Linda, CA, VAMC scientists discovered the gene mutation that is likely to lead the way to other types of heart problems. The mutation was found in the gene which normally makes small channels that connect heart cells and regulates rhythm. The newly found mutation causes the channel to open and close abnormally.

- **Alzheimer's Disease** -- A team of Seattle, WA, VAMC researchers discovered a mutation in a small group of German-Russian immigrants which was identified as the third gene to cause inherited, early-onset Alzheimer's Disease. The VA scientists found a gene defect on chromosome 14. The two teams combined their preliminary findings, and within days the new mutation was isolated. The discovery may speed the development of drugs to combat the brain-destroying disorder.
- **Skin Cancer** -- The effect of a low-fat diet on occurrence of non-melanoma skin cancer was examined in a two-year dietary intervention trial. The study, performed by researchers at VAMC Houston, TX, found that a low-fat diet can significantly reduce occurrence of this highly prevalent form of cancer.
- **Infectious Disease** -- Researchers at the VAMC Boise, ID, reported that nonsteroidal anti-inflammatory drugs, commonly used to treat swelling, pain, and fever may induce toxic shock syndrome in some patients with streptococcal and staphylococcal infections. These non-prescription drugs inhibit the ability of white blood cells in the body to fight infection and kill bacteria. Because these drugs also reduce fever, pain and swelling, it is more difficult for physicians to diagnose infection. Delays in diagnosis result in serious staphylococcal or streptococcal infections that may progress to a toxic shock syndrome which is sometimes fatal.

Cooperative Studies

VHA's extensive hospital network allows the Cooperative Studies Program to conduct multi-site studies that include a number of facilities and many subjects. There are 118 VA medical centers participating in at least one Cooperative Studies Program. These randomized clinical trials are universally recognized and set clinical standards for patient care inside and outside VHA. Significant findings for FY 1995 include:

- **Congestive Heart Failure** -- A commonly used drug, amiodarone, has little effect in prolonging survival or preventing sudden death in patients with congestive heart failure and irregular heart beats.
- **Benign Prostatic Hyperplasia** -- Surgery is the most beneficial treatment for patients with severe symptoms, but watchful waiting is a safe alternative for patients with less troublesome symptoms.
- **Hypertension** -- Many patients may successfully be treated with single drug therapy, rather than more complex drug therapy, even if single drug treatment has been previously unsuccessful.

Health Services Research and Development

The Health Services Research and Development Service continues to focus efforts on enhancing veteran medical care delivery and health-care outcomes and to direct research efforts towards continued improvement of the quality and cost effectiveness of care provided by VA. For instance:

- A special hospital-based medical unit designed to improve the functional outcomes of acutely ill elderly patients, improve their ability to perform basic activities of daily living at the time of discharge, reduce hospital length of stay and recovery, and reduce the frequency of discharge to institutions for long-term care. The program accomplished these improvements without increasing hospital or post-discharge costs.
- A study evaluating the impact of western medicine on Navajo patients found that the manner in which health providers discuss medical risk, treatment, and advance care planning is critically important. In discussing negative health information with Navajo patients, researchers found it was important to counsel in a positive manner, thus respecting traditional cultural differences that are consistent with the Navajo's belief that negative thoughts lead to negative consequences.
- Research evaluating a VA outpatient Geriatric, Evaluation, and Management (GEM) program found that without increasing costs, GEM participants, when compared with patients receiving usual primary care, were more satisfied,

experienced greater continuity of care, and had fewer emergency room visits.

- In patients hospitalized for heart failure, diabetes, or chronic obstructive lung disease, researchers found that the quality of inpatient care influences the likelihood of an emergency readmission within 14 days after discharge. Small improvements in quality, particularly in preparing the patient for discharge, may reduce the risk of readmission.

Rehabilitative Research and Development Projects

- **Bone and Joint Studies** -- The potential benefits from functional electrical stimulation of lower extremities for spinal cord injury patients include improved cardiovascular fitness, decreased blood cholesterol levels, increased muscle tone and bone mineralization, and prevention of joint contractures. Researchers at West Los Angeles, CA, VAMC assessed the effects of this stimulation on spastic spinal cord injury patients to determine the therapeutic benefits of the therapy. All muscle tone, bone density, and muscle mass in the stimulated limbs increased.
- **Vision Impairment** -- Researchers at the Atlanta, GA, VAMC are working on a project to develop and evaluate liquid crystal/dark-adapting eyewear for individuals with low vision. Liquid crystal sunglasses control the amount of light reaching the user's eyes. The scientists hope to develop specific recommendations for a liquid crystal sunglass system that best suits the needs of persons with low vision, including people with central vision loss from age-related macular degeneration, cloudy ocular media, retinitis pigmentosa, and rod/cone dystrophy.
- **Functional Electrical Stimulation (FES) Technology** -- Researchers are studying various ways to activate paralyzed muscles for motion. A multi-center trial to assess the efficacy of a hand-grasping system for persons with quadriplegia commenced in FY 1995. This VA-developed system is just beginning to reach the general public and promises to be an enabling system for people with quadriplegia.
- **Low Vision Enhancement** -- A Low Vision Enhancement System (LVES) is being developed with investigators at Johns Hopkins University and NASA. The instrument is a portable headset employing miniaturized optics, video camera and

electronic technology to enhance image resolution for low vision users. First commercial versions were introduced to eye-care professionals in FY 1995.

Education

Cooperative Education

The Student Career Experience Program (Cooperative Education) allows high school and college students to gain valuable work experience, training, and education in high-demand, health-care career fields. It serves as a source of quality employees since some of the participants return to VA as physicians, physician assistants, nurse practitioners, and other health-care providers when they complete their education. During FY 1995, VHA centrally funded 151 students in the program, including a substantial number of minorities. The number of students from Historically Black Colleges and Universities (HBCUs) rose to 91, up from 17 in FY 1994. These students were employed at 23 VAMCs and enrolled at 27 HBCUs.

Pre-Doctoral and Post-Doctoral Nurse Fellowships

The Office of Academic Affairs expanded its fellowship programs to include pre-doctoral and post-doctoral nurse fellowships. The pre-doctoral fellowship program offers doctoral candidates the opportunity to work on their dissertation studies in VAMCs provided that their research is relevant to veterans and in such areas as gerontology, primary care, rehabilitation, spinal cord injury, home health care, and substance abuse. The post-doctoral nurse fellowship provides doctorally prepared nurses the opportunity to broaden their scientific or research background and extend their potential for leadership in clinical nursing research. Post-doctoral fellows devote 75 percent of their time to intensive training in research methodology as well as direct research experiences at a VAMC under the supervision of an established investigator. The remaining time is spent in direct patient care.

Scholarships

The Health Professional Scholarship Program provides awards to students in health-care professions. In keeping with VA's move to primary care, physician assistant students received awards for

the first time in FY 1995. Also in FY 1995, special emphasis was placed on providing awards for advance practice nurses, physical therapists, and occupational therapists. These academically competitive awards provide the best and brightest clinical staff for VA and the nation.

In FY 1995, 266 awards were made: 34 entry-level nurses; 49 advanced-practice nurses; 62 occupational therapists; 77 physical therapists; 41 physician assistants; and 3 respiratory therapists.

Primary Care Education Program for Medical Residents and Associated Health Trainees

Anticipating changing health care patterns, the Primary Care Education Program for Medical Residents and Associated Health Trainees was created. Each approved site established programs for delivering primary care to veterans at their medical facility and teaching in the context of primary care delivery. In July 1995, 20 VAMCs were added to the 49 facilities already in the program. Together this program supports 1,113 residents, interns, and students in health-related disciplines.

Shifts of Medical Residency and Associate Health Trainee Programs to Primary Care

As the focus of medical care delivery shifts from the traditional inpatient to the outpatient setting, VHA continues to make adjustments in funding support for medical resident and associated health student programs. Medical residents in primary care specialties increased from 36 percent of the total funded resident positions in Academic Year (AY) 1994-1995 to 38 percent in AY 1995-1996. Associated Health trainee positions increased from 33 percent in AY 1994-1995 to 42 percent. Specialties with increasing numbers of trainees included General Internal Medicine, Family Practice, Geriatric Medicine, Nurse Practitioner, and Physician Assistant.

Employee Education

In order to foster clinical and administrative excellence, VHA provided a coordinated system of employee education that reached over 150,000 employees in FY 1995. VHA gave funds to its medical centers across the nation for support of employee education to meet local needs. Ten Employee

Education Centers provided local education programs for employees within their geographic catchment areas. They also produced National Training Programs such as *Women Veterans Health Issues*, *Minimally Invasive Surgery*, and *Labor Management Partnerships*.

Nine Cooperative Health Manpower Education Programs developed joint programs in partnership with education organizations for VA and local private sector employees. The St. Louis, MO, Continuing Education Center developed and implemented systemwide programs in *EEO* and *Decentralized Hospital Computer Programs* as well as National Training Programs on *Medical Care Cost Recovery*, *AIDS*, and *Substance Abuse*.

VHA, VBA, and NCS collaborated to bring training to thousands of employees on dealing positively with cultural diversity and managing AIDS in the workplace.

VA Library Network Services

During FY 1995, the requests for information from the VA Library Network (VALNET) facilities clustered around the issues of Managed Care, Patient-Focused Services, Marketing of Health Care, Trends in Health Care Delivery, and Women's Health Care issues as they relate to the care of women veterans. One of the more sophisticated techniques used today to keep abreast of the steady development of information regarding the delivery of health care to veterans is the automated literature search and its resultant bibliography. To avoid duplication of services and achieve network efficiency, expert researchers from the Muskogee, OK; Portland, OR; Northport, NY; and Philadelphia, PA, VAMCs and VA Headquarters create monthly, and share nationally, lists of newly published materials on the listed topics as well as other emergent subjects.

The Emergency Medical Preparedness Office (EMPO) coordinates the VA's role as a national leader in providing medical care to veterans and other victims of natural and technological disasters. Highlights of its activities in FY 1995 include:

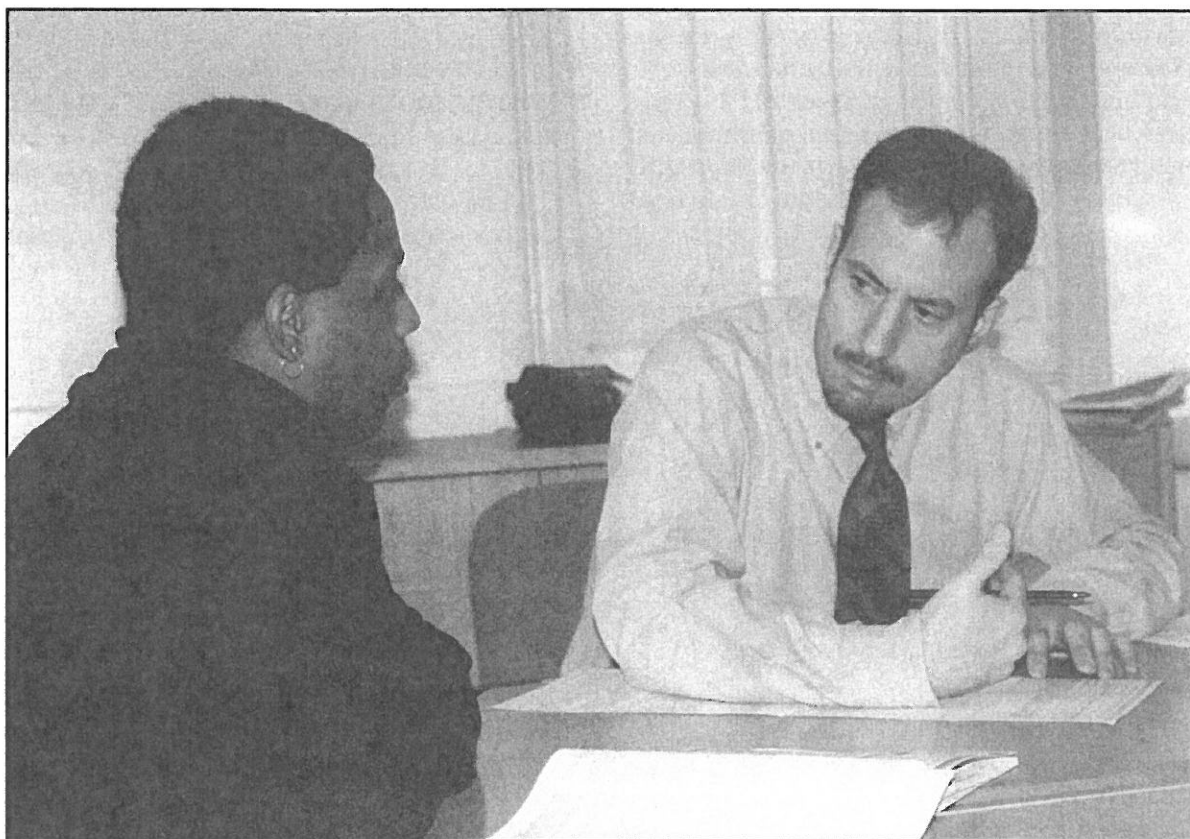
- On October 22, 1994, the emergency medical office of the VAMC in Pittsburgh, PA, conducted a full-scale VA/DoD Contingency and National Disaster Medical System exercise. Coordination was with the community, VA, DoD, and local governmental agencies and organizations that involved 86 VAMCs and numerous private sector hospitals over a 26-State area. The exercise

provided an opportunity for VA to practice and evaluate their capability and resources to provide continuous health care to eligible patients while modifying their operation to accept an influx of either military or veteran patients whose transfers are a consequence of a conventional military conflict overseas. About 1,200 people working together in a team approach carried out the highly successful exercise.

- EMPO played a large role in coordinating and carrying out Federal relief efforts for the largest act of urban terrorism committed on U.S. soil. VHA responded immediately after the April 19, 1995, Oklahoma City, OK, bombing of the Alfred P. Murrah Federal Building. A Federal base camp was established at the Oklahoma City, OK, VAMC, providing administrative, logistical and pharmaceutical support to the disaster response.

The Oklahoma City, OK, VAMC cared for casualties; deployed an emergency response team to the bomb site; shared clinicians and supplies; and deployed psychiatrists, psychologists, and interns to support the American Red Cross with stress-counseling. Radiology technicians from five VAMCs were deployed to support the efforts of the Office of the Medical Examiner and the responding Disaster Mortuary Team.

- EMPO and other VHA staff were deployed to San Juan, PR, and the U.S. Virgin Islands to assist with the disaster relief efforts in the aftermath of Hurricane Marilyn which struck on September 16, 1995. VHA sent physicians, nurses, and physician assistants to assist in providing medical care. Pharmacists provided pharmacy support services, and clinicians provided stress-counseling.



Outreach Benefits Counseling. Veterans Benefits Counselor, Rob Constantini (right), describes to Fred Burke, Jr. (left) the benefits that are available to veterans at Philadelphia, PA, Food for Life Veterans Shelter.

Veterans Benefits

Veterans Benefits Administration

Customer Surveys

In the August 1994 Veterans Benefits Administration (VBA) Customer Service Plan, it was stated that a Generic Local Customer Survey was needed to provide an ongoing process to produce accurate, timely customer feedback data for VBA Areas, and for all VBA Regional Offices (RO), in the area of claims processing. Survey results would provide data to monitor VBA's performance against customer service standards, drive Area and RO improvements in customer service, and provide the customer's view of organizational performance as required by the Government Performance and Results Act (GPRA).

Under the direction of the newly formed Customer Surveys Team, Office of Resources Management, the first phase of the design of the Compensation and Pension (C&P) Customer Satisfaction Survey began in February 1995. Sixteen focus groups were held throughout the country from March 15 through April 6, 1995; eight were held with veterans and eight were held with VBA front-line employees. A Claims Processing Focus Group Report containing consolidated results of all the groups was distributed in mid-May to VBA program directors, Area Directors, and ROs.

The primary purpose of the focus groups was to provide information that could be used to design the questionnaire for the Compensation and Pension Customer Satisfaction Survey. The second phase of the design was also completed in FY 1995. A draft questionnaire containing 82 questions on all aspects of the claims process including customer service standards, was created. In August 1995, a pretest of this instrument was conducted with veterans served by the Roanoke, VA, RO.

Early results of the pretest show a 67 percent response rate which confirms that self-administered mail surveys are a practical way for VBA to obtain customer feedback. Planning is well underway for continued testing in FY 1996.

Customer Satisfaction Surveys

In FY 1994, Loan Guaranty Service began conducting customer satisfaction surveys to evaluate service to veterans and program participants involved in the home loan program. The Loan Guaranty Service was among the first in VA to use customer surveys to evaluate program performance and benefits delivery.

In FY 1995, the results of the surveys were released nationwide and responses were, for the most part, positive. The responses to the veterans' survey indicated that 96 percent felt they were treated courteously by VA employees, and 93 percent were satisfied or highly satisfied with the information they received from VA. The lenders' survey results provided similar findings.

To further VBA's customer service goals, accessibility to the public is being emphasized as is training of lenders and other program participants. These measures will prevent some confusion and misinformation among lenders, veterans, and field stations. They will also reduce the need for lenders to contact field facilities and reduce the time needed to close VA loans.

Reader-Focused Writing

VBA is implementing Reader-Focused Writing (RFW) to improve its written communication. RFW uses technical communication principles and techniques to enhance document readability. In addition, VBA will use several RFW tools to test documents that will be mass produced (such as forms and pamphlets) with

their target audience. The testing will tell VBA whether a document can be understood by its intended audience, and any unclear areas can be clarified before the document is published.

During FY 1996, VBA will design and deploy a comprehensive training program that will give all VBA writers the tools they need to communicate clearly with their customers and develop an aggressive implementation plan which will target all pattern letters, forms, pamphlets, and reference manuals to be rewritten using Reader-Focused Writing techniques.

Advisory Committee on Former Prisoners of War¹

The Secretary's Advisory Committee on Former Prisoners of War held two meetings during FY 1995. The first meeting was held in San Antonio, TX, in November 1994, and the second was held at the Department of Veterans Affairs, VA Central Office (VACO), Washington, DC, in April 1995. The Committee submitted recommendations for the Secretary to consider.

One of the Committee's recommendations was recently implemented. It was a pilot consolidation project beginning on June 1, 1995, which involved moving prisoner of war (POW) claims files with active claims from New York, NY, Philadelphia, PA, and Wilmington, DE, ROs to Newark, NJ, RO for special handling. In that office, special emphasis is given to training personnel on proper procedures involving POW claims as well as compassionate understanding of the POW experience itself.

Veterans Outreach Services Program²

The Veterans Outreach Services Program seeks to ensure that timely and appropriate assistance is provided to aid and encourage eligible veterans to apply for and obtain the benefits and services that permit rapid social and economic readjustment to civilian life and obtain a higher standard of living for themselves and their dependents. This program also has a long-standing commitment to reaching specific groups of veterans who were targeted for special assistance such as homeless veterans, elderly beneficiaries, and Persian Gulf veterans.

The program's mission is carried out in a number of ways using many media such as toll-free telephone service, VA Online, special mailings, news releases, publication of pamphlets and fact sheets, and benefit seminars or other forums in which information about VA benefits and claims assistance is furnished to attendees. In addition, personal benefits counseling is provided at VA regional and satellite offices, major military installations, VA health care facilities, and away-from-office locations such as emergency shelters, senior citizen centers, and itinerant offices. During FY 1995, VBA offices made over 11 million public contacts for benefits information and/or claims assistance.

VA established a special outreach program for Persian Gulf veterans during FY 1995, as mandated by Public Law 103-466. The Persian Gulf Information Center/Hotline (1-800-PGW-VETS) was opened in February 1995 and received over 100,000 calls during the fiscal year. The Hotline provides 24-hour service, 7 days a week and allows callers to obtain information about medical care, the Persian Gulf Registry, medical research involving exposure to environmental hazards, and disability compensation benefits for undiagnosed illnesses resulting from service in the Gulf.

VA Online is an electronic bulletin board which provides an alternative means of accessing VA benefits information. Through the use of a personal computer and by dialing a toll-free number (1-800-US1-VETS), the public accessed VA Online over 110,000 times during FY 1995 and downloaded or printed information from the bulletin board about 54,000 times.

VA representatives conducted over 6,500 military briefings during FY 1995, attended by more than 280,000 active duty, reserve, and National Guard members. VA conducted over 100,000 personal interviews with military personnel.

Representatives from VA field facilities visited approximately 5,000 homeless shelters, made more than 5,500 contacts with community groups and agencies who provide services to the homeless, and provided personal assistance to over 24,000 homeless veterans.

VBA benefits counselors conducted outreach at VA health care facilities, interviewing more than 320,000 hospitalized veterans during FY 1995.

A revised summary of benefits pamphlet was published during FY 1995. The revised pamphlet, VAP 27-82-2, *A Summary of VA Benefits*, was written

¹Included in compliance with 38 U.S.C. § 541(c)(4).
²Included in compliance with 38 U.S.C. § 7726.

using Reader Focused Writing principles to assure an easier-to-read style. The pamphlet is distributed automatically to all recently separated veterans through a special mailing. It is also distributed by VAROs as a handout at forums in which VA benefits information is displayed and is furnished to persons requesting general benefits information. The pamphlet was also published in Spanish and is entitled, *Un Resumen de Beneficios del VA*.

VBA Training

In July 1995, the Under Secretary for Benefits established a permanent training organization known as the *VBA Employee Development and Training Staff* (EDTS). The EDTS will support VBA's training network by providing assistance in curriculum and course development, conducting ongoing needs assessments, developing a strategic training plan, providing contract acquisition support for training materials and courseware, and managing VBA's corporate training assets.

A new training delivery system was developed and initiated, giving VBA the ability to deliver Interactive Video Teletraining (IVT) over a satellite network. Action was taken to procure equipment (downlinks and one-touch keypads) for all VBA field facilities (except Manila), four Area offices, and VACO which will allow them to receive satellite broadcasts and interact with VBA instructors. The broadcasts will originate from VHA's National Media Center in Washington, DC, and will be transmitted to the AT&T satellite by the Federal Aviation Administration's (FAA) uplink in Oklahoma City, OK, under an interagency agreement between VBA and FAA. This new delivery system will supplement the resident training provided at VBA's Training Academy and will provide more training opportunities for employees in the field.

The need for more convenient resident training for employees was addressed through the acquisition of classroom space in Denver, CO. This branch office of the Academy will be co-located with the Western Area Office and will provide training space for employees in the Western, Southwestern, and Midwestern sections of the country.

Through the needs assessment process, a number of areas were identified in which training provided a viable solution. Courses were developed in instructor presentation skills, internal and external customer service, and division-level management skills. The instructor presentation skills course was piloted in

two areas of the country and will be used to build a cadre of trained instructors within VBA.

An ongoing need exists to train, quickly and effectively, new rating specialists who play a key role in processing claims. It is estimated that it takes approximately two years of training and on-the-job experience before a rating specialist can perform at the desired level. VBA procured contractor support for a series of courses that can be used in the field to develop and improve rating specialist skills. The courses included interactive computer-based modules, reducing the reliance on experienced staff members to provide one-on-one training.

Modernization and Veterans Service Network

VBA's strategy for improving the delivery of benefits and services to veterans is through the use of modern information technology. The modernization program, referred to as Veterans Service Network (VETSNET), will result in a system that allows VBA field personnel to provide more comprehensive and timely service and enhances interaction between VA components. VETSNET will enable stringent rule-based processing and automatic forwarding of claims; automated "folders" will be routed more efficiently and will not be misplaced; and, the time needed for claim evaluation, decision, and payment will be significantly decreased. Veterans will not have to supply duplicate information and documentation whenever they apply for a different benefit. The introduction of advanced technologies such as touch screens and direct 800 service will give veterans more direct access to general information about VBA benefits as well as the status of their own individual claims.

Implementation of the improved information technology infrastructure for VETSNET was partially completed in 1995. Stage I local processing capability was completed in March 1995, and a contract was awarded in July 1995 to implement Stage II imaging technology at two VA sites. The provision of additional Stage I workstations to RO personnel expanded access to current systems and provided a platform for developing applications in the new technical environment. The ability to access current systems also was expanded to outbased employees in remote locations who serve veteran customers in the field. Concurrently, the Wang electronic mail system is being replaced by Microsoft (MS) Mail, the VA standard. This will allow VBA personnel to communicate directly with all other VA offices and serve as a catalyst to move VBA from the outdated Wang technology.

Stage II of the modernization program builds on the foundation of Stage I technologies by adding image-enabling capability to the Stage I environment. The image subsystem will consist of document scanning functions, image retrieval and routing functions, intermediate image storage functions, and the permanent storage (archive) functions utilized by VBA ROs. The first Stage II activity is the conversion of the current imaging system at the St. Louis, MO, Regional Processing Office (RPO) and the subsequent deployment of that system to the Atlanta, GA, RPO. After VBA completes a benefits analysis in Atlanta, GA, GSA approval is obtained, and funding becomes available, the system will be installed at the remaining two RPOs, Muskogee, OK, and Buffalo, NY.

VBA is continuing to replace the Benefits Delivery Network's payment system; and, the decision on a specific computer platform (Stage III) will be made in the near future.

Insurance Program Activities

Annual Insurance Statement

During FY 1994, the Insurance Service designed and implemented an Insurance Annual Statement which is a notice that all 2.5 million policyholders receive each year providing the status of, and information regarding, their VA insurance. In some instances, it replaces less informative mailings; but for 1.6 million policyholders, it provides information they were not receiving. Insurance staff received many unsolicited compliments from policyholders about the annual statements. In addition, the VA form used to designate insurance beneficiaries was revised recently. The new form is computer-generated, contains bar coding, can be stuffed and folded by machine, and is one page instead of two pages. The new beneficiary form is included in the annual statement mailing for selected insureds who have not updated their beneficiary designation since 1959 or earlier. Insurance Service expects to receive more than 118,000 updated designations by the end of the first one-year mailing cycle as a result of this combined mailing.

Insurance Returned Mail/Liabilities

VA paid over \$1.2 million to insurance policyholders as a result of reengineering the process of handling returned mail, address changes, and undeliverable insurance checks. Accurate addresses are particularly

vital to providing quality service. Without accurate addresses, communication with insureds is often impossible. An initiative is under way to obtain and utilize Social Security Administration (SSA) address data, using computer matches, for insurance program purposes. In addition, Insurance Service established on-line access to Defense Manpower Data Center (DMDC) records to obtain address information for policyholders receiving retired service pay. As a result of these initiatives, the insurance program was able to reduce the number of inaccurate addresses in its records by over 40 percent, resulting in the disbursements mentioned above.

Interactive Voice Response System

The VA insurance program implemented an Interactive Voice Response system during FY 1995. This application allows customers to access their own insurance records and have account-specific information spoken to them on a variety of subjects such as dividends, premiums, and general policy information. The system became operational in March 1995, and is now providing service to policyholders 24 hours per day except on weekends. Future enhancements are being pursued to allow customers seven-day access, provide additional data fields, change minor account information, and request computer-generated letters or faxes.

Single On-Line Insurance System/Enhanced Master Record/Data Entry

This is the most important ADP project currently under way for the insurance program. The project covers three primary areas: (1) enabling the insurance computer programs to run on a single mainframe computer in a data base application; (2) enhancing the insurance master record, and (3) providing the capability for direct on-line processing of all in-force accounts and awards functions which are now processed clerically through a variety of batch processing arrangements. The system's improved design will eliminate the need for manual intervention and for manual internal control systems which now exist to compensate for the lack of system capabilities. It will also provide the flexibility to enhance data processing activities in ways that were previously impossible. Improvements in work process, resulting from this initiative, will improve service to our customer. The Single On-Line Insurance System and Enhanced Master Record portions of this initiative are scheduled for completion in April 1996.

Loan Guaranty

Loan Guaranty Program Function

The Loan Guaranty Program provides housing credit assistance to veterans and service persons. Assistance is provided through the use of the Government's partial guaranty of loans made by private lenders in lieu of the substantial down payment and other investment safeguards applicable to conventional mortgage transactions. Loans may be used to purchase a home or a residential unit in certain condominium projects; to build, repair, alter, or improve a home; to refinance an existing home loan; to improve a home by installing solar heating or other energy conservation measures; to buy a manufactured home, with or without a lot; or to buy a lot for a manufactured home the veteran already owns. There is no maximum loan amount for a VA loan. Lenders set maximums based on rules of the secondary market to which they sell their loans. The maximum VA guaranty is currently \$50,750 and lenders are usually willing to make a no-down-payment loan of up to four times the guaranty or \$203,000. Veterans must pay a funding fee ranging from 1.25 percent to 3 percent of the loan amount (0.5 percent for interest rate reduction loans). The funding fee can be included in the loan. Veterans receiving VA disability compensation are exempt from payment of the fee. Since the program's inception in 1944, VA has guaranteed more than 14.7 million loans totaling over \$502 billion.

Loan Guaranty Comparative Highlights

In FY 1995, VA assisted 265,516 veterans in home ownership. This figure includes 263,125 guaranteed home and manufactured home loans in the amount of \$25.3 billion, 510 grants for specially adapted housing totaling \$17.3 million, and approval of 1,881 substitutions of entitlement. (See Chart 1.)

Home Loan Characteristics

Over 89 percent of the veterans purchasing a home with VA benefits were able to obtain no-down-payment loans. Loans to finance the purchase of previously occupied housing accounted for 82 percent of the total purchases. These loans averaged \$95,067 and financed homes with an average purchase price of \$94,360. On newly constructed homes, the average loan was \$112,193 and the average purchase price was \$111,602.

Just under 60 percent of veterans purchasing a home were first time buyers while Adjustable Rate Mortgages (ARMS), established in FY 1993, continued to become more popular. During FY 1995, approximately 20 percent of all loans guaranteed were ARMS, doubling the 10 percent ratio of ARMS to all loans guaranteed in FY 1994.

During FY 1995, VA guaranteed 34,468 refinancing loans of which 28,266 were Interest Rate Reduction Refinancing Loans. Thus, 13 percent of the veterans who obtained VA loans in FY 1995 were able to refinance the loan on the home they already owned. More than 82 percent of those refinancing were able to reduce the interest rate on the VA loan they had previously obtained.

Chart 1. Loan Guaranty Comparative Highlights

Description	FY 1995	FY 1994	Percent Change
Amount of Loans Guaranteed ¹	\$25,340,772,343	\$55,141,865,169	-54.0
Number of Loans Guaranteed ¹	263,125	602,244	56.3
Number of Purchase Loans ²	228,604	290,252	21.2
Number of Refinance Loans ²	34,668	311,939	88.9
Average Home Loan Amount	\$96,313	\$91,562	+5.2
Average Interest Rate	8.15%	7.23%	+12.7
G/I Loans Outstanding ³	3,375,830	3,428,939	-1.5
G/I Loans in Default ³	102,137	106,717	-4.3
As a percent of Loans Outstanding	3.03	3.11	-2.6
Substitutions of Entitlement	1,881	1,252	+50.2
Properties on Hand ³	9,321	10,973	-15.1

¹Includes both home and manufactured home origination.

²Excludes manufactured home origination.

³End of the fiscal year.

Direct Loans For Native American Veterans – Pilot Program

VA continues to meet with a variety of Native American groups, including representatives of the National American Indian Housing Council, the Bureau of Indian Affairs, and participants in the Department of Housing and Urban Development's National Homeownership Seminars. VA staffs also had discussions and provided information to representatives of many different Native American tribes and groups, including the Arapaho, the Crow, the Cherokee, the Hopi, the Lummi, the Mescalero Apache, the Navajo, the Samoans, and the Yankton Sioux.

VA entered into 35 Memoranda of Understanding (MOU) with Native American groups, including the Department of Hawaiian Homelands, the Commonwealth of the Northern Marianas, the Territory of American Samoa, and 32 Native American tribes. Twenty-eight more MOUs were pending at the end of FY 1995. In addition, VA completed negotiations with the Bureau of Indian Affairs on an inter-agency MOU under which VA will make loans to eligible Native American veterans living on allotted trust lands. During FY 1995, 45 loans were made under this program, 36 commitments were made, and over 130 applications are pending.

Housing Homeless Veterans

Legislation enacted during FY 1993 provided specific authority to lease acquired properties to organizations working on behalf of homeless veterans. VBA subsequently implemented a test program to lease 50 properties to homeless providers for up to 3 years at a rent of \$1 per year. A total of 52 properties were leased to 32 different organizations. Seven leases were executed, and an additional 8 properties were sold to homeless providers during FY 1995.

Lender Appraisal Processing Program

The Lender Appraisal Processing Program (LAPP) benefits veterans by reducing the time necessary to process and close home loans. Under LAPP, lenders who satisfy VA eligibility criteria can receive appraisal reports directly from VA-assigned appraisers, review those appraisals, and then underwrite and close those loans automatically. In FY 1995, the program's fourth full year, 81,252 loans were guaranteed under LAPP authority. This was 31 percent of all VA loans guaranteed, 58 percent more than guaranteed under LAPP in FY 1994.

Specially Adapted Housing Assistance

Severely disabled veterans declared eligible for grants for specially adapted housing (38 U.S.C., ch. 21) have distinctive housing needs such as wide doorways to accommodate wheelchairs, ramps instead of steps, and oversized and specially equipped bathrooms.

During FY 1995, 454 severely disabled veterans, most wheelchair bound, received grants totaling \$17 million

to buy, build, or modify homes specially adapted for their use.

The Veterans' Disability Compensation and Housing Benefits Amendments of 1980 (Public Law 96-385) authorized separate specially adapted housing grants for disabled veterans who are either blind in both eyes or who have lost, or lost the use of, both hands. These veterans can receive up to \$6,500 to make minor adaptations to their houses. During FY 1995, VA provided 56 grants of this type, totaling \$332,400.

Banner Year for Property Inventory Reduction

During FY 1995, VAROs sold 24,686 properties, generating over \$1.6 billion in proceeds to fund the loan guaranty program, reducing the inventory of properties on hand to its lowest point in over 14 years. As of the end of September 1995, the inventory of properties on hand was only 9,321, down from 10,691 at the beginning of the fiscal year. This is the lowest the inventory has been since February of 1981.

Monitoring Unit

The Loan Guaranty Service Monitoring Unit (MU) continues to actively identify and limit the Service's vulnerability to fraud, waste, abuse, and non-compliance with VA lending/servicing requirements. During FY 1995, 36 on-site reviews of lenders were completed, resulting in 2,185 loan reviews. Through FY 1995, a cumulative total of 664 on-site reviews of lenders and servicers, 526 of these reviews were origination audits, and 138 were servicing audits. As a result of these audits, VA recovered losses in the amount of \$1,298,349, accepted indemnification agreements in the amount of \$4,715,455, and denied liability on loans with potential claim and acquisition costs totaling \$735,037. The MU also assisted the VA Office of Inspector General in the recovery of losses resulting from IG lender audits. These audits generated receipts of \$1,290,561 for noncompliance with VA credit standards and savings of \$251,366 in the denial of VA liability on outstanding loans. Cumulatively, VA received or avoided losses of \$8,290,768 as a result of the MU's activities. The high priority placed on monitoring and controlling program participant compliance resulted not only in the significant recovery of program losses due to unacceptable underwriting and servicing practices, but also helped to substantially strengthen the effectiveness of the credit program operations, thus minimizing VA's risk.

Home Loan Foreclosures³

During FY 1995, there were 23,004 foreclosures, 83 percent involving the original veteran-borrowers, and 17 percent involving transferee-owners. Overall reasons for foreclosure are categorized as follows: (1) extensive obligations (74.2 percent); (2) curtailment of income (16.5 percent); (3) marital difficulties (6.4 percent); (4) illness or death of borrower (2.7 percent); and (5) dissatisfaction with the property (.2 percent).

Manufactured Home Loans⁴

Since the inception of the manufactured home loan program in February 1971, VA has guaranteed to veterans 113,512 manufactured home loans in the amount of \$2.1 billion. In recent years this program has declined in popularity.

During FY 1995, only 23 manufactured home loans totaling \$616,000 were guaranteed. Of these loans, 18 were for the purchase of new manufactured homes while 5 were for used units. Loans for the purchase of single-wide manufactured homes accounted for 57 percent of the FY 1995 total. The average loan amount for single-wide units was \$26,907, and \$26,604 for double-wide units.

Manufactured Home Loan Foreclosures⁴

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

During FY 1995, there were 556 foreclosures, 73 percent involving original veteran borrowers and 27 percent involving transferee-owners. Overall reasons for foreclosure are categorized as follows: (1) extensive obligations (73.0 percent); (2) curtailment of income (22.0 percent); (3) marital difficulties (2.7 percent); (4) illness or death of borrower (1.8 percent); and (5) dissatisfaction with the property (.5 percent).

Manufactured Home Warranty Experience⁴

Every new manufactured home financed by a VA guaranteed loan must include, in a written warranty from the manufacturer to the purchaser, a specific

statement stipulating that the unit meets the standards prescribed by VA.

During FY 1995, VA field facilities received no complaints from veterans expressing any dissatisfaction with their manufactured home units.

Vocational Rehabilitation and Counseling Service

Customer Service

The Vocational Rehabilitation and Counseling (VR&C) Service Case Status system is a numerical indicator of the amount of time that a Chapter 31 entitled disabled veteran spends in specific rehabilitational activities as the case progresses towards eventual rehabilitation. Veterans, understandably, do not wish to spend a lengthy period of time waiting to be seen in counseling in order to determine their entitlement to a program of services. This time period, "Applicant Case Status" was reduced during FY 1995 by approximately 18 percent (i.e., from 73 days in FY 1994 to 60 days in FY 1995). Similarly, an 8 percent reduction (from 87 to 80 days) in the amount of time required for a disabled veteran to be assisted in locating employment as part of a program of rehabilitation services (Employment Services Case Status) was also experienced. These positive timeliness trends contributed to veteran/customer satisfaction in two crucial Chapter 31 program elements.

In order to maximize veteran employment opportunities, VR&C Service and the Department of Labor's Veterans Employment and Training Service (VETS) signed a Memorandum of Understanding which commits these two agencies to a closer working relationship for the benefit of the VA customer -- the disabled veteran. The agreement specifies active cooperation, coordination of services, and establishment of common goal for successful job placement, and the employment adjustment of Chapter 31 veterans. VR&C is developing, and will maintain, a computer-based management information system to promote oversight of this agreement and to monitor individual veteran outcomes experienced as a result of the collaborative efforts.

In FY 1995, the number of disabled veterans rehabilitated through the rehabilitation program was 6,203 (a 25 percent increase over FY 1994 figure). This increase was attributed to three factors: (1) greater attention being paid to securing and recording veteran rehabilitations; (2) a redefinition of rehabilitated case status to encompass those veteran

³Included in compliance with 38 U.S.C. § 3733(c)(1) and (2).

⁴Included in compliance with 38 U.S.C. § 3712(L).

cases in which the "Maximum Rehabilitation Gain" (MRG) attainable from an individual program of rehabilitation services was realized at the time program participation was terminated; and (3) an increased use of outside service providers (contractors) to facilitate the provision of timely services in response to the diminishing of internal FTEE resources.

Educational Assistance Programs

During 1995, Education Service developed a business plan to comply with the requirements of the Government Performance and Results Act. The plan resulted from focus groups and discussions with VA customers, partners, and other interested stakeholders. Each major objective corresponds directly with one of VBA's stated goals. Performance indicators were identified to determine the success of meeting customers needs and expectations.

The consolidation of education claims processing, an effort which began in FY 1994, continued in FY 1995 with the transfer of more than 150,000 education folders from 32 VBA ROs into one of four designated

education claims processing sites: Atlanta, GA; Buffalo, NY; Muskogee, OK; and St. Louis, MO. The orderly transfer of this significant workload occurred with minimal delays in service to education beneficiaries and without disruption to other regional office operations. This reengineering initiative is aimed at improving customer service through more timely benefits delivery and improved operational efficiencies.

On August 29, 1995, the Buffalo, NY, RO began a pilot program to accept education inquiries from veterans, schools, and veterans service organizations in the State of New York through VA Online, an electronic information system. Using personal computers and modems, customers gain access to VA personnel when telephone or face-to-face contact is inconvenient or unnecessary. After further testing and analysis of this system, the service will be expanded nationwide.



On September 2, 1995, our Nation commemorated the 50th Anniversary of the end of World War II, *Victory Over Japan*, or *V-J Day*, with a solemn ceremony at the National Memorial Cemetery of the Pacific in Honolulu, HI. More than 1,300 Americans who died in the war in the Pacific are buried there. In their memory, and in the memory of all those who served, President Clinton placed a wreath at the Dedicatory Stone at the base of the cemetery's monumental staircase.

Cemeteries and Memorials

National Cemetery System

FY 1995 produced the 13th consecutive annual increase in the interment workload of the National Cemetery System (NCS). During FY 1995, NCS provided the honor of burial to 70,279 veterans and family members at the 114 national cemeteries in the system. In addition to burial operations, NCS maintained the grounds, structures, and roads of these national shrines as well as 34 soldiers' lots, monument sites, and Confederate cemeteries, totaling 10,638 acres and more than 2 million gravesites. The organization's maintenance workload increased at an average rate of about 146 new gravesites daily during FY 1995.

Moreover, VA expects the number of annual veteran deaths to increase 9 percent from 525,000 in 1996 to 571,000 in 2000, and then peak at 620,000 in 2008. As veteran deaths increase, NCS projects increased in the number of annual interments in VA national cemeteries from 72,000 in 1996 to 85,800 in 2000 and 104,800 in 2008. The total cumulative number of graves maintained will increase from 2.1 million in 1996 to 2.4 million in 2000 and 3.0 million in 2010.

NCS's Office of Memorial Programs (OMP) provides headstones and markers for the unmarked graves of veterans wherever they are buried. In FY 1995, OMP processed 285,000 applications for headstones and markers for placement in national, State, and private cemeteries around the world. OMP also processed 290,000 Presidential Memorial Certificates.

These projected increases in demand and workload without corresponding increases in funding have required NCS to develop new and more efficient ways of accomplishing its work, streamline its operations, and place increased emphasis on customer expectations and service. NCS is one of the designated pilot projects under GPRA. As such, NCS is expected to develop a strategic plan and set specific

performance goals for its programs, accomplishments, and results within the structure of GPRA.

Under GPRA, the objectives of NCS are to: (1) provide burial options for all eligible veterans, and (2) honor, recognize, and commemorate veterans' service.

Objective 1 – Provide Burial Options for All Eligible Veterans

At the end of FY 1995, 57 national cemeteries contained available, unassigned gravesites for the burial of both casketed remains and cremated remains. Such cemeteries are able to accommodate all requests for interment of eligible veterans and family members as well as to host visitation, patriotic, and commemorative events. Some 40 national cemeteries exhausted the supply of unassigned gravesites for the interment of casketed remains but were able to accommodate requests for burial of family members in the same gravesite as a previously deceased family member. They were also able to accommodate cremated remains. The remainder, 17 cemeteries, were able to accommodate only subsequent family members in previously occupied gravesites. Such cemeteries also remain important locations for visitation, including patriotic and commemorative events.

NCS records show that, over the past 20 years, almost 80 percent of interments conducted in national cemeteries were from families residing within 75 miles of the facility. As annual interments and the number of total gravesites used continue to increase, cemeteries deplete their inventory of space and are no longer able to provide full service, reducing the burial options available to veterans. At the end of FY 1995, only 57 national cemeteries provided full service.

To meet the challenges posed by these trends, NCS developed plans to: (1) build new national cemeteries in heavily populated areas of the country presently

unserved; (2) expand existing national cemeteries where appropriate; and (3) develop more effective use of available space. NCS also continues to encourage use of the State Cemetery Grants Program as a complement to the services provided by Federal facilities.

One important reason veterans and their families choose burial options provided by NCS is that national cemeteries are national shrines which must meet the highest standards of public expectation. The percent of the veteran population served by the existence of a burial option within a reasonable distance of the place of residence is a primary indicator of how well NCS is achieving the objective -- "provide burial options for all eligible veterans." In most cases, NCS defined a reasonable distance as 75 miles. This determination is based on historical usage rates at cemeteries.

NCS estimated that 67.3 percent of the nation's veterans were served according to this criterion at the end of FY 1995. This estimate represents an improvement over the figure of 66.5 percent estimated at the end of FY 1994. As existing gravesites are constantly being used, it is necessary to develop new gravesites in order to maintain or improve service. NCS adopted the following strategy to maintain or increase the inventory of available gravesites: (1) as feasible, develop new national cemeteries in heavily populated metropolitan areas that currently lack a national cemetery within a reasonable distance; (2) continue phased development of cemeteries with undeveloped land available for burial areas; (3) acquire land that can be developed for cemeterial purposes adjacent to cemeteries that will exhaust the supply of available gravesites; and (4) encourage use of the State Cemetery Grants Program.

NCS continued to make progress in development of five new cemeteries planned to bring service to areas that are not currently served. The five areas are all large metropolitan areas: Seattle, WA; Dallas, TX; Albany, NY; Cleveland, OH; and Chicago, IL. Provision of the benefit of burial to the veterans living within 75 miles of these sites will significantly enhance NCS's ability to provide burial options for eligible veterans.

September 1995 saw the award of a \$7.9 million construction contract to Aldrich & Associates, Inc. of Bothell, WA, to construct the first phase of a new national cemetery for the veterans of the Seattle, WA, area. The project calls for construction of roads, administrative and maintenance facilities, an assembly area and entrance gate as well as burial areas. In the first phase, the contractor will prepare 6,553 in-ground gravesites, 2,981 lawn crypts,

1,620 garden niche sites for the burial of cremated remains, and 2,400 columbarium niches for the inurnment of cremated remains.

The 160-acre site near the town of Maple Valley in King County is approximately 25 miles south of downtown Seattle and 20 miles north of Tacoma, WA. VA purchased it from the Washington State Department of National Resources for \$1.6 million. Construction is planned to require about 2 years, and the cemetery could be dedicated and opened to veterans by late 1997.

In October 1994, Carter & Burgess, Inc. of Dallas, TX, received the contract to perform master planning of the Dallas cemetery project. The 638-acre cemetery site is located along Spur 408 near Dallas Baptist University and is approximately 10 miles east of the intersection of Interstate 30 and Highway 360, the midway point between Dallas and Ft. Worth. The cemetery would serve more than 500,000 veterans, spouses, and dependent children within 75 miles of the site.

In January 1995, VA awarded a contract to The L.A. Group, Inc. of Saratoga Springs, NY, to prepare the master plan for VA's new national cemetery planned for the Albany, NY, region. The location is a 351-acre parcel of land in the town of Saratoga, NY, located less than 1 mile from the Saratoga National Historical Park, which preserves the site of the pivotal 1777 Battle of Saratoga in the Revolutionary War. The cemetery land is located west of U.S. Route 4 on Duell Road about 25 miles north of Albany.

William Behnke Associates, Inc. of Cleveland, OH, is performing master planning for a 244-acre parcel of land in Guilford Township, OH, for a new national cemetery for veterans and their families in northeastern Ohio. The parcel is located in Medina County approximately 48 miles from downtown Cleveland and 20 miles west of Akron, OH.

In April 1995, VA awarded a contract to Harry Weese Associates of Chicago, IL, to prepare the master plan and design development for VA's new national cemetery planned for the Chicago region. The site chosen for the cemetery is a nearly 1,000-acre parcel within the Joliet Army Ammunition Plant about eight miles south of the center of the city of Joliet. The cemetery would serve more than one million veterans, spouses and dependent children within 75 miles of the site. VA is negotiating with the Army for transfer of the land.

While Alexandria National Cemetery in Louisiana and Springfield National Cemetery in Missouri exhausted

their supply of available gravesites, NCS added significantly to the "inventory" of unassigned gravesites available at the end of FY 1995. At the end of FY 1994, NCS had 277,770 gravesites available, counting columbaria niches and in-ground sites for the burial of cremated remains as well as full-casket gravesites. At the end of FY 1995, the comparable number of gravesites available was 387,546. The completion of two vital phased development projects at existing cemeteries made it possible to increase the inventory of sites while still meeting the increasing demands for burial services.

In October 1994, NCS dedicated Phase IV of Riverside National Cemetery, Riverside, CA. The project added 61,000 new gravesites to the 740-acre facility, the second busiest in the nation.

On February 6, 1995, Calverton National Cemetery accepted the fourth phase of its designed development, a 300-acre gravesite expansion project needed to provide service for the veterans of the New York City metropolitan area. Located in Calverton, Long Island, NY, it is the busiest cemetery in the system. The \$7.8 million project included new roadways, two new committal shelters, cremation niches, three new water pump houses and 90,000 gravesites. The developed portion of the cemetery now covers 602 acres of the 902-acre facility. During the year, large numbers of gravesites were also added to the inventory at Ft. Gibson, Ft. Sam Houston, Jefferson Barracks, Leavenworth, and Massachusetts national cemeteries.

At a ceremony on November 10, 1994, NCS formally accepted the donation of 9.3 acres of land from Georgia-Pacific Corporation at Port Hudson National Cemetery in Zachary, LA. While the donation did not immediately add large numbers of gravesites to the inventory, it effectively doubled the size of the cemetery and allowed NCS to resume burial operations at the facility, which had exhausted available gravesites in 1992.

In order to continue to meet the anticipated growth in demand, NCS awarded a number of construction contracts in FY 1995 that will provide vitally needed gravesites in future years. In June, a \$9 million contract was awarded to develop 28,000 new gravesites at Willamette National Cemetery in Portland, OR. The project focuses on development of 65 acres of recently acquired land and includes roadways, a committal shelter, a vehicular bridge and an irrigation system. Also NCS saw work begin on an \$8.2 million design/build contract for development of 25,000 new gravesites at Houston National Cemetery in Texas. The 108-acre project also includes a new

main entrance as well as interior roadways, two committal shelters, and an irrigation system.

FY 1995 was a record year for NCS in terms of minor (projects less than \$2 million) construction. Of the \$9.8 million available in the program at the beginning of FY 1995, all but \$74,738 was obligated. These programs include projects such as a \$1.9 million construction project at Indiantown Gap National Cemetery in Pennsylvania that was awarded in July 1995 and will add approximately 18,000 gravesites in the second phase of development at the facility. A 3,300-gravesite expansion project at Santa Fe National Cemetery in New Mexico was awarded in August. A \$1.3 million project now under construction will develop 7 additional acres at Fayetteville National Cemetery in Arkansas.

The State Cemetery Grants Program awarded 17 grants in FY 1995, totaling \$2,821,931 to assist in establishing two new veterans cemeteries and expand and improve twelve existing state owned cemeteries for veterans. These grants contributed to the provision of 8,350 new gravesites. The Federal Assistance Program complements the mission of the NCS and since 1980 has awarded more than \$41 million to 18 States and Guam.

Objective 2 – Honor, Recognize, and Commemorate Veterans' Service

The second objective of NCS is to honor, recognize, and commemorate veterans service. Maintenance of the national cemeteries as national shrines meeting the highest standards of public expectation has long been an indicator of the honor, recognition, and commemoration afforded those who have served in the military and are now interred in VA national cemeteries. The headstones and markers NCS provides throughout the world also address recognition of veterans service and clearly demonstrate the broader scope of this objective. Additionally, NCS provides Presidential Memorial Certificates, which recognize the invaluable contribution to the Nation made by the deceased's military service, to surviving family and friends of deceased veterans.

NCS has traditionally used several objective output indicators to measure performance in meeting this objective. Chief among these indicators are the number of graves maintained, the number of columbaria niches maintained, and the number of developed acres maintained. Occupied graves and

developed acres maintained measure the workload related to assuring that the cemeteries reflect their status as national shrines. Each of these three indicators rose in FY 1995. The number of occupied graves maintained increased more than 50,000 during the year to nearly 2.1 million at the end of FY 1995. The number of columbaria niches maintained increased from 18,433 at the end of FY 1994 to 21,013 at the end of FY 1995. The number of developed acres maintained increased from 5,355 to 5,416. The number of developed acres maintained per wage-grade employee will increase from an estimated 12.6 acres in FY 1995 to an estimated 13.3 acres per wage-grade employee in FY 1996.

Another traditional measure used by NCS was the percentage of headstones and markers set within 10 days of delivery to the national cemetery. Preliminary feedback indicated that customers are more concerned about the broader issue of how long it takes to mark the grave than how long it takes the cemetery to set the headstone or marker once it is received. Therefore, the traditional measurement was changed to include indicators that measure the amount of time it takes to mark the grave. This includes measuring the percent of replacement headstones and markers that are required due to VA processing error since errors delay the final installation of the headstone or marker, and tracking the percent of headstones or markers that are set at national cemeteries within 90 days of interment. Data for these two indicators are not yet available.

NCS also monitors as indicators of performance of this objective, the numbers of new headstones and markers processed and delivered. In FY 1995, NCS provided 284,786 headstones and markers and issued 285,076 Presidential Memorial Certificates.

During FY 1995, NCS conducted a series of customer focus groups. The purpose of the sessions was to collect voluntary, first-person, anecdotal data that would assist the organization in further assessing its performance of this objective. NCS convened focus groups of several distinct customer groups that included relatives of those recently buried in national cemeteries, funeral directors, and members of various veterans' organizations. These sessions provided a record of the experiences, opinions, beliefs, attitudes, and perceptions of people who have recent or on-going contact with the national cemeteries. In FY 1995, focus groups were conducted in Southern California, New England, Chicago, and Houston with over 70 participants. The effort was ongoing at the end of the year.

Notable achievements during FY 1995 indicated NCS's efforts to continue to maintain these national shrines. During the 66th International Golf Course Conference in San Francisco, CA, for example, 200 golf course superintendents from around the world toured 5 prominent turfgrass and landscape sites in the San Francisco area. These sites were chosen as positive examples of organizations that successfully met the environmental and fiscal challenges involved in maintaining landscaped sites. Golden Gate National Cemetery was included with nationally recognized landscaped sites such as Golden Gate Park in San Francisco and Candlestick Park, home of the San Francisco Giants and the Super Bowl Champion '49ers.

Beverly National Cemetery in Beverly, NJ, received an Award of Merit from the Professional Grounds Management Society. The award for excellent grounds maintenance was co-sponsored by *Grounds Maintenance Magazine*. The cemetery staff provided photographs of the grounds and the crew at work along with a narrative describing the grounds maintenance program at the historic 130-year-old cemetery. The narrative highlighted an environmentally responsible turf program, a 2,000-tree leaf recycling program that helped to produce good quality soil, and establishment of perennial gardens throughout the cemetery.

It is the Department's intent to maintain existing cemeteries at the highest standards, and NCS will commission the new national cemeteries with the same intent. In dealings with the architectural/engineering firms designing the five new VA cemeteries, NCS is using new technologies to improve its work processes. Through the NCS Computer Aided Design (CAD) program, NCS held its first personal conference session with the firm designing the new cemetery in Albany, NY. NCS and the contractor were able to communicate one-on-one and simultaneously share the same CAD drawing residing on the architect's PC. Using a new program, NCS can now review and mark up a drawing on an office computer in Washington, DC, while the architects see everything being done at their offices. Changes and enhancements that previously took days can now be completed in minutes using this new conference technique.

Service to America's veterans in FY 1995 at NCS can also be measured through awards received for quality nationally and locally. In September 1995, in a special ceremony in Washington, DC, Calverton, and Willamette National Cemeteries were honored as

winners in the 4th Annual Robert W. Carey Quality Awards Program. Calverton was honored as the winner of the National Cemetery Category and Willamette as a finalist. The Carey Quality Award is named for the late Director of the Philadelphia, PA, VA Regional Office and Insurance Center, Robert W. Carey, who died in 1990 and pioneered total quality management within the Department. In FY 1995, for the first time, the national cemetery category was added to categories for health care, long-term health care, benefits services, support services, unified health care and benefits.

In August 1995, the Deputy Secretary presented VA *Scissors Award* plaques to three teams from NCS. The teams were recognized for their efforts to reinvent and streamline operations in support of the Administration's National Performance Review. The award recipients were from NCS Office of Operations Support and include the Information Systems Service, the Budget Division, and the Planning Division.

In addition to a VA *Scissors Award*, NCS Information Systems Service's Burial Operations Support System (BOSS) Team was a winner of the Vice President's *Hammer Award*. BOSS is an automated information management system designed to improve the processing of data associated with the thousands of burials conducted each year at VA national cemeteries. All 69 active cemeteries have BOSS on-line to handle the projected increase in veteran burials in our national cemeteries.

The Planning Division's Gravesite Reservation Team revamped a gravesite reservation program that was inefficient, time-consuming, and costly. The Budget Division's Automated System for Allotment Processing (ASAP) Team developed an automated system of processing transfers of funds to and between field facilities and VACO, eliminating costly postage, duplication, and fax expenses; and removing the need for paper files, associated filing costs, and storage requirements.

In a year of commemorative events around the world honoring World War II (WWII) veterans, VA national cemeteries received the honor of becoming WWII Commemorative Communities. In October 1994, in a Memorandum of Agreement signed by the Department of Defense's (DoD) 50th Anniversary of WWII Commemorative Committee and the Secretary of Veterans Affairs, each VA national cemetery was designated as a WWII Commemorative Community. DoD established commemorative communities to thank and honor the veterans of WWII and to help educate Americans about lessons learned and the history of what was perhaps the central event of the

20th century. NCS, the 3 area offices, and 81 national cemeteries were designated Commemorative Communities and received a kit consisting of a WWII Commemorative Flag, a Certificate of Designation, lapel pins, buttons, posters, brochures, fact sheets, the committee's newsletter, and periodic mailings and updated materials. These materials formed the basis of many public ceremonies honoring WWII veterans and educating the general public as to the contributions of America's veterans.

In FY 1995, the premier event in NCS was the September 2, 1995 *Victory Over Japan Day* (V-J Day) service at the National Memorial Cemetery of the Pacific. On the 50th anniversary of this momentous event, the President addressed an audience of more than 8,500 at the Punchbowl in Honolulu, HI. Accompanied by two WWII veterans, the President laid a wreath in honor of the veterans who served in that conflict. The Secretary of Veterans Affairs welcomed the President, as well as the thousands of veterans present, to the Punchbowl. Eighty-two wreaths were laid beside the Dedicatory Stone at the base of the steps of the Honolulu Memorial at the cemetery. Two hundred fifty-eight American flags flew in the cemetery's Avenue of Flags and more than 30,000 miniature flags were placed on individual gravesites. The memorial service concluded with a 21-gun artillery salute, echo taps, and a missing man formation flyover.

Earlier in FY 1995, the Nation commemorated the 50th Anniversary of VE Day, noting "Victory in Europe," the defeat of the Nazis. On May 6, the Secretary of Veterans Affairs gave the keynote speech at a VE Day WWII Commemoration Ceremony at Rock Island, IL, National Cemetery. An audience of more than 500 veterans, Boy Scouts, soldiers, community leaders, and local citizens attended. At an earlier Rock Island Arsenal Armed Forces Day awards ceremony, attended by nearly 1,500, the Secretary and a host of military leaders presented "Ruptured Duck" logo pins to more than 300 WWII veterans. The "Ruptured Duck" logo is based on the Honorable Service Lapel Pin issued to every WWII service member honorably discharged between September 1939 and December 1946.

Memorial Day 1995 was also a significant event at our national cemeteries. Thousands of veterans and family members as well as members of local veteran and community organizations gathered at many of VA's 114 national cemeteries, honoring Americans who gave their lives in service to their country. Many cemeteries lined their roads with American flags provided by families of deceased veterans as part of VA's "Avenue of Flags" tradition. From VACO,

17 national VA leaders highlighted programs at cemeteries throughout the country. Volunteers, including Boy Scouts and Girl Scouts, placed over a million miniature American flags at gravesites in national cemeteries. At Black Hills National Cemetery in South Dakota, more than 20,000 people visited the cemetery over the 3-day weekend. Two services were held there: the 17th Annual Native American ceremony early in the morning and a second service later in the day. At Massachusetts National Cemetery, 3,500 visitors witnessed the dedication of 3 new monuments and a flyover of F-15s; 3,000 attended at Fort Sam Houston National Cemetery where there were 70,000 gravesite flags and 169 flags in the Avenue of Flags. VA Under Secretary for Health was the keynote speaker at San Joaquin Valley National Cemetery in Northern California before 1,400 people who braved strong winds to attend. At Fort Custer National Cemetery in Michigan, 2,000 people listened to keynote speaker, VA Deputy Under Secretary for Health.

Reflecting NCS efforts to commemorate the 50th Anniversary of WWII, veterans and other citizens dedicated many new memorials during FY 1995. These memorials include:

- A ceremony dedicating a monument to the *U.S.S. St. Lo* at Fort Rosecrans, CA, National Cemetery. Several hundred *U.S.S. St. Lo* survivors and their family members attended the ceremony. The *U.S.S. St. Lo* was a U.S. Navy escort carrier sunk off the island of Samar on October 24, 1944, while screening the invasion fleet from attack by Japanese Naval Forces.
- A ceremony dedicating the *U.S.S. Ommaney Bay Memorial* at Fort Rosecrans, CA. Like the *U.S.S. St. Lo*, the *U.S.S. Ommaney Bay* was a U.S. Navy escort carrier sunk in the Sulu Sea off the Philippines on January 4, 1945, while screening the Luzon landings from attack by Japanese Naval Forces. The memorials to the two escort carriers joined a similar monument dedicated to the *U.S.S. Wasp*, sunk near Guadalcanal in 1942.
- Fifty years after the Battle of Iwo Jima, members of the 4th Marine Division Association traveled to Beaufort, SC, National Cemetery to dedicate a monument to the Marines lost in all wars. Men of the 4th Marine Division along with the 3rd and 5th Marine Divisions invaded Iwo Jima in February 1945. Beaufort is also home to the Marine Corps Recruit Depot at Parris Island.
- The Chattanooga Area Veterans Council dedicated a monument to all Women Veterans of WWII at Chattanooga, TN, National Cemetery in November 1994. The inscription on the monument reads, "Women of World War II - In honor of women who served in all branches of service, the American Red Cross, and all government positions all over the world. Your country honors you for your service."

While the 50th Anniversary events focused much attention on WWII veterans, veterans of other conflicts were recognized with significant events at many national cemeteries.

- In April 1995, relatives of Korean War veterans turned the first symbolic shovels of dirt for a Korean War Memorial to be placed at Willamette, OR, National Cemetery. The memorial will be dedicated to 277 Oregon men killed in the Korean War between 1950 and 1953. The memorial will be a three-walled granite alcove situated on the eastern slope of the cemetery. The Portland, OR, based veterans organization, "The Chosin Few," collected donations for three years to finance the construction cost.
- In April 1995, the Chattanooga National Cemetery "Circle of Honor" received a monument dedicated to all former prisoners of war and those still missing in action. The Chattanooga Chapter of the American Ex-Prisoners of War Association sponsored the program.
- The Disabled American Veterans added a memorial plaque to the National Memorial Cemetery of the Pacific's (NMCP) Memorial Walk in memory of all disabled veterans. A second plaque dedication at the historic cemetery was sponsored by the National Guard Association of the U.S., the National Guard Bureau, and the Hawaii National Guard. For both services, NMCP's Avenue of Flags and individual gravesite flags were on display, taps was played, and three-round volleys were fired.
- The 1st Marine Division Association, Maryland Chapter, dedicated a monument along the Marine Memorial Pathway at Baltimore, MD, National Cemetery. Marines from the Marine Barracks, Washington, DC, provided the color guard, and music was supplied by the U.S. Marine Corps Regimental Band from Quantico, VA. Adding to the program was the donation and dedication of a 35-foot flagpole to fly the Marine Corps flag over

the Memorial Pathway. The 1st Marine Division played a prominent role in World War II, Korea, and Vietnam.

NCS services were provided by approximately 1,170 full-time employees devoted to field activities in FY 1995 and 81 assigned to the Office of Memorial

Programs for the provision of headstones, markers, and Presidential Memorial Certificates. An estimated sum of \$57,502,000 supported field activities and \$3,391,000 was devoted to the activities of the Office of Memorial Programs.



This new **VA Medical Center** in Detroit, MI, will be completed in the spring of FY 1996. The acute care and most outpatient services currently at Allen Park, MI, VA Medical Center will be relocated to this new facility. It will include 432 medical, surgical, psychiatric, nursing home, and intermediate medicine beds, and dialysis stations.

Administration and Management

Office of Inspector General

Under the authority prescribed by the Inspector General Act of 1978 (Public Law 95-452), as amended, the Inspector General is responsible for (1) conducting and supervising audits, investigations, and health care inspections; (2) making recommendations designed to promote economy, efficiency, and effectiveness in the administration of the programs and operations of the Department; (3) detecting and preventing fraud and abuse associated with Department activities; and (4) keeping the Secretary and the Congress fully informed about problems and deficiencies in VA programs and operations and the need for corrective action concerning such problems and abuses.

The following chart highlights the statistical accomplishments of the Office of Inspector General (OIG) for FY 1995:

OIG Statistical Highlights

Item	FY 1995
Investigations:	
Cases Closed	338
Convictions and Administrative Actions	321
Dollar Recoveries/Savings (millions)	\$ 19
Audits:	
Reports Issued	64
Potential Monetary Benefits (millions)	\$ 410
Health Care Inspections:	
Reports Issued	25
Reports Agreed to by Management	24
Hotline and Special Inquiries:	
Cases Closed	772
Cases Substantiated	205
Contract Reviews:	
Reviews Completed	13
Dollar Recoveries (millions)	\$ 23

Investigations

During FY 1995, OIG devoted a significant portion of its resources addressing allegations involving health care, drug controls, procurement, and employee integrity. Investigative resources also responded to

allegations concerning VA's benefits program, including fiduciaries and loan guaranty.

The following are examples of investigations completed during FY 1995:

- Over 30 investigations were conducted involving the theft and diversion of VA-controlled drugs. In one particular case, the OIG, jointly with VHA, initiated a specialized investigative regional task force to address drug-related issues and other crimes at VA medical centers in the New York City area. This effort resulted in the arrest of 35 individuals for criminal misconduct, including several VA employees.
- Over 90 cases were investigated in the areas of product substitution, defective pricing, construction contract fraud, and anti-trust violations. One major construction fraud investigation concluded with the conviction of four contractors and two VA engineering service employees for giving and accepting bribes in exchange for the award of contracts at a VA medical center.
- A series of employee integrity-related investigations resulted in the indictment and conviction of VA employees involved in illegal activities. For example, a former chief of fiscal service at a VA medical center was sentenced to 40 months' imprisonment, supervised release for 3 years, ordered to pay for the cost of the incarceration, restitution to VA in the amount of \$386,864, and a fine of \$7,500. The employee devised a scheme to falsify invoices and vouchers in order to receive over \$400,000, which was converted to personal use.
- An investigation involving benefits fraud resulted in two former Board of Veterans' Appeals attorneys being individually sentenced to 15 months' imprisonment and ordered to pay over \$62,000 in restitution to VA. The attorneys

pleaded guilty to altering and destroying documents in veterans' claim files. The alterations and destructions allowed the attorneys to remand the file to the local VA regional office without having to write a legal opinion as to the merit of the veterans' claims. Some of the veterans affected by these actions were former POWs and other decorated heros.

- In another benefits fraud-related case, four individuals, including three veterans' service officers, were indicted for engaging in a scheme to defraud VA. The individuals were involved in filing false medical claims on behalf of poor veterans and retaining between 50 and 75 percent of the inflated claims. It is estimated that these individuals netted about \$1 million as a result of this illegal scheme. Investigative work also uncovered several instances where fiduciaries defrauded incompetent veterans. For example, a fiduciary pleaded guilty to embezzling, for his own personal use, over \$100,000 from an incompetent veteran's account.
- An investigation in the VA loan guaranty program disclosed that veteran buyers were directed by real estate companies to misrepresent their incomes, debts, and number of dependents in order to qualify for VA-guaranteed mortgages for which they otherwise would not be qualified. As a result of this investigation, one of the nation's largest bank-holding companies paid \$6.3 million to settle claims involving 155 VA-guaranteed mortgages that went into default, bringing the total settlements for similar investigations to \$13.2 million.

Audit

During FY 1995, the Office of Audit conducted program and financial audits, reviews, and evaluations in accordance with OIG strategic and annual operating plans. Audit projects were designed to provide information and recommendations that would enhance the delivery of benefits to the Department's beneficiaries and improve the use of appropriated funds. The projects resulted in positive and significant impact on a variety of Department activities. The OIG audit efforts had an effect on improving and strengthening the operations of the Department, which are as follows:

- **Health Care** – OIG issued several significant health care-related audit reports in FY 1995. Assessments of VHA's surgical and nursing home

care programs summarized several years of audits and revealed effective implementation of OIG recommendations such as improved supervision of surgical residents, better oversight of surgical complications, realignment of surgical activities, and improved controls over community nursing home care and contracting. Further, the surgery audit showed that operating efficiencies estimated at \$119 million can be achieved in the surgical program.

An audit of payments for fee-basis treatments found that costs could be reduced by \$29 million for inpatient and outpatient treatment by adopting Medicare fee schedules. A follow-up review revealed that VA took actions in response to previous audit recommendations to improve contracting of scarce medical services in order to realize \$14 million in cost efficiencies. Another audit was to evaluate the equity of the distribution of physician resources among VA medical centers (VAMC), which disclosed the opportunity to reallocate approximately \$180 million in physician staffing resources.

- **Veterans Benefits** – Audits of benefits programs were conducted to help VBA reduce operating costs and enhance service delivery. These audits are as follows: (1) the audit of appeals processing resulted in comprehensive recommendations to reduce claims processing by approximately 70 days; (2) an audit of beneficiaries receiving Medicaid-sponsored nursing home care identified an opportunity to avoid an estimated \$1.2 million annually by reducing pensions at eight regional offices; (3) a review of compensation and pension overpayments identified approximately \$5 million in annual payments that could be saved by modifying existing due process procedures; (4) an audit of the establishment of accounts receivable for compensation and pension benefit overpayment cases identified an estimated \$13.1 million could be recovered; and (5) two audits in the loan guaranty program identified approximately \$7.7 million per year that could be saved by self-insuring against title defects instead of acquiring title insurance policies and \$6.7 million in cost avoidance by better monitoring claims involving mortgage interest.
- **Acquisition and Construction** – Audits of VA's acquisition and construction program identified opportunities for improved effectiveness, efficiency, and economy of programs and operations. A review of operating supplies at

8 VAMCs identified approximately \$12.8 million in excess supplies that need to be used before future purchases are made. An audit of the medical supply acquisition and distribution systems supported several VA initiatives and provided several recommendations to use VA's vast buying power in centralized contracting. An audit of VA's major medical equipment acquisition process resulted in recommendations to replace the current major equipment priority process with a simplified, decentralized process along with providing guidance to aggressively "market" sharing and joint acquisitions of equipment. Another audit identified opportunities to increase sharing and reduce operating costs by approximately \$3 million through the utilization of Medicare rates for contracting. An audit of construction at a medical center identified general mismanagement, poor quality, and unnecessarily incurred costs of \$4.4 million involving additional redesign, construction, and repair.

- **Financial Management** – The Office of Audit continued to implement the audit provisions of the Chief Financial Officers' Act by completing its fifth annual audit of the Department's Consolidated Financial Statements for the fiscal years ended September 30, 1993, and 1994. The audit opinion was qualified and recommendations were made to assist the Chief Financial Officer in identifying the steps necessary to remove the qualifications. In addition to the audit report, IG issued management letters that provided observations and advice for improving accounting in day-to-day operations and for controlling and protecting assets. An audit of year-end open obligations identified \$166.5 million that should have been canceled and the funds used to meet current needs. A Congressionally-requested audit of the General Post Fund identified opportunities to improve management control and recommended that policy be revised to implement legislation that allows the use of general post funds for services and assistance to veterans (e.g., homeless) outside of medical centers. An audit of selected aspects of the medical care cost recovery program concluded that first party collections could be increased by \$6.5 million annually.
- **Information Resources Management** – Audits of VA's information resources management identified opportunities for improvement in VA data systems development and security. An audit of the Hybrid Open Systems Technology program resulted in recommendations to improve the

utilization of the \$11 million obligated for evaluating commercial off-the-shelf software for medical centers. An audit of the electronic data interchange implementation identified the potential to streamline key business functions and expand the annual processing of over 1.5 million purchase orders and 1.4 million invoice transactions valued at \$1.6 billion. An audit of security at an ADP center identified a control weakness that left the center vulnerable to unauthorized access, inappropriate disclosure of information, and destruction of data.

- **Interagency Audits** – The Office of Audit was the lead element in an initiative by the President's Council on Integrity and Efficiency to evaluate Federal credit management and non-tax debt collection issues throughout the Federal Government. The audit concluded that approximately \$236 billion in total non-tax debts were owed the Federal Government of which \$45 billion was delinquent (bad loans, overpayments, uncollected fees). The report resulted in the development of a legislative proposal by the Office of Management and Budget to improve Federal debt management.

Health Care Inspections

The Office of Healthcare Inspections (OHI) conducted evaluations of quality assurance and patient care issues in VHA's major medical treatment programs. Inspectors found that patient representative services in VAMCs were functioning reasonably well but recommended actions that managers could take to make patient representative programs more effective in addressing patients' and their families' concerns about aspects of their treatment. These actions ensure that medical center employees are more responsive and sensitive to their customers' needs and improve overall services to veterans.

An inspection of 500 patients who were designated as acutely ill in 25 VAMCs found that managers needed to reorient treatment resources in order to provide adequate but less costly care to about 30 percent of the patients who were occupying acute care beds but were not acutely ill. In addition, OHI developed and implemented a quality program assistance review process in which inspection teams assess VAMCs' progress in facilitating veterans' access to high quality care at the least possible cost. This program is focused on providing consultative assistance to VAMCs functioning competitively in a free market health care system.

In FY 1995, OHI conducted 58 inspections resulting from Hotline contacts concerning the quality of care provided to individual veteran patients at 49 VAMCs. Many of these inspections were requested by Members of Congress, the Secretary, veterans, or family members of veterans who received care in VA facilities.

Hotline and Special Inquiries

During FY 1995, the OIG Hotline received 18,000 contacts. The majority of these contacts were from veterans and their families seeking information concerning health care and other VA benefits. For example, many veterans contacted the Hotline regarding the status of their claims for pension or disability compensation. In these instances, the Hotline staff either looked personally into the veterans' concerns or the case was forwarded to the appropriate VBA regional office for review.

The Hotline opened 650 formal cases during FY 1995. While many of these cases were forwarded to the Department for review and response back to the OIG, the more significant, high profile cases were performed in-house by IG Special Inquiries staff. Most of the Hotline cases involved allegations of poor medical care, excessive delays in claims processing, mismanagement, abuse of government equipment and facilities, and inappropriate expenditures. Most of the special inquiries performed by the OIG addressed allegations of potential ethics and other employee misconduct violations by VA officials. Other inquiries dealt with sensitive issues such as the alleged cover-up of an increase in deaths at the Columbia, MO, VAMC.

About 27 percent of the 750 Hotline cases closed during FY 1995 involved allegations that were substantiated. Administrative sanctions and procedural corrections were taken to resolve most of the Hotline issues whereas special inquiry efforts resulted in disciplinary actions against VA officials and reimbursements to the Government. Collectively, special inquiries and Hotline cases served to enhance management and monitoring of the quality of health care to veterans and provided increased assurance that government officials are held accountable for their actions.

Contract Reviews and Evaluations

The OIG conducts pre-award reviews, drug pricing reviews, and post-award audits of VA's Federal Supply Schedule contracts for health care supplies,

equipment, and pharmaceuticals. The purpose of these reviews is to assist VA contracting officers in ensuring that negotiated prices are fair and reasonable. These reviews are also aimed at recovering overcharges where contract prices to VA are inflated due to the contractor supplying defective pricing data to the VA contracting officer.

In FY 1995, contract dollar recoveries totaled \$23 million, based on overcharges identified in drug pricing reviews and post-award audits. These recoveries reflect the Office of Acquisition and Materiel Management, the Veterans Health Administration, the Office of General Counsel, and the OIG working together as a team to produce these results. Potential dollar recoveries associated with ongoing work amount to about \$50 million.

Since the inception two years ago of the intensified contract review program, VA has witnessed a dramatic increase in contractors' voluntarily disclosing that they have overcharged VA on contracts. Contract reviews of these voluntary disclosures have confirmed proposed refund amounts and, in some cases, resulted in refunds above the disclosed amounts.

Office of the General Counsel

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

OGC Reorganization

The Office of Regulations Management became fully operational at the beginning of FY 1995. This office, which has significant involvement in all VA proposed and final regulations, conducts a VA-wide tracking system and assists VA offices in drafting and promulgating regulations in accordance with the Administrative Procedures Act and other procedural authorities. This has caused VA to put more thinking into the rule-making process and to produce clearer regulations. This office also provided substantial input regarding the review of regulations under the White House National Performance Review Initiative.

OGC's field facilities underwent a significant reorganization. In an effort to consolidate administrative functions and to improve the OGC supervisor/employee ratio, 52 District Counsel offices were combined into 23 Regional Counsel offices. It is

anticipated that this change will have no effect on the ability of OGC to provide all necessary legal support for VA field facilities.

Court of Veterans Appeals

OGC continued to directly represent the Secretary in all cases litigated in the United States Court of Veterans Appeals (CVA). The Court docketed approximately 1,400 new cases in FY 1995, including appeals from decisions of the Board of Veterans' Appeals, petitions for extraordinary relief, and applications for payment of attorney fees and expenses under the *Equal Access to Justice Act* (EAJA).

Under authority delegated by the Secretary, OGC continued to settle appropriate CVA cases, thereby conserving both VA and Court resources and reducing the litigative backlog. In addition to entering into joint motions for remand with appellants in cases where additional adjudicative actions are necessary in order to resolve issues presented in appeals, OGC concluded litigation through direct settlement in approximately 250 cases in FY 1995, including appeals on the merits and EAJA applications.

Cooperation continued with the Veterans Consortium Pro Bono Program, an organization funded by Congress to assist the Court in placing unrepresented appellants with qualified attorneys. An appellant is better able to articulate his or her case to the Court when there is counsel assisting the appellant. OGC provides facilities and support services for Consortium case reviewers. As in the previous year, approximately 200 appellants were offered attorney representation by the Consortium in FY 1995.

OGC also continued to provide support to the Department of Justice (DoJ) in representing the Secretary in appeals from decisions of the CVA to the U.S. Court of Appeals for the Federal Circuit, and in one case, an appeal taken to the U.S. Supreme Court. OGC attorneys undertake major responsibility in writing briefs and in preparing and accompanying DoJ lawyers for oral arguments before those courts. Among the significant principles of law enunciated and/or reaffirmed by the Federal Circuit Court were: (1) review under the *Veterans' Judicial Review Act* is available only where the Notice of Disagreement (NOD) which initiated the underlying appeal to the BVA was filed on or after November 18, 1988, and the raising of new issues during VA appellate proceedings cannot overcome lack of CVA jurisdiction due to a pre-November 18, 1988 NOD; (2) the CVA has no jurisdiction under the *Declaratory Judgments Act*, and an attorney must seek review by the BVA before

going to court to challenge the Secretary's refusal to pay a veteran's legal fees out of his benefits award; (3) the *Federal Courts Administration Act of 1992* makes the EAJA applicable to CVA cases pending, on the merits or otherwise, on the date of enactment of that Act; and (4) the CVA's factual determinations as to both the merits of veterans' claims and the merits of EAJA applications are not reviewable by the Federal Circuit. The OGC also assisted in prompting the Federal Circuit to deny a petition challenging the Secretary's decision not to presume service-connected forms of cancer suffered by herbicide-exposed veterans.

In another major case (*Brown v. Gardner*), the Supreme Court affirmed decisions of the Federal Circuit and CVA which had invalidated a 60-year-old interpretation of 38 U.S.C. § 1151. Reviewing a regulation requiring a showing of negligence or accident in the provision of VA medical care in order for compensation to be payable for nonservice-connected disability arising in conjunction with such care, the Supreme Court held VA's interpretation to be inconsistent with the statute, which on its face contains no requirement of fault. OGC then worked to ensure that appropriate conforming amendments were promptly made in VA's long-standing regulations providing otherwise.

Medical Care Issues

OGC was active in developing and drafting legislation which would reform the laws governing eligibility for VA health-care benefits. This "eligibility reform" proposal was submitted to Congress as part of a larger piece of legislation aimed at implementing all of the Department's 1995 "Reinventing Government" initiatives. The major feature of the eligibility reform measure is the elimination of current rules which severely limit VA's ability to furnish many veterans with needed outpatient care. It would allow eligible veterans to receive the care they need in the most appropriate setting whether that is hospital care, nursing home care, or outpatient services.

OGC also provided counsel to the Veterans Health Administration (VHA) in the development of its reorganization plan which resulted in the implementation of Veterans Integrated Service Networks (VISNs). The Office prepared draft legislation to facilitate reorganization of the Central Office Staff of the Veterans Health Administration.

Home Loan Guaranty Issues

The United States Courts of Appeals for the Seventh and Eighth Circuits have affirmed decisions on

remand by Federal district courts in Wisconsin (*United States v. Davis*) and Minnesota (*Vail v. Brown*) which upheld the validity of debts to VA following the foreclosure of guaranteed housing loans. These class actions, filed in 1989 and 1990, respectively, challenged VA's right to assess these debts. In 1992, the appellate courts upheld the VA regulation establishing loan debts, but the cases were remanded to district court to determine other legal issues. On remand, both lower courts ruled in VA's favor on all material issues. Those decisions have now been affirmed on appeal. In mid-FY 1995, the Supreme Court declined to review both of these cases.

Vocational Rehabilitation

In March 1995, the Court of Veterans Appeals invalidated VA regulations that based a veteran's entitlement to vocational rehabilitation services under chapter 31 on finding that the veteran's service-connected disability materially contributed to employment handicap (*Davenport v. Brown*). The Court found that neither the language nor legislative history of the statute governing chapter 31 entitlement revealed that Congress intended to require a linkage between a veteran's service-connected disability and employment handicap and that VA lacked authority to impose such a requirement by regulation. As a result of this decision, which was not appealed, a veteran with at least a 10 percent service-connected disability rating may be entitled to chapter 31 benefits if the veteran also is found to have an impairment (or serious impairment) to employment, whether from service-connected or completely nonservice-connected causes, that has not been overcome by prior-developed skills.

Personnel and Labor Relations Issues

OGC was involved actively in working with the VA National Partnership Council, which cooperatively addressed a myriad of labor relations issues. VA created the Council together with its Union partners pursuant to President Clinton's Executive Order No. 12871. The Executive Order expanded the scope of representation functions of employee Unions. Also, Unions and VA management addressed successfully several issues on a cooperative, as opposed to an adversarial, basis.

OGC was an active participant on the VA management team which is negotiating Master Labor Agreements with AFGE. One of the agreements will be the first to cover Title 38 medical professionals

since Congress extended to them limited collective bargaining in Public Law 102-40.

Board of Veterans' Appeals

The Board of Veterans' Appeals (BVA or the Board) was established under 38 U.S.C., chapter 71, to render the final decision for the Secretary on all appeals for entitlement to benefits administered by the Department of Veterans Affairs. BVA is also responsible for deciding matters concerning fees charged by attorneys and agents for representation before the Department under 38 U.S.C. § 5904. The Board's mission is to decide cases on a timely and consistent basis and to issue quality decisions in compliance with the requirements of the law, including the precedential decisions of the United States Court of Veterans' Appeals (the Court). The Board is administered and supervised by its Chairman, who is appointed by the President of the United States and confirmed by the Senate and is directly responsible to the Secretary of Veterans Affairs. The Vice Chairman, Deputy Vice Chairmen, and other members of the Board are appointed by the Secretary. Each of these appointments is approved by the President. The Board also includes staff counsel and administrative personnel.

During FY 1995, BVA produced a total of 28,195 decisions. This figure represents a 27.9 percent increase over FY 1994 and the first increase in annual appellate decisions since FY 1990. The reversal of the trend of fewer Board decisions issued in each of the last two years is primarily a result of a legislative change in the latter part of FY 1994 that authorized decisions to be made by individual Board members rather than by three-member panels. Numerous administrative changes in FY 1995 also contributed to increased BVA productivity.

Chart 1. Annual Appellate Decisions

Fiscal Year	Appellate Decisions
1990	46,556
1991	45,308
1992	33,483
1993	26,400
1994	22,045
1995	28,195

The 13,402 cases returned to VA regional offices for re-evaluation and re-adjudication represented 47.5 percent of BVA's decisions in FY 1995. VA's "duty to assist" the claimant under 38 U.S.C. § 5907 and the immediate applicability of Court decisions to all other cases in the process of adjudicative or

appellate review continues to contribute significantly to the Board's high remand rate. (See Chart 2.)

Chart 2. Remands

Fiscal Year	Remands
1991	29.7 %
1992	50.5 %
1993	44.0 %
1994	48.3 %
1995	47.5 %

The accompanying chart shows the disposition of the Board's FY 1995 decisions by category of appeal. (See Chart 3.)

Chart 3. Disposition of Appellate Decisions by Category of Appeal

Appellate Category	Total	Allowed	Remanded	Denied	Other
Disability compensation	23,566	4,759	11,323	5,116	2,368
Disability pension	1,268	162	750	289	67
Medical	360	58	149	107	46
Insurance	36	2	8	25	1
Death	1,444	159	560	384	341
Training	201	7	83	103	8
Waivers	573	114	296	141	22
Loan guaranty	295	89	101	97	8
Reconsiderations	134	61	49	18	6
Character of discharge	47	7	11	26	3
Miscellaneous	271	73	72	101	25
Totals	28,195	5,491	13,402	6,407	2,895

Personal hearings, which had been suspended since May 1, 1994, were resumed on a limited basis in January 1995 at the Board's Washington, DC, office. In March 1995, routine hearing scheduling was resumed. Hearings held at VAROs resumed in July and numbered 553 in FY 1995, while 154 were held in Washington, DC. In July 1995, as recommended by the Select Panel on Productivity Improvement for the Board of Veterans' Appeals in FY 1994, the Board began a pilot project to test the use of video-conferencing to conduct personal hearings. Forty-one video-conferenced hearings were held between Board members in Washington, DC, and appellants located at the St. Petersburg, FL, VARO. Video-conferenced hearings afford appellants the opportunity for BVA hearings without the expense of traveling to Washington, DC, and without waiting for a Board member to travel to ROs, which might occur only once or twice a year. Video-conferencing is not expected to affect the total number of Board hearings held, but should enhance productivity by reducing travel time for Board members.

In cases in which a formal hearing is not practicable, argument may be submitted to the Board. For

decisions entered in FY 1995, 87.3 percent (87.0 percent in FY 1994) had representation by one of the accredited veterans service organizations (VSOs), 3.2 percent (4.0 percent in FY 1994) had representation by an attorney or agent, and 9.5 percent (9.0 percent in FY 1993) had no representation.

Decisions of the Court of Veterans' Appeals require that the Board base its determinations on medical evidence in the record rather than on the expertise of the Board member rendering the decision. The Board seeks advisory medical opinions from VA sources, including the Under Secretary for Health as well as from the Armed Forces Institute of Pathology and independent medical experts, who usually serve on the faculties of leading medical schools. In FY 1995, the Board requested 379 opinions from independent medical experts under 38 U.S.C. § 7109. In FY 1994, 159 such opinions were requested. The following chart shows the medical specialties covered by these opinions. (See Chart 4.)

Chart 4. Medical Opinions Requested from Experts External to VA

Medical Specialty	Number of Advisory Opinions Requested	
	FY 1994	FY 1995
All Specialties:	159	379
Number requested for		
Appellate consideration	150	366
Reconsideration	9	13
Internal Medicine:		
General	5	14
Cardiovascular	27	68
Gastroenterology	4	17
Pulmonary diseases	14	34
Surgery:		
General	1	1
Orthopedic	24	71
Thoracic	1	1
Otolaryngology & Ophthalmology	9	16
Psychiatry	24	65
Neurology (medical and/or surgical)	24	39
Pathology (medical and/or surgical)	3	5
Other	23	48

BVA's most common used timeliness measure for processing appeals is "response time" -- the time it will take to issue a decision for a new appeal entering the system. Modest improvement in response time was made in FY 1995. As was the case with the number of Board decisions issued, the improvement in response time is primarily the result of issuing decisions made by individual Board members rather than by panels of members. Factors contributing to the increase in response time for several years prior to FY 1995, and limiting the improvement realized in FY 1995, include frequent changes in the law; greater evidentiary

development, as required by the Department's "duty to assist" the claimant; compliance with Court directives; procurement of medical opinions and increased medical research by the Board and its staff; and requirements of more formal Rules of Practice.

The accompanying chart shows a reduction in response time for the first time since FY 1991. (See Chart 5.)

Chart 5. Average BVA Response Time

Fiscal Year	Response Time (Days)
1991	139
1992	240
1993	466
1994	781
1995	763

The Board has continued its efforts to improve efficiency through increased office automation and expansion of its extensive library of on-line research tools. The decision text CD-ROM (Compact Disc-Read Only Memory) installed on the Board's computer network was updated to contain the full text of all Board decisions issued in 1992 through 1994. This CD-ROM was provided to all VAROs and made available for purchase by the public from the Government Printing Office. Numerous other legal references, including indexes providing citations to documents, full texts of opinions, memoranda, and reference documents that address specific subject matters, were added to the Board's expanding computer-assisted research capability.

The project to replace BVA's Veterans' Appeals Control and Locator System (VACOLS), began in FY 1993, and designed to operate in the Nationwide Office Automation for the Department of Veterans Affairs (NOAVA) computer environment, was completed. This system will greatly improve the efficiency of case tracking and information management.

The Secretary is required by 38 U.S.C. § 7101(c)(2)¹ to report, in terms of full-time employee equivalents (FTE), the number of acting Board members designated under 38 U.S.C. § 7102(c)(1)(A) during the preceding year. Two physicians served as acting Board members from time to time during FY 1995, for a total of 0.42 FTE. No attorneys served as acting Board members. Thus, the total FTE of acting Board members in FY 1995 was 0.42 FTE. The Board uses a system of written designations of acting Board members by the Chairman to ensure adherence to the

statutory requirements regarding the use of acting Board members.

Many of the appeals that the Board must decide include numerous independent or intertwined issues. The complexity of many appeals, especially multiple issue appeals, coupled with the more stringent requirements necessitated by judicial review require a level of proficiency by Board attorneys that can only be acquired through years of experience. During FY 1995, two Board members left the service of the Board to accept comparable positions as Administrative Law Judges (ALJs) at other government agencies. Pay equity between Board members and ALJs was established in November 1994. However, the Board members who accepted ALJ postings in FY 1995 applied for those positions prior to the attainment of pay comparability for Board members or sought the relocation opportunities those positions afforded.

BVA continued its active participation in VA's program to improve customer satisfaction. In addition to publishing customer service standards, the Board instituted several procedures to help appellants understand the appeal system. The Board now notifies appellants in writing when their appeals are placed on the docket and informs them how long it will take before their cases are likely to be decided. In addition to the Board's customer service standards pamphlet, the Board now provides each appellant a copy of the pamphlet, *Understanding the Appeal Process*, that answers many common questions in clear, straightforward language. Additionally, the Board also provides appellants a telephone number they can call to learn the status of their appeals at any time.

The organizational structure of the Board was realigned in FY 1995 to provide, for the first time, a platform for management based on the current realities of BVA's mission. Previously, statute or regulation dictated that BVA be organized into sections, each led by three Board members who decided cases as panels. The Board's 21 sections were replaced by 4 decision teams, each staffed with essentially all of the administrative support necessary to process appeals, including the preparation, review, and approval of Board decisions, and the scheduling and conduct of personal hearings. Additionally, each decision team was aligned with specific regional offices to improve communication, continuity, and familiarity between the operating units of the Board and the Veterans Benefits Administration. The realignment reduces administrative overhead and increases the number of Board members and attorneys involved in the production of decisions.

¹ Included in compliance with 38 U.S.C. § 7101(c)(2).

Board of Contract Appeals

The VA Board of Contract Appeals is an independent staff office which consists of six Administrative Judges, a Hearing Examiner, a law clerk, and other necessary support staff. The Board was established on March 1, 1979, pursuant to the *Contract Disputes Act of 1978*, to consider disputes between contracting officers and Federal contractors in connection with VA construction, supply, and service contracts.

The bulk of the Board's caseload concerns disputes arising from the construction or renovation of VA hospitals, nursing homes, and outpatient clinics. Additional activity arises from contracts for the procurement of drugs, computers, and other necessary supplies and services for the VA. The Board's jurisdiction includes applications for attorney fees and expenses under the *Equal Access to Justice Act*.

Proceedings before the Board are adversarial in nature, and on the record, with witnesses under oath and subject to cross examination. The hearings are conducted under rules and procedures comparable to those of the U.S. Court of Federal Claims and to those used by Federal District Courts in non-jury, civil cases. The Board issues written decisions consisting of detailed findings of fact and conclusions of law which are published and available from a number of commercial sources. More informal and rapid procedures are available to contractors with small claims, many of whom appear personally and without attorneys before the Board. Hearings are held in Washington or at various locations throughout the United States where the disputed contracts were performed. Board decisions are final within the Department but may be appealed by either the contractor or the VA to the United States Court of Appeals for the Federal Circuit.

Board members also serve as triers of disputed facts in Department debarment/suspension proceedings. Pursuant to the *Administrative Dispute Resolution Act (ADR)*, the Chairman of the Board was designated by the Secretary as the senior Department official to promote ADR techniques within the VA. During FY 1995, ADR was employed in an increasing number of cases pending before the Board. Finally, the Board is charged with resolving disputes between drug manufacturers and the Secretary with regard to the Pharmaceutical Pricing Agreement's provisions of the *Veterans Health Care Act of 1992*.

The Board received 246 new appeals and disposed of 656 appeals during FY 1995. At the close of the fiscal year, there were 158 cases pending.

Office of Small and Disadvantaged Business Utilization

The Office of Small and Disadvantaged Business Utilization (OSDBU) serves as the Department's advocate for the participation of small, small disadvantaged, veteran-owned, minority-owned, and women-owned businesses, and acts as an advocate for labor surplus area concerns in VA contracts and subcontracts.

On March 10, 1994, the Secretary established a Departmental goal of 7 percent of total procurement to small disadvantaged businesses and a 3 percent goal for women-owned small businesses. In FY 1994, VA achieved 6.4 percent towards the 7 percent goal and achieved 3.8 percent in awards to women-owned small businesses. For FY 1995, the Secretary established a goal of 9 percent of awards to small disadvantaged businesses and a 6 percent goal of awards to women-owned small businesses. The Secretary, for the first time, established an 8 percent goal for veteran-owned small businesses. Preliminary statistics show awards to small disadvantaged businesses of 7.5 percent, 4.5 percent to women-owned small businesses, and 5 percent to veteran-owned small businesses.

A Task Force, established to identify new ideas for increasing awards to small disadvantaged businesses, recommended increased training at the facility level. As a result, OSDBU targeted 37 VA medical centers (VAMC) for training in FY 1995. Meetings and training sessions were held at VAMCs with the staff directors, service chiefs, and with outside organizations. The focus was to increase participation in VA acquisitions by small businesses in those geographic areas. On the basis of preliminary findings, many of the 37 facilities increased the number of contracts awarded to small, small disadvantaged, veteran- and women-owned businesses in FY 1995.

In FY 1995, VA co-sponsored with the U.S. Small Business Administration two *Veterans in Business Opportunity Conferences* in Monterey, CA, and Phoenix, AZ. The conferences provided information on business opportunities with VA and other Government agencies for veterans currently in business or planning to establish a business. OSDBU continues to offer a *Handbook for Veterans in Business* which provides an introduction to Government contracting procedures and programs, including a brief summary of goods and services purchased by VA for use by veteran-owned firms wishing to do business with VA.

For the eighth consecutive year, VA prime contract awards to small and small disadvantaged businesses exceeded \$1 billion. This represents 41 percent of all procurements. VA also exceeded all socioeconomic goal categories negotiated with the Small Business Administration.

To assist firms that want to do business with VA, OSDBU developed and published a FY 1995 forecast of marketing opportunities with VA contracting activities. The forecast provides information regarding what we buy, where we buy, when we buy, and who to contact for assistance. This publication is a valuable tool to those seeking to do business with VA.

The Socioeconomic Achievement Awards program continues to provide an incentive to VA acquisition activities to increase awards to small and small disadvantaged businesses. VA contracting activities were recognized for superior procurement preference goal accomplishments. First place winners in FY 1994 were VAMCs Newington, CT (small business); Muskogee, OK (minority-owned business); Canandaigua, NY (8(a)); Muskogee, OK (women-owned business); Canandaigua, NY (veteran-owned business); Salisbury, NC (Vietnam era veteran-owned business); and Knoxville, IA (disabled veteran-owned business). Each of these facilities was awarded a Secretary's plaque. Second and third place winners were recognized with a Secretary's Certificate of Commendation. FY 1995 winners will be announced in April 1996.

An additional 15 facilities received recognition awards for meeting or exceeding their socioeconomic goals. These facilities were Amarillo, TX; Anchorage, AK; Austin, TX; Biloxi, MS; Boston, MA; El Paso, TX; Fayetteville, AR; Ft. Lyon, CO; Montrose, NY; Newington, CT; New Orleans, LA; Shreveport, LA; Sioux Falls, SD; Tomah, WI; and Washington, DC.

Center for Minority Veterans

The Center for Minority Veterans was established under Public Law 103-446 on November 2, 1994, replacing the Chief Minority Affairs Officer position established under an earlier law. The organization is tasked to be a Center for excellence, ensuring that the Department of Veterans Affairs addresses the unique circumstances and special needs of all veterans but focuses on those veterans who are African American, Asian American, Hispanic American, Native American (to include Alaskan Native, Native Hawaiian, and Native Indians), or Pacific Island American. The Center serves as the principal adviser to the Secretary

of Veterans Affairs on adopting and implementing policies, benefits, programs, regulations, and outreach efforts affecting minority veterans. The Center for Minority Veterans (1) promotes the use of veterans' benefits by minority veterans; (2) serves as a clearing house for the exchange of information regarding demographic data; (3) encourages innovative and successful programs that enhance services for minority veterans; and (4) conducts outreach activities.

In FY 1995, the first Director of the Center was named and the infrastructure was established to ensure that the Center could accomplish its mandated goals. The Center established a cadre of Minority Veteran Program Coordinators (MVPC) at over 300 VA facilities throughout the United States and Puerto Rico. These MVPCs are primarily responsible for developing effective outreach programs to reach minority veteran communities. They will also serve as the communication link between the local VA facility and VA Central Office, reporting on their facilities' accomplishments, innovative programs initiated, special outreach successes, and on issues that may indicate possible systemic problems.

A Minority Veterans Steering Committee was established in FY 1995. The Committee is composed of key VA Central Office program officials and representatives from Federal agencies responsible for areas that affect minority veterans, i.e., the Bureau of Indian Affairs, Indian Health Service, Department of Labor, Veterans Employment and Training Service, and the Department of Defense. The Center established close working relations with Congressional Members and committees, minority veteran organizations, community-based organizations, tribal veteran groups, veterans service organizations, and other concerned groups to clearly define and focus on minority veteran issues.

During FY 1995, the Center's significant accomplishments included publishing a fact sheet in both English and Spanish and being instrumental in VHA and VBA designing and publishing an expanded number of brochures and pamphlets in the Spanish language. A strategic plan that outlines the Center's mission, goals, and objectives was developed. The Center coordinated and participated in Native American Pow Wows as a part of its expanded outreach effort and participated in three homeless veteran stand downs and other homeless shelter initiatives around the country. A strategy to train over 300 Minority Veteran Program Coordinators was also developed.

Advisory Committee on Minority Veterans²

The Advisory Committee on Minority Veterans is a Federal Advisory Committee authorized under Public Law 103-446. It is composed of 15 members appointed by the Secretary and seven ex-officio members as designated by the Public Law. The Committee is to meet no less than twice each fiscal year and is to submit an annual report to the Secretary no later than July 1, detailing its review of VA programs, benefits, medical care, rehabilitation, and outreach activities. The Committee met twice in FY 1995.

The inaugural report of the Advisory Committee on Minority Veterans was submitted to the Secretary on July 1, 1995. The report, in addition to statutory requirements, outlined the legislative history of the Committee, the Committee's goals and objectives, and introduced the Committee members. The report also contained recommendations to the Secretary concerning administrative support and budget requirements as well as approval of the Committee's mission, goals and objectives. The report was transmitted to Congress as required.

Center for Women Veterans

The Center for Women Veterans was established under Public Law 103-446 on November 2, 1994. The Director of the Center for Women Veterans reports directly to the Secretary of Veterans Affairs on all policies and programs affecting Women Veterans. The Director ensures that services and access to services are equivalent to those of male veterans; promotes and participates in outreach activities designed to inform and educate women veterans regarding VA benefits and eligibility; promotes the understanding and acknowledgment of contributions of women veterans in defense of our country; and works jointly with VA personnel, women veterans advisory committees, women veterans consumers, veterans service organizations, and other interested parties to enhance and improve VA programs for women.

During FY 1995, three steering committees were established in order to provide a forum for discussion of issues relating to services, benefits, programs, and initiatives for women veterans. Committee membership comprised representatives from organizations within VA who most frequently encounter women's issues. Representatives were from Veterans Health Administration Readjustment

Counseling Service, Veterans Benefits Administration, National Cemetery System, and General Counsel.

In FY 1995, the Director of the Center initiated and the Secretary officially designated October 25 as "VA Breast Cancer Awareness Day." All field facilities received a directive to promote breast cancer awareness on this day, including sponsoring educational activities for VA employees and consumers.

Outreach activities included announcing the establishment of the Center for Women Veterans by mass mailings to over 200 veterans service organizations, 50 State directors of veterans services, and other organizations that communicate with the women veterans community; participation in community forums with women veterans consumers, representatives of the veterans community, and other appropriate personnel in conjunction with site visits and other official functions.

The Center evaluated services provided to women veterans and participated in educational activities to improve the knowledge and sensitivity of VA personnel through official site visits, formal meetings with VA field personnel, and serving as faculty at VA, DoD, and VSO training activities on the local, regional, and national level.

The Center Director serves as a consultant on three nationally funded research projects focusing on women veterans' health issues, and acts in a similar capacity on many locally initiated research projects. These research activities will provide VA with a greater understanding of the emotional, psychological, and physical health needs of women veterans allowing for the development of more responsive services.

The Center is focused on establishing collaborative relationships with the Departments of Health and Human Services, Defense, and Justice to ensure women veterans issues are part of the national initiatives currently under way on Women's Health and Domestic Violence and that VA is an active participant in such activities.

Advisory Committee on Women Veterans³

The Advisory Committee on Women Veterans is a Federal Advisory Committee authorized under Public Law 98-160. The Committee is composed of

² Included in compliance with 38 U.S.C. § 542(c)(4).

³ Included in compliance with 38 U.S.C. § 542(c)(4).

12 members and 4 ex-officio members as designated by the Public Law. The Committee met three times during FY 1995, and submitted, as required, a biannual report to Congress.

The Committee advised the Secretary of Veterans Affairs (VA) through the Director, Center for Women Veterans, regarding the administration of benefits by VA for women veterans; reports and studies pertaining to women veterans; and the needs of women veterans with respect to health care, rehabilitation, compensation, outreach, and other benefits and programs administered by VA designed to meet such needs.

Veterans Service Organizations' Liaison

The Secretary's Veterans Service Organizations' Liaison is responsible for maintaining the Department's day-to-day contact with the organized veterans community and is the Secretary's principal adviser on matters specifically affecting groups within that community.

During FY 1995, this office played an active role in carrying out the Secretary's commitments to increase customer satisfaction and to improve VA services. Leaders of the respective veterans service organizations were consulted regularly on VA initiatives to reduce claims and appeals backlogs, to meet the needs of homeless veterans, to implement certain efficiencies in VA health care delivery, and to address the unique concerns of such populations as women veterans and Persian Gulf War veterans.

The consultations with veterans service organizations contributed materially to the development of plans which, when fully implemented, will enable VA to provide its services in a more customer-oriented manner. The Veterans Service Organizations' Liaison will continue to work closely with the various veterans service organizations as they monitor the quality and timeliness of VA service delivery.

Office of the Assistant Secretary for Management

The mission of the Office of the Assistant Secretary for Management (O/M) is to provide stewardship over VA resources and to support the Department by formulating financial, information resource, and acquisition plans and policies; analyzing and evaluating service delivery; and maintaining and enhancing Department information systems. O/M's

functional areas include financial management, management controls, budget, acquisition and materiel management, information resources management, telecommunications, and performance measurement.

Budget

The Department of Veterans Affairs' (VA) budget provides the resources which allow VA to provide benefits and services to the nation's veterans and their dependents. The 1995 Appropriations Bill provided VA with \$37.7 billion to fund the various benefit programs as well as support the operation of the health care system, benefits delivery program, national cemetery system, construction, and administrative support activities. Enactment of a budget amendment and rescission bill reduced budgetary resources in 1995 by \$142 million.

VA's 1996 budget request, totaling nearly \$38.8 billion, was submitted to Congress in February 1995. VA will use over half of these funds to administer the benefit programs. The benefit programs include: payments to veterans with service-connected disabilities, pensions, education benefits, death benefits, home loan guaranty, and other credit programs. Over 90 percent of the remaining funds will be used to operate VA's medical programs. The Medical Care appropriation request of nearly \$17 billion is an \$813 million increase over the final 1995 appropriation level.

In FY 1995, VA made progress in developing performance measurements. The Government Performance and Results Act of 1993 (GPRA) requires all Federal agencies to plan strategically, then measure and report their performance against stated goals and objectives. Government-wide implementation of GPRA goes into effect in 1997. VA became involved in the pilot project activities in 1994 when GPRA implementation began and will continue these pilots through 1996. These pilots include VBA's New York Regional Office and loan guaranty program and the National Cemetery System's (NCS) burial operations. The pilot organizations are developing performance plans that include measurable performance goals and objectives and performance reports that assess how well they are doing in meeting their performance objectives. In FY 1995, the Veterans Health Administration began its active participation by initiating internal pilot projects at the six medical centers in Albuquerque, NM; Bedford, MA; Cleveland, OH; Milwaukee, WI; Salt Lake City, UT; and Tomah, WI. The findings of the pilot projects will be shared throughout the Department for use in

implementing the performance planning provisions of GPRA in 1997.

Significant progress was made in integrating performance measures in the budget formulation and execution process. In FY 1995, VA participated in an OMB Spring Review on Program Performance. The primary purpose was to determine how to expand and enhance the performance information that will be used in FY 1997 budget decision-making process for key program areas. VA and OMB identified and agreed upon the following key program areas -- medical care, research, health professional education/training, compensation, pension, education, loan guaranty, insurance, vocational rehabilitation, and the National Cemetery System. FY 1997 budget submission will include the goals and performance measures identified during the Spring Review and will link this information with VA's resource request.

The Office continues its efforts to refine and enhance VA's corporate database of performance information. The VA Performance Measurement System (VAPMS) provides performance information for all medical and most benefits programs on the national, regional, and facility levels. VAPMS has been well received by users throughout the Department. In 1996, the VAPMS database will be expanded to include performance data for NCS.

Information Resource Management

The Master Veteran Record (MVR) initiative is designed to improve the core business operation of VA, which is to administer benefits to veterans. It will link existing information systems to provide timely and accurate information on VA's clients when and where it is needed. First, a team of business experts began developing a business-level design for the four most complex MVR areas; this is scheduled for completion in early FY 1996. Second, technical staff from all cooperating IRM offices will develop technical specifications for the underlying messaging network. Completion is expected by mid-FY 1996. The subsequent implementation of MVR will depend on the availability of funds and staff resources in the various program offices, and is estimated to be a two-year effort. Implementation will be incremental. As an interim step, query capability was provided for bankruptcy and appeal status and patient care location.

VA has 15 computer information-matching programs in operation with an estimated real and cost-avoidance

savings of \$304 million. During FY 1995, VA's Data Integrity Board approved a new matching agreement between VA and the Department of Health and Human Services on behalf of the Administration for Children and Families, Texas Department of Human Services, Pennsylvania Department of Public Welfare, Kansas Department of Social and Rehabilitation Services, and Nebraska Department of Social Services. The States' public assistance programs will use the data from this one-time computer matching program.

Executive Order (EO) 12861, *Elimination of One-Half of Executive Branch Internal Regulations*, directs executive agencies to eliminate, over a 3-year period, not less than 50 percent of their internal regulations that are not required by law. With one year remaining in the review period, 1,212 out of 3,500 total directives (nearly 35 percent) were eliminated due to Departmental efforts.

The operation of the VA Vendor Bulletin Board System (VBBS) began in February 1994. This continuing service allows the business community, with the use of a computer and a modem, to obtain Department acquisition information, and to read and download a wide variety of acquisition-related material. The acquisition-related material includes: Requests for Comments, Requests for Proposals, Agency Procurement Requests, and Delegations of Procurement Authority. The business community can also review special announcements, *Commerce Business Daily* ads pertaining to VA, and telephone directories for key VA acquisition personnel.

During FY 1995, OIRM continued efforts to enhance the Department's wide area data network. Frame relay technology was added to the network to satisfy customer requirements for higher bandwidth network capability. This technology enables wide area data network customers to do document imaging, VA data centers to exchange large volume files faster and more efficiently, and medical centers to transmit radiological images (MRIs, CAT Scans) in a matter of seconds between hospitals to expedite the diagnosis and treatment of veterans and their dependents. Frame relay enables physicians to have real-time access to patient data which results in dramatically improved patient care. Savings are achieved through reduced waiting time, elimination of extra hospital or clinic visits, reduced travel by specialists, and expedited patient diagnosis, treatment, and release.

The VA Telecommunications Strategic Plan developed in FY 1995 addresses VA telecommunications requirements from 1996 through 2004, the telecommunications environment that will exist

during that time period, and the management infrastructure needed to oversee and manage telecommunications. The Plan is used to make tactical, program, and budget decisions regarding the acquisition and deployment of telecommunications technologies in VA. External groups involved in identifying telecommunications requirements between themselves and VA include veterans service organizations, the American Association for Retired Persons, and the American Telemedicine Association. The Plan was developed as a collaborative effort between OIRM and the administrations and staff offices.

The Microcomputer Training Program for Persons with Disabilities (MTPPD) is an internally developed program that serves persons both inside and outside the Department. It provides concentrated training and technical assistance to the Department's Blind Rehabilitation Service by training blind veterans from the Washington metropolitan area in the use of personal computers, office automation tools, and adaptive equipment in an actual office environment. During FY 1995, 18 Federal agencies received training for their blind employees, totaling 725 hours. This is an increase of 225 training hours from FY 1994. Among the agencies whose employees received training are the Departments of State, Labor, Agriculture, Justice, Interior, Commerce, and Transportation as well as the Internal Revenue Service and Blinded Veterans Association. Disabled individuals from the Departments of Vocational Rehabilitation in the District of Columbia, Maryland, and Virginia were also given training.

Financial Management

The Office of Financial Management (OFM) completed implementing the Department's Financial Management System (FMS) in FY 1995 achieving VA's number one financial goal of having a single integrated financial management and reporting system. The FMS interfaces with critical VA Benefits Systems at the Standard General Ledger level. Accepting transaction data from front-end applications supporting VA Medical Center Operations (i.e., Integrated Funds Distribution, Control Point Activity (IFCAP), and Medical Care Cost Recovery/Accounts Receivable (MCCR/AR)), FMS has become the Department's single source for external financial reports, including the audited financial statements. The FMS interfaces with other systems, including Veterans Health Administration's Decision Support System and the VA Performance Measurement System to ensure an accurate integrated network of

financial data supporting Departmental decisions for all major VA programs.

Another significant financial system milestone completed was the Enhanced Time and Attendance (ETA) System that eliminated the use of hardcopy time cards. Time and attendance data are entered and approved electronically at all VAMCs, the stations they service, the VA Austin Finance Center, and the VA Automation Center. The ETA will be implemented in VA Central Office by the end of calendar year 1995.

The Department made significant progress during FY 1995 in its efforts to replace the antiquated 30-year old personnel and payroll system. Through the PAY VA project, a contract was awarded for a modern, off-the-shelf, integrated human resources and payroll system. The PAY VA project is a joint effort of OFM and the Office of Human Resources Management. The plan is to begin implementing the new system in late FY 1996, concurrent with reengineering of the Department's payroll and human resources business processes.

In FY 1995, the Document Management System (DMS) was fully implemented at the Austin Finance Center (AFC), Austin, TX. DMS uses technology to store documents as electronic images which is a key aspect of the AFC's plan to streamline operations and develop services for marketing to other agencies. The plans to expand the DMS to field stations were modified in FY 1995 to include connectivity only to VA Central Office in Washington, DC. A decision to further expand DMS will be based on the capability and effectiveness of this remote site, Washington, DC.

OFM prepared VA's Accountability Report, which presents a comprehensive picture of the Department's performance in carrying out its stated financial goals and objectives. VA was the first government agency to produce such a report. It incorporated statutory reporting required under the *Chief Financial Officers Act* (including auditor's opinions and VA's 1994 *Consolidated Financial Statement*); *Federal Managers' Financial Integrity Act*; *Inspector General Act Amendments*; and the *Prompt Payment Act*. OFM also produced the *Financial Management Status Report and Five-Year Plan*, detailing strategies and objectives for implementing financial management improvements.

Also completed were VA's FY 1994 *Federal Managers' Financial Integrity Act* and *High Risk Area Report* to the President, Congress, and OMB. Progress was

tracked on corrective actions for two high risk areas and 12 material weaknesses. Two material weaknesses were closed: *Review of Internal Controls* and *Patient Incident Reporting*. Progress was tracked on eight system nonconformances and, in a joint effort with VBA's Loan Guaranty Program Office, corrective actions on the nonconformance, *Loan Guaranty System -- Mission Performance*, were completed two years ahead of schedule.

OFM coordinated and prepared VA's successful application to the Office of Management and Budget to become a Pilot Franchise Agency. Similar to a working capital fund, franchising is a concept embodied in the *Government Management Reform Act of 1994* that promises to streamline the Department, reduce duplication of services, and move VA toward a more business-like approach for its activities by placing select common administrative services into fee-for-service franchises. The Chief Financial Officers (CFO) Council's Franchise Fund Working Group acclaimed VA's Franchise Pilot as the one most likely to succeed and the application model that should be adopted by all those seeking to become franchises. Additionally, the team's business plan development tool has been published in the CFO Council's *Survival Kit for a Successful Franchise*.

OFM assisted the CFO organizations within Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) in their new responsibilities for overseeing Administration Financial Management activities. Financial program reviews were conducted to provide VA's CFO with an independent assessment of financial and Medical Care Cost Recovery operations. OFM also reviewed the implementation of the Decision Support System program which tracks the cost of patient care.

An active campaign was undertaken to implement the Government International Merchant Purchase Authorization Card program throughout the Department. This NPR initiative offers a simple convenient alternative to the standard acquisition process of small purchases. Use of the Visa card reduces administrative costs associated with purchasing by streamlining acquisition and payment procedures. The program also empowers employees to procure items that they need in a timely manner. Currently, approximately half of all VA facilities use the purchase card. Over 1,400 VA employees have received micro-procurement training and have been delegated authority to use the purchase card for procurement of goods and services. Expansion of the program to all VA facilities will occur during FY 1996.

Prompt Payment Act performance continued to show improvement over prior years. A pilot test of a fast pay concept that incorporates elements of fast pay and statistical sampling in the payment of certified invoices under \$1,000 was implemented at the Austin Finance Center. In addition to reducing lost discounts by 75 percent for invoices under \$1,000 and related interest penalty payments by 80 percent at the test stations, reduced workloads were noted due to the expedited process. As of the end of FY 1995, 30 field stations converted to the modified procedures. The pilot test will be expanded nationwide in FY 1996.

The Vice President of the U.S. presented VA with the prestigious *Heroes of Reinvention Hammer Award* for accomplishments in the Electronic Commerce arena. A Financial Operations Team, consisting of members from various VA offices, designed and implemented the 1994 Memorandum of Understanding (MOU) agreement with the Department of the Treasury to pursue an *Electronic Commerce* initiative to enhance every major system the VA maintains for benefit, vendor, and administrative payments. All initiatives in the 1994 MOU were successfully implemented including the first check intercept system with the Federal Reserve to intercept benefit payments on deceased payees; a national Direct Deposit Electronic Funds Transfer (DD/EFT) enrollment initiative; the inclusion of Zip+4 and bar-coding on Compensation and Pension checks; and the completion of electronic linkages to and from Treasury's Austin Regional Finance Center for transmission of all payment and related data. The telecommunications linkage eliminated costly shipping and storage costs associated with the use of magnetic tapes.

In March 1995, VA and the Department of the Treasury signed another MOU agreement to procure hardware and software for development of a check printing system capable of including explanations of benefits with Civilian Health and Medical Program (CHAMP/VA) and Fee Basis Checks. It is anticipated that this system will be implemented in December 1995. VA funded the equipment and software acquisitions that cost \$337,000. The annual savings in mail costs for just the CHAMP/VA and Fee programs are estimated at \$438,400.

OFM continued expansion of other Electronic Commerce (EC) initiatives to increase processing efficiencies which include:

- **Direct Deposit/Electronic Funds Transfer (DD/EFT)** -- The Department reached an FY 1996 goal by achieving a 90 percent participation rate (223,917 employees) in FY 1995, up from

86.9 percent in FY 1994. At a savings of 31 cents per transaction, the Federal Government saved over \$1.8 million in FY 1995. This was accomplished through a vigorous campaign focused on employee awareness and recognition of station achievement.

In April 1995, a joint effort by OFM and VBA to encourage Compensation and Pension (C&P) beneficiaries to receive monthly payments via DD/EFT was implemented. Mailers included application forms and instructions for use of an 800 number for DD/EFT enrollment. Since implementation of the enrollment campaign, DD/EFT C&P beneficiaries participation increased from approximately 49 percent to over 54 percent, an increase of over 20,000 per month.

The Austin Finance Center encouraged use of EFT for travel reimbursements by large vendors and VA employees and substantially increased from 2,400 vendors and employees to 5,400, an increase of 125 percent. This volume of participation resulted in a savings of \$400,000 to the Federal Government.

- **Electronic Invoicing** -- The number of vendors submitting electronic invoices increased from 101 in FY 1994 to 153 in FY 1995 with an annual volume of approximately 381,000 invoices.
- **Electronic Data Interchange/Electronic Commerce (EDI/EC)** -- The number of small business vendors who have taken advantage of the inexpensive and user-friendly EC software, which provides VA's EDI data and format requirements, increased from 17 in FY 1994 to 43 in FY 1995. Since the vendors need only a standard PC and a modem to access this software, response continues to be positive and indicates continued growth can be expected as the vendor community learns of the software's availability.
- **National EDI/NPR Work Group** -- OFM staff served as the VA task force member on OMB's Electronic Commerce Program Management Office Financial Federal Work Group and participated with Treasury in the testing of their EDI/EFT translation software. The group is responsible for the coordination of the design of the Federal transaction sets for invoices and payments. The continuing development of new transaction sets for the Federal financial community will enable agencies to implement and expand EDI into a broader range of financial-related applications. This is an important first step of an NPR initiative

for both agencies to use EDI as an interface to Treasury with EDI disbursement transactions.

- **Vendor Inquiry System (VIS)** -- The VIS was developed to enable VA's 300,000 vendors to electronically access data regarding payments made to them by VA. Over 80 vendors began using the system in FY 1995, thereby reducing workload in the Austin Finance Center Telephone Inquiry Section by over 2,000 inquiries. An added enhancement to the VIS in FY 1995 now includes FMS payment-related data for vendor queries. A new feature planned for implementation in FY 1996 will give VA customers the capability to download their financial data.

Acquisition and Materiel Management

Electronic Commerce

In October 1993, President Clinton signed a memorandum on improving the Federal Government procurement process through Electronic Commerce (EC). VA continued its leading role within the Federal Government in complying with the President's mandate by: (1) implementing a request for quotation system at 21 sites and nationwide by January 1997; (2) working within the Federal requirements for EC implementation, VA has designed and is implementing an automated vendor registration program that permits the inclusion of small and disadvantaged businesses; and (3) partnering with private firms specializing in EC software and telecommunications, and developing and implementing an outreach program to provide notice and education on this new opportunity to the vendor community.

Acquisition and Distribution Strategies

The National Acquisition Center located in Hines, IL, developed customer-driven Just-In-Time (JIT) contract strategies for distribution of medical/surgical products. This incentive-based concept uses a national cluster-buying system which allows customers to tailor their specific distribution needs. Under the Medical/Surgical Primary Distributor Program, customers choose from several delivery options (8-hour, 24-hour, or 72-hour) and specific delivery points (warehouse, using service, ward, etc.). To further enhance communication and customer satisfaction, a training manual was developed and distributed to customers in conjunction with regularly scheduled conference calls.

Homeless Support Program

Since November 1993, OA&MM staff at VACO and the Lyons, NJ, VAMC were involved in locating and distributing excess Federal clothing and food to homeless veterans across the country. OA&MM provided support in: (1) locating surplus Federal personal property, (2) preparing and submitting required documentation to transfer ownership to VA, (3) transporting and storing material at the Somerville Asset Management Service, and (4) coordinating shipments to VA activities. During FY 1995, \$6 million worth of surplus clothing and supplies was distributed to homeless veterans. In conjunction with this effort, a Compensated Work Therapy program was established at the Somerville Asset Management Service. The objective of the program is to provide job skills in materiel management activities to homeless veterans while at the same time continuing the identification and distribution of surplus property to support national homeless programs.

Contracting Initiatives

A multiyear contract was awarded to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). As a mandatory and sole source provider of hospital accreditation, VA has "partnered" with JCAHO to streamline the administrative procedure and improve service areas, resulting in approximately \$2 million in savings to VA over the five-year life of the contract.

Six separate contracts were awarded, totaling over \$12 million, to replace telephone systems at Asheville, NC; El Paso, TX; Cincinnati, OH; Tuscaloosa, AL; Wilmington, DE; and Denver, CO, Regional Office. These contracts were awarded to disadvantaged small businesses and contributed to the overall socioeconomic goals of the Department.

Office of the Assistant Secretary for Policy and Planning

The Office of Policy and Planning took important steps toward strengthening VA's strategic management and policy development during FY 1995. The design of a more fully integrated long-range planning process and an enhanced statistical research capability were the primary focus of the year's agenda. The Office also continued to serve as the central coordinating point for the Department's participation in the Vice President's National Performance Review, including development of 12 major initiatives under Reinventing Government Phase II (REGO II). As described in more detail in the

introduction to this annual report (under "National Performance Review") these projects and initiatives have touched on the complete range of VA programs, from financial management practices to customer service standards to health care eligibility to streamlining organizational structures. The following sections summarize key accomplishments in the areas of policy development, planning and quality management, and statistical analysis.

Policy

In FY 1995, the Office of Policy assessed policy aspects of VA health care, benefits, and management issues, including a major review of the statutory, regulatory, and policy impediments to efficient VHA management.

The Office of Policy compared the effects of selected 1996 budget proposals on VA programs. The Office also completed work on a number of projects designed to bring quantitative analytic methods to bear on fundamental VA policy debates. A simulation of an enrollment-based model of VA health-care finance to identify and compute the cost of VA health-care services that are typically not provided in competitive health-care markets was developed. Policy Office recommendations to incorporate cost effectiveness into the process of selecting and ranking major construction projects for budgeting were followed by work group efforts coordinated by VHA and the Office of Management.

The Office of Policy also completed a study of the relationship of disability, labor force participation, and VA disability compensation status using data from the 1992 National Survey of Veterans. The Office drafted a paper on eligibility reform that contributed to VA's submission of an eligibility reform proposal to Congress. Additionally, the Policy Office is coordinating quantitative analysis related to a VA/Medicare reimbursement pilot study.

The Office represents VA on the Interagency Working Group on National Urban Policy and the Interagency Working Group on Immigration, helping to draft subgroup reports on government benefits and services and on legal immigration. The Office also provides support to the White House Task Forces on Disability and Aging.

Through work with the VA Working Group on Homelessness and at the request of the National Coalition for Homeless Veterans, Policy Office orchestrated *Winterhaven*DC*, a one-day assistance fair for homeless veterans. The Office continued VA's relationship with the Corporation for National and

Community Service, including submitting a winning grant proposal to renew AmeriCorps projects to assist homeless veterans in Houston, TX, and Los Angeles, CA.

The Office again chaired VACO's activities in support of the National Disabilities Employment Awareness Month program and observances, representing VA on the American Bar Association's Commission on Homelessness and Poverty, and working with the Congressionally-mandated Veterans' Claims Adjudication Commission.

Strategic Planning and Quality Management

In FY 1995, the Office of Planning assisted the Secretary of Veterans Affairs in reporting on the execution of the Secretary's Performance Agreement with the President. The report documented the actions VA completed during the fiscal year to satisfy our most important customers, our nation's veterans; to become an employer of choice; and to introduce major service improvements.

The Office of Planning managed the fourth annual Secretary's Robert W. Carey Quality Award Program. This award is VA's highest quality award for organizational effectiveness and excellence and recognizes those VA organizations that have excelled in customer service and quality management. This year's overall winner was Veterans Health Administration Domiciliary in White City, OR. Category winners included the Dayton VA Medical Center, Dayton, OH (Health Care Category); Veterans Benefits Administration's VA Regional Office, Newark, NJ (Benefits Category); Calverton National Cemetery, Calverton, NY (National Cemeteries Category); Office of Management, Austin Automation Center, Austin, TX (Support Services Category). The Willamette National Cemetery in Portland, OR, was the VA facility selected as the outstanding finalist ranked just below the category winners. In FY 1995, the Office designed and implemented the Deputy Secretary's *Scissors Award* Program, which recognizes accomplishments of individuals or groups within VA that improve processes, timeliness, and quality of service.

The Office of Planning also coordinated and sponsored a Department-wide effort to address the NPR recommendation that government employees have training in quality management. These efforts included coordination with the administrations, collaboration on field site training, and development

and delivery of course entitled *Creating a Customer-Driven VA*. Specifically geared toward VA central office employees, over 900 employees took the course in FY 1995, including VA's National Quality Council and the VA's American Federation of Government Employees (AFGE) Executive Council. Other training included *Team Leader Training* designed to teach team building skills, explain the basic principles of quality and the use of tools to analyze and make improvements to VA processes, and delivery of service.

In FY 1995, a new VA National Quality Council (NQC) was established. Operating under a charter signed in April 1994, by the Secretary and the President of the AFGE, the purpose of the NQC is to provide leadership to foster Total Quality Improvement (TQI) within VA and to support the integration of TQI in the day-to-day operations of VA. The NQC includes four management members and four union members and is supported by the Office of Planning. The NQC has played a crucial role in the steady progress of TQI/TQM in VA by cementing a partnership between management and labor at the highest levels of VA and AFGE.

Statistical Analysis

In FY 1995, the National Center for Veteran Analysis and Statistics published and distributed the *National Survey of Veterans*. The Survey was based on over 10,000 telephone interviews with veterans. The report provides valuable demographic and socio-economic information not available in VA administrative files covering veterans who have used and not used major VA programs. The National Center is using survey information to support VA decision makers and other policy and planning activities. Briefings regarding the survey have been provided to VA program managers, the veterans service organizations, and Congressional staffs.

The National Center also produced data and information on the *Usage of VA Medical Care by Minority Veterans*, *Geographic Analysis of VA Health Care Usage Rates*, *Impact of Medicare on Outpatient Usage from VA's Inpatient Population*, and *Findings from Linking the Health Care Finance Administration and VA Administrative Databases*. Other reports and analyses produced by the National Center included the *Annual Report of the Secretary of Veterans Affairs*; *VA Summary of Medical Programs*; veteran population data and projections at the national, State, and county levels; analyses of veteran data in the 1990 Census; and special analyses of minority, elderly, homeless, and nursing home veterans.

Office of the Assistant Secretary for Human Resources and Administration

The Office of the Assistant Secretary for Human Resources and Administration provides direction and oversight to a diverse group of programs and serves as the principal Departmental adviser on related matters. Programs with VA-wide responsibilities are human resources management and planning, labor relations, occupational safety and health, equal opportunity, and security and law enforcement. General administrative support is provided primarily to VA headquarters' offices. This office ensures that organizations under its jurisdiction are pursuing the National Performance Review's (NPR) main themes of putting customers first, cutting red tape, and empowering employees to get results.

Employee Safety and Health

The Assistant Secretary serves as the Department's Designated Agency Safety and Health Official. In this capacity, the Assistant Secretary is responsible for managing the VA Occupational Safety and Health (OSH) Program.

Safety and health-related training continues to be a priority for the Department. Numerous safety and health training opportunities were provided throughout the year to VA employees, including union representatives. An occupational health conference attracted 320 participants, including infection control personnel; employee health physicians; occupational health nurses; and industrial hygienists. Tuberculosis control training was provided to 190 industrial hygienists and infection control personnel. Over 400 safety program managers and workers' compensation specialists attended a joint conference to upgrade their skills in workers' compensation and safety-related issues.

The Office of Occupational Safety and Health has continued to focus on maintaining safe and healthful worksites. The most frequently violated OSH Administration standards were identified, and facilities were encouraged to pay particular attention to those hazards. Working closely with the National Safety Council, a private and public sector consortium that promotes workplace health and safety, VA is continuing its leadership role in OSH issues affecting all health-care facilities.

A key indicator for the VA OSH program is the lost-time claims rate, a measure of injuries and illnesses

that results in time away from work. The VA claims rate for FY 1995 was 3.11 claims per 100 employees.

VA established a Workers' Compensation and Occupational Safety and Health Management Information System which can be accessed by VA field facilities with appropriate computer equipment. This system contains all the current information available from the Department of Labor to enable field facilities to provide more effective case management for job-related injuries and to more effectively manage the safety program.

Labor-Management Partnerships

Executive Order 12871, Labor-Management Partnerships, issued October 1, 1993, changed the focus of labor-management relations throughout the Federal Government. The goal of the Partnerships initiative is to implement a new, more effective working relationship between labor and management that will support achievement of the NPR's government reform objectives.

On April 12, 1995, the VA National Partnership Council (VANPC), composed of field and headquarters management representatives and representatives of VA's five major unions, celebrated its first year of operation. Major issues addressed by the VANPC in FY 1995 included the Veterans Health Administration's (VHA) headquarters and field facility reorganization and the Veterans Benefits Administration's modernization and reengineering initiatives. Since April 1994, 74 percent of VA's facilities formed local partnership councils and 65 percent wrote partnership agreements.

In FY 1995, approximately 170,000 VA employees were represented by 17 different unions.

Human Resources Management

The Office of Human Resources Management (OHRM) assists field facilities in improving their human resources management services through expert advice and consulting services in human resources policy, planning, systems design, and program development. While all major human resources management areas are covered, special emphasis was placed during FY 1995 on decentralizing operational authorities, improving customer service and satisfaction, reengineering business processes, and enhancing administration of the workers' compensation program for job-related injuries and illnesses.

Joint training and management information initiatives with the Department's occupational safety and health program also assisted in improving management of Office of Workers' Compensation (OWCP) cases. For the first time, the Department experienced a decrease in OWCP chargeback costs from the Department of Labor, which is an indicator that these and related initiatives are having a positive effect on management of this program.

During FY 1995, VA saved more than \$5.1 million by implementing employee ideas approved through the Employee Suggestion Program. Many of the ideas adopted through the Suggestion Program directly benefited the veterans and dependents either through improved medical care or streamlined benefits processing.

PAY VA Project

The Assistant Secretary for Human Resources and Administration and the Assistant Secretary for Management share joint responsibility for oversight of the PAY VA project. This project will implement a commercial-off-the-shelf (COTS) information system to support the Department's human resources and payroll business processes and reengineer the manner in which VA currently delivers these services. PAY VA is being accomplished as a collaborative effort through participation of a wide range of employees and managers from VA headquarters and field facilities.

During FY 1995, a contract was awarded to a commercial vendor to implement an integrated human resources and payroll system and related software support services. The contract includes purchase of federalized COTS software to replace VA's nearly 30-year-old personnel and payroll system. Plans are to begin implementing the new system in 1996 and completing it in 1997.

Employee Development and Training

OHRM evaluated the training conducted under the Secretary's Department-wide *Caring and Courtesy* campaign which was initiated in 1993 to encourage the value of "Putting Veterans First" among VA employees. Facility officials reported that staff had responded positively to the Secretary's message and are consciously striving to project a helpful, sensitive attitude in their dealings with veterans and their families. The majority of current VA employees

received training in *Caring and Courtesy* or a similar program in customer relations. This training will be included in orientations for new employees Departmentwide.

In FY 1995, OHRM coordinated participation of VA employees in a variety of management development programs offered by the Office of Personnel Management (OPM), including the New Leader Program for GS-7/11 employees who demonstrate managerial potential; the Women's Executive Leadership Program for GS-11/12 employees with supervisory and management potential; the Executive Potential Program for GS-13/14 senior specialists and managers; the Management Development Center programs for GS-14/15 managers; and the Federal Executive Institute for senior executives, Senior Executive Service candidates, and high potential GS-15 managers. In addition, 70 VA employees participated in Leadership VA, the largest class ever selected for VA's own management development program.

Staffing

VA's national health care recruitment advertising campaign continued through its fifth year during FY 1995, featuring the theme, *The Best Care...Keeping the Promise to Those Who Served*. Recruitment advertisements were again placed in a wide variety of professional journals, newspapers, and minority veterans publications.

During FY 1995, specialized materials were developed for program areas newly identified for recruitment advertising support. These materials included new advertisements covering nurse practitioners, physician assistants, physical therapists, occupational therapists, and pharmacists; new recruitment brochures covering dentists and optometrists; and updates to previously published brochures.

Significant program resources were focused on nationwide recruitment for many key positions associated with the Under Secretary for Health's *Vision for Change* and the planned restructuring of the VHA. These positions are both within the headquarters office and the outbased 22 new Veterans Integrated Service Networks.

The Delegated Examining Unit (DEU) in Richmond, VA, continued to refer to medical centers candidates for key health-care occupations. While the staffing for several occupations was transferred to the VHA, the DEU maintained registers for 22 occupations.

Employment of Veterans

In continuing support of the Secretary's initiative to enhance employment and advancement opportunities for veterans in VA, OHRM began issuing all-station letters focusing on veterans' employment issues and providing listings of all VA facilities in rank order based on veteran employment statistics.

As of September 30, 1995, 68,443, or nearly 26 percent of VA's workforce, were preference-eligible veterans, including 14,616 disabled veterans. Additionally, VA's workforce includes about 12,000 non-preference veterans, bringing total veteran employment to about 30 percent. Vietnam era veterans now make up the largest group of veterans in VA with 45,151, or more than 17 percent of the workforce. VA employs 8,199 female veterans and other women with derived veterans' preference who occupy a variety of positions in the Department.

Staffing offices are encouraged to use the many special appointment authorities available to provide employment opportunities for veterans. During FY 1995, VA headquarters and field facilities made 5,077 appointments under the Veterans Readjustment Appointment authority, and 1,234 disabled veterans with service-connected disabilities of 30 percent or more were appointed noncompetitively to a variety of positions for which they were qualified.

Affirmative Employment

As of September 30, 1995, the representation of women in Grades 13-15 increased to 23.7 percent from 22.6 percent. VA's employment of minorities, 34.8 percent, far exceeds the minority representation of 22.1 percent in the civilian labor force. The percentages of minorities that were represented in the VA workforce were: African Americans 24.1 percent, Asian Americans 4.4 percent, Hispanics 5.5 percent, Native Americans 0.8 percent. People with severe disabilities represented 1.8 percent of VA's workforce. These statistics are based on VA full- and part-time employees with permanent appointments.

Discrimination Complaints

The testing of an Early Mediation Pilot program as a means of initiating Alternative Dispute Resolution for Equal Employment Opportunity (EEO) complaints began in FY 1995. The test program is conducted in the Washington-Baltimore metropolitan area and offers hope of resolving complaints of discrimination,

reprisal, and sexual harassment. VA regional offices and medical centers in this area will use a trained mediator, by mutual agreement of the parties, soon after an employee contacts an EEO Counselor. It is anticipated that opportunities for reaching consensus in both individual disputes and organizational issues will increase.

Training activities continued at a high level with over 370 employees trained in 9 courses for EEO Counselors and EEO Investigators.

Timeliness of complaint processing remained stable despite the continued high level of complaint activity. The average days to closure of 339 days remains below the government-wide average of 366 days at the end of FY 1995.

VACO Renovation Project – Prospectus

During FY 1995, the Prospectus Project moved toward completion of Phase II construction. Renovation of the I Street wing of the VACO building is scheduled to be completed in April 1996. Employees are scheduled to begin moving into new office space in May 1996. Once the moves into the I Street wing have been completed, approximately 2,300 employees will be located in the VACO building.

Planning for the renovation of the Lafayette Building at 811 Vermont Avenue, NW, Washington, DC, continued during FY 1995. The architect/engineer contract was awarded by General Services Administration (GSA) in December 1994, and project design is currently under way. Construction on this GSA project is scheduled to begin in 1996.

VACO Building Management

A commercial facility management contract was negotiated by GSA and VA for the operation and maintenance of the VACO building. GSA developed the contract specifications in coordination with VA, and bids were solicited from commercial building management companies. The Galbreath Company from Columbus, OH, was awarded a one-year contract effective August 1, 1995, with four additional years as options. This contract is unique in that VA is the first tenant agency in the National Capital Region that serves as the Contracting Officer's Technical Representative for a commercial facility management contract.

Child Development Center

VA is the facility manager of the combined Federal Agencies' Child Development Center -- U.S. Kids. Other participating agencies include the Department of the Treasury, the Executive Office of the President, and the Export-Import Bank of the United States. U.S. Kids primarily serves the children of employees of these agencies. A tuition assistance program was established to ensure that the center is affordable for everyone.

Inspections

In FY 1995, the Office of Security and Law Enforcement (OSLE) conducted 36 site inspections of its 171 field police and security service operations. The inspections ensure that services provided to the facilities for the protection of VA employees, patients, visitors, and property meet the standards set by policy for top quality VA police operations. OSLE continues to conduct investigations involving unlawful activity occurring on VA property and has provided protective details for the Secretary during this fiscal year.

VA Law Enforcement Training Center

The VA Law Enforcement Training Center in Little Rock, AR, provided over 43,696 hours of training to VA Police and Security Service personnel nationwide during FY 1995. Officers received updated material and information through a refresher training course. This course was added for police officers whose initial basic training took place prior to the inception of the full 160-hour course. Also, the Center began training police personnel from the National Gallery of Art. This training is accomplished on a reimbursable basis.

The expansion of the Center was completed in July 1995. The Center has 30 dormitory rooms and two state-of-the-art classrooms. Newly employed police officers will continue to receive training in a health-care setting, which will further enhance their ability to provide quality service to VA and its customers.

Emergency Preparedness

OSLE also serves as the designated coordinator for National Security and Emergency Preparedness policy and planning. During FY 1995, this office coordinated VA disaster response and recovery activities in Puerto Rico and the U.S. Virgin Islands following hurricanes Luis and Marilyn. Through an improved high frequency radio capability, this office now has the

capability of linking with the Federal Emergency Management Agency's High Frequency Radio Network and monitoring activities at a disaster site.

Enhanced Security

In the aftermath of the Oklahoma City bombing, OSLE, in unison with the Federal Protective Service, completed a vulnerability assessment of the security requirements for all VA Central Office buildings in the National Capital Region. If the recommendations are implemented, security of VA Central Office employees and facilities in Washington, DC, would be enhanced. Continuing with Phase I of the Prospectus Project, OSLE coordinated the expansion of the video imaging system into the neighboring VA-occupied building. As a result, security guards in both main buildings have the capability of validating identification cards via computer.

OSLE conducted a Department-wide Position Sensitivity Review to ensure that all public trust and National Security positions were appropriately designated. As a result of this review, the Department's Personnel Security Program is consistent with Executive Order 10450 and Title 5, Code of Federal Regulations. Through its enhanced automated procedures, OSLE has delivered improved service to its customers. Additionally, information is now more readily available for reports required by the OPM, Department organizations, and day-to-day activities.

Office of the Assistant Secretary for Public and Intergovernmental Affairs

The Office of the Assistant Secretary for Public and Intergovernmental Affairs (ASPIA) provides executive management of VA's communications with veterans and their families, the general public, various State and Federal governmental agencies, veterans organizations, and other interest groups. ASPIA is responsible for the coordination and release of all information VA communicates to its various audiences through the news media. The Assistant Secretary directs intergovernmental and consumer affairs programs that inform veterans and their State and local elected representatives of VA's services for veterans.

News Media

The Office of Public Affairs (OPA) operates the Department's News Service, which performs all of

VA's national media liaison functions. These include preparing and disseminating news releases, fact sheets, and feature materials; assembling daily summaries of news media coverage; and processing media inquiries, which totaled about 3,000 for FY 1995.

On the health-care front, there was sustained media interest in progress toward assisting Persian Gulf veterans with undiagnosed illnesses and VA's independent and collaborative research efforts relating to this issue. The News Service maintained regular contact with the media on (1) the roles VA had involving early use of radiological materials as the Administration sought to stimulate disclosure of inappropriate human experimentation; and (2) the pending shift in the structure of VA's health-care system that attracted attention particularly from trade and professional journals. Broader media scrutiny was applied to a variety of facility construction proposals, chiefly new hospitals sought for East Central Florida and Northern California.

Other areas with high levels of visibility included efforts to assist homeless veterans; dedication of the Korean War Veterans Memorial for which VA provided on-site media support; numerous VA research accomplishments; and new VA efforts aimed at women and minority veterans.

Public Affairs Field Operations

Seven OPA regional offices form a facility-specific network that offers counsel and guidance for local media liaison, community relations, and event-based activities. In FY 1995, OPA made local media interview arrangements for many other top VA officials and frequently were directly responsible for the successful placement and usage of national news and editorial materials.

Denver, CO, was the site of the sixth annual *Public Affairs Training Conference* which attracted some 175 program facility public affairs officers. The program curriculum focused on public affairs issues and offered traditional skills-enhancing courses and new material aimed at addressing a growing interest in computer-based forms of communication and information dissemination.

OPA field operations personnel were dispatched to the site of the Oklahoma City bombing disaster to assist with relief efforts and support demands on the local VA medical center. OPA's performance was enhanced by prior experience with natural disasters in California and the Midwest, coupled with the new

response plan that agency officials developed with OPA assistance.

Internal Communications and Special Projects

Outreach to Persian Gulf veterans was supplemented with public service and camera-ready materials aimed at promoting access to benefits and claims information. OPA worked with the Armed Forces Information Service's worldwide programs aimed at active-duty service members.

VA facilities received periodic mailings of kits enabling them to initiate local activities taking notice of observances such as National Consumers Week, POW/MIA Recognition Day, National Nurses Week, and the traditional Veterans Day and Memorial Day. The National Salute to Hospitalized Veterans was aided with an OPA-produced TV announcement featuring its national chairman, actor Charles Durning. The office also assisted the Department's program to attract increased acquisition activity from the small and disadvantaged business community.

The Department places great emphasis on the therapeutic and emotional value of numerous national events, which it co-sponsors with veterans service organizations. Vital information support for the Veterans Wheelchair Games, Winter Sports Clinic, Creative Arts Festival, and Golden Age Games came from OPA-assembled teams at each site. Printed materials were also designed for use in conjunction with the dedication of the Korean War Veterans Memorial.

Print television and electronic mail were employed throughout the year to reach internal audiences. Two issues of *Vanguard* were devoted exclusively to the Department's role in the White House Conference on Aging and to accomplishments under the Reinventing Government program. A special edition of *VA Report*, a quarterly employee video magazine, covered the Under Secretary for Health's new plans for system-wide changes.

Intergovernmental Affairs

The Office of Intergovernmental Affairs (IGA) continued to broaden its liaison activities with Federal, State, local, and tribal governments throughout FY 1995. IGA routinely worked with representatives from the Departments of Housing and Urban Development, Health and Human Services,

Labor, and Defense on health care, housing, workforce development, and homeless issues.

This is the second consecutive year that the Deputy Assistant Secretary (DAS) for Intergovernmental Affairs served as the Secretary's Special Assistant on Homelessness. The DAS and the Homeless Assistance staff represented the Department on the White House Interagency Council on the Homeless (ICH). The staff was responsible for coordinating VA participation in "benefits assistance fairs" and "Stand Downs" for homeless veterans. They also coordinated VA's \$6.4 million Homeless Service Providers' Grant and Per Diem Program, resulting in 28 projects funded to public and private organizations in 19 States and the District of Columbia. In addition, they administered an AmeriCorps grant, which assigned members to VA homeless programs and private community-based organizations in Houston, TX, and Los Angeles, CA.

A Homeless Veterans Task Force was established under the ICH to improve program and service coordination for homeless veterans. Numerous workshops were conducted in conjunction with veterans service organizations (VSOs) and homeless service provider conferences, including *Public and Private Sources of Program Funding*; *How to Get Surplus Property*; *How VSOs and Others Can Get Started*; and *Creating New Supported Housing for Homeless Veterans*.

With many new governors assuming office in FY 1995, IGA provided information to them early in the fiscal year about VA's activities in the medical and benefits areas, budget concerns, and the role of IGA. Governors were notified about VA construction and renovation projects, hospital integrations, sharing agreements, and major State home and cemetery grant awards.

IGA continued to coordinate meetings and conference calls with the National Association of State Directors of Veterans Affairs and the National Association of State Veterans Homes. Subjects of interest to State veterans' officials included health care, homeless assistance, Departmental reorganization, and a new option authorizing States as Federal contractors to purchase from the Federal Supply Schedule.

IGA continued to represent VA on the National Rural Development Partnership (NRDP), an inter-departmental, collaborative group of Federal, State, local, tribal, and private partners that works to promote a higher quality of life in rural America.

Under a Memorandum of Agreement between USDA and the Secretary, VA transferred \$500,000 to the NRDP in FY 1995.

Consumer Affairs

Consumer Affairs Service (CAS) continued to improve its complaint handling procedures, allowing for a quicker response to concerns from veterans. Under a new value-added system, CAS now receives information from a VA regional office, medical center, or region and includes it in the CAS acknowledgment to the inquiring veteran. CAS projects that with this new system of operation, there will be nearly 60 percent improvement in timeliness of response to veterans' complaints.

In March, CAS, along with staff from Veterans Health Administration, Veterans Benefits Administration, and National Cemetery System, participated in the U.S. Office of Consumer Affairs Expo for Congressional staff. Consumer Affairs representatives were available to provide information and answer questions on VA services and programs. The goal of the Expo was to assist new Congressional staff to become more knowledgeable and efficient as they handle constituent requests.

At no cost to VA, CAS coordinated with GSA's Consumer Information Center and the Department of the Treasury to provide over two million veterans and their beneficiaries with free Federal consumer information. An insert accompanying VA benefits checks made information available through the GSA Information Center.

Office of the Assistant Secretary for Congressional Affairs

The Office of the Assistant Secretary works with Congress to keep it informed of Department of Veterans Affairs' policies and programs and its legislative agenda. The Office of Congressional Affairs (OCA) is the principal point of contact between the Department and Congress and is the oversight and coordinating body for the Department's Congressional relations.

This office serves in an advisory capacity to the Secretary and Deputy Secretary as well as other VA managers concerning policies, programs, and legislative matters in which Congressional committees

or individual Members of Congress have expressed an interest. OCA staff maintain regular contact with Congressional staff to inform them of VA policy and legislative proposals and to learn from them of Congressional expectations with respect to the Department's performance of its responsibilities and pending legislation relating to the Department.

In FY 1995, OCA monitored or participated in more than 65 Congressional hearings; and its House and Senate Liaison offices, located on Capitol Hill, handled 7,370 constituent cases that were brought to them by Members of Congress.

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VETERAN POPULATION

TABLES 1 and 2

Table 1 -- Selected Data on the Veteran Population
(In thousands)

Period of Service	Veteran Population ⁽¹⁾ as of July 1, 1994	Net Separations from the Armed Forces	Deaths in Civilian Life	Veteran Population ⁽¹⁾ as of July 1, 1995	Percent Change in Veteran Population	Female veterans	
						Population as of July 1, 1995	Percent of Total Veteran Population
All veterans.....	26,503	211	515	26,198	-1.1	1,204	4.6
Wartime veterans (2)	20,430	211	472	20,169	-1.3	752	3.7
Persian Gulf War service.....	1,242	211	3	1,450	16.8	174	12.0
With no Vietnam era service.....	1,035	173	2	1,206	16.5	162	13.4
With Vietnam era service.....	207	38	1	244	18.0	12	4.9
Vietnam era	8,284	38	49	8,273	-0.1	234	2.8
With no Korean conflict or Persian Gulf War service.....	7,544	--	35	7,509	-0.5	214	2.9
With Korean conflict and no Persian Gulf War service.....	308	--	5	303	-1.7	4	1.3
With Persian Gulf War and no Korean conflict service.....	207	38	1	244	18.0	12	4.9
Korean conflict	4,597	*	98	4,499	-2.1	95	2.1
With no World War II or Vietnam era service.....	3,523	--	63	3,460	-1.8	78	2.2
With World War II service only.....	540	--	22	518	-4.0	10	2.0
With Vietnam era service and no World War II service.....	308	*	5	303	-1.7	4	1.3
World War II.....	7,795	--	361	7,433	-4.6	282	3.8
With no Korean conflict service.....	7,029	--	331	6,698	-4.7	268	4.0
With Korean conflict service.....	765	--	30	735	-3.9	14	1.9
World War I.....	19	--	5	13	-27.6	1	6.4
Peacetime veterans.....	6,072	--	43	6,029	-0.7	452	7.5
Service between Korean conflict and Vietnam era only.....	2,859	--	29	2,830	-1.0	73	2.6
Peacetime post-Vietnam era service.....	3,048	--	7	3,041	-0.2	367	12.1
Other peacetime service (3)	166	--	8	158	-4.6	12	7.8

(1) Includes an indeterminate number of Mexican Border period veterans, 29 of whom were receiving benefits as of September 30, 1995.

(2) Comprised of: Persian Gulf War with no Vietnam era service; Persian Gulf War with Vietnam era service; Vietnam era with no Korean conflict or Persian Gulf War service; Korean conflict with Vietnam era service and no World War II service; Korean conflict with no Vietnam era service or World War II service; World War II, and World War I service.

(3) Includes veterans who served only between World War I and World War II and those who served only between World War II and the Korean conflict, and those who served before World War I only.

* Less than 500

NOTE: These data represent the number of living veterans in the U.S. and Puerto Rico. Detail may not add to totals due to rounding. Excluded are veterans whose only active duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement.

Table 2 -- Percentage Distribution of Male Veterans and Male Nonveterans by Educational Attainment and Selected Age Groups, 1995

Description	Number of Veterans (thousands)	Percent of Total					
		High School			College		
		No High School	1 to 3 Years	4 years	1-3 Years	4 years or more	At least some college
Veterans age 20 and older.....	24,864	5.9	8.1	35.6	28.2	22.1	50.3
Nonveterans age 20 and older.....	62,761	9.1	10.7	30.8	24.4	25.0	49.4
Vietnam era veterans age 40 to 54.....	6,416	0.8	4.1	33.4	34.3	27.4	61.7
Nonveterans age 40 to 54.....	16,930	8.0	9.3	27.2	21.9	33.6	55.5
Post-Vietnam era veterans age 20 to 39.....	3,452	0.4	3.3	47.7	37.7	10.8	48.5
Nonveterans age 20 to 39.....	36,209	4.9	10.2	33.6	28.3	23.0	51.3

Source: March 1995 Current Population Survey, U.S. Bureau of Census.

TABLE 3

VETERAN POPULATION

Table 3 -- Labor Force Status and Unemployment of Selected Groups of Veterans and Nonveterans
Fiscal Year 1995

	<i>Number in Labor Force (000s)</i>	<i>Percent in Labor Force</i>	<i>Number Unemployed (000s)</i>	<i>Unemployment Rate</i>
Both Sexes--20 or older				
Veterans.....	15,871	61.1	674	4.2
Nonveterans.....	108,467	68.8	5,397	5.0
Males--20 or older				
Veterans.....	15,101	61.2	619	4.1
Nonveterans.....	52,215	82.9	2,636	5.0
Males--20 to 39				
Post Vietnam era veterans.....	2,934	93.2	169	5.8
Nonveterans.....	32,988	90.5	1,912	5.8
Males--40 to 54				
Vietnam era veterans.....	5,961	91.3	220	3.7
Nonveterans.....	15,312	90.1	562	3.7
Males--55 to 64				
Veterans.....	3,249	64.0	108	3.3
Nonveterans.....	3,238	68.1	128	3.9
Females--20 or older				
Veterans.....	770	58.6	55	7.1
Nonveterans.....	56,252	59.4	2,761	4.9
Females--20-39				
Veterans.....	459	79.2	37	8.0
Nonveterans.....	29,991	74.1	1,827	6.1
Females--40-54				
Veterans.....	213	84.0	11	4.9
Nonveterans.....	19,413	75.8	692	3.6

Note: Numbers shown are based upon an average of quarterly figures for fiscal year 1995.

Source: Current Population Survey, October 1994 through September 1995, U.S. Bureau of Census.

Footnotes to Tables 4 and 5

Note: Excluded are veterans whose only active-duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.

- (1) Veterans who served in more than one wartime period are counted only once. Total wartime equals the sum of Persian Gulf War (no prior wartime service), Vietnam era (no prior wartime service), Korean conflict (no prior wartime Service), World War II, and World War I. Also includes an indeterminate number of Mexican Border period veterans of whom 29 were receiving VA benefits and 13,000 veterans (850 female veterans) of World War I all of whom were over 90 years old.
- (2) Includes 242,000 (12,000 female) who served in both the Persian Gulf and the Vietnam era.
- (3) Includes 210 who served in the Persian Gulf War, the Vietnam era, and the Korean conflict.
- (4) Includes 303,000 (3,900 female) who served in both the Korean conflict and the Vietnam era.
- (5) Includes 217,000 (3,530 female) who served in the Vietnam era, Korean conflict, and World War II.
- (6) Includes 518,000 (10,400 female) who served in both the Korean conflict and World War II.
- (7) Service only between May 7, 1975 and August 2, 1990.
- (8) Includes those who served only between World War II and the Korean conflict, those who served only between World War I and World War II, and those who served prior to World War I only.
- (9) Computed from data by single year of age.

* Less than 500.

VETERAN POPULATION

TABLE 4

Table 4 -- Estimated Number of Veterans Living in the U.S. by Age and Period of Service as of July 1, 1995
(In thousands)

Age Group (in years)	Total Veterans	Wartime Veterans								Peacetime Veterans			
		Total (1)	Persian Gulf War		Vietnam Era		Korean Conflict		World War II (5,6)	Total	Post- Vietnam Era (7)	Service Between Korean Conflict and Vietnam Era Only	Other Peace- time (8)
			Total (2,3)	No Prior Wartime Service	Total (2,3,4,5)	No Prior Wartime Service	Total (3,4,5,6)	No Prior Wartime Service					
All Veterans													
All Ages.....	26,067	20,072	1,442	1,200	8,237	7,718	4,465	3,731	7,410	5,995	3,025	2,814	157
Under 20 yrs.....	1	1	1	1	--	--	--	--	--	--	--	--	--
20-24 yrs.....	250	236	236	236	--	--	--	--	--	14	14	--	--
25-29 yrs.....	878	497	497	497	--	--	--	--	--	381	381	--	--
30-34 yrs.....	1,271	257	257	256	--	--	--	--	--	1,014	1,014	--	--
35-39 yrs.....	1,578	423	144	126	297	297	--	--	--	1,155	1,155	--	--
40-44 yrs.....	1,959	1,629	151	45	1,585	1,585	--	--	--	330	330	--	--
45-49 yrs.....	3,520	3,409	104	21	3,388	3,388	--	--	--	111	77	34	--
50-54 yrs.....	2,633	1,880	37	11	1,868	1,868	--	--	--	753	30	721	2
55-59 yrs.....	2,348	838	11	6	523	475	358	358	--	1,510	18	1,489	3
60-64 yrs.....	2,880	2,315	3	2	264	78	2,212	2,199	35	565	6	517	42
65-69 yrs.....	3,089	2,994	--	--	172	17	1,402	1,110	1,866	95	1	40	54
70-74 yrs.....	3,054	3,037	--	--	87	6	308	46	2,985	18	--	6	12
75-79 yrs.....	1,771	1,754	--	--	40	2	136	10	1,742	17	--	3	14
80-84 yrs.....	607	590	--	--	9	--	39	5	585	17	--	2	15
85 yrs. & over.....	229	213	--	--	2	--	11	2	197	17	--	1	15
Median Age (9).....	57.1	62.4	29.8	28.3	48.4	48.0	64.4	63.1	72.9	49.7	35.4	57.2	66.7
Female Veterans													
All Ages.....	1,200	750	173	161	232	225	95	82	281	450	365	73	12
Under 20 yrs.....	--	--	--	--	--	--	--	--	--	--	--	--	--
20-24 yrs.....	29	27	27	27	--	--	--	--	--	2	2	--	--
25-29 yrs.....	103	60	60	60	--	--	--	--	--	43	43	--	--
30-34 yrs.....	158	40	40	40	--	--	--	--	--	118	118	--	--
35-39 yrs.....	176	42	22	21	21	21	--	--	--	135	135	--	--
40-44 yrs.....	137	91	16	9	81	81	--	--	--	47	47	--	--
45-49 yrs.....	92	78	7	3	75	75	--	--	--	14	13	2	--
50-54 yrs.....	62	34	2	1	33	33	--	--	--	28	4	24	--
55-59 yrs.....	54	18	1	--	10	9	9	9	--	35	2	33	--
60-64 yrs.....	60	48	--	--	5	3	43	42	3	12	1	9	2
65-69 yrs.....	50	44	--	--	3	2	24	23	20	5	--	2	3
70-74 yrs.....	147	144	--	--	3	1	10	5	138	3	--	1	2
75-79 yrs.....	80	77	--	--	2	--	5	1	75	3	--	--	2
80-84 yrs.....	34	31	--	--	1	--	3	1	30	2	--	1	2
85 yrs. & over.....	18	16	--	--	--	--	1	1	15	2	--	1	1
Median Age (9).....	44.8	56.5	30.0	29.4	45.8	45.6	64.6	63.8	74.3	37.1	35.6	56.4	73.1

See footnotes for this table on the preceding page.

TABLE 5

VETERAN POPULATION

Table 5 -- Estimated Number of Veterans Living in the U.S. by State and Period of Service as of July 1, 1995
(In thousands)

State	Total Veterans	Veterans per 1,000 Civilian Population Age 18 and Over	Wartime Veterans										Peacetime Veterans				
			Total (1)	Persian Gulf War		Vietnam Era		Korean Conflict		World War II (5,6)	World War I	Total	Post-Vietnam Era (7)	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime (8)		
				Total (2,3)	No Prior Wartime Service	Total (2,3,4,5)	No Prior Wartime Service	Total (3,4,5,6)	No Prior Wartime Service								
Total.....	26,067	136.5	20,072	1,442	1,200	8,237	7,718	4,465	3,731	7,410	13	5,995	3,025	2,814	157		
Alabama.....	427	136.9	334	36	29	136	122	80	64	118	*	93	49	42	3		
Alaska.....	65	166.0	45	3	2	30	29	8	7	8	*	20	12	7	*		
Arizona.....	459	157.5	353	22	20	146	131	83	64	139	*	105	58	44	3		
Arkansas.....	258	142.8	204	21	17	79	72	46	36	78	*	54	26	26	2		
California.....	2,818	125.1	2,122	119	99	944	874	495	390	759	1	696	374	304	17		
Colorado.....	385	145.4	295	22	19	146	134	66	53	89	*	90	49	39	2		
Connecticut.....	339	136.8	260	12	10	99	96	58	50	104	*	79	37	41	2		
Delaware.....	78	148.1	59	5	4	24	23	13	11	22	*	19	11	8	*		
Dist. of Columbia...	50	111.9	39	4	3	14	13	10	8	15	*	11	6	5	*		
Florida.....	1,709	161.1	1,343	82	66	484	424	316	238	613	1	366	200	154	12		
Georgia.....	685	134.5	507	49	41	247	228	109	89	150	*	177	104	69	4		
Hawaii.....	116	141.2	85	6	4	42	38	20	16	27	*	30	18	12	1		
Idaho.....	112	141.9	87	8	7	36	34	18	15	31	*	25	12	12	1		
Illinois.....	1,074	124.2	839	57	49	320	313	180	161	315	1	234	103	125	6		
Indiana.....	593	138.7	453	34	29	181	176	97	87	160	*	140	67	69	3		
Iowa.....	291	138.6	233	18	15	87	85	52	47	86	*	58	24	32	2		
Kansas.....	263	143.0	207	14	12	86	81	45	38	76	*	56	28	26	2		
Kentucky.....	367	129.6	288	24	21	117	110	62	54	103	*	79	38	39	2		
Louisiana.....	378	123.6	300	34	29	118	110	63	52	108	*	78	35	41	3		
Maine.....	153	164.5	117	9	7	51	47	25	21	40	*	37	20	16	1		
Maryland.....	530	143.1	389	27	22	174	163	87	71	133	*	141	80	58	3		
Massachusetts.....	594	128.9	459	21	17	166	160	104	90	191	*	135	64	68	3		
Michigan.....	949	136.2	730	56	49	293	287	148	134	259	*	219	105	108	6		
Minnesota.....	462	139.0	355	22	19	150	148	77	69	119	*	107	48	57	2		
Mississippi.....	233	122.8	184	23	20	68	61	43	35	69	*	49	24	23	2		
Missouri.....	586	150.8	456	34	28	183	173	104	89	166	*	130	63	63	3		
Montana.....	95	154.7	76	7	6	31	29	16	14	27	*	20	8	11	1		
Nebraska.....	168	143.4	132	10	9	52	49	31	28	47	*	36	17	18	1		
Nevada.....	186	173.4	139	6	5	64	57	36	29	48	*	47	25	21	1		
New Hampshire.....	135	159.9	101	6	5	46	43	22	19	34	*	34	19	14	1		
New Jersey.....	741	124.3	577	27	22	201	195	133	118	242	*	164	70	89	5		
New Mexico.....	172	150.8	132	11	9	60	54	29	23	46	*	40	23	16	1		
New York.....	1,538	112.9	1,189	79	65	416	408	260	236	478	1	349	160	179	10		
North Carolina.....	711	136.4	539	46	37	232	214	120	101	187	*	171	95	72	4		
North Dakota.....	59	128.8	47	4	3	19	18	11	10	15	*	12	5	7	*		
Ohio.....	1,188	144.2	923	69	59	356	347	192	172	345	1	265	128	130	7		
Oklahoma.....	350	148.9	278	20	17	118	108	64	51	102	*	71	32	37	2		
Oregon.....	371	161.2	289	19	16	124	118	59	48	106	*	82	40	41	2		
Pennsylvania.....	1,363	149.0	1,070	67	56	376	365	230	202	446	1	293	126	158	9		
Rhode Island.....	109	144.9	85	5	4	31	29	19	16	37	*	24	12	11	1		
South Carolina.....	380	142.6	288	29	23	130	117	64	51	97	*	92	52	37	2		
South Dakota.....	74	145.7	58	6	5	21	20	14	13	20	*	16	8	8	*		
Tennessee.....	516	133.6	398	33	27	170	159	87	74	137	*	118	59	57	3		
Texas.....	1,647	127.1	1,265	108	88	582	530	278	221	425	1	382	203	169	10		
Utah.....	138	112.2	110	9	8	44	42	24	20	41	*	28	12	15	1		
Vermont.....	62	142.7	46	3	3	20	19	10	9	16	*	16	8	7	*		
Virginia.....	705	147.4	522	40	32	260	230	122	93	167	*	182	111	67	4		
Washington.....	631	162.4	475	32	26	232	213	105	81	154	*	155	85	67	4		
West Virginia.....	199	142.9	161	13	11	59	56	36	31	63	*	38	15	22	1		
Wisconsin.....	507	135.8	389	28	25	152	149	83	74	140	*	118	50	65	3		
Wyoming.....	48	143.4	38	3	3	17	16	8	7	12	*	10	4	6	*		

NOTE: Veterans per 1,000 civilian population age 18 and over are based on civilian population estimates for July 1, 1995, provided by the U. S. Department of Commerce, Bureau of Census.

Refer to the footnotes for Table 4 "Estimated Number of Veterans Living in the U.S., by Age and Period of Service" located below table 3.

PROGRAM SUMMARY

TABLE 6

Table 6 -- Comparative Highlights

<i>Description</i>	<i>Fiscal Year 1995</i>	<i>Fiscal Year 1994 *</i>	<i>Percent Change</i>
Facilities at end of year			
Medical centers (hospital care and outpatient care)	173	172	0.6%
Nursing home care units ⁽¹⁾	131	128	2.3%
Domiciliary care units ⁽¹⁾	39	37	5.4%
Other Outpatient Clinics ⁽²⁾	391	365	7.1%
Independent domiciliary and clinic	1	1	0.0%
Employment			
Full-time equivalent	204,902	208,858	-1.9%
Obligations (millions)			
Medical care	\$16,548	\$15,835	4.5%
Research in health care	\$16,126	\$15,401	4.7%
Medical administration and miscellaneous operating expenses	\$289	\$292	-1.0%
Health professional scholarship program	\$69	\$71	-2.8%
Other medical programs	\$10	\$10	0.0%
	\$54	\$62	-12.9%
Inpatients treated ⁽³⁾	1,034,945	1,066,534	-3.0%
VA facilities	961,299	989,829	-2.9%
Hospitals	910,133	940,043	-3.2%
Nursing homes	33,073	31,550	4.8%
Domiciliaries	18,093	18,236	-0.8%
Other facilities	73,646	76,705	-4.0%
Average daily Inpatient census	81,071	83,848	-3.3%
VA facilities	56,304	59,496	-5.4%
Hospitals	37,016	39,941	-7.3%
Nursing homes	13,575	13,504	0.5%
Domiciliaries	5,713	6,051	-5.6%
Other facilities	24,767	24,352	1.7%
Outpatient medical visits ⁽⁴⁾	27,565,000	25,442,540	8.3%
VA staff	26,501,000	24,419,396	8.5%
Fee basis	1,064,000	1,023,144	4.0%

(1) Located within VA medical centers.

(2) Includes Independent, Satellite, Community-Based, Rural Outreach, and Mobile Clinics.

(3) Inpatients treated are as reported in the Automated Management Information System (AMIS) (12/5/95 output report) and do not include inter/intra hospital transfers.

(4) Data are as reported in the AMIS output report of 12/5/95.

NOTE: Due to use of revised data output reports, some 1994 figures in the 1995 Annual Report are different than as reported in the 1994 Annual

TABLE 7

PROGRAM SUMMARY

Table 7 -- Program Summary
Inpatient and Outpatient Medical Care -- Fiscal Year 1995

Location of VA Facility	Inpatient Care--Patients Treated ⁽¹⁾								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries		Visits to VA Staff	Fee Basis Care ⁽⁵⁾
	VAMC Hospital Care Component	Non-VA ^(2,3)	State Home ^(2,4)	VAMC Nursing Home Care Component	Community ^(2,3)	State Home ^(2,4)	VAMC Dom. Care Component	State Home ^(2,4)		
Departmentwide: Totals.....	878,506	18,475	1,997	33,061	26,971	19,341	19,106	6,121	26,464,203	1,064,167
Transfers.....	31,435	--	--	521	529	--	47	--	--	--
All facilities: Totals.....	909,941	18,475	1,997	33,582	27,500	19,341	19,153	6,121	26,464,203	1,064,167
Alabama: Birmingham.....	7,253	29	--	--	45	--	--	--	174,565	868
Montgomery.....	3,022	127	--	--	33	228	--	--	48,882	18,070
Tuscaloosa.....	3,739	4	--	231	24	--	--	--	77,416	--
Tuskegee.....	5,467	5	--	194	43	--	--	--	84,572	362
Alaska: Anchorage (ROC).....	63	1,546	--	--	70	--	68	--	78,811	41,821
Arizona: Phoenix.....	10,269	142	--	372	229	--	--	--	274,960	10,678
Prescott.....	2,592	13	--	80	136	--	619	--	82,431	--
Tucson.....	5,731	22	--	711	257	--	--	--	201,282	--
Arkansas: Fayetteville.....	3,409	--	--	--	54	--	--	--	86,735	--
Little Rock (6).....	15,293	183	--	307	354	113	243	47	296,409	28,797
California: Fresno.....	4,087	11	--	377	70	--	--	--	130,494	3,952
Livermore.....	1,314	--	--	--	10	--	--	--	46,265	--
Loma Linda.....	6,529	119	--	295	241	--	--	--	207,068	1,783
Long Beach.....	10,551	152	--	529	247	--	--	--	372,270	150
Los Angeles (IOC).....	--	--	--	--	--	--	--	--	141,163	391
Martinez.....	1,427	654	--	--	108	--	--	--	338,255	17,776
Palo Alto(6).....	9,995	127	--	1,032	563	--	249	--	261,406	9,246
San Diego.....	8,207	520	--	337	222	--	--	--	274,736	44,648
San Francisco.....	7,350	185	632	308	414	888	--	1,186	239,803	26,766
Sepulveda.....	--	228	--	242	42	--	--	--	273,848	1,107
West Los Angeles(6).....	14,801	45	--	665	696	--	1,002	--	422,774	854
Colorado: Denver.....	7,152	45	--	315	196	325	--	38	229,811	9,738
Fort Lyon.....	752	73	--	218	28	--	--	--	38,566	18
Grand Junction.....	2,071	--	--	60	88	--	--	--	51,238	412
Connecticut: Newington.....	--	--	--	--	31	--	--	--	92,726	5,285
West Haven.....	9,420	73	658	202	259	--	--	776	192,810	722
Delaware: Wilmington.....	3,352	11	--	114	96	502	--	--	278,429	2,288
Dist. of Columbia: Washington.....	9,539	82	--	236	209	400	--	146	92,472	3,236
Florida: Bay Pines.....	10,864	1,460	--	497	481	--	596	--	284,490	55,429
Gainesville.....	8,924	52	--	164	152	202	--	--	249,499	321
Lake City.....	5,782	7	--	285	50	--	--	241	96,761	733
Miami.....	10,718	198	--	404	167	--	--	--	342,861	--
Tampa.....	12,550	16	--	486	443	--	--	--	422,169	661
West Palm Beach.....	715	--	--	63	67	--	--	--	116,803	114

See footnotes at end of table.

PROGRAM SUMMARY

TABLE 7

Table 7 (continued) -- Program Summary
Inpatient and Outpatient Medical Care -- Fiscal Year 1995

Location of VA Facility	Inpatient Care--Patients Treated ⁽¹⁾								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries		Visits to VA Staff	Fee Basis Care ⁽⁵⁾
	VAMC Hospital Care Component	Non-VA ^(2,3)	State Home ^(2,4)	VAMC Nursing Home Care Component	Community ^(2,3)	State Home ^(2,4)	VAMC Dom. Care Component	State Home ^(2,4)		
Georgia: Atlanta.....	8,311	55	--	195	315	--	--	--	232,961	17,048
Augusta(6).....	9,809	26	--	92	226	334	--	--	160,622	645
Dublin.....	4,202	91	--	166	142	393	909	131	75,077	941
Hawaii: Honolulu(ROC).....	767	1,245	--	--	68	--	--	--	94,454	16,172
Idaho: Boise.....	3,288	50	--	268	85	221	--	109	93,455	3,195
Illinois: Chicago (Lakeside).....	6,587	7	--	--	169	--	--	--	208,019	--
Chicago (West Side).....	8,414	192	--	--	308	--	--	--	280,723	9,331
Danville.....	6,412	57	--	340	116	--	--	--	129,213	132
Hines.....	12,829	85	--	537	533	505	--	9	299,079	84
Marion.....	3,812	15	--	158	209	88	--	9	109,811	6
North Chicago.....	4,094	38	--	521	462	--	217	--	156,439	178
Indiana: Fort Wayne.....	2,633	--	--	128	75	--	--	--	38,728	--
Indianapolis(6).....	7,400	90	--	311	282	364	--	53	225,276	20,573
Marion.....	2,629	--	--	102	92	--	--	--	51,874	--
Iowa: Des Moines.....	4,092	7	213	--	121	807	74	166	91,632	13,206
Iowa City.....	6,526	37	--	--	124	616	--	91	120,364	--
Knoxville.....	2,473	--	--	426	63	--	374	--	57,676	--
Kansas: Leavenworth.....	3,601	25	--	182	177	--	532	--	105,976	2,154
Topeka.....	4,780	19	--	290	64	--	--	--	147,852	4,251
Wichita.....	4,049	107	--	204	167	101	--	114	83,165	14,434
Kentucky: Lexington (6).....	8,865	27	--	176	122	372	--	--	134,169	--
Louisville.....	7,649	180	--	--	252	--	--	--	166,030	14,128
Louisiana: Alexandria.....	4,211	29	--	238	175	--	--	--	92,840	1,125
New Orleans.....	7,686	143	--	49	126	206	--	122	267,318	5,287
Shreveport.....	7,094	26	--	--	285	--	--	--	140,867	6,051
Maine: Togus.....	4,292	124	--	198	67	343	--	--	128,798	28,106
Maryland: Baltimore.....	7,412	52	--	--	187	--	--	--	260,379	9,444
Fort Howard.....	2,027	--	--	67	42	--	--	--	39,327	--
Perry Point.....	3,370	1	--	160	91	--	--	--	95,715	148
Massachusetts: Bedford.....	2,887	23	--	300	145	--	148	--	151,099	4
Boston.....	9,416	108	392	--	201	109	--	392	359,879	3,780
Brockton (6).....	7,980	--	--	214	266	--	112	--	284,915	--
Northampton.....	2,939	35	102	89	134	363	--	41	138,745	--
Michigan: Allen Park.....	7,930	274	--	152	72	689	--	108	204,223	10,276
Ann Arbor.....	6,112	2	--	301	180	--	--	--	192,017	--
Battle Creek.....	4,788	15	--	86	78	--	--	--	143,894	--
Iron Mountain.....	2,185	13	--	138	66	230	--	58	49,025	1,925
Saginaw.....	2,268	8	--	320	75	--	--	--	60,548	--

See footnotes at end of table.

TABLE 7

PROGRAM SUMMARY

Table 7 (continued) -- Program Summary
Inpatient and Outpatient Medical Care -- Fiscal Year 1995

Location of VA Facility	Inpatient Care--Patients Treated ⁽¹⁾								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries		Visits to VA Staff	Fee Basis Care ⁽⁵⁾
	VAMC Hospital Care Component	Non-VA ^(2,3)	State Home ^(2,4)	VAMC Nursing Home Care Component	Community ^(2,3)	State Home ^(2,4)	VAMC Dom. Care Component	State Home ^(2,4)		
Minnesota: Minneapolis.....	13,682	501	--	993	609	542	--	298	343,311	18,860
St. Cloud.....	2,726	61	--	312	68	--	256	--	93,597	2,996
Mississippi: Biloxi (6).....	5,140	57	--	159	206	--	857	--	213,304	274
Jackson.....	7,556	92	--	191	260	204	--	--	143,840	12,694
Missouri: Columbia.....	7,582	19	--	84	271	--	--	--	92,095	--
Kansas City.....	7,486	113	--	--	396	--	--	--	168,908	14,709
Poplar Bluff.....	3,080	6	--	102	89	190	--	--	51,816	1,197
St. Louis (6).....	11,958	38	--	409	253	945	5	--	289,700	7,683
Montana: Fort Harrison.....	3,257	7	--	--	149	119	--	47	46,210	12,717
Miles City.....	827	26	--	101	45	--	--	--	27,940	99
Nebraska: Grand Island.....	1,348	--	--	251	25	433	--	44	31,857	--
Lincoln.....	2,851	42	--	--	79	--	--	--	55,471	6,829
Omaha.....	6,434	47	--	--	201	148	--	4	116,709	818
Nevada: Las Vegas (IOC).....	1,106	138	--	--	28	--	--	--	125,387	1,925
Reno.....	3,516	35	--	333	95	--	--	--	123,777	6,883
New Hampshire: Manchester.....	2,522	53	--	378	82	168	--	--	88,294	4,846
New Jersey: East Orange.....	8,375	38	--	90	73	592	--	4	251,025	3,542
Lyons.....	3,628	1	--	332	25	--	219	--	92,035	--
New Mexico: Albuquerque.....	9,654	94	--	217	207	185	--	18	287,599	2,614
New York: Albany.....	6,408	55	--	360	191	--	--	--	204,579	6,868
Batavia.....	801	13	--	136	58	--	--	--	75,815	--
Bath.....	2,124	15	--	216	84	--	713	--	61,082	--
Bronx.....	6,465	5	--	261	152	--	--	--	251,414	80
Brooklyn (6).....	8,887	83	--	331	215	--	151	--	386,316	156
Buffalo.....	8,286	42	--	211	148	--	--	--	221,670	6,751
Canandaigua.....	2,218	7	--	202	43	--	174	--	79,625	8
Castle Point.....	2,308	10	--	218	54	--	--	--	64,997	376
Montrose.....	3,482	8	--	219	44	--	245	--	71,736	97
New York.....	8,061	42	--	--	75	--	--	--	332,731	982
Northport.....	6,155	--	--	283	125	645	--	--	263,877	259
Syracuse.....	5,354	106	--	175	108	194	--	--	142,619	13,737
North Carolina: Asheville.....	6,279	17	--	90	81	--	--	--	92,244	3
Durham.....	8,796	126	--	420	223	--	--	--	151,640	--
Fayetteville.....	4,207	6	--	88	127	--	--	--	111,738	--
Salisbury.....	4,264	83	--	260	208	--	--	--	109,004	50,836

See footnotes at end of table.

PROGRAM SUMMARY

TABLE 7

Table 7 (continued) -- Program Summary
Inpatient and Outpatient Medical Care -- Fiscal Year 1995

Location of VA Facility	Inpatient Care--Patients Treated ⁽¹⁾								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries			
	VAMC Hospital Care Component	Non-VA ^(2,3)	State Home ^(2,4)	VAMC Nursing Home Care Component	Com-munity ^(2,3)	State Home ^(2,4)	VAMC Dom. Care Component	State Home ^(2,4)	Visits to VA Staff	Fee Basis Care ⁽⁵⁾
North Dakota: Fargo.....	3,475	175	--	280	89	48	--	138	58,996	9,561
Ohio: Chillicothe.....	5,737	67	--	656	396	--	--	--	87,950	34
Cincinnati.....	6,977	170	--	114	240	--	202	--	178,831	4,049
Cleveland (6).....	10,426	217	--	331	244	447	1,133	223	375,030	9,207
Columbus (IOC).....	--	326	--	--	--	--	--	--	117,923	21,113
Dayton.....	6,638	38	--	411	339	--	687	--	190,775	463
Oklahoma: Muskogee.....	4,143	128	--	--	215	404	--	--	133,884	22,848
Oklahoma City.....	8,549	110	--	--	323	1,116	--	--	227,545	--
Oregon: Portland (6).....	10,794	106	--	357	506	--	179	--	279,272	30,741
Roseburg.....	4,047	121	--	199	189	--	--	--	107,187	12,238
White City (Ind. Dom.).....	--	50	--	--	33	--	1,814	--	22,504	--
Pennsylvania: Altoona.....	2,352	42	--	96	42	712	--	304	56,225	8,590
Butler.....	2,023	29	--	224	107	--	238	--	59,808	1,542
Coatesville.....	3,195	25	--	345	154	121	405	175	86,450	5,665
Erie.....	1,949	26	--	19	123	100	--	122	68,982	2,117
Lebanon.....	3,963	72	--	265	181	--	--	--	112,114	7,753
Philadelphia.....	7,688	188	--	359	130	--	--	--	325,017	5,083
Pittsburgh (Highland Dr.).....	3,447	38	--	90	161	--	159	--	120,381	1,986
Pittsburgh (Univ. Dr.) (6).....	7,976	93	--	387	257	--	--	--	159,942	6,082
Wilkes-Barre.....	5,223	181	--	249	112	226	--	22	174,428	18,927
Philippines: Manila (ROC).....	--	380	--	--	--	--	--	--	8,828	--
Puerto Rico: San Juan.....	12,354	453	--	266	44	--	--	--	382,743	38,041
Rhode Island: Providence.....	4,235	40	--	--	209	312	--	59	184,182	4,733
South Carolina: Charleston.....	5,923	46	--	--	126	--	--	--	147,177	708
Columbia.....	6,132	837	--	188	188	529	--	--	186,264	16,948
South Dakota: Fort Meade.....	2,824	31	--	165	67	--	--	--	67,625	--
Hot Springs.....	2,339	--	--	--	45	57	509	90	79,826	--
Sioux Falls.....	3,370	121	--	156	60	97	--	--	72,892	9,510
Tennessee: Memphis.....	10,202	--	--	444	101	--	--	--	234,789	48
Mountain Home.....	6,820	86	--	190	255	--	1,274	--	182,980	2,088
Murfreesboro.....	4,692	38	--	234	105	293	--	--	127,137	728
Nashville.....	8,241	76	--	--	179	--	--	--	173,986	8,443

See footnotes at end of table.

TABLE 7

PROGRAM SUMMARY

Table 7 (continued) -- Program Summary
Inpatient and Outpatient Medical Care -- Fiscal Year 1995

Location of VA Facility	Inpatient Care--Patients Treated ⁽¹⁾								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries			
	VAMC Hospital Care Component	Non-VA ^(2,3)	State Home ^(2,4)	VAMC Nursing Home Care Component	Community ^(2,3)	State Home ^(2,4)	VAMC Dom. Care Component	State Home ^(2,4)	Visits to VA Staff	Fee Basis Care ⁽⁵⁾
Texas: Amarillo.....	3,720	18	--	189	174	--	--	--	155,806	5,549
Big Spring.....	2,885	22	--	93	101	--	--	--	44,362	404
Bonham.....	1,542	20	--	123	--	--	571	--	59,322	46
Dallas.....	11,090	171	--	436	485	--	129	--	322,551	15,756
El Paso (IOC).....	--	906	--	--	22	--	--	--	91,628	13,531
Houston.....	17,377	50	--	273	382	--	--	--	408,571	2,240
Kernville.....	2,618	2	--	203	77	--	--	--	44,403	--
Marlin.....	--	--	--	--	55	--	--	--	100,485	--
San Antonio.....	12,415	309	--	465	224	--	--	--	327,360	13,366
Temple.....	6,719	56	--	196	237	--	857	--	253,592	1,864
Waco.....	3,558	49	--	198	97	--	260	--	22,074	8,276
Utah: Salt Lake City.....	7,954	86	--	--	391	98	--	--	161,641	12,209
Vermont: White River Junction.....	3,592	58	--	120	59	305	--	53	96,218	2,336
Virginia: Hampton.....	4,875	20	--	272	135	--	1,130	--	192,854	5,578
Richmond.....	11,545	62	--	164	222	--	--	--	218,359	1,837
Salem.....	7,062	120	--	378	148	456	--	123	189,621	6,526
Washington: American Lake.....	--	--	--	--	49	--	--	--	160,159	9,367
Seattle.....	11,534	383	--	365	416	448	178	208	241,559	21,396
Spokane.....	2,572	69	--	249	125	90	--	--	89,534	5,986
Walla Walla.....	1,399	48	--	220	87	--	--	--	43,075	6,661
West Virginia: Beckley.....	2,838	1	--	71	57	--	--	--	55,375	--
Clarksburg.....	3,693	1	--	--	280	--	--	--	88,327	--
Huntington.....	4,825	19	--	--	316	--	--	168	101,196	10,402
Martinsburg.....	4,906	33	--	218	144	--	758	--	149,134	793
Wisconsin: Madison.....	5,668	26	--	--	30	649	--	100	85,366	--
Milwaukee.....	7,869	209	--	410	143	--	907	--	289,447	20,363
Tomah.....	2,763	1	--	258	164	--	--	--	61,550	--
Wyoming: Cheyenne.....	1,709	97	--	61	48	69	--	68	49,428	2,203
Sheridan.....	1,899	8	--	41	28	--	--	16	30,607	543

- (1) Number of discharges and deaths during FY1995, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1995. Transfers to another facility are included in the count of discharges for each facility.
- (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) Includes data for two divisions of the VA Medical Center.

PROGRAM SUMMARY

TABLE 8

Table 8 -- Program Summary
Inpatient and Outpatient Dental Care -- Fiscal Year 1995

State	Facility	Inpatient Care			Outpatient Care			
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee	
					Visits	Cases Completed	Cases Completed	
Departmentwide: Totals.....		372,610	51,810	60,552	785,673	149,535	17,240	
Alabama:	Birmingham	2,356	239	535	10,252	1,007	--	
	Montgomery	2,871	5	147	3,844	501	152	
	Tuscaloosa	4,292	383	346	1,719	472	--	
	Tuskegee	6,120	1,494	960	2,698	814	--	
Alaska:	Anchorage (ROC).....	54	13	--	2,434	374	115	
Arizona:	Phoenix	814	376	369	5,665	2,078	616	
	Prescott	1,893	362	228	1,526	180	23	
	Tucson	1,151	171	234	5,452	1,326	--	
Arkansas:	Fayetteville	74	11	51	3,452	1,162	11	
	Little Rock	8,194	731	1,185	7,486	1,235	42	
California:	Bakersfield (SOC).....	1	--	--	1,323	245	--	
	Fresno	410	15	45	3,348	515	--	
	Livermore (SDV).....	855	10	309	1,281	133	--	
	Loma Linda	1,380	1,100	288	7,234	1,658	--	
	Long Beach	2,669	403	616	8,240	2,776	--	
	Los Angeles (IOC).....	1	--	--	4,297	1,242	1	
	Martinez (IOC)	3	--	3	2,667	316	447	
	Martinez (SOC).....	1	--	--	976	87	179	
	Menlo Park (SDV).....	2,013	519	504	684	166	--	
	Palo Alto (PDV)	1,261	370	392	4,718	1,273	25	
	Sacramento (SOC).....	--	--	--	4,082	795	--	
	San Diego	705	126	36	9,066	2,478	183	
	San Francisco.....	525	83	534	3,550	144	99	
	Sepulveda	830	5	93	6,209	1,320	70	
	W. Los Angeles	8,142	1,103	2,398	10,462	2,809	46	
	Colorado:	Denver	739	13	149	8,607	1,074	195
		Fort Lyon	1,983	549	171	833	360	--
		Grand Junction	263	44	63	959	128	4
	Connecticut:	West Haven	757	111	367	2,999	629	--
Delaware:	Wilmington	699	98	202	4,504	713	--	
District of Columbia:	Washington.....	1,565	229	294	9,940	1,793	368	
Florida:	Bay Pines	3,777	471	882	8,765	1,936	1,125	
	Daytona (SOC).....	--	--	--	1,401	268	--	
	Fort Myers (SOC).....	4	3	1	2,483	891	--	
	Gainesville	513	29	99	3,528	732	--	
	Jacksonville (SOC).....	1	--	--	2,112	397	--	
	Lake City	19,137	966	313	2,770	934	1	
	Miami	3,665	38	275	9,578	931	--	
	Oakland Park (SOC).....	1	--	--	4,970	1,491	--	
	Orlando (SOC).....	--	--	--	3,261	1,451	--	
	Pensacola (SOC).....	6	--	2	2,247	909	--	
	Tampa	1,319	197	519	8,337	1,709	--	
	West Palm Beach	227	5	76	6,034	811	--	
	Georgia:	Atlanta	2,970	374	403	9,203	1,956	1,155
		Augusta (PDV)	509	133	191	615	103	--
		Augusta [Uptown] (SDV).....	4,517	1,466	472	4,424	1,342	--
		Dublin	1,756	423	559	1,167	366	41
Hawaii:	Honolulu (ROC).....	3	--	--	2,272	607	310	

TABLE 8

PROGRAM SUMMARY

Table 8 (continued) -- Program Summary
Inpatient and Outpatient Dental Care -- Fiscal Year 1995

State	Facility	Inpatient Care			Outpatient Care		
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee
					Visits	Cases Completed	Cases Completed
Idaho:	Boise	734	70	146	3,105	527	158
Illinois:	Chicago (Lakeside).....	790	41	600	1,997	1,001	--
	Chicago (West Side)	4,597	54	12	12,463	1,881	175
	Danville	3,409	650	536	2,329	430	--
	Hines	6,076	385	902	10,657	814	--
	Marion	1,249	135	378	2,695	706	--
	North Chicago	6,587	1,068	808	2,847	269	--
	Peoria (SOC).....	--	--	--	1,338	344	--
Indiana:	Crown Point (SOC).....	16	--	7	923	206	--
	Fort Wayne	308	56	46	1,065	500	--
	Indianapolis	944	11	117	5,855	1,402	208
	Marion	3,043	865	432	1,650	412	--
Iowa:	Des Moines	1,490	43	205	2,665	622	182
	Iowa City	541	236	132	4,746	1,032	--
	Knoxville	4,788	672	319	946	150	--
Kansas:	Leavenworth.....	2,540	420	521	2,148	313	--
	Topeka	2,658	51	1,153	2,683	551	--
	Wichita	773	54	167	3,185	660	87
	Lexington (PDV)	3,256	1,029	131	2,563	1,059	--
Kentucky:	Lexington [Cooper Dr.] (SDV).....	3,400	532	73	5,022	1,455	--
	Louisville	783	289	294	6,338	1,443	99
Louisiana:	Alexandria	1,210	92	385	2,603	319	--
	Baton Rouge (SOC).....	--	--	--	876	111	--
	New Orleans	1,143	93	494	5,642	1,154	35
	Shreveport	285	62	140	3,435	1,055	81
Maine:	Togus	739	43	291	3,660	855	611
Maryland:	Baltimore	198	76	66	5,339	1,332	121
	Fort Howard	1,559	203	164	584	123	--
	Perry Point	2,868	259	376	1,780	205	--
Massachusetts:	Bedford	4,598	450	886	4,285	328	--
	Boston	1,132	28	295	4,824	1,132	--
	Boston (OPC).....	1	--	--	9,007	811	230
	Brockton (PDV)	2,684	192	331	5,227	638	--
	Northampton	1,672	672	334	2,121	658	--
	West Roxbury.....	337	13	185	3,952	252	--
Michigan:	Allen Park	1,101	29	186	5,439	356	141
	Ann Arbor	1,310	51	717	6,723	1,204	--
	Battle Creek	3,024	296	701	2,203	218	--
	Grand Rapids (SOC).....	12	1	3	1,268	356	--
	Iron Mountain	374	27	132	1,458	245	145
	Saginaw	533	2	146	1,378	701	--
Minnesota:	Minneapolis	1,410	18	575	7,107	805	273
	St. Cloud	4,706	455	542	2,556	113	1
Mississippi:	Biloxi (PDV).....	4,713	354	159	2,700	890	--
	Biloxi [Gulfport] (SDV)	2,476	522	22	936	194	--
	Jackson.....	2,440	297	460	5,322	1,240	31
Missouri:	Columbia	702	117	280	3,280	524	--
	Kansas City	2,315	121	133	6,844	1,145	3
	Poplar Bluff	1,232	205	117	1,976	670	--
	St. Louis (PDV)	640	101	258	7,399	1,057	1
	St. Louis [Jeff. Barracks] (SDV).....	3,095	570	1,306	909	159	--

PROGRAM SUMMARY

TABLE 8

Table 8 (continued) -- Program Summary
Inpatient and Outpatient Dental Care -- Fiscal Year 1995

State	Facility	Inpatient Care			Outpatient Care		
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee
					Visits	Cases Completed	Cases Completed
Montana:	Fort Harrison	687	35	60	1,348	226	194
	Miles City	653	186	3	391	111	--
Nebraska:	Grand Island	673	276	68	1,958	275	--
	Lincoln	703	87	124	1,974	361	--
	Omaha	2,467	33	184	3,783	826	91
Nevada:	Las Vegas	--	--	--	3,348	1,754	141
	Reno	485	57	84	1,474	574	6
New Hampshire:	Manchester	1,335	75	514	4,235	1,072	--
New Jersey:	East Orange	4,124	213	452	6,850	829	27
	Lyons	6,589	748	939	3,903	444	--
	Ocean City (OPC)	4	--	1	1,258	425	--
New Mexico:	Albuquerque	1,006	112	202	6,145	878	216
New York:	Albany	1,849	200	320	6,910	534	97
	Batavia	1,139	240	72	1,744	436	--
	Bath	2,376	198	49	898	87	--
	Bronx	5,217	272	210	5,795	421	--
	Brooklyn	1,139	6	603	7,948	196	--
	Brooklyn [St. Albans] (SDV)	2,575	516	994	1,602	506	--
	Buffalo	4,999	1,430	554	8,569	2,048	12
	Canandaigua	3,655	1,108	534	3,073	320	--
	Castle Point	1,055	149	219	4,196	738	--
	Montrose	4,352	237	496	3,012	275	--
	New York	2,738	877	57	15,379	3,150	7
	Northport	9,816	998	591	7,067	877	--
	Syracuse	487	10	29	2,629	185	361
North Carolina:	Asheville	782	151	483	4,126	905	--
	Durham	1,341	99	635	5,143	601	--
	Fayetteville	676	62	157	6,813	1,401	45
	Salisbury	2,181	837	591	3,304	996	121
North Dakota:	Fargo	1,265	117	631	2,713	699	271
	Canton (SOC)	--	--	--	2,672	546	--
Ohio:	Chillicothe	5,570	594	731	2,211	473	--
	Cincinnati	1,509	251	252	2,557	496	--
	Cleveland (PDV)	1,303	179	105	6,369	1,118	--
	Cleveland [Brecksville] (SDV)	4,092	648	910	1,730	326	9
	Columbus (IOC)	--	--	--	5,307	1,568	29
	Dayton	9,902	355	236	6,151	599	--
Oklahoma:	Muskogee	92	5	67	2,838	918	130
	Oklahoma City	326	9	157	5,223	198	--
	Tulsa (SOC)	2	1	--	1,987	956	--
Oregon:	Portland	1,069	63	321	7,811	823	178
	Roseburg	1,636	196	272	1,335	264	119
	Vancouver (SDV)	964	12	88	68	3	--
	White City (DOM)	4,416	841	7	760	165	--
Pennsylvania:	Altoona	1,842	874	64	1,052	451	3
	Butler	2,013	36	370	1,151	441	5
	Coatesville	2,656	802	677	1,203	206	1
	Erie	1,476	3	13	2,213	239	2
	Lebanon	1,935	234	501	2,685	540	175
	Philadelphia	1,316	371	625	8,634	2,227	40

TABLE 8

PROGRAM SUMMARY

Table 8 (continued) -- Program Summary
Inpatient and Outpatient Dental Care -- Fiscal Year 1995

State	Facility	Inpatient Care			Outpatient Care		
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee
					Visits	Cases Completed	Cases Completed
Pennsylvania: [Continued]							
	Allentown (SOC)	8	--	6	1,588	94	--
	Pittsburgh [Aspinwall] (SDV)	2,098	289	332	295	37	--
	Pittsburgh [Highland Dr.]	3,263	236	602	4,568	633	15
	Pittsburgh [University Dr.] (PDV)	1,028	96	216	4,031	727	2
	Wilkes-Barre	1,745	11	453	3,660	377	28
Puerto Rico:	Mayaguez (SOC)	1	--	--	2,903	437	--
	San Juan	2,233	965	917	8,473	1,928	564
Rhode Island:	Providence	112	17	16	4,699	1,047	129
South Carolina:	Charleston	850	173	106	5,009	699	--
	Columbia	1,057	5	325	7,375	916	2
	Greenville (SOC)	3	--	1	2,433	401	--
South Dakota:	Fort Meade	935	449	255	1,235	604	--
	Hot Springs	1,788	122	25	435	44	--
	Sioux Falls	970	251	428	2,497	582	303
	Chattanooga (SOC)	--	--	--	1,924	124	--
	Knoxville (SOC)	--	--	--	1,689	53	--
Tennessee:	Memphis	2,093	198	539	7,119	1,194	--
	Mountain Home	3,748	1,102	660	2,659	956	--
	Murfreesboro	3,792	1,689	394	2,293	649	--
	Nashville	7,879	155	211	7,184	2,343	304
Texas:	Amarillo	1,291	87	284	1,983	217	--
	Austin (SOC)	1	1	--	3,578	547	--
	Big Spring	1,018	152	205	2,142	251	311
	Bonham	1,047	215	223	1,457	272	--
	Dallas	1,661	253	215	8,033	1,382	495
	El Paso (IOC)	--	--	--	2,546	350	1,016
	Houston	2,443	237	784	11,816	1,824	145
	Kerrville	1,891	575	190	1,440	472	--
	Lubbock (SOC)	--	--	--	1,328	258	71
	Marlin	873	248	65	730	158	--
	San Antonio	2,096	100	440	11,327	1,274	891
	Temple	2,927	855	379	7,599	1,545	--
	Waco	4,386	755	808	2,956	938	225
Utah:	Salt Lake City	633	179	54	4,740	850	67
Vermont:	White River Junction	1,310	66	106	1,679	292	203
Virginia:	Hampton	2,001	111	720	7,053	799	--
	Richmond	2,671	350	629	7,141	1,585	26
	Salem	896	72	229	4,451	1,013	51
Washington:	American Lake	535	342	267	3,939	923	304
	Seattle	1,031	272	339	4,995	855	584
	Spokane	263	38	25	3,016	416	33
	Walla Walla	498	214	240	976	393	134
West Virginia:	Beckley	276	2	103	2,137	113	--
	Clarksburg	517	2	201	2,412	205	--
	Huntington	103	10	28	2,893	746	--
	Martinsburg	2,345	23	430	3,891	109	--
Wisconsin:	Madison	401	25	151	2,168	289	--
	Milwaukee	4,732	525	1,360	8,211	1,016	1,241
	Tomah	3,667	592	71	1,526	306	--
Wyoming:	Cheyenne	347	14	46	1,583	181	26
	Sheridan	1,143	256	248	586	140	--

PROGRAM SUMMARY

TABLES 9 and 10

Table 9 -- Applications for Medical Care
Fiscal Year 1995

Item	Total Applications Received (1)	Disposition					
		VA Medical Care					All Others (2)
		Total	Hospital	Nursing Home Care	Domiciliary	Outpatient Care	
Applications--total.....	2,696,049	--	--	--	--	--	--
Veterans--total.....	2,667,300	2,560,469	511,024	7,229	6,816	2,035,400	106,831
Mandatory category--total.....	2,573,742	2,477,783	499,584	7,002	6,736	1,964,461	95,959
Service-connected.....	1,050,943	1,013,544	196,613	3,322	1,795	811,814	37,399
Low income.....	1,240,432	1,189,125	236,619	2,971	4,161	945,374	51,307
Other mandatory category (3)....	282,367	275,114	66,352	709	780	207,273	7,253
Discretionary category.....	93,558	82,686	11,440	227	80	70,939	10,872
Not agreeing to deductible.....	278	--	--	--	--	--	--
Nonveterans.....	28,749	--	--	--	--	--	--

(1) Applications received do not equal total dispositions due to the pending applications at the beginning and end of the fiscal year.

(2) Medically examined, no further care required; cancelled; ineligible; modality not available; referred to other facility; or pending evaluation.

(3) Includes former POWs, veterans exposed to agent orange/ionizing radiation, World War I and Spanish American War veterans, VA pensioners, and Medicaid recipients.

Table 10 -- Hospital and Extended Care by Type of Facility -- Fiscal Year 1995

Facility	Average Operating Beds (1,2)	Average Daily Census (3)	Occupancy Rate (4)	Admissions (5)	Discharges and Deaths (5)	Patients Treated (6)	Patients Remaining on September 30, 1995
Departmentwide totals (7).....	72,853	80,586	110.6	925,693	920,370	1,002,615	82,192
Total hospital care.....	50,787	37,630	74.1	864,655	864,443	898,983	34,498
VA total.....	50,787	37,003	72.9	844,626	844,487	878,506	33,980
Medical.....	25,957	18,906	72.8	466,364	456,223	473,338	17,076
Medical service.....	14,590	10,336	70.8	422,367	390,484	399,608	9,085
Intermediate care.....	7,629	6,127	80.3	9,701	27,668	33,382	5,714
Neurology.....	1,298	664	51.2	21,891	21,117	21,696	579
Rehabilitation medicine.....	1,049	706	67.3	4,916	9,158	9,813	655
Spinal cord injury.....	1,192	905	75.9	6,375	6,727	7,597	870
Blind rehabilitation.....	199	168	84.4	1,114	1,069	1,242	173
Surgical.....	7,820	4,777	61.1	210,130	211,797	215,942	4,145
Psychiatric.....	17,010	13,320	78.3	168,132	176,467	189,226	12,759
Non-VA.....	N/A	263	N/A	18,386	18,332	18,480	145
State home.....	N/A	364	N/A	1,643	1,624	1,997	373
Total domiciliary care.....	7,037	9,192	N/A	14,626	15,128	24,259	9,120
VA.....	7,037	5,711	81.2	11,893	12,329	18,093	5,753
State home.....	N/A	3,481	N/A	2,733	2,799	6,166	3,367
Total nursing home care.....	15,029	33,764	N/A	46,412	40,799	79,373	38,574
VA.....	15,029	13,569	90.3	19,713	18,914	33,061	14,198
Community.....	N/A	8,326	N/A	18,942	14,753	26,971	7,845
State home.....	N/A	11,869	N/A	7,757	7,132	19,341	12,085

(1) Based on the number of operating beds at the end of each month (September 1994--September 1995). 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) Operating beds not reported for non-VA hospitals, state home care facilities, and community nursing homes.

(3) Number of patient days during the fiscal year divided by the number of days in the fiscal year.

(4) Average daily census as a percent of average number of operating beds. Not applicable nationally due to community and non-VA hospital beds.

(5) Excludes inter- and intra-VA hospital admissions and discharges (transfers).

(6) Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.

(7) Average Operating Beds, Average Daily Census, and Occupancy Rate totals are for VA facilities only.

NOTE: Non-VA hospitals excluded state home hospitals, and includes hospital care authorized and paid by VA.

Table 11 -- VA and Non-VA Facilities: Average Obligations
(In thousands)

Type of Facility	Average Obligations per Patient Treated		Average Obligations per Patient Day	
	FY 1995	FY 1994	FY 1995	FY 1994
VA hospitals				
All bed sections.....	\$9,272	\$8,810	\$624.61	\$568.08
Medical bed sections.....	\$7,998	\$7,679	\$785.68	\$715.01
Surgical bed sections.....	\$10,652	\$9,611	\$1,361.21	\$1,187.64
Psychiatric bed sections.....	\$8,844	\$8,683	\$353.44	\$329.83
Intermediate bed sections.....	\$19,621	\$18,550	\$304.72	\$279.25
Non-VA (contract) hospitals (1).....	\$8,068	\$7,130	\$1,625.95	\$1,217.52
VA nursing home care units.....	\$33,316	\$32,371	\$222.38	\$207.20
Community nursing homes (1).....	\$12,224	\$11,708	\$108.65	\$106.29
VA domiciliaries.....	\$12,990	\$12,233	\$112.71	\$101.00
State homes ⁽¹⁾				
Hospital care.....	\$2,647	\$2,644	\$35.37	\$31.03
Nursing home care.....	\$8,190	\$6,989	\$35.37	\$31.03
Domiciliary care.....	\$3,037	\$2,640	15.11	13.25

(1) Totals reflect direct obligations and exclude support costs for this activity.

Table 12 -- Total Health Care: Obligations by Program and Appropriation

Item	Obligations (In thousands)	
	FY 1995	FY 1994
Total.....	\$16,548,285	\$15,836,106
Medical care.....	\$16,125,957	\$15,400,526
Inpatient care.....	\$10,495,523	\$10,218,760
Hospitals.....	\$8,603,382	\$8,442,108
VA hospitals.....	\$8,438,970	\$8,281,743
Contract hospitals.....	\$158,367	\$154,232
State home hospitals.....	\$6,045	\$6,133
Nursing homes.....	\$1,635,348	\$1,534,193
VA nursing homes.....	\$1,101,857	\$1,021,301
Community nursing homes.....	\$364,686	\$375,543
State nursing homes.....	\$168,805	\$137,349
Domiciliaries.....	\$256,793	\$242,459
VA domiciliaries.....	\$235,033	\$223,079
State domiciliaries.....	\$21,760	\$19,380
Outpatient care (staff and fee).....	\$4,856,503	\$4,371,782
CHAMPVA.....	\$94,009	\$92,519
Miscellaneous benefits and services.....	\$679,922	\$717,465
Medical administration and miscellaneous		
operating expenses.....	\$69,395	\$70,753
Health professional scholarship.....	\$10,376	\$10,372
Medical and prosthetic research.....	\$289,114	\$292,345
Other medical programs.....	\$53,443	\$62,110
Grants for construction.....	\$53,175	\$61,752
Grants to the Republic of the Philippines...	\$268	\$358

INPATIENT CARE

TABLE 13

**Table 13 -- VA Medical Centers (Hospital Care Component), Non-VA and State Home Hospitals:
Admissions, Discharges and Deaths, and Remaining by Bed Section -- Fiscal Year 1995**

Item	Total	Type of Bed Section ⁽¹⁾		
		Medical	Surgical	Psychiatric
Admissions ⁽²⁾				
All hospitals (1)	862,779	928,984	420,260	336,264
VA medical centers -- Total	842,754	464,492	210,130	168,132
Non-VA hospitals -- Total	18,382	13,540	2,198	2,644
Federal government hospitals -- Total	2,096	1,170	841	85
Army	1,635	837	721	77
Air Force	381	296	77	8
Navy	80	37	43	--
State and local government hospitals	5,945	4,094	477	1,374
Non-public hospitals	10,341	8,276	880	1,185
State home hospitals	1,643	--	--	--
Discharges and Deaths				
All hospitals (1)	863,073	468,321	213,993	207,125
VA medical centers -- Total	843,119	454,855	211,797	176,467
Non-VA hospitals -- Total	18,330	13,466	2,196	30,658
Federal government hospitals -- Total	2,095	1,172	833	28,080
Army	1,637	841	714	82
Air Force	381	296	77	8
Navy	77	35	42	--
State and local government hospitals	5,954	4,092	481	1,381
Non-public hospitals	10,281	8,202	882	1,197
State home hospitals	1,624	--	--	--
Bed Occupants Remaining				
All hospitals (1)	34,383	17,140	4,168	12,702
VA medical centers -- Total	33,865	17,051	4,133	12,681
Non-VA hospitals -- Total	145	89	35	21
Federal government hospitals -- Total	42	20	18	4
Army	36	18	14	4
Air Force	5	2	3	--
Navy	1	--	1	--
State and local government hospitals	39	24	6	9
Non-public hospitals	64	45	11	8
State home hospitals	373	--	--	--
Absent Bed Occupants Remaining				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1995	115	25	12	78
VA medical centers -- Total	115	25	12	78
All other hospitals	--	--	--	--

(1) Bed section totals exclude data by bed section for state home hospitals, which are not available.

(2) Excludes interhospital transfers for VA medical centers, but includes transfer for all other hospitals.

NOTE: Non-VA hospitals excludes state home hospitals, but includes hospital care authorized and paid by VA.

TABLE 14

INPATIENT CARE

**Table 14 -- VA Medical Centers--Hospital Care Component and Non-VA (Contract) Hospitals:
Patient Movement by Type of Bed Section -- Fiscal Year 1995**

Item	VA Medical Centers				Non-VA (Contract) Hospitals						
	Total	Type of Bed Section ⁽¹⁾			Total	Type of Bed Section			Type of Hospital		
		Medical ⁽²⁾	Surgical	Psychiatric		Medical	Surgical	Psychiatric	Federal ⁽³⁾	State and Local	Non-Public ⁽⁴⁾
Gains--total.....	995,578	557,102	246,880	191,596	18,495	13,600	2,237	2,658	2,188	5,957	10,350
Admissions.....	843,204	464,942	210,130	168,132	18,382	13,540	2,198	2,644	2,096	5,945	10,341
Transfers in (5).....	27,432	15,717	6,510	5,205	(6)	(6)	(6)	(6)	(6)	(6)	(6)
Changes in bed sections.....	124,942	76,443	30,240	18,259	113	60	39	14	92	12	9
Losses--total.....	1,000,517	560,219	247,631	192,667	18,474	13,556	2,242	2,676	2,187	5,969	10,318
Discharges--total.....	811,844	427,004	208,513	176,327	17,824	13,021	2,138	2,665	2,037	5,806	9,981
To ambulatory care.....	522,420	293,034	156,037	73,349	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Other.....	289,424	133,970	52,476	102,978	17,824	13,021	2,138	2,665	2,037	5,806	9,981
Deaths.....	31,275	27,851	3,284	140	506	445	58	3	58	148	300
Transfers out (5).....	31,415	20,102	6,506	4,807	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Changes in bed sections.....	125,983	85,262	29,328	11,393	144	90	46	8	92	15	37
Remaining -- end of fiscal year...	33,980	17,076	4,145	12,759	145	89	35	21	42	39	64
Bed occupants.....	33,865	17,051	4,133	12,681	145	89	35	21	42	39	64
On leave of absence.....	115	25	12	78	--	--	--	--	--	--	--
Patients treated											
System-wide (net total) (8).....	877,099	471,931	215,942	189,226	18,475	13,555	2,231	2,689	2,137	5,993	10,345
Sum of hospitals (9).....	908,514	492,033	222,448	194,033	--	--	--	--	--	--	--
Sum of bed sections (10).....	1,003,082	557,193	245,270	200,619	--	--	--	--	--	--	--
Average daily census (11).....	36,970	18,895	4,770	13,304	261	171	38	52	29	78	154
Total--excluding days on authorized leave of 96 hours or less.....	214,121	95,868	35,534	82,719	--	--	--	--	--	--	--

(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 Department of Defense and Public Health Service hospitals.

(4) Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.

(5) Includes only patients transferred as VA beneficiaries.

(6) Included with admissions.

(7) Included with "Discharges--Other."

(8) The number of discharges and deaths during the fiscal year plus the number of patients remaining on the rolls at the end of the fiscal year.

(9) The number of discharges and deaths during the fiscal year plus the number of patients remaining on the rolls at the end of the fiscal year plus the number of patients transferred to other hospitals.

(10) The number of discharges and deaths during the fiscal year plus the number of patients remaining on the rolls at the end of the fiscal year plus the number of changes in bed sections (patients transferred from one bed section to another within same hospital).

(11) Number of patient days during the fiscal year divided by the number of days in the fiscal year.

NOTE: Detail may not add to totals shown due to rounding. Non-VA hospitals include contract hospital care authorized and paid by VA. It does not include state home hospitals.

INPATIENT CARE

TABLE 15

Table 15 -- VA Medical Centers--Hospital Care Component: Selected Data -- Fiscal Year 1995

Location	Average Operating Beds ⁽¹⁾				Patients Treated ⁽²⁾				Average
	Total	Bed Section ⁽⁵⁾			Total	Bed Section ⁽⁴⁾			Daily Census ⁽³⁾
		Medical (5)	Surgical	Psychiatric		Medical (5)	Surgical	Psychiatric	
Departmentwide: Totals.....	50,785	25,955	7,820	17,010	878,506	472,774	216,266	189,466	37,003
Transfers.....	--	--	--	--	31,435	20,111	6,510	4,814	--
All facilities: Totals.....	50,785	25,955	7,820	17,010	909,941	492,885	222,776	194,280	37,003
Alabama: Birmingham	227	160	67	--	7,253	4,733	2,520	--	174
Montgomery	162	132	30	--	3,022	2,023	999	--	111
Tuscaloosa	428	154	--	274	3,739	1,748	--	1,991	357
Tuskegee	591	276	17	298	5,467	2,379	305	2,783	478
Alaska: Anchorage	24	--	--	24	63	--	--	63	21
Arizona: Phoenix	393	193	81	119	10,269	5,229	2,661	2,379	267
Prescott	144	114	--	30	2,592	2,235	--	357	88
Tucson	188	93	49	46	5,731	3,156	1,502	1,073	139
Arkansas: Fayetteville	137	98	16	23	3,409	2,337	418	654	69
Little Rock	971	571	126	274	15,293	8,998	4,075	2,220	484
California: Fresno	166	71	35	60	4,087	2,211	833	1,043	109
Livermore	45	45	--	--	--	--	--	--	21
Loma Linda	283	140	83	60	6,529	3,864	1,495	1,170	169
Long Beach	658	449	114	95	10,551	5,937	3,003	1,611	394
Northern CA. HC System	50	25	10	15	1,427	852	328	247	34
Palo Alto	936	360	80	496	9,995	4,787	1,938	3,270	674
San Diego	293	117	80	96	8,207	3,643	3,025	1,539	213
San Francisco	255	88	107	60	7,350	2,958	3,373	1,019	182
W. Los Angeles	962	393	150	419	14,801	6,628	3,800	4,373	653
Colorado: Denver	276	105	65	106	7,152	3,892	1,700	1,560	211
Fort Lyon	137	21	--	116	752	371	--	381	113
Grand Junction	89	38	20	31	2,071	1,145	462	464	48
Connecticut: Newington	95	63	--	32	--	--	--	--	79
West Haven	420	179	57	184	9,420	4,675	1,501	3,244	327
Delaware: Wilmington	150	107	29	14	3,352	2,057	938	357	123
District of Columbia: Washington	502	236	96	170	9,539	5,212	2,158	2,169	356
Florida: Bay Pines	533	263	122	148	10,864	6,227	2,654	1,983	377
Gainesville	348	125	133	90	8,924	3,684	3,868	1,372	255
Lake City	267	179	42	46	5,782	3,735	1,246	801	202
Miami	603	332	85	186	10,718	6,469	2,177	2,072	407
Tampa	513	271	128	114	12,550	6,439	4,042	2,069	380
W. Palm Beach	132	72	32	28	715	345	167	203	17
Georgia: Atlanta	367	202	74	91	8,311	4,640	1,971	1,700	250
Augusta	821	355	90	376	9,809	4,117	2,600	3,092	648
Dublin	218	127	31	60	4,202	2,634	434	1,134	162
Hawaii: Hilo Center	15	--	--	15	--	--	--	--	10
Honolulu	27	--	--	27	767	--	--	767	22
Idaho: Boise	121	66	25	30	3,288	2,126	590	572	62
Illinois: Chicago (Lakeside)	257	155	47	55	6,587	4,275	1,350	962	188
Chicago (West Side)	327	176	69	82	8,414	4,863	1,998	1,553	259
Danville	596	376	31	189	6,412	4,230	633	1,549	438

See footnotes at end of table.

TABLE 15

INPATIENT CARE

Table 15 (continued) -- VA Medical Centers--Hospital Care Component: Selected Data -- Fiscal Year 1995

Location	Average Operating Beds (1)				Patients Treated (2)				Average
	Total	Bed Section (5)			Total	Bed Section (4)			Daily Census (3)
		Medical (5)	Surgical	Psychiatric		Medical (5)	Surgical	Psychiatric	
Illinois: Hines	777	479	118	180	12,829	6,954	2,832	3,043	552
Marion	129	110	19	--	3,812	3,065	747	--	74
North Chicago	542	78	--	464	4,094	1,895	--	2,199	404
Indiana: Fort Wayne	95	74	21	--	2,633	1,703	930	--	49
Indianapolis	269	128	83	58	7,400	4,561	2,046	793	189
Marion	451	135	--	316	2,629	1,318	--	1,311	371
Iowa: Des Moines	106	40	46	20	4,092	2,494	1,297	301	89
Iowa City	198	99	69	30	6,526	3,496	2,348	682	142
Knoxville	264	92	--	172	2,473	964	--	1,509	186
Kansas: Leavenworth	195	118	14	63	3,601	2,142	515	944	138
Topeka	500	283	18	199	4,780	2,369	469	1,942	372
Wichita	125	59	41	25	4,049	2,320	1,222	507	93
Kentucky: Lexington	620	468	76	76	8,865	5,452	2,655	758	498
Louisville	233	120	57	56	7,649	3,956	2,290	1,403	184
Louisiana: Alexandria	238	124	36	78	4,211	2,807	1,078	326	168
New Orleans	304	136	81	87	7,686	3,810	2,380	1,496	227
Shreveport	259	140	79	40	7,094	4,350	1,869	875	169
Maine: Togus	231	79	26	126	4,292	2,300	786	1,206	172
Maryland: Baltimore	236	113	77	46	7,412	3,817	2,466	1,129	171
Fort Howard	198	166	--	32	2,027	1,198	--	829	154
Perry Point	514	198	--	316	3,370	1,523	--	1,847	387
Massachusetts: Bedford	462	155	--	307	2,887	1,000	--	1,887	410
Boston	477	229	126	122	9,416	4,476	3,291	1,649	333
Brockton	542	237	50	255	7,980	4,089	1,544	2,347	440
Northampton	326	138	--	188	2,939	1,089	--	1,850	268
Michigan: Allen Park	399	187	98	114	7,930	3,501	2,675	1,754	227
Ann Arbor	184	69	70	45	6,112	2,895	2,318	899	147
Battle Creek	590	229	--	361	4,788	1,382	--	3,406	451
Iron Mountain	92	53	14	25	2,185	1,668	218	299	59
Saginaw	96	93	3	--	2,268	2,211	57	--	61
Minnesota: Minneapolis	476	225	161	90	13,682	7,573	4,928	1,181	297
St. Cloud	300	78	--	222	2,726	1,026	--	1,700	245
Mississippi: Biloxi	415	143	37	235	5,140	2,301	1,534	1,305	336
Jackson	332	184	68	80	7,556	4,217	2,000	1,339	226
Missouri: Columbia	198	118	57	23	7,582	4,514	2,434	634	162
Kansas City	282	107	56	119	7,486	3,348	2,652	1,486	208
Poplar Bluff	125	75	18	32	3,080	2,061	406	613	77
St. Louis	500	245	72	183	11,958	5,886	2,178	3,894	385
Montana: Fort Harrison	112	68	23	21	3,257	2,160	811	286	66
Miles City	41	35	6	--	827	633	194	--	15
Nebraska: Grand Island	66	50	--	16	1,348	1,220	--	128	35
Lincoln	113	43	33	37	2,851	1,047	935	869	71
Omaha	226	89	83	54	6,434	3,806	1,776	852	167
Nevada: Las Vegas	52	25	13	14	1,106	717	76	313	28
Reno	107	54	21	32	3,516	1,982	1,062	472	63

See footnotes at end of table.

INPATIENT CARE

TABLE 15

Table 15 (continued) -- VA Medical Centers--Hospital Care Component: Selected Data -- Fiscal Year 1995

Location	Average Operating Beds (1)				Patients Treated (2)				Average
	Total	Bed Section (5)			Total	Bed Section (4)			Daily Census (3)
		Medical (5)	Surgical	Psychiatric		Medical (5)	Surgical	Psychiatric	
New Hampshire: Manchester	108	68	24	16	2,522	1,725	498	299	70
New Jersey: East Orange	473	303	86	84	8,375	4,742	1,649	1,984	387
Lyons	686	297	--	389	3,628	1,709	--	1,919	588
New Mexico: Albuquerque	381	190	95	96	9,654	4,526	3,948	1,180	246
New York: Albany	340	194	64	82	6,408	3,672	1,720	1,016	242
Batavia	85	85	--	--	801	801	--	--	60
Bath	208	182	--	26	2,124	1,673	--	451	172
Bronx	433	278	87	68	6,465	3,557	1,908	1,000	336
Brooklyn	565	389	67	109	8,887	6,091	1,266	1,530	424
Buffalo	454	267	95	92	8,286	4,791	2,005	1,490	334
Canandaigua	586	267	--	319	2,218	975	--	1,243	481
Castle Point	121	97	24	--	2,308	1,846	462	--	86
Montrose	513	193	--	320	3,482	1,213	--	2,269	455
New York	490	260	88	142	8,061	4,362	2,110	1,589	393
Northport	508	167	58	283	6,155	3,174	1,112	1,869	386
Syracuse	207	113	59	35	5,354	2,779	2,051	524	165
North Carolina: Asheville	281	179	57	45	6,279	3,634	1,900	745	222
Durham	263	124	86	53	8,796	4,147	3,445	1,204	208
Fayetteville	177	97	33	47	4,207	2,384	915	908	145
Salisbury	558	314	24	220	4,264	2,124	445	1,695	501
North Dakota: Fargo	113	69	20	24	3,475	2,212	782	481	82
Ohio: Chillicothe	375	177	--	198	5,737	3,502	--	2,235	310
Cincinnati	224	104	46	74	6,977	3,734	1,832	1,411	175
Cleveland	546	224	77	245	10,426	4,360	2,897	3,169	442
Dayton	367	238	69	60	6,638	3,973	1,463	1,202	269
Oklahoma: Muskogee	93	63	30	--	4,143	2,779	1,364	--	73
Oklahoma City	304	144	68	92	8,549	4,849	2,189	1,511	205
Oregon: Portland	416	212	114	90	10,794	5,545	3,886	1,363	258
Roseburg	166	51	22	93	4,047	1,861	698	1,488	129
Pennsylvania: Altoona	102	81	21	--	2,352	1,745	607	--	67
Butler	142	142	--	--	2,023	2,023	--	--	103
Coatesville	494	150	--	344	3,195	712	--	2,483	429
Erie	110	81	29	--	1,949	1,264	685	--	63
Lebanon	471	254	22	195	3,963	1,631	514	1,818	356
Philadelphia	312	115	117	80	7,688	3,426	2,404	1,858	222
Pittsburgh (Highland Dr.) ...	499	230	--	269	3,447	559	--	2,888	438
Pittsburgh (Univ. Dr.)	461	327	134	--	7,976	4,659	3,317	--	341
Wilkes-Barre	302	167	45	90	5,223	2,543	919	1,761	212
Puerto Rico: San Juan	574	298	95	181	12,354	6,958	3,724	1,672	441
Rhode Island: Providence	137	76	31	30	4,235	2,363	1,133	739	111
South Carolina: Charleston	211	89	56	66	5,923	2,941	1,998	984	145
Columbia	370	220	60	90	6,132	3,649	1,399	1,084	259
South Dakota: Fort Meade	150	29	18	103	2,824	1,193	689	942	100
Hot Springs	112	69	10	33	2,339	1,574	307	458	80
Sioux Falls	175	100	37	38	3,370	2,000	759	611	122

See footnotes at end of table.

TABLE 15

INPATIENT CARE

Table 15 (continued) -- VA Medical Centers--Hospital Care Component: Selected Data -- Fiscal Year 1995

Location	Average Operating Beds (1)				Patients Treated (2)				Average
	Total	Bed Section (5)			Total	Bed Section (4)			Daily
		Medical (5)	Surgical	Psychiatric		Medical (5)	Surgical	Psychiatric	Census (3)
Tennessee: Memphis	558	347	101	110	10,202	5,522	3,009	1,671	374
Mountain Home	339	185	75	79	6,820	3,747	1,857	1,216	238
Murfreesboro	473	189	25	259	4,692	2,059	585	2,048	403
Nashville	331	173	114	44	8,241	4,676	2,720	845	196
Texas: Amarillo	118	58	33	27	3,720	2,225	1,083	412	71
Big Spring	147	57	25	65	2,885	1,366	789	730	96
Bonham	53	53	--	--	1,542	1,542	--	--	27
Dallas	444	201	125	118	11,090	6,184	3,081	1,825	298
Houston	771	411	166	194	17,377	9,376	5,238	2,763	576
Kerrville	191	159	15	17	2,618	1,883	439	296	87
Marlin	134	134	--	--	1,314	1,314	--	--	74
San Antonio	563	285	145	133	12,415	6,013	3,769	2,633	384
Temple	338	209	82	47	6,719	3,934	2,401	384	207
Waco	604	438	--	166	3,558	1,700	--	1,858	485
Utah: Salt Lake City	281	115	64	102	7,954	3,940	2,567	1,447	207
Vermont: White River Junction	120	72	32	16	3,592	2,210	961	421	99
Virginia: Hampton	295	176	47	72	4,875	2,139	1,018	1,718	204
Richmond	536	345	118	73	11,545	6,585	3,275	1,685	385
Salem	394	127	41	226	7,062	3,305	1,001	2,756	259
Washington: American Lake	193	87	--	106	--	--	--	--	123
Seattle	355	165	100	90	11,534	6,163	2,970	2,401	249
Spokane	105	76	18	11	2,572	1,917	446	209	57
Walla Walla	76	31	8	37	1,399	826	55	518	42
West Virginia: Beckley	118	74	44	--	2,838	2,145	693	--	61
Clarksburg	172	84	33	55	3,693	1,987	935	771	120
Huntington	175	124	37	14	4,825	3,180	1,241	404	130
Martinsburg	258	159	36	63	4,906	2,828	748	1,330	194
Wisconsin: Madison	204	119	69	16	5,668	3,206	2,123	339	141
Milwaukee	333	168	91	74	7,869	3,742	2,494	1,633	229
Tomah	424	156	--	268	2,763	1,141	--	1,622	353
Wyoming: Cheyenne	75	43	17	15	1,709	1,086	495	128	38
Sheridan	220	66	--	154	1,899	814	--	1,085	126

(1) Based on the number of operating beds at the end of each month for 13 consecutive months (September 1994 -- September 1995).

(2) The number of discharges and deaths during the fiscal year plus the patients remaining on September 30, 1995, plus the number of interhospital transfers. Excludes count of transfers between bed sections.

(3) Number of patient days during the fiscal year divided by the number of days in the fiscal year.

(4) 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.

(5) Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.

Table 16 – VA Medical Centers—Hospital Care Component: Patients Remaining,
Percent by Attained Stay, and Diagnostic Group – September 30, 1995

Diagnostic Composition of Patients (1)	Total	Percent in Each Diagnostic Category for Specified Length of Stay						
		99 Days or Less	100 Days or More	More Than (Years)				
				1	2	5	10	20
All patients.....	32,281	78.7	21.3	11.2	7.8	3.8	1.6	0.4
Psychotic.....	8,856	52.0	48.0	30.6	22.0	11.4	4.8	1.4
Alcohol psychoses (291).....	357	49.3	50.7	10.1	11.5	8.7	2.8	0.3
Drug psychoses (292).....	70	94.3	5.7	1.4	1.4	--	--	--
Other psychoses (290, 293-299).....	8,429	51.7	48.3	8.6	10.7	6.5	3.5	1.5
Other psychiatric.....	5,860	92.4	7.6	2.3	1.3	0.7	0.3	0.1
Alcohol dependence and abuse (303, 305.0).....	2,890	96.2	3.8	0.2	0.1	0.0	0.0	--
Drug dependence and abuse (304, 305.1-305.9).....	1,184	93.5	6.5	0.2	--	--	--	--
Other nonpsychotic mental disorders (300-302, 306-319).....	1,786	85.4	14.6	2.5	2.0	1.2	0.7	0.2
Medical and surgical.....	17,565	87.7	12.3	4.5	2.7	1.0	0.3	0.0
All infectious and parasitic diseases (001-139).....	390	93.3	6.7	0.3	0.5	0.3	--	--
Malignant neoplasms (140-208, 230-234).....	1,940	91.4	8.6	0.6	0.6	0.1	0.1	--
Benign and unspecified neoplasms (210-229, 235-239).....	118	89.8	10.2	0.8	1.7	--	--	--
Diabetes mellitus (250).....	478	86.8	13.2	1.3	1.3	0.2	--	--
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278).....	282	90.8	9.2	--	0.4	0.4	--	--
Disorders involving the immune mechanisms (279).....	1	100.0	--	--	--	--	--	--
Diseases of the blood and blood forming organs (280-289).....	148	94.6	5.4	--	--	--	--	--
Quadriplegia (344.0).....	244	44.7	55.3	8.2	15.2	9.8	6.1	0.4
Paraplegia (344.1).....	144	58.3	41.7	6.3	6.9	4.9	0.7	0.7
Other diseases of the nervous system (320-343, 344.2-359).....	1,165	51.5	48.5	8.9	11.5	5.0	1.8	0.2
Diseases of the sense organs (360-389).....	83	95.2	4.8	--	--	--	--	--
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429).....	2,179	95.8	4.2	0.5	0.2	0.0	--	--
Cerebrovascular diseases (430-438).....	795	88.6	11.4	1.6	1.4	0.4	0.3	--
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459).....	855	91.3	8.7	0.9	0.5	0.4	--	--
Acute respiratory diseases (460-466, 480-487).....	625	92.6	7.4	1.4	0.5	0.5	0.6	--
Chronic bronchitis and emphysema (491-492).....	172	90.7	9.3	1.2	0.6	--	0.6	--
Other respiratory diseases (470-478, 490, 493-519).....	985	83.0	17.0	3.1	2.6	0.4	0.3	0.1
Diseases of the oral cavity, salivary glands, and jaws (520-529).....	29	100.0	--	--	--	--	--	--
Hernia of the abdominal cavity (550-553).....	90	98.9	1.1	--	--	--	--	--
Alcohol related liver diseases (571.0-571.3).....	111	95.5	4.5	--	0.9	--	--	--
Other diseases of the digestive system (530-543, 555-570, 571.4-579).....	1,198	94.2	5.8	0.3	0.2	0.1	--	--
Diseases of the male genital organs (600-608).....	112	97.3	2.7	--	--	--	--	--
Other diseases of the genitourinary system (580-599).....	687	90.1	9.9	1.2	1.2	0.6	--	--
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676).....	8	100.0	--	--	--	--	--	--
Diseases of the skin and subcutaneous tissue (680-709).....	874	79.7	20.3	3.7	1.3	0.6	0.1	0.1
Diseases of the musculoskeletal system and connective tissue (710-739).....	772	92.1	7.9	1.4	0.5	--	--	--
Congenital anomalies (740-759).....	11	100.0	--	--	--	--	--	--
Symptoms, signs, and ill-defined conditions (780-799).....	1,087	93.6	6.4	0.9	0.6	0.5	--	--
Injuries and poisonings (800-904, 910-999).....	1,118	91.4	8.6	1.2	0.3	0.3	--	--
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--
Factors influencing health status and contact with health service (V01-V82).....	864	92.4	7.6	1.2	0.3	--	--	--
Supplementary classification of external causes of injury and poisoning (E800-E999).....	--	--	--	--	--	--	--	--

(1) The diagnostic categories and selected diagnosis included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)" DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.

NOTE: The data in this table as well as tables 17 and 22 are based on the Annual Patient Census and may vary from AMIS counts.

TABLE 17

INPATIENT CARE

**Table 17 -- VA Medical Centers -- Hospital Care Component:
Patients Remaining, Age, and Diagnostic Group
September 30, 1995**

Diagnostic Composition of Patients (1)	Age Group							
	Total	Under 35	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 & Over
All patients	32,281	1,112	4,696	6,335	5,408	8,979	5,089	662
Psychotic	8,856	325	1,595	1,856	1,387	2,312	1,246	135
Alcohol psychoses (291).....	357	2	30	67	73	113	69	3
Drug psychoses (292).....	70	13	37	14	3	3	--	--
Other psychoses (290, 293-299).....	8,429	310	1,528	1,775	1,311	2,196	1,177	132
Other psychiatric	5,860	527	2,045	2,240	574	342	119	13
Alcohol dependence and abuse (303, 305.0).....	2890	244	1,045	1,019	377	173	31	1
Drug dependence and abuse (304, 305.1-305.9).....	1,184	198	648	294	36	7	1	--
Other nonpsychotic mental disorders (300-302, 306-319).....	1,786	85	352	927	161	162	87	12
Medical and surgical	17,565	260	1,056	2,239	3,447	6,325	3,724	514
All infectious and parasitic diseases (001-139).....	390	19	85	115	51	71	41	8
Malignant neoplasms (140-208, 230-234).....	1,940	12	46	189	436	805	410	42
Benign and unspecified neoplasms (210-229, 235-239).....	118	3	10	7	22	48	25	3
Diabetes mellitus (250).....	478	4	18	77	107	181	81	10
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278).....	282	3	18	31	45	99	74	12
Disorders involving the immune mechanisms (279).....	1	--	--	1	--	--	--	--
Diseases of the blood and blood forming organs (280-289).....	148	1	12	17	21	48	45	4
Quadriplegia (344.0).....	244	17	36	45	62	60	22	2
Paraplegia (344.1).....	144	6	20	28	31	40	17	2
Other diseases of the nervous system (320-343, 344.2-359).....	1,165	13	64	126	177	430	314	41
Diseases of the sense organs (360-389).....	83	1	6	7	14	30	18	7
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429).....	2,179	6	55	225	500	836	488	69
Cerebrovascular diseases (430-438).....	795	2	18	63	163	302	207	40
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459).....	855	3	37	103	169	345	174	24
Acute respiratory diseases (460-466, 480-487).....	625	7	38	72	78	243	154	33
Chronic bronchitis and emphysema (491-492).....	172	--	2	10	40	80	36	4
Other respiratory diseases (470-478, 490, 493-519).....	985	11	22	80	188	406	253	25
Diseases of the oral cavity, salivary glands, and jaws (520-529).....	29	2	5	8	4	8	2	--
Hernia of the abdominal cavity (550-553).....	90	--	6	4	20	36	23	1
Alcohol related liver diseases (571.0-571.3).....	111	1	13	38	28	22	9	--
Other diseases of the digestive system (530-543, 555-570, 571.4-579).....	1,198	24	99	205	229	378	229	34
Diseases of the male genital organs (600-608).....	112	--	4	13	19	45	28	3
Other diseases of the genitourinary system (580-599).....	687	8	32	66	127	272	147	35
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676).....	8	1	5	--	1	1	--	--
Diseases of the skin and subcutaneous tissue (680-709).....	874	17	102	173	183	240	144	15
Diseases of the musculoskeletal system and connective tissue (710-739).....	772	19	79	127	130	250	150	17
Congenital anomalies (740-759).....	11	2	1	4	2	2	--	--
Symptoms, signs, and ill-defined conditions (780-799).....	1,087	15	74	118	199	382	265	34
Injuries and poisonings (800-904, 910-999).....	1,118	39	97	170	227	353	202	30
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--
Factors influencing health status and contact with health service (V01-V82).....	864	24	52	117	174	312	166	19
Supplementary classification of external causes of injury and poisoning (E800-E999).....	--	--	--	--	--	--	--	--

(1) The diagnostic categories and selected diagnosis included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)" DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.

NOTE: The data in this table as well as tables 16 and 22 are based on the Annual Patient Census and may vary from AMIS counts.

INPATIENT CARE

TABLE 18

**Table 18 – VA Medical Centers—Hospital Care Component:
Patients Discharged, Age, and Diagnostic Group – Fiscal Year 1995**

Diagnostic Composition of Patients (1)	Total	Age Group						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All discharges	873,906	38,487	127,289	167,488	169,840	246,550	110,559	13,693
Psychotic	78,192	6,777	24,860	20,368	9,160	10,641	5,523	863
Alcohol psychoses (291).....	6,502	255	1,699	2,091	1,208	969	264	16
Drug psychoses (292).....	2,893	398	1,404	721	145	147	73	5
Other psychoses (290, 293-299).....	68,797	6,124	21,757	17,556	7,807	9,525	5,186	842
Other psychiatric	129,786	13,836	49,031	46,570	12,234	6,646	1,355	114
Alcohol dependence and abuse (303, 305.0).....	69,924	6,283	25,795	23,969	8,983	4,345	529	20
Drug dependence and abuse (304, 305.1-305.9).....	26,208	4,732	14,264	6,303	708	179	20	2
Other nonpsychotic mental disorders (300-302, 306-319).....	33,654	2,821	8,972	16,298	2,543	2,122	806	92
Medical and surgical	665,928	17,874	53,398	100,550	148,446	229,263	103,681	12,716
All infectious and parasitic diseases (001-139).....	14,649	1,230	3,735	3,275	1,979	2,746	1,442	242
Malignant neoplasms (140-208, 230-234).....	58,011	477	1,566	5,997	15,053	24,025	9,915	978
Benign and unspecified neoplasms (210-229, 235-239).....	9,278	220	662	1,203	2,085	3,461	1,518	129
Diabetes mellitus (250).....	15,997	333	1,560	3,139	3,949	5,113	1,771	132
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278).....	10,816	244	724	1,474	2,141	3,704	2,102	427
Disorders involving the immune mechanisms (279).....	167	1	23	40	12	62	29	--
Diseases of the blood and blood forming organs (280-289).....	7,670	177	517	890	1,452	2,712	1,657	265
Quadriplegia (344.0).....	1,017	130	181	252	218	188	40	8
Paraplegia (344.1).....	792	64	121	202	130	209	63	3
Other diseases of the nervous system (320-343, 344.2-359).....	16,403	917	2,148	2,974	3,021	4,598	2,469	276
Diseases of the sense organs (360-389).....	20,016	253	762	1,814	4,136	8,177	4,412	462
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429).....	105,999	425	3,573	14,199	27,243	41,027	17,620	1,912
Cerebrovascular diseases (430-438).....	21,047	66	425	1,870	5,155	9,032	4,093	406
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459).....	31,688	425	1,987	4,542	7,477	11,687	5,056	514
Acute respiratory diseases (460-466, 480-487).....	22,840	467	1,523	2,400	3,861	8,340	5,241	1,008
Chronic bronchitis and emphysema (491-492).....	11,544	33	207	818	2,596	5,427	2,230	233
Other respiratory diseases (470-478, 490, 493-519).....	31,718	913	2,036	3,683	6,670	12,096	5,655	665
Diseases of the oral cavity, salivary glands, and jaws (520-529).....								
Hernia of the abdominal cavity (550-553).....	2,968	239	474	680	655	692	210	18
Alcohol related liver diseases (571.0-571.3).....	13,999	387	1,204	2,503	3,328	4,500	1,907	170
Other diseases of the digestive system (530-543, 555-570, 571.4-579).....	4,457	37	765	1,551	1,201	759	139	5
Diseases of the male genital organs (600-608).....	52,511	1,865	5,712	9,445	10,620	16,101	7,728	1,040
Other diseases of the genitourinary system (580-599).....	9,918	143	429	1,116	2,494	4,031	1,562	143
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676).....	27,441	700	2,069	3,839	5,135	9,369	5,392	937
Diseases of the skin and subcutaneous tissue (680-709).....	1,825	388	557	295	235	262	78	10
Diseases of the musculoskeletal system and connective tissue (710-739).....	17,991	626	2,374	3,719	3,863	4,996	2,126	287
Congenital anomalies (740-759).....	33,590	2,309	4,921	7,069	7,125	8,580	3,238	348
Symptoms, signs, and ill-defined conditions (780-799).....	942	86	176	186	169	218	95	12
Injuries and poisonings (800-904, 910-999).....	51,980	1,645	5,665	9,772	11,125	15,811	7,033	929
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	37,610	2,018	4,977	6,587	7,439	10,771	5,005	813
Factors influencing health status and contact with health service (V01-V82).....	--	--	--	--	--	--	--	--
Supplementary classification of external causes of injury and poisoning (E800-E999).....	31,044	1,056	2,325	5,016	7,879	10,569	3,855	344
Supplementary classification of external causes of injury and poisoning (E800-E999).....	--	--	--	--	--	--	--	--

(1) The diagnostic categories and selected diagnosis 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 19

INPATIENT CARE

**Table 19 -- VA Medical Centers -- Hospital Care Component:
Patients Discharged, Average Age, and Diagnostic Group -- Fiscal Year 1995**

<i>Diagnostic Group (1)</i>	<i>Total Diagnoses</i>	<i>Principal Diagnosis (2)</i>	<i>Associated Diagnoses (3)</i>	<i>Average Age (Principal Diagnosis)</i>
All diseases and conditions.....	3,765,199	873,906	2,891,293	59.6
I. Infectious and parasitic diseases.....	107,667	14,649	93,018	54.4
Pulmonary tuberculosis (011).....	1,804	778	1,026	58.9
Tuberculosis, other (010, 012-018).....	321	122	199	55.8
Tuberculosis, late effects (137).....	101	--	101	(4)
All other infectious and parasitic diseases (001-009, 020-136).....	105,267	13,749	91,518	54.1
Late effects of other infectious and parasitic diseases (138-139).....	174	--	174	(4)
II. Neoplasms.....	171,073	67,289	103,784	66.1
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0).....	5,698	3,133	2,565	63.0
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	16,059	9,725	6,334	67.2
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	25,391	13,724	11,667	66.7
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	3,584	2,107	1,477	64.7
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	12,389	4,613	7,776	63.3
Malignant neoplasm of genitourinary organs (179-189, 233).....	27,182	12,463	14,719	68.7
Malignancies of all other systems (170-175, 190-199, 232, 234).....	58,872	12,246	46,626	65.3
Neoplasms, benign (210-229).....	15,505	6,638	8,867	62.8
Neoplasms of unspecified nature (235-239).....	6,393	2,640	3,753	67.5
III. Endocrine, nutritional, and metabolic diseases and immunity disorders.....	327,814	26,980	300,834	62.8
Diabetes mellitus (250).....	150,307	15,997	134,310	61.2
Diseases of the endocrine glands (240-246, 251-259).....	22,875	1,822	21,053	61.9
Gout (274).....	11,691	842	10,849	65.6
Obesity (278.0-278.1).....	16,570	227	16,343	55.6
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	125,912	7,925	117,987	66.1
Disorders involving the immune mechanisms (279).....	459	167	292	61.7
IV. Diseases of the blood and blood-forming organs.....	81,458	7,670	73,788	65.8
Anemias (280-282.4, 282.7-285).....	58,800	5,204	53,596	68.0
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	569	143	426	46.0
Other diseases of the blood and blood-forming organs (286-289).....	22,089	2,323	19,766	62.1
V. Mental disorders.....	625,388	207,978	417,410	48.1
Alcohol psychosis (291).....	26,607	6,502	20,105	52.6
Drug psychosis (292).....	11,490	2,893	8,597	44.5
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	30,739	9,840	20,899	70.2
Schizophrenic disorders (295).....	52,884	33,856	19,028	46.9
Other psychoses (296-299).....	51,827	25,101	26,726	50.5
Neurotic disorders (300).....	37,138	5,772	31,366	49.0
Personality disorders (301).....	35,539	1,492	34,047	43.1
Alcohol dependence or abuse (303, 305.0).....	162,401	69,924	92,477	47.1
Drug dependence or abuse (304, 305.1-305.9).....	134,595	26,208	108,387	41.1
Other nonpsychotic mental disorders (302, 306-319).....	82,168	26,390	55,778	47.9

See footnotes at end of table.

INPATIENT CARE

TABLE 19

**Table 19 (continued) -- VA Medical Centers -- Hospital Care Component:
Patients Discharged, Average Age, and Diagnostic Group -- Fiscal Year 1995**

<i>Diagnostic Group (1)</i>	<i>Total Diagnoses</i>	<i>Principal Diagnosis (2)</i>	<i>Associated Diagnoses (3)</i>	<i>Average Age (Principal Diagnosis)</i>
VI. Diseases of the nervous system and sense organs.....	170,088	38,228	131,860	63.6
Quadriplegia (344.0).....	5,908	1,017	4,891	52.7
Paraplegia (344.1).....	6,653	792	5,861	56.0
Epilepsy (345).....	8,359	2,082	6,277	54.6
Disorders of the peripheral nervous system (350-359).....	18,411	4,024	14,387	58.7
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349).....	65,133	10,297	54,836	61.8
Glaucoma (365).....	10,510	1,122	9,388	68.6
Cataract (366).....	15,082	11,572	3,510	69.9
Blindness (369).....	5,131	57	5,074	(4)
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	23,013	5,048	17,965	64.5
Diseases of the ear and mastoid process (380-389).....	11,888	2,217	9,671	59.0
VII. Diseases of the circulatory system.....	821,915	158,734	663,181	65.7
Chronic rheumatic heart disease (393-398).....	4,370	620	3,750	65.2
Hypertensive disease without heart involvement (401, 403, 405).....	225,027	5,944	219,083	62.1
Hypertensive heart disease (402, 404).....	5,663	1,565	4,098	67.0
Acute myocardial infarction (410).....	16,777	10,552	6,225	64.9
Other ischemic heart disease (411-414).....	214,673	48,542	166,131	63.8
Other forms of heart disease (391, 392.0, 420-429).....	193,146	44,720	148,426	68.0
Cerebrovascular diseases (430-438).....	63,037	21,047	41,990	67.5
Atherosclerosis (440).....	12,894	4,084	8,810	66.5
Other diseases of arteries, arterioles, and capillaries (441-448).....	40,612	10,130	30,482	66.7
Varicose veins of lower extremities (454).....	3,349	1,124	2,225	63.7
Hemorrhoids (455).....	8,393	2,047	6,346	57.0
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	33,974	8,359	25,615	64.0
VIII. Diseases of the respiratory system.....	269,886	66,102	203,784	66.0
Acute respiratory infections (460-466).....	11,007	2,458	8,549	60.3
Pneumonia and influenza (480-487).....	40,933	20,382	20,551	67.4
Chronic bronchitis (491).....	23,346	10,258	13,088	68.1
Emphysema (492).....	9,589	1,286	8,303	67.8
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	185,011	31,718	153,293	64.7
IX. Diseases of the digestive system.....	259,529	73,935	185,594	61.0
Diseases of oral cavity, salivary glands, and jaws (520-529).....	21,898	2,968	18,930	55.9
Ulcers of the digestive system (530.2, 531-534).....	26,023	4,830	21,193	63.6
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	51,779	8,327	43,452	61.4
Hernia of the abdominal cavity (550-553).....	30,089	13,999	16,090	62.0
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	73,229	24,321	48,908	63.0
Alcohol related liver disorders (571.0-571.3).....	17,743	4,457	13,286	55.2
Other diseases of liver, gallbladder, and pancreas (570, 571.4-577).....	38,768	15,033	23,735	58.7
X. Diseases of the genitourinary system.....	172,710	39,157	133,553	64.2
Nephritis, nephrotic syndrome, and nephrosis (580-589).....	33,305	4,948	28,357	63.8
Other diseases of the urinary system (590-599).....	98,567	22,493	76,074	65.0
Diseases of the prostate (600-602).....	26,549	5,804	20,745	69.0
Other diseases of the male genital organs (603-608).....	10,012	4,114	5,898	60.1
Disorders of breast and gynecological diseases (610-629).....	4,277	1,798	2,479	48.5

See footnotes at end of table.

TABLE 19

INPATIENT CARE

**Table 19 (continued) -- VA Medical Centers -- Hospital Care Component:
Patients Discharged, Average Age, and Diagnostic Group -- Fiscal Year 1995**

<i>Diagnostic Group (1)</i>	<i>Total Diagnoses</i>	<i>Principal Diagnosis (2)</i>	<i>Associated Diagnoses (3)</i>	<i>Average Age (Principal Diagnosis)</i>
XI. Complications of pregnancy, childbirth, and puerperium (630-676).....	50	27	23	(4)
XII. Diseases of skin and subcutaneous tissue.....	69,159	17,991	51,168	59.9
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	35,654	12,246	23,408	59.4
Other diseases of skin and subcutaneous tissue (700-709).....	33,505	5,745	27,760	60.8
XIII. Diseases of the musculoskeletal system and connective tissue.....	138,359	33,590	104,769	57.6
Osteoarthritis and allied disorders (715).....	33,524	6,149	27,375	64.5
Other arthropathies and related disorders (710-714, 716-719).....	27,055	5,443	21,612	53.0
Dorsopathies (720-724).....	42,998	10,927	32,071	55.5
Rheumatism, excluding the back (725-729).....	15,060	4,816	10,244	57.7
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	19,722	6,255	13,467	58.5
XIV. Congenital deformities (740-759).....	4,888	942	3,946	56.0
XVI. Symptoms, signs, and ill defined conditions (780-799).....	207,989	51,980	156,009	61.3
XVII. Injury and poisoning.....	105,862	37,610	68,252	60.1
Fracture of skull (800-804).....	1,595	853	742	46.1
Fracture of neck and trunk (805-809).....	3,414	1,255	2,159	63.7
Fracture of upper and lower limb (810-829).....	11,063	6,816	4,247	63.4
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	4,962	2,577	2,385	52.9
Intracranial injury, excluding those with skull fracture (850-854).....	1,802	1,024	778	60.4
Internal injury of chest, abdomen, and pelvis (860-869).....	898	356	542	57.6
Open wounds (870-897).....	5,400	1,483	3,917	53.8
Burns (940-949).....	1,483	534	949	55.5
Poisoning by drugs, medicinal and biological substances (960-979).....	5,436	2,479	2,957	52.7
Toxic effects of substances chiefly nonmedical as to source (980-989).....	859	307	552	52.1
All other injuries (900-904, 910-939, 950-959, 990-995).....	11,509	2,933	8,576	60.7
Complications of surgical and medical care, NEC (996-999).....	46,896	16,993	29,903	62.2
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	10,545	--	10,545	(4)
XVIII. Factors influencing health status and contact with health services (V01-V82).....	231,364	31,044	200,320	62.1

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table.

(2) Principal diagnosis is that diagnosis designated by the discharging physician as responsible for the major portion of the patient's length of stay.

(3) Associated diagnoses are established diagnoses for which treatment was given, other than principal diagnosis.

(4) Average age is not calculated for totals of less than 100 cases.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from tables based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

**Table 20 -- VA Medical Centers -- Hospital Care Component:
Patients Discharged, Age, and Diagnostic Group -- Fiscal Year 1995**

Diagnostic Group (1)	Age Group of Principal Diagnosis						
	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
All diseases and conditions.....	38,487	127,289	167,488	169,840	246,550	110,559	13,693
I. Infectious and parasitic diseases.....	1,230	3,735	3,275	1,979	2,746	1,442	242
Pulmonary tuberculosis (011).....	10	121	199	158	201	77	12
Tuberculosis, other (010, 012-018).....	8	26	30	17	30	11	--
Tuberculosis, late effects (137).....	--	--	--	--	--	--	--
All other infectious and parasitic diseases (001-009, 020-136).....	1,212	3,588	3,046	1,804	2,515	1,354	230
Late effects of other infectious and parasitic diseases (138-139).....	--	--	--	--	--	--	--
II. Neoplasms.....	697	2,228	7,200	17,138	27,486	11,433	1,107
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0).....	10	111	590	1,034	1,050	309	29
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	20	240	893	2,525	3,998	1,837	212
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	9	169	1,273	3,878	6,201	2,078	116
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	1	53	303	627	860	256	7
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	171	308	695	1,005	1,618	741	75
Malignant neoplasm of genitourinary organs (179-189, 233).....	71	195	732	2,861	5,586	2,689	329
Malignancies of all other systems (170-175, 190-199, 232, 234).....	195	490	1,511	3,123	4,712	2,005	210
Neoplasms, benign (210-229).....	181	567	976	1,521	2,413	917	63
Neoplasms of unspecified nature (235-239).....	39	95	227	564	1,048	601	66
III. Endocrine, nutritional, and metabolic diseases and immunity disorders.....	578	2,307	4,653	6,102	8,879	3,902	559
Diabetes mellitus (250).....	333	1,560	3,139	3,949	5,113	1,771	132
Diseases of the endocrine glands (240-246, 251-259).....	84	160	311	358	600	277	32
Gout (274).....	13	47	102	183	320	153	24
Obesity (278.0-278.1).....	5	37	71	65	37	12	--
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	142	480	990	1,535	2,747	1,660	371
Disorders involving the immune mechanisms (279).....	1	23	40	12	62	29	--
IV. Diseases of the blood and blood-forming organs.....	177	517	890	1,452	2,712	1,657	265
Anemias (280-282.4, 282.7-285).....	71	239	507	903	1,921	1,325	238
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	8	72	39	17	5	2	-
Other diseases of the blood and blood-forming organs (286-289).....	98	206	344	532	786	330	27
V. Mental disorders.....	20,613	73,891	66,938	21,394	17,287	6,878	977
Alcohol psychosis (291).....	255	1,699	2,091	1,208	969	264	16
Drug psychosis (292).....	398	1,404	721	145	147	73	5
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	170	544	606	958	3,498	3,402	662
Schizophrenic disorders (295).....	3,305	13,833	9,981	3,448	2,708	551	30
Other psychoses (296-299).....	2,649	7,380	6,969	3,401	3,319	1,233	150
Neurotic disorders (300).....	685	1,901	1,576	690	658	242	20
Personality disorders (301).....	312	639	358	100	66	16	1
Alcohol dependence or abuse (303, 305.0).....	6,283	25,795	23,969	8,983	4,345	529	20
Drug dependence or abuse (304, 305.1-305.9).....	4,732	14,264	6,303	708	179	20	2
Other nonpsychotic mental disorders (302, 306-319).....	1,824	6,432	14,364	1,753	1,398	548	71

See footnotes at end of table.

TABLE 20

INPATIENT C

Table 20 (continued) – VA Medical Centers – Hospital Care Component:
Patients Discharged, Age, and Diagnostic Group – Fiscal Year 1995

Diagnostic Group (1)	Age Group of Principal Diagnosis						85 O
	Under 35	35-44	45-54	55-64	65-74	75-84	
VI. Diseases of the nervous system and sense organs.....	1,364	3,212	5,242	7,505	13,172	6,984	
Quadriplegia (344.0).....	130	181	252	218	188	40	
Paraplegia (344.1).....	64	121	202	130	209	63	
Epilepsy (345).....	191	422	471	395	439	141	
Disorders of the peripheral nervous system (350-359).....	194	513	881	922	1,077	402	
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349).....	532	1,213	1,622	1,704	3,082	1,926	
Glaucoma (365).....	4	29	92	196	500	280	
Cataract (366).....	14	117	652	2,265	5,161	3,037	
Blindness (369).....	--	4	2	9	25	13	
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	111	321	621	1,196	1,880	839	
Diseases of the ear and mastoid process (380-389).....	124	291	447	470	611	243	
VII. Diseases of the circulatory system.....	916	5,985	20,611	39,875	61,746	26,769	2
Chronic rheumatic heart disease (393-398).....	4	27	74	159	244	106	
Hypertensive disease without heart involvement (401, 403, 405).....	80	622	1,135	1,269	1,936	790	
Hypertensive heart disease (402, 404).....	5	56	164	360	629	305	
Acute myocardial infarction (410).....	34	451	1,681	2,744	3,784	1,703	
Other ischemic heart disease (411-414).....	104	1,893	8,400	14,332	17,704	5,718	
Other forms of heart disease (391, 392.0, 420-429).....	278	1,146	3,880	9,648	18,666	9,788	1
Cerebrovascular diseases (430-438).....	66	425	1,870	5,155	9,032	4,093	
Atherosclerosis (440).....	3	58	485	1,091	1,724	663	
Other diseases of arteries, arterioles, and capillaries (441-448).....	38	259	988	2,609	4,340	1,757	
Varicose veins of lower extremities (454).....	25	89	185	218	378	201	
Hemorrhoids (455).....	91	334	528	465	437	178	
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	188	625	1,221	1,825	2,872	1,467	
VIII. Diseases of the respiratory system.....	1,413	3,766	6,901	13,127	25,863	13,126	1
Acute respiratory infections (460-466).....	195	301	377	455	685	368	
Pneumonia and influenza (480-487).....	272	1,222	2,023	3,406	7,655	4,873	
Chronic bronchitis (491).....	31	182	722	2,293	4,854	1,953	
Emphysema (492).....	2	25	96	303	573	277	
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	913	2,036	3,683	6,670	12,096	5,655	
IX. Diseases of the digestive system.....	2,528	8,155	14,179	15,804	22,052	9,984	1
Diseases of oral cavity, salivary glands, and jaws (520-529).....	239	474	680	655	692	210	
Ulcers of the digestive system (530.2, 531-534).....	91	377	756	1,042	1,677	778	
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	258	932	1,508	1,747	2,620	1,112	
Hernia of the abdominal cavity (550-553).....	387	1,204	2,503	3,328	4,500	1,907	
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	1,018	2,255	3,631	4,592	7,904	4,301	
Alcohol related liver disorders (571.0-571.3).....	37	765	1,551	1,201	759	139	
Other diseases of liver, gallbladder, and pancreas (570, 571.4-577).....	498	2,148	3,550	3,239	3,900	1,537	
X. Diseases of the genitourinary system.....	1,208	3,052	5,249	7,864	13,662	7,032	1
Nephritis, nephrotic syndrome, and nephrosis (580-589).....	87	406	730	1,076	1,753	809	
Other diseases of the urinary system (590-599).....	613	1,663	3,109	4,059	7,616	4,583	
Diseases of the prostate (600-602).....	10	46	249	1,369	2,851	1,180	
Other diseases of the male genital organs (603-608).....	133	383	867	1,125	1,180	382	
Disorders of breast and gynecological diseases (610-629).....	365	554	294	235	262	78	

See footnotes at end of table.

Table 20 (continued) – VA Medical Centers – Hospital Care Component:
Patients Discharged, Age, and Diagnostic Group – Fiscal Year 1995

Diagnostic Group (1)	Age Group of Principal Diagnosis						
	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
XI. Complications of pregnancy, childbirth, and puerperium (630-676).....	23	3	1	--	--	--	--
XII. Diseases of skin and subcutaneous tissue.....	626	2,374	3,719	3,863	4,996	2,126	287
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	463	1,640	2,649	2,591	3,339	1,382	182
Other diseases of skin and subcutaneous tissue (700-709).....	163	734	1,070	1,272	1,657	744	105
XIII. Diseases of the musculoskeletal system and connective tissue.....	2,309	4,921	7,069	7,125	8,580	3,238	348
Osteoarthritis and allied disorders (715).....	90	381	774	1,527	2,359	944	74
Other arthropathies and related disorders (710-714, 716-719).....	947	916	1,052	956	1,097	411	64
Dorsopathies (720-724).....	661	2,019	2,866	2,291	2,222	784	84
Rheumatism, excluding the back (725-729).....	276	732	1,035	1,032	1,279	412	50
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	335	873	1,342	1,319	1,623	687	76
XIV. Congenital deformities (740-759).....	86	176	186	169	218	95	12
XVI. Symptoms, signs, and ill defined conditions (780-799).....	1,645	5,665	9,772	11,125	15,811	7,033	929
XVII. Injury and poisoning.....	2,018	4,977	6,587	7,439	10,771	5,005	813
Fracture of skull (800-804).....	130	322	241	80	46	28	6
Fracture of neck and trunk (805-809).....	46	111	174	237	437	202	48
Fracture of upper and lower limb (810-829).....	318	731	1,003	1,108	1,907	1,383	366
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	360	483	571	488	497	162	16
Intracranial injury, excluding those with skull fracture (850-854).....	68	149	175	161	257	164	50
Internal injury of chest, abdomen, and pelvis (860-869).....	14	76	71	65	84	39	7
Open wounds (870-897).....	142	337	355	221	303	106	19
Burns (940-949).....	47	109	105	99	118	52	4
Poisoning by drugs, medicinal and biological substances (960-979).....	240	724	538	316	424	208	29
Toxic effects of substances chiefly nonmedical as to source (980-989).....	32	88	70	38	59	18	2
All other injuries (900-904, 910-939, 950-959, 990-995).....	136	382	529	540	837	439	70
Complications of surgical and medical care, NEC (996-999).....	485	1,465	2,755	4,086	5,802	2,204	196
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--
XVIII. Factors influencing health status and contact with health services (V01-V82).....	1,056	2,325	5,016	7,879	10,569	3,855	344

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from tables based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

TABLE 21

INPATIENT CARE

**Table 21 -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Type of Patient, Age, and Length of Stay -- Fiscal Year 1995**

Type of Patient and Age Group	Total			Short Term (2)		Length of Stay (Days)			
	Patients	Average Days of Stay	Median Days of Stay (1)	Average Days of Stay	Percent of Total Discharges	1	2-3	4-7	8-14
All patients.....	873,906	16.8	6.9	11.2	98.5	105,871	180,941	205,199	165,362
Under 25.....	4,337	11.7	4.2	9.7	98.8	982	1,153	760	481
25-29.....	10,528	13.5	6.0	11.2	98.8	1,917	2,343	2,015	1,391
30-34.....	23,622	14.9	7.4	12.6	98.8	3,359	4,421	4,719	3,630
35-39.....	51,444	16.5	7.9	13.2	98.7	6,231	8,941	10,713	8,562
40-44.....	75,845	15.7	7.6	12.7	98.7	9,420	14,018	16,198	12,898
45-49.....	106,191	16.5	7.3	12.6	98.6	13,494	20,660	22,669	18,072
50-54.....	61,297	15.0	6.5	10.8	98.6	8,183	13,431	14,272	10,743
55-59.....	60,191	14.4	6.3	10.1	98.7	7,898	13,761	14,694	11,122
60-64.....	109,649	15.0	6.4	10.0	98.8	13,934	24,585	27,357	21,444
65-69.....	116,627	17.4	6.6	10.3	98.4	13,439	25,834	29,207	23,536
70-74.....	129,923	17.6	6.8	10.6	98.3	14,680	27,787	32,373	26,665
75-79.....	79,851	20.2	7.2	11.3	97.8	8,334	16,011	19,474	16,966
80-84.....	30,708	21.4	7.6	11.9	97.6	2,868	5,726	7,377	6,770
85 and over.....	13,693	25.0	8.1	12.7	97.3	1,132	2,270	3,371	3,082
Psychotic.....	78,192	56.1	14.9	19.2	93.3	4,282	6,326	12,276	16,341
Under 25.....	542	20.0	13.6	17.6	98.2	39	53	84	118
25-29.....	1,764	23.1	13.1	17.7	96.9	142	139	323	377
30-34.....	4,471	22.8	12.3	16.5	97.3	336	439	819	1,034
35-39.....	10,924	26.5	12.6	17.0	97.1	761	1,045	2,031	2,443
40-44.....	13,936	27.7	13.2	17.3	96.7	975	1,349	2,376	3,049
45-49.....	14,075	36.2	14.2	18.3	95.5	817	1,226	2,323	3,005
50-54.....	6,293	44.2	15.2	19.2	94.2	336	518	999	1,263
55-59.....	3,979	58.8	17.7	20.8	91.7	176	234	599	759
60-64.....	5,181	86.0	19.0	22.0	90.1	199	348	669	963
65-69.....	5,124	123.6	21.7	23.9	86.4	139	322	595	877
70-74.....	5,517	117.2	20.5	22.8	86.2	186	354	649	1,093
75-79.....	3,844	130.1	20.7	23.1	84.2	120	172	492	779
80-84.....	1,679	117.6	19.8	22.2	84.6	40	91	190	378
85 and over.....	863	134.2	18.9	22.1	83.9	16	36	127	203
Other psychiatric.....	129,786	19.6	13.6	17.3	98.7	9,272	15,022	23,817	20,931
Under 25.....	1,040	16.1	11.8	15.2	99.3	105	149	184	151
25-29.....	3,228	19.6	15.7	17.8	98.8	231	325	526	488
30-34.....	9,568	18.7	14.6	17.1	98.9	757	1,028	1,651	1,422
35-39.....	21,113	18.4	13.8	16.8	99.0	1,575	2,389	3,835	3,320
40-44.....	27,918	18.3	13.3	17.0	99.0	2,065	3,306	5,175	4,481
45-49.....	34,829	20.6	14.4	18.5	98.5	2,352	3,945	5,908	5,612
50-54.....	11,741	19.2	13.3	17.3	98.7	824	1,421	2,207	1,862
55-59.....	6,138	18.4	12.6	16.6	99.1	436	751	1,230	986
60-64.....	6,096	20.5	11.6	15.7	98.6	404	754	1,347	1,032
65-69.....	3,978	23.0	11.2	15.3	98.2	260	499	895	731
70-74.....	2,668	27.9	11.9	16.2	97.3	176	295	561	537
75-79.....	1,059	27.7	11.9	16.3	96.1	61	121	226	216
80-84.....	296	40.1	12.8	17.9	94.9	22	27	50	71
85 and over.....	114	34.2	14.0	18.4	94.7	4	12	22	22
Medical and surgical.....	665,928	11.6	5.9	9.2	99.0	92,317	159,593	169,106	128,090
Under 25.....	2,755	8.3	3.1	6.0	98.8	838	951	492	212
25-29.....	5,536	6.8	3.3	5.4	99.4	1,544	1,879	1,166	526
30-34.....	9,583	7.4	3.7	6.4	99.5	2,266	2,954	2,249	1,174
35-39.....	19,407	8.8	4.2	7.2	99.3	3,895	5,507	4,847	2,799
40-44.....	33,991	8.7	4.6	7.4	99.3	6,380	9,363	8,647	5,368
45-49.....	57,287	9.1	4.8	7.6	99.3	10,325	15,489	14,438	9,455
50-54.....	43,263	9.6	5.1	8.0	99.3	7,023	11,492	11,066	7,618
55-59.....	50,074	10.4	5.5	8.5	99.3	7,286	12,776	12,865	9,377
60-64.....	98,372	10.9	5.9	9.1	99.2	13,331	23,483	25,341	19,449
65-69.....	107,525	12.1	6.2	9.6	99.0	13,040	25,013	27,717	21,928
70-74.....	121,738	12.9	6.5	10.0	98.9	14,318	27,138	31,163	25,035
75-79.....	74,948	14.4	6.9	10.7	98.6	8,153	15,718	18,756	15,971
80-84.....	28,733	15.6	7.3	11.3	98.4	2,806	5,608	7,137	6,321
85 and over.....	12,716	17.5	7.7	12.1	98.2	1,112	2,222	3,222	2,857

(1) One-half of the discharges in the given category has length of stay greater than the median, the other half less than the median.

(2) Includes hospital stays of 1 to 99 days and conforms to the definition as adopted by the Commission on Professional and Hospital Activities.

INPATIENT CARE

TABLE 21

Table 21 (continued) -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Type of Patient, Age, and Length of Stay -- Fiscal Year 1995

Type of Patient and Age Group	Length of Stay (Days) (Continued)									Total Days
	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 & Over	
All patients.....	72,744	60,208	54,104	13,767	9,964	2,290	966	1,185	1,305	14,680,825
Under 25.....	260	361	219	55	53	8	2	3	--	50,534
25-29.....	785	1,056	736	132	109	29	5	4	6	141,964
30-34.....	2,228	2,786	1,783	366	232	65	12	12	9	351,395
35-39.....	5,204	6,066	4,084	831	577	111	38	43	43	848,189
40-44.....	7,111	7,842	5,933	1,286	801	185	61	48	44	1,192,497
45-49.....	9,424	9,782	8,217	1,963	1,370	256	101	104	79	1,747,271
50-54.....	4,759	4,302	3,755	884	659	136	54	66	53	916,773
55-59.....	4,540	3,364	3,171	755	560	123	68	62	73	865,849
60-64.....	8,366	5,476	5,463	1,423	1,012	223	94	140	132	1,641,608
65-69.....	9,066	5,747	5,971	1,704	1,254	307	146	183	233	2,024,162
70-74.....	10,238	6,523	7,081	2,041	1,518	375	164	215	263	2,292,717
75-79.....	6,722	4,230	4,721	1,430	1,111	305	136	193	218	1,609,281
80-84.....	2,744	1,846	1,958	601	483	117	46	79	93	656,384
85 and over.....	1,297	827	1,012	296	225	50	39	33	59	342,201
Psychotic.....	10,558	9,316	10,182	3,096	2,835	889	454	693	944	4,390,218
Under 25.....	85	67	70	13	11	2	--	--	--	10,867
25-29.....	237	194	235	52	53	7	1	1	3	40,706
30-34.....	616	480	463	140	96	22	7	11	8	102,147
35-39.....	1,496	1,211	1,217	335	243	53	21	33	35	289,044
40-44.....	1,923	1,693	1,587	450	337	85	33	40	39	386,167
45-49.....	2,035	1,753	1,724	484	408	107	53	75	65	510,205
50-54.....	897	817	815	247	219	64	31	46	41	278,031
55-59.....	556	517	621	153	180	61	32	34	57	234,148
60-64.....	720	647	806	269	231	94	45	92	98	445,713
65-69.....	657	656	811	317	307	107	69	98	169	633,452
70-74.....	607	646	870	290	325	145	62	115	175	646,401
75-79.....	437	386	588	221	250	90	59	92	158	500,037
80-84.....	205	174	245	80	116	40	23	40	57	197,503
85 and over.....	87	75	130	45	59	12	18	16	39	115,797
Other psychiatric.....	16,088	23,829	15,889	2,820	1,663	300	70	46	39	2,549,242
Under 25.....	115	232	83	10	9	2	--	--	--	16,745
25-29.....	408	736	412	56	30	13	2	1	--	63,400
30-34.....	1,257	2,087	1,081	161	91	33	--	--	--	178,446
35-39.....	2,757	4,277	2,374	332	204	35	9	3	3	387,670
40-44.....	3,482	5,149	3,351	572	269	57	8	2	1	512,046
45-49.....	4,309	6,184	4,760	1,025	625	77	21	8	3	716,582
50-54.....	1,355	2,097	1,510	262	170	23	4	4	2	224,954
55-59.....	698	1,079	763	117	59	8	6	4	1	113,082
60-64.....	729	949	686	101	65	15	4	6	4	125,014
65-69.....	459	559	424	69	51	12	4	8	7	91,681
70-74.....	335	324	286	67	55	12	6	3	11	74,523
75-79.....	145	105	107	34	21	9	6	4	4	29,339
80-84.....	21	38	42	9	8	3	--	3	2	11,859
85 and over.....	18	13	10	5	6	1	--	--	1	3,901
Medical and surgical	46,098	27,063	28,033	7,851	5,466	1,101	442	446	322	7,741,365
Under 25.....	60	62	66	32	33	4	2	3	--	22,922
25-29.....	140	126	89	24	26	9	2	2	3	37,858
30-34.....	355	219	239	65	45	10	5	1	1	70,802
35-39.....	951	578	493	164	130	23	8	7	5	171,475
40-44.....	1,706	1,000	995	264	195	43	20	6	4	294,284
45-49.....	3,080	1,845	1,733	454	337	72	27	21	11	520,484
50-54.....	2,507	1,388	1,430	375	270	49	19	16	10	413,788
55-59.....	3,286	1,768	1,787	485	321	54	30	24	15	518,619
60-64.....	6,917	3,880	3,971	1,053	716	114	45	42	30	1,070,881
65-69.....	7,950	4,532	4,736	1,318	896	188	73	77	57	1,299,029
70-74.....	9,296	5,553	5,925	1,684	1,138	218	96	97	77	1,571,793
75-79.....	6,140	3,739	4,026	1,175	840	206	71	97	56	1,079,905
80-84.....	2,518	1,634	1,671	512	359	74	23	36	34	447,022
85 and over.....	1,192	739	872	246	160	37	21	17	19	222,503

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables which are based on AMIS data. Differences are due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

TABLE 22

INPATIENT CARE

**Table 22 -- VA Medical Centers--Hospital Care Component: Patients Remaining,
by Type of Patient, Compensation and Pension Status, and Age
September 30, 1995**

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non- Veterans (2)
		Total	10% or More	Less Than 10%	NSC with SC (1)	Total	Pension	No Claim Pending	
All patients.....	32,281	10,937	4,801	279	5,857	21,245	4,206	17,039	99
Under 35.....	1,112	393	199	5	189	662	11	651	57
35-44.....	4,696	1,559	893	38	628	3,120	263	2,857	17
45-54.....	6,335	2,581	1,452	55	1,074	3,745	547	3,198	9
55-64.....	5,408	1,410	649	47	714	3,985	756	3,229	13
65-74.....	8,979	2,860	1,024	74	1,762	6,118	1,723	4,395	1
75-84.....	5,089	1,914	530	51	1,333	3,175	787	2,388	--
85 and over.....	662	220	54	9	157	440	119	321	2
Psychotic.....	8,856	3,852	2,682	113	1,057	4,992	1,262	3,730	12
Under 35.....	325	174	130	1	43	144	2	142	7
35-44.....	1,595	810	633	23	154	782	124	658	3
45-54.....	1,856	920	709	16	195	936	221	715	--
55-64.....	1,387	518	372	22	124	867	230	637	2
65-74.....	2,312	888	561	37	290	1,424	485	939	--
75-84.....	1,246	494	262	9	223	752	177	575	--
85 and over.....	135	48	15	5	28	87	23	64	--
Other psychiatric.....	5,860	1,700	729	46	925	4,151	322	3,829	9
Under 35.....	527	111	25	3	83	411	7	404	5
35-44.....	2,045	428	143	11	274	1,615	48	1,567	2
45-54.....	2,240	899	469	27	403	1,340	98	1,242	1
55-64.....	574	119	45	4	70	455	67	388	--
65-74.....	342	96	34	--	62	246	77	169	--
75-84.....	119	42	13	1	28	77	23	54	--
85 and over.....	13	5	--	--	5	7	2	5	1
Medical and surgical.....	17,565	5,385	1,390	120	3,875	12,102	2,622	9,480	78
Under 35.....	260	108	44	1	63	107	2	105	45
35-44.....	1,056	321	117	4	200	723	91	632	12
45-54.....	2,239	762	274	12	476	1,469	228	1,241	8
55-64.....	3,447	773	232	21	520	2,663	459	2,204	11
65-74.....	6,325	1,876	429	37	1,410	4,448	1,161	3,287	1
75-84.....	3,724	1,378	255	41	1,082	2,346	587	1,759	--
85 and over.....	514	167	39	4	124	346	94	252	1

(1) Veterans with compensable service-connected disabilities but treated for nonservice-connected disabilities only.

(2) All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc.
A veteran who is admitted as an Office of Workers Compensation case is classified as a nonveteran.

NOTE: The data in this table as well as tables 16 and 17 are based on the Annual Patient Census and may vary from AMIS counts.

**Table 23 – VA Medical Centers—Hospital Care Component: Patients Discharged,
by Type of Patient, Compensation and Pension Status, and Age
Fiscal Year 1995**

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non- Veterans (2)
		Total	10% or More	Less Than 10 percent	NSC with SC (1)	Total	Pension	No Claim Pending	
All patients.....	873,906	297,179	94,118	6,845	196,216	571,425	100,364	471,061	5,302
Under 35.....	38,487	14,842	6,866	384	7,592	21,744	176	21,568	1,901
35-44.....	127,289	43,356	19,223	1,060	23,073	82,756	6,052	76,704	1,177
45-54.....	167,488	66,614	28,378	1,349	36,887	100,030	11,116	88,914	844
55-64.....	169,840	43,806	12,777	951	30,078	125,153	21,080	104,073	881
65-74.....	246,550	79,983	17,643	1,945	60,395	166,236	42,196	124,040	331
75-84.....	110,559	43,913	8,396	1,002	34,515	66,501	16,938	49,563	145
85 and over.....	13,693	4,665	835	154	3,676	9,005	2,806	6,199	23
Psychotic.....	78,192	35,760	23,673	810	11,277	42,110	7,457	34,653	322
Under 35.....	6,777	3,509	2,419	95	995	3,091	29	3,062	177
35-44.....	24,860	12,075	8,763	259	3,053	12,697	1,520	11,177	88
45-54.....	20,368	10,042	6,938	183	2,921	10,295	1,814	8,481	31
55-64.....	9,160	3,322	2,230	73	1,019	5,821	1,240	4,581	17
65-74.....	10,641	4,218	2,349	125	1,744	6,419	1,977	4,442	4
75-84.....	5,523	2,291	907	57	1,327	3,228	742	2,486	4
85 and over.....	863	303	67	18	218	559	135	424	1
Other psychiatric.....	129,786	39,336	17,007	924	21,405	89,721	6,387	83,334	729
Under 35.....	13,836	3,074	837	80	2,157	10,315	49	10,266	447
35-44.....	49,031	11,884	4,108	344	7,432	36,949	1,382	35,567	198
45-54.....	46,570	19,251	10,214	381	8,656	27,258	1,825	25,433	61
55-64.....	12,234	2,653	956	64	1,633	9,559	1,390	8,169	22
65-74.....	6,646	1,885	673	45	1,167	4,760	1,455	3,305	1
75-84.....	1,355	544	206	9	329	811	253	558	--
85 and over.....	114	45	13	1	31	69	33	36	--
Medical and surgical.....	665,928	222,083	53,438	5,111	163,534	439,594	86,520	353,074	4,251
Under 35.....	17,874	8,259	3,610	209	4,440	8,338	98	8,240	1,277
35-44.....	53,398	19,397	6,352	457	12,588	33,110	3,150	29,960	891
45-54.....	100,550	37,321	11,226	785	25,310	62,477	7,477	55,000	752
55-64.....	148,446	37,831	9,591	814	27,426	109,773	18,450	91,323	842
65-74.....	229,263	73,880	14,621	1,775	57,484	155,057	38,764	116,293	326
75-84.....	103,681	41,078	7,283	936	32,859	62,462	15,943	46,519	141
85 and over.....	12,716	4,317	755	135	3,427	8,377	2,638	5,739	22

(1) Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.

(2) All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc.
A veteran who is admitted as an Office of Workers Compensation Program case is classified as a nonveteran.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables which are based on AMIS data.
Any difference is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

TABLE 24

INPATIENT C/

**Table 24 -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1995**

Principal Diagnosis (1)	Total			Short Term (3)		Length of Stay (Days)				
	Patients	Avg. Days	Median Days (2)	Avg. Days	% of Tot. Discharges	1	2-3	4-7	8-14	15 or more
All diseases and conditions.....	873,906	16.8	7.0	11.2	98.4	105,871	180,941	205,199	165,362	72
I. Infectious and parasitic diseases.....	14,649	15.5	8.0	12.1	98.4	1,611	2,400	3,353	3,290	1
Pulmonary tuberculosis (011).....	778	23.8	14.7	18.7	97.1	26	49	135	189	
Tuberculosis, other (010, 012-018).....	122	36.6	16.8	19.8	92.6	7	6	18	24	
Tuberculosis, late effects (137).....	--	--	--	--	--	--	--	--	--	
All other infectious and parasitic diseases (001-009, 020-136).....	13,749	14.8	7.7	11.7	98.6	1,578	2,345	3,200	3,077	1
Late effects of other infectious and parasitic diseases (138-139).....	--	--	--	--	--	--	--	--	--	
II. Neoplasms.....	67,289	14.1	7.5	12.0	98.8	9,329	13,122	12,797	13,698	6
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0).....	3,133	19.6	8.8	15.1	96.8	381	620	506	546	
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	9,725	18.8	12.2	15.8	98.4	683	1,059	1,591	2,571	1
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	13,724	16.9	11.2	14.8	98.8	1,043	1,949	2,360	3,356	1
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	2,107	19.2	9.0	15.0	97.5	281	425	301	350	
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	4,613	15.0	7.9	12.9	98.6	605	836	885	873	
Malignant neoplasm of genitourinary organs (179-189, 233).....	12,463	10.7	5.9	9.1	99.2	1,600	3,126	3,257	2,390	
Malignancies of all other systems (170-175, 190-199, 232, 234).....	12,246	14.1	7.7	12.0	98.7	1,663	2,274	2,381	2,530	1
Neoplasms, benign (210-229).....	6,638	5.5	1.9	4.8	99.6	2,307	2,131	1,061	694	
Neoplasms of unspecified nature (235-239).....	2,640	7.2	3.2	6.8	99.7	766	702	455	388	
III. Endocrine, nutritional, and metabolic diseases and immunity disorders.....	26,980	12.3	6.7	10.0	98.7	2,289	5,858	7,948	5,690	2
Diabetes mellitus (250).....	15,997	13.8	7.2	10.9	98.3	1,006	3,170	4,802	3,559	1
Diseases of the endocrine glands (240-246, 251-259).....	1,822	8.8	5.5	8.2	99.6	234	491	504	344	
Gout (274).....	842	8.8	5.8	8.1	99.5	66	232	276	165	
Obesity (278.0-278.1).....	227	19.3	9.6	11.6	94.7	29	29	41	65	
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	7,925	10.4	6.1	8.9	99.1	857	1,891	2,315	1,550	
Disorders involving the immune mechanisms (279).....	167	3.3	--	3.3	100.0	97	45	10	7	
IV. Diseases of the blood and blood-forming organs.....	7,670	7.0	4.2	6.4	99.7	1,940	1,790	1,884	1,308	
Anemias (280-282.4, 282.7-285).....	5,204	6.6	3.4	5.9	99.6	1,508	1,310	1,120	785	
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	143	6.0	5.5	6.0	100.0	12	40	53	30	
Other diseases of the blood and blood-forming organs (286-289).....	2,323	7.8	5.7	7.5	99.7	420	440	711	493	
V. Mental disorders.....	207,978	33.4	14.2	18.0	96.6	13,554	21,348	36,093	37,272	26
Alcohol psychosis (291).....	6,502	33.2	7.1	11.1	96.3	414	1,377	1,920	1,133	
Drug psychosis (292).....	2,893	13.7	8.6	11.7	99.7	181	431	777	748	
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	9,840	100.6	18.6	21.9	86.0	264	483	1,384	2,215	1
Schizophrenic disorders (295).....	33,856	68.3	16.8	20.5	92.2	1,749	2,325	4,670	7,027	4
Other psychoses (296-299).....	25,101	33.2	15.8	19.6	95.9	1,674	1,710	3,525	5,218	3
Neurotic disorders (300).....	5,772	19.0	11.8	16.3	98.1	661	598	981	1,197	
Personality disorders (301).....	1,492	27.2	9.9	13.6	97.3	156	207	293	341	
Alcohol dependence or abuse (303, 305.0).....	69,924	17.1	12.6	16.1	99.3	5,092	9,372	14,159	9,890	7
Drug dependence or abuse (304, 305.1-305.9).....	26,208	19.6	16.0	18.1	98.9	1,398	2,275	4,430	4,440	4
Other nonpsychotic mental disorders (302, 306-319).....	26,390	26.1	14.5	20.0	97.1	1,965	2,570	3,954	5,063	3

See footnotes at end of table.

INPATIENT CARE

TABLE 24

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1995

Principal Diagnosis (1)	Length of Stay (Days)-continued								Total Days
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
All diseases and conditions	60,208	54,104	13,767	9,964	2,290	966	1,185	1,305	14,680,825
I. Infectious and parasitic diseases	942	970	248	191	37	13	16	9	226,355
Pulmonary tuberculosis (011).....	83	97	28	14	7	1	1	1	18,549
Tuberculosis, other (010, 012-018).....	11	19	3	5	2	1	2	-	4,462
Tuberculosis, late effects (137).....	--	--	--	--	--	--	--	--	--
All other infectious and parasitic diseases (001-009, 020-136).....	848	854	217	172	28	11	13	8	203,344
Late effects of other infectious and parasitic diseases (138-139).....	--	--	--	--	--	--	--	--	--
II. Neoplasms	4,520	4,777	1,281	762	114	42	37	17	947,152
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0).....	225	288	130	106	13	1	2	1	61,253
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	977	1,005	252	144	15	10	11	3	182,858
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	1,244	1,292	332	161	18	9	7	4	232,499
Malignant neoplasm of other respiratory system and Intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	150	210	77	56	4	2	2	3	40,379
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	356	409	90	57	10	5	--	1	68,991
Malignant neoplasm of genitourinary organs (179-189, 233).....	513	537	149	78	23	7	5	2	132,935
Malignancies of all other systems (170-175, 190-199, 232, 234).....	871	873	216	129	31	6	7	2	172,948
Neoplasms, benign (210-229).....	104	86	19	22	--	1	3	1	36,402
Neoplasms of unspecified nature (235-239).....	80	77	16	9	--	1	--	--	18,887
III. Endocrine, nutritional, and metabolic diseases and immunity disorders	1,208	1,233	341	293	60	27	20	6	332,397
Diabetes mellitus (250).....	795	838	243	216	47	22	15	4	221,230
Diseases of the endocrine glands (240-246, 251-259).....	62	64	9	8	2	1	--	--	16,097
Gout (274).....	18	14	8	7	--	1	--	--	7,441
Obesity (278.0-278.1).....	14	10	5	9	2	1	--	--	4,370
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	317	304	76	53	9	2	5	2	82,708
Disorders involving the immune mechanisms (279).....	2	3	--	--	--	--	--	--	551
IV. Diseases of the blood and blood-forming organs	155	136	31	22	3	3	--	1	53,597
Anemias (280-282.4, 282.7-285).....	103	89	17	15	2	3	--	1	34,572
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	1	--	--	--	--	--	--	--	864
Other diseases of the blood and blood-forming organs (286-289).....	51	47	14	7	1	--	--	--	18,161
V. Mental disorders	33,145	26,071	5,916	4,498	1,189	524	739	983	6,939,460
Alcohol psychosis (291).....	426	376	100	91	38	24	41	56	215,891
Drug psychosis (292).....	249	150	24	10	--	--	1	1	39,547
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	1,006	1,365	500	594	218	135	224	309	989,779
Schizophrenic disorders (295).....	4,143	4,695	1,552	1,414	456	215	318	483	2,311,400
Other psychoses (296-299).....	3,492	3,596	920	726	177	80	109	95	833,601
Neurotic disorders (300).....	684	677	155	109	12	7	3	1	109,894
Personality disorders (301).....	145	125	17	28	7	3	3	8	40,615
Alcohol dependence or abuse (303, 305.0).....	13,792	8,150	951	453	102	11	10	3	1,195,295
Drug dependence or abuse (304, 305.1-305.9).....	5,817	3,002	480	243	76	7	2	--	514,426
Other nonpsychotic mental disorders (302, 306-319).....	3,391	3,935	1,217	830	103	42	28	27	689,012

See footnotes at end of table.

TABLE 24

INPATIENT

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1995

Principal Diagnosis (1)	Total			Short Term (3)		Length of Stay (Days)			
	Patients	Avg. Days	Median Days (2)	Avg. Days	% of Tot. Discharges	1	2-3	4-7	8-14
VI. Diseases of the nervous system and sense organs	38,228	20.5	3.2	7.6	97.6	7,522	14,334	6,076	4,678
Quadriplegia (344.0).....	1,017	98.2	14.4	18.5	86.8	74	117	150	185
Paraplegia (344.1).....	792	63.5	15.0	21.4	87.5	79	89	98	131
Epilepsy (345).....	2,082	10.6	6.4	9.0	99.2	209	462	608	471
Disorders of the peripheral nervous system (350-359).....	4,024	8.4	2.9	6.8	99.3	1,204	1,130	697	524
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349).....	10,297	49.8	10.2	14.8	93.9	864	1,394	2,160	2,372
Glaucoma (365).....	1,122	4.0	2.4	3.8	99.8	216	582	187	104
Cataract (366).....	11,572	2.4	1.5	2.3	99.9	3,008	7,480	780	229
Blindness (369).....	57	9.9	4.5	9.9	100.0	9	18	12	11
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	5,048	4.2	2.3	4.0	99.9	1,300	2,183	928	435
Diseases of the ear and mastoid process (380-389).....	2,217	4.5	2.5	4.3	99.8	559	879	456	216
VII. Diseases of the circulatory system	158,734	10.2	6.4	9.0	99.3	15,507	36,569	45,042	36,021
Chronic rheumatic heart disease (393-398).....	620	12.7	9.0	12.4	99.6	49	119	122	144
Hypertensive disease without heart involvement (401, 403, 405).....	5,944	9.6	5.2	7.7	99.0	809	1,705	1,628	997
Hypertensive heart disease (402, 404).....	1,565	11.8	7.0	9.6	98.8	70	283	583	350
Acute myocardial infarction (410).....	10,552	9.7	7.7	9.3	99.8	903	1,222	3,422	3,400
Other ischemic heart disease (411-414).....	48,542	7.2	5.2	6.9	99.8	5,531	14,692	13,579	9,703
Other forms of heart disease (391, 392.0, 420-429).....	44,720	9.3	6.4	8.4	99.5	4,185	9,570	14,253	10,439
Cerebrovascular diseases (430-438).....	21,047	15.6	7.9	12.7	98.3	1,353	3,873	5,431	4,810
Atherosclerosis (440).....	4,084	18.8	10.2	15.0	97.8	235	839	688	904
Other diseases of arteries, arterioles, and capillaries (441-448).....	10,130	14.2	8.6	12.0	98.7	1,024	2,031	1,828	2,461
Varicose veins of lower extremities (454).....	1,124	17.4	8.2	12.8	97.2	107	198	250	235
Hemorrhoids (455).....	2,047	4.0	2.1	3.8	99.9	592	839	387	162
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	8,359	10.2	7.3	9.3	99.5	649	1,198	2,871	2,416
VIII. Diseases of the respiratory system	66,102	12.3	7.0	9.6	99.0	5,652	12,343	20,403	15,860
Acute respiratory infections (460-466).....	2,458	6.4	5.0	6.0	99.7	273	741	843	453
Pneumonia and influenza (480-487).....	20,382	13.3	8.4	11.1	99.1	621	2,247	6,981	6,219
Chronic bronchitis (491).....	10,258	10.0	6.7	8.5	99.3	506	1,960	3,944	2,529
Emphysema (492).....	1,286	16.0	7.6	10.8	98.4	71	231	384	320
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	31,718	12.7	6.2	9.3	98.7	4,181	7,164	8,251	6,339
IX. Diseases of the digestive system	73,935	8.3	5.1	7.5	99.5	11,266	20,481	19,985	12,981
Diseases of oral cavity, salivary glands, and jaws (520-529).....	2,968	4.9	2.7	4.8	99.8	648	1,258	609	295
Ulcers of the digestive system (530.2, 531-534).....	4,830	9.9	6.2	8.6	99.3	366	1,123	1,680	960
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	8,327	7.5	4.8	6.9	99.6	1,429	2,252	2,394	1,381
Hernia of the abdominal cavity (550-553).....	13,999	4.0	2.2	3.9	99.9	3,550	6,193	2,701	1,092
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	24,321	9.3	5.8	8.1	99.3	3,297	5,766	7,100	4,773
Alcohol related liver disorders (571.0-571.3).....	4,457	12.3	7.5	10.9	99.2	463	792	1,130	1,027
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577).....	15,033	10.1	6.7	9.3	99.5	1,513	3,097	4,371	3,453
X. Diseases of the genitourinary system	39,157	8.8	5.0	7.3	99.3	5,609	11,190	11,084	6,543
Nephritis, nephrotic syndrome and nephrosis (580-589).....	4,948	16.1	7.4	11.5	98.6	494	1,011	1,140	1,077
Other diseases of the urinary system (590-599).....	22,493	9.1	5.5	7.7	99.3	2,869	6,058	6,328	4,272
Diseases of the prostate (600-602).....	5,804	6.0	4.7	5.5	99.7	659	1,853	2,259	730
Other diseases of the male genital organs (603-608).....	4,114	5.0	2.6	4.5	99.6	1,001	1,676	875	359
Disorders of breast and gynecological diseases (610-629).....	1,798	3.5	2.1	3.5	100.0	586	592	482	105

See footnotes at end of table.

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1995

Principal Diagnosis (1)	Length of Stay (Days)-continued								Total Days
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
VI. Diseases of the nervous system and sense organs.....	1,107	1,318	499	494	155	87	117	161	782,360
Quadriplegia (344.0).....	80	99	45	84	18	9	19	21	99,902
Paraplegia (344.1).....	69	90	63	68	21	11	6	5	50,288
Epilepsy (345).....	85	68	15	11	4	1	3	--	22,148
Disorders of the peripheral nervous system (350-359).....	120	126	39	26	4	2	--	1	33,715
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349).....	657	875	319	296	105	63	89	134	512,837
Glaucoma (365).....	9	3	--	2	--	--	--	--	4,438
Cataract (366).....	12	13	5	2	1	--	--	--	27,335
Blindness (369).....	--	4	2	--	--	--	--	--	566
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	50	27	8	2	2	1	--	--	21,229
Diseases of the ear and mastoid process (380-389).....	25	13	3	3	--	--	--	--	9,902
VII. Diseases of the circulatory system	6,017	5,305	1,420	936	164	58	61	17	1,611,171
Chronic rheumatic heart disease (393-398).....	58	41	9	3	--	--	--	--	7,902
Hypertensive disease without heart involvement (401, 403, 405).....	211	171	42	36	14	4	4	1	56,942
Hypertensive heart disease (402, 404).....	64	58	17	14	2	1	2	--	18,532
Acute myocardial infarction (410).....	362	253	48	19	2	4	1	--	101,937
Other ischemic heart disease (411-414).....	1,213	717	137	92	9	2	2	2	347,536
Other forms of heart disease (391, 392.0, 420-429).....	1,488	1,203	283	177	40	11	16	3	415,308
Cerebrovascular diseases (430-438).....	1,190	1,568	471	342	42	18	23	6	329,134
Atherosclerosis (440).....	357	361	138	77	17	7	1	3	76,769
Other diseases of arteries, arterioles, and capillaries (441-448).....	689	619	186	111	26	8	6	1	144,204
Varicose veins of lower extremities (454).....	71	87	21	25	6	2	2	--	19,570
Hemorrhoids (455).....	19	6	4	1	1	--	--	--	8,120
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	295	221	64	39	5	1	4	1	85,217
VIII. Diseases of the respiratory system.....	2,798	2,494	646	480	119	44	61	48	813,495
Acute respiratory infections (460-466).....	37	22	6	5	--	2	--	--	15,737
Pneumonia and influenza (480-487).....	1,043	904	206	125	31	11	10	13	271,792
Chronic bronchitis (491).....	293	247	72	48	12	3	8	2	102,313
Emphysema (492).....	62	55	14	21	2	--	1	3	20,597
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	1,363	1,266	348	281	74	28	42	30	403,056
IX. Diseases of the digestive system.....	2,185	1,948	445	302	48	25	16	7	614,232
Diseases of oral cavity, salivary glands, and jaws (520-529).....	38	41	8	4	--	--	--	--	14,549
Ulcers of the digestive system (530.2, 531-534).....	162	173	33	32	2	2	1	1	47,764
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	198	177	42	27	6	1	1	1	62,375
Hernia of the abdominal cavity (550-553).....	107	84	19	10	2	1	--	--	56,177
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	813	698	167	117	27	12	12	3	226,355
Alcohol related liver disorders (571.0-571.3).....	248	241	48	39	2	3	--	1	54,837
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577).....	619	534	128	73	9	6	2	1	152,175
X. Diseases of the genitourinary system.....	1,145	968	265	190	36	22	16	11	346,173
Nephritis, nephrotic syndrome and nephrosis (580-589).....	308	317	85	51	4	8	5	7	79,828
Other diseases of the urinary system (590-599).....	713	543	154	116	25	13	9	4	204,569
Diseases of the prostate (600-602).....	70	48	17	10	5	1	1	--	34,864
Other diseases of the male genital organs (603-608).....	46	53	8	12	2	--	1	--	20,585
Disorders of breast and gynecological diseases (610-629).....	8	7	1	1	--	--	--	--	6,327

See footnotes at end of table.

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1995

Principal Diagnosis (1)	Length of Stay (Days)-continued								
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	Total Days
VI. Diseases of the nervous system and sense organs.....	1,107	1,318	499	494	155	87	117	161	782,360
Quadriplegia (344.0).....	80	99	45	84	18	9	19	21	99,902
Paraplegia (344.1).....	69	90	63	68	21	11	6	5	50,288
Epilepsy (345).....	85	68	15	11	4	1	3	--	22,148
Disorders of the peripheral nervous system (350-359).....	120	126	39	26	4	2	--	1	33,715
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349).....	657	875	319	296	105	63	89	134	512,837
Glaucoma (365).....	9	3	--	2	--	--	--	--	4,438
Cataract (366).....	12	13	5	2	1	--	--	--	27,335
Blindness (369).....	--	4	2	--	--	--	--	--	566
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	50	27	8	2	2	1	--	--	21,229
Diseases of the ear and mastoid process (380-389).....	25	13	3	3	--	--	--	--	9,902
VII. Diseases of the circulatory system	6,017	5,305	1,420	936	164	58	61	17	1,611,171
Chronic rheumatic heart disease (393-398).....	58	41	9	3	--	--	--	--	7,902
Hypertensive disease without heart involvement (401, 403, 405).....	211	171	42	36	14	4	4	1	56,942
Hypertensive heart disease (402, 404).....	64	58	17	14	2	1	2	--	18,532
Acute myocardial infarction (410).....	362	253	48	19	2	4	1	--	101,937
Other ischemic heart disease (411-414).....	1,213	717	137	92	9	2	2	2	347,536
Other forms of heart disease (391, 392.0, 420-429).....	1,488	1,203	283	177	40	11	16	3	415,308
Cerebrovascular diseases (430-438).....	1,190	1,568	471	342	42	18	23	6	329,134
Atherosclerosis (440).....	357	361	138	77	17	7	1	3	76,769
Other diseases of arteries, arterioles, and capillaries (441-448).....	689	619	186	111	26	8	6	1	144,204
Varicose veins of lower extremities (454).....	71	87	21	25	6	2	2	--	19,570
Hemorrhoids (455).....	19	6	4	1	1	--	--	--	8,120
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	295	221	64	39	5	1	4	1	85,217
VIII. Diseases of the respiratory system.....	2,798	2,494	646	480	119	44	61	48	813,495
Acute respiratory infections (460-466).....	37	22	6	5	--	2	--	--	15,737
Pneumonia and influenza (480-487).....	1,043	904	206	125	31	11	10	13	271,792
Chronic bronchitis (491).....	293	247	72	48	12	3	8	2	102,313
Emphysema (492).....	62	55	14	21	2	--	1	3	20,597
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	1,363	1,266	348	281	74	28	42	30	403,056
IX. Diseases of the digestive system.....	2,185	1,948	445	302	48	25	16	7	614,232
Diseases of oral cavity, salivary glands, and jaws (520-529).....	38	41	8	4	--	--	--	--	14,549
Ulcers of the digestive system (530.2, 531-534).....	162	173	33	32	2	2	1	1	47,764
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	198	177	42	27	6	1	1	1	62,375
Hernia of the abdominal cavity (550-553).....	107	84	19	10	2	1	--	--	56,177
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	813	698	167	117	27	12	12	3	226,355
Alcohol related liver disorders (571.0-571.3).....	248	241	48	39	2	3	--	1	54,837
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577).....	619	534	128	73	9	6	2	1	152,175
X. Diseases of the genitourinary system.....	1,145	968	265	190	36	22	16	11	346,173
Nephritis, nephrotic syndrome and nephrosis (580-589).....	308	317	85	51	4	8	5	7	79,828
Other diseases of the urinary system (590-599).....	713	543	154	116	25	13	9	4	204,569
Diseases of the prostate (600-602).....	70	48	17	10	5	1	1	--	34,864
Other diseases of the male genital organs (603-608).....	46	53	8	12	2	--	1	--	20,585
Disorders of breast and gynecological diseases (610-629).....	8	7	1	1	--	--	--	--	6,327

See footnotes at end of table.

TABLE 24

INPATIENT CARE

Table 24 (continued) – VA Medical Centers—Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay—Fiscal Year 1995

Principal Diagnosis (1)	Total			Short Term (3)		Length of Stay (Days)				
	Patients	Avg. Days	Median Days (2)	Avg. Days	% of Tot. Discharges	1	2-3	4-7	8-14	15-21
XI. Complications of pregnancy, childbirth, and puerperium (630-676).....	27	4.4	1.4	4.4	100.0	10	10	3	1	2
XII. Diseases of skin and subcutaneous tissue.....	17,991	16.9	7.4	11.6	97.2	1,600	2,971	5,267	3,996	1,371
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	12,246	9.9	6.8	9.1	99.5	742	2,259	4,424	2,957	864
Other diseases of skin and subcutaneous tissue (700-709).....	5,745	32.0	11.2	17.2	92.4	858	712	843	1,039	507
XIII. Diseases of the musculoskeletal system and connective tissue.....	33,590	10.0	5.4	8.7	99.2	6,365	7,823	7,315	6,583	2,189
Osteoarthritis and allied disorders (715).....	6,149	10.8	9.4	10.1	99.5	714	676	1,231	2,323	655
Other arthropathies and related disorders (710-714, 716-719).....	5,443	8.4	3.6	7.3	99.3	1,286	1,614	1,103	732	231
Dorsopathies (720-724).....	10,927	8.3	5.0	7.7	99.5	2,037	2,754	2,850	1,860	589
Rheumatism, excluding the back (725-729).....	4,816	5.9	2.5	5.4	99.6	1,424	1,569	955	485	158
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	6,255	16.7	7.5	12.7	98.2	904	1,210	1,176	1,183	556
XIV. Congenital deformities (740-759).....	942	7.5	4.0	6.9	99.5	181	291	219	135	55
XVI. Symptoms, signs, and ill defined conditions (780-799).....	51,980	7.1	3.6	6.1	99.5	12,199	15,250	12,794	7,135	1,976
XVII. Injury and poisoning.....	37,610	12.3	6.1	10.0	98.8	5,890	8,404	8,707	6,966	2,791
Fracture of skull (800-804).....	853	8.4	4.6	6.9	99.5	142	248	241	149	23
Fracture of neck and trunk (805-809).....	1,255	21.1	9.1	13.9	96.7	125	177	284	272	113
Fracture of upper and lower limb (810-829).....	6,816	18.2	9.3	13.8	97.6	696	971	1,463	1,602	687
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	2,577	5.0	2.4	4.6	99.7	702	969	572	190	59
Intracranial injury, excluding those with skull fracture (850-854).....	1,024	21.6	6.7	12.7	97.7	206	175	195	168	77
Internal injury of chest, abdomen, and pelvis (860-869).....	356	11.1	7.0	10.2	99.7	36	61	108	71	42
Open wounds (870-897).....	1,483	8.4	3.4	6.7	99.0	412	394	328	179	60
Burns (940-949).....	534	15.7	8.4	13.4	98.5	64	87	110	113	55
Poisoning by drugs, medicinal and biological substances (960-979).....	2,479	8.2	4.8	7.7	99.6	532	586	617	385	137
Toxic effects of substances chiefly nonmedical as to source (980-989).....	307	9.3	2.8	6.5	98.6	102	75	64	32	10
All other injuries (900-904, 910-939, 950-959, 990-995).....	2,933	9.4	4.1	7.4	99.3	676	773	690	405	156
Complications of surgical and medical care, NEC (996-999).....	16,993	11.4	6.4	10.0	99.1	2,197	3,888	4,035	3,400	1,372
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--	--	--
XVIII. Factors influencing health status and contact with health services (V01-V82).....	31,044	17.3	6.2	14.1	98.0	5,347	6,757	6,229	3,205	2,173

See footnotes at end of table.

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1995

Principal Diagnosis (1)	Length of Stay (Days)-continued								Total Days
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
XI. Complications of pregnancy, childbirth, and puerperium (630-676).....	1	--	--	--	--	--	--	--	119
XII. Diseases of skin and subcutaneous tissue.....	839	1,008	378	387	84	44	35	11	304,436
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	453	400	86	46	9	2	3	1	120,749
Other diseases of skin and subcutaneous tissue (700-709).....	386	608	292	341	75	42	32	10	183,687
XIII. Diseases of the musculoskeletal system and connective tissue.....	1,346	1,369	316	211	43	14	14	2	336,165
Osteoarthritis and allied disorders (715).....	282	206	28	27	5	2	--	--	66,443
Other arthropathies and related disorders (710-714, 716-719).....	201	187	47	30	8	2	2	--	45,910
Dorsopathies (720-724).....	357	339	82	48	6	3	2	--	91,099
Rheumatism, excluding the back (725-729).....	91	91	22	16	4	1	--	--	28,554
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	415	546	137	90	20	6	10	2	104,159
XIV. Congenital deformities (740-759).....	27	24	5	5	--	--	--	--	7,038
XVI. Symptoms, signs, and ill defined conditions (780-799).....	1,068	1,007	261	206	48	12	16	8	366,537
XVII. Injury and poisoning.....	1,746	2,047	540	377	88	27	14	13	462,447
Fracture of skull (800-804).....	19	21	5	3	1	--	--	1	7,156
Fracture of neck and trunk (805-809).....	85	121	34	28	7	4	4	1	26,518
Fracture of upper and lower limb (810-829).....	447	586	184	130	33	8	3	6	124,326
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	35	32	9	7	2	--	--	--	12,757
Intracranial injury, excluding those with skull fracture (850-854).....	60	88	25	18	6	2	2	2	22,077
Internal injury of chest, abdomen, and pelvis (860-869).....	17	15	4	1	--	1	--	--	3,953
Open wounds (870-897).....	38	44	12	11	3	1	1	--	12,403
Burns (940-949).....	36	47	9	11	1	1	--	--	8,375
Poisoning by drugs, medicinal and biological substances (960-979).....	103	99	12	6	1	1	--	--	20,297
Toxic effects of substances chiefly nonmedical as to source (980-989).....	7	9	3	3	1	1	--	--	2,863
All other injuries (900-904, 910-939, 950-959, 990-995).....	82	102	25	16	2	2	3	1	27,610
Complications of surgical and medical care, NEC (996-999).....	817	883	218	143	31	6	1	2	194,112
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--	--
XVIII. Factors influencing health status and contact with health services (V01-V82).....	1,959	3,429	1,175	610	102	24	23	11	537,691

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code number of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table. Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.

(2) One-half of the discharges in the given category have length of stays 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.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables, which are based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

TABLE 25

INPATIENT CARE

Table 25 – VA Medical Centers—Hospital Care Component: Patients Discharged, Compensation and Pension Status, Eligibility Status, Type of Patient, and Gender—Fiscal Year 1995

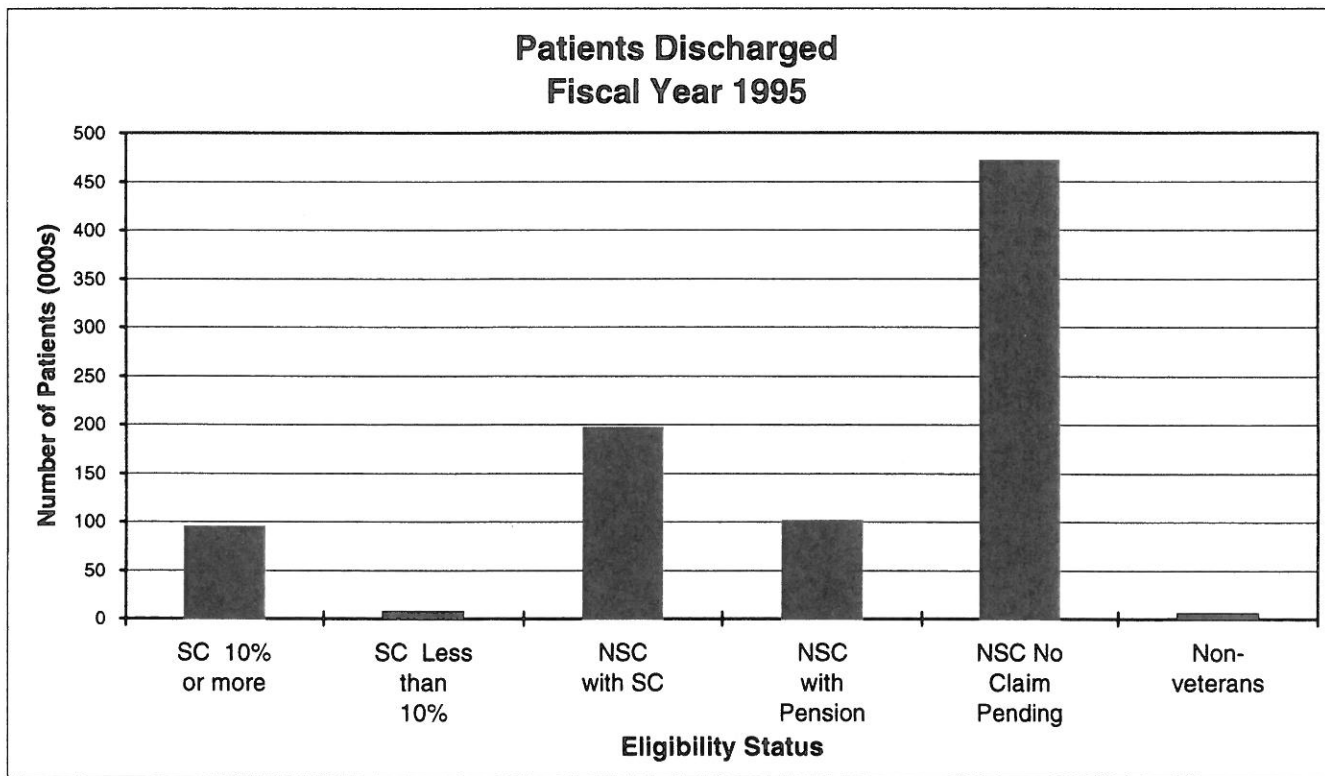
Eligibility Status	All Patients				Female				Male			
	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical
VA hospitals--total.....	873,906	78,192	129,786	665,928	25,796	3,784	3,308	18,704	848,110	74,408	126,478	647,224
Service-connected.....	100,963	24,483	17,931	58,549	4,193	1,416	538	2,239	96,770	23,067	17,393	56,310
10% or more.....	94,118	23,673	17,007	53,438	4,022	1,391	516	2,115	90,096	22,282	16,491	51,323
Less than 10%.....	6,845	810	924	5,111	171	25	22	124	6,674	785	902	4,987
Nonservice-connected												
With SC (1).....	196,216	11,277	21,405	163,534	5,660	564	672	4,424	190,556	10,713	20,733	159,110
With pension.....	100,364	7,457	6,387	86,520	2,165	290	101	1,774	98,199	7,167	6,286	84,746
No claim pending.....	471,061	34,653	83,334	353,074	11,685	1,429	1,884	8,372	459,376	33,224	81,450	344,702
Non-veterans (2).....	5,302	322	729	4,251	2,093	85	113	1,895	3,209	237	616	2,356

(1) Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.

(2) This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran admitted as an Office of Worker's Compensation Program case is coded as a non-veteran.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables, which are based on AMIS data.

Any difference is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.



INPATIENT CARE

TABLE 26

Table 26 -- Operating Costs of VA Inpatient Facilities -- Fiscal Year 1995
(In thousands)

Activity	Total	Hospital Care					Nursing Home Care	Domiciliary Care
		Total	Bed Section					
			Medical	Surgical	Psychiatric	Intermediate		
Cost--total.....	\$9,664,028	\$8,288,546	\$3,603,066	\$2,356,200	\$1,651,800	\$677,480	\$1,094,731	\$280,751
Direct care--total.....	\$5,749,836	\$4,969,602	\$2,108,751	\$1,487,081	\$961,914	\$411,856	\$660,690	\$119,544
Professional and ancillary:								
Other medical services	\$2,025,395	\$1,707,227	\$747,417	\$508,372	\$317,641	\$133,797	\$219,137	\$99,031
Medical services.....	\$418,065	\$385,704	\$283,306	\$63,348	\$12,195	\$26,855	\$28,490	\$3,871
Surgical services.....	\$277,024	\$274,785	\$16,184	\$255,099	\$1,967	\$1,535	\$1,824	\$415
Psychiatry services.....	\$163,463	\$156,124	\$9,929	\$2,571	\$140,216	\$3,408	\$3,142	\$4,197
Pharmacy services.....	\$420,210	\$381,570	\$193,990	\$120,431	\$42,733	\$24,416	\$34,765	\$3,875
Nursing services.....	\$2,445,679	\$2,064,192	\$857,925	\$537,260	\$447,162	\$221,845	\$373,332	\$8,155
Support--total.....	\$3,914,192	\$3,318,944	\$1,494,315	\$869,119	\$689,886	\$265,624	\$434,041	\$161,207
Administrative support.....	\$1,046,203	\$885,616	\$372,590	\$213,844	\$214,526	\$84,656	\$129,920	\$30,667
Engineering support.....	\$899,950	\$698,521	\$286,636	\$178,380	\$164,260	\$69,245	\$114,073	\$87,356
Building management.....	\$438,861	\$353,069	\$131,936	\$88,239	\$87,120	\$45,774	\$75,631	\$10,161
Research support.....	\$303,649	\$291,788	\$167,103	\$67,898	\$49,501	\$7,286	\$9,772	\$2,089
Education and training support.....	\$620,218	\$589,259	\$308,213	\$175,375	\$89,121	\$16,550	\$26,775	\$4,184
Asset acquisitions (1).....	\$605,311	\$500,691	\$227,837	\$145,383	\$85,358	\$42,113	\$77,870	\$26,750

(1) Asset acquisitions reflect obligations.

NOTE: Detail may not add to totals shown due to rounding.

TABLE 27

HOMELESS VETERANS

Table 27 -- Domiciliary Care for Homeless Veterans (DCHV)
Discharges, Operating Beds, Average Length of Stay
and Status at Time of Discharge from DCHV Program
Fiscal Year 1995

State	Facility	DCHV Beds	Average Length of Stay (Days)	Discharged	Status at Time of Discharge from DCHV				
					Completed Program	Housed (1)	Institution- alized (2)	Employed	Disabled or Retired
Alaska:	Anchorage.....	17	117.6	46	22	13	17	19	--
Arizona:	Prescott.....	50	92.9	176	46	58	66	43	22
Arkansas:	Little Rock.....	60	108.2	184	138	136	12	120	7
California:	Palo Alto.....	50	93.1	201	43	79	39	69	13
	West Los Angeles.....	100	204.3	147	89	67	33	32	35
Florida:	Bay Pines.....	25	207.5	49	26	18	7	12	7
Georgia:	Dublin.....	25	147.5	44	28	31	7	26	2
Illinois:	North Chicago.....	60	134.7	170	60	124	22	80	--
Iowa:	Des Moines.....	20	134.7	54	22	33	8	26	3
Kansas:	Leavenworth.....	30	213.9	58	34	29	14	24	6
Massachusetts:	Bedford.....	40	131.0	104	66	36	38	9	6
	Brockton*.....	50	85.1	71	44	40	6	28	5
Mississippi:	Biloxi.....	40	179.9	79	58	62	5	52	4
Missouri:	St. Louis*.....	50	--	--	--	--	--	--	--
New Jersey:	Lyons.....	70	151.8	138	80	71	21	61	1
New York:	Brooklyn.....	50	182.2	92	48	54	4	25	14
	Canadaigua.....	25	113.5	116	74	63	27	32	17
	Montrose.....	60	158.7	130	62	72	19	43	23
Ohio:	Cincinnati.....	50	163.4	112	72	88	8	69	17
	Cleveland.....	75	135.2	216	120	142	49	80	10
	Dayton.....	25	124.5	42	22	21	2	32	0
Oregon:	Portland.....	40	164.9	63	43	20	25	24	10
	White City.....	51	184.5	96	49	36	21	36	4
Pennsylvania:	Butler.....	25	136.1	72	50	47	14	22	3
	Coatesville.....	40	90.7	149	101	88	19	69	14
	Pittsburgh.....	50	161.1	108	73	70	21	34	8
South Dakota:	Hot Springs.....	50	142.3	103	72	68	13	43	19
Tennessee:	Mountain Home.....	25	151.3	90	37	40	17	14	24
Texas:	Dallas.....	40	142.4	94	58	56	20	27	10
Virginia:	Hampton.....	28	91.0	99	52	27	48	8	21
Washington:	American Lake.....	60	145.3	131	86	76	17	48	13
West Virginia:	Martinsburg.....	60	168.0	89	51	51	18	26	25
Wisconsin:	Milwaukee.....	25	130.4	76	30	29	14	22	10
Totals.....		1,466	138.6	3,399	1,856	1,845	651	1,255	353

* Brockton and St. Louis, new DCHV sites, were not operational during *all* of fiscal year 1995.

(1) Housed in own residence or residence of family or of a friend.

(2) Includes halfway houses, transitional programs, another domiciliary, or other institutions.

**Table 28 – Homeless Chronically Mentally Ill
Number of Contacts**

State	Facility	Fiscal Year 1994					Fiscal Year 1995				
		Number of Visits ⁽¹⁾	Number of Individuals	Visits per Individual	Clinicians Visited	Visits per Clinician	Number of Visits ⁽¹⁾	Number of Individuals	Visits per Individual	Clinicians Visited	Visits per Clinician
Alabama:	Birmingham	1,542	193	8.0	4.0	386	2,061	203	10.2	4.0	515
	Tuskegee	1,175	189	6.2	2.0	588	846	195	4.3	2.0	423
Alaska:	Anchorage	1,792	288	6.2	5.0	358	13,793	603	22.9	5.0	2,759
Arizona:	Phoenix	1,423	303	4.7	2.0	712	1,421	362	3.9	2.0	711
	Tucson	2,629	498	5.3	3.0	876	4,016	777	5.2	3.0	1,339
Arkansas:	Little Rock	4,435	548	8.1	4.0	1,109	4,107	586	7.0	5.0	821
California:	Loma Linda †	--	--	--	--	--	186	180	1.0	1.0	186
	Long Beach	1,828	438	4.2	2.0	914	2,183	635	3.4	2.0	1,092
	Los Angeles (IOC)	1,410	310	4.5	3.0	470	2,276	501	4.5	3.0	759
	San Diego	2,480	627	4.0	3.0	827	2,607	680	3.8	3.0	869
	San Francisco	9,951	934	10.7	4.0	2,488	11,369	1,127	10.1	5.2	2,186
	W. Los Angeles	6,154	1,674	3.7	8.0	769	6,812	1,613	4.2	13.5	505
Colorado:	Denver	691	301	2.3	2.0	346	1,629	431	3.8	2.0	815
Connecticut:	West Haven	1,908	171	11.2	2.0	954	2,128	297	7.2	3.0	709
Dist.of Columbia:	Washington	3,379	1,059	3.2	5.4	626	3,911	1,047	3.7	4.0	978
Florida:	Miami	72	41	1.8	1.8	40	2,038	655	3.1	3.0	679
	Tampa	1,708	245	7.0	3.0	569	1,290	247	5.2	3.0	430
Georgia:	Atlanta	827	353	2.3	2.0	414	2,365	642	3.7	2.0	1,183
	Augusta	1,759	115	15.3	2.0	880	1,654	131	12.6	2.0	827
Illinois:	Chicago WS †	--	--	--	--	--	224	98	2.3	3.0	75
	Hines	1,615	884	1.8	3.0	538	1,306	439	3.0	4.0	327
Indiana:	Indianapolis	3,382	418	8.1	4.0	846	3,311	501	6.6	4.0	828
Kentucky:	Louisville	1,605	231	6.9	2.0	803	1,650	216	7.6	2.0	825
Louisiana:	New Orleans	1,467	415	3.5	3.0	489	4,482	564	7.9	3.0	1,494
Maryland:	Baltimore †	--	--	--	--	--	1,556	571	2.7	2.0	778
	Perry Point	1,201	137	8.8	2.0	601	1,866	223	8.4	2.0	933
Massachusetts:	Boston	3,436	609	5.6	4.0	859	2,943	923	3.2	4.0	736
Michigan:	Allen Park	1,974	556	3.6	3.7	534	3,266	643	5.1	4.7	695
	Battle Creek ‡	--	--	--	--	--	1,104	96	11.5	4.0	276
Minnesota:	Minneapolis	856	185	4.6	2.0	428	1,371	307	4.5	2.0	686
Mississippi:	Jackson †	--	--	--	--	--	317	91	3.5	2.0	159
Missouri:	Kansas City	1,351	269	5.0	2.0	676	780	162	4.8	4.0	195
	St. Louis (MC2)	2,246	639	3.5	2.0	1,123	1,938	633	3.1	2.0	969
	Salisbury †	--	--	--	--	--	2,456	532	4.6	2.0	1,228
North Dakota:	Fargo †	--	--	--	--	--	369	235	1.6	2.0	185
New Jersey:	East Orange	2,963	230	12.9	2.0	1,482	3,278	224	14.6	3.0	1,093

TABLE 28

HOMELESS VETERANS

Table 28 (Continued) -- Homeless Chronically Mentally Ill
Number of Contacts

State	Facility	Fiscal Year 1994					Fiscal Year 1995				
		Number of Visits ⁽¹⁾	Number of Individuals	Visits per Individual	Clinicians Visited	Visits per Clinician	Number of Visits ⁽¹⁾	Number of Individuals	Visits per Individual	Clinicians Visited	Visits per Clinician
New York:	Albany	2,116	476	4.4	4.0	529	2,020	461	4.4	4.5	449
	Bath	2,542	531	4.8	2.0	1,271	2,573	581	4.4	2.0	1,287
	Bronx	2,699	167	16.2	2.0	1,350	5,316	220	24.2	3.0	1,772
	Brooklyn	1,929	434	4.4	5.0	386	1,480	377	3.9	6.0	247
	Buffalo	5,138	396	13.0	5.0	1,028	5,930	417	14.2	5.5	1,078
	New York	18,180	1,294	14.0	7.9	2,301	20,564	1,272	16.2	6.5	3,164
	Syracuse	1,289	203	6.3	3.0	430	1,192	205	5.8	2.0	596
Ohio:	Cincinnati	1,831	311	5.9	3.0	610	1,110	252	4.4	3.0	370
	Cleveland	1,388	290	4.8	3.0	463	1,508	378	4.0	2.0	754
	Dayton	1,582	279	5.7	3.0	527	1,558	328	4.8	3.0	519
	Toledo	1,997	168	11.9	3.0	666	3,827	290	13.2	3.0	1,276
Oklahoma:	Oklahoma City	588	213	2.8	2.0	294	933	181	5.2	3.0	311
Oregon:	Portland	3,009	590	5.1	2.0	1,505	3,309	653	5.1	2.0	1,655
	Roseburg	2,392	455	5.3	3.5	683	5,712	726	7.9	3.5	1,632
Pennsylvania:	Lebanon	257	111	2.3	2.0	129	603	222	2.7	2.0	302
	Philadelphia	602	349	1.7	2.0	301	334	259	1.3	2.0	167
	Pittsburgh	3,077	426	7.2	5.0	615	2,965	454	6.5	4.0	741
	Wilkes-Barre	1,765	375	4.7	3.0	588	2,137	429	5.0	3.0	712
Rhode Island:	Providence	71	43	1.7	3.0	24	4,403	89	49.5	3.0	1,468
South Carolina:	Charleston	1,768	329	5.4	2.0	884	1,895	324	5.8	2.0	948
Tennessee:	Mountain Home	2,106	309	6.8	2.0	1,053	1,923	280	6.9	2.0	962
	Nashville	603	167	3.6	2.0	302	801	182	4.4	2.0	401
Texas:	Dallas	5,319	1,011	5.3	4.9	1,086	5,795	1,068	5.4	3.5	1,656
	Houston	1,393	389	3.6	3.0	464	1,503	527	2.9	3.0	501
	San Antonio	2,458	165	14.9	2.0	1,229	3,538	236	15.0	3.0	1,179
Utah:	Salt Lake City	4,518	569	7.9	4.0	1,130	4,966	529	9.4	4.0	1,242
Virginia:	Hampton	2,529	562	4.5	2.0	1,265	2,610	551	4.7	2.0	1,305
Washington:	Seattle †	--	--	--	--	--	916	310	3.0	3.0	305
	Spokane ‡	--	--	--	--	--	55	27	2.0	0.0	(N/A)
	Walla Walla	1,103	248	4.4	2.0	552	964	220	4.4	2.2	438
West Virginia:	Huntington †	--	--	--	--	--	774	241	3.2	2.0	387
Wisconsin:	Milwaukee †	--	--	--	--	--	6,519	441	14.8	8.4	776
	Tomah †	--	--	--	--	--	1,148	108	10.6	2.0	574
Wyoming:	Cheyenne	1,650	321	5.1	2.0	825	1,633	333	4.9	2.0	817
	Totals	143,158	24,041	6.0	177.2	808	201,423	30,541	6.6	221.5	909

(1) Visits as used here is a stop at the HCHV clinic during an outpatient visit to the facility.

† Site implemented during FY 1994.

‡ Site implemented during FY 1995.

**Table 29 -- Outpatient Medical Care: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis
Fiscal Years 1987 -- 1995**

Fiscal Year	Total Visits	Category of Visit				
		Visits to VA Staff				Total Fee Basis
		Total	Veterans		Nonveterans	
			Service-Connected	Nonservice- Connected		
1995.....	27,526,927	26,462,760	12,007,725	13,410,451	1,044,584	1,064,167
1994.....	25,157,983	24,134,839	10,916,062	12,184,438	1,034,339	1,023,144
1993.....	24,236,095	23,144,396	10,516,758	11,611,791	1,015,847	1,091,699
1992.....	23,901,825	22,788,431	10,433,307	11,428,714	926,410	1,113,394
1991.....	23,034,516	21,932,426	10,109,392	10,985,504	837,530	1,102,090
1990.....	22,602,540	21,399,342	9,885,926	10,683,641	829,775	1,203,198
1989.....	22,629,343	21,025,887	9,590,760	10,623,025	812,102	1,603,456
1988.....	23,232,895	21,473,403	9,396,760	10,805,912	1,270,731	1,759,492
1987.....	21,634,757	19,837,424	8,759,011	10,104,380	974,033	1,797,333

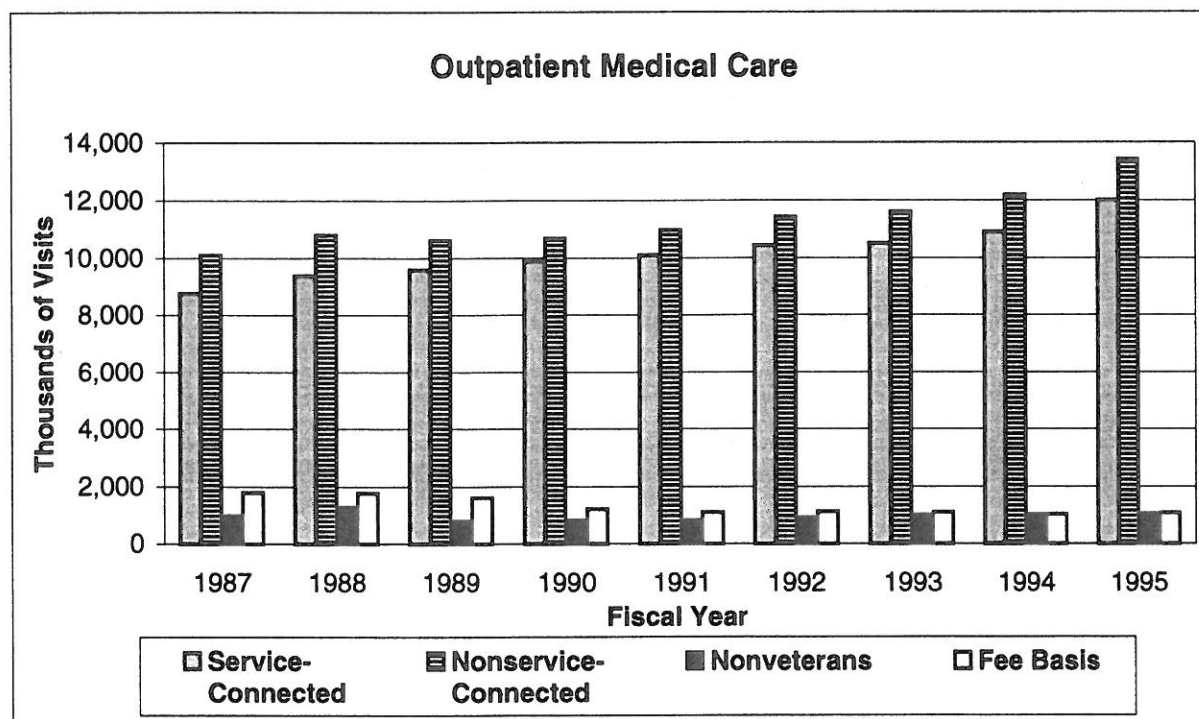


TABLE 30

PHARMACY

Table 30 -- Pharmacy Activity

<i>Activity</i>	<i>Fiscal Year 1995</i>	<i>Fiscal Year 1994 *</i>	<i>Fiscal Year 1993</i>
VA pharmacies:			
Prescriptions dispensed--total.....	66,121,065	64,525,038	59,089,721
Inpatient.....	781,887	905,532	962,136
Ambulatory--total	65,339,178	63,619,506	58,127,585
Methadone.....	1,177,788	1,194,628	1,197,265
All other (including fee-basis filled by VA pharmacies)	64,161,390	62,424,878	56,930,320
Unit doses dispensed	181,692,554	201,356,295	180,010,789
Primary intravenous admixtures	2,021,708	1,995,039	2,054,098
Secondary intravenous admixtures ("piggy-backs").....	8,913,706	9,392,381	9,797,714
Hyperalimentation	232,812	240,582	308,112
Fluids and sets	9,411,830	9,763,457	9,910,947
Patient oriented activity (hours).....	1,927,036	1,562,873	1,457,091
Fee-basis:			
Prescriptions filled by VA pharmacies	2,281,658	2,522,413	2,215,649
Prescriptions filled by participating pharmacies	NA	170,210	115,997

* 1994 ambulatory prescriptions equate to 72,653,476 in 30-day equivalents.
Reported figure includes 60-90 days supplies.

NA: Not Available.

Table 31 -- Construction Status Summary -- Fiscal Year 1995

Description	Total		Completed		Under Construction		Authorized but not Under Construction	
	No.	Estimated Construction Cost (Millions)	No.	Estimated Construction Cost (Millions)	No.	Estimated Construction Cost (Millions)	No.	Estimated Construction Cost (Millions)
Totals.....	617	\$3,764.87	132	\$425.17	331	\$2,496.00	154	\$843.70
Replacement/Relocation Hospitals.....	8	\$1,125.34	1	\$117.79	5	\$725.45	2	\$282.10
Modernizations.....	9	\$911.18	0	\$0.00	8	\$838.18	1	\$73.00
Staff Offices	32	\$41.27	10	\$6.36	22	\$34.91	0	\$0.00
Nursing Home Care Units.....	52	\$171.80	15	\$59.95	28	\$97.51	9	\$14.34
Research and Education.....	17	\$50.26	2	\$3.19	10	\$25.99	5	\$21.08
Domiciliaries.....	2	\$29.60	1	\$10.60	1	\$19.00	0	\$0.00
Parking Facilities.....	8	\$87.02	2	\$25.39	3	\$34.73	3	\$26.90
National Cemeteries.....	66	\$80.20	19	\$7.53	24	\$41.91	23	\$30.76
Other Improvements.....	350	\$1,203.29	78	\$181.62	161	\$626.15	111	\$395.52
Veterans Benefits.....	73	\$64.91	4	\$12.74	69	\$52.17	0	\$0.00

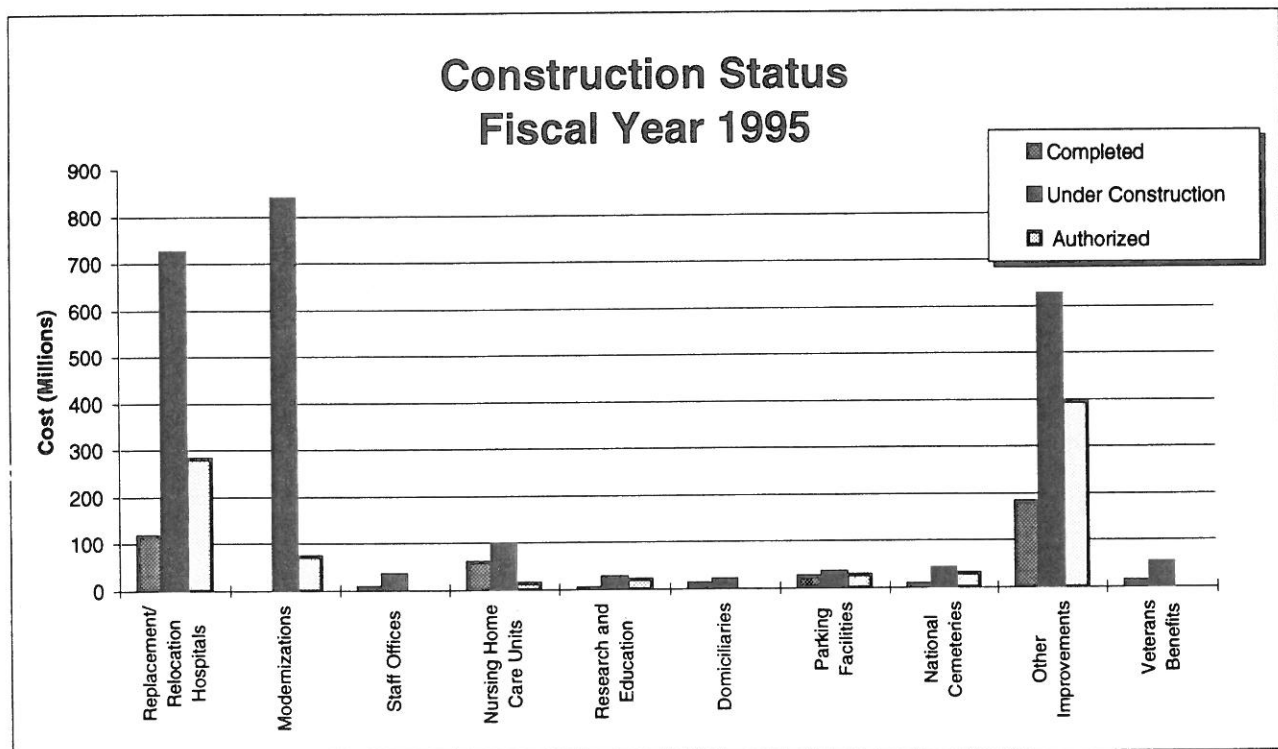


TABLE 32

CONSTRUCTION PROJECTS

Table 32 -- Replacement and Relocation Hospital Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Number of Beds</i>	<i>Estimated Construction Costs ⁽²⁾</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete ⁽³⁾</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	8	3,447	\$1,125,325,976	\$577,233,772	51.3	
A. Projects completed:	1	490	\$117,786,686	\$117,786,686	100.0	
Washington: Seattle.....		490	\$117,786,686	\$117,786,686	100.0	October 1994 (C)
B. Projects under construction:	5	2,452	\$725,439,290	\$459,447,086	63.3	
California: Travis.....		243	\$200,421,000	\$1,579,000	0.8	February 1995 (A)
Florida: Palm Beach County.....		400	\$114,314,624	\$100,173,000	87.6	January 1991 (A)
Michigan: Detroit.....		503	\$244,807,666	\$208,469,000	85.2	December 1991 (A)
Pennsylvania: Philadelphia.....		776	\$108,062,000	\$105,966,000	98.1	November 1985 (A)
Tennessee: Mountain Home.....		530	\$57,834,000	\$43,260,086	74.8	March 1985 (A)
C. Projects authorized-- not under construction:	2	505	\$282,100,000			
Florida: Brevard County.....		400	\$129,000,000			
Hawaii: Honolulu		105	\$153,100,000			

- (1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.
- (2) Construction anticipated, issued, or awarded, including contingencies.
- (3) Based on general construction only.

CONSTRUCTION PROJECTS

TABLES 33 and 34

Table 33 -- Modernization Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Project Description</i>	<i>Estimated Construction Costs ⁽²⁾</i>	<i>Value of Work in Place</i>	<i>Percent Complete ⁽³⁾</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	9		\$911,178,878	\$396,554,232	43.5	
A. Projects completed:	0		\$0	\$0		
B. Projects under construction:	8		\$838,178,878	\$396,554,232	47.3	
California: Palo Alto PAD...		Clinical Addition/Bed Towers	\$155,578,000	\$56,874,000	36.6	March 1993 (A)
Connecticut: Newington.....		Medical Center Modernization	\$47,266,000	\$7,628,000	16.1	September 1990 (A)
Georgia: Atlanta.....		Clinical Addition	\$76,663,878	\$47,772,555	62.3	December 1991 (A)
Illinois: North Chicago...		Environmental Improvements	\$150,541,000	\$71,877,000	47.7	September 1988 (A)
Indiana: Indianapolis.....		Clinical Improvements	\$81,269,000	\$58,361,021	71.8	May 1991 (A)
Michigan: Ann Arbor.....		Clinical Addition	\$129,400,000	\$23,751,000	18.4	December 1992 (A)
New York: New York.....		OP/Clinic Addition & Alterations	\$105,634,000	\$98,585,000	93.3	September 1985 (A)
Texas: Dallas.....		Clinical Addition	\$91,827,000	\$31,705,656	34.5	September 1993 (A)
C. Projects authorized--not under construction:	1		\$73,000,000			
Tennessee: Memphis.....		Seismic Corrections	\$73,000,000			

Table 34 -- Staff Office Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Project Description</i>	<i>Estimated Construction Costs ⁽²⁾</i>	<i>Value of Work in Place</i>	<i>Percent Complete ⁽³⁾</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	32		\$41,264,974	\$29,608,101	71.8	
A. Projects completed:	10		\$6,357,481	\$6,357,481	100.0	
Dist. of Col.: Central Office...		Cabling Main Building & Lafayette	\$80,000	\$80,000	100.0	August 1995 (C)
Central Office...		Electrical BPA - TechWorld	\$17,616	\$17,616	100.0	August 1995 (C)
Central Office...		Alterations	\$38,965	\$38,965	100.0	August 1995 (C)
Central Office...		Repair Replace Five Dock Shelters	\$10,798	\$10,798	100.0	August 1995 (C)
Central Office...		Upgrade Fire Alarm	\$5,829	\$5,829	100.0	August 1995 (C)
Central Office...		Install Wide Area Net	\$1,796,114	\$1,796,114	100.0	August 1995 (C)
Central Office...		Above Standard Buildouts - TW	\$763,000	\$763,000	100.0	August 1995 (C)
Illinois: Hines.....		Renovate Bldg. 18	\$1,816,795	\$1,816,795	100.0	December 1994 (C)
Minnesota: Minneapolis.....		New District Counsel Office	\$740,018	\$740,018	100.0	August 1995 (C)
Texas: Austin DPC.....		Renovate 2nd Floor Phase 1	\$1,088,346	\$1,088,346	100.0	April 1995 (C)
B. Projects under construction:	22		\$34,907,493	\$23,250,620	66.6	
Major Projects:	1		\$25,364,469	\$19,148,480	75.5	
Dist. of Col.: Washington.....		Repairs and Alterations to VACO	\$25,364,469	\$19,148,480	75.5	September 1991 (A)
Minor Projects:	21		\$9,543,024	\$4,102,140	43.0	
C. Projects authorized--not under construction:	0		\$0			
Major Projects:	0		\$0			
Minor Projects:	0		\$0			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

TABLE 35

CONSTRUCTION PROJECTS

Table 35 -- Nursing Home Care Units Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

Location	Number of Projects	Number of Nursing Home Care Beds	Estimated Construction Costs ⁽²⁾	Value of Work in Place	Percent Complete ⁽³⁾	Date Construction Completed (C) or Contract Awarded (A)
Total.....	52	2,424	\$171,796,836	\$113,925,036	66.3	
A. Projects completed:	15	633	\$59,950,672	\$59,950,672	100.0	
Florida: Palm Beach.....		120	\$8,724,409	\$8,724,409	100.0	June 1995 (C)
Iowa: Knoxville.....		36	\$1,606,293	\$1,606,293	100.0	June 1995 (C)
Kansas: Topeka.....		0	\$2,407,350	\$2,407,350	100.0	January 1995 (C)
Louisiana: New Orleans.....		120	\$13,227,822	\$13,227,822	100.0	November 1994 (C)
Maine: Togus.....		0	\$2,027,948	\$2,027,948	100.0	November 1994 (C)
Michigan: Iron Mountain.....		0	\$375,292	\$375,292	100.0	June 1995 (C)
North Carolina: Ashville.....		0	\$1,479,955	\$1,479,955	100.0	March 1995 (C)
Salisbury.....		120	\$8,822,053	\$8,822,053	100.0	October 1994 (C)
Ohio: Cincinnati.....		0	\$2,709,580	\$2,709,580	100.0	April 1995 (C)
Cincinnati.....		0	\$2,582,593	\$2,582,593	100.0	August 1995 (C)
South Dakota: Ft. Meade.....		60	\$2,618,905	\$2,618,905	100.0	October 1994 (C)
Texas: Bonham.....		120	\$9,281,658	\$9,281,658	100.0	September 1995 (C)
Temple.....		0	\$1,729,061	\$1,729,061	100.0	December 1994 (C)
Waco.....		0	\$340,172	\$340,172	100.0	January 1995 (C)
Wisconsin: Tomah.....		57	\$2,017,581	\$2,017,581	100.0	September 1995 (C)
B. Projects under construction:	28	1,536	\$97,509,364	\$53,974,364	55.4	
Major Projects:	6	660	\$58,719,329	\$23,950,825	40.8	
Alabama: Tuskegee.....		120	\$9,454,000	\$645,935	6.8	May 1995 (A)
Arizona: Prescott.....		60	\$6,380,000	\$0	0.0	September 1995 (A)
California: Martinez.....		120	\$17,442,311	\$4,318,282	24.8	January 1995 (A)
Florida: Lake City.....		120	\$6,015,079	\$5,943,684	98.8	March 1993 (A)
Maryland: Baltimore.....		120	\$12,303,624	\$6,486,097	52.7	September 1994 (A)
North Carolina: Ashville.....		120	\$7,124,315	\$6,556,827	92.0	September 1993 (A)
Minor Projects:	22	876	\$38,790,035	\$30,023,539	77.4	
C. Projects under design:	9	255	\$14,336,800			
Major Projects:	0	0	\$0			
Minor Projects:	9	255	\$14,336,800			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

CONSTRUCTION PROJECTS

TABLE 36

Table 36 -- Research and Education Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Project Description</i>	<i>Estimated Construction Costs ⁽²⁾</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete ⁽³⁾</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	17		\$50,258,698	\$13,085,844	26.0	
A. Projects completed:	2		\$3,187,556	\$3,187,556	100.0	
Oregon: Portland.....		Animal Research Facility	\$678,195	\$678,195	100.0	September 1995 (C)
Utah: Salt Lake City..		Expand B-2 for Research	\$2,509,361	\$2,509,361	100.0	November 1994 (C)
B. Projects under construction:	10		\$25,990,599	\$9,898,288	38.1	
Major Projects:	2		\$15,288,810	\$4,873,832		
New Jersey: East Orange...		Relocate/Consolidate Research	\$6,412,810	\$4,873,832	76.0	November 1993 (A)
West Virginia: Huntington.....		Research Addition	\$8,876,000	\$0	0.0	September 1995 (A)
Minor Projects:	8		\$10,701,789	\$5,024,456	46.9	
C. Projects authorized-- not under construction:	5		\$21,080,543			
Major Projects:	1		\$14,032,000			
Oregon: Portland.....		Research Addition	\$14,032,000			
Minor Projects:	4		\$7,048,543			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

TABLES 37 AND 38

CONSTRUCTION PROJECTS

Table 37 -- Domiciliary Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Number of Beds</i>	<i>Estimated Construction Costs ⁽²⁾</i>	<i>Value of Place</i>	<i>Percent Complete ⁽³⁾</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total	2	625	\$29,604,654	\$29,258,689	98.8	
A. Projects completed:	1	224	\$10,604,792	\$10,604,792		
Texas: Bonham.....		224	\$10,604,792	\$10,604,792	100.0	November 1994 (C)
B. Projects under construction:	1	401	\$18,999,862	\$18,653,897	98.2	
Kansas: Leavenworth.....		401	\$18,999,862	\$18,653,897	98.2	July 1993 (A)
C. Projects authorized-- not under construction:	0	0	\$0			

Table 38 -- Parking Revolving Fund Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Description</i>	<i>Estimated Construction Costs ⁽²⁾</i>	<i>Value of Place</i>	<i>Percent Complete ⁽³⁾</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	8		\$87,015,000	\$53,352,810	61.3	
A. Projects completed:	2		\$25,390,000	\$25,390,000	100.0	
Louisiana: New Orleans.....		Parking Structure	\$17,000,000	\$17,000,000	100.0	November 1994 (C)
Tennessee: Nashville		Parking Garage	\$8,390,000	\$8,390,000	100.0	October 1994 (C)
B. Projects under construction:	3		\$34,725,000	\$27,962,810	80.5	
Florida: Palm Beach.....		Parking for new MC	\$6,879,000	\$6,810,210	99.0	January 1991 (A)
Michigan: Ann Arbor.....		Parking Garage	\$13,356,000	\$7,532,000	56.4	May 1994 (A)
Detroit.....		Parking Garage	\$14,490,000	\$13,620,600	94.0	December 1991 (A)
C. Projects authorized-- not under construction:	3		\$26,900,000			
Florida: Miami.....		Parking Garage	\$5,000,000			
Hawaii: Honolulu.....		Parking Garage	\$14,900,000			
Puerto Rico: San Juan.....		Parking Garage	\$7,000,000			

- (1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.
- (2) Construction anticipated, issued, or awarded, including contingencies.
- (3) Based on general construction only.

CONSTRUCTION PROJECTS

TABLE 39

Table 39 -- National Cemetery Construction Projects -- Fiscal Year 1995
Completions and Year-End Status

Location	Number of Projects ⁽¹⁾	Description	Estimated Construction Costs ⁽²⁾	Value of Work in Place	Percent Complete ⁽³⁾	Completed (C) or Contract Awarded (A)
Total.....	66		\$80,202,755	\$19,153,488	23.9	
A. Projects completed:	19		\$7,528,343	\$7,528,343	100.0	
Arkansas: Fayetteville.....		Demolish Buildings	\$22,984	\$22,984	100.0	December 1994 (C)
Ft. Smith.....		Renovate Lodge	\$222,917	\$222,917	100.0	March 1995 (C)
California: Riverside NC.....		Phase 4 Development	\$5,603,245	\$5,603,245	100.0	January 1995 (C)
Riverside NC.....		Replace Signs	\$78,000	\$78,000	100.0	January 1995 (C)
Colorado: Ft. Logan.....		Demolish Lodge	\$29,261	\$29,261	100.0	July 1995 (C)
Georgia: Marietta.....		Replace Fuel Tank	\$27,333	\$27,333	100.0	March 1995 (C)
Iowa: Keokuk.....		Repair Admin/Maint. Building	\$181,025	\$181,025	100.0	October 1994 (C)
Kentucky: Camp Nelson.....		Convert Lodge to Admin.	\$170,835	\$170,835	100.0	December 1994 (C)
Zachary Taylor NC.....		Convert Lodge to Barrier Free Admn	\$315,129	\$315,129	100.0	January 1995 (C)
Louisiana: Port Hudson.....		Develop 432 Gravesites	\$28,585	\$28,585	100.0	October 1994 (C)
Minnesota: Ft. Snelling.....		Maint. Bldg. and Loading Dock	\$131,567	\$131,567	100.0	September 1995 (C)
Missouri: Jefferson Brks.		Maint. Yard - Wash Rack	\$26,193	\$26,193	100.0	December 1994 (C)
Mississippi: Natchez NC.....		Convert Lodge to Admin.	\$113,419	\$113,419	100.0	December 1994 (C)
North Carolina: Salisbury.....		Replace Fuel Tanks	\$29,057	\$29,057	100.0	October 1994 (C)
South Carolina: Beaufort.....		Replace Fuel Tanks	\$46,561	\$46,561	100.0	December 1994 (C)
Tennessee: Chattanooga.....		Replace Fuel Tanks	\$67,947	\$67,947	100.0	January 1995 (C)
Texas: Ft. Sam Houston.....		Construct Columbaria	\$24,400	\$24,400	100.0	February 1995 (C)
Houston NC.....		Renovate Maintenance Bldg.	\$175,335	\$175,335	100.0	November 1994 (C)
West Virginia: West Virginia NC.....		Correct Drainage	\$234,550	\$234,550	100.0	November 1994 (C)
B. Projects under construction:	24		\$41,913,612	\$11,625,145	27.7	
Major Projects:	4		\$29,236,955	\$4,367,685	14.9	
Massachusetts: Mass NC.....		Gravesite Development	\$4,013,376	\$2,926,434	72.9	November 1994 (A)
Oregon: Willamette.....		Gravesite Development	\$9,076,000	\$945,950	10.4	June 1995 (A)
Texas: Houston NC.....		Gravesite Development	\$8,243,979	\$495,301	6.0	June 1995 (A)
Washington: Seattle NC.....		New Cemetery	\$7,903,600	\$0	0.0	September 1995 (A)
Minor Projects:	20		\$12,676,657	\$7,257,460	57.3	
C. Projects authorized--: not under construction:	23		\$30,760,800			
Major Projects:	1		\$14,424,000			
Texas: Dallas Ft. Worth.....		Gravesite Development Phase 1	\$14,424,000			
Minor Projects:	22		\$16,336,800			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

TABLE 40

CONSTRUCTION PROJECTS

Table 40 -- Other Improvements Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

	Project Description	Estimated Construction Costs ⁽²⁾	Value of Work in Place	Percent Complete ⁽³⁾	Date Construction Completed (C) or Contract Awarded (A)
Total.....	350	\$1,828,722,787	\$1,056,161,695	57.8	
A. Projects completed:	78	\$807,047,288	\$807,047,288	100.0	
Alabama: Tuscaloosa.....	New 270-Bed Psych. Bldg.	\$26,371,795	(4)	100.0	May 1995 (C)
Arizona: Phoenix.....	Remodel Ambulatory Care	\$398,000	(4)	100.0	April 1995 (C)
Phoenix.....	Correct Life Safety & Fire Deficiencies	\$659,545	(4)	100.0	January 1995 (C)
Tucson.....	Blind Rehabilitation Center	\$2,403,546	(4)	100.0	April 1995 (C)
Arkansas: Little Rock.....	Patient Ward Improvements	\$1,669,000	(4)	100.0	February 1995 (C)
Little Rock.....	Psych. Ward Modifications	\$713,000	(4)	100.0	February 1995 (C)
California: Fresno.....	Remodel Clinical Lab	\$1,447,891	(4)	100.0	December 1994 (C)
Livermore.....	Alzheimer's Unit	\$721,337	(4)	100.0	February 1995 (C)
Martinez.....	Demolition Main Building	\$4,500,000	(4)	100.0	June 1995 (C)
West Los Angeles.....	Correct Safety Deficiencies	\$1,251,372	(4)	100.0	January 1995 (C)
Colorado: Denver.....	Remodel Pharmacy	\$267,201	(4)	100.0	October 1994 (C)
Connecticut: West Haven.....	SICU Renovation	\$891,417	(4)	100.0	November 1994 (C)
District of Columbia: Washington.....	Renovate Radiology Phase 2	\$1,545,418	(4)	100.0	June 1995 (C)
Florida: Gainesville.....	6 Bed Cardiothoracic Surgical ICU	\$611,018	(4)	100.0	July 1995 (C)
Lake City.....	Expand Radiology	\$644,762	(4)	100.0	February 1995 (C)
Lake City.....	Renovate Existing ICU Space	\$318,986	(4)	100.0	October 1994 (C)
Tampa.....	Outpatient Service Center	\$374,000	(4)	100.0	September 1995 (C)
Tampa.....	Special Procedures Room	\$544,772	(4)	100.0	June 1995 (C)
Georgia: Augusta.....	Construct Fire Escapes B-19 & 20	\$489,451	(4)	100.0	January 1995 (C)
Illinois: Chicago - Lakeside.....	Relocate File Room	\$355,985	(4)	100.0	August 1995 (C)
Iowa: Des Moines.....	Remodel Ward 3B	\$687,186	(4)	100.0	February 1995 (C)
Iowa City.....	Fire Alarm System	\$619,881	(4)	100.0	October 1994 (C)
Kentucky: Lexington.....	Renovate Building 16	\$2,635,994	(4)	100.0	August 1995 (C)
Louisville.....	Relocate Inpatient Pharmacy	\$382,501	(4)	100.0	July 1995 (C)
Louisiana: New Orleans.....	120 Bed NHC (Hazardous Waste)	\$7,813,141	(4)	100.0	November 1994 (C)
Maine: Togus.....	Clinical Improvements B-200 (PH 2)	\$8,125,497	(4)	100.0	August 1995 (C)
Maryland: Ft. Howard.....	Install New HVAC B-51	\$726,008	(4)	100.0	January 1995 (C)
Perry Point.....	Replace Sewage Pumping Station	\$1,164,384	(4)	100.0	October 1994 (C)
Massachusetts: Bedford.....	Renovate Ward 78C	\$603,205	(4)	100.0	July 1995 (C)
Brockton.....	Fire & Safety Improvements B-3 & 4	\$1,235,046	(4)	100.0	March 1995 (C)
Michigan: Battle Creek.....	Patient Privacy and Fire & Safety	\$1,985,865	(4)	100.0	April 1995 (C)
Minnesota: St. Cloud.....	Install Hydraulic Elevator B-84 & 88	\$747,873	(4)	100.0	June 1995 (C)
Mississippi: Jackson.....	Linear Accelerator Facility	\$2,844,687	(4)	100.0	January 1995 (C)
Jackson.....	New Parking Lot	\$372,072	(4)	100.0	June 1995 (C)
Missouri: St. Louis.....	Ambulatory Surgical Suite	\$744,284	(4)	100.0	March 1995 (C)
St. Louis.....	Remodel 2nd Floor - Nuclear Medicine	\$1,816,875	(4)	100.0	December 1994 (C)
Montana: Ft. Harrison.....	Renovate Ward 3	\$1,764,706	(4)	100.0	May 1995 (C)
Ft. Harrison.....	Admin. & OP Exam. Renovation	\$242,685	(4)	100.0	July 1995 (C)
Nevada: Reno.....	Renovate Lab	\$2,700,719	(4)	100.0	December 1994 (C)
New Jersey: East Orange.....	MRI Facility	\$515,900	(4)	100.0	April 1995 (C)
Lyons.....	Renovate Building 54	\$5,670,375	(4)	100.0	April 1995 (C)
New Mexico: Albuquerque.....	Renovations B-9	\$1,836,860	(4)	100.0	January 1995 (C)
Albuquerque.....	Ward Renovation B-1	\$690,088	(4)	100.0	January 1995 (C)

Table 40 (continued) -- Other Improvements Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete(3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
A. Projects completed (continued):					
New York: Albany.....	Renovate Admitting	\$1,406,689	(4)	100.0	December 1994 (C)
Bronx.....	Therapeutic Pool Addition	\$2,670,636	(4)	100.0	July 1995 (C)
New York.....	Patient Privacy Wards 12N & 15W	\$393,333	(4)	100.0	October 1994 (C)
New York.....	Patient Privacy 12W & 15S	\$424,424	(4)	100.0	April 1995 (C)
New York.....	Upgrade Corridors	\$476,358	(4)	100.0	June 1995 (C)
New York.....	Renovate Morgue B-1	\$425,675	(4)	100.0	July 1995 (C)
Northport.....	Modernize Psych. and OP FAC.	\$27,059,819	(4)	100.0	September 1995 (C)
Northport.....	Environmental Modifications B-92	\$718,873	(4)	100.0	December 1994 (C)
North Carolina: Durham.....	Clinic Addn/F&S Wings A&B, Part 2	\$10,534,387	(4)	100.0	April 1995 (C)
Fayetteville.....	New Intensive Care Unit	\$1,404,964	(4)	100.0	March 1995 (C)
Salisbury.....	Upgrade Patient Wards B-2 & 3	\$686,400	(4)	100.0	March 1995 (C)
Oklahoma: Oklahoma City.....	Construct OP Clinic in Lauton	\$3,040,557	(4)	100.0	March 1995 (C)
Oregon: Roseburg.....	Renovate Dietetics/Inpat. Pharmacy	\$2,243,310	(4)	100.0	May 1995 (C)
Roseburg.....	Renovate Patient Ward 5 South	\$602,938	(4)	100.0	March 1995 (C)
White City.....	Remodel Pharmacy	\$608,424	(4)	100.0	December 1994 (C)
Pennsylvania: Erie.....	Relocate SPD/Pharmacy	\$1,773,157	(4)	100.0	September 1995 (C)
Erie.....	Consolidate MAS	\$699,533	(4)	100.0	January 1995 (C)
Philadelphia.....	Modernize Ward 5S	\$1,429,554	(4)	100.0	December 1994 (C)
Pittsburgh.....	Radiation Therapy Suite	\$1,923,414	(4)	100.0	February 1995 (C)
Pittsburgh.....	Renovate Patient Baths	\$430,044	(4)	100.0	October 1994 (C)
Rhode Island: Providence.....	Renovate Ward 5 B	\$1,497,224	(4)	100.0	February 1995 (C)
South Dakota: Sioux Falls.....	Remodel Nurse Stations	\$402,077	(4)	100.0	March 1995 (C)
Texas: Big Spring.....	Replace Nurse Call System	\$473,095	(4)	100.0	March 1995 (C)
Bonham.....	HVAC Retrofit B-1	\$1,459,647	(4)	100.0	October 1994 (C)
Bonham.....	Renovate Ward	\$585,765	(4)	100.0	October 1994 (C)
Dallas.....	Expand Cobalt Therapy	\$2,047,175	(4)	100.0	July 1995 (C)
Houston.....	Research Labs. B-7 East Wing	\$858,500	(4)	100.0	March 1995 (C)
Marlin.....	Replace Walk-in Freezers	\$687,668	(4)	100.0	February 1995 (C)
Waco.....	Renovate Building 92 & 4 (PH II)	\$9,246,779	(4)	100.0	March 1995 (C)
Utah: Salt Lake City.....	A/C for Kitchen B-5	\$943,140	(4)	100.0	March 1995 (C)
Salt Lake City.....	Upgrade Laundry Chutes	\$422,811	(4)	100.0	July 1995 (C)
Vermont: White River Jct.....	Install Sprinkler System B-1	\$338,803	(4)	100.0	October 1994 (C)
Virginia: Salem.....	Outpatient Clinic Nursing Unit (PH 1B)	\$10,146,962	(4)	100.0	January 1995 (C)
Washington: Walla Walla.....	Ambulatory Care Reception	\$727,987	(4)	100.0	April 1995 (C)

TABLE 40

CONSTRUCTION PROJECTS

Table 40 (continued) -- Other Improvements Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

	Project Description	Estimated Construction Costs (2)	Value of Work in Place	Percent Complete (3)	Date Construction Completed (C) or Contract Awarded (A)
B. Projects under construction:	161	\$626,152,838	\$249,114,407	39.8	
Major projects:	28	\$508,663,914	\$191,252,583	37.6	
Alaska: Anchorage.....	Elmendorf AFB Joint Venture	\$10,000,000			April 1994 (A)
California: Livermore.....	Fire & Safety Improvements - OP	\$3,133,000	\$3,025,415	96.6	April 1994 (A)
Long Beach.....	Seismic Base Isolation B - 126 Ph 1	\$19,804,584	\$14,693,291	74.2	August 1993 (A)
Long Beach.....	Seismic Base Isolation B - 126 Ph 2	\$18,217,661	\$4,759,679	26.1	September 1994 (A)
Palo Alto.....	100-Bed DOM/DARU (PH 2)	\$26,183,368	\$25,897,471	98.9	September 1993 (A)
Palo Alto (MPD).....	Demolition of Bldgs. 101, 102, 103 &	\$1,455,951	\$0	0.0	September 1995 (A)
San Diego.....	Non-Structural Seismic Corr. - Ph 3	\$5,053,000	\$261,000	5.2	January 1995 (A)
Sepulveda.....	Seismic Corrections/Clin. Services	\$47,396,490	\$9,333,494	19.7	February 1995 (A)
Sepulveda.....	Seismic Corrections/Boiler Plant	\$4,112,500	\$0	0.0	June 1995 (A)
Sepulveda.....	Demolition & New Telephone Bldg.	\$4,597,998	\$0	0.0	August 1995 (A)
Connecticut: West Haven.....	Ambulatory Care Addition	\$38,890,000	\$0	0.0	September 1995 (A)
Delaware: Wilmington.....	Outpatient Clinic Addition (PH 2)	\$13,390,106	\$3,458,285	25.8	September 1994 (A)
Illinois: Chicago (West Side)...	Renovate Buildings 11A & 11B PH II	\$17,009,764	\$16,409,186	96.5	September 1992 (A)
Marion.....	Outpatient/Clinical Addition	\$15,791,878	\$1,852,528	11.7	August 1994 (A)
Indiana: Marion.....	240-Bed Geropsychiatric Fac.	\$37,709,236	\$32,033,406	84.9	November 1992 (A)
Iowa: Knoxville.....	Laundry Replacement	\$4,011,188	\$2,822,065	70.4	September 1994 (A)
Missouri: Columbia.....	Ambulatory Care Addition	\$19,000,000	\$0	0.0	September 1995 (A)
New Jersey: Lyons.....	180 Bed Psych. Building	\$29,295,380	\$5,957,321	20.3	September 1994 (A)
New York: Brooklyn.....	Outpatient Addition	\$37,867,691	\$2,692,004	7.1	September 1994 (A)
Brooklyn(St. Albans)...	Modernize Kitchen & Satellite Dining	\$6,136,669	\$956,790	15.6	September 1994 (A)
Oklahoma: Muskogee.....	Replace Bed Building	\$29,300,000	\$0	0.0	September 1995 (A)
Texas: Dallas.....	Spinal Cord Injury Center (PH1)	\$8,656,667	\$1,839,421	21.2	September 1993 (A)
Dallas.....	Energy Center (PH II)	\$18,587,265	\$18,522,905	99.7	December 1992 (A)
El Paso.....	Replacement Ambulatory Care Fac.	\$24,447,293	\$24,245,339	99.2	June 1993 (A)
Temple.....	Bed Replacement Building	\$42,088,795	\$7,265,058	17.3	August 1994 (A)
Waco.....	Renovate Building #7	\$9,802,709	\$2,192,265	22.4	September 1994 (A)
Utah: Salt Lake.....	Renovate Building 1 (Phase 2)	\$13,216,888	\$12,307,503	93.1	June 1994 (A)
West Virginia: Huntington.....	Clinical Improvements Bldg. 1, 2, 12	\$3,507,833	\$728,157	20.8	December 1993 (A)
Minor Projects:	133	\$117,488,924	\$57,861,824	49.2	
C. Projects authorized-- not under construction :	111	\$395,522,661			
Major Projects:	12	\$317,691,900			
Alabama: Tuscaloosa.....	Renovate Bldg. 38	\$11,500,000			
Arizona: Phoenix.....	Ambulatory Care Addition	\$33,247,000			
Florida: Gainesville.....	Ambulatory Care Addition	\$21,981,000			
Tampa.....	Satellite Outpatient Clinic	\$11,943,900			
Kansas: Leavenworth.....	Ambulatory Care Addition	\$27,850,000			
Nevada: Reno.....	Replacement Bed Building/Amb. Care	\$23,819,000			
Ohio: Cleveland.....	Ambulatory Care Addition	\$73,373,000			
Puerto Rico: San Juan.....	Ambulatory Care Addition	\$27,006,000			
Rhode Island: Providence.....	Renovate Building 31	\$11,301,000			
Tennessee: Mountain Home.....	Laundry/Warehouse	\$4,100,000			
Mountain Home.....	Relocate Medical School Functions	\$47,000,000			
Virginia: Hampton.....	Ambulatory Care Addition	\$24,571,000			
Minor projects:	99	\$77,830,761			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

(4) Same as value of construction issued or awarded when project is physically and/or financially completed.

CONSTRUCTION PROJECTS

TABLE 41

Table 41 -- Veterans Benefits Construction Projects ⁽¹⁾ -- Fiscal Year 1995
Completions and Year-End Status

Location	Number of Projects	Project Description	Estimated Construction Costs ⁽²⁾	Value of Work in Place	Percent Complete ⁽³⁾	Date Construction Completed (C) or Contract Awarded (A)
Total.....	73		\$64,914,369	\$15,853,176	24.4	
A. Projects completed:	4		\$12,740,783	\$12,740,783	100.0	
Idaho: Boise RO.....		Cable Plant Installation	\$145,000	\$145,000	100.0	July 1995 (C)
Illinois: Chicago RO.....		Install Cable	\$1,989	\$1,989	100.0	August 1995 (C)
Missouri: St. Louis RO.....		Renovations for Elevator Replacement	\$99,950	\$99,950	100.0	July 1995 (C)
Texas: Houston.....		Relocate R.O. to Dept. Grounds	\$12,493,844	\$12,493,844	100.0	March 1995 (C)
B. Projects under construction:	69		\$52,173,586	\$3,112,393	6.0	
Major Projects:	3		\$39,578,100	\$1,672,832	4.2	
Florida: St. Petersburg.....		Relocate R.O. to Dept. Grounds	\$19,528,600	\$752,380	3.9	January 1995 (A)
Mississippi: Jackson.....		Co-location	\$14,049,500	\$403,737	2.9	July 1995 (A)
Pennsylvania: Philadelphia.....		VA/GSA Jt. Venture - Replace RO	\$6,000,000	\$516,715	8.6	January 1994 (A)
Minor Projects:	66		\$12,595,486	\$1,439,561	11.4	
C. Projects authorized-- not under construction:	0		\$0			
Major Projects:	0		\$0			
Minor Projects:	0		\$0			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

TABLE 42

HOUSING ASSISTANCE

Table 42 -- Guaranteed Loans, Defaults and Claims, and Property Management

	Cumulative Through September 30, 1995 ⁽¹⁾	Fiscal Year		
		1995	1994	1993
Guaranteed Loans				
Number of Loans --Total	14,761,335	263,125	602,244	383,303
Home.....	14,647,823	263,102	602,220	383,236
Manufactured home.....	113,512	23	24	67
Amount of Loans (\$000) -- Total.....	\$502,234,451	\$25,340,773	\$55,141,335	\$34,634,878
Home.....	\$500,163,863	\$25,340,157	\$55,140,529	\$34,632,993
Manufactured home	\$2,070,588	\$616	\$806	\$1,885
Average Loan Amount	--	--	--	--
Home.....	\$34,146	\$96,313	\$91,562	\$90,370
Manufactured home.....	\$18,241	\$26,775	\$33,607	\$28,138
Amount of Guaranty and Insurance (\$000) -- Total...	\$201,795,649	\$8,383,371	\$18,331,642	\$11,600,723
Home.....	\$200,806,186	\$8,383,099	\$18,331,359	\$11,599,979
Manufactured home.....	\$989,463	\$272	\$283	\$744
Average Interest Rate	--	8.2%	7.2%	7.8%
Loans Outstanding - End of Fiscal Year.....	--	3,375,830	3,428,939	3,512,394
Substitutions of Entitlement.....	46,935	1,881	1,252	963
Defaults and Claims				
Defaults Reported.....	5,304,623	120,910	125,463	142,196
Loans in Default -- End of Fiscal Year.....	--	102,137	106,717	110,792
Percent of loans outstanding.....	--	3.0%	3.1%	3.2%
Claims Pending -- End of Fiscal Year.....	--	579	1,073	1,383
Defaults Disposed of -- Total.....	5,201,907	125,984	129,848	145,146
Cured or withdrawn.....	4,331,998	101,301	104,507	116,137
Percent.....	83.3%	80.4%	80.5%	80.0%
Loans Outstanding - Average for Fiscal Year.....	--	3,399,601	3,457,515	3,591,150
Claims Vouchered for Payment.....	869,909	24,683	25,341	29,009
Percent of loans outstanding.....	--	0.7%	0.7%	0.8%
Servicing Efforts -- Total Actions.....	--	11,344	10,942	9,453
Successful interventions.....	--	5,650	5,522	5,141
Deeds in lieu of foreclosures.....	--	1,418	1,571	1,895
Compromise agreements.....	--	2,655	2,141	1,315
Refundings.....	--	1,621	1,708	1,102
Counseling.....	--	232,971	207,036	227,239
Property Management				
Number Acquired.....	872,007	23,274	24,831	28,425
Number Sold.....	853,433	24,686	24,827	30,457
Number of Properties Repaired (over \$1,000).....	--	10,277	10,955	13,161
Average Cost of Repairs.....	--	\$1,881	\$2,072	\$1,879
Number Redeemed.....	9,293	240	314	440
Number on Hand -- End of Fiscal Year.....	--	9,321	10,973	11,283
Number Rented -- End of Fiscal Year.....	--	54	59	33
Rental Revenue Received.....	--	\$185,127	\$142,355	\$170,443

(1) Since beginning of program.

NOTE: Detail may not add to total due to rounding.

**Table 43 -- Comparative Highlights for Life Insurance Programs
for Veterans and Service Persons**

(Numbers of policies and monetary figures in thousands)

<i>Program</i>	<i>Fiscal Year 1995</i>	<i>Fiscal Year 1994</i>	<i>Fiscal Year 1993</i>
U. S. Government Life Insurance			
Policies.....	25	27	30
Amount.....	\$84,592	\$93,511	\$102,983
Death benefits.....	\$7,631	\$9,467	\$11,338
National Service Life Insurance ⁽¹⁾			
Policies.....	2,219	2,313	2,404
Amount.....	\$19,862,416	\$20,279,749	\$20,657,492
Death benefits.....	\$721,704	\$738,437	\$695,647
Veterans Special Life Insurance ⁽¹⁾			
Policies.....	263	269	276
Amount.....	\$2,857,543	\$2,883,429	\$2,902,433
Death benefits.....	\$38,806	\$38,361	\$34,806
Service-Disabled Veterans Insurance			
Policies.....	166	169	170
Amount.....	\$1,518,916	\$1,543,830	\$1,547,653
Death benefits.....	\$38,040	\$35,144	\$29,038
Veterans Reopened Insurance ⁽¹⁾			
Policies.....	102	106	110
Amount.....	\$770,664	\$788,953	\$804,290
Death benefits.....	\$27,462	\$27,604	\$26,547
Veterans Mortgage Life Insurance			
Policies.....	4	4	4
Amount.....	\$224,933	\$222,066	\$219,076
Death benefits.....	\$7,592	\$7,561	\$5,234
Servicemen's Group Life Insurance			
Policies.....	2,732	2,896	3,065
Amount.....	\$438,337,205	\$455,662,315	\$472,512,190
Death benefits (2).....	\$404,943	\$384,960	\$340,830
Veterans Group Life Insurance			
Policies.....	349	342	331
Amount.....	\$27,385,820	\$25,357,720	\$22,456,475
Death benefits (2).....	\$78,851	\$56,701	\$54,901

(1) Includes paid-up additional insurance purchased by dividends.

(2) SGLI and VGLI death benefits are policy year death benefits, ending June 30, 1995.

TABLE 44

INSURANCE

Table 44 -- Insurance in Force -- Fiscal Year 1995

Item	Participating					
	U.S. Government Life Insurance		National Service Life Insurance ⁽¹⁾		Veterans Special Life Insurance ⁽¹⁾	
	Number of Policies	Amount of Insurance ⁽²⁾ (\$000)	Number of Policies	Amount of Insurance ⁽²⁾ (\$000)	Number of Policies	Amount of Insurance ⁽²⁾ (\$000)
In force at beginning of year.....	27,384	\$93,511	2,311,096	\$13,789,840	269,368	\$2,208,959
Insurance issued during year.....	--	--	--	--	--	--
Insurance reinstated during year.....	--	--	6,286	\$26,835	1,238	\$5,457
Insurance terminated during year by:						
Death.....	1,688	\$6,279	87,140	\$474,993	4,034	\$30,872
Maturity at endowment.....	478	\$2,311	3,662	\$21,879	2,599	\$17,503
Lapse, expiry, and net changes.....	(57)	(\$90)	1,543	\$114,581	55	\$22,665
Cash surrender.....	167	\$419	8,626	\$41,795	1,067	\$7,979
Total terminated.....	2,276	\$8,919	97,885	\$653,248	7,755	\$79,019
In force at end of year.....	25,108	\$84,592	2,219,497	\$13,163,427	262,851	\$2,135,397
Selected year-end items:						
In force on five-year term plan.....	--	--	586,922	\$4,657,843	24,510	\$221,538
In force on all other plans.....	25,108	\$84,592	1,632,575	\$8,505,584	238,341	\$1,913,859
In force with disability income rider.....	--	--	12,780	\$106,650	16,961	\$147,778
In force under disability premium waiver.....	49	\$385	91,298	\$592,568	11,047	\$93,554
	Participating (Continued)		Nonparticipating			
	Veterans Reopened Insurance ⁽¹⁾		Service-Disabled Veterans Insurance			
Item	Number of Policies	Amount of Insurance ⁽²⁾ (\$000)	Number of Policies	Amount of Insurance ⁽²⁾ (\$000)		
In force at beginning of year.....	106,110	\$624,714	169,097	\$1,543,830		
Insurance issued during year.....	--	--	5,586	\$53,092		
Insurance reinstated during year.....	792	\$3,339	37	\$336		
Insurance terminated during year by:						
Death.....	4,084	\$22,506	4,060	\$36,690		
Maturity at endowment.....	202	\$1,539	370	\$2,703		
Lapse, expiry, and net changes.....	183	\$5,826	2,367	\$23,988		
Cash surrender.....	413	\$2,332	1,720	\$14,961		
Total terminated.....	4,882	\$32,203	8,517	\$78,342		
In force at end of year.....	102,020	\$595,850	166,203	\$1,518,916		
Selected year-end items:						
In force on five-year term plan.....	--	--	70,721	\$685,543		
In force on all other plans.....	102,020	\$595,850	95,482	\$833,373		
In force with disability income rider.....	570	\$4,844	--	--		
In force under disability premium waiver.....	8,462	\$45,128	40,029	\$376,880		

(1) Excludes paid-up additional insurance purchased by dividends.

(2) Amounts are in thousands.

Table 45 -- Servicemen's and Veterans' Group Life Insurance Statement of Operations (Accrual Basis)

<i>Item</i>	<i>Policy Year Ending June 30, 1995</i>	<i>Cumulative from September 29, 1965</i>
Income		
Premiums.....	\$525,686,713	\$5,272,101,718
Extra hazard payments.....	\$0	\$513,046,301
Interest earned.....	\$32,706,623	\$551,713,331
Total.....	\$558,393,336	\$6,336,861,350
Disposition of Income		
Death claims.....	\$497,079,082	\$5,645,181,829
Net cost of extra mortality on conversion.....	\$8,865,873	\$62,249,835
Expense of administration.....	\$12,636,293	\$168,403,962
Taxes and fees.....	\$1,410,677	\$65,060,236
Term to age 60 reserve (Retired Reserves).....	\$14,237,795	\$45,034,932
Five-year term and conversion cost reserve (VGLI).....	\$34,522,980	\$253,285,801
Contingency reserve.....	\$27,962,108	\$94,175,889
Premium stabilization reserve.....	(\$38,321,472)	\$3,468,866
Total.....	\$558,393,336	\$6,336,861,350

Table 46 -- VA Administered Insurance Disbursements -- Fiscal Year 1995

	<i>Disbursements</i>	<i>Percent of Total VA Disbursements</i>
Total.....	\$2,028,666	100.0
Deaths.....	\$841,210	41.5
Matured Endowments.....	\$65,823	3.2
Cash Surrenders.....	\$47,078	2.3
Disability Benefits.....	\$37,179	1.8
Dividends.....	\$885,528	43.7
Loans.....	\$151,848	7.5

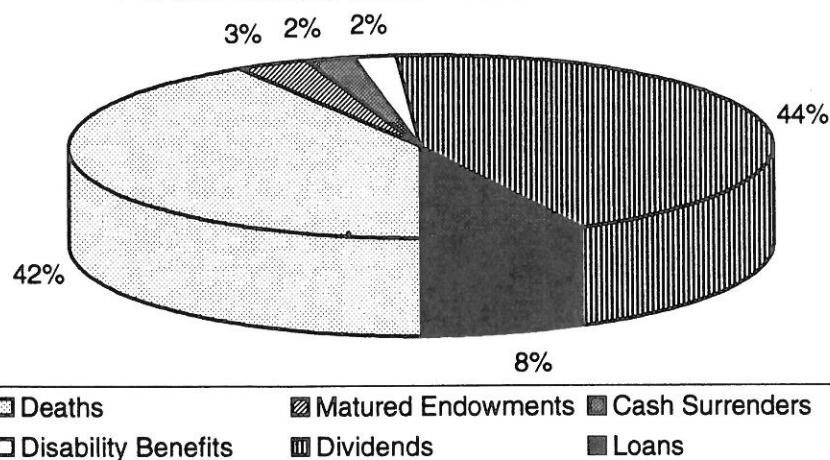
VA Administered Insurance Disbursements
Percent Distribution -- Fiscal Year 1995

TABLE 47

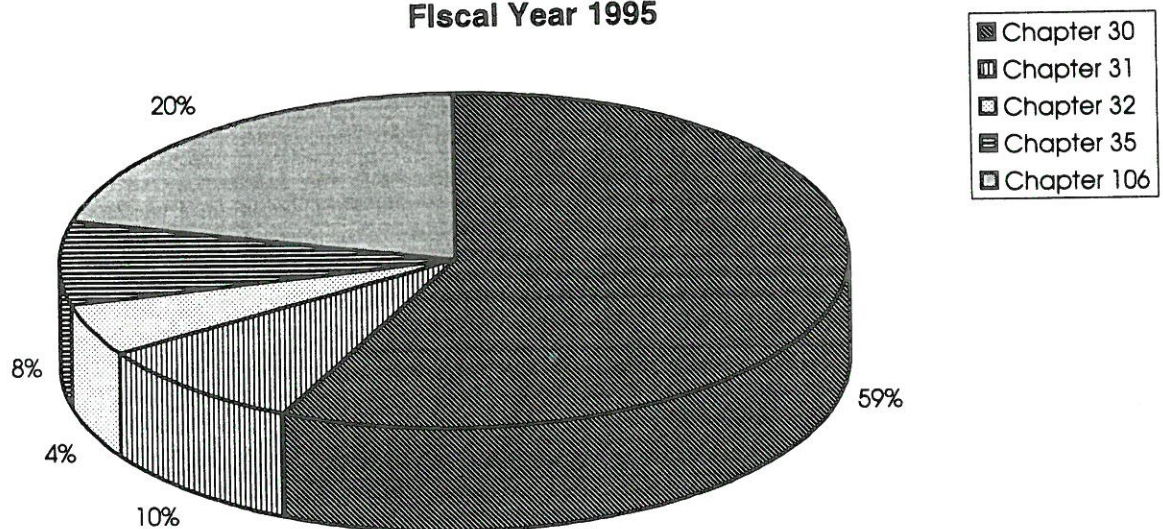
EDUCATIONAL ASSISTANCE

Table 47 -- Persons in Training by Entitlement and Type of Training -- Fiscal Year 1995

<i>Program</i>	<i>Total</i>	<i>Institutions of Higher Learning</i>	<i>Resident Schools Other Than College</i>	<i>On-Job Training</i>	<i>Other ⁽¹⁾</i>
Montgomery GI Bill--Active Duty (Title 38, U.S.C., Chapter 30)	291,958	263,726	18,722	4,344	5,166
Montgomery GI Bill--Selected Reserve (Title 10, U.S.C., Chapter 106)	97,246	95,476	640	875	255
Post-Vietnam Era Veterans' Educational Assistance Program (Title 38, U.S.C., Chapter 32)	18,927	17,793	819	315	--
Educational Assistance for Children of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	34,793	33,077	1,671	35	10
Educational Assistance for Spouses of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	4,648	4,226	379	3	40
Vocational Rehabilitation Program for Disabled Veterans (Title 38, U.S.C., Chapter 31)	47,886	43,080	3,505	399	902
Section 901--Educational Assistance Test Program	232	--	--	--	--

(1) "Other" for Chapter 35 (Spouses) and for Chapter 30 (Veterans), and Chapter 106 (Reservists) is Correspondence Training; for Chapter 35 (Children), "Other" is Special Restorative Training.

Educational Assistance
Percent Distribution by Type of Entitlement
Fiscal Year 1995



COMPENSATION AND PENSION

TABLE 48

Table 48 -- Reasons for Terminations of Disability and Death Awards, by Period of Service -- Fiscal Year 1995

Reasons for Terminations	All Periods ⁽¹⁾			World War I & Earlier ⁽¹⁾		World War II	
	Total ^(1,2)	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected
Disability--total.....	122,742	61,685	61,057	282	1,180	37,531	40,161
Death of a veteran.....	95,659	55,791	39,868	270	1,118	36,430	29,503
Disability less than 10 percent.....	173	173	--	--	--	1	--
Disability less than permanent and total.....	31	--	31	--	--	--	3
Estate in excess of \$1,500.....	45	32	13	--	--	9	7
Excessive corpus of estate.....	203	--	203	--	5	--	177
Failure to cooperate.....	1,664	1,293	371	4	3	397	177
Income provisions.....	13,382	--	13,382	--	9	--	5,893
Person entitled is incarcerated.....	141	2	139	--	--	--	32
Veterans on active duty or in receipt of retirement pay.....	580	577	3	--	--	13	--
Failure to return questionnaire.....	2,811	--	2,811	--	18	--	1,856
Miscellaneous (2).....	8,053	3,817	4,236	8	27	681	2,513
Death--total.....	75,500	18,342	57,158	1,078	16,055	6,914	29,276
Death of payee.....	39,197	11,700	27,497	1,035	14,219	6,124	12,288
Dependency not established or discontinued.....	7,258	3,234	4,024	--	42	152	972
Excessive corpus of estate.....	133	4	129	--	54	1	54
Income provisions.....	17,376	104	17,272	--	345	6	11,169
Payee incarcerated.....	58	--	58	--	7	--	21
Person entitled (surviving spouse, child, or parent) married.....	1,795	882	913	4	21	122	504
Failure to return questionnaire.....	3,065	319	2,746	--	586	110	1,615
Miscellaneous (2).....	6,618	2,099	4,519	39	781	399	2,653
Reasons for Terminations	Korean Conflict		Vietnam Era		Persian Gulf		Peacetime
	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected
Disability--total.....	5,574	12,757	8,825	6,910	1,718	49	7,755
Death of a veteran.....	5,336	6,489	7,706	2,746	343	12	5,706
Disability less than 10 percent.....	--	--	23	--	45	--	104
Disability less than permanent and total.....	--	--	--	28	--	--	--
Estate in excess of \$1,500.....	3	2	14	4	--	--	6
Excessive corpus of estate.....	--	15	--	6	--	--	--
Failure to cooperate.....	88	92	120	99	370	--	314
Income provisions.....	--	4,584	--	2,869	--	27	--
Person entitled is incarcerated.....	--	26	2	81	--	--	--
Veterans on active duty or in receipt of retirement pay.....	15	1	143	1	208	1	198
Failure to return questionnaire.....	--	563	--	371	--	3	--
Miscellaneous (2).....	132	985	817	705	752	6	1,427
Death--total.....	1,868	7,779	5,354	4,021	226	27	2,902
Death of payee.....	1,471	735	1,645	255	11	--	1,414
Dependency not established or discontinued.....	114	932	2,069	2,075	77	3	822
Excessive corpus of estate.....	2	16	--	5	--	--	1
Income provisions.....	5	4,743	52	993	5	22	36
Payee incarcerated.....	--	15	--	15	--	--	--
Person entitled (surviving spouse, child, or parent) married.....	49	251	441	136	82	1	184
Failure to return questionnaire.....	57	368	98	177	2	--	52
Miscellaneous (2).....	170	719	1,049	365	49	1	393

(1) Includes all wartime periods prior to World War I. Disability includes 13 nonservice-connected veterans. Death includes 5 service-connected and 208 nonservice-connected veterans.

(2) Includes temporary terminations.

NOTE: Detail may not add to totals due to rounding.

TABLE 49

COMPENSATION

Table 49 -- Disability: Class of Dependent and Period of Service--September 30, 1995

Class of Dependent	Total		World War I and Earlier ⁽¹⁾		World War II		Korean Conflict	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Veteran recipients--total.....	2,235,675	\$941,961,700	613	\$311,500	691,942	\$276,335,500	190,531	\$92,488,500
Veterans less than 30 percent disabled (no dependency benefit).....	1,271,488	\$142,730,400	291	\$45,300	381,868	\$41,776,100	99,741	\$11,078,100
Veterans 30 percent or more disabled.....	964,187	\$799,231,300	322	\$266,200	310,074	\$234,559,500	90,790	\$81,410,400
Without dependents.....	303,057	\$232,584,400	228	\$181,400	103,136	\$71,300,300	28,991	\$24,109,600
With dependents.....	661,130	\$566,646,900	94	\$84,800	206,938	\$163,259,200	61,799	\$57,300,800
Spouse only.....	452,158	\$379,283,200	90	\$83,300	200,700	\$157,377,800	56,401	\$51,448,300
Spouse, child or children.....	163,829	\$144,123,000	3	\$1,000	4,844	\$4,460,500	4,084	\$4,233,500
Spouse, child or children, and parent or parents.....	986	\$1,626,000	--	--	15	\$11,600	27	\$49,400
Spouse, parent or parents.....	809	\$1,278,000	--	--	83	\$102,100	150	\$262,200
Child or children only.....	40,444	\$35,385,300	1	\$500	1,128	\$1,050,600	905	\$886,500
Child or children, and parent or parents.....	377	\$594,600	--	--	1	\$1,000	5	\$8,800
Parent or parents only.....	2,527	\$4,356,900	--	--	167	\$255,500	227	412,100
Total dependents on whose account additional compensation was being paid.....	987,929	--	100	--	213,193	--	67,757	--
Spouse.....	617,782	--	93	--	205,642	--	60,662	--
Children.....	364,903	--	7	--	7,280	--	6,668	--
Parents.....	5,244	--	--	--	271	--	427	--
	Vietnam Era		Persian Gulf		Peacetime			
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value		
Veteran recipients--total.....	704,785	\$349,649,300	134,160	\$33,517,500	513,644	\$189,659,400		
Veterans less than 30 percent disabled (no dependency benefit).....	356,471	\$40,738,900	96,192	\$11,012,800	336,925	\$38,079,200		
Veterans 30 percent or more disabled.....	348,314	\$308,910,400	37,968	\$22,504,700	176,719	\$151,580,100		
Without dependents.....	95,522	\$79,832,000	13,138	\$7,082,400	62,042	\$50,078,700		
With dependents.....	252,792	\$229,078,400	24,830	\$15,422,300	114,677	\$101,501,400		
Spouse only.....	128,658	\$112,844,800	6,894	\$4,005,800	59,415	\$53,523,100		
Spouse, child or children.....	97,821	\$89,846,700	14,709	\$9,479,600	42,368	\$36,101,800		
Spouse, child or children, and parent or parents.....	709	\$1,211,000	24	\$20,200	211	\$333,900		
Spouse, parent or parents.....	389	\$630,200	15	\$17,700	172	\$265,800		
Child or children only.....	23,636	\$21,858,100	3,127	\$1,845,300	11,647	\$9,744,400		
Child or children, and parent or parents.....	242	\$370,300	17	\$15,800	112	\$198,600		
Parent or parents only.....	1,337	\$2,317,400	44	38,000	752	1,333,900		
Total dependents on whose account additional compensation was being paid.....	445,086	--	55,298	--	206,495	--		
Spouse.....	227,577	--	21,642	--	102,166	--		
Children.....	214,475	--	33,543	--	102,930	--		
Parents.....	3,034	--	113	--	1,399	--		

(1) Includes 11 Mexican Border service-connected veterans.

NOTE: Includes special monthly compensation, where applicable. All Numbers and Monthly Values as of September 30, 1995.

Detail may not add to totals due to rounding.

Table 50 -- Death: Class of Beneficiary by Period of Service -- September 30, 1995

Class of Beneficiary	Total		World War I & Earlier ⁽¹⁾		World War II		Korean Conflict	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	307,097	\$251,578,300	6,852	\$5,857,000	126,236	\$102,475,800	37,393	\$30,732,200
Compensation.....	5,568	\$466,600	5	\$2,300	3,173	\$271,100	2,072	\$168,100
Dependency and indemnity compensation.....	301,267	\$250,883,100	6,847	\$5,854,700	122,922	\$102,080,900	35,221	\$30,478,300
Dependency and indemnity compensation, and compensation.....	262	\$228,600	--	--	141	\$123,800	100	\$85,800
Surviving spouse alone.....	260,685	\$223,417,800	6,267	\$5,485,900	116,849	\$98,013,600	32,505	\$28,843,500
Surviving spouse and children.....	15,700	\$18,009,800	68	\$86,500	1,862	\$2,172,000	739	\$878,700
Surviving spouse, children, and mother.....	270	\$351,200	--	--	2	\$3,900	--	--
Surviving spouse, children, and father.....	37	\$48,800	--	--	--	--	--	--
Surviving spouse, children, mother, and father.....	51	\$70,500	--	--	--	--	--	--
Surviving spouse and mother.....	2,052	\$2,031,100	--	--	301	\$288,600	191	\$187,500
Surviving spouse and father.....	156	\$148,900	--	--	20	\$17,000	14	\$13,400
Surviving spouse, mother, and father.....	129	\$126,200	--	--	3	\$2,300	4	\$3,600
Children alone.....	8,573	\$3,872,800	513	\$283,100	1,558	\$809,700	466	\$243,900
Children and mother.....	204	\$122,700	--	--	3	\$2,100	5	\$3,500
Children and father.....	20	\$11,700	--	--	--	--	--	--
Children, mother, and father.....	31	\$19,900	--	--	--	--	--	--
Other alone.....	16,977	\$2,989,700	4	\$1,500	5,322	\$1,095,100	3,176	\$515,000
Other and father.....	1,157	\$193,800	--	--	267	\$60,300	198	\$27,000
Other and mother.....	1,055	\$163,500	--	--	49	\$11,300	95	\$16,000
Survivors--total.....	337,370	--	6,959	--	128,792	--	38,621	--
Surviving spouses.....	279,061	--	6,334	--	119,022	--	33,452	--
Children.....	34,903	--	621	--	3,751	--	1,387	--
Others.....	20,770	--	4	--	5,680	--	3,471	--
Others.....	2,636	--	--	--	339	--	311	--

Class of Beneficiary	Vietnam Era		Persian Gulf		Peacetime	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	88,043	\$72,157,000	3,189	\$2,977,500	45,384	\$37,378,700
Compensation.....	5	\$400	--	--	313	\$24,600
Dependency and indemnity compensation.....	88,035	\$72,153,900	3,189	\$2,977,500	45,053	\$37,337,800
Dependency and indemnity compensation, and compensation.....	3	\$2,700	--	--	18	\$16,200
Surviving spouse alone.....	70,047	\$60,764,600	807	\$648,800	34,210	\$29,661,400
Surviving spouse and children.....	6,785	\$7,744,700	1,700	\$1,992,000	4,546	\$5,136,000
Surviving spouse, children, and mother.....	91	\$114,900	46	\$60,900	131	\$171,600
Surviving spouse, children, and father.....	14	\$19,000	6	\$7,200	17	\$22,500
Surviving spouse, children, mother, and father.....	14	\$18,600	17	\$24,200	20	\$27,700
Surviving spouse and mother.....	1,124	\$1,116,300	11	\$11,200	425	\$427,400
Surviving spouse and father.....	88	\$83,700	2	\$2,200	32	\$32,500
Surviving spouse, mother, and father.....	96	\$92,200	2	\$2,400	24	\$25,600
Children alone.....	2,573	\$1,087,000	462	\$191,400	3,001	\$1,257,800
Children and mother.....	68	\$39,700	19	\$12,000	109	\$65,500
Children and father.....	4	\$1,800	3	\$2,000	13	\$7,900
Children, mother, and father.....	10	\$6,900	5	\$2,500	16	\$10,500
Other alone.....	5,983	\$905,600	75	\$13,500	2,417	\$458,900
Other and father.....	480	\$70,000	15	\$2,300	197	\$34,300
Other and mother.....	666	\$92,100	19	\$4,900	226	\$39,000
Survivors--total.....	101,396	--	6,912	--	54,690	--
Surviving spouses.....	78,259	--	2,591	--	39,403	--
Children.....	13,712	--	4,058	--	11,374	--
Others.....	8,053	--	194	--	3,368	--
Others.....	1,372	--	69	--	545	--

⁽¹⁾ Includes 27 from the Spanish-American War, Mexican Border Service, and Civil War periods.
 NOTE: All Numbers and Monthly Values are as of September 30, 1995. Detail may not add to totals due to rounding.

TABLE 51

COMPENSATION

Table 51 -- Disability: Degree of Impairment and Type of Major Disability
by Period of Service -- September 30, 1995

Degree of Impairment	Total		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions ⁽¹⁾	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total -- all periods.....	2,235,675	\$941,963,400	427,054	\$337,253,700	1,808,621	\$604,709,700
Zero percent (statutory award).....	18,588	\$1,243,100	--	--	18,588	\$1,243,100
10 percent.....	886,279	\$79,176,600	111,002	\$9,874,700	775,277	\$69,301,900
20 percent.....	365,241	\$62,192,300	23,852	\$4,057,300	341,389	\$58,135,000
30 percent.....	308,377	\$89,028,200	70,225	\$20,069,200	238,152	\$68,959,000
40 percent.....	183,679	\$76,138,900	27,147	\$11,169,200	156,532	\$64,969,700
50 percent.....	108,583	\$63,575,600	39,774	\$23,034,200	68,809	\$40,541,400
60 percent.....	106,798	\$104,745,000	19,487	\$17,068,400	87,311	\$87,676,600
70 percent.....	60,770	\$74,394,300	22,430	\$26,573,900	38,340	\$47,820,400
80 percent.....	37,488	\$54,991,500	11,061	\$16,754,100	26,427	\$38,237,400
90 percent.....	16,592	\$27,525,300	4,873	\$8,342,800	11,719	\$19,182,500
100 percent.....	143,280	\$308,952,500	97,203	\$200,309,800	46,077	\$108,642,700
World War I (2).....	613	\$311,500	114	\$84,000	499	\$227,500
Zero percent (statutory award).....	7	\$500	--	--	7	\$500
10 percent.....	128	\$13,000	14	\$1,500	114	\$11,500
20 percent.....	156	\$31,800	22	\$4,800	134	\$27,000
30 percent.....	96	\$27,400	18	\$4,100	78	\$23,300
40 percent.....	48	\$19,500	6	\$2,400	42	\$17,100
50 percent.....	38	\$21,800	16	\$9,400	22	\$12,400
60 percent.....	46	\$45,300	1	\$700	45	\$44,600
70 percent.....	17	\$18,000	7	\$7,100	10	\$10,900
80 percent.....	22	\$30,700	3	\$3,100	19	\$27,600
90 percent.....	6	\$8,600	--	--	6	\$8,600
100 percent.....	49	\$94,800	27	\$50,800	22	\$44,000
World War II.....	691,942	\$276,337,200	154,705	\$95,929,000	537,237	\$180,408,200
Zero percent (statutory award).....	9,652	\$640,900	--	--	9,652	\$640,900
10 percent.....	272,078	\$24,190,800	51,321	\$4,556,900	220,757	\$19,633,900
20 percent.....	99,795	\$16,912,500	8,033	\$1,362,400	91,762	\$15,550,100
30 percent.....	103,323	\$28,916,900	28,780	\$8,031,600	74,543	\$20,885,300
40 percent.....	58,149	\$23,311,600	9,751	\$3,887,400	48,398	\$19,424,200
50 percent.....	37,601	\$21,468,200	13,870	\$7,875,300	23,731	\$13,592,900
60 percent.....	38,175	\$38,324,700	7,053	\$6,151,500	31,122	\$32,173,200
70 percent.....	20,609	\$25,266,700	7,473	\$9,254,400	13,136	\$16,012,300
80 percent.....	13,227	\$18,611,000	3,605	\$5,291,400	9,622	\$13,319,600
90 percent.....	5,335	\$8,545,400	1,322	\$2,167,000	4,013	\$6,378,400
100 percent.....	33,998	\$70,148,500	23,497	\$47,351,200	10,501	\$22,797,300
Korean Conflict.....	190,531	\$92,488,500	34,315	\$33,913,600	156,216	\$58,574,900
Zero percent (statutory award).....	5,513	\$370,100	--	--	5,513	\$370,100
10 percent.....	65,766	\$5,886,000	7,023	\$625,400	58,743	\$5,260,600
20 percent.....	28,121	\$4,795,700	1,427	\$243,000	26,694	\$4,552,700
30 percent.....	26,744	\$7,539,600	4,830	\$1,355,900	21,914	\$6,183,700
40 percent.....	16,270	\$6,628,400	1,982	\$802,700	14,288	\$5,825,700
50 percent.....	9,647	\$5,569,100	3,047	\$1,741,700	6,600	\$3,827,400
60 percent.....	11,433	\$12,207,500	1,821	\$1,732,800	9,612	\$10,474,700
70 percent.....	6,398	\$8,219,200	2,079	\$2,572,500	4,319	\$5,646,700
80 percent.....	3,909	\$5,839,700	1,117	\$1,715,000	2,792	\$4,124,700
90 percent.....	1,725	\$2,848,000	466	\$788,600	1,259	\$2,059,400
100 percent.....	15,005	\$32,585,300	10,523	\$22,336,000	4,482	\$10,249,300

See footnotes at end of table.

COMPENSATION

TABLE 51

Table 51 (continued) -- Disability: Degree of Impairment and Type of Major Disability
by Period of Service -- September 30, 1995

Degree of Impairment	Total		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions ⁽¹⁾	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Vietnam Era.....	704,785	\$349,649,300	147,069	\$136,540,500	557,716	\$213,108,800
Zero percent (statutory award).....	892	\$61,100	--	--	892	\$61,100
10 percent.....	246,034	\$22,011,800	28,157	\$2,508,700	217,877	\$19,503,100
20 percent.....	109,329	\$18,641,600	6,661	\$1,133,600	102,668	\$17,508,000
30 percent.....	102,794	\$30,511,700	23,353	\$6,873,000	79,441	\$23,638,700
40 percent.....	65,150	\$27,599,500	9,221	\$3,892,500	55,929	\$23,707,000
50 percent.....	39,302	\$23,464,100	15,065	\$8,895,700	24,237	\$14,568,400
60 percent.....	35,560	\$33,488,900	7,143	\$6,138,600	28,417	\$27,350,300
70 percent.....	23,171	\$28,334,200	8,841	\$10,245,800	14,330	\$18,088,400
80 percent.....	14,261	\$21,525,300	4,413	\$6,862,100	9,848	\$14,663,200
90 percent.....	6,912	\$11,731,400	2,181	\$3,846,600	4,731	\$7,884,800
100 percent.....	61,380	\$132,279,600	42,034	\$86,143,700	19,346	\$46,135,900
Persian Gulf.....	134,160	\$33,517,500	14,899	\$6,907,500	119,261	\$26,610,000
Zero percent (statutory award).....	64	\$4,500	--	--	64	\$4,500
10 percent.....	66,360	\$5,936,300	4,745	\$423,200	61,615	\$5,513,100
20 percent.....	29,692	\$5,064,500	2,015	\$343,100	27,677	\$4,721,400
30 percent.....	16,703	\$4,930,000	2,712	\$784,400	13,991	\$4,145,600
40 percent.....	9,645	\$4,110,500	1,632	\$683,400	8,013	\$3,427,100
50 percent.....	4,010	\$2,412,400	1,192	\$695,800	2,818	\$1,716,600
60 percent.....	3,004	\$2,417,000	680	\$530,700	2,324	\$1,886,300
70 percent.....	1,191	\$1,275,800	404	\$430,200	787	\$845,600
80 percent.....	652	\$875,900	231	\$315,300	421	\$560,600
90 percent.....	229	\$363,800	115	\$188,300	114	\$175,500
100 percent.....	2,610	\$6,126,900	1,173	\$2,513,100	1,437	\$3,613,800
Peacetime (3).....	513,644	\$189,659,400	75,952	\$63,879,300	437,692	\$125,780,100
Zero percent (statutory award).....	2,460	\$166,000	--	--	2,460	\$166,000
10 percent.....	235,913	\$21,138,800	19,742	\$1,759,000	216,171	\$19,379,800
20 percent.....	98,148	\$16,746,100	5,694	\$970,400	92,454	\$15,775,700
30 percent.....	58,717	\$17,102,600	10,532	\$3,020,200	48,185	\$14,082,400
40 percent.....	34,417	\$14,469,400	4,555	\$1,900,800	29,862	\$12,568,600
50 percent.....	17,985	\$10,640,000	6,584	\$3,816,400	11,401	\$6,823,600
60 percent.....	18,580	\$18,261,600	2,789	\$2,514,000	15,791	\$15,747,600
70 percent.....	9,384	\$11,280,300	3,626	\$4,063,900	5,758	\$7,216,400
80 percent.....	5,417	\$8,109,000	1,692	\$2,567,200	3,725	\$5,541,800
90 percent.....	2,385	\$4,028,100	789	\$1,352,300	1,596	\$2,675,800
100 percent.....	30,238	\$67,717,500	19,949	\$41,915,000	10,289	\$25,802,500

(1) Includes tuberculosis (lung and pleura).

(2) Includes 11 Mexican Border Service-connected Veterans and excludes 5 Retired Emergency Officers.

(3) Excludes 1 Special Acts.

NOTE: Includes special monthly compensation, allowance to dependents, unemployables receiving compensation at the 100 percent rate but appearing as less than totally impaired (60%-90%), and other special awards, where applicable. All Numbers and Monthly Values are as of September 30, 1995. Detail may not add to total due to rounding.

TABLES 52 AND 53

PENSION

Table 52 -- Disability: Type of Major Disability and Pension by Period of Service--September 30, 1995

Type of Disability and Pension	Total		World War I & Earlier ⁽¹⁾		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	432,895	\$172,569,800	2,254	\$1,106,500	268,968	\$88,747,300
Type of disability						
Psychiatric and neurological diseases.....	117,798	\$54,832,300	391	\$245,000	61,231	\$25,732,300
Psychoses.....	32,010	\$14,287,700	21	\$10,500	11,573	\$4,570,700
Other psychiatric and neurological diseases.....	85,788	\$40,544,500	370	\$234,500	49,658	\$21,161,600
General medical and surgical conditions (2).....	245,462	\$98,902,300	1,507	\$723,100	140,023	\$44,760,500
Considered permanently and totally disabled at age 65.....	69,635	\$18,835,200	356	\$138,400	67,714	\$18,254,400
Type of pension						
P.L. 95-588.....	378,527	\$165,151,900	1,789	\$1,050,800	225,342	\$82,849,900
Sec. 306.....	53,661	\$7,357,900	386	\$49,400	43,094	\$5,851,600
Old Law.....	707	\$60,000	79	\$6,200	532	\$45,700

Type of Disability and Pension	Korean Conflict		Vietnam Era		Persian Gulf	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	99,849	\$45,700,200	61,608	\$36,886,700	216	\$129,100
Type of disability						
Psychiatric and neurological diseases.....	29,478	\$13,870,700	26,595	\$14,926,300	103	\$58,000
Psychoses.....	8,544	\$3,715,500	11,838	\$5,974,500	34	\$16,600
Other psychiatric and neurological diseases.....	20,934	\$10,155,200	14,757	\$8,951,800	69	\$41,500
General medical and surgical conditions (2).....	68,945	\$31,435,200	34,875	\$21,912,600	112	\$70,800
Considered permanently and totally disabled at age 65.....	1,426	\$394,300	138	\$47,800	1	\$300
Type of pension						
P.L. 95-588.....	91,235	\$44,497,100	59,945	\$36,625,000	216	\$129,100
Sec. 306.....	8,518	\$1,195,200	1,663	\$261,700	--	--
Old Law.....	96	\$8,000	--	--	--	--

(1) Includes 18 nonservice-connected Mexican Border Service veterans.

NOTE: Detail may not add to totals due to rounding.

(2) Includes tuberculosis (lungs and pleura).

Table 53 -- Death: Class of Beneficiary by Period of Service--September 30, 1995

Class of Beneficiary	Total		World War I & Earlier ⁽¹⁾		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	354,582	\$66,041,600	80,966	\$11,711,300	220,089	\$36,933,800
Surviving spouse alone.....	323,197	\$61,210,700	73,174	\$10,885,100	203,164	\$34,639,400
Surviving spouse and children.....	10,486	\$3,215,500	1,013	\$310,400	5,699	\$1,455,800
Children alone.....	20,899	\$1,615,400	6,779	\$515,900	11,226	\$838,600
Dependents--total.....	369,280	--	82,337	--	227,240	--
Surviving spouses.....	333,682	--	74,186	--	208,863	--
Children.....	35,598	--	8,151	--	18,377	--

Class of Beneficiary	Korean Conflict		Vietnam Era		Persian Gulf	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	39,933	\$12,518,400	13,544	\$4,861,300	50	\$16,700
Surviving spouse alone.....	36,556	\$11,791,100	10,279	\$3,886,400	24	\$8,700
Surviving spouse and children.....	1,608	\$586,600	2,145	\$855,100	21	\$7,600
Children alone.....	1,769	\$140,800	1,120	\$119,700	5	\$500
Dependents--total.....	42,094	--	17,519	--	90	--
Surviving spouses.....	38,164	--	12,424	--	45	--
Children.....	3,930	--	5,095	--	45	--

(1) Includes the Spanish-American War, Mexican Border Service, Indian Wars, and the Civil War periods.

NOTE: All Number and Monthly Values are as of September 30, 1995. Detail may not add to total due to rounding.

Table 54 -- National Cemeteries Location, Interments, and Status of Gravesites
September 30, 1995

National Cemetery	FY 1995 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year) ⁽⁴⁾
		Used Cumulative ⁽¹⁾	Reserved	Set-Aside (Adjacent)	Cremains ⁽²⁾	Casket ⁽³⁾	
Total:.....	70,522	2,091,683	45,144	39,930	53,997	333,516	--
Alabama: Ft. Mitchell.....	272	1,939	--	--	442	3,737	2030+
Mobile.....	15	3,727	184	--	39	8	Closed/1963
Alaska: Ft. Richardson.....	148	2,491	--	--	110	511	2030+
Sitka.....	24	819	1	--	47	236	2018
Arizona: NMCA.....	1,992	17,581	5	--	2,959	4,366	2030+
Prescott.....	5	2,966	--	--	--	--	Closed/1974
Arkansas: Fayetteville.....	135	4,747	41	--	31	39	2011
Ft. Smith.....	303	8,226	136	--	19	364	2015
Little Rock.....	369	20,402	190	--	126	638	2001
California: Ft. Rosecrans.....	1,785	55,802	1,441	--	3,289	--	Closed/1966
Golden Gate.....	1,609	109,977	5,038	--	33	322	Closed/1967
Los Angeles.....	347	75,444	--	--	4	--	Closed/1976
Riverside.....	6,550	78,636	--	5,680	1,889	44,809	2011
San Francisco.....	142	26,317	368	--	--	--	Closed/1962
San Joaquin Valley.....	1,483	3,855	--	--	1,940	15,750	2030+
Colorado: Ft. Logan.....	2,551	47,769	514	7	1,472	9,851	2023
Ft. Lyon.....	49	1,471	--	--	--	632	2030+
Florida: Barrancas.....	767	20,596	433	1,023	758	4,342	2004
Bay Pines.....	893	12,432	--	889	1,040	--	Closed/1987
Florida.....	4,108	18,632	--	--	3,877	3,044	2020
St. Augustine.....	3	1,227	13	--	10	--	Closed/1949
Georgia: Marietta.....	123	16,905	274	--	61	10	Closed/1978
Hawaii: NMCP.....	609	35,509	536	--	3,066	--	Closed/1991
Illinois: Alton.....	--	510	30	--	9	--	Closed/1961
Camp Butler.....	467	12,678	196	--	362	2,734	2003
Danville.....	183	7,854	--	--	152	7,248	2030+
Mound City.....	56	7,283	49	--	15	964	2014
Quincy.....	5	561	1	--	32	--	Closed/1994
Rock Island.....	526	15,953	139	957	63	745	2008
Indiana: Crown Hill.....	--	795	--	--	--	--	Closed/1959
Marion.....	123	6,258	--	--	25	228	2028
New Albany.....	28	6,025	98	--	102	--	Closed/1991
Iowa: Keokuk.....	74	3,331	32	--	177	1,969	2030+
Kansas: Ft. Leavenworth.....	112	18,950	407	5	1,271	28	Closed/1982
Ft. Scott.....	106	3,833	35	113	--	1,604	2030+
Leavenworth.....	797	21,784	--	--	973	2,394	2015
Kentucky: Camp Nelson.....	225	8,501	50	--	--	751	2027
Cave Hill.....	11	5,664	3	--	51	--	Closed/1939
Danville.....	--	393	1	--	--	--	Closed/1952
Lebanon.....	132	2,632	21	--	45	1,084	2004
Lexington.....	--	1,389	--	--	--	--	Closed/1932
Mill Springs.....	53	2,219	21	--	44	390	2022
Zachary Taylor.....	138	10,980	504	--	--	--	Closed/1989
Louisiana: Alexandria.....	44	7,695	105	--	44	--	Closed/1995
Baton Rouge.....	7	5,069	22	--	264	--	Closed/1960
Port Hudson.....	206	8,300	23	--	61	115	2020
Maine: Togus.....	--	5,371	--	--	--	--	Closed/1961
Maryland: Annapolis.....	1	2,937	20	--	14	--	Closed/1961
Baltimore.....	286	35,429	2,227	--	496	38	Closed/1970
Loudon Park.....	1	6,496	--	--	--	--	Closed/1970
Massachusetts: Massachusetts.....	1,889	17,083	--	2,812	200	1,409	2030+
Michigan: Ft. Custer.....	1,019	8,068	16	828	867	2,781	2030+
Minnesota: Ft. Snelling.....	3,937	111,314	8,980	3,560	1,599	14,892	2025
Mississippi: Biloxi.....	564	8,068	452	652	329	3,964	2004
Corinth.....	31	6,600	13	--	37	6,866	2030+
Natchez.....	98	5,742	24	--	38	192	1998
Missouri: Jefferson Barracks.....	3,927	97,930	1,253	--	309	9,013	1998
Jefferson City.....	8	1,619	35	--	4	--	Closed/1969
Springfield.....	323	10,870	116	--	215	--	Closed/1995

See footnotes at end of table.

TABLE 54

CEMETERIES AND MEMORIALS

Table 54 (continued) -- National Cemeteries Location, Interments, and Status of Gravesites
September 30, 1995

National Cemetery	FY 1995 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year) ⁴
		Used Cumulative ¹	Reserved	Set-Aside (Adjacent)	Cremains ²	Casket ³	
Nebraska: Ft. McPherson.....	172	5,217	44	--	241	494	2019
New Jersey: Beverly.....	386	39,392	2,487	--	40	--	Closed/1966
Finn's Point.....	6	2,742	--	--	111	--	Closed/1963
New Mexico: Ft. Bayard.....	92	2,610	--	--	33	2,098	2027
Santa Fe.....	1,152	22,804	292	4	365	126	2001
New York: Bath.....	208	10,886	--	--	396	3,777	2017
Calverton.....	7,395	106,718	--	21,358	3,735	76,573	2024
Cypress Hills.....	10	18,587	48	--	48	--	Closed/1954
Long Island.....	2,434	239,266	9,888	--	4,682	--	Closed/1978
Woodlawn.....	119	7,017	143	--	233	546	2000
North Carolina: New Bern.....	60	6,720	69	--	--	--	Closed/1992
Raleigh.....	61	5,172	63	154	4	9	Closed/1990
Salisbury.....	299	16,685	46	--	--	401	1999
Wilmington.....	36	5,127	44	--	--	--	Closed/1987
Ohio: Dayton.....	640	32,505	1	5	191	1,375	2018
Oklahoma: Ft. Gibson.....	438	11,538	67	--	46	4,687	2030+
Oregon: Eagle Point.....	464	5,516	--	--	1,387	2,233	2030+
Roseburg.....	9	2,424	--	--	--	--	Closed/1981
Willamette.....	3,125	81,034	1,414	--	6,086	6,662	2017
Pennsylvania: Indiantown Gap.....	1,227	10,202	--	--	424	2,936	2030+
Philadelphia.....	39	10,490	28	--	104	--	Closed/1962
Puerto Rico: Puerto Rico.....	1,420	24,916	926	1	783	7,377	2020
South Carolina: Beaufort.....	291	14,081	133	--	28	2,642	2008
Florence.....	174	6,058	44	--	26	329	1997
South Dakota: Black Hills.....	532	11,136	304	--	289	1,429	2030+
Ft. Meade.....	--	188	--	--	--	--	Closed/1948
Hot Springs.....	--	1,481	--	--	--	--	Closed/1964
Tennessee: Chattanooga.....	823	30,675	318	--	225	10,425	2017
Knoxville.....	28	8,161	122	--	109	7	Closed/1990
Memphis.....	219	36,117	371	--	384	--	Closed/1992
Mountain Home.....	241	8,712	--	--	26	1,225	2020
Nashville.....	195	30,804	294	963	22	--	Closed/1993
Texas: Ft. Bliss.....	1,055	25,988	950	1	729	7,736	2005
Ft. Sam Houston.....	2,942	65,741	2,317	--	186	4,328	1998
Houston.....	1,966	32,531	29	--	--	2,198	2030+
Kerrville.....	1	461	--	--	--	--	Closed/1957
San Antonio.....	--	3,010	23	--	24	293	Closed/1961
Virginia: Alexandria.....	6	4,071	22	--	79	--	Closed/1967
Balls Bluff.....	--	25	--	--	--	--	Closed/1889
City Point.....	8	5,539	59	--	--	--	Closed/1971
Cold Harbor.....	4	975	--	--	8	--	Closed/1970
Culpeper.....	235	6,853	11	--	29	1,856	2008
Danville.....	--	2,160	20	--	26	--	Closed/1970
Ft. Harrison.....	--	1,111	2	--	44	--	Closed/1967
Glendale.....	8	1,302	--	--	20	--	Closed/1970
Hampton (VAMC).....	--	22	--	--	--	--	Closed/1899
Hampton.....	239	25,138	306	918	31	--	Closed/1993
Quantico.....	932	8,248	--	--	3,088	41,661	2030+
Richmond.....	17	7,368	148	--	59	--	Closed/1963
Seven Pines.....	3	1,138	--	--	4	--	Closed/1964
Staunton.....	2	848	4	--	4	--	Closed/1983
Winchester.....	16	5,130	26	--	37	--	Closed/1969
West Virginia: Grafton.....	2	2,096	34	--	--	--	Closed/1961
West Virginia.....	179	896	--	--	--	1,388	2027
Wisconsin: Wood.....	953	32,397	--	--	601	637	1997

(1) Includes all types of gravesites including columbaria niches.

(2) In-ground sites suitable for cremated remains and columbaria niches.

(3) Full-casket gravesites available in developed acreage. Excludes reserved and adjacent gravesites set aside.

(4) Cemeteries indicated as closed may continue to inter eligible family members in already occupied gravesites, previously reserved gravesites, and in gravesites suitable for cremated remains.

NOTE: Data calculation includes potential sites in undeveloped acreage.

Table 55 -- Net Outlays -- Fiscal Year 1995 and Fiscal Year 1994
(In thousands)

<i>Outlays</i>	<i>Fiscal Year 1995</i>	<i>Fiscal Year 1994 ⁽¹⁾</i>
Total.....	\$37,509,626	\$37,401,009
Total Medical Programs.....	\$16,430,595	\$15,578,580
Medical Care.....	\$15,933,197	\$15,115,925
Medical Care Cost Recovery Fund.....	\$101,958	\$94,979
Medical and Prosthetic Research.....	\$251,101	\$240,845
Medical Administration and Miscellaneous Operating Expenses.....	\$70,838	\$73,634
Medical Facilities Revolving Fund.....	(\$3,771)	(\$2,039)
Grants for Construction of State Extended Care Facilities.....	\$64,142	\$44,509
Grants to the Republic of the Philippines.....	\$329	\$998
Assistance for Health Manpower Training Institutions.....	--	--
Canteen Service Revolving Fund.....	\$3,070	\$1,700
Special Therapeutic and Rehabilitative Activities Fund.....	(\$3,202)	(\$1,211)
Nursing Home Revolving Fund.....	--	(\$70)
Nursing Scholarship Program.....	\$12,932	\$9,310
Total Benefits Programs.....	\$19,277,591	\$20,027,624
Compensation.....	\$13,812,772	\$14,346,579
Pension.....	\$3,946,506	\$4,099,023
Burial Benefits & Miscellaneous Assistance.....	\$179,387	\$186,319
Emergency Veterans Job Training.....	(\$21)	(\$6)
Readjustment Benefits.....	\$1,191,147	\$1,122,552
Reinstated Entitlement Program for Survivors.....	\$9,237	(\$5,819)
Loan Guaranty Credit Reform Accounts.....	\$191,756	(\$125,242)
Vocational Rehabilitation Credit Reform Accounts.....	\$877	\$460
Direct Loan Credit Reform Accounts.....	(\$3,384)	(\$4,168)
Guaranty Indemnity Credit Reform Accounts.....	(\$116,778)	\$279,069
Education Loan Credit Reform Accounts.....	(\$510)	(\$608)
Veterans Insurance and Indemnities.....	\$36,793	\$14,554
Service-Disabled Veterans Insurance Fund.....	\$2,342	\$10,573
Veterans Reopened Insurance Fund.....	(\$1,751)	(\$5,781)
Servicemen's Group Life Insurance Fund.....	\$22,591	\$109,911
Native American Veteran Housing Loan Program.....	\$6,627	\$207
Construction Programs.....	\$573,666	\$647,769
Construction, Major Projects.....	\$431,342	\$456,781
Construction, Minor Projects.....	\$132,822	\$171,819
Construction, Minor Projects (Corps of Engineers).....	--	--
Parking Garage Revolving Fund.....	\$9,314	\$18,940
Pershing Hall Revolving Fund.....	\$189	\$229
Trust Funds (Net).....	\$297,987	\$270,316
Post-Vietnam Era Veterans Education.....	\$58,143	\$79,902
General Post Fund, National Homes.....	\$26,592	\$27,079
National Service Life Insurance Fund.....	\$1,249,489	\$1,223,765
U.S. Government Life Insurance Fund.....	\$17,997	\$19,138
Veterans Special Life Insurance Fund.....	(\$36,918)	(\$48,032)
National Cemetery Gift Fund.....	\$39	\$62
Transitional Housing Loan Program.....	--	\$59
Proprietary Receipts from the Public.....	(\$1,017,355)	(\$1,031,657)
Intragovernmental Transactions.....	(\$26,651)	(\$29,308)
General Operating Expenses and Miscellaneous.....	\$956,439	\$906,028
General Operating Expenses.....	\$817,399	\$849,268
Grants for the Construction of State Veterans Cemeteries.....	\$2,582	\$1,673
Supply Fund.....	\$32,359	(\$58,039)
Inspector General.....	\$31,917	\$30,924
National Cemetery System.....	\$72,183	\$82,203

(1) Data from the Fiscal Year 1994 report were adjusted.

TABLE 56

FISCAL

Table 56 – Appropriations, Expenditures, and Balances—Cash Basis
Fiscal Year 1995

Account Categories	Appropriations	Outlays		Non-Expenditure Transfers	Restored or Turned-in to U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1995	Cumulative through September 30, 1995				
General and special funds:							
Compensation and Pension.....	\$391,212,658,003	\$17,938,665,388	\$391,079,081,731	(\$84,178,031)	\$0	\$0	\$49,398,241
Readjustment Benefits.....	\$76,339,484,904	\$1,191,147,064	\$76,038,155,343	(\$45,411,312)	(\$111,067,172)	\$0	\$144,851,076
Veterans Insurance and Indemnities.....	\$568,036,036	\$36,792,910	\$621,415,690	\$53,996,500	\$0	\$0	\$616,846
Medical Care.....	\$218,568,051,724	\$15,933,196,224	\$214,378,482,929	(\$5,033,861)	(\$1,254,282,733)	\$0	\$2,930,252,201
Medical Care Cost Recovery Fund.....	\$371,405,912	\$101,957,725	\$351,745,816	\$0	\$0	\$0	\$19,660,096
Medical and Prosthetic Research.....	\$4,321,282,242	\$251,101,311	\$4,232,976,186	\$21,000,000	(\$25,361,729)	\$0	\$83,944,327
Assistance for Health Manpower Training Institutions.....	\$296,693,000	\$0	\$295,848,182	\$0	(\$844,818)	\$0	\$0
Medical Administration and Miscellaneous Operating Expenses.....	\$1,553,841,633	\$70,838,149	\$1,491,752,684	(\$1,700,000)	(\$50,334,156)	\$0	\$10,054,793
General Operating Expenses.....	\$19,182,084,101	\$817,399,160	\$18,819,701,109	\$33,520,000	(\$213,482,139)	\$0	182420853.3
Construction of Hospital and Domiciliary Facilities.....	\$1,042,596,863	\$0	\$1,032,915,863	(\$9,681,000)	\$0	\$0	\$0
Construction, Major Projects.....	\$8,789,580,460	\$431,341,707	\$7,218,367,832	\$22,214,760	\$0	\$0	\$1,593,427,388
Construction, Minor Projects.....	\$2,685,144,394	\$132,821,883	\$2,428,899,962	(\$69,264,557)	(\$4,000)	\$0	186975874.6
Construction, Minor Projects (Corps of Engineers).....	\$0	\$0	\$2,126,796	\$2,126,796	\$0	\$0	\$0
Pershing Hall Revolving Fund.....	\$1,000,000	\$188,687	\$1,047,080	\$298,140	\$0	\$0	\$251,060
Grants for Construction of State Extended Care Facilities.....	\$673,907,090	\$64,141,626	\$533,949,202	\$0	(\$5,224,862)	\$0	\$134,733,026
Grants to the Republic of the Philippines.....	\$59,763,031	\$329,293	\$45,370,539	\$0	(\$13,404,844)	\$0	\$987,648
Grants for Construction of State Veterans Cemeteries.....	\$61,400,949	\$2,581,750	\$36,160,549	\$0	(\$5,063,451)	\$0	\$20,176,949
Parking Garage Revolving Fund.....	\$137,548,624	\$9,313,625	\$91,725,526	\$4,000,000	\$0	\$0	\$49,823,098
Loan Guaranty Credit Reform Accounts.....	\$4,416,304,742	\$191,756,082	\$6,687,860,764	3,730,173,453	\$0	\$0	\$1,458,617,431
Direct Loan Credit Reform Accounts.....	\$3,468,928,123	(\$3,384,191)	(\$1,313,193,643)	(4,778,805,935)	\$0	\$0	\$3,315,831
Canteen Service Revolving Fund.....	\$4,965,000	\$3,070,346	(\$47,670,801)	\$1,000,000	(\$12,068,086)	\$39,000,000	\$2,567,715
Rental, Maintenance and Repair of Quarters	\$0	\$0	(\$97,127)	\$0	(\$97,127)	\$0	\$0
Service-Disabled Veterans Insurance Fund..	\$4,500,000	\$2,342,166	(\$3,673,968)	\$0	\$0	\$0	\$8,173,968
Soldiers' and Sailors' Civil Relief.....	\$3,528,000	\$0	\$2,011,031	(\$16,969)	(\$1,500,000)	\$0	\$0
Veterans Reopened Insurance Fund.....	\$0	(\$1,750,502)	(\$526,260,719)	\$0	\$0	\$526,037,000	\$223,719
Special Therapeutic and Rehabilitation Activities Fund.....	\$0	(\$3,202,274)	(\$6,839,855)	\$0	\$0	\$0	\$6,839,855
Vocational Rehabilitation Credit Reform Accounts.....	\$7,128,000	\$876,644	\$3,720,641	\$663,503	(\$1,600,000)	\$0	\$2,470,862
Education Loan Credit Reform Accounts.....	\$1,004,093	(\$510,386)	\$874,727	\$111,104	\$0	\$0	\$240,470
Servicemen's Group Life Insurance Fund.....	\$0	\$22,590,716	(\$18,303,502)	\$0	\$0	\$3,648,999	\$14,654,503
Supply Fund.....	\$130,000,000	\$32,358,561	(\$99,151,232)	(\$111,881,400)	(\$15,677,579)	\$0	\$101,592,253
Reinstated Entitlement Program for Survivors.....	\$51,000,000	\$9,236,845	\$30,658,082	\$0	(\$9,083,798)	\$0	\$11,258,120
Emergency Veterans Job Training.....	\$160,000,000	(\$20,857)	\$200,419,412	\$45,500,000	(\$11,361)	\$0	\$5,069,228
Nursing Home Revolving Fund.....	\$0	\$0	(\$380,492)	\$0	\$0	\$0	\$380,492
Nurse Scholarship Program.....	\$51,110,869	\$12,932,421	\$39,018,094	\$0	\$0	\$0	\$12,092,775
Guaranty Indemnity Fund Reform Accounts.....	\$2,829,868,767	(\$116,777,617)	(\$1,116,112,275)	\$228,399,402	\$0	\$0	\$4,174,380,444
Inspector General.....	\$170,528,677	\$31,916,544	\$164,795,812	\$480,000	(\$275,957)	\$0	\$5,936,908
National Cemetery System.....	\$280,755,000	\$72,182,994	\$268,721,442	\$0	\$0	\$0	\$12,033,558

**Table 56 (continued) – Appropriations, Expenditures, and Balances--Cash Basis
Fiscal Year 1995**

Account Categories	Appropriations	Outlays		Non-expenditure Transfers	Restored or Turned in to U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1995	Cumulative through September 30, 1995				
Health Professional Education Loan Payment Program.....	\$5,000,000	\$0	\$0	\$0	(\$5,000,000)	\$0	\$0
Native American Veteran Housing Loan Program.....	\$5,374,000	\$6,626,706	\$5,199,195	\$5,696,012	\$0	\$0	\$4,877,183
Medical Facilities Revolving Fund.....	\$12,000,000	(\$3,771,139)	(\$5,809,959)	\$0	\$0	\$0	\$17,809,959
Total: Appropriation and Funds.....	\$737,466,474,237	\$37,238,289,560	\$722,965,508,645	(\$956,793,395)	(\$1,724,383,812)	\$568,685,999	\$11,250,108,751
Deduct Proprietary receipts from the Public..	\$0	\$740,150,016	\$0	\$0	\$0	\$0	\$0
Total: Federal Funds.....	\$737,466,474,237	\$36,498,139,544	\$722,965,508,645	(\$956,793,395)	(\$1,724,383,812)	\$568,685,999	\$11,250,108,751
Trust funds:							
Post Vietnam Era Veterans Education.....	\$1,970,890,380	\$58,143,294	\$2,536,038,754	\$784,848,337	\$0	\$0	\$219,699,963
General Post Fund, National Homes.....	\$390,776,514	\$26,591,882	\$355,690,662	\$2,885,270	(\$386)	\$35,393,730	\$2,577,006
National Service Life Insurance Fund.....	\$52,162,065,005	\$1,249,488,682	\$40,096,535,164	(\$101,444,000)	(\$89)	\$11,953,788,000	\$10,297,752
U.S. Government Life Insurance Fund.....	\$4,204,625,476	\$17,996,843	\$4,105,495,717	\$9,246,000	(\$1,811,199)	\$106,138,000	\$426,561
Veterans Special Life Insurance Fund.....	\$250,000	(\$36,917,783)	(\$1,602,459,662)	(\$51,150,000)	(\$4,250,000)	\$1,546,294,000	\$1,015,662
National Cemetery Gift Fund.....	\$291,278	\$38,769	\$189,502	\$0	\$0	\$0	\$101,776
Transitional Housing Loan Program.....	\$264,000	\$0	\$31,000	\$0	(\$172,000)	\$0	\$61,000
Sub-Total: Trust Funds.....	\$58,729,162,653	\$1,315,341,687	\$45,491,521,137	\$644,385,607	(\$6,233,674)	\$13,641,613,730	\$234,179,719
Deduct: Proprietary Receipts from the Public.....	\$0	\$277,205,518	\$0	\$0	\$0	\$0	\$0
Total Trust Funds.....	\$58,729,162,653	\$1,038,136,168	\$45,491,521,137	\$644,385,607	(\$6,233,674)	\$13,641,613,730	\$234,179,719
Deduct: Intragovernmental Transactions.....	\$0	\$26,650,935	\$0	\$0	\$0	\$0	\$0
Total: Department of Veterans Affairs.....	\$796,195,636,890	\$37,509,624,778	\$768,457,029,782	(\$312,407,788)	(\$1,730,617,486)	\$14,210,299,729	\$11,484,288,470

TABLE 57

Table 57 -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1995

State	Total of Selected Expenditures (\$000) (2)	Readjustment Benefits					
		Total Readjustment Benefits (\$000) (2)	Post-Vietnam Conflict (Chapter 32) Amount (\$000)	Montgomery GI Bill			
				Active Duty Chapter 30		Selected Reserve Chapter 106	
				Trained During Fiscal Year	Amount (\$000)	Trained During Fiscal Year (3)	Amount (\$000)
US--total (2).....	\$38,682,411	\$1,370,581	\$59,403	280,029	760,446	93,225	108,004
Alabama.....	787,927	32,656	1,107	6,193	17,708	3,437	4,100
Alaska.....	119,137	5,607	402	1,184	2,652	231	248
Arizona.....	706,856	36,271	1,397	8,012	22,272	1,312	1,484
Arkansas.....	603,018	14,839	343	2,302	6,834	1,592	1,987
California.....	3,491,654	123,869	6,181	29,305	77,738	6,327	6,526
Colorado.....	642,989	35,528	1,594	7,395	20,001	1,172	1,400
Connecticut.....	389,886	10,055	456	1,612	4,498	1,163	1,362
Delaware.....	113,199	3,752	164	660	1,699	350	359
District of Columbia.....	1,081,087	3,516	299	815	1,081	136	157
Florida.....	2,430,253	86,309	3,741	20,968	54,791	3,369	3,505
Georgia.....	1,072,138	57,960	3,185	10,415	36,699	2,361	3,729
Hawaii.....	153,575	8,637	694	2,134	4,741	588	486
Idaho.....	146,747	8,580	318	1,712	5,228	649	784
Illinois.....	1,375,526	45,860	1,567	11,887	30,111	4,619	5,240
Indiana.....	603,336	22,597	1,040	4,497	10,929	2,145	2,436
Iowa.....	401,099	14,700	528	2,402	6,751	1,663	2,017
Kansas.....	429,723	16,769	801	3,580	9,564	1,517	1,788
Kentucky.....	590,133	21,871	940	4,196	11,429	1,356	1,593
Louisiana.....	676,345	26,532	646	4,665	13,453	4,116	5,243
Maine.....	249,574	9,528	273	1,006	3,230	481	593
Maryland.....	610,736	22,886	1,554	6,198	10,962	1,653	1,675
Massachusetts.....	1,073,444	21,333	899	2,977	7,942	2,543	3,061
Michigan.....	1,013,441	28,997	1,722	8,319	17,716	2,205	2,081
Minnesota.....	616,793	24,085	906	4,290	12,035	2,695	3,400
Mississippi.....	536,959	13,004	279	2,118	6,139	2,265	2,670
Missouri.....	863,358	28,229	1,101	5,681	13,671	2,180	2,495
Montana.....	139,241	7,488	234	1,280	3,803	508	654
Nebraska.....	281,672	12,406	414	2,641	6,661	1,368	1,640
Nevada.....	234,400	9,838	447	1,573	4,196	298	286
New Hampshire.....	165,404	6,850	346	803	2,362	380	482
New Jersey.....	748,043	15,634	816	2,723	6,644	1,477	1,514
New Mexico.....	358,008	15,196	624	3,134	9,777	716	854
New York.....	2,429,507	44,324	2,993	8,328	22,850	3,437	3,492
North Carolina.....	1,090,439	47,467	2,173	9,530	29,011	2,120	2,688
North Dakota.....	96,895	6,340	139	1,088	3,197	919	1,103
Ohio.....	1,337,285	46,698	1,841	9,755	25,014	3,379	4,168
Oklahoma.....	701,600	29,525	807	5,135	13,414	2,115	2,282
Oregon.....	571,933	23,136	755	3,795	11,165	945	1,104
Pennsylvania.....	1,652,167	41,341	1,727	8,122	22,419	3,500	4,212
Rhode Island.....	172,611	4,762	224	716	1,641	493	472
South Carolina.....	553,045	27,652	994	5,225	15,577	2,018	2,556
South Dakota.....	207,805	8,694	228	1,099	3,891	899	1,156
Tennessee.....	954,158	28,080	1,084	5,317	14,925	1,726	1,984
Texas.....	2,759,639	111,390	4,189	24,794	66,732	5,043	5,528
Utah.....	250,144	11,202	402	1,762	4,934	1,567	1,744
Vermont.....	110,337	2,903	79	289	898	231	283
Virginia.....	1,038,014	53,982	3,047	11,873	31,200	2,502	2,845
Washington.....	844,791	53,404	2,426	9,883	31,000	1,609	1,903
West Virginia.....	443,592	10,394	207	1,364	4,459	1,018	1,279
Wisconsin.....	665,151	24,167	965	4,454	12,365	2,538	3,051
Wyoming.....	97,600	3,737	104	823	2,437	294	307

(1) Expenditures for Compensation and Pension for the 50 states and D.C. were derived from the Federal Assistance Awards Data System (FAADS) and are gross expenditures. Education expenditures come from the COIN EDU 666. Information for Insurance and Indemnities for the 50 states and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.

Table 57 (continued) -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1995

State	Readjustment Benefits (continued)							Insurance and Indemnities Amount (\$000)	Hospital Domiciliary and other Construction Amount (\$000)	Medical Services and Administrative Costs Amount (\$000)
	Education Assistance (continued)			Vocational Rehabilitation (Title 38, U.S.C., Ch 31)		Automobiles and other Conveyances	Specially Adapted Housing			
	Dependents Educational Assistance (Title 38, U.S.C., Ch. 35)									
	Total Trained During FY			Trained During Fiscal Year	Amount (\$000)	for Disabled Veterans (\$000)	for Disabled Veterans (\$000)			
	Sons and Daughters	Widow(er)s and Spouses	Amount (\$000)							
US--total.....	32,766	4,522	100,283	47,329	298,130	\$27,042	\$17,273	\$1,986,827	\$590,066	\$17,444,047
Alabama.....	1,066	150	3,191	1,018	5,788	406	356	27,325	8,608	309,805
Alaska.....	70	14	223	429	2,012	33	38	2,699	807	59,268
Arizona.....	722	121	2,203	1,207	7,711	975	228	40,161	3,356	276,131
Arkansas.....	581	65	1,930	495	3,018	336	391	17,257	3,052	249,741
California.....	2,662	399	7,611	3,692	21,703	2,688	1,422	218,678	106,991	1,662,730
Colorado.....	608	116	1,891	1,447	9,606	555	481	31,409	3,970	294,910
Connecticut.....	180	21	621	372	2,541	286	292	33,170	8,488	198,536
Delaware.....	81	19	250	247	1,242	36	0	5,938	4,876	55,536
District of Columbia.....	118	6	212	169	1,760	7	0	4,310	11,556	1,008,163
Florida.....	2,405	375	6,929	2,333	13,517	2,393	1,433	168,328	19,148	861,097
Georgia.....	1,235	180	5,064	1,042	8,057	751	477	44,100	6,327	395,426
Hawaii.....	141	24	424	347	2,202	52	38	15,253	8,187	47,425
Idaho.....	160	20	457	273	1,648	137	7	8,025	148	52,846
Illinois.....	687	81	1,993	813	5,916	501	532	87,018	19,541	821,203
Indiana.....	550	61	1,417	1,038	6,022	458	295	30,257	21,215	253,840
Iowa.....	249	22	709	448	4,165	258	272	23,607	5,556	207,514
Kansas.....	458	74	1,312	461	2,906	132	266	19,869	14,511	206,730
Kentucky.....	662	93	1,986	907	5,539	270	114	19,554	4,068	224,849
Louisiana.....	611	83	1,964	684	3,877	388	961	24,507	1,399	290,604
Maine.....	329	44	1,180	531	3,707	225	321	9,930	2,622	78,948
Maryland.....	471	68	1,486	1,361	6,526	493	190	43,260	6,697	245,958
Massachusetts.....	611	38	1,920	778	6,918	403	190	55,783	9,297	536,737
Michigan.....	840	88	2,146	811	4,525	612	195	55,981	79,261	412,048
Minnesota.....	403	54	1,343	721	5,185	874	342	40,286	2,289	295,760
Mississippi.....	467	55	1,523	336	1,945	251	197	14,815	4,313	239,562
Missouri.....	667	112	1,946	1,135	8,246	528	241	38,997	9,111	417,596
Montana.....	153	15	453	362	2,235	70	38	7,764	1,241	46,528
Nebraska.....	376	44	1,028	461	2,378	171	114	14,102	28	132,386
Nevada.....	145	20	457	763	4,295	81	76	11,843	1,744	98,073
New Hampshire.....	187	21	678	351	2,501	323	159	10,162	693	52,321
New Jersey.....	422	27	1,566	701	4,535	446	114	72,829	15,811	285,075
New Mexico.....	313	49	1,026	402	2,238	449	228	13,476	4,460	157,254
New York.....	1,340	126	3,773	1,540	9,838	1,028	350	142,172	36,070	1,321,604
North Carolina.....	1,376	224	4,442	1,337	7,475	1,043	635	45,340	14,087	372,314
North Dakota.....	109	10	314	224	1,538	50	0	5,284	178	45,197
Ohio.....	880	101	2,803	1,253	10,698	1,815	359	77,568	3,102	584,753
Oklahoma.....	1,008	166	2,934	1,605	9,222	441	425	22,427	5,097	205,041
Oregon.....	335	54	990	1,036	8,417	325	380	24,836	6,514	269,612
Pennsylvania.....	917	99	2,593	1,191	9,438	838	114	104,723	11,838	781,945
Rhode Island.....	163	13	456	200	1,765	129	76	8,575	2,468	73,660
South Carolina.....	728	124	2,443	1,136	5,214	411	456	25,579	963	196,016
South Dakota.....	125	23	408	440	2,867	107	38	2,874	1,992	131,028
Tennessee.....	661	89	2,040	1,238	6,639	750	658	29,553	8,299	466,571
Texas.....	2,988	441	8,967	3,943	22,299	1,907	1,768	113,572	79,480	1,063,766
Utah.....	318	40	865	490	3,063	157	38	11,580	14,342	129,360
Vermont.....	57	7	177	135	1,447	19	0	4,487	396	60,557
Virginia.....	1,364	213	4,359	2,008	10,807	1,038	686	57,338	3,654	358,893
Washington.....	805	141	2,629	1,951	14,004	742	699	43,908	3,858	305,398
West Virginia.....	332	34	1,032	481	3,118	179	120	10,860	3,970	233,172
Wisconsin.....	553	51	1,725	823	5,204	401	456	41,652	3,113	314,602
Wyoming.....	77	7	194	163	615	74	7	3,806	1,273	55,957

(2) The totals for "Readjustment Benefits" are the sums of the programs shown plus \$33.4 million for the Service Members Occupational Conversion Training Act (SMOCTA) which is not shown.

(3) As reported by station of jurisdiction which may report for more than one state.

TABLE 57

FISCAL

Table 57 (continued) -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1995

State	Compensation and Pension								
	Living and Deceased Veterans							Living Veterans	
	Total		Burial Benefits (\$000)	Service-Connected		Nonservice-Connected		Total	
	Number	Amount (\$000)		Number	Amount (\$000)	Number	Amount (\$000)	Number	Amount (\$000)
US-total.....	3,243,334	\$17,290,890	\$62,518	2,492,167	\$14,333,176	751,167	\$2,895,196	2,613,796	\$13,472,726
Alabama.....	78,765	409,533	1,591	53,512	301,891	25,253	106,051	58,721	299,474
Alaska.....	8,751	50,755	55	8,364	48,409	387	2,291	8,274	46,251
Arizona.....	59,350	350,937	1,054	50,872	313,906	8,478	35,977	50,172	277,312
Arkansas.....	50,430	318,128	1,226	33,878	251,970	16,552	64,932	38,120	247,976
California.....	269,064	1,379,386	3,968	219,788	1,200,181	49,276	175,237	219,900	1,033,396
Colorado.....	49,930	277,173	777	43,410	249,457	6,520	26,939	42,360	218,489
Connecticut.....	29,089	139,637	620	24,550	125,003	4,539	14,014	24,821	114,069
Delaware.....	8,661	43,098	202	7,063	37,135	1,598	5,761	7,164	33,757
District of Columbia.....	8,828	53,542	148	5,982	40,792	2,846	12,602	6,872	40,480
Florida.....	239,957	1,295,370	3,465	201,390	1,150,981	38,567	140,924	199,483	1,004,897
Georgia.....	105,134	568,325	1,866	78,436	470,519	26,698	95,940	80,573	419,658
Hawaii.....	12,976	74,074	174	11,800	68,879	1,176	5,021	11,216	59,509
Idaho.....	14,342	77,149	273	11,928	66,177	2,414	10,699	12,369	63,324
Illinois.....	86,690	401,904	2,178	61,482	299,603	25,208	100,123	69,751	315,678
Indiana.....	55,060	275,427	1,008	41,954	225,174	13,106	49,245	44,929	221,023
Iowa.....	29,105	149,722	667	21,077	116,563	8,028	32,492	23,335	119,643
Kansas.....	31,193	171,844	685	23,800	141,029	7,393	30,130	25,215	136,260
Kentucky.....	58,425	319,790	1,306	38,344	237,116	20,081	81,368	44,501	246,965
Louisiana.....	63,208	333,303	1,299	37,483	226,028	25,725	105,976	45,547	244,604
Maine.....	23,394	148,546	465	17,452	124,908	5,942	23,173	19,426	125,086
Maryland.....	55,534	291,934	1,146	45,471	254,326	10,063	36,462	45,033	221,371
Massachusetts.....	87,813	450,294	1,630	73,830	405,075	13,983	43,589	73,816	365,986
Michigan.....	91,739	437,154	1,493	71,439	355,176	20,300	80,485	76,212	357,482
Minnesota.....	50,863	254,372	1,114	39,018	208,879	11,845	44,379	42,050	207,495
Mississippi.....	47,315	265,264	997	28,113	191,921	19,202	72,346	33,914	198,697
Missouri.....	66,952	369,425	1,480	46,851	279,846	20,101	88,099	52,652	287,938
Montana.....	13,515	76,220	250	10,678	64,916	2,837	11,054	11,698	65,043
Nebraska.....	20,966	122,751	462	16,004	99,125	4,962	23,164	17,176	98,999
Nevada.....	22,862	112,902	422	19,224	97,803	3,638	14,677	19,951	90,761
New Hampshire.....	16,825	95,377	327	14,379	85,537	2,446	9,513	14,545	79,566
New Jersey.....	75,020	358,694	1,408	63,363	318,930	11,657	38,356	63,049	285,231
New Mexico.....	28,376	167,622	444	22,497	143,102	5,879	24,076	23,506	134,644
New York.....	175,315	885,337	4,216	132,620	733,214	42,695	147,907	142,023	711,759
North Carolina.....	109,917	611,231	2,345	78,883	490,401	31,034	118,485	83,982	461,517
North Dakota.....	8,176	39,895	161	6,115	31,188	2,061	8,546	6,866	33,331
Ohio.....	125,855	625,165	2,362	95,514	502,838	30,341	119,965	102,926	500,851
Oklahoma.....	65,888	439,510	1,304	47,443	341,154	18,445	97,052	52,421	351,655
Oregon.....	42,036	247,835	807	33,078	205,680	8,958	41,348	35,518	203,504
Pennsylvania.....	144,548	712,319	2,883	109,103	588,003	35,445	121,433	115,522	561,396
Rhode Island.....	14,936	83,146	373	12,217	73,171	2,719	9,602	12,423	67,016
South Carolina.....	58,149	302,835	1,291	40,472	237,121	17,677	64,423	43,606	220,218
South Dakota.....	11,721	63,217	322	8,337	48,224	3,384	14,671	9,658	52,193
Tennessee.....	79,123	421,654	1,644	52,396	318,803	26,727	101,207	59,666	321,249
Texas.....	249,462	1,391,430	4,959	191,477	1,164,893	57,985	221,578	196,462	1,047,336
Utah.....	15,941	83,659	268	13,530	73,979	2,411	9,412	13,768	68,726
Vermont.....	7,159	41,995	143	5,532	35,963	1,627	5,889	5,920	34,493
Virginia.....	101,717	564,147	2,037	81,862	488,970	19,855	73,140	81,100	417,900
Washington.....	80,689	438,224	1,169	71,199	398,232	9,490	38,823	69,576	350,273
West Virginia.....	32,292	185,196	774	21,336	137,400	10,956	47,022	24,831	145,376
Wisconsin.....	54,180	281,616	1,106	42,495	234,804	11,685	45,706	45,829	235,257
Wyoming.....	6,098	32,827	154	5,126	28,781	972	3,892	5,348	27,612

Table 57 (continued) -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1995

State	Compensation and Pension--Continued									
	Living Veterans-Continued					Deceased Veterans				
	Service-Connected		Nonservice-Connected		Total		Service-Connected		Nonservice-Connected	
	Number	Amount (\$000)	Number	Amount (\$000)	Number	Amount (\$000)	Number	Amount (\$000)	Number	Amount (\$000)
US--total.....	2,199,884	\$11,358,624	413,912	\$2,114,102	629,538	\$3,755,646	292,283	\$2,974,552	337,255	\$781,094
Alabama.....	46,296	229,655	12,425	69,819	20,044	108,468	7,216	72,236	12,828	36,232
Alaska.....	7,973	44,241	301	2,010	477	4,449	391	4,168	86	281
Arizona.....	44,739	248,959	5,433	28,353	9,178	72,571	6,133	64,947	3,045	7,624
Arkansas.....	28,819	200,802	9,301	47,174	12,310	68,926	5,059	51,168	7,251	17,758
California.....	190,733	901,743	29,167	131,653	49,164	342,022	29,055	298,438	20,109	43,584
Colorado.....	38,506	197,448	3,854	21,041	7,570	57,907	4,904	52,009	2,666	5,898
Connecticut.....	22,477	103,560	2,344	10,509	4,268	24,948	2,073	21,443	2,195	3,505
Delaware.....	6,315	29,506	849	4,251	1,497	9,139	748	7,629	749	1,510
District of Columbia.....	5,132	30,607	1,740	9,873	1,956	12,914	850	10,185	1,106	2,729
Florida.....	176,341	898,293	23,142	106,604	40,474	287,008	25,049	252,688	15,425	34,320
Georgia.....	66,942	354,110	13,631	65,548	24,561	146,801	11,494	116,409	13,067	30,392
Hawaii.....	10,495	55,674	721	3,835	1,760	14,391	1,305	13,205	455	1,186
Idaho.....	10,780	54,478	1,589	8,846	1,973	13,552	1,148	11,699	825	1,853
Illinois.....	55,497	241,080	14,254	74,598	16,939	84,048	5,985	58,523	10,954	25,525
Indiana.....	37,919	185,047	7,010	35,976	10,131	53,396	4,035	40,127	6,096	13,269
Iowa.....	18,914	94,923	4,421	24,720	5,770	29,412	2,163	21,640	3,607	7,772
Kansas.....	21,060	113,461	4,155	22,799	5,978	34,899	2,740	27,568	3,238	7,331
Kentucky.....	33,201	187,361	11,300	59,604	13,924	71,519	5,143	49,755	8,781	21,764
Louisiana.....	32,025	171,509	13,522	73,095	17,661	87,400	5,458	54,519	12,203	32,881
Maine.....	15,638	106,469	3,788	18,617	3,968	22,995	1,814	18,439	2,154	4,556
Maryland.....	39,773	195,391	5,260	25,980	10,501	69,417	5,698	58,935	4,803	10,482
Massachusetts.....	66,967	334,116	6,849	31,870	13,997	82,678	6,863	70,959	7,134	11,719
Michigan.....	65,155	296,656	11,057	60,826	15,527	78,179	6,284	58,520	9,243	19,659
Minnesota.....	35,586	173,616	6,464	33,879	8,813	45,763	3,432	35,263	5,381	10,500
Mississippi.....	23,644	148,142	10,270	50,555	13,401	65,570	4,469	43,779	8,932	21,791
Missouri.....	41,177	222,740	11,475	65,198	14,300	80,007	5,674	57,106	8,626	22,901
Montana.....	9,831	56,079	1,867	8,964	1,817	10,927	847	8,837	970	2,090
Nebraska.....	14,202	80,539	2,974	18,460	3,790	23,290	1,802	18,586	1,988	4,704
Nevada.....	17,364	78,677	2,587	12,084	2,911	21,719	1,860	19,126	1,051	2,593
New Hampshire.....	13,086	71,939	1,459	7,627	2,280	15,484	1,293	13,598	987	1,886
New Jersey.....	57,406	258,060	5,643	27,171	11,971	72,055	5,957	60,870	6,014	11,185
New Mexico.....	19,876	116,046	3,630	18,598	4,870	32,534	2,621	27,056	2,249	5,478
New York.....	120,200	605,606	21,823	106,153	33,292	169,362	12,420	127,608	20,872	41,754
North Carolina.....	67,910	381,249	16,072	80,268	25,935	147,369	10,973	109,152	14,962	38,217
North Dakota.....	5,643	26,714	1,223	6,617	1,310	6,403	472	4,474	838	1,929
Ohio.....	86,622	413,130	16,304	87,721	22,929	121,952	8,892	89,708	14,037	32,244
Oklahoma.....	41,063	275,450	11,358	76,205	13,467	86,551	6,380	65,704	7,087	20,847
Oregon.....	29,774	171,528	5,744	31,976	6,518	43,524	3,304	34,152	3,214	9,372
Pennsylvania.....	97,914	476,406	17,608	84,990	29,026	148,040	11,189	111,597	17,837	36,443
Rhode Island.....	10,924	59,521	1,499	7,495	2,513	15,757	1,293	13,650	1,220	2,107
South Carolina.....	34,565	177,160	9,041	43,058	14,543	81,326	5,907	59,961	8,636	21,365
South Dakota.....	7,554	40,519	2,104	11,674	2,063	10,702	783	7,705	1,280	2,997
Tennessee.....	45,407	251,215	14,259	70,034	19,457	98,761	6,989	67,588	12,468	31,173
Texas.....	164,695	887,408	31,767	159,928	53,000	339,135	26,782	277,485	26,218	61,650
Utah.....	12,291	61,262	1,477	7,464	2,173	14,665	1,239	12,717	934	1,948
Vermont.....	4,936	29,817	984	4,676	1,239	7,359	596	6,146	643	1,213
Virginia.....	70,541	366,693	10,559	51,207	20,617	144,210	11,321	122,277	9,296	21,933
Washington.....	63,749	319,285	5,827	30,988	11,113	86,782	7,450	78,947	3,663	7,835
West Virginia.....	18,614	111,071	6,217	34,305	7,461	39,046	2,722	26,329	4,739	12,717
Wisconsin.....	38,931	199,227	6,898	36,030	8,351	45,253	3,564	35,577	4,787	9,676
Wyoming.....	4,682	24,436	666	3,176	750	5,061	444	4,345	306	716

Table 58 -- Employment: Full-time, Part-time, and Intermittent
by Facility Type

Facility Type	September 30, 1995	September 30, 1994
Total.....	263,904	262,432
Central Office.....	3,857	4,050
Field.....	260,047	258,382
Medical centers (separate).....	132,289	173,102
Domiciliaries and medical centers (1).....	76,469	60,535
Medical centers with 2 hospitals.....	14,677	--
Health care systems.....	11,733	--
Regional offices and area offices (2).....	10,855	11,182
Co-located regional office and medical centers (3).....	6,737	6,301
Co-located regional office and insurance centers.....	1,085	1,097
Independent outpatient clinics.....	1,075	1,271
Automation Center, Benefits Delivery Centers, Systems Development Center.....	1,118	1,010
National cemeteries.....	1,216	1,236
National Acquisition Center and Service and Distribution Center.....	170	259
Miscellaneous (4).....	2,623	2,389

(1) Includes independent domiciliary at White City, OR.

(2) Includes Manila, PI, independent outpatient clinic staffed by a regional office.

(3) Includes Honolulu, HI, and Anchorage, AK, independent outpatient clinics staffed by collocated regional office and medical centers.

(4) Includes National Cemetery Area Offices, Prosthetic Assessment Information Center, Prosthetic Distribution Center, Civilian Health and Medical Program of the Department Prosthetic Distribution Center, Civilian Health and Medical Program of the Department (CHAMPVA) and Medical Program of the Department Prosthetic Distribution Center, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Center, Austin Finance Center, Veterans Canteen Service Regional Offices, Veterans Canteen Service Central Office, Debt Management Center, Records Processing Center, Northern California System of Clinics, Income Verification Match Program, Consolidated Mail Verification Match Program, Consolidated Mail Outpatient Pharmacy, Service Outpatient Pharmacy, and Service Medical Records Center.

Table 59 -- Employment: Full-time, Part-time, and Intermittent
by Pay System

Pay System	September 30, 1995	September 30, 1994
Total.....	263,904	262,432
General Schedule/Merit Pay.....	144,568	145,162
Title 38 (excludes canteen).....	80,489	78,527
Wage system.....	34,621	34,406
Canteen.....	3,293	3,321
Non-U.S. Citizens--Manila.....	183	194
Senior Executive Service (SES).....	301	300
Others (1).....	449	522

(1) Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.

**Table 60 -- Employment: Gender and Veteran Preference
September 30, 1995**

<i>Veteran Preference</i>	<i>Total</i>	<i>Males</i>	<i>Males as a Percent of Total</i>	<i>Females</i>	<i>Females as a Percent of Total</i>
Total.....	263,904	119,924	45.4	143,980	54.6
With preference (1).....	68,443	60,244	88.0	8,199	12.0
Without preference.....	195,461	59,680	30.5	135,781	69.5

(1) Includes mother, spouse, and widow or widower of veteran.

**Table 61 -- Employment: Minority Groups by Grade
Full-time and Part-time with Permanent Appointments
September 30, 1995**

<i>Grade or Supervisory Level</i>	<i>Total Employment (1)</i>	<i>Percentage of Total Employment</i>				
		<i>Total Minority Employment</i>	<i>African- American</i>	<i>Hispanic</i>	<i>Asian or Pacific Islander</i>	<i>American Indian or Alaskan Native</i>
All pay plans--total.....	222,157	34.8	24.1	5.5	4.4	0.8
GS/GM and equivalent.....	150,294	33.4	23.3	5.4	4.0	0.8
GS-1 through GS-4.....	21,436	48.2	38.6	6.4	2.2	0.9
GS-5 through GS-8.....	65,042	39.7	30.6	5.8	2.3	1.0
GS-9 through GS-12.....	41,062	23.5	13.8	4.8	4.3	0.6
GS/GM-13 through GS/GM-15.....	22,738	19.5	5.0	4.1	9.9	0.4
GS/GM-16 through GS/GM-18.....	16	18.8	0.0	0.0	12.5	6.3
Other pay systems (2).....	38,109	27.9	14.0	5.2	8.2	0.5
Wage system.....	33,754	48.5	39.2	6.7	1.7	1.0
Non-supervisory.....	30,211	49.0	39.4	6.8	1.8	1.0
Leader.....	650	47.1	39.2	5.7	1.7	0.5
Supervisory.....	2,893	43.9	36.5	5.9	0.9	0.6

(1) Excludes Philippine nationals at Manila.

(2) Includes Senior Executive Service, statutory pay plans, veterans canteen officers, assistant canteen officers, non-medical directors, nurses, and nurse anesthetists.

NOTE: Percentages may not add due to rounding.

**Table 62 -- Employment of Women by Pay Category--Full-time, Part-time, and Intermittent
September 30, 1995**

Pay Category	Total Employment	Women	
		Number	Percent
Total--all pay categories.....	263,904	143,980	54.6
GS/GM--total.....	144,568	87,442	60.5
GS-1 through GS-6.....	78,929	54,799	69.4
GS-7 through GS-12.....	55,914	29,856	53.4
GS/GM-13 and above.....	9,725	2,787	28.7
Title 38 (excludes canteen).....	80,490	46,850	58.2
Wage system.....	34,620	7,145	20.6
Canteen.....	3,293	2,387	72.5
Non-U.S. Citizens--Manila.....	183	97	53.0
Senior Executive Service.....	301	33	11.0
Other (1).....	449	26	5.8

(1) Includes purchase and hire, executive pay, hospital administration residents, and experts/consultants.

**Table 63 -- Employment of Handicapped Individuals with Targeted Disabilities by Pay Category
Full-time, Part-time, and Intermittent with Permanent Appointments -- September 30, 1995**

Pay Category	Total Employment ⁽¹⁾	Handicapped Individuals with Targeted Disabilities	
		Number	Percent
All pay categories--total.....	223,126	4,101	1.8
White collar--total.....	190,177	2,952	1.6
GS-1 through GS-4.....	21,499	866	4.0
GS-5 through GS-8.....	65,170	948	1.5
GS-9 through GS-11.....	31,545	559	1.8
GS-12 through GS/GM 13.....	15,278	280	1.8
GS/GM-14 through GS/GM-15.....	2,769	30	1.1
SES.....	301	3	1.0
Other (2).....	53,615	266	0.5
Wage system--total.....	32,949	1,149	3.5
WG-1 through WG-3.....	16,580	898	5.4
WG-4 through WG-6.....	4,743	84	1.8
WG-7 through WG-9.....	2,909	51	1.8
WG-10 through WG-12.....	4,012	40	1.0
WG-13 through WG-15.....	0	0	--
Other (3).....	4,705	76	1.6

(1) Excludes Philippine nationals in Manila.

(2) Includes Title 38, executive pay, senior level (formerly GS 16-18 and equivalent), hospital administration residents and expert/consultants.

(3) Includes leaders and supervisory personnel as well as purchase and hires.



Introduction



The Veteran



Health Care



Veterans Benefits



Cemeteries and Memorials



Administration and Management



Statistical Appendix