



Annual Report

of the Secretary of Veterans Affairs

Fiscal Year 1998

Annual Report, FY 1998

Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives, I submit this report on the activities of the Department of Veterans Affairs for the fiscal year ending September 30, 1998, as required by 38 U.S.C. § 529.

This Annual Report documents many achievements that contribute to the attainment of the goals and objectives set in the VA Strategic Plan for FY 1998. During the past fiscal year, VA launched a new healthcare eligibility system founded on the concept of "enrollment priority" where service-connected veterans are enrolled at the highest priority levels. More than three million veterans enrolled in the VA healthcare system in FY 1998.



The Veterans Benefits Administration adopted the Balanced Scorecard as a unified system of performance measurement and reporting. The Scorecard tracks achievement of strategic objectives along five dimensions: accuracy, customer satisfaction, employee development, speed/timeliness, and unit cost.

The time period during which VA will provide disability compensation payments to Gulf War veterans with undiagnosed illnesses was extended through December 31, 2001. Concerned with the special needs of Gulf War veterans, VA established environmental research centers at three VA medical centers and participates in the Federal research commitment of \$115 million and 121 projects on Gulf War veterans' health issues.

VA made great strides in adapting to the needs of our diverse population of patients. Since the establishment of the Center for Women Veterans, VA established eight comprehensive women veterans' health centers, a national counseling program for sexual trauma victims, as well as many other programs ranging from mammography screening to post-traumatic stress disorder treatment specific to women veterans.

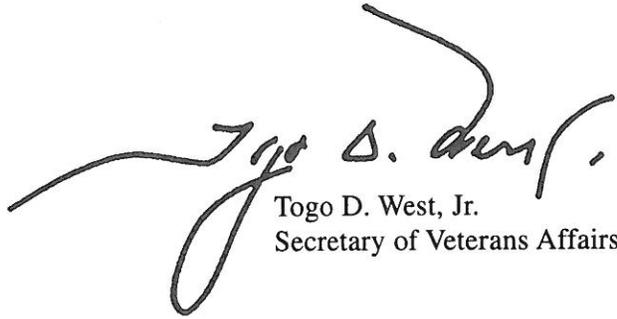
VA is also addressing the growing challenges of the veteran homeless population which is reported to constitute a third of America's total homeless population. VA devoted nearly \$100 million to grant programs, healthcare, and benefits aimed at housing and returning 225,000 homeless veterans to good health and stable employment.

During FY 1998, interment operations began at the new Tahoma National Cemetery located in the State of Washington, and a new state veterans cemetery opened in Boscawen, New Hampshire. The opening of these two new veterans cemeteries increased by more than a half million the number of veterans served by a burial option located within a reasonable distance of their homes.

In this report, we strive to show how VA is making progress towards achieving the outcome-defined goals we have committed to in our Strategic Plan. This requires accurate, reliable, and meaningful information describing how our programs are currently planned, financed, and managed. We made substantial progress in revising the

statistical tables included in the appendix of this report to ensure that they are based on such high-quality data. To ease the transition from previous Annual Reports, we provided "crosswalk" tables at the beginning of the statistical appendix that permit the reader to understand how FY 1997 statistical tables map into FY 1998 tables. Also, summary trend information was added in the footnotes of each table.

Recognizing the Government Performance and Results Act reporting requirements and other information needs, VA, together with our stakeholders, will systematically examine the complete array of performance measurement-oriented reports we now submit to Congress and will seek to streamline and improve the process during FY 1999.



Togo D. West, Jr.
Secretary of Veterans Affairs

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Major VA Accomplishments in FY 1998

Health Care

VA health care has been transforming from an acute care, hospital-based system to a preventive care, ambulatory system. Of approximately 1,100 sites where VA health care is delivered to veterans, more than 600 are ambulatory and community-based clinics.

As a result of the transformation of VA health care, in FY 1998 the number of patients treated increased by more than 20 percent, inpatient bed days of care decreased by more than 60 percent, and outpatient visits rose by more than 35 percent. At the same time, staffing decreased by 11 percent.

VA launched a new healthcare eligibility system founded on the concept of "enrollment priority" where service-connected veterans are enrolled at the highest priority levels. This resulted in VA providing easier access to a broad array of health services, and particularly outpatient care services, at VA facilities throughout the United States and Puerto Rico. More than three million veterans enrolled in the VA healthcare system in FY 1998.

With about 36 percent of the total veteran population over 65 years old compared to 13 percent of the general population, long-term care is a critical issue for America's veterans. VA is intensifying its planning of providing long-term care in non-institutional settings. In the meantime, all currently available long-term care beds remain open to serve veterans.

The period during which VA will provide disability compensation payments to Gulf War veterans with undiagnosed illnesses was extended through December 31, 2001. Concerned with the special needs of Gulf War veterans, VA established environmental research centers at three VA medical centers and participates in the Federal research commitment of \$115 million and 121 projects on Gulf War veterans' health issues.

Veterans Benefits

- Dependency and Indemnity Compensation (DIC) benefits were restored to certain spouses of deceased veterans. Affected are spouses who lost survivor benefits when they remarried but who are no longer married.
- The Montgomery GI Bill education assistance benefits were increased by 20 percent. Also, there were increases for specially adapted housing, automobiles, adaptive equipment, and aid and attendance rates for veterans eligible for pension benefits.
- In the past, the key performance measure used in the Veterans Benefits Administration, and particularly in the disability compensation program, was timeliness. Now, the Veterans Benefits Administration's *Balanced Scorecard* tracks achievement of strategic objectives along five dimensions: accuracy, customer satisfaction, employee development, speed/timeliness, and unit cost. The *Scorecard* provides VBA with a unified system of performance measurement and reporting.

Cemeteries and Memorials

- During FY 1998, approximately 550,000 veterans died, more than 1,500 each day. The National Cemetery Administration (NCA) estimates that the annual number of veteran deaths will climb for the next decade, with the number of interments in VA national cemeteries increasing to more than 110,000 by the year 2008.
- The State Cemetery Grants program allows VA to fund construction of state veterans cemeteries that complement VA national cemeteries. In FY 1998, grants totaling more than \$6 million were awarded.
- In FY 1998, The National Defense Authorization Act for FY 1999 (P.L. 105-261)

required the Secretaries of Defense and Veterans Affairs to hold a Military Funeral

- Honors Executive Roundtable to examine options and identify methods of improving the availability of military honors funerals of veterans. DoD will provide a report to Congress not later than March 31, 1999. In preparation for the roundtable, VA and DoD conducted focus groups with members of veterans service organizations to elicit their views about appropriate military honors.

The Veteran

In this section of the Annual Report, veteran population and sociodemographic data on veterans from VA administrative record files and systems are presented and discussed. In addition, various data on the characteristics of veterans in relation to nonveterans are also presented. The data comparing veterans and nonveterans were 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. However, CPS population estimates may differ from official VA veteran population estimates because the two sources of estimates are subject to different kinds of statistical error. Also, in the following, the veteran population base may differ from one subsection to another due to different reference periods (i.e., fiscal year or calendar year) for the data described.

Summary

Beginning with our Nation's struggle for freedom two centuries ago, approximately 42 million men and women 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 veterans alone representing nearly 40 percent of all American war participants. As of July 1, 1998, an estimated 25.2 million veterans were living in the United States and the Commonwealth of Puerto Rico; 9.3 million of these veterans served during at least one wartime period. (See Statistical Appendix, Table 1.)

Number of Veterans and Periods of Service

The veteran population continued to decline in numbers in the last year because of the large number of veteran deaths (552,000 between July 1, 1997, and July 1, 1998). World War II veterans, the second largest segment of the veteran population at 6.7 million, dominated the deaths of veterans (376,000). The Vietnam era with 8.2 million living veterans is the largest period of service-defined subpopulation representing 32 percent of all veterans.

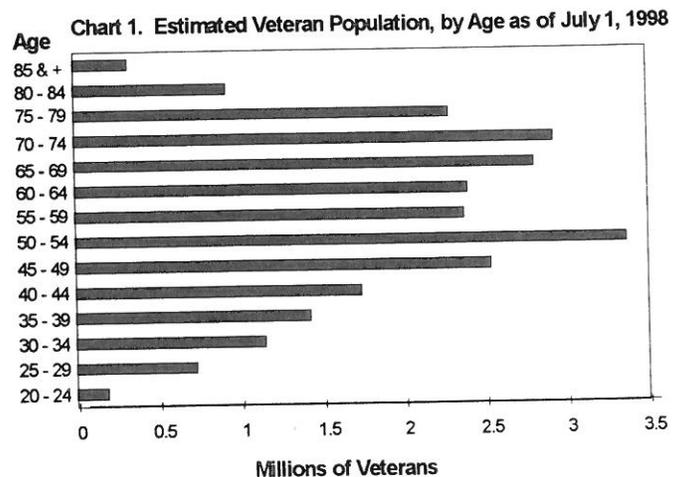
Two other major conflicts and the Gulf War contributed to the total count of United States wartime veterans. Living Korean conflict participants totaled 4.2 million, Gulf War veterans numbered 2.0 million, and World War I veterans numbered 5,000 as of July 1, 1998.

Approximately 5.9 million veterans 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 (3.0 million).

Age of Veterans

As of July 1, 1998, the median age of all living veterans was 57.0 years. Veterans under 45 years of age constituted 21 percent of the total, while those aged 45 to 64 represented 42 percent. Veterans 65 years old and older accounted for 37 percent of the overall veteran count. (See Statistical Appendix, Table 2.)

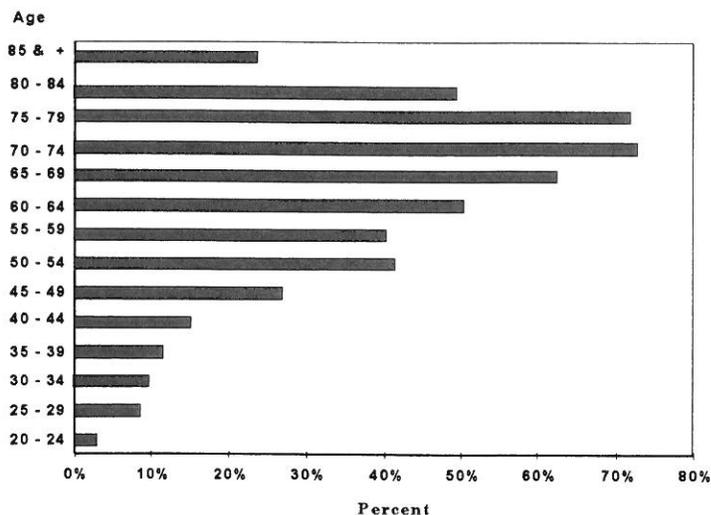
The age distribution of the veteran population by five-year age groups is shown in Chart 1. The distribution is bimodal, with the greatest numbers occurring for the 50- to 54- and 70- to 74-year age groups, respectively. The 50- to 54-year age group is composed primarily of older Vietnam era and post-Korean Conflict veterans, while the 70- to 74-year age group is composed primarily of younger World War II veterans. (See Chart 1.)



Source: Appendix, Table 1

Approximately 26 percent of all civilian males 20 years old and older were veterans as of March 1998. This percentage varied by age, as shown in Chart 2. The chart shows, for example, that 73 percent of all males age 70 to 74, 41 percent of all males age 50 to 54, and 24 percent of all males age 85 or over as of March 1998 were veterans. The fact that Chart 2 is skewed towards the highest age groups evidences an “age-wave,” which is one of the consequences of the aging veteran population. When compared to U.S. males in general, male veterans are increasingly more elderly with greater frequency percentages in the oldest age groups. This is true even as the total number of male veterans is continuing a long decline relative to the total number of U.S. males. (See, e.g., footnotes to Table 1.) The veteran “age-wave” is expected to continue for some time into the future so that by the year 2010 veterans will comprise some 66 percent of all males age 85 or over. (See Chart 2.)

Chart 2. Male Veterans as a Percent of the Male Civilian Population, by Age as of March 1998



Source: March 1998 Current Population Survey

Female Veterans

The female veteran population of 1.2 million constituted 4.9 percent of all veterans living in the United States and Puerto Rico on July 1, 1998. Female veterans as a percent of all veterans is expected to increase since the number of former military servicewomen continues to increase, although at a slower pace than 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 (44.6) is about 12 years younger than the median age for male

veterans (57.0). The growing involvement of women in the military in recent years is reflected in period-of-service differences between male and female veterans. Approximately 50 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 Gulf War, in contrast to only about 20 percent of male veterans. (See Statistical Appendix, Table 2.)

State of Residence

Veterans in just three states—California, Florida, and Texas—comprised nearly one-quarter of the 25.2 million total veterans living in the United States and Puerto Rico as of July 1, 1998. California, the most populous state, accounted for about 11 percent of the total veteran population. Florida and Texas accounted for about 7 percent and 6 percent of the total veteran population, respectively. Adding in the next three largest states in terms of veteran population—New York, Pennsylvania, and Ohio—it is observed that just six states accounted for nearly two-fifths (39 percent) of the total veteran population in 1998.

At the other end of the scale, the three least populous states in terms of veteran population were Wyoming, the District of Columbia, and North Dakota, with the three combined accounting for only about 0.6 percent of the total. (See Statistical Appendix, Table 3.)

Education

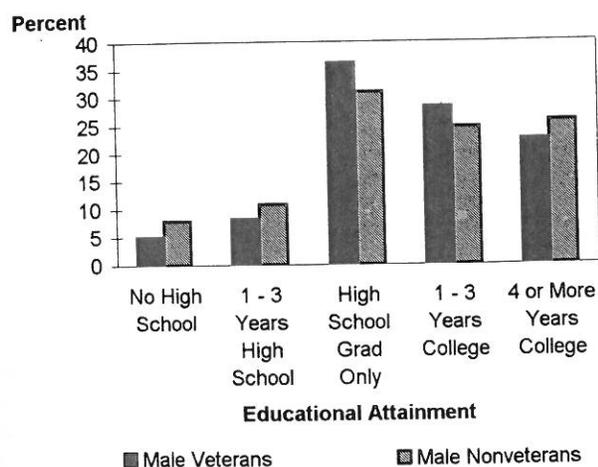
Education plays a critical role in the social and economic achievements of individuals. In 1998, as was the case in 1997, significant differences exist between male veterans and nonveterans in their highest level of education attained. Thirteen percent of male veterans aged 20 or older had not graduated from high school, compared with 19 percent of male nonveterans. A higher proportion of male veterans than nonveterans had either completed high school and not attended college (36 percent vs. 31 percent) or completed one to three years of college (28 percent vs. 25 percent). Male nonveterans, however, were more likely than male veterans to have completed 4 or more years of college (26 percent vs. 22 percent). About the same percentage of male veterans as nonveterans had at least some college education (51 percent and 50 percent, respectively). (See Chart 3.)

The pattern described above is also generally observed for male Vietnam era veterans and nonveterans aged 40 to 54, and male post-Vietnam era veterans and nonveterans aged 20 to 39.

However, since income and education tend to be correlated, it is worth noting that a higher proportion of male Vietnam era veterans than nonveterans had at least some college (59 percent vs. 56 percent). Also, among either male post-Vietnam era veterans aged 20 to 39 or their nonveteran counterparts, about 52 percent had at least some college. (See Statistical Appendix, Table 4.)

Female veterans fair much better than either male veterans or their female nonveteran counterparts in terms of educational attainment. Among female veterans, some 66 percent attained at least some college education, while among male veterans the figure is 51 percent and among female nonveterans it is 48 percent. Among female Vietnam era veterans age 40 to 54, some 73 percent have at least some college education, while among their male veteran counterparts the figure is 59 percent and among female nonveterans age 40 to 54 it is 53 percent. About 67 percent of female post-Vietnam era veterans age 20 to 39 have at least some college education, while among male post-Vietnam era

Chart 3. Educational Attainment, Male Veterans and Nonveterans, Age 20 or Over, 1998



Source: March 1998 Current Population Survey

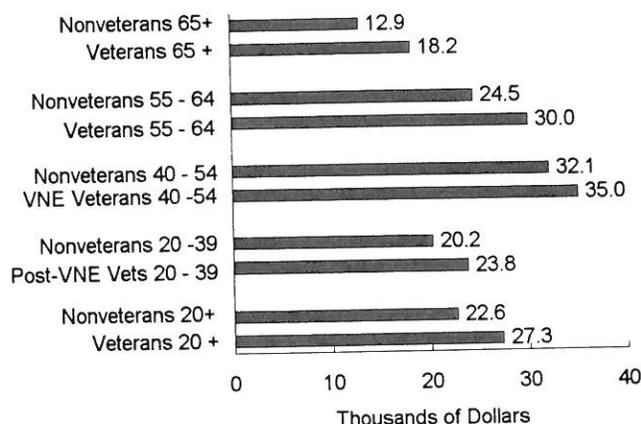
veterans the figure is 52 percent and among female nonveterans age 20 to 39 it is 57 percent. (See Statistical Appendix, Table 4.)

Personal Income

In general, personal income was higher for male veterans than male nonveterans due to differences in their age, and, in part, to differences in education, job skills and training. The median income of \$27,264 for veterans aged 20 or older was 10 percent higher than the median income of \$22,555 for nonveterans

20 or older. For all the groups shown in Chart 4, the median income of \$35,025 for Vietnam era veterans aged 40 to 54 years was the highest, 9 percent more than their nonveteran age counterparts (\$32,140). Similarly, the youngest veterans 20 to 39 years of age, i.e., post-Vietnam era veterans, had a median income 18 percent higher than the median income of nonveterans of similar ages, \$23,817 for post-Vietnam era veterans compared to \$20,210 for nonveterans. The median income of veterans aged 55 to 64 was 22 percent higher than the median income of nonveterans of that age group, \$30,001 for veterans compared to \$24,549 for nonveterans. Similarly, the median income of \$18,200 of veterans

Chart 4. Median Personal Income (1997) of Male Veterans and Nonveterans by Age Groups, March 1998



Source: March 1998 Current Population Survey

aged 65 or older was 41 percent greater than the median income of \$12,937 for nonveterans. (See Chart 4.)

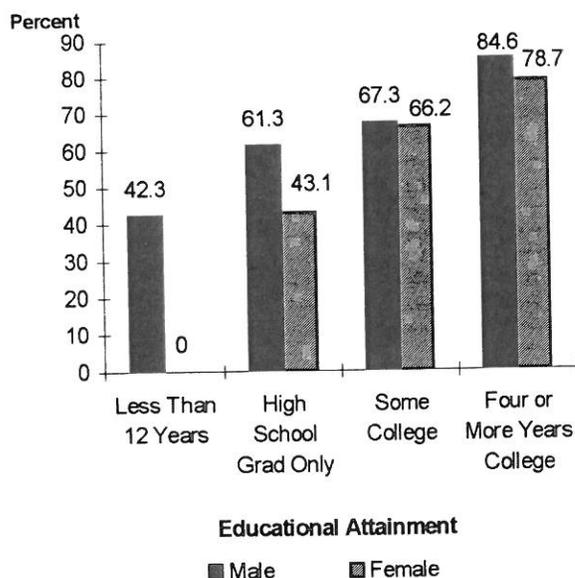
Family Income, Sex, Educational Attainment, Age, and Veteran Status

For some veterans, total family income is one of the components of eligibility for VA healthcare benefits. Not subject to a financial assessment are former POWs, Mexican Border period veterans, and World War I veterans. Other veterans who are not service-connected or zero percent service-connected and not receiving monetary benefits are required to complete a financial assessment. The income (and asset wealth) of the veteran, his/her spouse, and dependents are considered in making a "means test" eligibility assessment. Subsequent to the assessment, the veteran will fall into one of the seven priority groups for VA care.

In order to see how veterans and nonveterans compare in regard to total family income, Tables 5A

and 5B show distributions of total family income for the non-institutionalized U.S. population by sex, age, educational attainment, and veteran status. The data show, for example, that among males, and when holding age and veteran status constant, education is positively correlated with total family income. This is also true for females, although females are somewhat less likely than males to report total family incomes in the "\$40K or more" category. In addition, for male veterans, it is found that veteran status is positively correlated with income at the lower levels of educational attainment, although this correlation is missing at higher educational attainments and the correlation weakens with age. For females, this correlation is not found at all, possibly due to small cell sizes after cross-classification in multiple dimensions. (See Statistical Appendix, Tables 5A, 5B.)

Chart 5. Male and Female Veterans Age 40 - 54, With Total Family Incomes of \$40,000 or More, By Educational Attainment, 1998



Source: March 1998 Current Population Survey
 Note: The 40- 54-year age group represents approximate peak earning years.

Male and female veterans age 40 to 54 who reported \$40,000 or more in total family income for 1997 are compared in Chart 5. The 40- to 54-year age group represents approximate peak earnings years. The chart clearly shows the advantage of higher educational attainment in relation to higher income. (Note that there are no female veterans in the "Less Than Twelve Years" category.) (See Chart 5.)

Labor Force

About 14.7 million veterans aged 20 or over, representing 59 percent of the non-institutionalized veteran population, were in the labor force in FY 1998. The corresponding nonveteran labor force participation was 70 percent, some 11 percentage points higher. 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. In particular, about 95 percent of veterans are male, and the proportion of males beyond retirement age is higher for veterans than for nonveterans.

Among male veterans aged 20 years or older, about 13.8 million, or 59 percent of the male veteran population, were in the labor force in FY 1998. This is in sharp contrast to the 83 percent labor force participation rate of their male nonveteran counterparts. The difference in the overall participation rate between male veterans and nonveterans reflects the higher proportion of veterans in their retirement years, 65 or 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, labor force participation rates were more comparable in magnitude, ranging from 90 to 95 percent.

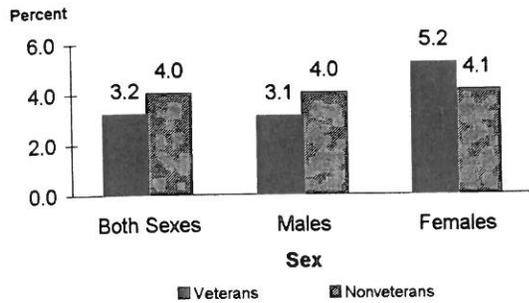
The female veteran labor force of 863,000 is only about one-and-one-half percent of the size of the civilian nonveteran female labor force aged 20 or older. The labor force participation rate of female veterans (62 percent) was slightly higher than the participation rate of female nonveterans (60 percent). In the 20- to 39- and the 40- to 54-year age groups, the percentage of female veterans in the labor force was also higher than that of their female nonveteran counterparts. (See Statistical Appendix, Table 6.)

Unemployment

The unemployment rate of 3.2 percent among veteran aged 20 or older, both sexes, was lower than the 4.0 percent rate for their nonveteran counterparts. The unemployment rate of 3.1 percent for male veterans aged 20 or older was almost one percentage point lower than the rate for their male nonveteran counterparts. Among the younger males 20 to 39 years of age, the unemployment rate was lower for post-Vietnam veterans (3.9 percent) than nonveterans (4.7 percent). Older male veterans in the labor force also had lower unemployment rates than their nonveteran counterparts. The unemployment rates of male Vietnam era veterans aged 40 to 54 (2.9 percent) and

all male veterans 55 to 64 years of age (2.7 percent) were lower than the unemployment rates among male nonveterans aged 40 to 54 (3.0 percent) and male nonveterans 55 to 64 years of age (2.9 percent).

Chart 6. Unemployment Rates for Veterans and Nonveterans by Veteran Status and Sex, Oct. 1, 1997 - Sept. 30, 1998



Source: Current Population Survey
Note: Rates are average quarterly rates

Female veterans 20 or older experienced a higher rate of unemployment than their nonveteran counterparts, 5.2 percent compared to 4.1 percent. Among females aged 20 to 39 and 40 to 54, veterans again had higher unemployment rates than nonveterans. (See Statistical Appendix, Table 6, and Chart 6.)

And finally, below are data describing a subgroup of the veteran population, Gulf War veterans. Data are from VA and DoD administrative data files.

Gulf War Veterans

VA and DoD worked cooperatively during FY 1998 to improve VA's ability to accurately account for Gulf War veterans and VA services provided to them. Working with the Defense Manpower Data Center, VA developed the Gulf War Veterans Information System (GWVIS), a centralized database containing official VA statistics on the use of VA benefits and services by Gulf War veterans.

Some of the key information contained in GWVIS is shown in Table 1.

Table 1. Characteristics of Gulf War Veteran Groups

Gulf War Veteran Group ⁽¹⁾	Era ⁽⁴⁾	Theatre ⁽³⁾	Conflict ⁽²⁾
Service members	3,893,305	1,123,808	696,619
Veterans (estimate)	3,342,253	807,214	568,315
Claims Filed	739,460	224,787	176,875
Claims granted (to date)	568,844	158,794	125,137
Veterans with undiagnosed service-connected (SC) conditions	2,736	2,722	2,629
Potentially exposed Kamisiyah veterans with SC conditions	-	-	99,719
Al Jubayl veterans with SC conditions	1,345	1,343	22,304
Veterans receiving inpatient care	78,724	26,469	1,343
Veterans receiving outpatient care	774,489	279,129	223
			22,978
			226,530

- (1) All information is taken from the GWVIS, as updated on November 1, 1998.
- (2) CONFLICT: Gulf War conflict data count include persons who are currently veterans and separated from the military on or after August 2, 1990, and who served in the Gulf War theatre of operations between August 2, 1990, and July 31, 1991.
- (3) THEATRE: Gulf War conflict veterans are a subset of the larger population of Gulf War theatre veterans. Gulf War theatre veterans are persons who are currently veterans, separated on or after August 2, 1990, and served in the Gulf War theatre of operations any time on or after August 2, 1990.
- (4) ERA: Gulf War theatre veterans are a subset of the still larger Gulf War era veteran population. Gulf War era veterans are veterans who separated from the service on or after August 2, 1990, and may or may not have served in the Gulf War theatre of operations.

Veterans Health Care

VHA Mission

The Veterans Health Administration (VHA) ensures that the healthcare needs of America's veterans are served by providing primary care, specialized care, and related medical and social support services. VA's healthcare education and training programs help to assure an adequate supply of clinical care providers for veterans and the Nation. The research program contributes to the Nation's knowledge about disease and disability. The integration of the VA healthcare system is focused on maximizing the health of our veteran patients. VHA strives for healthcare value, for excellence in customer service and education, and for accountability to veterans, veterans' advocates, and the American taxpayer.

Honor, Care and Compensate Veterans in Recognition of Their Sacrifices for America

Healthcare and Support Service

Eligibility Reform

- Legislation enacted in October 1996 to reform eligibility reinforces sweeping and fundamental changes in how the Department of Veterans Affairs provides health care. Under Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, veteran eligibility is no longer focused on separate eligibility for inpatient care or limited outpatient care. The new law requires VA to manage the provision of healthcare services through an annual enrollment system. Once enrolled, the veteran will have access to a comprehensive range of healthcare services, including preventive care and outpatient services, as well as care for nonservice-connected disabilities.
- FY 1998 saw the implementation of many system policies, business operations, and the wide dissemination of information about these changes to veterans. FY 1998 also saw a pilot of an enrollment system whereby VA enrolls

veterans according to seven priority categories with the highest priority given to those with service-connected conditions. A new, simple, one-page application form, VA Form 10-10 EZ, maybe completed at any VA location at any time. Approximately 3.5 million applications for enrollment were received and processed during FY 1998. Official enrollment began on October 1, 1998.

- VA undertook nationwide information initiatives to inform veterans about eligibility reform. Among these was a toll-free telephone number (1-877-222-VEETS) that handled over 100 thousand calls as of September 30, 1998.
- During FY 1998, many healthcare organization and delivery changes took place within the system. Eligibility reform helped enable the Veterans Health Administration to change its "hospital" system to a "healthcare" system, where health is now primarily a local, outpatient activity. VA health care is orienting itself to be more population-directed and health-promoting. The emphasis is now being placed on the care that the enrolled veteran needs, rather than the care that he or she might have been eligible for in the past. Preventive services have increased, as have appropriate use of outpatient settings for providing prosthetic devices, orthotics, and restorations—special provisions of the law. VA developed a comprehensive uniform benefits package in FY 1998. Veterans are assured that these comprehensive health services will be "portable" in that they will be available in any of the 22 Veterans Integrated Service Networks (VISNs).

Health Care Resources Sharing Authority

- VA saw significant increases in the use of the Health Care Resources Sharing Authority when the program was expanded in 1996 by Public Law 104-262, the same statute that reformed VA healthcare eligibility. Included in the definition of a healthcare resource is any service needed to operate the VA healthcare system, as well as the use of space or

equipment. Potential partners to these agreements include health insurers or plans, local and state governments, or any entity or individual.

VA used this authority to increase purchasing of healthcare resources by 77 percent, for a total of more than \$142.5 million in resources purchased. Much of this increase is attributable to the opening of many new Community Based Outpatient Clinics.

In order to maximize the effective use of available resources, this authority also allows VA to sell the use of space, equipment, or services to partners in the community. Any revenue generated from these kinds of agreements is retained by the local medical center and is used to enhance services to eligible veterans. This program generated more than \$31 million (an increase of 87 percent over the prior year), all of which went back to veterans' medical care. VA headquarters program staff reviewed and approved almost 400 concepts proposed by medical centers in FY 1998 for the sale of healthcare resources.

Sharing Agreement Authority

VA provides health services to Department of Defense (DoD) beneficiaries under two programs: VA/DoD Sharing and VA/TRICARE (through DoD's TRICARE managed care support contractors). Revenue generated from these programs is retained at the facility providing the service and is used to improve health care for veterans.

- **VA/DoD Sharing:** VA healthcare facilities provide, purchase, and exchange health services directly with the military. Some 150 VA medical centers have sharing agreements in which patients are referred to the other agency's facilities for health services. VA and the military services now have over 1,000 sharing agreements for more than 7,500 health services. VA and the military operate five joint venture hospitals. These sites are at Anchorage, AK; Albuquerque, NM; El Paso, TX; Las Vegas, NV; and Lawton, OK. Three other sites (Honolulu, HI; Fairfield, CA; and Key West, FL) are at various stages of construction.
- **VA/TRICARE:** VA healthcare facilities provide care to DoD beneficiaries through DoD's managed care program. Some 136 VA medical centers now participate in TRICARE provider networks established by DoD managed care support contractors. VA healthcare facilities provide a broad array of services to DoD retirees and dependents of active duty service members.

Medicare Reimbursement

- VA continues to pursue legislation permitting it to become a Medicare provider. VA and the Department of Health and Human Services have updated the Memorandum of Agreement (MOA) signed in 1996 and anticipate a revised MOA being signed in 1999. VA is working with the appropriate Congressional committees on this initiative and hopes to receive authorization through new legislation to become a Medicare provider in the near future.

Medical Care Services

Workload and Cost

- Acute bed days of care per 1,000 unique users dropped 25 percent from FY 1997. ("Unique users" are users uniquely defined by their social security number (SSN).) The FY 1998 ratio of 1333/1000 SSN is a 61 percent reduction from the 3430/1000 SSN ratio of FY 1994 and is one-third lower than Health Care Financing Administration's FY 1997 ratio of 1998/1000 SSN for acute hospitalizations financed through Medicare.
- In FY 1998, total operating beds declined 14 percent from 52,706 beds to 45,303, a reduction of 7,403 beds, while occupancy rates rose from 78 percent to 88 percent from the previous fiscal year.
- The FY 1998 volume of outpatient procedures increased by 14 percent over FY 1997 for specified groups of procedures. For these procedures, variation in the percentage performed in an ambulatory care setting (rather than an inpatient setting) decreased across the system.

Access

- Over 150,000 additional Category A veterans (service-connected or low income) used VA services in FY 1998 for a total of 2,706,817 Category A unique users. The total population served by VA in FY 1998 increased to 3.26 million.
- The rate of 30-day follow-up after hospitalization for mental illness was 72 percent in FY 1998. The 1997 national average for private sector HMOs reported by the National Committee for Quality Assurance (NCQA) was 67 percent.

Technical Quality

- In FY 1998, immunizations for pneumococcal disease (73 percent) and influenza (71 percent) exceeded the U.S. goal of 60 percent established in the publication *Healthy People 2000* by 13 percent and 11 percent, respectively.
- Breast and cervical cancer screening rates (89 percent and 93 percent, respectively) exceeded 1997 NCQA national average performance of 71 percent for each, as well as the *Healthy People 2000* goals.
- Documentation of patient involvement in decision-making about prostate cancer screening (as recommended by the American College of Physicians) rose from 37 percent in FY 1997 to 63 percent in FY 1998. No private sector comparison is available.
- Counseling for tobacco consumption increased to 93 percent in FY 1998. The 1997 NCQA national average performance was 64 percent.
- Sixty-five percent of VA outpatients are now screened for alcohol abuse using a standardized instrument (typically the CAGE—a mnemonic that cues clinicians to ask specific questions about alcohol consumption). FY 1997 baseline performance was 40 percent. No private sector comparison is available.
- VA rates of aspirin administration (95 percent) and beta-blocker administration (93 percent) for ischemic heart disease continue to exceed the 1997 private sector performance of 78 percent (Health Care Financing Administration's Cooperative Cardiovascular Project) and 74 percent (NCQA), respectively.
- Counseling about lifestyle issues of nutrition and activity is now documented for 88 percent and 89 percent of patients, respectively, with hypertension, and for 92 percent and 89 percent of patients with obesity. No private sector comparison is available. The *Healthy People 2000* goal is 100 percent for both.
- VA's 73 percent rate of retinal eye exams for diabetics exceeded the 1997 NCQA national average of 39 percent. Ninety-one percent of diabetics have an annual Hemoglobin A1c. Sensory examinations of feet increased to 78 percent. No private sector comparison is available.
- Ninety-one percent of patients with incurable, end-stage illness now have a comprehensive plan to manage palliative care detailed in their

medical record compared with 67 percent in FY 1997. No private sector comparison is available.

Sickle Cell Anemia

- VHA continues to support Sickle Cell Anemia care, including counseling and teaching. Testing is available in all VHA facilities, either locally or at special hematology reference laboratories. The last survey indicated that during FY 1997, more than 20,216 patients were tested; 2,734 educational sessions were held for 29,250 patients, family members, and visitors; and 2,434 patients were counseled.

Pharmacy

- The Consolidated Mail Outpatient Pharmacy (CMOP) located at Charleston, SC, became operational in FY 1998, making a total of seven operational sites. The other CMOPs are located at Bedford, MA; Dallas, TX; Leavenworth, KS; West Los Angeles, CA; Hines, IL; and Murfreesboro, TN. The CMOP sites support 171 medical centers and fill over 800,000 prescriptions weekly. The automated service has improved customer service by dramatically cutting turnaround time for prescriptions and reducing overall operating expense.
- In FY 1997, VHA established a National Drug Formulary. The Formulary enhances equal access to pharmaceuticals for veterans regardless of where they might live in the United States. As a result of the National Formulary, national contracting for selected pharmaceuticals results in an annual cost avoidance of \$200 million. In addition, eight drug treatment guidelines were developed and issued to VA medical centers to support the effort to achieve the appropriate use of pharmaceuticals in the veteran patient population.

Health Administration Center, Denver, CO

- In addition to administering the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), the Health Administration Center oversees several other VA healthcare programs, including the Foreign Medical Program, the Gulf Examination Program for dependents, and the Spina Bifida Health Benefits Program.
- The Health Administration Center, in conjunction with the Veterans Integrated

Service Network 19, completed the first year of the Non-VA Provided Care Pilot Project. This project was established to test improved management of non-VA provided healthcare services, improved collection of both clinical and fiscal data, and increased efficiencies through centralization of medical payment activities. The standardized and detailed clinical and fiscal information collected at the unique veteran and provider level has helped managers track care and services provided outside the VA. Managers are now better able to plan for future services that can be provided economically within their networks and for contracting opportunities that exist outside of VA.

- Under the CHAMPVA In-House Treatment Initiative (CITI), \$9.7 million were reprogrammed to VA healthcare facilities which provided medical care to CHAMPVA beneficiaries in FY 1998. Now in its seventh year, the CITI program generated over \$28.2 million in revenue for participating VA healthcare facilities.

Medical Care Collections Fund

- Since the creation of the Medical Care Collections Fund (MCCF), formerly Medical Care Cost Recovery (MCCR), the Revenue Program has consistently focused upon new opportunities to increase collections and improve operating efficiencies. Public Law 105-33, the Balanced Budget Act of 1997, established the Department of Veterans Affairs MCCF and required that amounts collected or recovered after June 30, 1997, be deposited in this fund. The enactment of Public Law 105-33, with the creation of the MCCF and the retention of recoveries by medical centers, provided a significant incentive to increase recoveries. VHA network and medical center directors are now responsible for the alternative revenue program at individual medical centers and are evaluating more efficient ways to bill and collect in order to enhance recoveries.

Medical Preparedness

- In 1998, the Emergency Management Strategic Health Care Group (EMSHG) coordinated VA assistance in response to three natural disasters—Hurricane Bonnie; during Hurricane Bonnie Del Rio, TX, floods; and Del Rio, TX, floods. During these disasters, VA provided emergency management personnel to assist the

Federal Emergency Management Agency (FEMA) and the U.S. Public Health Service (USPHS) with response efforts; VA deployed medical staff and emergency managers to assist with Federal response efforts; and VA provided emergency managers and medical staff to assist with Federal response efforts in Puerto Rico and Florida.

- VA continues to provide critical support to Federal efforts to respond to potential terrorist acts involving the use of weapons of mass destruction (WMD). In support of this effort, VA maintains a ready supply of special pharmaceuticals at strategic locations. In addition, EMSHG fulfills VA's responsibilities in coordinated Federal emergency support for special events such as the Nike Games in Portland, OR.

Medical Care Research

- A new program allows VA scientists to take novel approaches to studying biomedical problems common among veterans. The Research Enhancement Awards Program (REAP) supports multidisciplinary research, pilot studies, and training for young investigators. Thus far, 18 proposals were approved in research areas, including lung disease, bone disease, Parkinson's disease, heart disease and heart failure, kidney disease, gastrointestinal disorders, spinal cord injury, ulcer wound healing, cancer, multiple sclerosis, hepatitis C, Alzheimer's disease, and depression.
- Smoking is a major problem among veterans, contributing to a variety of related health problems. In studies of smokers trying to quit, researchers found that participants who took the drug mecamylamine orally and used a nicotine patch had a higher success rate than those using only the patch.
- VA researchers paved the way for brain tumor treatment with powerful drugs by pioneering methods to open the "blood-brain barrier." Using a sugar solution to temporarily shrink barrier cells and create spaces between them, researchers opened a "gate" for large-molecule drugs to treat brain tumors.
- A mutated form of the so-called "tau" gene causes a form of dementia characterized by tangles of long string-like filaments identical to those found in the brains of Alzheimer's patients. These findings point to tau as a potential target for new Alzheimer's disease treatments.

- Inserting a specific gene into heart cells triggers a robust increase in the chemical that drives the cells to beat harder. These findings open the possibility that the same approach can be used in people and translate to reduced symptoms and a much longer life. Researchers are conducting animal studies using the new approach.
- The VA is leading a \$20 million effort with the Department of Defense to conduct large-scale, multi-center trials of two potentially effective treatments for the undiagnosed illnesses reported by Gulf War veterans. One trial will test exercise and behavioral therapy in veterans suffering from fatigue, muscle and joint pain, and memory and thinking problems. The second study, based on a hypothesized infectious cause of symptoms, will assess the effectiveness of an antibiotic treatment.
- Advances in functional electrical stimulation (FES), which uses wire implants and electrical impulses to replace non-functioning nerves, are increasing the independence of paralyzed persons. An FES hand grasp neuro-prosthesis, developed by VA, provides users control through wrist movements. Tests are underway to determine if brain signals can control implants, allowing persons without voluntary wrist control to use the devices.
- The impact of visual impairment on aging veterans is known to be profound. A three-year study of blind rehabilitation outcomes is exploring the impact of blind rehabilitation on visually impaired veterans and is expected to help identify the best rehabilitation strategies for visually impaired veterans.

Medical Education

Primary Specialist Program

- The Primary Specialist Program consists of two companion programs, Access and Continuity in Education of Specialists (ACCESS), and the Psychiatry Residency Primary Care Education Program (PsyPCE). These residency experiences take advantage of contexts of patient care in VHA where medical subspecialties provide primary care for panels of patients with major health problems in their area of expertise. Over 50 percent of internal medicine sub-specialty, neurology, and psychiatry residents in VA are participating in this innovative program of primary care

delivery within their discipline's residency training program.

Project for Improved Care at the End-of-Life

- Through a generous grant from the Robert Wood Johnson Foundation, the Office of Academic Affiliations established the VA Faculty Leaders Project for Improved Care at the End-of-Life in collaboration with the Office of Patient Care Services. The purpose of the project is to develop benchmark curricula for end-of-life and palliative care and to integrate such curricula into internal medicine residency training programs affiliated with 30 medical schools throughout the Nation.

Management Strategies

Providing One-VA World Class Customer Service

Functional Status

- Eighty percent of substance abuse patients seen during FY 1998 underwent a standardized clinical baseline assessment using the Addiction Severity Index (ASI). The private sector benchmark is 50 percent.
- Ninety-one percent of the eligible substance abuse patients who had a baseline ASI administered in September 1997 were re-assessed during FY 1998 using the Follow-up ASI.

Accreditation

- Sixty VHA facilities were surveyed and accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1998. Of those, eight (13 percent) received Accreditation with Commendation. The average VA hospital accreditation score of 94 for 1998 exceeded the national average score of 92. In addition, VHA conducted a pilot project for first-time accreditation of Veterans Integrated Service Networks (VISNs). Four VISNs participated in the pilot project in 1998. By the end of 1998, a total of 22 VHA rehabilitation programs received accreditation by the Rehabilitation Accreditation Commission

(CARF) in the areas of Medical Rehabilitation, Behavioral Health, and Employment and Community Services.

National Initiative to Improve Care at the End-of-Life

VA is expanding its specialized expertise and using its nationwide network of resources and affiliations to lead the Nation in improving the quality of care provided to patients at the end-of-life. A national strategy summit was held in May 1998 for the purpose of developing a comprehensive, system-wide VA strategy for improving care for veterans at the end-of-life. A number of significant national initiatives were implemented as part of VA's overall strategy, including: (1) the VA Faculty Leadership Project for Improved Care at the End-of-Life; (2) the Network Directors' Performance Measure on Palliative Care; (3) the Alzheimer's CARE Project (Caregiver Assessment Regarding End-of-Life in Dementia); (4) a breakthrough, collaborative, jointly-sponsored, study with the Institute for Health Care Improvement and the Center to Improve Care of the Dying for improving care for patients approaching the end-of-life with advanced chronic obstructive pulmonary disease and congestive heart failure; and (5) the VA National Pain Management Strategy.

- In addition, VA is exploring ways to increase access to hospice care in a wider array of settings throughout the VA healthcare system. The overall goal is to assure that every veteran who is facing a terminal illness can count on the VA healthcare system to provide the kind of compassionate care that each one of us would want for ourselves and those we love.

Enhancing Our High-Performing Work Force

VA Learning University

- Consistent with private sector initiatives creating corporate universities for today's information age, VA established the VA Learning University (VALU). The VALU will function as a catalyst for Department-wide innovative learning opportunities that develop and sustain a high-performance and customer-focused VA work force. Under the leadership of the VALU Dean, this virtual university incorporates staff and resources of VA's Employee Education System. Partnerships with thousands of training professionals throughout the Department will help create a world-class education model to support life-long learning for VA's employees nationwide.

Educational Support on Eligibility Reform

- Working with the range of program officials and field representatives associated with eligibility reform initiatives, a comprehensive array of educational activities, products, and services were developed to train front-line employees quickly on the important eligibility changes.

Introduction of Learning Maps

- VA staff collaborated on development of an accelerated learning approach emphasizing organizational dialogue on strategic initiatives. This new and unique approach enabled employees to grasp the "big picture" of the forces that are reshaping our organization and the way we work. The Learning Map process is designed to be experienced by everyone in the organization, from the director to front-line employees, providing a shared learning experience for the entire organization. In FY 1998, topics included: *Our Changing Healthcare Environment, The Economics of Providing Care, Delivering Care, Our Journey of Change, and Becoming One-VA.*

TEMPO

- VHA continued the development and implementation of the Training and Education Management Program (TEMPO). TEMPO is a program that monitors the educational activities of VHA staff. A total of 14 VISNs with 76 sites have either fully, or almost fully, implemented TEMPO. Four major functional enhancements were made in FY 1998: (1) a linkage to facility PAID files for automatic updating of employee data; (2) the capability to track and report education costs; (3) full calculation and reporting of facility compliance levels with the performance measure on employee education; and (4) enhanced reporting capabilities in all areas. Plans are in place to add a VISN-level database by aggregating facility data. This consolidated database will provide the tools needed to manage education resources more effectively and efficiently at the VISN level.

Providing Maximum Return of Taxpayer Investment

Cost Accounting: The Decision Support System

- The Decision Support System is an executive information system designed to support both resource management and patient care by providing data on patterns of care, patient outcomes, resource consumption, and the costs

associated with healthcare processes. Medical centers completed the implementation of the DDS product by the end of FY 1998. Training users and senior management to use the system effectively is continuing. The intent of the senior management training is to emphasize an interdisciplinary team approach, integrating clinical and administrative cost accounting systems with facility and VISN senior leadership.

Cost Reduction Incentives in Veterans Equitable Resource Allocation

- On April 1, 1997, VHA implemented the Veterans Equitable Resource Allocation (VERA) system to allocate its then \$17 billion medical care budget to its 22 healthcare networks. VERA was developed because previous VHA funding allocation systems perpetuated funding inequities across the country that resulted in inefficient use of taxpayers' dollars and veterans not having equal access to health care.
- Based on the VERA model in 1997, VHA shifted \$500 million over several years from facilities that were relatively inefficient to facilities that were relatively efficient. Changing factors such as funding levels, workload, and VERA model revisions each year affect the amount of the shifts. Under the assumption that all factors would remain constant and each passing year would result in movement of resources, the equitable shift of resources across the country is expected to be complete in FY 2002. As a result, VHA is spending these funds more efficiently and veterans have more access to VHA health care.

Capital Policy: Improvement in Infrastructure and Construction

- In FY 1998, 17 contracts totaling \$164.8 million were awarded, including (1) cemetery projects at Albany, NY, Phoenix, AZ, Chicago, IL, Cleveland, OH, Dallas, TX, and the Florida National Cemetery; (2) an ambulatory care addition at Phoenix, AZ; (3) a psychiatric building at Perry Point, MD; (4) replacement psychiatric beds at Marion, IN; (5) relocation of medical school functions at Mountain Home, TN; and (6) an outpatient clinic at Brevard County, FL.
- The 20 projects completed in FY 1998 totaled \$443.7 million. These projects include (1) clinical additions at Ann Arbor, MI, Atlanta, GA, and Dallas, TX; (2) modernization of kitchen and satellite dining areas at St. Albans, NY; (3) ambulatory care additions at Columbia, MO, and Phoenix, AZ; (4) a research addition at Huntington, WV; (5) renovation of clinical addition

at Indianapolis, IN; (6) renovation of Building 126 at Long Beach, CA; (7) a replacement bed building at Muskogee, OK, and Reno, NV; (8) relocation of a regional VA benefit office to medical center grounds at St. Petersburg, FL; and (9) an outpatient clinic addition at Wilmington, DE.

Land and Lease Acquisition

- During FY 1998, major leases were awarded for expansion and relocation of the satellite outpatient clinic at Tulsa, OK; expansion and relocation of the collocated satellite outpatient clinic and Veterans Benefits Administration field office at San Antonio, TX; and establishment of a community based clinic at Cambridge, MD, to provide greater access to veterans. Major leases were also awarded for a consolidated mail-out pharmacy at Leavenworth, KS, and parking space for the St. Louis, MO, VA Medical Center to provide improved veteran access to medication and treatment.
- VA accepted transfers of land from the Department of the Army for 6.1 acres at Ft. Ord, CA; 39.4 acres at Ft. Sam Houston, TX; 22.3 acres at Ft. Bliss, TX; and a transfer of land from the Department of the Air Force for 26 acres at Ft. McClellan AFB, CA. VA also accepted donations of land from the State of West Virginia's Department of Corrections for 31.7 acres of land in Pruntytown, WV; and from Marion County Public Properties, Inc., for 9 acres of land in Lebanon, KY.

Enhanced-Use Lease

- VA broke ground for the regional office collocation in Atlanta, GA.
- VA awarded enhanced-use leases at Portland, OR, for a Single Room Occupancy apartment building to house homeless veterans on VA property in Vancouver, WA; at North Little Rock, AR, for a golf course; and at Mountain Home, TN, for 31 acres to the East Tennessee State University (ETSU) for a medical school.
- VA is developing enhanced-use leases at Durham, NC, for a mixed-use development project; and at Mountain Home, TN, for use of the theater by the ETSU Drama Department.
- VA is finalizing an enhanced-use lease for Senior Housing at Danville, IL.

National Product Standardization for Laundry Chemicals Cost Savings

- National Product Standardization for Laundry Chemicals will produce cost savings of

approximately \$3,500,000 per annum. As a National Performance Review initiative, a VA standardization award/agreement was made with Economics Laboratory of St. Paul, MN. The agreement permits the furnishing of all laundry chemicals to each of the 87 VA Medical Center and Health Care System textile care processing facilities. This 3-year fixed price agreement could save the Department \$12 million over the term of the agreement.

During FY 1998, the number of cases converted from Category A to Category C was 58,642. Total billables from first party converted cases was identified as \$21.3 million. The program identifies previously unknown third party health insurance information as well. The identification of \$4.3 million in billable costs is attributed to the identification of third party health insurance coverage.

Facilities Quality Enhancements

- VA streamlined its facility design and construction standards program to create a flexible, customer-focused process that includes an award-winning, Internet-based, Technical Information Library (<http://www.va.gov/facmgt/standard/standard.htm>) that is generating 30,000-plus hits a month. VA and its contractors now utilize this new technical resource to achieve the ultimate goal of creating the finest built environments for VA at the best value.

Special Emphasis Programs

Women Veterans

- All VA healthcare facilities have a Women Veterans Coordinator to assist women veterans in accessing VA health care.
- Eight Comprehensive Health Centers dedicated to women veterans health issues continue to provide comprehensive special health care to women.
- The nationwide toll-free mammography information line (888-492-7844) enhances VA healthcare services to women veterans. Helpline staff can answer questions about VHA mammography and refer callers for help in arranging a mammogram at their nearest certified facility or through the Women Veterans Coordinator at the nearest VA healthcare facility.
- A 1998 Women Patient Privacy Survey was conducted which demonstrated that the majority of healthcare facilities do not have any deficiencies relating to women veteran patient privacy issues.
- Mini-residencies in women's health/primary care topics have continued at several VA medical centers.
- A national survey of the Women Veterans Health Program was conducted and a *Profile of Women Treated at VAMCs During 1997* was published. The *Women Veterans Health Program Newsletter* continues to be published quarterly for healthcare providers who treat women veterans.
- The Women's Health Software package was developed and installed at each healthcare facility as both a management tool and tracking mechanism for women's healthcare services.
- In FY 1998, a total of \$13.2 million was spent on research focused on women's health (\$3.8 million VA's Research & Development Service and \$9.4 million from other resources).

State Veterans Homes

- VHA awarded construction grants, totaling \$47.7 million in FY 1998 and obligated another \$60 million in grants to be awarded in the first half of FY 1999.
- The award of the FY 1998 construction grants and five additional grants in FY 1999 will result in 1,437 new nursing home beds and 340 new domiciliary beds. Of these beds, 160 are replacement nursing home beds in an older existing State Home facility.
- In FY 1998, two new State Homes for veterans were recognized, bringing the total number of State Homes to 93 in 42 states.

Procurement and Logistics Policy

- FY 1998 marked a significant expansion in the standardization program for medical products. There are now 124 contracts in force covering high-use medical/surgical and related items. The dollar value of standard item contracts is \$73 million. Subsistence and Environmental Management items were also added to the program. Plans are in place for an aggressive expansion of this program.

Financial Information

- The Income Verification Match program matches financial information provided by veterans with information obtained from the Internal Revenue Service and the Social Security Administration.

Acquired Immunodeficiency Syndrome

- VA is the Nation's largest single provider of health care for patients with Human Immunodeficiency Virus (HIV) infection and/or the Acquired Immunodeficiency Syndrome (AIDS). Since the beginning of the epidemic, the cumulative number of HIV/AIDS patients treated by VA exceeds 45,000.
- Over 18,600 veterans received HIV care from VA clinicians in FY 1998. All licensed HIV drugs and diagnostics are available to eligible veterans with HIV infection, and guidelines for the treatment of HIV are in place and the subject of ongoing clinical education programs throughout VA. This has resulted in a dramatic decrease in hospitalization and improved morbidity and mortality among veterans who receive HIV care through VA. In addition, in FY 1998, VA counseled and tested approximately 50,000 veterans who requested HIV tests, making VA the largest single HIV testing service in the United States.
- The VA's HIV Registry is the largest clinical database on HIV in the world and provides accurate information on utilization trends of HIV services, diagnostics, and pharmaceutical use, as well as clinical information.
- FY 1998 also saw a resurgence of VA HIV-related research. The HIV component of VA's Quality Enhancement Research Initiative (QUERI) will convert the HIV Registry into a research database, examine the implementation of HIV treatment guidelines and how to improve HIV care, and identify veterans with HIV infection. In FY 1998, a new initiative was launched with the support of Research and Development Service to build partnerships between VA researchers and the HIV pharmaceutical and biotechnology industry.
- In order to maintain and expand the VA's role as the Nation's leader in HIV/AIDS, major initiatives are under development for FY 1999 to improve HIV risk reduction and prevention among veterans, to evaluate and improve the quality of HIV services delivered, and to continue to expand HIV research activities conducted by VA scientists.

Readjustment Counseling

- Initially restricted to Vietnam veterans, current law extends eligibility for Vet Center services to any veteran who has served in the military in combat operations during any period of war or armed hostility. On an annual basis, the Vet Centers provide over 700,000 outpatient visits to veterans and family members and thousands of

veteran referrals to VA medical centers and outpatient clinics.

- To enhance access to care for high-risk, under-served minority veterans in a rural setting, VHA has established Vet Center outstations on Native American reservation lands. The Prescott, AZ, Vet Center outstation in Keams Canyon, AZ, on the Hopi reservation, established in 1992, was the first VA facility to be located on reservation lands. A second Vet Center outstation based on this model was opened in 1997 in Chinle, AZ, on the Navajo reservation. The third outstation was opened in 1998 in Martin, SD, to serve the Pine Ridge and Rosebud reservations, and a fourth outstation will be established in 1999 in Tahlequah, OK, to serve the Cherokee veterans. All such initiatives dedicated to serving Native American veterans are staffed by Native American service providers and feature a broad base of outreach and case management as well as direct counseling and family services. These four Vet Center outstations are also part of the Vet Center-linked primary care project authorized by the Under Secretary for Health to install tele-health equipment in 20 Vet Centers to extend limited primary care services to under-served veterans closer to their communities.

Seriously Mentally Ill

- On October 9, 1996, Public Law 104-262, Section 335, authorized the establishment of a Committee on Care of Severely Chronically Mentally Ill Veterans (SMI Committee). The Committee's charge was to assess the needs of SMI patients, evaluate their care within VHA, identify system-wide and facility-specific problems, and report their findings and recommendations to the Under Secretary for Health. The Committee's First Annual Report was submitted to the Under Secretary for Health on April 1, 1997.
- The Committee's Second Annual Report, submitted in April 1998, again reflected concern about introducing appropriate primary mental health services at the many new community based outpatient clinics (CBOCs) where the population of veterans in the nearby community warranted such services. The Under Secretary for Health requested criteria for evaluating the need for mental health services at CBOCs, which were drafted and circulated to VISN Directors for their consideration.
- The Committee was also concerned about a possible shortfall in intensive case management programs throughout the country for veterans who may have been hospitalized in the past but whose severe

illness can be managed in community settings. Based on a survey of 79 intensive case management programs performed in mid-1998, recommendations to VISN Directors were circulated regarding possible mechanisms to implement these case management approaches and to measure the adequacy of such programs.

- The schizophrenia module of VHA's 1997 *Clinical Guidelines for Management of Persons with Psychoses*, including recent evidence for the effective use of the new antipsychotic medications, was mandated for use this year; and a measure of compliance with the guidelines was included in the 1999 Network Director's performance agreements. Six Mental Illness Research Education and Clinical Centers (MIRECCs) were funded during FY 1998 at VA facilities with outstanding academic and clinical affiliations.

Substance Abuse

- Over 25 percent of veterans treated by VA medical facilities have a primary or secondary diagnosis of substance abuse. VA developed a continuum of services to address the complex needs of these veterans. Increasing emphasis is being placed on early diagnosis in the primary care setting and in the reduction of use of inpatient treatment. Most VA substance abuse treatment now takes place on an ambulatory basis. Innovations now include VA's monitoring of the outcome of substance abuse treatment through its Program Evaluation and Resource Center.

Psychosocial Rehabilitation

- In FY 1998, the number of veterans served by Mental Health Strategic Health Group Programs was 35,000. Currently, there are 350 programs comprised of: Compensated Work Therapy (CWT)/Veterans Industries, Incentive Therapy, and Therapeutic Printing Plants. There are 49 residencies among nearly two dozen CWT/Transitional Residence Programs. The value of contracts grew to over \$42 million in FY 1998, which is a 13 percent increase over FY 1997.
- Rehabilitation Accreditation Commission (CARF) accreditation activity for Employment and Community Services and Behavioral Health commenced in FY 1997. To date, training was conducted at 210 sites and five were accredited.

Homeless

- The Homeless Providers Grant and Per Diem Program, administered by the Mental Health

Strategic Health Care Group, awarded grants to 26 nonprofit organizations, including state and local government agencies, to develop new programs to assist homeless veterans. These awards will create supportive housing or service centers in 24 cities in 14 states.

- During FY 1998, 9 programs with a total of 167 supportive housing beds were approved for per diem payments. By the end of the fiscal year, more than 2,580 veterans had either completed per diem supportive housing programs or were currently enrolled.
- Since the first round of Homeless Providers Grant and Per Diem funding in 1994, a total of 127 grants have been awarded to 101 public or private nonprofit groups in 39 states and in the District of Columbia. When all projects are completed, approximately 2,700 new community-based beds will be available for homeless veterans. Additionally, 14 homeless service centers will be established, 20 vans will be made available for outreach, and 5 mobile service center units will provide medical care or counseling services for homeless veterans.

Therapeutic and Rehabilitative Activities

- A Functional Status and Outcomes Database for rehabilitation is fully operational on the Austin Automation Center mainframe computer system. Existing performance measures allow VHA to track its ability to provide reasonable access to quality care and services for the amputee and traumatic brain injury populations. The pursuit of accreditation for all VHA rehabilitation programs will ensure programs meet national, state-of-the-art standards for rehabilitation.

Spinal Cord Injury and Disorders

- **Education:** A Continuing Medical Education (CME) Self-Study Course on "Medical Care of Persons with SCI" was distributed to 15,000 VHA physicians with positive course evaluation ratings. National training programs for SCI Support Clinics were held in September 1998 and for SCI-Prosthetics in June 1998. Clinical Practice Guidelines (CPG) on Neurogenic Bowel in SCI and Depression following SCI were distributed to all SCI Centers, SCI Support Clinics, and SCI Primary Care Teams. Participation in the development of additional CPGs continues through the consortium for Spinal Cord Medicine. An SCI&D newsletter was developed and distributed to over 1,000 recipients.

- **Telemedicine:** Telemedicine projects in the majority of SCI Centers were funded and will provide an extension of SCI Home Care. Selected sites will receive funding to implement telemedicine consultation programs.
- **Outcomes:** Data collection on a comprehensive array of outcome measures has begun, including timeliness of access measures, patient satisfaction, healthcare process measures, discharge location, and mortality. Exploration of the complex relationship between resources and outcomes was included in the SCI QUERI Strategic Plan. A national conference on Disability Management Outcomes was held August 1998.
- **Inter-Agency Collaboration:** An updated Memorandum of Understanding (MOU) with DoD was written for active duty patients with SCI. A national MOU with DoD for Specialized Treatment Services (STS) is pending. Information was provided to GAO, OMB, GPRA, VSOs, and Congress.
- **SCD-Registry:** A Spinal Cord Dysfunction (SCD) Registry national advisory panel was constituted as the SCD-Registry Product Improvement Team with monthly conference calls and action plans. Initial SCD-Registry national reports were produced. The SCD-Registry is in the process of being moved to a new data platform at AAC. New data transmission routines are in development to allow national aggregation of SCD-Registry data. SCI QUERI has an information research focus involving the SCD-Registry. A national training program on the SCD-Registry was provided in July 1998.
- **Accreditation:** All SCI Centers have maintained JCAHO accreditation. The first SCI Center received Rehabilitation Accreditation Commission accreditation. Education, consultation, and promulgation of tools to facilitate accreditation by 19 additional SCI Centers continue.
- **Research:** The Chief Consultant for SCI chairs the SCI QUERI Clinical Coordinating Center and co-chairs the SCI QUERI Executive Committee. Four SCI Centers will participate in the multi-site study, "National Program Initiative to Evaluate Spinal Cord Medicine Clinical Practice Guidelines."

Caring and Benefits for Gulf War Veterans

- During FY 1998, the Department's Environmental Agents Service (EAS) responded to the special report of the Presidential Advisory Committee

(PAC) on Gulf War Veterans' Illnesses. The EAS response to the PAC's recommendations was coordinated with the Departments of Defense and Health and Human Services and included the submission of a comprehensive health risk communication plan for Gulf War veterans.

- In March 1998, the Veterans Health Administration (VHA) published *A Guide to Gulf War Veterans' Health, 1998 Continuing Medical Education Program Independent Study*. The Office of Public Health and Environmental Hazards, in collaboration with the Office of Employee Education, developed this program to ensure that VA physicians are well informed about Gulf War veterans' health concerns. This publication represents the first continuing medical education self-study program for VA physicians on Gulf War veterans' health issues.
- During FY 1998, VA expanded its program to reach out and educate Gulf War veterans about the benefits and services available to them and the research initiatives undertaken on their behalf. A number of publications and projects were revised and updated, and several new initiatives were announced.
- In July 1998, VA initiated five demonstration projects at seven VA medical center sites to evaluate new approaches to treating and improving the satisfaction with such treatment of Gulf War veterans with undiagnosed and ill-defined disabilities.
- Also in July 1998, VHA initiated policies and procedures for evaluating Gulf War veterans with possible inhalation exposure to depleted uranium (DU). This new protocol is part of a joint VA and Department of Defense medical follow-up program designed to identify veterans with higher than normal levels of uranium in their urine and allow scientific documentation of the presence or absence of medical effects from DU exposures.
- During FY 1998, the *VA National Health Survey of Gulf Veterans and Their Families*, the government's largest study of the health of Gulf War veterans, entered its final phase, moving from surveys and record reviews to physical examinations and clinical testing. Participating veterans will be examined at one of 17 VA medical centers around the country.
- During FY 1998, VA led a \$20 million effort with the Department of Defense to begin two large-scale randomized, controlled treatment trials for the symptoms of undiagnosed illnesses of Gulf War veterans. VA's Cooperative Studies Evaluation

Committee, an advisory panel of independent scientific experts, approved the Exercise/Behavioral Therapy (EBT) Trial and the Antibiotic Treatment (ABT) Trial. The EBT and ABT Trials are research studies and not part of standard clinical care for Gulf War veterans.

Advisory Committee on Former Prisoners of War

- During FY 1998, the Advisory Committee on Former Prisoners of War (POW) coordinated a series of seminars for VA medical providers who conduct POW examinations. The Committee also held two formal meetings and recommended: (1) exploring the relationship between post traumatic stress disorder and stroke and other vascular diseases; (2) continued medical training in the prisoner-of-war experience; (3) review of training programs and certification requirements for Veterans Service Officers; and (4) adding cold injuries and osteoporosis to the list of presumptive conditions afflicting former POWs.
- The Committee supports the concept of providing additional information concerning POW health issues through the ongoing research efforts of the Robert E. Mitchell Center for Prisoner of War Studies in Pensacola, FL.

Prosthetic and Sensory Aids

- The Prosthetic and Sensory Aids Service (PSAS) Strategic Healthcare Group won a VA Scissors Award for developing and implementing its own national data and information system, the National Prosthetic Patient Database (NPPD).
- Workgroups within VHA were directed to improve the overall services related to prosthetic care programs in VA. Entitled the Prosthetic Program Reinvention Project, the workgroup's efforts extend to all parts of the prosthetics program (in particular, focusing on prosthetic policies and procedures).

Recreation Therapy

- For the benefit of veterans being served by VA healthcare facilities, VA supports the following national events: the Disabled Veterans Winter Sports Clinic, VA/Very Special Arts, Creative Arts Festival, Golden Age Games, Wheelchair Games, and the Training-Exposure-Experience Golf Tournament for Blinded Veterans.
- The emphasis of these events is to enhance the physical, social, mental, and emotional well-being of the participants. These events provide greater awareness of the rehabilitative value of recreational and creative arts therapies. They also improve the visibility of VA and sponsors, including the Disabled American Veterans, Paralyzed Veterans of America, the Veterans of Foreign Wars of the United States, Blinded Veterans Association, and Very Special Arts.

Veterans' Advisory Committee on Rehabilitation

- The Veterans Advisory Committee on Rehabilitation (VACOR) is a congressionally chartered Statutory Advisory Committee in compliance with the Federal Advisory Committee Act of 1972. The Committee provides advice and program-change recommendations to the Secretary on the full range of rehabilitation initiatives and VA services provided to disabled veterans. Three meetings were held during FY 1998, at which the topics of quality of rehabilitation research projects (currently underway within VA); the advances made in the development of contemporary prosthetic devices; and the new structure of service delivery within VBA and VHA were among the issues reviewed.

Veterans Benefits

VBA Mission

The mission of the Veterans Benefits Administration (VBA), in partnership with the Veterans Health Administration and the National Cemetery Administration, is to provide benefits and services to veterans and their families in a responsive, timely, and compassionate manner in recognition of their service to the Nation.

Honor, Care and Compensate Veterans in Recognition of Their Sacrifices for America

Benefit Programs

- The Department of Veterans Affairs' benefits system serves the needs of America's veterans and their families by providing income support (compensation, pension, and insurance programs), education support (veterans and dependents education programs), vocational rehabilitation (education and employment of disabled veterans), and housing credit assistance (loan guaranty program).

Roadmap to Excellence

- The *Roadmap to Excellence* is VBA's basic plan to provide the mission, vision, goals, values, objectives, and strategies for making VBA a world-class organization. It is the basis for ongoing, iterative cycles of analysis, planning, implementation, and feedback.

Balanced Scorecard

- In the past, VBA's measurement system focused on timeliness but not on quality, cost, and customer satisfaction. The "Balanced Scorecard" approach is a strategic management tool that enables VBA to monitor success in achieving strategic objectives and fiscal year targets in five areas: accuracy, customer satisfaction, employee development, speed or timeliness, and unit cost. The "Balanced Scorecard" approach not only includes a wider range of performance measures but strikes a balance among them and provides a unified system of measurement and reporting throughout VBA.

Service Delivery Networks

- VBA's 4 Area Offices were disbanded and its 57 regional offices were realigned into 9 Service Delivery Networks (SDNs). The new networks manage goals, performance measures, and resources and share responsibility for mission accomplishment within their geographic area. SDNs comprise the first significant change to VBA's regional office organizational structure in several decades.

Business Process Reengineering

The following are some of the key initiatives that are part of Compensation and Pension Business Process Reengineering (BPR):

- **Case Management:** VBA's vision of case management is a more proactive (rather than reactive) process that seeks to be fully responsive to veterans' needs and expectations. If a compensation or pension claim requires development, the Veterans' Service Representative (VSR) will advise the claimant as to what evidence is needed, what the claimant's responsibility is, when to expect a decision, and who the claimant can contact when needed. During the processing of the claim, the VSR will periodically contact and advise the claimant about how the claim is progressing. An initiative to model case management at selected Regional Offices is now in place.
- **Decision Review Officers (DRO):** The DRO is the first step in implementing the post-decision review (PDR) process. DRO will determine the procedures to be used for the PDR process, resolve appeals cases at the lowest possible level, significantly reduce the number of avoidable remands, increase customer satisfaction with the appeals process, and reduce the unit cost of appeals. The test began on December 1, 1997, at test stations: Boston, Honolulu, Houston, Huntington, Nashville, Philadelphia, Pittsburgh, Portland, Seattle, St. Petersburg, Waco, and Washington.

Contract Medical Examinations: The purpose of this pilot is to measure the impact on cost, timeliness, quality, and customer satisfaction of using non-VA medical examinations for disability rating purposes. Eight stations are involved in the pilot: Atlanta, Boston, Los Angeles, Roanoke, Salt Lake City, San Diego, Wichita, and Winston-Salem.

Pre-Discharge Claims' Development, Examinations, and Rating: The goal of VBA's Pre-Discharge project is to ensure that separating/retiring active duty personnel who wish to file a claim for VA service-connected disability compensation receive appropriate assistance. It is VBA's policy to complete claims development and the conduct of physical examinations with a disability rating proximate to separation from active duty. This will become a standard business practice by the end of FY 2000.

The Department of Veterans Affairs and Department of Defense finalized a MOU for the completion of a single separation physician examination. The VA regional offices started submitting additional proposals for pre-discharge cooperation with DoD facilities.

Training-Responsibility-Involvement-Preparation of Claims (TRIP): The purpose of TRIP is to more fully involve Veterans Service Officers and other authorized representatives in the compensation and pension claims' process. This involvement includes the VSOs providing decision-ready claims that the VA will then process in a timely manner. The initiative is divided into four levels, with each level containing a complete training program.

Claims Automated Processing System (CAPS): CAPS is a case management tool that collects information about pending claims and stores it in a relational database. This information can then be retrieved by Veterans Service Representatives to respond to claimant inquiries about the status and progress of their claims. The database can also be used to generate management information reports. It is anticipated that the application will be beta-tested by the St. Petersburg and Roanoke Regional Offices. A national deployment schedule is now being considered and developed.

Personnel Information Exchange System (PIES): PIES provides field stations with direct access to the National Personnel Records Center (NPRC). Testing was successfully completed. Training for key VARO personnel took place at the Records Management Center in St. Louis. National deployment of PIES will follow.

Housing Credit Assistance

Loan Guaranty

- The Loan Guaranty Program provides housing credit assistance to veterans and servicepersons. Loans may be used to purchase a home, to build a home, to purchase a residential unit in certain condominium projects, to refinance an existing home loan, or to improve a home by installing solar heating or other energy conservation measures. In FY 1998, VA assisted 345,239 veterans in attaining home ownership. This figure includes 343,954 guaranteed home loans, in the amount of \$37.9 billion; 471 grants for specially adapted housing, totaling \$15.6 million; and 814 approved substitutions of entitlement. (See Table 2.)

Table 2. Loan Guaranty Comparative Highlights

Description	FY 1998	FY 1997	% (FY 98-97)
Amount of Loans Guaranteed	\$37,906,133,978	\$27,042,261,522	+40.2
Number of Loans Guaranteed	343,954	258,775	+32.9
Number of Purchase Loans	201,028	214,600	-6.3
Number of Refinance Loans	142,915	44,165	+223.6
Average Home Loan Amount	\$110,207	\$104,504	+5.5
Average Interest Rate	7.40%	8.10%	-8.6
G/I Loans Outstanding ⁽¹⁾	3,229,524	3,302,150	-2.2
G/I Loans in Default ⁽¹⁾	133,573	132,245	+1.0
As a % of Loans Outstanding ⁽¹⁾	4.14%	4.00%	+3.5
Substitutions of Entitlement Properties on Hand	814	1,398	-41.8
	12,541	9,484	+32.2

(1) End of the fiscal year

- Recipients of VA home loans in FY 1998 are characterized as follows: (1) 56 percent of veterans receiving a loan were first time home buyers; (2) female veterans accounted for 6.9 percent of the loans; (3) 15.63 percent went to service personnel; (4) Gulf War veterans accounted for 22.5 percent of the volume; (5) Minority participation accounted for 20.7 percent of loans guaranteed. (African Americans obtained 13.6 percent of the loans, Hispanics 5.4 percent, Asian Americans 1.2 percent, and Native Americans 0.5 percent.)
- During FY 1998, VA continued to provide financial counseling and other assistance to delinquent borrowers in an effort to help them retain their

homes. In some situations, VA intervened with loan holders to arrange repayment plans or other forbearance so that veterans could reinstate their delinquent loans. In over 5,800 cases, these intervention efforts were successful and resulted in loan reinstatements. The average claim paid on foreclosed loans in FY 1998 was more than \$19,700, so these efforts produced claim avoidance to the Government of over \$114 million.

- During FY 1998, there were 28,733 foreclosures, 92 percent involving the original borrowers and 8 percent involving transferee-owners. Overall, the reasons for foreclosure fall into five categories as follows: (1) extensive obligations (78.3 percent); (2) curtailment of income (15.9 percent); (3) marital difficulties (4.5 percent); (4) illness or death of borrower (1.2 percent); and (5) dissatisfaction with the property (1 percent).
- VA continued to make progress implementing the Native American Veteran Direct Loan Program through FY 1998. Efforts to develop positive working relationships with Native American groups and tribes and relevant government entities continued. In addition, VA continues to provide program information and materials to all interested parties and to VA personnel. VA entered into Memoranda of Understanding (MOU) with 3 additional tribes, bringing the total number of participating tribes to 54. During FY 1998, VA field offices closed 32 loans under this program. To date, 205 loans were made to Native American veterans under this pilot program.
- Since FY 1997, VA entered into MOUs with the Bay Mills Indian Community, the Colville Confederated Tribes, the Eastern Band of the Cherokee, the Nez Perce Nation, the Pascua Yaqui Tribe, the Picuris Pueblo, the Quinalt Indian Nation, the Spokane Tribe, the Tulalip Tribes, and the Yakima Indian Nation.
- VA is currently negotiating MOUs with the following tribes: the Caddo Tribe, the Confederated Tribes of Warm Springs Reservation of Oregon, the Crow Tribe, the Fort Belknap Indian Community, the Fort Hall Indian Reservation, the Hoopa Valley Tribe, the Makah Tribe, the Mescalero Apache Tribe, the Northern Cheyenne Tribe, the Passamoquoddy Indian Township, the Salt River Tribe, the Salish and Kootenai Tribes of the Flathead Nation, the Tohono O'Odham Tribe, the Unitah Ouray Ute Tribe, the Winnebago Indian Tribe of Wisconsin, and the Yavapai-Prescott Tribe.

Management Strategies

Providing One-VA World Class Customer Service

Education Toll Free Service

- A national automated response system (N-ARS) was installed that enables callers to receive answers to frequently asked questions or resolution to some claim-specific database queries without human intervention. A caller needing special attention or wanting to speak with someone can be routed from N-ARS to a case manager in the office processing his or her claim. Limited to education claims at present, it will soon be expanded to all claims.

Systematic Technical Accuracy Review

- This new C&P quality program was developed to replace the Quality Assurance program. The Systematic Technical Accuracy Review (STAR) program was designed to be a comprehensive review and analysis of all elements of processing associated with a specific claim. The STAR program was tested, and baseline reviews were completed for rating-related core work and authorization core work. A review of fiduciary work is now completed. A staff to conduct national reviews was created within C&P Service.

Year 2000 (Y2K) Compliance on Schedule

- Seventy-four percent of VBA applications are Y2K compliant. All VBA applications are in compliance for testing. VBA is working with the Department of the Treasury to ensure continuity of payments to veterans at the onset of the Year 2000 and beyond. VA and, in particular, VBA, was recognized governmentwide as a leader in addressing the problems associated with Y2K.

VBA/VHA Data Exchange

- A pilot test of the Automated Medical Information Exchange VBA/VHA Data Exchange (AMIE II) in the Florida VISN 8 began on September 1, 1997, and was followed by a beta test in February 1998. Approved for national deployment, the project was fully implemented at all regional offices and medical centers. Training materials were produced and distributed for both VBA and VHA employees. Seventeen VBA "Super Users" were trained, and they in turn will train users at regional offices.

Veterans Outreach Services Program

- During FY 1998, VBA offices made over 10 million public contacts concerning benefits and claims for assistance under the Veterans Outreach Services Program.

Enhancing Our High-Performing Work Force

Computer-Based Training

- VBA has begun to implement a multimedia, computer-based interactive training system.
- A series of comprehensive training programs was issued through VBA's Intranet. The first program is designed to assist field stations in training new Veterans Service Representatives (VSRs); the second focuses on properly analyzing and developing claims; and the third is a total revision of VBA's ADVISOR program that provides general information about the full range of VA benefits and services for veterans and dependents.

Virtual University

- Education Service opened its "Virtual University" in 1998 on both the Internet and the Intranet. The "Virtual University" provides a learning center for all Education employees, but especially those outbased employees. The University is divided into specialized learning centers that house training materials targeted for each of the Education employee positions. The University will also serve as a meeting place for discussion and information dissemination by providing on-line training classes and discussion forums.

Cemeteries and Memorials

NCA Mission

The mission of the National Cemetery Administration (NCA) is to honor veterans with a final resting place and lasting memorials to commemorate their service to our Nation.

Honor, Care and Compensate Veterans in Recognition of Their Sacrifices for America

Commemorative Support

Interments and Memorialization

- For the 16th consecutive year, NCA realized an increase in interment workload. NCA provided the benefit of burial to 76,718 veterans and eligible family members at VA's 115 national cemeteries. In addition to burial operations, NCA maintained the grounds, structures, and roads of these national shrines (plus 34 soldiers' lots, monument sites, and Confederate cemeteries). At the end of FY 1998, the inventory contained 6,095 developed acres and 2.26 million occupied gravesites.
 - Maintaining the national cemeteries as national shrines while meeting the highest standards of public expectation is 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 NCA provides through the Memorial Programs Service (MPS) also recognize veterans' service and clearly demonstrate the broader scope of this objective. In FY 1998, NCA provided 346,034 headstones and markers for placement in national, state and private cemeteries around the world.
 - NCA also provides Presidential Memorial Certificates to surviving family and friends of deceased veterans. The certificates recognize the invaluable contribution to the Nation made by the deceased veterans' honorable military service. MPS administers the program and provided 315,551 Presidential Memorial Certificates in FY 1998.
- ### *Burial Options for All Eligible Veterans*
- At the end of FY 1998, 57 national cemeteries contained available, unassigned gravesites for burial of both casketed and cremated remains. Such cemeteries can accommodate all requests for interment of eligible veterans and family members as well as host visitation and patriotic and commemorative events. Thirty-three national cemeteries had exhausted the supply of unassigned gravesites for the interment of casketed remains but could accommodate the burial of eligible family members in the same gravesite as a previously deceased family member, and could also accommodate cremated remains. The remaining cemeteries could accommodate only subsequent family members in previously occupied gravesites. Such cemeteries also remain important locations for visitation, including patriotic and commemorative events.
 - NCA 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 total number of gravesites 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 1998, only 57 national cemeteries provided full-casket gravesites for family member interment. Moreover, VA expects the number of annual veteran deaths to increase from 552,000 in 1998 to 572,000 in 2000, and peak at 620,000 in 2008. As veteran deaths increase, NCA projects increases in the number of annual interments in VA national cemeteries from 76,718 in 1998 to 86,300 in 2000 and 110,400 in 2008.
 - To meet the challenges posed by trends, NCA has developed plans to: (1) develop, as feasible, 100 new national cemeteries in heavily populated metropolitan areas that currently lack a national state veterans cemetery; (2) continue phase II development of burial areas in open cemeteries with undeveloped land; (3) acquire land that has been developed for cemeterial purposes adjacent to existing cemeteries that will soon exhaust the supply of available gravesites; and (4) encourage use

State Cemetery Grants Program (SCGP).

During FY 1998, interment operations began at the new Tahoma National Cemetery located in the State of Washington. The first phase of construction, covering 43 acres of the 160-acre site, allows for more than 10,000 gravesites and 4,000 niches for cremated remains. With more than 600,000 veterans living in Washington State, including 400,000 in the Puget Sound area, it is anticipated that Tahoma will quickly become one of VA's busiest national cemeteries. In its first year of operation, over 2,000 veterans and family members were interred.

NCA continued to make progress in developing four new national cemeteries in areas that are not currently served. The four large metropolitan areas are Dallas, TX; Albany, NY; Cleveland, OH; and Chicago, IL. When open, these four new national cemeteries will provide a burial option to about 2.2 million veterans who are not currently served and significantly enhance NCA's ability to provide burial options for eligible veterans.

NCA is exploring alternative burial options for veterans that will provide service to those who would not otherwise be served. For example, in FY 1998, Cremation Gardens, areas designated for the scattering of cremated remains, were formally introduced in national cemeteries. NCA published a new policy authorizing cremation gardens in any national cemetery that has an appropriate area to accommodate cremated remains in this manner.

In FY 1998, the SCGP awarded 10 grants totaling over \$6 million to assist in establishing several new state veterans cemeteries, and to expand and improve other existing state-owned cemeteries for veterans. These 10 grants contributed to the provision of thousands of new gravesites. This Federal assistance program complements the mission of the National Cemetery Administration, and since 1980 has awarded more than \$57 million to 21 states, Guam, and the Commonwealth of the Northern Mariana Islands.

With the assistance of a grant of \$1.1 million awarded by the SCGP, New Hampshire established its first state veterans cemetery in Boscawen, near the State capitol of Concord. The New Hampshire State Veterans Cemetery was opened in the spring of 1998. The 84-acre cemetery, the only veterans' cemetery in the state, will serve New Hampshire's 130,000 veterans.

Management Strategies

Providing One-VA World Class Customer Service

Military Honors

- While VA does not provide military honors, veterans and their families have emphasized that the availability of military funeral honors for those who served their country with courage and honor is important to them. VA works closely with components of the Department of Defense (DoD) and veterans service organizations to facilitate the provision of military honors and logistical support for military honors teams at national cemeteries. In 1998, The National Defense Authorization Act for Fiscal Year 1999 (FY 99 NDAA), Public Law 105-261, required the Secretaries of Defense and Veterans Affairs to hold a Military Funeral Honors Executive Roundtable. DoD will provide a report to Congress no later than April 1999. VA and DoD conducted focus groups with members of veterans service organizations to elicit their expectations of appropriate military honors.

Ceremonies

- Numerous ceremonies and memorial services were held during FY 1998 at national cemeteries to honor those who made the supreme sacrifice. A special interment service for First Lieutenant Michael J. Blassie, identified through DNA testing after a 14-year interment in Arlington National Cemetery's Tomb of the Unknowns, was held at Jefferson Barracks National Cemetery.

Kiosks

- Kiosk information systems assist cemetery visitors in finding the exact gravesite location of individuals buried there. In addition to providing visitors with a cemetery map to locate gravesites, the kiosk information center provides general information such as the cemetery's burial schedule, cemetery history, burial eligibility and facts about the National Cemetery Administration. By the end of FY 1998, kiosks had been installed at five national cemeteries.

Internet

- During FY 1998, a completely revised NCA homepage went on-line. Rated among the top five

percent of all web sites on the Internet, the site provides information on eligibility and planning for burial in a VA national cemetery. It includes sections on burial regulations, military honors, headstones and markers, locating veterans, and obtaining replacement medals, as well as information on the history and mission of the National Cemetery Administration and listings for each national cemetery.

Quality Awards

- In FY 1998, Robert F. Carey Quality Awards, VA's most prestigious quality awards, were presented to Florida National Cemetery and Jefferson Barracks National Cemetery. Florida National Cemetery (FNC) was recognized as the winner of the national cemeteries category. The cemetery's management team focused and energized the staff through in-house team building training. Employee teams developed the cemetery's Strategic Business Plan linking FNC goals and objectives with those of NCA and the NCA Southern Area. Employee teams were responsible for developing action plans that implement the goals and objectives of the Strategic Business Plan. Employee ideas and concepts, developed and tested by the user, have made a difference in operations at this cemetery. Jefferson Barracks National Cemetery (JBNC) was recognized as an Achievement Winner. JBNC was recognized for its focus on quality customer service and quality employee performance. JBNC teams constantly work to improve customer and employee satisfaction. Cemetery partners, such as veterans service organizations and funeral directors, are given the opportunity to participate in the decision process about policies, procedures, and problems which affect them.
- In FY 1998, NCA received the Vice President's Hammer Award for the Second Inscription Program. Under this program, national cemeteries may add a second inscription *in situ* (i.e., at the gravesite) to a currently existing headstone following the death and interment of a subsequent family member. The Second Inscription Program

not only improved service to veterans and their families, but also yielded significant cost savings in acquisition and transportation costs associated with replacing the original headstone. A major milestone was achieved in August 1997 when the cost savings realized by the Second Inscription Program passed the \$1 million mark.

Implementation of the Second Inscription Program has also resulted in other operational efficiencies. Because the reinvented process eliminates the need to remove and re-set headstones, the risk of potential back injuries for cemetery workers is reduced and the saved work time is used for other critical maintenance activities. In addition, a limited natural resource, headstone quality materials, is being preserved as it is no longer necessary to destroy inscribed headstones.

Providing Maximum Return on Taxpayer Investment

Decentralized Marker Ordering

- NCA decentralized the headstone and marker ordering function for veterans interred in private cemeteries to three satellite sites around the country. After the success of a pilot project at Nashville National Cemetery, NCA re-engineered the entire ordering process over the past two years. With three fully operational satellite offices (Nashville, Indiantown Gap, and Fort Leavenworth National Cemeteries) and a down-sized headquarters staff, NCA is successfully completing the ordering process for more than 250,000 headstones and markers a year for private cemeteries.
- NCA also decentralized the ordering process for headstones and markers for national cemeteries. Each national cemetery now places orders for its own headstones and markers, totaling more than 70,000 a year nationwide.

Board of Veterans' Appeals

Disposition of the Board

The Board of Veterans' Appeals (BVA or the Board) established under 38 U.S.C., Chapter 71, to render 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.

Management Strategies

Providing One-VA World Class Customer Service

Productivity

During FY 1998, BVA issued 38,886 decisions. The percentage of final, rather than remand, decisions issued by the Board in FY 1998 was 56.8 percent, compared with 53.3 percent the previous year. The accompanying charts show the number of decisions issued in each of the last five years (Table 3), and the disposition of the Board's FY 1998 decisions by category of appeal (Table 4).

Table 3. Summary of BVA Operating Statistics by Fiscal Year

Primary Statistics	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998
Decisions	22,045	28,195	33,944	43,347	38,886
Case Receipts					
Added to Docket	41,684	43,537	38,477	32,916	32,034
Received at BVA	18,067	12,919	32,405	44,110	39,851
Cases Pending*	47,148	58,943	60,120	39,657	21,013
Hearings - VACO	689	154	431	1,297	1,255
Video		41	48	233	1,158
Held	1,996	553	2,445	4,564	2,469
Medical Opinion					
Decisions per FTE	49.9	65.1	72.5	88.1	80.5
VA FTE	442	433	468	492	483
Response Time	781	763	595	334	197
Cost per Case	\$1,248	\$1,014	\$ 950	\$839	\$965

*Includes certified appeals pending in the field as well as cases pending at the Board.

Table 4. Disposition of Appellate Decision by Category of Appeal

Appellate Category	Total	Allowed	Remanded	Denied	Other
Disability Compensation	32,943	6,059	13,811	12,448	624
Disability Pension	774	71	399	289	15
Medical	407	39	139	206	23
Insurance	47	3	12	32	0
Death	2,140	156	665	1,288	31
Education	468	27	116	317	8
Waivers	647	104	271	254	18
Loan guaranty	327	46	154	120	7
Reconsiderations	85	29	26	29	1
Character of Discharge	83	4	29	50	0
Miscellaneous	966	169	402	335	60
TOTALS	38,886	6,707	16,024	15,368	787

Hearings

- The Board conducted 4,882 hearings in FY 1998, of which 2,469 were held at VA regional offices, 1,258 were held in Washington, DC, and 1,158 were conducted by videoconference. Videoconference hearings were held between Board members in Washington, DC, and appellants located at 20 different VARO and VA Medical and Regional Office Center sites. Videoconference 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 a VA office in their geographic area, which might occur only once or twice a year.

Representation

- In cases in which a formal hearing is not practicable, written arguments may be submitted to the Board by appellants or their representatives. For FY 1998 decisions, 85.1 percent (86.2 percent in FY 1997) had representation by one of the accredited veterans service organizations (VSOs), 4.3 percent (3.3 percent in FY 1997) had representation by an attorney or agent, and 10.6 percent (10.5 percent in FY 1997) had no representation.

Timeliness

- Historically, BVA's most commonly used timeliness measure for processing appeals was response time defined as "the expected time it will take to issue a decision for a new appeal entering the system." At the end of FY 1998, BVA's response time was 197 days, a 41 percent reduction from the previous year. Response time was reduced 75 percent from the 781-day response time that existed at the end of FY 1994. The accompanying table shows BVA's response time at the end of each of the last five fiscal years. (See Table 5.)

Table 5. BVA Response Time

Fiscal Year	Response Time (Days)
1994	781
1995	763
1996	595
1997	334
1998	197

Appeals Resolution Time

- At the outset of FY 1999, BVA and the Veterans Benefits Administration introduced a new performance indicator. This measure, called appeals resolution time, was jointly developed by BVA and VBA to provide a Department-wide appeals processing timeliness measurement. Appeals resolution time is the average length of time, expressed in days, that it takes the Department to process an appeal from the date a claimant files a Notice of Disagreement (NOD) until a case is resolved by either a final regional office or Board determination. Although appeals resolution time was adopted only at the beginning of FY 1999, computed performance figures for previous years are presented below to provide context for this new measure. (See Table 6.)

Table 6. Appeals Resolution Time

Fiscal Year	Response Time (Days)
1996	565
1997	628
1998	686

Quality

- During FY 1998, BVA implemented a new, more formal quality review program. This review process enables the Board to measure decisional

quality in an analytical manner and to establish meaningful quantitative goals. By reviewing and scoring a representative sampling of all BVA decisions in six areas deemed essential to quality appellate decisions, the Board developed a baseline during FY 1998 for conducting quantified decision quality analyses. The baseline will serve as a foundation for meaningful quality measurement conducted in FY 1999 and beyond, and as a basis for pursuing qualitative improvements in specifically objectively identified areas.

Research

- The Board continued to expand its centralized research center facility that contains reference materials most frequently used by Board attorneys. Included among these materials are BVA and Court decisions, legislative and regulatory histories, videotapes of topical lectures, and traditional library materials such as current legal and medical texts. The Board compiled and made all of its decisions issued in calendar years 1997 through 1997 available to the general public. Board decisions may be purchased from the Government Printing Office on two CD-ROMs (Compact Disc Read Only Memory) and can also be found on the Worldwide Web pages.

Veterans' Appeals Control and Location System

- Significant enhancements were made during FY 1998 to the Veterans' Appeals Control and Location System (VACOLS), which was jointly developed by the Board and VBA and first adopted as the Department's appeals tracking system in FY 1997. VBA personnel are now able to add appeals to BVA's docket, close out appeals resolved in the field, indicate appellants' requests for BVA hearings, indicate when cases were developed adequately to permit hearings, and view or download Board decisions and other documents attached to VACOLS records. The capability to view or download decisions and other VACOLS attachments was also provided to the Office of Secretary, VA Congressional Liaison offices, and the Office of General Counsel. Additional refinements in FY 1999 will allow VACOLS to serve as the source of all data used to calculate appeals resolution time, the newly adopted Department-wide appeals processing timeline measure.

Acting Board Members

- The Secretary is required by 38 U.S.C. § 7101 to report, in terms of full-time employee

equivalents (FTEE), the number of acting Board members designated under 38 U.S.C. § 7101(c)(1) during the preceding year. Fifty-four attorneys served as acting Board members at various times during FY 1998 for a total of 6.90 FTEE. One physician served as an acting Board member for a total of .004 FTEE. The Board uses a system of written designations of acting Board members issued by the Chairman to ensure adherence to the statutory requirements.

Administration and Management — Staff Offices

Management Strategies

Note: The following narrative summarizes activities of the Secretarial staff offices (e.g., Office of Congressional Affairs, Office of Financial Management) where nearly all activities of these offices concern management support services for the three administrations which directly serve veterans (i.e., VHA, VBA, NCA). Only activities of the staff offices related to the Strategic Plan are described below, and they are organized according to Part 2 of the Strategic Plan, "Management Strategies."

Providing One-VA World Class Customer Service

Office of Financial Management

Ease of Access

- In FY 1998, VA increased the usage of the Vendor Recertification System that automates the input and tracking of unavailable check cancellations. This automated process, which can be accessed via VA's Intranet or the Internet, is used daily to transmit and receive check cancellation data from and to the Department of the Treasury. The system eliminates over 12,700 documents previously sent to Treasury annually. VA's Philadelphia Insurance Center is now using the system and is processing over 9,700 electronic transactions annually to Treasury.
 - During FY 1998, the VA Financial Services Center's (FSC) Interactive Voice Response System menu was expanded to accommodate the consolidation of the help desk and the written inquiry unit. This expansion also included menu selections to other FSC functional areas. The FSC increased the number of commercial vendors enrolled in the Vendor Inquiry System (VIS) via the Internet from 276 in FY 1997 to 480 in FY 1998. With the focus on increasing enrollment to Electronic Funds Transfers (EFT), the VIS system allows vendors to access current payment information rather than waiting for the payment information which may be mailed separately.
- #### *Prompt Delivery of Services and Benefits*
- During FY 1998, VA processed 1.9 million purchase card transactions representing over \$1 billion. This earned VA a rebate in excess of \$7 million, which represented a significant portion (over 70 percent) of the rebate issued to all Federal agencies. Since the inception of the program, \$14 million in rebates were earned. These rebates were reallocated to VA field facilities based on their purchase volume.
 - In March 1998, VA became the first Federal Department to award its task order under the new GSASmartPay Multiple Award Master Contract for purchase, travel and fleet card services. The GSASmartPay contract was awarded to five banks that represent the next generation of Federal government charge cards, bringing Federal departments and agencies closer to a single payment system for multiple services. To facilitate placing the task order, a multi-disciplined team evaluated technical expertise and pricing of all qualified contractors and assessed the contractors' ability to understand VA's unique business needs and offer innovative solutions. VA awarded the task order to Citibank.
 - During FY 1998, VA increased the number of vendors paid by EFT from 30,000 to 125,000 and the percentage of electronic payments from 57 percent to 74 percent. Direct Deposit/Electronic Funds Transfer for VA employees increased to 96 percent, or 216,000 employees, during FY 1998. This represents a recurring savings to the Department of \$42,000 annually.
 - Electronic commerce efforts were expanded through the Prime Vendor Subsistence Electronic Data Interchange (EDI) payment project. This project allows electronic invoicing and payment for all subsistence orders placed by VA medical centers. During FY 1998, the system processed 22,850 invoices for a total of \$34 million.
 - VA's Credit Card System (CCS) allows VA to accept a daily transaction file for transactions from the contract bank, post those transactions to VA's integrated accounting system and remit an

electronic payment for all processed transactions. An enhancement to CCS (which currently processes electronically over 160,000 micro-purchase transactions monthly) has enabled VA to use this efficient system to streamline prime vendor payments as well. During FY 1998, 231,000 prime vendor transactions were successfully processed, representing in excess of \$838 million.

- During FY 1998, the EDI invoicing and payment process for VA's Prime Vendor Subsistence contract was implemented nationwide. This initiative allows VA to meet reduced payment terms in accordance with the contract, and provides support for VA's effort to effect administrative efficiencies and reduce inventory levels. The system currently processes an estimated 36,000 invoices annually.
- VA implemented an EDI process to electronically query mortgage banks on the default status of VA-backed loans. This process provides an electronic response from the mortgage banks to update the status in VA's loan guaranty systems. The status update process provides a "next day" response rather than the monthly response obtained by the manual process. Other EDI loan guaranty initiatives are planned for development during FY 1999.
- During FY 1998, VA implemented an electronic billing process for billings to VA medical facilities for the purchase of prosthetic devices from our Denver Distribution Center (DDC). Electronic billings for monthly facility purchases of these devices are processed into VA's centralized accounting system and collections of these bills are offset for credit to the DDC accounts. This implementation successfully eliminated the monthly manual workload for each facility.
- Through VA's partnership efforts with the Department of Treasury, each year more than 500,000 CHAMPVA enrollees now receive their payments and explanation of benefits in one envelope under the new Combo II printer project. Due to volume limitations of the original Combo printer project operating since 1996, the original effort was expanded to a new higher-volume printer and inserting operation. Other applications can now be added to the Combo printer. Those planned for implementation during CY 1999 include Fee/Vendor, Insurance, and Education notifications, which will accompany the payments in the same envelope. Savings from separate mailings will offset the equipment cost within the first 15 months of full operation.
- In FY 1998, VA demonstrated the successful implementation of its Franchise Fund pilot through

increased franchise business, lower unit rates, and improved service delivery. Full financial services were added to the existing Financial Services Center product, including a full suite of electronic commerce services. Quarterly financial statements and monthly income statements were produced for each Enterprise Center. Work with the private sector through both contract and partnership relationships resulted in 41 percent of all Fund expenses being spent with the private sector.

Office of Information and Technology

Ease of Access

- A new product, Report Data on Compact Disk (CD)-Read Only Memory (ROM) was introduced by the Austin Automation Center (AAC). By using CD-ROM media and eliminating microfiche, large volumes of print, and associated mail costs, VA customers may now pay less for reports. The customer's business processes are improved by using personal computers to view and manipulate report data without having to re-key the data for use in spreadsheets, word processing documents, or computer graphics.
- Financial Management System Graphical User Interface (FMSGUI) is a Windows-based application that acts as a front-end to the legacy FMS mainframe application. FMSGUI, made available by the AAC, enhances initial access to FMS, navigation throughout the system, data entry facilities, and querying capabilities. It also dramatically reduces training costs and increases productivity as FMS customers transform labor-intensive assignments into easy-to-follow Windows-like tasks.
- VA continues to support the Federal Blue Pages Project. This project was established by the General Services Administration's Federal Technology Service in February 1996 to provide a customer-friendly telephone reference for government services. During FY 1998, the Blue Pages Team initiated an automated database for Federal agency listings and proposed a charge back mechanism to distribute costs to agencies.

Customer Satisfaction

- Results of the customer survey, conducted at the AAC, are being widely distributed to customers via the AAC Intranet web site, by e-mail to program managers, and a notice on the AAC sign-on screen. Initiatives undertaken to improve satisfaction levels among key customer groups include recommendations aimed at improving project

management through enhanced communication with customers.

- The Office of Information and Technology (I&T) lead a VA-wide effort to implement an Electronic Reading Room (ERR) on the Internet at <http://www.va.gov/foia>. The project was completed on time and under budget in accordance with the requirements of the Electronic Freedom of Information Act (EFOIA) Amendments of 1996. The ERR contains information such as a guide for submitting requests to VA, background on how VA processes Freedom of Information Act (FOIA) requests, frequently requested FOIA materials, public reading room locations, types of records maintained by VA, and copies of directives, manuals, and other VA policies and procedures created since November 1, 1996. The ERR gives every citizen access to 150,000 VA documents on the Internet. VA used existing resources and commercial software that followed Internet standards. Because the Reading Room uses standard Internet technology, VA employees can use the skills they learned for other Internet and Intranet-based projects, further enhancing the ability of VA to provide information to its customers.
- The Department's efforts to identify how Information Technology (IT) can be used to enhance customer service resulted in a document, "One-VA Vision of Information Technology Enhanced Customer Service," that identifies functional capabilities or concepts that contribute to a better service environment. These concepts fall into four categories—Customer Support, Internal Data Sharing and Exchange, External Data Sharing and Exchange, and the Customer Service IT Infrastructure—that demonstrate ways in which current and emerging technology can be used to support VA's business operations to meet the One-VA goal. These concepts include telephone-based customer service representatives, a customer service environment transaction broker, and an interface engine to allow queries and updates to production information systems. Although the focus of these concepts is on improving customer service, they will benefit VA staff as well by making most needed information easily accessible.

Office of Planning and Analysis

Quality Recognition Programs

- In FY 1998, the Secretary presented the 1998 Carey Trophy (Robert W. Carey Quality Award) to the Denver Distribution Center of Denver, CO.

The Center was recognized for innovative practices in distributing prosthetic and audiology devices to over 380,000 disabled veterans nationwide.

- In FY 1998, the VA presented 18 Hammer and 42 Scissors Awards. The Hammer Award gives special recognition to teams who have made significant contributions in support of the President's National Partnership for Reinventing Government Principles. These principles include putting customers first, cutting red tape, empowering employees, and getting back to basics. The Scissors Award Program recognizes the accomplishments of individuals or groups within the VA that improve processes, timeliness, and quality of service.

Benchmarking and Best Practices

- In FY 1998, VA completed the research and fieldwork for two benchmarking studies—one on Strategic Management and the other on Access. Reports from these two studies will be distributed throughout VA.
- The Office of Planning and Analysis (P&A) continued to support the work of the Interagency Benchmarking & Best Practices Council that includes representatives from a number of Federal organizations. The Council sponsored the 2nd Federal Conference on Benchmarking, *Applied Benchmarking: Implementing Best Practices in Federal Agencies*, in Bethesda, MD, in September 1998. Some 215 Federal employees from over 30 Federal agencies attended. In addition, P&A maintained the Council's home page that the newsletter, *Harvard Management Update*, recognized as one of the best in the world for content on benchmarking. The web site address is (<http://www.va.gov/fedsbest/index.htm>).

Office of Public and Intergovernmental Affairs

Ease of Access

- In FY 1998, Intergovernmental and International Affairs (IGA) continued to assist VHA with VA Online, the Department's electronic forum and e-mail service. State Directors of veterans affairs, state veterans home administrators and county veteran service officers continue to use the system, as well as veterans with no access to the Internet. In addition to IGA weekly mail out (a compilation of VA news releases, pertinent executive orders, Federal Register notices, proposed legislation, etc.), IGA also made information available through direct Internet e-mail to state offices with this capability.

Customer Satisfaction

- In FY 1998, News Media Service staff responded to nearly 2,200 news media inquiries in addition to generating news releases, features, and fact sheets. These and other informative documents were made available on VA's Internet Home Page.
- Consumer Affairs Service focuses on providing quick and substantive responses to customer concerns, inquiries or complaints by the office of the person who can most appropriately and quickly resolve the issue. By using the Internet and an expanding in-house network of on-line problem-solvers, consumer affairs is helping create a new standard of timeliness and responsiveness for VA customer service.
- IGA provided written and verbal information to customers through mailings to governors, State Directors of veterans affairs, state veterans home administrators and organizations, including the national Governors' Association, the National Conference of State Legislatures, and State Rural Development Councils.

Effective Outreach

- The National Story Program, located in OPA's New York Regional Office, placed some 250 items in national media, primarily on VA medical research advances. Publicity support packages also were provided to VAMCs, VAROs and national cemeteries on events throughout the year, including Memorial Day, the National Salute to Hospitalized Veterans, POW/MIA Day and Veterans Day.
- Much effort was focused on educating veterans in advance about a new medical care eligibility system that went into effect at the end of the fiscal year. The Office of Public Affairs emphasized the correction of erroneous rumors that were spreading rapidly among veterans by e-mail, and it made video public service announcements about the changes available to media throughout the country.
- Educational efforts to the Nation's schools continued to grow with distribution of Veterans Day "school kits" to more than 110,000 public schools in FY 1998. The Internal Communications and Special Projects Service also provided planning and public affairs support for four national athletic and artistic competitions directly involving some 2,000 disabled veteran participants and thousands more at local and regional competitions.
- The pamphlet *Federal Benefits for Veterans and Dependents*, prepared by OPA, continued to be a

best seller with the Government Printing Office. The 1999 edition was also translated into Spanish and added to the VA Home Page on the Internet.

- As part of the International Affairs program, VA enhanced its contacts with veteran affairs organizations throughout the world. These subject matter exchanges with governments from England, Japan, China, Australia, and Canada, as well as many other Nations, provide for the strengthening of our bilateral relations with these Nations and allow for the sharing of information, programs, and ideas which tend to help VA better serve our veterans.
- The Government of France, as part of the 80th Anniversary of the Armistice which brought to closure WWI, has decided to honor our surviving WWI veterans with the French Legion of Honor. International Affairs participates in the coordination of the presentation of the French Legion of Honor, the highest military medal awarded by the French Government, to eligible veterans throughout the United States. With VA's assistance, the French Government has certified nearly 300 candidates to receive the award and, so far, over 200 have been presented.
- During FY 1998, IGA participated in several national meetings, including the National Governors Association, the U.S. Conference of Mayors, the National Association of Counties and the National Conference of State Legislatures, where an IGA initiated fact sheet on Federal/State/Private Partnerships, highlighting state veterans homes, state veterans cemeteries, homeless grants, resource sharing, and medical research, was made available to the participants. Liaison activities and participation in biannual meetings continued with the National Association of State Directors of Veterans Affairs and the National Association of State Veterans Homes. IGA also coordinated VA participation at the National Rural Development Partnership's (NRDP) winter conference. VHA and VBA representatives spoke about VA's current telehealth initiatives, the placement of community-based outpatient clinics in rural areas, and VA's current and future role in rural communities.

Homelessness

- The Homeless Grant and Per Diem Program awarded \$5 million to 26 entities in 14 states. During the past 4 years, this program has awarded \$26 million to 127 grantees in 39 states and Washington, DC, to provide vans for transportation, service centers, transitional housing, and mobile medical vehicles.

- Community meetings were held across the Nation again this year to assess the needs of homeless veterans, identify the resources within each community and develop local action plans to address the unmet needs. VA also co-sponsored a national conference to learn more about effective strategies to assist homeless veterans. The conference had strong attendance from homeless service providers, veterans groups and representation from nearly all VA medical centers. The conference focused on collaborative strategies among VA and local service providers to meet the unmet needs of homeless veterans. In addition, the Secretary's Working Group on Homeless held monthly meetings to discuss ongoing issues regarding VA homeless assistance programs and initiatives.
- VA participated in all Interagency Council on the Homeless (ICH) meetings. VA awaits information from a survey conducted by the US Census Bureau of homeless service providers and clients. Survey data is expected in 1999.

Office of Small and Disadvantaged Business Utilization

Ease of Access

- Serving small businesses across the country, the Office of Small and Disadvantaged Business Utilization (OSDBU) emphasizes "just-in-time" delivery of information by maximizing use of the web site on VA's home page. The Forecast of Business Opportunities is available in an easy-to-use map-based format, permitting individuals to search for contracting opportunities at the local, regional, or national level. Also, it links to other key pages of interest for entrepreneurs. Other information pertaining to OSDBU's activities are also available on the web site.
- OSDBU offers a toll-free information line, 800-949-8387, staffed from 6:00 a.m. to 5:00 p.m. Eastern time. OSDBU offers vendors the choice of one-to-one assistance or participating in a scheduled monthly vendor orientation meeting. The orientation meetings are publicized on the Conference Center button of the OSDBU web site, through vendor mailings, and are announced in the local Metropolitan *Washington DC Set-Aside* alert publication.
- OSDBU has four principal outreach programs—small business, women-owned business, disadvantaged business (with a special program addressing businesses owned by Native American tribes or individuals), and veteran-owned business

(with special attention directed to Disabled Veterans and Veterans of the Vietnam Era). During FY 1998, OSDBU participated in 46 conferences. Of the 46 conferences, OSDBU provided speakers for 35, and sponsored 4 events and co-sponsored 4 others. These conferences targeted small businesses and veterans, and focused on the needs of disadvantaged businesses and women entrepreneurs.

Center for Minority Veterans

Effective Outreach

- Established under Public Law 103-446, the Center is responsible for promoting the use of VA benefits, programs, and services by minority veterans, and assessing the needs of minority group members. The Center's work focuses on the special needs of five distinct groups of veterans: African Americans, Hispanics, Asian Americans, Pacific Islanders, and Native Americans, (including American Indians, Native Hawaiians, and Native Alaskans). The Center also oversees the administrative functions of VA's Federal Advisory Committee on Minority Veterans.
- The Center sponsored seven town hall meetings with minority veterans around the country. These "conversations with veterans" have produced first-hand information on the concerns and unique problems faced by minority veterans. The conversations/town hall meetings have also increased the visibility of the Center as an office within VA that is working to address the concerns of minority veterans.
- The Center assessed VA's outreach efforts for informing minority veterans of VA programs for those who served in the Gulf War. The Center assisted the VA Office of Public Affairs in developing media strategies to reach minority Gulf War veterans.

Center for Women Veterans

Ease of Access

- During FY 1998, the Center for Women Veterans sponsored open forums, town hall meetings, and other community-based meetings for representatives of national veterans' service organizations and women veterans. These forums offered women veterans the opportunity to discuss concerns regarding VA services for women and identify the problems encountered by women veterans in their attempt to access VA benefit and healthcare programs. The community-based

forums provided input for evaluating VA services provided to women veterans and VA's effectiveness in improving those services.

- The Center established a web site (<http://www.va.gov.womenvet.center.htm>) to provide information about its mission, VA healthcare services, and VA benefit programs.
- The Center is responsible for the coordination of activities related to the Secretary's Advisory Committee on Women Veterans. The Committee tries to meet three times a year to review VA programs and services, and to address the concerns of women veterans.
- The 1998 report of the Advisory Committee on Women Veterans will be completed in FY 1999. A copy of the report will be forwarded to Congress.
- The Committee report included 42 recommendations covering 9 areas: (1) outreach, (2) health care, (3) benefit entitlement, (4) women veteran who are homeless, (5) research, (6) the future of women veterans, (7) selected reserve and national guard benefits, (8) National Cemetery Administration, and (9) employment of veterans within VA.

Enhancing Our High-Performing Work Force

Office of Human Resources and Administration

A Well-Prepared Future Work Force

- The Office of Human Resources Management (OHRM) hosted a VA-wide HRM Conference in Atlanta, GA, that continued and built upon the momentum that derived from the 1997 HRM Strategic Planning Conference in Topeka, KS. The attendees represented a cross-section of VA executives and managers and included approximately 300 HR personnel. The conference had a "One-VA" focus and addressed the transition of HR transactional work to the Shared Service Center, assessed the accomplishments of the Topeka conference and identified new priorities for the future.
- A team of headquarters and field staff, chaired by OHRM, developed a VA work force planning model that is directly linked to strategic planning. The model provides a framework for VA managers to recruit, develop, and retain high performing employees.

- OHRM also worked with a team of headquarters and field staff to identify the key core competencies and technical skills for HR professionals of the future. The role of HR professionals has changed and required VA to develop different competencies for the future. A survey of executives, managers, and HR chiefs was completed to validate the competencies. A resource guide was developed and distributed to the field. The guide lists the competencies and skills and provides suggested learning activities for each competency. The team also began preparing materials and scripts for a series of satellite broadcasts for the development of key competencies.
- OHRM participated with the VA Learning University committee to develop the One-VA Learning Map. The learning map promotes employee awareness of the veteran and his/her family and an understanding of the organization of VA.

Innovative Employment Practices

- Policy and guidance were provided to VA managers and employees concerning initiatives to create a "family-friendly" work environment. VA will be authorizing the use of "gliding flexitour" and credit hours, in addition to existing flexitour and modified flexitour options, when arranging employee work schedules. The VA policy on alternative workplace arrangements, flexiplace or telecommuting, gives employees and managers the opportunity to perform their work at home or from community-based telecenters. These new arrangements have the potential to improve productivity, provide more efficient services to veterans, and help make VA a family-friendly workplace.
- OHRM worked closely with the VA Learning University and VHA line officials who are using and championing Performance Based Interviewing (PBI) as an effective means to obtain well-qualified personnel. PBI was piloted in several VHA networks. Positive evaluations were received on the PBI training provided to the field using a combination of compact disc, video and satellite broadcast.

Human Resources and Payroll Services

- The Assistant Secretary for Human Resources and Administration shares responsibility with the Assistant Secretary for Financial Management for funding and overseeing the HR LINK\$ Project. The Project is a Department-wide initiative to reengineer HR/Payroll processes and to automate the delivery of HR/Payroll services. Preparations are underway to enable all VA employees to review/

elect/change their name, address, health/life insurance, TSP, Savings Bonds, taxes, etc., via a touch-tone telephone or via a personal computer in an HR LINK\$ "Access Point." The Shared Service Center (SSC) in Topeka, KS, will be processing all of these transactions.

Work Force Diversity

- During FY 1998, VA's permanent full-time and part-time work force decreased by 3,447, from 202,980 to 199,533. Despite this overall decrease, the representation of minorities increased from 35.3 percent to 35.5 percent. The representation of minorities in VA's work force continues to far exceed the minority representation of 22.1 percent in the civilian labor force. The representation of Hispanics in the VA work force increased from 5.8 percent to 5.9 percent. Asian Pacific Islander representation increased from 4.8 percent to 4.9 percent. The representation of women in grades GS-13 to GS-15 increased from 25.3 percent to 26.3 percent.
- On November 20, 1997, the National Association of Hispanic Federal Executives (NAHFE) and VA signed a partnership agreement. The partnership agreement initiates a collaborative effort between VA and NAHFE to improve representation of Hispanics in the Department at the GS-13 level and above. The partnership agreement also demonstrates VA's continued commitment and support of Hispanic community stakeholders.
- During the summer and fall of 1998, VA sponsored 64 internships for Hispanic students both in the field and at headquarters as part of VA's Memorandum of Understanding with the Hispanic Association of Colleges and Universities.

Work Environment

- During FY 1998, VA continued to reaffirm its commitment to its policy of "Zero Tolerance" for sexual harassment and discrimination. Consistent with the Department of Veterans Affairs' (VA) *Plan for Transformation: Reengineering the Equal Employment Opportunity Complaint Process* and Public Law 105-114, the Office of Resolution Management (ORM) was created to provide Equal Employment Opportunity (EEO) discrimination complaint processing services to VA employees, applicants for employment, and former employees. Complaint processing services include counseling, investigation, and procedural final agency decisions.

- ORM goals are (1) to further ensure the timely and

accurate processing of complaints; (2) to further educate employees, including executives, on the meaning of discrimination and employees' rights and responsibilities; (3) to ensure that employees, management and labor officials have a full appreciation for what is and is not appropriate for the complaint process; (4) to expand use of alternative dispute resolution; and (5) to ensure confidentiality, fairness, integrity, and trust in the process.

- Although the establishment of ORM and a new complaint process removes the designation as EEC officer from facility directors and certain headquarters executives, there remains a fundamental set of expectations and responsibilities. VA executives are accountable for fostering a workplace free of discrimination, honoring diversity, minimizing systemic problems, empowering employees, promoting open communication, and demanding high standards of supervisory, management, and employee behavior.
- The Office of Occupational Safety and Health (OSH) maintains a web site that provides OSH and Workers' Compensation Professionals reference materials, training materials, and up-to-date information, which assists them in carrying out their responsibilities. The web site is maintained on both VA's Internal and external webs permitting easy access for VA employees, other Federal agencies, and the general public. The addresses for the sites are <http://vawww.va.gov/vasafety>, and <http://www.va.gov/vasafety>.
- The Office of OSH is taking the lead in conducting a multi-Federal agency conference on the management of Office of Workers' Compensation Program (OWCP) claims. This activity is an outgrowth of the Office of OSH's role in providing computerized management of OWCP claims through the VA's WC/Safety Tracker system. The First Federal Workers' Compensation Conference and Exposition is planned for August 29 to September 2, 1999, in Orlando, FL. That conference, which is expected to attract over 2,600 Federal participants, is also publicized on the vasafety web site.

- The Office of Security and Law Enforcement oversees the maintenance of law and order and protection of persons and property on Department property at facilities nationwide and at VA Headquarters. VA police and security operations at medical facilities nationwide provided highly visible quality protection around the clock for veterans, employees, and visitors during this fiscal year.

- In February 1998, an evaluation of the Pilot

Program to Arm VA Police was conducted for the first seven facilities armed between September 1996 and January 1998. This included reviews of specific areas of police officer activity and a survey of both patients and employees at these facilities. The survey disclosed that VA police officers displayed increased vigilance and a high level of care and judgment in their use of firearms. In August 1998, the Secretary approved the development of a plan to expand the arming of VA police beyond the pilot sites. Extensive training is provided well in advance of the implementation of firearm authorization at any facility.

Office of Congressional Affairs

Human Resources

- FY 1998, OCA kept Congress apprised of VA's actions to implement the 1997 legislation, mandating an improved program of EEO claims processing. Working in tandem with VA's Office of Human Resources, OCA arranged regular Capitol Hill briefings on the Department's progress in creating and staffing the Department's Office of Employee Discrimination Complaint Adjudication and its Office of Resolution Management.

Office of General Counsel

Human Resources Issues

- OGC continued to provide critical legal support to the Department on human resource issues. OGC provided direction and guidance in resolving several high profile cases of alleged misconduct by high-ranking Department officials. In addition to achieving successful resolutions of individual cases through settlement or prosecution through the appellate process, OGC assisted in establishing Department-wide procedures for more expeditious and consistent review of all complaints against top officials.
 - OGC also aided Department leadership in reviewing and developing procedures for responding to "whistleblower" issues. The General Counsel co-chaired a task group with the Assistant Secretary for Human Resources and Administration charged with developing strategies to improve management oversight and tracking of whistleblower-reprisal complaints. The task group coordinated with VA program offices, the VA Office of Inspector General, the independent Office of Special Counsel, and the Merit Systems Protection Board in developing these strategies.
- Police officers at VA medical centers throughout the country are engaged in litigation before the Merit Systems Protection Board seeking to be classified as "law enforcement" officers for purposes of eligibility for early retirement. OGC has been successful in convincing MSPB to return the cases to the field for an initial agency determination. OGC, in support of VA program officials and field elements, provided legal advice, guidance and coordination of this nationwide litigation.

Ethics Program

- The Designated Agency Ethics Official, an Assistant General Counsel, improved VA-wide accessibility of ethics information and training materials. He augmented the Department's ethics web site with the policies and opinions on numerous ethics issues like travel entitlements, using Government vehicles, outside board memberships, lobbying and procurement integrity. He added two interactive computer programs that help employees meet ethics training requirements. The upgrade in accessibility enabled employees to better understand ethics strictures.

Training Initiatives

- OGC provided several major training initiatives. First, over 250 VA employees at five locations across the country received training in various aspects of personnel law. The training was designed to provide supervisors, Human Resources employees and union officials with information to help them better perform their respective responsibilities. A second major initiative was an effort to support the VA Office of Resolution Management in meeting its responsibility to educate the Department on the new agency process for handling employment discrimination complaints. OGC personnel participated in the drafting of training materials and appeared on videotapes and interactive VA training telecasts. OGC attorneys continued to offer training to VA employees explaining the benefits of mediation as a mechanism for resolving workplace disputes. Basic mediator skills training was also provided to those interested in serving as mediators.
- To complement an initiative of the Under Secretary for Health, the ethics staff developed an audience-participation ethics presentation that included video scenes dramatizing ethics rules. This project, broadcast by satellite throughout the Veterans Health Administration, helped implement the Under Secretary's Code of Ethics for Healthcare Executives. By the end of FY 1998, a videotape of

the presentation was being used across the Department. It enhanced efficiency in ethics training for all employees.

Providing Maximum Return on Taxpayer Investment

Board of Contract Appeals

Prompt Resolution of Disputes

- The VA Board of Contract Appeals is an independent staff office established 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 Board's jurisdiction also includes applications for attorney fees and expenses under the *Equal Access to Justice Act*. Board decisions are final within the Department and may be appealed 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.
- In FY 1998, the Board received 245 new appeals and disposed of 234 appeals. At the close of the fiscal year, there were 243 cases pending. Of these dispositions, 25 appeals were disposed of using alternative dispute resolution (ADR) techniques. The Board provided ADR expertise, and assisted the Department in resolving an additional 25 contract issues at an earlier pre-appeal stage, thereby helping VA to preserve business relationships and avoid protracted, costly litigation.

Alternative Dispute Resolution

- Pursuant to the *Administrative Dispute Resolution Act (ADRA)*, the Chair of the Board was designated by the Secretary as VA's Dispute Resolution Specialist (DRS) and, as such, is the senior Departmental official responsible for promoting ADR throughout VA.
- As the Department's Dispute Resolution Specialist (DRS), a variety of ADR services in non-contractual matters were also provided throughout VA and to other Federal agencies. The DRS has on a number of occasions acted as the Department's expert in ADR, conducting numerous briefings and training sessions throughout VA and the Nation. Board personnel participated in and provided expertise on several ADR working groups focusing on conflict resolution and ADR. VA is a steering committee member of the Interagency ADR Working Group sponsored by the Attorney General, and this year

supported several initiatives associated with this Group.

Office of Inspector General

Focus on Major Programs

- To assist VA managers in improving VA programs and operations, the OIG focused its efforts on VA's major program areas: medical care, benefits, procurement, financial management, and information resources management. The 147 reviews and 224 investigations completed during FY 1998 identified actual and potential monetary benefits, totaling over \$741 million and resulted in 111 convictions and 191 administrative actions. Particularly noteworthy was the completion of 31 pre-award reviews of Federal Supply Schedule contract proposals from vendors of healthcare items, which made recommendations that may save VA \$216 million. In addition, an audit of VA's Workers Compensation program identified opportunities to reduce long-term program costs by \$247 million.

Management Reviews

- In FY 1998, the OIG reviews resulted in systemic changes to improve resource utilization and the delivery of benefits and services to veterans. For example, VA managers initiated actions to identify deceased beneficiaries and terminate their benefits timely and actions to enhance Medical Care Cost Recovery (MCCR) recoveries.

Office of Small and Disadvantaged Business Utilization

Contract Awards

- For the 11th consecutive year, prime contract awards to small and small disadvantaged businesses exceeded \$1 billion. In FY 1998, the small business awards were valued at \$1.4 billion. This represents 36 percent of all VA procurements. The Secretary also established challenging goals for small disadvantaged businesses, women-owned businesses and businesses owned by veterans. VA is the only Federal agency to establish a goal for contracting with veteran-owned small businesses.

Women-Owned Businesses

- During FY 1998, OSDBU represented VA on the project *Best Practices in Support of Women-owned Business*. This initiative, initiated by SBA in

August 1998, is to improve Federal agency support for women-owned firms.

Office of Planning and Analysis

National Survey of Veterans

- Fulfilling the Department's strategic need for data-driven decisionmaking and supporting various strategic planning and programmatic activities such as program evaluations are critical drivers for the next National Survey of Veterans (NSV2000). This survey will be the fifth in a series of national surveys begun in 1978 with the most recent survey completed in 1993. A significant change to VA's longstanding approach is anticipated by the comprehensive design study initiated in FY 1998 to determine the nature, scope, content and sampling design for NSV2000. The study will identify supplemental data collection which maybe appropriate, evaluate the last NSV data, identify and prioritize the data outcomes desired by various stakeholders, and examine various approaches for information collection, particularly from difficult to reach populations (e.g., homeless, institutionalized females). Also notable is the effort to more broadly identify non-VA surveys with veteran indicators for complementary information and to identify data matching opportunities for enriching the NSV2000 information.

Actuarial Assessment of the Veteran Population Projection Methodology

- During FY 1998, the Office of Planning and Analysis (P&A) let a contract for an actuarial assessment to validate or redesign the veteran population model and to develop an actuarial-based simulation capability for forecasting veteran counts and associated VA program workload requirements. This landmark effort will be the first time VA has subjected its veteran population estimates and projections to such a review. The current methodology is being assessed against the uses of veteran population information by VA and non-VA users for planning, budgeting, reviewing and developing legislation, and managing and evaluating benefit programs. This contract will assist VA in better understanding the full scope of those needs—met and unmet. It will also evaluate the efficacy of the computer program and data file structures used to support the current veteran population model.

Gulf War Veterans Information System

- Consistent with established strategic objectives, and to meet the demand for reliable "corporate"

information, P&A created a comprehensive system of data and information pertaining to Gulf War veterans. The Gulf War Veterans Information System (GWVIS) was designed to serve as a repository of decision, utilization and workload information constructed from a consolidation of veteran information and other relevant data extracted from multiple VA information systems. Supported by the collaboration of managers and staff from across the Department, Gulf War information necessary to satisfy operational requirements and external requests will continue to be optimally developed and organized to ensure the highest possible levels of information quality. In addition, the GWVIS is managed to ensure accuracy, availability and consistency of Department information, while providing levels of detail to effectively respond and otherwise meet the information needs and expectations of veterans, stakeholders, the Department and other veterans' services providers.

Tobacco Policy and Impact Analysis

- By producing a credible cost-benefit analysis of a difficult issue, P&A contributed to the success of Department efforts to expand benefits for veterans and avoid a 5-year, \$17 billion mandatory expenditure for tobacco-related compensation. The projected savings funded part of a 20 percent increase in Montgomery GI Bill education programs, an increase in aid and attendance rates for veterans eligible for pension, an increase in the assistance amount for specially adapted housing and an increase in the assistance amount for automobile and adaptive equipment for certain veterans.

Process Improvement

- The evolving process of examining the issues inherent in legislative proposals, seeking the data needed to justify proposals and/or cost-benefit analyses, and working with program officials to improve the rationale for the proposals was notably advanced during FY 1998. The advancements included enhancing the information provided to OMB on the FY 1999 proposals and conducting critical assessments of proposals as part of the FY 2000 process.

Strategic Planning

- In FY 1998, P&A's staff worked with VA administrations and staff offices to develop an Integrated Strategic Planning Schedule for the Department that ties together strategic planning, legislative proposal development, budget

formulation, performance planning, program evaluation, and quarterly strategic/tactical management performance reviews.

Program Evaluation

- In FY 1998, staff in the Office of P&A worked with the Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration to develop a five-year schedule for program evaluations.
- A program evaluation contract was awarded to conduct an evaluation of three major VA education programs—Chapter 30 for veterans and active duty service members, Chapter 1606 for reservists, and Chapter 35 for dependents. This program evaluation will assess the effectiveness and efficiency of the programs and the extent to which they meet the needs of the beneficiaries now and in the future.
- A contract was awarded to conduct a two-phased study of VA's prosthetics program. The first phase will identify how VA's programs compare to those in the private sector and will identify potential program outcomes. The second phase will assess the degree to which VA's prosthetics programs are meeting their stated outcomes and meeting the needs of current and future veterans.

Office of Public and Intergovernmental Affairs

Interagency Service Delivery

- VA was privileged to have a Truman Scholar participating in a year-long fellowship program. Assigned to Intergovernmental Affairs (IGA), the scholar compiled a database on rural veteran issues, including the metropolitan status of VA medical centers and clinics by states, and compiled an assessment of VA involvement with state rural development councils. The appointment is made possible via an interagency agreement among the Truman Scholarship Foundation, VA and U.S. Department of Agriculture, which administers the National Rural Development Partnership (NRDP). In late FY 1997, VA contributed \$500,000 to the NRDP.

Office of Information and Technology

Information Technology Architecture

- The Information Technology Architecture (ITA) Program was launched in March 1997 to promote Department-wide interoperability and data

sharing. Since then, significant progress was made to build the architecture and establish working partnerships among information technology leaders within VA to solve common problems. ITA foundation documents subsequently adopted by the cross organizational VA IT Architecture Team include the 1998 *VA IT Architecture Report and Integration Agenda*, *VA IT Architecture Baseline Report*, *Identification and Authentication Report*, and *Technical Reference Model Analysis and Recommendations*. The VA PKI Project, which was sponsored by the Team, received funding and cross organizational support in FY 1998 to proceed with pilot implementation. This Department-wide project will integrate with VA's overall security framework and support pilots that require one or more of the following: strong authentication, integrity, non-repudiation, and confidentiality.

- The Department continues to accelerate the implementation of Frame Relay technology over VA's Wide Area Network (WAN). Frame Relay permits the rapid exchange of large volume files and radiological images, such as MRIs and CAT scans between VA medical centers, VA regional offices and national cemeteries. Major projects to provide Frame Relay service to all Veterans Health Administration and Veterans Benefits Administration sites were completed in FY 1997. The National Cemetery Administration and the Office of General Counsel have major ongoing projects to implement Frame Relay service. The target completion date for this effort is in the third quarter of FY 1999. The transition to Frame Relay technology Department-wide is projected to result in significant cost savings. The transition will further facilitate migration to a replacement WAN which will take place during the latter half of FY 1999.

Information Systems—Year 2000

- VA has mitigated the Year 2000 impact on our information systems. VA mission critical computer software applications are Year 2000 compliant, including all payment-related applications and applications supporting health care. This includes information systems supporting compensation and pension, healthcare facilities, insurance, vocational rehabilitation, education, loan guaranty, financial management, personnel and national cemeteries and corporate administrative functions (financial services and payroll). VA also completed business continuity and contingency plans to ensure the continued delivery of benefits and healthcare services without interruption. In recognition of VA's Year 2000 progress, Congressman Stephen Horn, Chairman of the Subcommittee on Government Management, Information and

Technology, Committee on Government Reform, awarded the grade of "A-" to VA.

Office of Financial Management

Departmental Cost-Accounting System

- During FY 1998, VA continued to develop and maintain cost accounting policies and guidance consistent with applicable laws, regulations and executive orders issued by the Federal Accounting Standards Advisory Board and Office of Management and Budget (OMB). The initial Departmental Statement of Net Cost was prepared in accordance with Federal accounting standards for inclusion in VA's FY 1998 Annual Accountability Report. VA completed development and implementation of independent costing systems for several of its component organizations as well as conducted oversight reviews of the fees and charges imposed by the provisions of the CFO Act of 1990 and OMB Circular A-25.

Capital Asset Investment Planning

- In June 1997, following OMB and GAO guidelines, VA established the Capital Investment Board (VACIB). The Board is comprised of top VA executives who review all major capital investment proposals to ensure decisions are based on sound business principles and support strategic planning, budgeting, and performance goals. Those decisions are documented in a cohesive "One-VA" Agency Capital Plan (VACP). The VACIB serves to integrate disparate capital planning strategies and prioritization methodologies into a single, unified capital decisionmaking body that focuses on sound business principles, cross-cutting initiatives, and linkage to the Strategic and Performance Plans—all in support of a "One-VA" budget request. In deciding which assets would be included in the VACP, emphasis is placed on the assets' importance in bringing about the achievement of the Department's missions, strategic goals and priorities.
- A survey of the best capital planning practices of other government entities and private industry was conducted by a private contractor in 1997. The following tasks were accomplished:
 - a) Completed a survey of Federal, state, profit, and non-profit organizations to identify "best practices." Approximately 20 of 28 best practices were adopted for immediate implementation in FY 1998 for the FY 2000 Call for Capital Investment Proposals. The results were published in the *Capital Investments: A Survey of Best Practices* and

distributed to the field and placed on the Inter- and Intranets.

- b) Developed a *VA Capital Investment Methodology Guide*. The guide provides a blueprint for capital investment proposal development and decisionmaking throughout VA, ensuring all critical data elements required by OMB, the Results Act, the Clinger-Cohen Act, and other executive and congressional mandates are present.

Department Procurement System

- The Department's Freight Management Program continues to provide assistance and savings to VA shippers. Program growth has averaged 20 percent annually for 4 years and is expected to continue. The VA Office of Materiel Management's freight management web site provides program guidelines and links to other commercial web sites related to making small package shipments.
- During FY 1998, VA began enhancement of the Standard Automated Contracting System (SACONS) (commercial off-the-shelf contracting and procurement system). VA is now in the process of implementing the system at the VA National Acquisition Center (NAC) and the Special Services office located at Fort Detrick, MD. SACONS affords NAC contracting personnel with the automation necessary to build, award, and maintain multi-million dollar National, Federal Supply Schedule (FSS), and High-Tech Medical Equipment contracts. As part of this implementation, vendors are encouraged to submit electronic proposals (electronic catalogs) in response to solicitations posted by the NAC. The electronic proposals will be reviewed, and the applicable contracting officers will take award action accordingly. Once fully implemented, SACONS will replace a very cumbersome paper-intensive contracting process with one that is electronic and fully automated.
- Development activity began during FY 1998 to support the creation and maintenance of an electronic catalog. Population of the electronic catalog is underway, which is expected to be an ongoing process of incorporating new catalogs (contracts) and maintaining existing catalogs. Contract holders are responsible for maintaining the currency of their catalogs through provisions incorporated in the SACONS. The catalogs are maintained electronically either through the submission of the 832 Price/Sales Catalog, Electronic Data Interchange transaction, or corresponding 832 flat file records. Because the electronic catalog contains the most current data on

existing FSS, National, and/or High-Tech Medical Equipment contracts, it is electronically available for review by all VA ordering activities, DoD military treatment facilities, and VA's Prime Vendor distributors. VA's electronic catalog facilitates best-value buying. By providing using-service personnel and purchasing agents electronic access to all of the items for which the Department has established contracts (FSS, National, or High-Tech Medical Equipment), VA has curtailed open-market purchasing and taken maximum advantage of lower prices that are accessible through existing contracts.

- In responding to the Office of Federal Procurement Policy (OFPP) mandate to post all contract solicitations on the Internet with electronic linkage to GSA's Acquisition Reform Network, VA began developing the Business Opportunities System (BOS) in FY 1998. This web-based application supports the processing requirements for the entire Department, thereby making VA compliant with the "single face to industry" objective advocated by OFPP. The BOS supports the following functionalities associated with contracting: a tool set containing templates and samples of recurring statements-of-work and boilerplates; extensive on-line help, creation and maintenance of contract and vendor profile databases; tracking of vendor performance issues; and linkage and query capability for the VA Electronic Catalog. Also, it provides support for vendor registration, posting of solicitations and receipt of electronic offers via the Web, generation and posting of Commerce Business Daily notices, and protest processing and associated decisionmaking.
- The Department's standardization initiative was implemented in FY 1996 by the Under Secretary for Health. The objective of standardization is to leverage the Department's buying power to obtain quality products and services at the best price, terms, and conditions. There are over 180 contracts and agreements awarded for high-usage supplies including pharmaceutical, medical/surgical, dental, food and nutrition, batteries, laundry chemicals, and other related items. These contracts have an expected cost-savings of over \$525 million over the life of the contracts.
- Office of Acquisition and Materiel Management, in partnership with the Office of the Inspector General and the Office of the General Counsel, formed a Procurement Working Group to improve the management of Federal contracts and reduce acquisition fraud in the healthcare arena. Through this effort, VA recovered a total of \$101 million, of which \$21 million was recovered in FY 1998.

- VA continues its support of the Homeless Veterans Program by obtaining Government excess material and distributing it to VA medical centers. The medical centers then offer merchandise to outreach efforts targeted at homeless veterans. FY 1998 was successful—over \$15 million worth of merchandise was distributed, a 50 percent increase from the previous year.

Corporate Data and Information

- In FY 1998, VA took another major step toward effective performance management by incorporating significant improvements in the FY 2000 Performance Plan. The Plan includes VA's general goals and objectives, the performance measures that the Secretary will use to gauge progress toward meeting goals and objectives, annual performance targets, and a description of the resources the Administrations and staff offices need to meet the performance targets.
- Significant improvements in the Plan, as compared with the previous year's submission include: a greater focus on outcomes; a more complete picture of our most important goals and performance measures; a full discussion of how we verify and validate performance information; and better linkage between performance goals and the resources necessary for their achievement. Performance targets will be the basis for the Secretary's quarterly reviews in FY 1999.

Office of Congressional Affairs

Legislative Agenda

- In FY 1998, the Office of Congressional Affairs (OCA) carried out a number of initiatives that supported the Department's legislative agenda. Those OCA initiatives focused on enhanced communications with congressional members and staffers, more direct involvement in the development of VA's legislative program and a more concerted effort to gain the enactment of priorities contained in that legislative program.
- In addition to multiple briefings and town hall meetings in every VISN across the Nation, 15 of the 22 VISN Directors came to Washington, DC, (at OCA's request) to conduct briefings for their respective congressional delegations. Another 220 VA briefings for congressional staff members were coordinated by OCA with topics ranging from quality-of-care measures to Y2K contingency plans. During the year, Congress approved more than 20 of VA's legislative priorities.

- OCA played a key role in convincing Congress to approve legislation to clarify eligibility for spina bifida compensation, to authorize veterans to use part of the death benefits from VA-administered insurance policies for certain expenses before their deaths, and to expand VA treatment eligibility for veterans suffering the effects of nasopharyngeal radiation.

Congressional Activities

- OCA's Congressional Liaison Offices managed the responses to more than 7,000 written and 20,000 telephonic inquiries from congressional offices. OCA also coordinated more than 50 hearings during the year, to include extensive pre-hearing and post-hearing activities such as witness preparation, testimony production, and the management of several hundred documents submitted for the record.

Office of the General Counsel

Major Health Law Initiatives

- The Office of General Counsel (OGC) worked closely with VHA and OMB to develop and further legislation that would permit VA to obtain Medicare payments for the care of veterans. The Office also developed papers explaining this legislation to VA policymakers. On behalf of VHA, the Office assisted in negotiating an agreement with OMB and HHS to implement a Medicare subvention pilot program.
- Working very closely with VHA officials, OGC attorneys drafted the regulations to enroll veterans for VA health care and to establish a medical benefits package. The Office addressed and analyzed the nature and extent of VA authority in this area, issuing several formal opinions on major issues.
- OGC played a major role in developing new regulations to ensure that state homes provide high-quality care to veterans. The new regulations updated and clarified the standards that state nursing homes must meet to receive VA financial support. These regulations were of major interest to both states and Congress.

VA Procurement and Health Care Fraud Program

- OGC helped the VA Procurement Working Group obtain substantial recoveries from contractors who have violated procurement laws and contract provisions. Also, OGC assisted the VA

administrations in implementing significant healthcare anti-fraud legislation. In 1996, the Health Insurance Portability and Accountability Act mandated that the Inspector General of the Department of Health and Human Services (HHS) develop a national healthcare fraud and abuse data bank into which certain final adverse actions taken against healthcare providers, suppliers and practitioners would be reported. OGC worked closely with HHS to develop the final regulations. Once they are promulgated, VA will report healthcare contractors that were debarred or terminated for default and any healthcare practitioner, including VA employees, who were suspended, excluded or otherwise sanctioned by VA for reasons of professional competency or professional performance. Following the enactment of the comprehensive anti-fraud provisions of the Balanced Budget Act, OGC assisted in drafting a policy statement which advises VA administrations that VA is prohibited from paying healthcare program funds to healthcare providers, suppliers and practitioners, including VA employees, if they are listed on the HHS IG's sanctions list.

United States Court of Appeals for Veterans Claims

- In FY 1998, the Court docketed 2,966 new cases, an increase of approximately 12 percent over FY 1997, which included appeals from the Board of Veterans' Appeals (BVA), petitions for extraordinary relief and applications for the payment of attorney fees.
- There were many significant holdings of the Court in FY 1998. Among the more significant were:
 - a) an extension of the Court's well-grounded claim analysis to claims of service connection based on evidence of chronicity and continuity of symptomatology;
 - b) attorney-fee agreements are unreasonable on their face if they preclude an offset of Equal Access to Justice Act (EAJA) fees against fees received by the attorney from the veteran's past-due benefits;
 - c) a state divorce decree did not bar a veteran from exercising his rights under Federal statutes pertaining to National Service Life Insurance;
 - d) an unappealed decision of a regional office that was subsequently reviewed *de novo* by the BVA on the merits was subsumed by the BVA decision and not subject to a claim of clear and unmistakable error (CUE);
 - e) the rule of constructive knowledge articulated by the Court in 1992 for evidence in the possession of

VA, but which has not been incorporated in the file before the BVA, did not apply retroactively for CUE purposes to decisions earlier than 1992;
f) the Court had jurisdiction over BVA decisions involving denial of reimbursement for the cost of treatment at non-VA facilities;

g) the 120-day statutory deadline for filing an appeal with the Court was not tolled by the veteran's filing with the regional office of a motion for BVA reconsideration;

h) the new-and-material-evidence test for reopening a claim and other procedural advantages in title 38 did not apply where a claimant had failed to show his status as a "veteran" in the first instance;

i) absent competent evidence of exposure to ionizing radiation, VA was not required to forward the claim for full development under VA's radiation regulation;

j) remand by the Court or by the BVA confers on a claimant, as a matter of law, the right to compliance with the terms of the remand;

k) the Omnibus Budget Reconciliation Act of 1990, which bars compensation for disabilities that are the result of substance abuse, does not bar the granting of service connection for such disabilities;

l) the law permits a Dependency and Indemnity Compensation claimant to obtain a determination of whether the deceased veteran hypothetically would have been entitled to a grant of service connection, even where the veteran had not filed a claim during his lifetime;

m) a veteran entitled to a 100 percent scheduled evaluation for service-connected disability is not also eligible for a total disability rating based on unemployability; and

n) the Court was not required to automatically assume that an appellant's assertion of hours expended upon a case is reasonable under the EAJA.

- OGC streamlined procedures to ensure the prompt settlement of appropriate cases pending before the Court. This improved the ability to keep pace with the workload and better serve the interests of veterans in the proud tradition of the Department.
- OGC participated in joint training programs presented on a national level. The joint effort reflects the Secretary's commitment to improve the benefits adjudication system by involving the OGC,

Compensation and Pension Service of the Veterans Benefits Administration and the BVA in cooperative training for adjudicators at all levels of the system. Several programs were specifically targeted for regional office adjudicators.

- OGC attorneys provided extensive litigation support to the Department of Justice in the increasing number of appeals to the United States Court of Appeals for the Federal Circuit from decisions of the United States Court of Appeals for Veterans Claims. Among the significant issues involved in these appeals were questions relating to clear and unmistakable error in final benefit decisions, new and material evidence, and the jurisdiction of the Court of Appeals for Veterans Claims, including whether the time limit for filing appeals to that court is subject to equitable tolling. OGC attorneys also initiated a successful appeal to the Court of Appeals for the Federal Circuit from a decision of the Court of Appeals for Veterans Claims which was inconsistent with statutes governing the payment of accrued benefits to survivors of deceased veterans.

Veterans Benefits Legislation

- During FY 1998, OGC worked to implement the Administration's position that provision of benefits based upon tobacco-related disabilities and deaths occurring after service would exceed the Government's responsibility to veterans. OGC played a major role in advocating VA's proposed legislation to preclude a finding of service connection for disability or death from a tobacco-related disease or injury which became manifest after service and after any applicable presumptive period. OGC advised the Office of Management and Budget and VA officials on the legal ramifications of the "Transportation Equity Act for the 21st Century" (TEA21), which prohibited payment of compensation to veterans for disability which is a result of the use of tobacco products, and which differed substantially from the Administration's proposal. OGC's efforts were instrumental in Congress' subsequent enactment of a provision of the "Internal Revenue Service Restructuring and Reform Act of 1998," which substituted the Administration's proposal for the tobacco provision of TEA21.

Pershing Hall

- OGC successfully negotiated a lease of Pershing Hall, a building in Paris, France, owned by the United States and under the jurisdiction and control of VA. The lease, executed by the General Counsel on October 20, 1998, was granted to a French Developer, LA Partners, who will renovate

Pershing Hall as a memorial to General Pershing and to the members of the United States expeditionary forces. The building will be designed to accommodate the memorial and approximately 25 temporary lodging facilities to serve traveling business persons. Meeting rooms in the building will be available to the Department without cost on 3 occasions each year. Pursuant to the agreement, VA has already received over \$500,000 in cash and in-kind consideration as a down payment. Another \$500,000 will be paid to VA when the building re-opens in the year 2000. During the term of the lease, VA will receive payments quarterly with a net-present value of such payments of approximately \$6.7 million.

Atlanta Collocation

- The OGC was instrumental in the successful collocation of the Atlanta VA Regional Office (VARO) with the Atlanta VA Medical Center. Through an enhanced-use lease of property at the Medical Center to the DeKalb County Development Authority, the VARO will be constructed on VA property and the cost to VA will be substantially less than the market rate for similar office space and less than the rate that VA would have had to pay if the VARO had moved to the Atlanta Federal Center. Additionally, veteran visitors to the VARO will have ample parking and access to a facility across the street from the Medical Center. Financing for the building to be developed by the Development Authority was obtained through the issuance by the Authority of taxable revenue bonds. VA will not guarantee the borrowing and is only committing itself to occupancy of the facility in two-year increments. The financing and lease structures were devised within the Office of General Counsel and were viewed as models for future VA and other governmental projects.

Information Law

- OGC is charged with the responsibility of operating the Department's administrative appeals program for both the *Freedom of Information Act* (FOIA) and the *Privacy Act* (PA). The former requires an annual (fiscal year) report to the Department of Justice describing the agency's efforts to administer it, including the total number of appeals processed during that year, and their disposition. The latter requires a biennial report to Congress, including a statement as to the appellate handling of PA access requests and amendment requests. The FOIA report covering FY 1998 required a tally of FOIA and PA appeals.

- The FOIA report shows that during FY 1998, OGC received 147 appeals of initial denials of FOIA/PA requests. OGC processed 95 decisions; 47 decisions were completely upheld; 23 were partially reversed; and 25 were completely reversed.
- In calendar year 1997, the most recent year for which separate PA figures are available, OGC received 8 PA access appeals. Of those, 5 were granted, 1 was granted in part, 1 was denied, and no records were found regarding 1 appeal. For that period, 31 amendment-of-record appeals were filed. Of those, 1 was granted, 4 were granted in part, and 26 were denied.

Office of Small and Disadvantaged Business Utilization

Secretary's Socioeconomic Award Plaque

- The Secretary's Socioeconomic Award Program recognizes organization and individual achievements in the following categories of business support: Small Business, Minority Direct Business, SBA 8(a) Business Development Program Accomplishment, Women-Owned Small Business, Veteran-Owned Business, Disabled Veteran-Owned Business, and Vietnam Era Veteran-Owned Business. The FY 1998 recipients include: VHA/ Veterans Integrated Service Networks 4, 15, 17 and 22; Veterans Benefits Administration; VA Central Offices' Office of Resource Management/ Procurement Section, and the Austin Automation Center. Local healthcare facilities receiving awards include: Battle Creek, MI; Butler, PA; Columbus, OH OPC; Dallas/Bonham, TX; Fayetteville, AR; VISN 15 Leavenworth's Contract Service Center; VISN 22 Long Beach's Network Business Center; Montgomery/Tuskegee, AL; Muskogee, OK; Providence, RI; Salisbury, NC; Shreveport, LA; and Washington, DC.

Statistical Appendix

Introduction

Over this past year, all statistical tables published in past years of the *Annual Report* have been evaluated for their usefulness in measuring progress towards achieving the performance goals described in the *Department of Veterans Affairs Strategic Plan, FY 1998-2003*. As a result, in creating the FY 1998 tables, a number of the FY 1997 tables have been modified, replaced, or deleted without replacement.

To inform readers of the *Annual Report* about the historical origins of FY 1998 tables as well as the disposition of all FY 1997 tables, we present two lists of tables:

1) **FY 1998 Statistical Tables**

This list provides information about FY 1998 tables that would be expected of a "table of contents" and more. In addition to listing FY 1998 table numbers, titles, and page numbers in this volume, we also indicate for each FY 1998 table whether it is an unmodified old table, a modified old table, or a new table. If the table is old, the FY 1997 table number is noted.

2) **Disposition of FY 1997 Statistical Tables**

In this list, we indicate the titles and numbers of all statistical tables published in the *FY 1997 Annual Report*. We then show the FY 1998 disposition of each FY 1997 table where four possibilities are considered: retained "as is," modified, replaced, or deleted without replacement.

By providing these two listings we hope to make the transition to new, more useful and reliable FY 1998 statistical tables as user-friendly as possible. In this same spirit, we have added information to all FY 1998 statistical tables describing the data source for the table and a contact within VA who is knowledgeable about the table.

We anticipate a continual evolution of the content and manner of presenting annually reported statistical information describing VA performance. Modernizing VA statistical reporting is needed to not only insure relevancy but also accuracy and reliability.

FY 1998 Statistical Tables

<i>FY 1998 Table Number and Title</i>	<i>Page</i>	<i>Notes*</i>
Veteran Population		
1. Veteran Population of the U.S. and Puerto Rico, 1998	54	O(1)
2. Estimated Number of Veterans Living in U.S. and Puerto Rico by SEX, AGE, and PERIOD OF SERVICE as of July 1, 1998	55	O(4)
3. Estimated Number of Veterans Living in U.S. & Puerto Rico by STATE and PERIOD OF SERVICE as of July 1, 1998	56-57	O(5)
4. Educational Attainment, Veterans and Nonveterans by Sex and Age, 1998	58	M(2)
5A: Total Family Income by Sex, Educational Attainment, Age, and Veterans Status (MALES), 1998	59	N
5B: Total Family Income by Sex, Educational Attainment, Age, and Veterans Status (FEMALES), 1998	60	N
6. Labor Force Status and Unemployment of Selected Groups of Veterans and Nonveterans, Fiscal Year 1997	61	M(3)
Veterans Health Administration		
7. VA Health Care, Systemwide WORKLOAD, FY 1995-98	62-63	N
8. VA Health Care, Systemwide CAPACITIES, FY 1995-98	64	N
9. VA Health Care, Systemwide OBLIGATIONS, FY 1995-98	65	N
10. VA Health Care, Systemwide EDUCATION and RESEARCH, FY 1995-98	66	N
11. Inpatient and Outpatient Summary (MEDICAL Care), FY 1998	67-78	O(7)
12. Inpatient and Outpatient Summary (DENTAL Care), FY 1998	79-83	O(8)
13. Hospital and Extended Care by Type of Facility, FY 1998	84	O(10)
14. Average Operating Beds, Patients Treated, and Average Daily Census, FY 1998	85-89	O(15)
15. Pharmacy Activity, FY 1996-98	90	O(29)
16. Homeless Veterans / INPATIENT Care (Domiciliary Care, DCHV); FY 1998	91	O(26)
17. Homeless Veterans: OUTPATIENT Health Care, FY 1998	92-93	O(27)

FY 1998 Statistical Tables, continued

<i>FY 1998 Table Number and Title</i>	<i>Page</i>	<i>Notes*</i>
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* Notes:

- A = Kept as is (FY 1998 table has the same structure as the FY 1997 table; FY 1998 table number indicated in middle column)
- M = Modified (FY 1998 table number indicated in middle column)
- R = Replaced (FY 1998 table number indicated in middle column)
- D = Deleted and not replaced

Table 1: Veteran Population of the U.S. and Puerto Rico, 1998
(Number of Persons in Thousands)

Period of Service	Veteran Population as of July 1, 1997	Net Separations from the Armed Forces	Deaths in Civilian Life	Veteran Population (1) as of July 1, 1998	Percent Change in Veteran Population	Female Veterans	
						Population as of July 1, 1998	Percent of Total Veteran Population
All veterans.....	25,551	160	552	25,188	-1.4	1,233	4.9
Wartime veterans (2)	19,614	160	502	19,300	-1.6	785	4.1
Gulf War service.....	1,864	160	4	2,049	10.0	245	12.0
With no Vietnam era service.....	1,575	150	3	1,750	11.1	229	13.1
With Vietnam era service.....	288	10	1	300	4.0	16	5.2
Vietnam era	8,212	*	58	8,166	-0.6	235	2.9
With no Korean conflict or Gulf War service.....	7,433	--	42	7,391	-0.6	212	2.9
With Korean conflict and no Gulf War service.....	292	--	6	286	-2.1	4	1.3
With Gulf War and no Korean conflict service.....	288	*	1	300	4.0	16	5.2
Korean conflict	4,290	*	111	4,179	-2.6	90	2.2
With no World War II or Vietnam era service.....	3,325	--	72	3,252	-2.2	74	2.3
With World War II service only.....	473	--	23	451	-4.8	9	2.0
With Vietnam era service and no World War II service.....	292	*	6	286	-2.1	4	1.3
World War II.....	6,694	--	376	6,319	-5.6	250	4.0
With no Korean conflict service.....	6,021	--	343	5,678	-5.7	238	4.2
With Korean conflict service.....	673	--	9	641	-4.8	12	1.9
World War I.....	7	--	2	5	-29.2	*	7.7
Peacetime veterans.....	5,937	--	50	5,887	-0.8	447	7.6
Service between Korean conflict and Vietnam era only.....	2,767	--	35	2,732	-1.3	71	2.6
Peacetime post-Vietnam era service.....	3,027	--	8	3,018	-0.3	366	12.1
Other peacetime service (3)	144	--	7	137	-4.8	11	7.9

- (1) Includes an indeterminate number of Mexican Border period veterans, 14 of whom were receiving benefits as of September 30, 1998.
- (2) Comprised of Gulf War veterans with no Vietnam era service, Gulf War veterans with Vietnam era service, Vietnam era veterans with no Korean conflict or Gulf War Service, Korean conflict veterans with Vietnam era service and no World War II service, Korean conflict veterans with no Vietnam era service or World War II service, World War II veterans, and World War I veterans.
- (3) Includes veterans who served only between World War I and World War II, those who served only between World War II and the Korean conflict, and those who served before World War I only.
- (4) 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.
- * Less than 500

SOURCE: Veteran population and deaths are estimated from the 1993 Veteran Population Projection, Office of Planning and Analysis. Net separations are based on current separations from active duty.

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Table 2: Estimated Number of Veterans Living in the U.S. and Puerto Rico by SEX, AGE, and PERIOD OF SERVICE, July 1, 1998

(Number of Persons in Thousands)

Age Group (in years)	Total Veterans (11)	Wartime Veterans									Peacetime Veterans			
		Total (1)	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 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.....	25,188	19,300	2,048	1,748	8,166	7,690	4,179	3,538	6,319	5	5,888	3,018	2,732	138
Under 20 yrs.....	1	--	--	--	--	--	--	--	--	--	--	--	--	--
20 - 24 yrs.....	184	183	183	183	--	--	--	--	--	--	1	--	--	1
25 - 29 yrs.....	730	647	647	647	--	--	--	--	--	--	82	82	--	--
30 - 34 yrs.....	1,150	493	493	493	--	--	--	--	--	--	657	657	--	--
35 - 39 yrs.....	1,427	257	230	230	27	27	--	--	--	--	1,170	1,170	--	--
40 - 44 yrs.....	1,740	896	205	130	767	767	--	--	--	--	844	844	--	--
45 - 49 yrs.....	2,537	2,357	179	34	2,323	2,323	--	--	--	--	181	177	3	--
50 - 54 yrs.....	3,369	3,155	79	18	3,137	3,137	--	--	--	--	214	48	165	1
55 - 59 yrs.....	2,373	1,187	24	8	1,164	1,162	17	17	--	--	1,186	24	1,159	3
60 - 64 yrs.....	2,396	1,154	7	4	328	223	927	927	--	--	1,242	13	1,214	15
65 - 69 yrs.....	2,808	2,578	2	1	228	38	2,354	2,274	265	--	230	3	168	59
70 - 74 yrs.....	2,928	2,891	--	--	111	10	599	293	2,588	--	37	--	15	22
75 - 79 yrs.....	2,285	2,272	--	--	60	4	198	18	2,250	--	13	--	4	9
80 - 84 yrs.....	931	916	--	--	18	--	66	6	911	--	14	--	2	12
85 yrs. & over.....	328	312	--	--	3	--	18	3	305	4	16	--	1	14
Median Age (9).....	57.0	61.8	30.5	29.3	50.3	50.0	66.3	65.7	74.6	95.6	49.5	37.4	59.1	68.3
Female Veterans														
All Ages.....	1,233	785	245	229	235	228	90	78	250	--	448	366	71	11
Under 20 yrs.....	--	--	--	--	--	--	--	--	--	--	--	--	--	--
20 - 24 yrs.....	19	19	19	19	--	--	--	--	--	--	--	--	--	--
25 - 29 yrs.....	88	77	77	77	--	--	--	--	--	--	11	11	--	--
30 - 34 yrs.....	141	68	68	68	--	--	--	--	--	--	73	73	--	--
35 - 39 yrs.....	177	38	36	36	2	2	--	--	--	--	139	139	--	--
40 - 44 yrs.....	174	72	25	19	53	53	--	--	--	--	102	102	--	--
45 - 49 yrs.....	117	89	13	6	83	83	--	--	--	--	28	27	--	--
50 - 54 yrs.....	77	62	5	2	60	60	--	--	--	--	15	8	7	--
55 - 59 yrs.....	57	22	2	1	20	20	1	1	--	--	36	3	33	--
60 - 64 yrs.....	54	28	--	--	6	6	22	22	--	--	26	2	23	1
65 - 69 yrs.....	55	48	--	--	4	2	39	39	7	--	7	--	5	2
70 - 74 yrs.....	74	70	--	--	3	1	15	12	57	--	4	--	1	2
75 - 79 yrs.....	127	124	--	--	2	1	7	2	121	--	2	--	1	2
80 - 84 yrs.....	47	45	--	--	1	--	3	1	44	--	2	--	--	2
85 yrs. & over.....	25	23	--	--	--	--	2	--	22	--	3	--	--	2
Median Age (9).....	44.6	50.9	30.7	30.1	47.7	47.5	66.4	65.7	76.1	94.9	39.0	37.6	58.4	73.7

See Table 2 notes following Table 3.

Table 3: Estimated Number of Veterans Living in the U.S. and Puerto Rico by STATE and PERIOD OF SERVICE as of July 1, 1998

(Number of Persons in Thousands)

State	Total Veterans (11)	Wartime Veterans									Peacetime Veterans			
		Total (1)	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						
Grand Total.....	25,188	19,300	2,048	1,748	8,166	7,690	4,179	3,538	6,319	5	5,888	3,018	2,732	138
U.S. Total (10).....	25,060	19,207	2,037	1,740	8,134	7,655	4,147	3,507	6,299	1	5,852	3,000	2,718	137
Alabama.....	413	321	46	38	134	122	74	61	101	--	92	49	41	2
Alaska.....	63	44	4	3	30	28	7	6	7	--	19	12	7	--
Arizona.....	447	342	30	27	146	132	80	63	120	--	106	59	45	3
Arkansas.....	249	195	27	22	79	72	43	35	66	--	54	26	26	1
California.....	2,707	2,026	172	147	931	867	457	366	646	1	681	374	293	15
Colorado.....	369	281	29	25	142	130	61	50	76	--	87	48	38	2
Connecticut.....	320	244	20	16	97	94	53	46	87	--	76	36	38	2
Delaware.....	76	57	7	6	24	23	12	10	19	--	19	11	8	--
District of Columbia.....	47	37	5	4	14	12	9	7	13	--	10	5	5	--
Florida.....	1,671	1,298	117	95	490	435	306	237	531	--	372	202	160	10
Georgia.....	667	492	62	53	245	227	101	84	128	--	175	104	67	4
Hawaii.....	113	83	9	7	42	38	19	15	23	--	30	17	12	1
Idaho.....	108	83	11	9	36	33	17	14	27	--	25	12	12	1
Illinois.....	1,019	795	83	73	313	307	165	149	266	--	224	102	118	5
Indiana.....	572	437	51	45	179	174	90	81	136	--	136	67	66	3
Iowa.....	278	223	26	23	85	83	48	44	73	--	56	23	31	1
Kansas.....	250	196	19	16	84	80	42	36	64	--	54	27	25	1
Kentucky.....	355	278	34	29	116	110	58	51	88	--	77	38	38	2
Louisiana.....	355	281	39	33	114	107	58	49	92	--	74	33	39	2
Maine.....	150	113	14	12	50	48	23	20	34	--	36	20	15	1
Maryland.....	513	375	39	34	171	161	80	66	113	--	138	80	55	3
Massachusetts.....	561	430	33	28	163	158	95	83	161	--	131	64	64	3
Michigan.....	913	701	84	76	287	282	136	124	219	--	212	104	102	5
Minnesota.....	444	340	33	29	148	146	71	64	101	--	104	48	54	2
Mississippi.....	224	176	28	24	67	60	40	33	58	--	48	24	23	2
Missouri.....	565	438	48	41	181	172	97	83	141	--	127	63	61	3
Montana.....	91	72	9	8	30	29	15	13	22	--	19	8	10	--
Nebraska.....	160	126	15	12	50	48	29	26	40	--	34	16	18	1
Nevada.....	185	137	9	8	65	59	35	29	42	--	48	25	22	1
New Hampshire.....	132	98	10	8	46	43	21	18	29	--	34	19	14	--
New Jersey.....	698	541	43	37	198	192	122	108	203	--	157	69	84	4
New Mexico.....	167	127	15	13	59	54	27	21	39	--	39	23	16	1
New York.....	1,454	1,121	124	107	408	402	236	215	396	--	333	157	168	8
North Carolina.....	691	522	61	51	231	214	113	97	160	--	169	95	71	4
North Dakota.....	56	44	5	5	18	17	10	9	13	--	12	5	6	--
Ohio.....	1,143	886	104	92	350	341	178	160	293	--	257	127	124	6
Oklahoma.....	330	262	25	21	115	106	60	48	87	--	69	31	35	2
Oregon.....	360	279	28	25	124	118	55	46	91	--	81	40	40	2
Pennsylvania.....	1,306	1,022	105	90	375	364	213	189	379	--	284	125	152	8
Rhode Island.....	104	81	7	6	31	29	18	15	31	--	23	12	11	1
South Carolina.....	370	279	38	31	129	116	60	49	83	--	91	52	37	2
South Dakota.....	71	56	8	7	21	20	14	12	17	--	15	7	8	--
Tennessee.....	501	385	46	38	170	159	81	70	117	--	116	58	55	3
Texas.....	1,578	1,206	135	111	572	524	258	209	362	--	372	200	163	9
Utah.....	131	104	11	9	43	41	23	19	35	--	27	12	14	1
Vermont.....	61	45	5	5	20	19	9	8	13	--	16	8	7	--
Virginia.....	684	505	56	47	256	228	113	87	143	--	179	110	65	4
Washington.....	614	460	46	39	230	213	97	77	132	--	153	85	65	3
West Virginia.....	191	154	18	15	59	56	34	29	53	--	37	14	22	1
Wisconsin.....	489	374	41	37	150	147	77	70	119	--	115	50	63	2
Wyoming.....	44	35	4	3	16	15	7	6	10	--	9	4	5	--
Puerto Rico.....	126	93	11	10	34	34	31	31	19	--	33	16	16	1

See notes for Tables 2 and 3 on next page.

Notes for Tables 2 and 3:

- (1) Veterans who served in more than one wartime period are counted only once. Total wartime equals the sum of 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 14 were receiving VA benefits and 6,800 veterans (500 female veterans) of World War I, all of whom were over 90 years old.
 - (2) Includes 288,100 (14,900 female) who served in both the Gulf War and the Vietnam era.
 - (3) Includes 160 who served in the Gulf War, the Vietnam era, and the Korean conflict.
 - (4) Includes 291,900 (3,800 female) who served in both the Korean conflict and the Vietnam era.
 - (5) Includes 199,000 (3,300 female) who served in the Vietnam era, Korean conflict, and World War II.
 - (6) Includes 673,000 (12,900 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.
 - (9) Computed from data by single year of age.
 - (10) U.S. Total includes all 50 states and the District of Columbia.
 - (11) 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.
- * Less than 500.

SOURCE: 1993 Veteran Population Projection Model, Office of Planning and Analysis (008)

CONTACT: Kathleen Sorensen at (202) 273-5104 and Jan Somers at (202) 273-5105, Office of Planning and Analysis (008)

Table 4: Educational Attainment, Veterans and Nonveterans by Sex and Age; 1998

Description	Total Number (thousands)	Percent of Total Number					
		No High School	High School		College		
			1 to 3 Years	4 Years (1)	1 to 3 Years	4 Years or More (2)	At Least Some College (3)
MALES							
Veterans age 20 and older	23,790	5.0	8.2	36.2	28.3	22.3	50.6
Nonveterans age 20 and older	66,720	7.9	10.8	31.0	24.6	25.7	50.3
Vietnam era veterans age 40 to 54	7,175	1.0	4.8	35.1	35.0	24.1	59.1
Nonveterans age 40 to 54	20,000	6.1	9.5	28.4	23.9	32.2	56.1
Post Vietnam era veterans age 20 to 39	3,333	.4	2.8	45.2	38.7	12.9	51.6
Nonveterans age 20 to 39	35,770	4.6	10.6	33.3	28.3	23.3	51.5
FEMALES							
Veterans age 20 and older	1,320	1.5	1.6	31.3	44.0	21.6	65.6
Nonveterans age 20 and older	97,210	7.0	9.8	34.9	26.8	21.5	48.3
Vietnam era veterans age 40 to 54	357	--	.8	26.0	43.6	29.6	73.2
Nonveterans age 40 to 54	28,100	4.5	7.1	35.0	27.3	26.1	53.4
Post Vietnam era veterans age 20 to 39	550	--	.7	32.4	49.5	17.5	67.0
Nonveterans age 20 to 39	39,390	3.3	8.1	31.5	33.0	24.1	57.1

(1) Only includes high school graduates; non-graduates are represented in the 1-3 years category.

(2) Only includes college graduates with at least a bachelor degree; non-graduates are represented in the 1-3 years category.

(3) "At Least Some College" is the sum of "1 to 3 Years" plus "4 Years or More."

SOURCE: Current Population Survey, March 1998, U. S. Bureau of Census
CONTACT: Don Stockford at (202) 273-5112, Office of Planning and Analysis (008)

Table 5a: Total Family Income by Sex, Educational Attainment, Age, and Veteran Status (MALES); 1998

Education, Age, and Veteran Status	Total Number (000's)	Total Family Income (% of Total Number)			
		< \$10K	\$10K-\$19,999	\$20K-\$39,999	\$40K & Over
Less Than 12 Years Education					
age 20 - 39					
Veterans	105	6.8	24.6	34.5	34.1
Nonveterans	5,441	17.1	23.4	34.0	25.6
age 40 - 54					
Veterans	415	12.2	16.8	28.7	42.3
Nonveterans	3,116	14.1	20.3	31.5	34.1
age 55 and Over					
Veterans	2,614	13.0	29.9	36.0	21.1
Nonveterans	3,880	18.7	29.2	28.7	23.5
High School Graduate Only⁽¹⁾					
age 20 - 39					
Veterans	1,506	4.8	11.1	32.1	52.1
Nonveterans	11,890	7.8	15.2	30.9	46.2
age 40 - 54					
Veterans	2,519	5.4	6.9	26.4	61.3
Nonveterans	5,694	6.2	9.2	26.1	58.6
age 55 and Over					
Veterans	4,590	5.4	17.0	37.4	40.3
Nonveterans	3,155	7.3	17.9	33.3	41.6
Some College					
age 20 - 39					
Veterans	1,291	4.6	10.7	31.9	52.8
Nonveterans	10,110	5.7	10.6	27.1	56.6
age 40 - 54					
Veterans	2,511	3.6	7.2	21.9	67.3
Nonveterans	4,788	3.5	7.5	21.0	68.0
age 55 and Over					
Veterans	2,934	5.2	14.2	29.7	50.9
Nonveterans	1,522	6.1	14.9	24.7	54.2
Four or More Years College⁽²⁾					
age 20 - 39					
Veterans	431	4.7	3.9	17.4	74.1
Nonveterans	8,322	4.1	4.4	21.3	70.2
age 40 - 54					
Veterans	1,730	2.2	2.2	11.1	84.6
Nonveterans	6,442	1.7	2.9	10.7	84.6
age 55 and Over					
Veterans	3,142	2.1	7.0	20.5	70.4
Nonveterans	2,354	3.8	6.0	16.5	73.7

See notes following Table 5b.

Table 5b: Total Family Income by Sex, Educational Attainment, Age, and Veteran Status (FEMALES); 1998

Education, Age, and Veteran Status	Total Number (000's)	Total Family Income (% of Total Number)			
		< \$10K	\$10K-\$19,999	\$20K-\$39,999	\$40K & Over
Less Than 12 Years Education					
age 20 - 39					
Veterans	4	0.0	45.5	54.5	0.0
Nonveterans	4,499	30.0	25.3	27.4	17.3
age 40 - 54					
Veterans	3	39.8	0.0	60.2	0.0
Nonveterans	3,260	18.4	24.3	29.2	28.1
age 55 and Over					
Veterans	34	23.9	35.8	30.9	9.5
Nonveterans	8,607	30.2	29.7	23.4	16.8
High School Graduate Only⁽¹⁾					
age 20 - 39					
Veterans	178	10.6	12.9	39.8	36.7
Nonveterans	12,410	13.8	16.8	28.1	41.3
age 40 - 54					
Veterans	93	11.1	23.1	22.7	43.1
Nonveterans	9,842	7.4	11.0	26.0	55.6
age 55 and Over					
Veterans	142	4.7	20.7	38.4	36.2
Nonveterans	11,640	12.8	23.9	30.5	32.9
Some College					
age 20 - 39					
Veterans	272	7.0	25.8	29.3	37.8
Nonveterans	13,000	9.3	13.0	25.9	51.8
age 40 - 54					
Veterans	156	4.6	12.1	17.0	66.2
Nonveterans	7,670	4.6	8.4	21.8	65.2
age 55 and Over					
Veterans	153	7.7	19.5	41.7	31.1
Nonveterans	5,406	9.9	21.1	29.4	39.5
Four or More Years College⁽²⁾					
age 20 - 39					
Veterans	96	2.1	15.5	26.6	55.8
Nonveterans	9,488	4.1	6.1	21.0	68.9
age 40 - 54					
Veterans	105	1.2	4.3	15.7	78.7
Nonveterans	7,328	2.2	3.5	11.8	82.5
age 55 and Over					
Veterans	84	12.6	34.6	11.0	41.8
Nonveterans	4,076	5.8	11.3	23.3	59.7

(1) Only includes high school graduates (with no further education); non-graduates are represented in the "< 12 Years" category.

(2) Only includes college graduates with at least a bachelor's degree; non-graduates are represented in the "Some College" category.

SOURCE: March 1998 Current Population Survey, U. S. Bureau of Census
CONTACT: Don Stockford at (202) 273-5112, Office of Planning and Analysis (008)

Table 6: Labor Force Status and Unemployment of Selected Groups of Veterans and Nonveterans, 1998

<i>Subpopulation</i>		<i>Number in Labor Force (000's)</i> (2)	<i>Percent Labor Force</i> (3) = (2) / (1)	<i>Number Unemployed (000's)</i> (4)	<i>Unemployment Rate</i> (5) = (4) / (2)
<i>Description</i>	<i>Number</i> (1)				
<u>Both Sexes 20 or older</u>					
Veterans	24,782	14,708	59.4	470	3.2
Nonveterans	164,338	114,427	69.6	4,615	4.0
<u>Males 20 or older</u>					
Veterans	23,389	13,846	59.2	426	3.1
Nonveterans	67,169	55,711	82.9	2,221	4.0
<u>Males 20-39</u>					
Post Vietnam Era Veterans	2,942	2,780	94.5	110	3.9
Nonveterans	36,163	32,582	90.1	1,541	4.7
<u>Males 40-54</u>					
Vietnam era veterans	6,040	5,411	89.6	155	2.9
Nonveterans	20,115	18,226	90.6	539	3.0
<u>Males 55-64</u>					
Veterans	4,532	3,027	66.8	80	2.7
Nonveterans	6,016	4,148	68.9	121	2.9
<u>Females 20 or older</u>					
Veterans	1,393	863	61.9	45	5.2
Nonveterans	97,169	58,716	60.4	2,394	4.1
<u>Females 20-39</u>					
Veterans	591	475	80.4	28	5.8
Nonveterans	39,344	29,647	75.4	1,563	5.3
<u>Females 40-54</u>					
Veterans	368	288	78.2	14	4.8
Nonveterans	28,117	21,662	77.0	647	3.0

SOURCE: Current Population Survey, October 1997 through September 1998, U.S. Bureau of Census. Data shown are based on average quarterly figures for FY 1998.

CONTACT: Don Stockford at (202) 273-5112, Office of Planning and Analysis (008)

Table 7: VA Health Care, Systemwide WORKLOAD, FY 1995-98

Data Description	FY 1998	FY 1997	FY 1996	FY 1995
Unique Patients (1)	3,431,393	3,142,065	2,937,000	2,858,582
Inpatient Care [Patients Treated (2)]				
Acute (3) hospital care	441,735	497,547	621,495	680,288
Rehabilitative care	17,303	18,224	18,625	19,249
Psychiatric care	126,693	147,117	177,287	194,448
Nursing home care	96,568	88,657	82,390	140,960
Subacute care (4)	45,850	36,651	32,691	--
Residential care (4)	49,987	38,650	28,036	--
TOTAL patients treated	778,136	826,846	960,524	1,034,945
Inpatient Care [Average Daily Census (ADC)]				
Acute (3) hospital care	9,030	10,461	13,948	16,028
Rehabilitative care	1,346	1,423	1,642	1,779
Psychiatric care	6,324	7,919	11,037	13,330
Nursing home care	33,670	33,805	33,733	49,934
Subacute care (4)	2,937	3,844	5,085	--
Residential care (4)	10,662	9,901	9,319	--
TOTAL average daily census	63,969	67,353	74,764	81,071
Inpatient Care [Length of Stay (5)]				
Acute (3) hospital care	8	8	8	9
Rehabilitative care	28	29	32	34
Psychiatric care	18	20	23	25
Nursing home care	127	139	150	129
Subacute care (4)	23	38	57	--
Residential care (4)	78	94	122	--
Outpatient Visits [x 1000] (6)				
Staff	33,417	30,436	28,360	26,501
Fee	1,555	1,483	1,490	1,548
TOTAL visits	34,972	31,919	29,850	28,049
Outpatient Dental				
Staff examinations	287,308	270,743	234,968	218,137
Staff treatments	159,754	152,955	152,373	149,535
Fee cases	14,593	17,577	16,647	17,240
Long Term Care Average Daily Census (ADC)				
Institutional Care ADC (patients)				
VA nursing home	13,391	13,289	13,605	13,660
Community nursing home	5,605	6,477	7,379	8,300
State home nursing (7)	14,674	14,027	13,260	12,465
VA domiciliaries	5,583	5,461	5,521	5,713
Psychiatric residential rehabilitation (8)	1,453	856	--	--
State home domiciliaries (7)	3,626	3,576	3,513	3,479
TOTAL, Institutional Care	44,332	43,686	43,278	43,617
Home & Community-Based Care ADC (patients)				
Home-based primary care	6,348	5,531	5,100	5,000
Contract home health care (9)	1,916	1,728	1,491	1,273
VA adult day health care [ADHC]	442	434	373	450
Contract adult day health care [CADHC]	615	551	613	419
Homemaker/home health aid services (10)	2,385	3,396	1,500	1,136
Community residential	8,104	9,300	9,300	9,200
TOTAL, Home and Community-Based Care	19,810	20,940	18,377	17,478

See notes, next page.

Table 7 Notes:

- (1) "Unique Patients" are uniquely identified by social security number.
- (2) "Patients treated" are defined as "discharges plus deaths plus patients remaining in VA beds at the end of a fiscal year plus inter-hospital transfers."
- (3) The category "acute hospital care" covers care provided in medicine, surgery, and neurology bedsections.
- (4) "Subacute" and "residential care" are subsumed in the category "nursing home care" in FY 1995.
- (5) "Average length of stay" for a fiscal year reflects only days of care generated in that fiscal year.
- (6) Outpatient visit data obtained from VHA that has not been reported in annual budget submissions. These data are used to achieve consistency in definition of types of visits over time. Total fee-basis visits include home health care visits.
- (7) All ADC long term care data for FY 1995 and FY 1996 are from the VHA/Geriatrics and Extended Care Strategic Health Group instead of annual departmental budget submissions. This source also applies to state home nursing and state home domiciliary, FY 1997 ADC data.
- (8) ADC data are not available for "psychiatric residential rehabilitation" for FY 1995-96. Nevertheless, the FY 1995-96 results for "TOTAL, Institutional Care" are accurate despite the lack of a breakout for this type of institutional long term care.
- (9) Contract home health care data for FY 1996 and FY 1995 are estimates based on trend data describing contract home health care visits. The following table shows this visit data and the estimation procedure:

YEAR:	1998	1997	1996	1995
contract home health care visits:	699,000	631,000	555,000	484,000
year to year proportional change:		0.1078	0.1369	0.1467
estimated persons:			1491	1273

- (10) "Homemaker/home health aid services" and "Community residential" ADC data are from VHA/Geriatric and Extended Care SWG records for FY 1995-97.

SOURCE: FY 1997 - 2000 Department of Veterans Affairs Budget Submissions (except as indicated otherwise in the notes above)

CONTACT: Arthur Klein at (202) 273-8181, VHA/CFO/Resource Formulation Office (171) and, for long term care data, Daniel Schoeps at (202) 273-8543, VHA/Geriatrics and Extended Care Strategic Health Group

Table 8: VA Health Care, Systemwide CAPACITIES, FY 1995-98

Data Description	FY 1998	FY 1997	FY 1996	FY 1995
Number of VA installations				
VISNs (1)	22	22	22	--
VA hospitals	172	172	173	173
VA nursing homes	132	131	133	131
VA domiciliaries	40	40	40	39
Outpatient clinics	551	439	398	391
Staff Ratios				
FTE/Census			4.87	4.54
Acute hospital	6.14	5.90	3.49	3.43
Rehabilitative care	3.67	3.72	2.28	2.03
Psychiatric care	2.88	2.66	0.58	0.70
Nursing home care	0.60	0.58	1.89	--
Subacute care (2)	2.10	2.01	0.40	--
Residential care (2)	0.41	0.38		
FTE/1000 patients treated			109	107
Acute hospital	126	124	307	317
Rehabilitative care	286	290	142	139
Psychiatric care	144	143	237	246
Nursing home care	211	222	295	--
Subacute care (2)	135	211	132	--
Residential care (2)	87	97		--
FTE/1000 visits (3)	1.94	1.88	1.90	--
FTE by Type				
Physicians	11,258	11,507	11,891	12,053
Dentists	826	867	906	930
Registered Nurses (RN)	34,397	35,190	37,187	37,731
LPN/LVN/NA	19,448	20,184	22,033	23,196
Non-physician providers	3,078	3,065	3,157	3,121
Health techs/allied health	36,981	37,568	38,640	38,943
Wage board/P&H (4)	26,785	27,451	29,109	30,593
All other	51,995	50,303	52,230	53,881
TOTAL	184,768	186,135	195,153	200,448
FTE by Activity				
Acute hospital care	55,446	61,756	67,902	72,764
Rehabilitative hospital care	4,944	5,293	5,724	6,107
Psychiatric care	18,213	21,064	25,162	27,012
Nursing home care	20,365	19,708	19,567	34,734
Subacute care (2)	6,177	7,736	9,634	--
Residential care (3)	4,348	3,766	3,700	--
Outpatient care	67,783	60,059	56,906	50,755
Community based care	--	--	--	3,038
Miscellaneous benefits & services	7,323	6,607	6,416	5,891
CHAMPVA	169	146	142	147
TOTAL	184,768	186,135	195,153	200,448
FTE by Function				
Direct Care	132,089	135,270	142,232	145,400
Support	28,584	26,480	27,443	28,313
Engineering & environment	22,703	23,012	24,043	25,279
All other	1,392	1,373	1,435	1,456
TOTAL	184,768	186,135	195,153	200,448

(1) Veteran Integrated Service Networks (VISNs) were created and fielded in FY 1996.

(2) "Subacute" and "residential care" are subsumed in the category "nursing home care" in FY 1995.

(3) FTE per 1000 patients is not computed in FY 1995.

(4) Wage board/P&H refers to contracting for labor on a "purchase and hire" non-recurring basis (e.g., electricians, plumbers).

SOURCE: FY 1997 - 2000 Department of Veterans Affairs Budget Submissions except as indicated otherwise in the notes above
CONTACT: Arthur Klein at (202) 273-8181, VHA/CFO/Resource Formulation Office (171)

Table 9: VA Health Care, Systemwide OBLIGATIONS, FY 1995-98

Data Description	FY 1998	FY 1997	FY 1996	FY 1995
Medical Care Appropriation (\$1000)				
Acute hospital care	\$5,040,063	\$5,482,246	\$5,584,433	\$5,833,607
Rehabilitative care	392,478	406,871	400,093	312,074
Psychiatric care	1,245,798	1,497,290	1,600,741	1,677,961
Nursing home care	1,780,117	1,750,615	1,646,252	2,580,204
Subacute care (1)	409,313	515,428	567,389	--
Residential care (1)	325,526	292,060	259,616	--
Outpatient care	7,262,803	6,360,744	5,504,543	4,675,057
Community based care	--	--	--	286,774
Miscellaneous benefits & services	872,344	747,497	718,333	616,271
CHAMPVA	112,637	96,712	91,456	94,009
Inpatient				-42,312
Outpatient				-51,697
TOTAL Obligations	\$17,441,079	\$17,149,463	\$16,372,856	\$15,981,948
Average obligation/patient day				
Acute hospital	\$1,529	\$1,436	\$1,094	\$1,006
Rehabilitative care	799	783	666	481
Psychiatric care	540	518	396	345
Nursing home care	145	142	133	142
Subacute care (1)	382	367	305	--
Residential care (1)	84	81	76	--
Average obligation/patient treated				
Acute hospital	\$11,410	\$11,019	\$8,985	\$8,649
Rehabilitative care	22,683	22,326	21,482	16,212
Psychiatric care	9,833	10,178	9,029	8,629
Nursing home care	18,434	19,746	19,981	18,305
Subacute care (1)	8,927	14,063	17,356	--
Residential care (1)	6,512	7,557	9,260	--
Total Long-term Obligations (\$1000)				
Institutional care	\$2,129,988	\$2,066,981	\$1,928,377	\$19,914,177
Home and community-based care	177,979	159,772	99,826	96,406
Other long-term care	81,976	100,706	96,465	90,936
TOTAL long-term care	\$2,389,943	\$2,327,459	\$2,124,668	\$20,101,519
Institutional long term care (\$1000)				
Nursing home care	\$1,780,117	\$1,750,615	\$1,646,252	\$1,635,348
Residential care	325,526	292,060	259,616	256,793
Respite care	24,345	24,306	22,509	22,036
TOTAL institutional care	\$2,129,988	\$2,066,981	\$1,928,377	\$1,914,177
Obligation per visit				
Outpatient visit (staff and fee)	\$208	\$199	\$188	\$179
Capital investment				
Obligations (\$1000)	\$1,015,202	\$1,231,238	\$819,859	\$838,607

(1) "Subacute" and "residential care" are subsumed in the category "nursing home care" in FY 1995.

SOURCE: FY 1997 - 2000 Department of Veterans Affairs Budget Submissions except as indicated otherwise in the notes above

CONTACT: Arthur Klein at (202) 273-8181, VHA/CFO/Resource Formulation Office (171)

Table 10: VA Health Care, Systemwide EDUCATION and RESEARCH, FY 1995-98

Data Description	FY 1998	FY 1997	FY 1996	FY 1995
VHA Professional Education				
Obligations (\$1000)	\$350,853	\$351,676	\$349,061	\$341,056
Physician residents and fellows	42,059	41,133	40,203	37,669
Associated health residents and students	221,716	227,782	231,647	238,324
VAMC instructional support	115,319	122,696	123,791	125,184
VAMC resident admin. support	\$729,947	\$743,287	\$744,702	\$742,233
TOTAL obligations for professional education				
Health professionals rotating through VA	29,908	32,536	32,612	34,260
Physician residents & fellows	18,549	19,761	20,011	21,349
Medical students	23,941	26,678	27,194	25,882
Nursing students	18,798	17,947	27,096	27,212
Associated health residents & students	91,196	96,922	106,913	108,703
TOTAL number of persons				
VHA Research				
Summary of Budgetary Resources	\$272,000	\$262,000	\$256,678	\$251,426
Medical and prosthetic research appropriation	310,665	319,793	334,700	377,748
Medical Care support	285,915	225,515	209,470	185,102
Federal grants (NIH)	128,819	155,924	105,903	97,566
Other grants (voluntary agencies)	15,339	15,376	16,242	14,242
DoD reimbursements	\$1,012,738	\$978,608	\$922,993	\$926,084
TOTAL budgetary resources	2,758	2,957	3,250	3,676
Average employment (FTE)				
Obligations by sub-activity	\$194,345	\$175,911	\$189,523	\$164,180
Research programs (individual)	13,612	10,722	13,536	27,582
Career development	22,912	23,183	22,838	15,259
Research programs (multi-site)	1,953	11,922	9,434	13,976
Special research initiatives	8,325	3,644	3,792	838
Environmental medicine	9,228	4,300	9,690	8,535
Rehabilitation centers/units	0	0	5,779	7,114
Field programs	17,014	15,528	0	0
Centers of Excellence	9,705	6,067	0	0
Health Services Research Centers	0	1,422	1,482	376
Evaluations	51,696	46,587	51,287	51,254
Reimbursable programs:	-15,376	-15,376	-28,026	-14,242
DoD collaborative studies	-36,320	-31,211	-23,261	-37,012
All other	\$328,790	\$299,286	\$256,074	\$237,860
TOTAL Obligations				

SOURCE: FY 1997 - 2000 Department of Veterans Affairs Budget Submissions except as indicated otherwise in the notes above
 CONTACT: Arthur Klein at (202) 273-8181, VHA/CFO/Resource Formulation Office (171)

Table 11: Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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.....	617,121	16,644	1,902	46,210	28,344	20,960	23,702	6,199	33,417,276	1,554,675
Transfers.....	19,549	--	--	737	553	--	318	--	--	--
All facilities: Totals.....	636,670	16,644	1,902	46,947	28,897	20,960	24,020	6,199	33,417,276	1,554,675
Veterans Integrated Service Network #1	33,278	564	907	1,586	3,263	2,421	641	1,269	2,017,178	82,050
Connecticut: West Haven.....	4,710	64	--	383	202	--	--	--	284,740	6,635
Newington.....	--	--	--	--	--	--	--	680	105,860	--
Rocky Hill.....	--	--	537	--	--	--	--	--	--	--
New London (ORC).....	--	--	--	--	--	--	--	--	2,352	--
Norwich (ORC).....	--	--	--	--	--	--	--	--	40	--
Maine: Togus.....	2,873	136	--	260	55	901	--	47	136,366	28,244
Bangor (ORC).....	--	--	--	--	--	--	--	--	10,354	--
Caribou (CBC).....	--	--	--	--	--	--	--	--	6,921	--
Portland (ORC).....	--	--	--	--	--	--	--	--	1,323	--
Togus (ORC).....	--	--	--	--	--	--	--	--	4,994	--
Massachusetts: Bedford.....	1,974	50	--	388	109	--	180	--	189,997	580
Lynn (CBOC).....	--	--	--	--	--	--	--	--	524	--
Boston.....	7,919	--	--	--	181	--	--	--	210,399	20,378
Boston (SOC).....	--	77	--	--	--	313	--	375	148,500	--
Chelsea.....	--	--	258	--	--	--	--	--	--	--
Boston.....	--	--	46	--	--	--	--	--	--	--
Framingham (CBOC).....	--	--	--	--	--	--	--	--	124	--
Lowell (SOC).....	--	--	--	27	--	--	--	--	28,610	--
Brockton (PDV).....	6,549	--	--	--	215	--	461	--	156,434	--
West Roxbury (SDV).....	--	--	--	--	--	--	--	--	112,916	--
Worcester (SOC).....	--	--	--	--	--	--	--	--	24,744	--
Northampton.....	2,274	41	--	170	2,153	445	--	39	86,152	--
Holyoke.....	--	--	66	--	--	--	--	--	--	--
Greenfield (ORC).....	--	--	--	--	--	--	--	--	42	--
Northampton (CBC).....	--	--	--	--	--	--	--	--	9,750	--
Pittsfield (CBC).....	--	--	--	--	--	--	--	--	7,399	--
Springfield (SOC).....	--	--	--	--	--	--	--	--	27,387	--
Springfield (CBC).....	--	--	--	--	--	--	--	--	9,303	--
New Hampshire: Manchester.....	1,452	65	--	358	55	178	--	2	106,061	10,608
Portsmouth (CBC).....	--	--	--	--	--	--	--	--	4,556	--
Tilton (ORC).....	--	--	--	--	--	--	--	--	1,881	--
Rhode Island: Providence.....	3,156	59	--	--	281	284	--	82	201,183	12,510
Hyannis (CBOC).....	--	--	--	--	--	--	--	--	2,098	--
New Bedford, MA (CBC).....	--	--	--	--	--	--	--	--	13,923	--
Vermont: White River Junction.....	2,371	72	--	--	12	300	--	44	110,710	3,095
Bennington (CBOC).....	--	--	--	--	--	--	--	--	205	--
Burlington (ORC).....	--	--	--	--	--	--	--	--	9,901	--
Newport (ORC).....	--	--	--	--	--	--	--	--	41	--
Rutland (ORC).....	--	--	--	--	--	--	--	--	3	--
St Johnsbury (ORC).....	--	--	--	--	--	--	--	--	1,071	--
Wilder (ORC).....	--	--	--	--	--	--	--	--	314	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #2	15,023	210	--	2,250	537	224	1,514	--	1,037,496	65,027
New York: Albany.....	3,968	38	--	591	128	--	--	--	242,497	7,180
Elizabethtown (ORC).....	--	--	--	--	--	--	--	--	4,106	--
Glen Falls (CBOC).....	--	--	--	--	--	--	--	--	1,607	--
Plattsburgh (CBOC).....	--	--	--	--	--	--	--	--	355	--
Plattsburgh (ORC).....	--	--	--	--	--	--	--	--	276	--
Sidney (ORC).....	--	--	--	--	--	--	--	--	2,303	--
Bath.....	1,332	13	--	461	67	--	658	--	90,136	220
Buffalo.....	5,173	37	--	270	205	--	--	--	274,377	44,356
Batavia.....	--	1	--	335	--	--	--	--	32,237	--
Buffalo (CBC).....	--	--	--	--	--	--	--	--	11,307	--
Rochester (SOC).....	--	--	--	--	--	--	--	--	53,247	--
Canandaigua.....	1,333	1	--	375	91	--	856	--	99,512	1,028
Syracuse.....	3,217	120	--	218	46	224	--	--	191,714	12,243
Binghamton (CBC).....	--	--	--	--	--	--	--	--	8,075	--
Fort Drum (CBC).....	--	--	--	--	--	--	--	--	4,761	--
Massena (CBC).....	--	--	--	--	--	--	--	--	4,084	--
Rome (CBC).....	--	--	--	--	--	--	--	--	16,902	--
Veterans Integrated Service Network #3	31,805	109	--	2,276	758	1,109	958	--	1,925,010	33,160
New Jersey: East Orange.....	6,812	--	--	76	249	98	--	--	247,986	6,632
Lyons.....	--	--	--	323	--	--	372	--	95,295	--
Bergen Cnty. (ORC).....	--	--	--	--	--	--	--	--	8,117	--
Brick (SOC).....	--	--	--	--	--	--	--	--	35,059	--
Elizabeth (CBOC).....	--	--	--	--	--	--	--	--	415	--
Newark (SOC).....	--	--	--	--	--	--	--	--	3,301	--
Trenton (CBC).....	--	--	--	--	--	--	--	--	4,172	--
New York: Bronx.....	4,449	--	--	429	9	--	--	--	280,614	3,031
Brooklyn.....	6,503	6	--	533	186	262	207	--	332,977	3,446
St. Albans.....	--	--	--	--	--	--	--	--	48,492	--
Brooklyn (SOC).....	--	--	--	--	--	--	--	--	25,766	--
Staten Island (CBC).....	--	--	--	--	--	--	--	--	3,591	--
Montrose.....	3,397	23	--	310	74	--	379	--	131,007	4,911
Castle Point.....	--	33	--	281	33	--	--	--	86,000	--
New York.....	5,609	47	--	--	63	--	--	--	298,398	3,304
Brooklyn Prosthetic Svc.....	--	--	--	--	--	--	--	--	11	--
C & P Unit.....	--	--	--	--	--	--	--	--	125	--
Harlem.....	--	--	--	--	--	--	--	--	368	--
Homeless (HCVP).....	--	--	--	--	--	--	--	--	3,082	--
Methadone Mgmt.....	--	--	--	--	--	--	--	--	13,026	--
New York (SOC).....	--	--	--	--	--	--	--	--	21,568	--
Northport.....	5,035	--	--	324	144	749	--	--	271,744	11,836
Hicksville (ORC).....	--	--	--	--	--	--	--	--	1,134	--
Islip (ORC).....	--	--	--	--	--	--	--	--	858	--
Lindenhurst (ORC).....	--	--	--	--	--	--	--	--	1,170	--
Lynbrook (ORC).....	--	--	--	--	--	--	--	--	2,131	--
Mt. Sinai (ORC).....	--	--	--	--	--	--	--	--	817	--
Patchogue (ORC).....	--	--	--	--	--	--	--	--	1,962	--
Plainview (CBC).....	--	--	--	--	--	--	--	--	4,516	--
Riverhead (ORC).....	--	--	--	--	--	--	--	--	712	--
Sayville (ORC).....	--	--	--	--	--	--	--	--	596	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #4	31,836	576	--	3,687	1,267	1,600	1,106	603	1,764,944	48,062
Delaware: Wilmington.....	2,144	16	--	95	34	534	--	--	124,334	721
Linwood, NJ (ORC).....	--	--	--	--	--	--	--	--	2,480	--
Millsboro (CBOC).....	--	--	--	--	--	--	--	--	656	--
Vineland, NJ (ORC).....	--	--	--	--	--	--	--	--	207	--
Pennsylvania: Altoona.....	1,612	51	--	168	25	540	--	291	83,372	5,917
Dubois (CBOC).....	--	--	--	--	--	--	--	--	1,455	--
Johnstown (CBOC).....	--	--	--	--	--	--	--	--	1,511	--
Butler.....	463	49	--	576	84	--	338	--	87,167	2,079
Coatesville.....	3,322	15	--	448	96	192	433	151	108,589	4,629
Lancaster (CBOC).....	--	--	--	--	--	--	--	--	29	--
Philadelphia (SOC).....	--	--	--	--	--	--	--	--	339	--
Spring City (CBOC).....	--	--	--	--	--	--	--	--	1,256	--
Springfield (CBC).....	--	--	--	--	--	--	--	--	4,509	--
Vineland, NJ (CBOC).....	--	--	--	--	--	--	--	--	937	--
Wyomissing (CBOC).....	--	--	--	--	--	--	--	--	49	--
Erie.....	1,353	37	--	12	144	110	--	140	99,503	5,064
Ashtabula County (CBOC).....	--	--	--	--	--	--	--	--	18	--
Crawford County (CBOC).....	--	--	--	--	--	--	--	--	32	--
Lebanon.....	2,952	58	--	533	65	--	--	--	128,348	4,807
Harrisburg (CBC).....	--	--	--	--	--	--	--	--	25,203	--
Schuylkill County (CBOC).....	--	--	--	--	--	--	--	--	494	--
Philadelphia.....	5,355	30	--	541	162	--	--	--	377,101	7,183
Cape May, NJ (CBC).....	--	--	--	--	--	--	--	--	2,076	--
Fort Dix, NJ (CBC).....	--	--	--	--	--	--	--	--	4,072	--
Pittsburgh (University Dr.).....	8,319	148	--	710	344	--	--	--	209,457	8,771
Pittsburgh (Highland Dr.).....	--	--	--	104	--	--	335	--	134,081	--
Pittsburgh (Aspinwall).....	--	--	--	--	--	--	--	--	10,127	--
Greensburg (CBOC).....	--	--	--	--	--	--	--	--	136	--
St. Claresville (CBC).....	--	--	--	--	--	--	--	--	5,824	--
Wilkes-Barre.....	3,733	172	--	500	143	224	--	21	171,128	8,203
Allentown (SOC).....	--	--	--	--	--	--	--	--	33,749	--
Sayre (CBC).....	--	--	--	--	--	--	--	--	20,262	--
Tobyhanna (CBC).....	--	--	--	--	--	--	--	--	401	--
WilliamSPORT (CBC).....	--	--	--	--	--	--	--	--	1,419	--
West Virginia: Clarksburg.....	2,583	--	--	--	170	--	--	--	114,832	688
Parkersburg (CBC).....	--	--	--	--	--	--	--	--	7,449	--
Parsons (CBC).....	--	--	--	--	--	--	--	--	2,342	--
Veterans Integrated Service Network #5	19,185	77	--	1,148	464	406	1,316	124	1,000,277	20,695
Dist. of Columbia: Washington.....	6,286	71	--	381	277	406	--	124	320,161	1,811
Alexandria (CBOC).....	--	--	--	--	--	--	--	--	10	--
Washington (CBOC).....	--	--	--	--	--	--	--	--	26,370	--
Maryland: Baltimore.....	9,592	6	--	239	12	--	157	--	302,222	16,755
Ft. Howard.....	--	--	--	--	--	--	--	--	41,001	--
Perry Point.....	--	--	--	156	--	--	--	--	97,127	--
Cambridge (CBC).....	--	--	--	--	--	--	--	--	16,809	--
Charlotte Hall (CBOC).....	--	--	--	--	--	--	--	--	692	--
West Virginia: Martinsburg.....	3,307	--	--	372	175	--	1,159	--	183,944	2,129
Cumberland, MD (CBC).....	--	--	--	--	--	--	--	--	10,113	--
Hagerstown, MD (CBOC).....	--	--	--	--	--	--	--	--	1,828	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #6	37,233	564	--	2,302	1,972	465	1,165	96	1,404,866	73,864
North Carolina: Asheville.....	3,887	--	--	301	63	--	--	--	126,535	--
Durham.....	6,302	19	--	486	105	--	--	--	179,880	--
Fayetteville.....	3,632	2	--	84	91	--	--	--	159,148	--
Fayetteville (ORC).....	--	--	--	--	--	--	--	--	1,868	--
Salisbury.....	3,374	234	--	430	118	--	--	--	127,316	47,016
Winston Salem (SOC).....	--	--	--	--	--	--	--	--	23,634	--
Virginia: Hampton.....	4,160	71	--	282	1,269	--	1,165	--	220,505	4,299
Richmond.....	8,430	47	--	160	195	--	--	--	263,779	10,823
Salem.....	5,624	186	--	407	85	465	--	96	224,562	11,726
Covington (ORC).....	--	--	--	--	--	--	--	--	108	--
Danville (ORC).....	--	--	--	--	--	--	--	--	191	--
Hillsville (ORC).....	--	--	--	--	--	--	--	--	158	--
Lynchburg (ORC).....	--	--	--	--	--	--	--	--	451	--
Marion (ORC).....	--	--	--	--	--	--	--	--	120	--
Martinsville (ORC).....	--	--	--	--	--	--	--	--	219	--
Pulaski (ORC).....	--	--	--	--	--	--	--	--	124	--
Stuarts Draft (ORC).....	--	--	--	--	--	--	--	--	145	--
Tazewell (CBOC).....	--	--	--	--	--	--	--	--	609	--
West Virginia: Beckley.....	1,824	5	--	152	46	--	--	--	75,514	--
Veterans Integrated Service Network #7	34,286	526	--	1,295	969	1,849	862	143	1,693,146	89,309
Alabama: Birmingham.....	5,149	73	--	--	111	528	--	--	210,674	14,581
Anniston (CBOC).....	--	--	--	--	--	--	--	--	908	--
Decatur (CBOC).....	--	--	--	--	--	--	--	--	346	--
Florence (CBOC).....	--	--	--	--	--	--	--	--	381	--
Gadsden (CBOC).....	--	--	--	--	--	--	--	--	927	--
Huntsville (CBOC).....	--	--	--	--	--	--	--	--	22,252	--
Montgomery.....	4,520	66	--	--	58	--	--	--	71,105	10,365
Tuskegee.....	--	--	--	237	--	--	173	--	88,961	--
Columbus, GA (CBC).....	--	--	--	--	--	--	--	--	7,902	--
Dothan (CBC).....	--	--	--	--	--	--	--	--	5,119	--
Tuscaloosa.....	2,077	6	--	243	13	--	62	--	101,094	--
Anniston (ORC).....	--	--	--	--	--	--	--	--	2,560	--
Decatur (ORC).....	--	--	--	--	--	--	--	--	1,938	--
Florence (ORC).....	--	--	--	--	--	--	--	--	2,301	--
Gadsden (ORC).....	--	--	--	--	--	--	--	--	1,686	--
Huntsville (ORC).....	--	--	--	--	--	--	--	--	1,780	--
Georgia: Atlanta.....	5,853	160	--	307	239	--	--	--	336,842	15,272
Atlanta (CBOC) (Midtown).....	--	--	--	--	--	--	--	--	902	--
Augusta (PDV).....	6,484	21	--	159	160	390	--	--	164,161	12,156
Uptown.....	--	--	--	--	--	--	--	--	88,490	--
Dublin.....	2,132	83	--	153	92	418	627	143	109,676	8,956
Albany (CBOC).....	--	--	--	--	--	--	--	--	371	--
Macon (CBOC).....	--	--	--	--	--	--	--	--	475	--
South Carolina: Charleston.....	4,044	18	--	--	92	--	--	--	187,192	8,187
Myrtle Beach (CBOC).....	--	--	--	--	--	--	--	--	269	--
Savannah, GA (SOC).....	--	--	--	--	--	--	--	--	30,390	--
Columbia.....	4,027	99	--	196	204	513	--	--	205,900	19,791
Greenville (SOC).....	--	--	--	--	--	--	--	--	48,544	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #8	47,352	2,027	--	3,059	3,874	49	449	318	2,722,150	101,943
Florida: Bay Pines.....	8,654	219	--	477	422	--	449	--	350,536	25,765
Clearwater (CBOC).....	--	--	--	--	--	--	--	--	2	--
Ft. Myers (SOC).....	--	--	--	--	--	--	--	--	46,599	--
Sarasota (CBC).....	--	--	--	--	--	--	--	--	7,741	--
South St. Petersburg (CBOC).....	--	--	--	--	--	--	--	--	262	--
Gainesville.....	9,922	539	--	154	2,770	49	--	--	237,196	18,234
Daytona Beach (SOC).....	--	--	--	--	--	--	--	--	46,928	--
Jacksonville (SOC).....	--	--	--	--	--	--	--	--	54,549	--
Lake City.....	--	54	--	514	66	--	--	318	103,489	3,624
Tallahassee (SOC).....	--	--	--	--	--	--	--	--	40,907	--
Valdosta, GA (CBOC).....	--	--	--	--	--	--	--	--	1,284	--
Miami.....	7,534	122	--	331	105	--	--	--	310,658	9,993
Homestead (CBC).....	--	--	--	--	--	--	--	--	4,131	--
Key West (CBC).....	--	--	--	--	--	--	--	--	8,435	--
Miami (CBC).....	--	--	--	--	--	--	--	--	15,428	--
Oakland Park (SOC).....	--	--	--	--	--	--	--	--	83,238	--
Pembroke Pines (CBOC).....	--	--	--	--	--	--	--	--	470	--
Tampa.....	9,117	517	--	840	313	--	--	--	351,297	8,882
Bartow (CBC).....	--	--	--	--	--	--	--	--	2,441	--
Brooksville (CBC).....	--	--	--	--	--	--	--	--	1,000	--
Orlando (SOC).....	--	--	--	--	--	--	--	--	202,661	--
Palm Bay (CBC).....	--	--	--	--	--	--	--	--	6,974	--
Port Richey (SOC).....	--	--	--	--	--	--	--	--	48,186	--
West Palm Beach.....	3,781	103	--	381	159	--	--	--	296,085	12,636
Ft. Pierce (CBOC).....	--	--	--	--	--	--	--	--	1,399	--
Puerto Rico: San Juan.....	8,344	473	--	362	39	--	--	--	384,370	22,809
Mayaguez (SOC).....	--	--	--	--	--	--	--	--	55,429	--
Ponce (SOC).....	--	--	--	--	--	--	--	--	53,727	--
St. Croix, VI (CBC).....	--	--	--	--	--	--	--	--	3,730	--
St. Thomas, VI (CBC).....	--	--	--	--	--	--	--	--	2,998	--
Veterans Integrated Service Network #9	36,456	319	--	1,214	1,200	657	1,038	40	1,452,516	77,167
Kentucky: Lexington (PDV).....	5,670	11	--	695	59	398	--	--	107,076	13,180
Cooper Drive (SDV).....	--	--	--	--	--	--	--	--	84,238	--
Lexington (ORC) (multi-site).....	--	--	--	--	--	--	--	--	4,864	--
Louisville.....	4,900	45	--	--	181	--	--	--	218,903	16,310
Fort Knox (CBOC).....	--	--	--	--	--	--	--	--	4,688	--
Tennessee: Memphis.....	7,891	--	--	--	356	--	--	--	260,695	18,109
Smithville (CBOC).....	--	--	--	--	--	--	--	--	189	--
Mountain Home.....	5,124	89	--	284	267	--	1,038	--	229,274	7,300
Murfreesboro.....	3,373	39	--	235	65	259	--	--	132,448	4,470
Chattanooga (SOC).....	--	--	--	--	--	--	--	--	31,258	--
Chattanooga (CBC).....	--	--	--	--	--	--	--	--	8,574	--
Cookeville (ORC).....	--	--	--	--	--	--	--	--	2,898	--
Nashville.....	6,186	72	--	--	126	--	--	--	186,844	11,098
Knoxville (SOC).....	--	--	--	--	--	--	--	--	20,887	--
West Virginia: Huntington.....	3,312	63	--	--	146	--	--	40	146,370	6,700
Charleston (CBOC).....	--	--	--	--	--	--	--	--	1,262	--
Prestonsburg, KY (CBC).....	--	--	--	--	--	--	--	--	12,048	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #10	23,104	760	--	1,674	762	490	2,256	282	1,192,819	59,046
Ohio: Chillicothe.....	4,395	41	--	474	277	--	131	--	128,255	151
Athens (CBOC).....	--	--	--	--	--	--	--	--	5,624	--
Columbus (ORC).....	--	--	--	--	--	--	--	--	424	--
Portsmouth (CBOC).....	--	--	--	--	--	--	--	--	804	--
Cincinnati.....	5,846	202	--	175	93	--	232	--	219,856	26,113
Cleveland (PDV).....	8,284	132	--	525	98	490	1,196	282	254,745	6,162
Brecksville (SDV).....	--	--	--	--	--	--	--	--	145,632	--
Canton (SOC).....	--	--	--	--	--	--	--	--	39,832	--
Lorainn (CBOC).....	--	--	--	--	--	--	--	--	4,318	--
Mansfield (CBOC).....	--	--	--	--	--	--	--	--	1,155	--
Sandusky (CBOC).....	--	--	--	--	--	--	--	--	1,450	--
Youngstown (SOC).....	--	--	--	--	--	--	--	--	39,442	--
Columbus (IOC).....	--	364	--	--	--	--	--	--	136,728	25,169
Dayton.....	4,579	21	--	500	294	--	697	--	213,327	1,451
Middletown (CBOC).....	--	--	--	--	--	--	--	--	715	--
Springfield (ORC).....	--	--	--	--	--	--	--	--	512	--
Veterans Integrated Service Network #11	28,785	550	--	1,819	887	205	--	47	1,316,464	44,021
Illinois: Danville.....	4,220	98	--	429	91	--	--	--	145,224	843
Decatur (CBC).....	--	--	--	--	--	--	--	--	8,071	--
Peoria (SOC).....	--	--	--	--	--	--	--	--	30,024	--
Indiana: Indianapolis (MC2).....	6,063	127	--	82	327	86	--	7	299,948	28,039
Cold Spring Road (SDV).....	--	--	--	--	--	--	--	--	8,682	--
Marion.....	3,074	--	--	128	65	--	--	--	62,942	--
Fort Wayne.....	--	--	--	155	83	--	--	--	60,148	--
South Bend (CBOC).....	--	--	--	--	--	--	--	--	138	--
Michigan: Ann Arbor.....	4,806	--	--	276	198	--	--	--	153,400	--
Toledo, OH (SOC).....	--	--	--	--	--	--	--	--	32,386	--
Battle Creek.....	4,292	40	--	283	38	--	--	--	127,007	--
Grand Rapids (SOC).....	--	--	--	--	--	--	--	--	42,634	--
Detroit.....	4,901	227	--	176	36	119	--	40	268,411	15,139
Yale (CBOC).....	--	--	--	--	--	--	--	--	275	--
Saginaw.....	1,429	58	--	290	49	--	--	--	71,823	--
Gaylord (CBC).....	--	--	--	--	--	--	--	--	5,351	--
Veterans Integrated Service Network #12	35,718	404	--	2,147	1,396	1,419	1,659	147	1,717,022	58,445
Illinois: Chicago (West Side).....	11,886	29	--	--	253	--	--	--	312,284	23,966
Chicago (Lakeside).....	--	9	--	--	169	--	--	--	146,430	--
Chicago Heights (CBOC).....	--	--	--	--	--	--	--	--	290	--
Crown Point, IN (SOC).....	--	76	--	--	--	--	--	--	51,764	--
Woodlawn (CBOC).....	--	--	--	--	--	--	--	--	1,959	--
Hines.....	9,355	14	--	612	453	485	--	21	365,571	15,324
Elgin (CBOC).....	--	--	--	--	--	--	--	--	60	--
Joliet (CBC).....	--	--	--	--	--	--	--	--	5,080	--
Manteno (CBOC).....	--	--	--	--	--	--	--	--	784	--
Oak Park (CBOC).....	--	--	--	--	--	--	--	--	536	--
North Chicago.....	2,984	24	--	459	296	--	812	--	173,854	625
Evanston (CBOC).....	--	--	--	--	--	--	--	--	472	--
Gurnee (CBOC).....	--	--	--	--	--	--	--	--	176	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

5) 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)		
Veterans Integrated Service Network #12 (cont.)										
Michigan: Iron Mountain.....	1,080	26	--	222	22	226	--	41	65,881	916
Marquette (ORC).....	--	--	--	--	--	--	--	--	3,284	--
Menominee (CBOC).....	--	--	--	--	--	--	--	--	163	--
Portage Health System.....	--	--	--	--	--	--	--	--	773	--
Rhineland (CBOC).....	--	--	--	--	--	--	--	--	392	--
Sault St. Marie Tribal Health.....	--	--	--	--	--	--	--	--	182	--
Wisconsin: Madison.....	3,635	31	--	--	15	708	--	85	129,713	--
Rockford.....	--	--	--	--	--	--	--	--	11,870	--
Milwaukee.....	5,482	195	--	481	89	--	847	--	325,557	17,614
Appleton (SOC).....	--	--	--	--	--	--	--	--	29,208	--
Tomah.....	1,296	--	--	373	99	--	--	--	89,883	--
Eau Claire (ORC).....	--	--	--	--	--	--	--	--	102	--
Loyal (ORC).....	--	--	--	--	--	--	--	--	754	--
Veterans Integrated Service Network #13	17,472	551	--	2,898	753	775	1,641	512	893,787	77,684
Minnesota: Minneapolis.....	8,680	259	--	1,111	519	522	--	253	387,021	37,234
Eau Claire (CBOC).....	--	--	--	--	--	--	--	--	4	--
Hibbing (CBOC).....	--	--	--	--	--	--	--	--	462	--
Mankato (CBOC).....	--	--	--	--	--	--	--	--	185	--
Superior, WI (SOC).....	--	--	--	--	--	--	--	--	13,630	--
St. Cloud.....	1,861	82	--	547	56	--	987	--	138,072	10,702
North Dakota: Fargo.....	2,370	59	--	382	37	86	--	134	86,275	16,812
Minot, ND (Air Force).....	--	33	--	--	--	--	--	--	--	--
South Dakota: Fort Meade.....	2,545	32	--	298	62	76	--	125	78,895	3,583
Hot Springs.....	--	4	--	--	--	--	654	--	84,334	--
Alliance (ORC).....	--	--	--	--	--	--	--	--	538	--
Cheyenne Recovery Center.....	--	--	--	--	--	--	--	--	75	--
Eagle Butte Vet Outreach Center.....	--	--	--	--	--	--	--	--	253	--
Kyle (ORC).....	--	--	--	--	--	--	--	--	325	--
McLaughlin Clinic.....	--	--	--	--	--	--	--	--	2,611	--
Newcastle.....	--	--	--	--	--	--	--	--	237	--
Rapid City Vet Health Clinic.....	--	--	--	--	--	--	--	--	4,940	--
Rosebud IHS Hospital.....	--	--	--	--	--	--	--	--	123	--
Rushville (ORC).....	--	--	--	--	--	--	--	--	356	--
Scotts Bluff County.....	--	--	--	--	--	--	--	--	595	--
Winner Legion Hall.....	--	--	--	--	--	--	--	--	235	--
Sioux Falls.....	2,016	82	--	560	79	91	--	--	94,299	9,353
Pierre (CBOC).....	--	--	--	--	--	--	--	--	322	--
Veterans Integrated Service Network #14	12,177	790	255	883	261	1,994	598	298	607,637	29,796
Iowa: Des Moines.....	3,525	6	--	--	64	837	--	175	122,755	14,681
Marshalltown.....	--	--	255	--	--	--	--	--	--	--
Knoxville.....	--	--	--	408	28	--	598	--	52,078	--
Mason City (ORC).....	--	--	--	--	--	--	--	--	3,973	--
Ottumwa (ORC).....	--	--	--	--	--	--	--	--	104	--
Iowa City.....	3,906	35	--	--	42	568	--	66	131,785	--
Bettendorf (SOC).....	--	--	--	--	--	--	--	--	10,793	--
Quincy (CBC).....	--	--	--	--	--	--	--	--	4,300	--
Waterloo (CBOC).....	--	--	--	--	--	--	--	--	3,257	--
Nebraska: Lincoln.....	1,448	41	--	--	33	--	--	--	75,292	13,049
Grand Island.....	--	651	--	475	12	462	--	53	48,216	--
North Platte (CBC).....	--	--	--	--	--	--	--	--	6,681	--
Omaha.....	3,298	57	--	--	82	127	--	4	148,403	2,066

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #15	27,890	465	--	2,284	973	1,026	1,206	140	1,353,486	73,682
Illinois: Marion.....	2,311	36	--	342	212	63	--	15	151,194	5,782
Evansville, IN (SOC).....	--	--	--	--	--	--	--	--	36,733	--
Mt Vernon (CBOC).....	--	--	--	--	--	--	--	--	1,703	--
Paducah (CBOC).....	--	--	--	--	--	--	--	--	536	--
Kansas: Topeka.....	5,511	33	--	296	45	--	--	--	188,654	12,649
Leavenworth.....	--	26	--	276	97	--	996	--	120,646	2,382
St Joseph (CBOC).....	--	--	--	--	--	--	--	--	855	--
Topeka.....	--	--	--	--	--	--	--	--	1,043	--
Wichita.....	1,925	79	--	--	27	106	--	125	107,341	11,330
Missouri: Columbia.....	3,632	3	--	393	55	--	--	--	124,637	1,911
Ft Leonard wood (CBOC).....	--	--	--	--	--	--	--	--	64	--
Kansas City.....	5,565	135	--	--	342	--	--	--	218,971	18,551
Poplar Bluff.....	922	--	--	265	34	--	--	--	74,828	891
Poplar Bluff.....	--	--	--	--	--	--	--	--	1,967	--
St. Louis.....	8,024	153	--	712	161	857	210	--	247,955	20,186
Jefferson Barracks.....	--	--	--	--	--	--	--	--	76,359	--
Veterans Integrated Service Network #16	54,531	1,082	--	2,414	1,627	3,119	1,437	203	2,593,505	107,745
Arkansas: Fayetteville.....	2,547	--	--	--	20	--	--	--	102,558	--
Mt. Vernon, MO (SOC).....	--	--	--	--	--	--	--	--	24,576	--
Little Rock (PDV).....	8,957	311	--	508	281	86	579	42	296,501	15,830
North Little Rock (SDV).....	--	--	--	--	--	--	--	--	124,289	--
Mountain Home (CBOC).....	--	--	--	--	--	--	--	--	1,932	--
Louisiana: Alexandria.....	2,347	47	--	236	211	--	--	--	111,017	3,641
Jennings (CBC).....	--	--	--	--	--	--	--	--	10,742	--
New Orleans.....	4,769	72	--	432	52	217	--	102	269,462	6,025
Baton Rouge (SOC).....	--	--	--	--	--	--	--	--	23,734	--
Shreveport.....	4,306	71	--	--	102	194	--	22	188,876	6,974
Monroe (CBC).....	--	--	--	--	--	--	--	--	6,040	--
Texarkana (CBC).....	--	--	--	--	--	--	--	--	7,681	--
Mississippi: Biloxi (PDV).....	4,790	293	--	352	130	--	858	--	144,177	28,907
Gulfport (SDV).....	--	--	--	--	--	--	--	--	52,363	--
Mobile, AL (CBC).....	--	--	--	--	--	--	--	--	24,158	--
Panama City, FL (CBOC).....	--	--	--	--	--	--	--	--	1,650	--
Pensacola, FL (SOC).....	--	--	--	--	--	--	--	--	52,261	--
Jackson.....	5,774	77	--	240	144	641	--	9	201,498	13,346
Durant (Univ. Hosp).....	--	--	--	--	--	--	--	28	326	--
Meridian (CBOC).....	--	--	--	--	--	--	--	--	598	--
Oklahoma: Muskogee.....	2,371	134	--	--	186	742	--	--	107,181	13,472
Tulsa (SOC).....	--	--	--	--	--	--	--	--	54,493	--
Oklahoma City.....	6,833	39	--	263	195	1,239	--	--	281,415	8,991
Ardmore (ORC).....	--	--	--	--	--	--	--	--	1,170	--
Clinton (ORC).....	--	--	--	--	--	--	--	--	420	--
Lawton (CBC).....	--	--	--	--	--	--	--	--	22,565	--
Wichita Falls (CBC).....	--	--	--	--	--	--	--	--	7,636	--
Texas: Houston.....	11,837	38	--	383	306	--	--	--	434,350	10,559
Beaumont (SOC).....	--	--	--	--	--	--	--	--	20,038	--
Lufkin (SOC).....	--	--	--	--	--	--	--	--	19,798	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #17	28,170	847	--	2,112	2,728	--	2,032	--	1,409,581	57,157
Texas: Dallas.....	9,252	183	--	501	2,069	--	207	--	362,983	11,499
Bonham.....	--	--	--	252	--	--	863	--	71,457	--
Bonham (CBOC).....	--	--	--	--	--	--	--	--	639	--
Dallas (CBOC).....	--	--	--	--	--	--	--	--	3	--
Ft. Worth (SOC).....	--	--	--	--	--	--	--	--	52,586	--
Ft. Worth (SOC).....	--	--	--	--	--	--	--	--	11	--
Tyler (CBOC).....	--	--	--	--	--	--	--	--	660	--
San Antonio.....	10,872	229	--	612	329	--	--	--	291,113	35,845
Brooke, TX (Army).....	--	40	--	--	--	--	--	--	--	--
Wilford Hall, TX (AF).....	--	11	--	--	--	--	--	--	--	--
Kerrville.....	--	--	--	341	--	--	--	--	45,346	--
Alice (CBOC).....	--	--	--	--	--	--	--	--	7	--
Beeville (CBOC).....	--	--	--	--	--	--	--	--	7	--
Brownsville (CBC).....	--	--	--	--	--	--	--	--	641	--
Corpus Christi (SOC).....	--	--	--	--	--	--	--	--	27,165	--
Del Rio (CBC).....	--	--	--	--	--	--	--	--	64	--
Eagle Pass (CBC).....	--	--	--	--	--	--	--	--	18	--
Kingsville (CBOC).....	--	--	--	--	--	--	--	--	5	--
Laredo (CBC).....	--	--	--	--	--	--	--	--	13,335	--
McAllen (SOC).....	--	--	--	--	--	--	--	--	32,952	--
San Antonio (SOC).....	--	--	--	--	--	--	--	--	24,571	--
South Bexar Cnty. (CBC).....	--	--	--	--	--	--	--	--	5,849	--
Victoria (CBC).....	--	--	--	--	--	--	--	--	11,411	--
Temple.....	8,046	384	--	406	330	--	--	--	271,552	9,813
Marlin.....	--	--	--	--	--	--	--	--	26,831	--
Waco.....	--	--	--	--	--	--	962	--	93,376	--
Austin (SOC).....	--	--	--	--	--	--	--	--	73,267	--
Hamilton (ORC).....	--	--	--	--	--	--	--	--	2,596	--
Palestine (CBOC).....	--	--	--	--	--	--	--	--	1,136	--
Veterans Integrated Service Network #18	27,028	949	--	2,695	856	700	383	18	1,509,156	54,889
Arizona: Phoenix.....	8,990	153	--	683	240	468	--	--	321,393	20,747
Mesa (ORC).....	--	--	--	--	--	--	--	--	18,183	--
Sun City (ORC).....	--	--	--	--	--	--	--	--	13,256	--
Prescott.....	1,427	15	--	355	62	--	383	--	87,478	2,354
Kingman (CBOC).....	--	--	--	--	--	--	--	--	2,129	--
Prescott (ORC).....	--	--	--	--	--	--	--	--	1,032	--
Tucson.....	5,458	34	--	974	209	--	--	--	265,862	5,312
Casa Grande (CBOC).....	--	--	--	--	--	--	--	--	511	--
Sierra Vista (CBC).....	--	--	--	--	--	--	--	--	4,264	--
Yuma (CBC).....	--	--	--	--	--	--	--	--	4,566	--
New Mexico: Albuquerque.....	6,057	142	--	392	116	232	--	18	334,307	6,333
Artesia (CBC).....	--	--	--	--	--	--	--	--	9,546	--
Espanola (CBC).....	--	--	--	--	--	--	--	--	2,290	--
Farmington(CBC).....	--	--	--	--	--	--	--	--	10,157	--
Gallup (CBC).....	--	--	--	--	--	--	--	--	5,768	--
Las Vegas (CBC).....	--	--	--	--	--	--	--	--	1,249	--
Raton (ORC).....	--	--	--	--	--	--	--	--	3,320	--
Silver City (CBC).....	--	--	--	--	--	--	--	--	8,191	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #18 (cont.)										
Texas: Amarillo.....	3,319	--	--	156	155	--	--	--	146,345	5,656
Clovis (SOC).....	--	--	--	--	--	--	--	--	7,165	--
Dalhart (CBC).....	--	--	--	--	--	--	--	--	1,824	--
Lubbock (SOC).....	--	--	--	--	--	--	--	--	45,322	--
Memphis (CBC).....	--	--	--	--	--	--	--	--	2,485	--
Stratford (ORC).....	--	--	--	--	--	--	--	--	1,524	--
Texline (ORC).....	--	--	--	--	--	--	--	--	171	--
Big Spring.....	1,777	41	--	135	62	--	--	--	55,201	2,785
Abilene (ORC).....	--	--	--	--	--	--	--	--	11,247	--
Hobbs (CBC).....	--	--	--	--	--	--	--	--	216	--
Odessa (CBC).....	--	--	--	--	--	--	--	--	5,432	--
Pecos County (ORC).....	--	--	--	--	--	--	--	--	253	--
San Angelo (ORC).....	--	--	--	--	--	--	--	--	4,591	--
Stamford.....	--	--	--	--	--	--	--	--	9	--
El Paso (IOC).....	--	120	--	--	12	--	--	--	126,931	11,702
WM Beaumont, TX (Army)	--	444	--	--	--	--	--	--	--	--
Las Cruces, NM (CBC).....	--	--	--	--	--	--	--	--	6,938	--
Veterans Integrated Service Network #19	17,798	103	--	1,151	637	337	--	120	858,615	59,768
Colorado: Denver.....	5,653	--	--	373	--	80	--	3	267,056	9,993
Aurora (CBOC).....	--	--	--	--	--	--	--	--	2,487	--
Ft Collins (ORC).....	--	--	--	--	--	--	--	--	50	--
Ft Morgan (ORC).....	--	--	--	--	--	--	--	--	172	--
Fort Lyon.....	142	10	--	351	8	--	--	--	24,172	618
Colorado Springs (CBC).....	--	--	--	--	--	--	--	--	17,341	--
La Junta (ORC).....	--	--	--	--	--	--	--	--	10,600	--
Pueblo (CBC).....	--	--	--	--	--	--	--	--	13,259	--
Grand Junction.....	1,324	--	--	142	53	--	--	--	66,196	3,489
Montana: East. MT Health Care System.....	--	--	--	28	--	--	--	--	23,703	--
Billings (CBC).....	--	--	--	--	--	--	--	--	12,225	--
Fort Harrison.....	2,215	--	--	--	172	119	--	32	64,450	12,596
Miles City.....	--	89	--	--	13	19	--	--	5,804	4,941
Anaconda Prim Care Clinic.....	--	--	--	--	--	--	--	--	1,096	--
Billings CBOC.....	--	--	--	--	--	--	--	--	5,263	--
Bozeman CBOC.....	--	--	--	--	--	--	--	--	680	--
Columbia Falls (ORC).....	--	--	--	--	--	--	--	--	3,009	--
Great Falls Prim Care Clinic.....	--	--	--	--	--	--	--	--	1,764	--
Missoula Prim Care Clinic.....	--	--	--	--	--	--	--	--	1,847	--
Utah: Salt Lake City.....	5,585	4	--	--	347	37	--	--	219,635	21,200
Ely, NV (CBOC).....	--	--	--	--	--	--	--	--	66	--
Ogden (CBOC).....	--	--	--	--	--	--	--	--	214	--
Orem (CBOC).....	--	--	--	--	--	--	--	--	6	--
Pocatello, ID (CBC).....	--	--	--	--	--	--	--	--	5,794	--
Roosevelt (CBOC).....	--	--	--	--	--	--	--	--	245	--
Wyoming: Cheyenne.....	908	--	--	180	43	82	--	82	63,289	2,862
Laporte (CBOC).....	--	--	--	--	--	--	--	--	1,892	--
Sheridan.....	1,971	--	--	77	1	--	--	3	42,175	4,069
Casper (CBC).....	--	--	--	--	--	--	--	--	2,417	--
Riverton (CBOC).....	--	--	--	--	--	--	--	--	1,708	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

Location of VA Facility	Inpatient Care - Patients Treated (1)+D676								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)		
Veterans Integrated Service Network #20	28,103	2,246	--	1,954	1,658	789	2,374	291	1,332,721	147,200
Alaska: Anchorage (ROC).....	82	1,589	--	--	81	--	196	--	84,204	38,645
Anchorage (Air Force).....	--	75	--	--	--	--	--	--	--	--
Idaho: Boise.....	2,659	34	--	320	20	242	--	147	113,357	2,191
Oregon: Portland (PDV).....	8,574	51	--	384	669	--	189	--	224,361	36,561
Vancouver, WA (SDV).....	--	--	--	--	104	--	--	--	44,945	--
Portland (SOC).....	--	--	--	--	--	--	--	--	42,147	--
Roseburg.....	3,091	140	--	246	137	--	--	--	96,089	11,588
Bandon (CBC).....	--	--	--	--	--	--	--	--	9,658	--
Eugene (SOC).....	--	--	--	--	--	--	--	--	26,221	--
Eugene (SOC).....	--	--	--	--	21	--	1,809	--	35,033	2,905
White City (DOM).....	--	35	--	--	--	--	--	--	330,752	37,302
Washington: Seattle.....	10,910	157	--	298	477	457	--	144	--	--
Madigan (Army).....	--	39	--	--	--	--	--	--	158,972	--
American Lake.....	--	--	--	193	--	--	180	--	116,652	5,448
Spokane.....	1,478	55	--	298	89	90	--	--	2,013	--
Spokane.....	--	--	--	--	--	--	--	--	45,903	12,560
Walla Walla.....	1,309	71	--	215	60	--	--	--	816	--
Richland (CBOC).....	--	--	--	--	--	--	--	--	1,598	--
Walla Walla (ORC).....	--	--	--	--	--	--	--	--	--	--
Veterans Integrated Service Network #21	21,375	2,147	740	3,575	778	1,068	490	1,305	1,540,710	99,865
California: Fresno.....	3,276	35	--	615	38	--	--	--	162,421	12,248
Atwater (CBOC).....	--	--	--	--	--	--	--	--	729	--
No. California Health Care System.....	1,722	741	--	107	151	--	--	--	41,062	23,247
Mather AF Hosp (Sacramento).....	--	--	--	--	--	--	--	--	63,324	--
Berkeley (SOC).....	--	--	--	--	--	--	--	--	42,673	--
Chico (CBOC).....	--	--	--	--	--	--	--	--	438	--
Chico (CBOC).....	--	--	--	--	--	--	--	--	102	--
Mare Island (CBOC).....	--	--	--	--	--	--	--	--	41,807	--
Martinez (SOC).....	--	--	--	--	--	--	--	--	3,927	--
Martinez (CBC).....	--	--	--	--	--	--	--	--	78,524	--
Martinez (OPC).....	--	--	--	429	--	--	--	--	58,321	--
Oakland (SOC).....	--	--	--	--	--	--	--	--	40,941	--
Redding (CBC).....	--	--	--	--	--	--	--	--	34,404	--
Sacramento (SOC).....	--	--	--	--	--	--	--	--	3,558	--
Travis AFB.....	--	--	--	--	--	--	--	--	169,473	13,057
Palo Alto.....	8,159	266	--	1,509	246	--	490	--	84,110	--
Menlo Park.....	--	--	--	--	--	--	--	--	46,945	--
Livermore.....	--	--	--	--	--	--	--	--	281	--
Capitola (CBOC).....	--	--	--	--	--	--	--	--	3,402	--
Modesto (ORC).....	--	--	--	--	--	--	--	--	31,420	--
Monterey (ORC).....	--	--	--	--	--	--	--	--	61,498	--
San Jose (SOC).....	--	--	--	--	--	--	--	--	7,692	--
Stockton (ORC).....	--	--	--	--	--	--	--	--	272,784	20,665
San Francisco.....	4,895	181	--	449	210	1,068	--	1,305	20,976	--
San Fran. (Comp. Hmls Cntr.).....	--	--	--	--	--	--	--	--	14,045	--
Santa Rosa (CBC).....	--	--	--	--	--	--	--	--	1,396	--
Yountville (ORC).....	--	--	740	--	--	--	--	--	--	--

See footnotes at end of table.

Table 11 (continued): Inpatient and Outpatient Summary (MEDICAL Care), FY 1998

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)		
Veterans Integrated Service Network #21 (cont.)									84,555	15,785
Hawaii: Honolulu (ROC).....	405	430	--	215	32	--	--	--	--	--
Tripler (Army).....	--	151	--	--	--	--	--	--	--	--
Honolulu (Navy).....	--	10	--	--	--	--	--	--	4,043	--
Guam, GU (CBC).....	--	--	--	--	--	--	--	--	8,367	--
Hilo (CBC).....	--	--	--	--	--	--	--	--	7,029	--
Kailua-Kona (CBC).....	--	--	--	--	--	--	--	--	4,299	--
Lihue (CBC).....	--	--	--	--	--	--	--	--	6,013	--
Wailuku (CBC).....	--	--	--	--	--	--	--	--	127,807	12,766
Nevada: Reno.....	2,918	33	--	251	101	--	--	--	1,925	--
Sierra Foothills (CBOC).....	--	--	--	--	--	--	--	--	10,419	2,097
Philippines: Manila (ROC).....	--	300	--	--	--	--	--	--	--	--
Veterans Integrated Service Network #22	28,065	778	--	2,524	1,277	258	895	243	2,074,190	94,100
California: Loma Linda.....	4,759	140	--	608	212	258	--	243	278,205	15,731
Sun City (CBOC).....	--	--	--	--	--	--	--	--	619	--
Victorville (CBC).....	--	--	--	--	--	--	--	--	5,497	--
Long Beach.....	6,463	44	--	426	154	--	--	--	382,021	28,717
San Diego.....	5,987	217	--	681	274	--	--	--	274,726	28,259
Chula Vista (CBOC).....	--	--	--	--	--	--	--	--	62	--
El Centro (CBC).....	--	--	--	--	--	--	--	--	458	--
San Diego (SOC).....	--	--	--	--	--	--	--	--	36,222	--
Vista (CBOC).....	--	--	--	--	--	--	--	--	116	--
Sepulveda.....	--	135	--	265	41	--	--	--	248,409	12,856
Bakersfield (SOC).....	--	--	--	--	--	--	--	--	36,308	--
Los Angeles (CBC).....	--	--	--	--	--	--	--	--	13,666	--
Los Angeles (SOC).....	--	--	--	--	--	--	--	--	131,037	--
Santa Barbara (SOC).....	--	--	--	--	--	--	--	--	22,847	--
West Los Angeles (PDV).....	8,791	13	--	544	543	--	895	--	291,146	1,805
Brentwood (SDV).....	--	--	--	--	--	--	--	--	141,681	--
Los Angeles (CBC).....	--	--	--	--	--	--	--	--	9,760	--
West Los Angeles (CBC).....	--	--	--	--	--	--	--	--	2,802	--
Nevada: Las Vegas.....	2,065	229	--	--	53	--	--	--	196,211	6,732
Henderson (CBOC).....	--	--	--	--	--	--	--	--	903	--
Las Vegas (CBOC).....	--	--	--	--	--	--	--	--	1,494	--

(1) Number of discharges and deaths during FY 1998, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1998. 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 and fee-basis home health care visits.

SOURCE: Veterans Health Administration administrative data files: Patient Treatment File (PTF) and Outpatient Care (OPC) data file.
 CONTACT: Henry Caplan at (202) 273- 5124, Office of Planning and Analysis (008)

Table 12: Inpatient and Outpatient Summary (DENTAL Care), FY 1998

Location of VA Facility	Inpatient Care			Outpatient Care		
	Visits	Treatment Cases Completed	Inter-disciplinary Consultations	Staff		Fee
				Visits	Cases Completed	Cases Completed
Departmentwide Total	182,625	24,996	37,635	825,176	159,426	14,593
Veterans Integrated Service Network #1	8,413	622	2,358	46,493	7,419	1,455
Connecticut: West Haven.....	299	--	139	4,539	66	--
Newington.....	3	--	--	4,089	564	118
Maine: Togus.....	376	95	60	4,394	1,079	848
Massachusetts: Bedford.....	3,299	118	695	4,315	154	--
Boston.....	377	1	247	4,123	747	--
Boston (OPC).....	3	--	1	7,721	834	56
Brockton.....	1,585	19	359	4,505	141	--
West Roxbury.....	346	3	269	2,589	163	--
Northampton.....	1,099	331	239	2,377	410	--
New Hampshire: Manchester.....	972	44	318	4,536	1,170	--
Rhode Island: Providence.....	20	9	9	3,176	2,083	42
Vermont: White River Junction.....	34	2	22	129	8	391
Veterans Integrated Service Network #2	7,301	1,410	1,357	23,562	4,217	147
New York: Albany.....	1,017	50	273	7,351	358	82
Bath.....	1,437	75	43	1,428	49	--
Buffalo.....	1,116	108	321	7,149	1,755	11
Batavia.....	572	310	102	1,386	902	--
Rochester (SOC).....	8	6	--	436	239	--
Canandaigua.....	2,658	855	422	2,679	342	--
Syracuse.....	493	6	196	3,133	572	54
Veterans Integrated Service Network #3	15,054	1,583	3,501	56,922	8,228	--
New Jersey: East Orange.....	1,062	152	117	8,873	1,105	--
Lyons.....	3,934	516	516	3,633	735	--
Ocean City (OPC).....	80	--	4	1,356	75	--
New York: Bronx.....	1,824	268	422	6,491	722	--
Brooklyn.....	196	50	29	7,798	1,059	--
Brooklyn (St. Albans).....	1,197	138	1,485	1,391	870	--
Montrose.....	2,723	89	308	2,650	240	--
Castle Point.....	632	41	45	2,911	670	--
New York.....	1,163	264	26	14,970	2,393	--
Northport.....	2,243	65	549	6,849	359	--
Veterans Integrated Service Network #4	8,856	1,485	2,016	48,232	9,054	149
Delaware: Wilmington.....	331	37	102	4,180	823	--
Pennsylvania: Altoona.....	397	127	23	1,153	496	4
Butler.....	917	7	118	1,178	194	5
Coatesville.....	1,169	635	301	1,383	522	--
Erie.....	133	--	21	2,268	345	5
Lebanon.....	1,054	47	199	3,679	441	119
Philadelphia.....	488	121	233	10,557	3,373	--
Pittsburgh (University Dr.).....	244	30	89	7,037	1,062	--
Aspinwall.....	1,469	183	195	951	69	--
Pittsburgh (Highland Dr.).....	1,687	297	482	7,238	826	--
Wilkes-Barre.....	796	1	162	4,570	540	5
Allentown (SOC).....	2	--	--	1,550	146	--
West Virginia: Clarksburg.....	169	--	91	2,488	217	11

Table 12 (continued): Inpatient and Outpatient Summary (DENTAL Care), FY 1998

Location of VA Facility	Inpatient Care			Outpatient Care		
	Visits	Treatment Cases Completed	Inter-disciplinary Consultations	Staff		Fee
				Visits	Cases Completed	Cases Completed
Veterans Integrated Service Network #5	5,764	386	715	23,213	3,322	76
District of Columbia: Washington.....	510	55	157	11,255	1,658	76
Maryland: Baltimore.....	80	29	22	5,224	1,255	--
Fort Howard.....	1,964	157	92	533	79	--
Perry Point.....	1,851	143	270	1,592	156	--
West Virginia: Martinsburg.....	1,359	2	174	4,609	174	--
Veterans Integrated Service Network #6	7,133	836	2,767	41,872	6,928	243
North Carolina: Asheville.....	749	186	375	4,502	1,346	--
Durham.....	1,659	2	888	6,690	391	--
Fayetteville.....	400	55	102	6,319	1,525	46
Salisbury.....	1,251	338	345	3,292	886	62
Virginia: Hampton.....	1,087	68	505	7,191	953	--
Richmond.....	1,347	147	318	6,990	649	82
Salem.....	295	33	97	4,652	806	53
West Virginia: Beckley.....	345	7	137	2,236	372	--
Veterans Integrated Service Network #7	8,931	1,680	1,774	47,505	7,919	652
Alabama: Birmingham.....	1,102	202	49	10,331	1,414	--
Montgomery.....	548	--	60	3,892	242	3
Tuskegee.....	2,376	642	652	3,047	947	--
Tuscaloosa.....	1,695	159	129	2,775	554	--
Georgia: Atlanta.....	380	39	56	8,705	1,601	536
Augusta.....	140	64	88	365	113	--
Uptown.....	821	410	196	3,862	947	8
Dublin.....	1,053	158	323	1,724	215	105
South Carolina: Charleston.....	36	--	6	3,663	672	--
Columbia.....	768	6	212	7,367	772	--
Greenville (SOC).....	12	--	3	1,774	442	--
Veterans Integrated Service Network #8	14,610	1,180	2,160	75,583	13,856	453
Florida: Bay Pines.....	2,660	348	675	8,153	2,049	82
Ft Myers (SOC).....	--	--	--	2,793	885	--
Gainesville.....	395	11	100	7,508	504	27
Lake City.....	6,265	279	257	2,794	1,207	13
Daytona (SOC).....	--	--	--	2,559	443	--
Jacksonville (SOC).....	5	--	--	3,428	198	--
Tallahassee.....	9	1	--	1,394	160	--
Miami.....	1,990	16	145	9,271	520	--
Oakland Park (SOC).....	13	1	--	3,848	1,256	--
Tampa.....	704	84	232	8,987	2,074	--
Orlando (SOC).....	2	--	--	3,687	856	--
West Palm.....	1,050	5	387	9,327	232	--
San Juan.....	1,512	435	364	8,944	3,074	331
Mayaguez (SOC).....	5	--	--	2,890	398	--
Veterans Integrated Service Network #9	9,610	2,266	1,440	42,951	13,872	278
Kentucky: Lexington.....	1,367	590	138	2,649	1,702	--
Cooper Dr.....	2,218	326	41	4,281	2,416	--
Louisville.....	228	106	130	5,206	2,015	79
Tennessee: Memphis.....	783	114	365	8,267	1,155	--
Mountain Home.....	2,547	613	281	3,817	1,362	--
Murfreesboro.....	939	458	359	3,529	1,149	1

Table 12 (continued): Inpatient and Outpatient Summary (DENTAL Care), FY 1998

Location of VA Facility	Inpatient Care			Outpatient Care		
	Visits	Treatment Cases Completed	Inter-disciplinary Consultations	Staff		Fee
				Visits	Cases Completed	Cases Completed
Veterans Integrated Service Network #9 (cont.)						
Tennessee (cont): Chattanooga (SOC).....	1	--	--	2,517	113	--
Nashville.....	1,480	59	116	6,563	2,119	141
Knoxville (SOC).....	1	--	--	2,031	1,258	--
West Virginia: Huntington.....	46	--	10	4,091	583	57
Veterans Integrated Service Network #10	11,242	1,163	1,376	26,770	5,874	14
Ohio: Chillicothe.....	1,566	491	355	2,339	1,158	--
Cincinnati.....	1,488	256	210	3,954	806	--
Cleveland.....	300	93	57	4,334	781	--
Brecksville.....	2,484	300	571	2,708	253	--
Canton (SOC).....	--	--	--	2,399	542	--
Columbus (IOC).....	--	--	--	5,008	1,615	14
Dayton.....	5,404	23	183	6,028	719	--
Veterans Integrated Service Network #11	9,220	1,183	2,023	29,920	6,692	92
Illinois: Danville.....	2,769	109	317	2,428	428	--
Peoria (SOC).....	--	--	--	1,334	323	--
Indiana: Indianapolis.....	139	6	40	5,245	1,457	92
Marion.....	1,983	721	406	1,212	630	--
Fort Wayne.....	235	10	11	1,691	682	--
Michigan: Ann Arbor.....	1,200	77	601	4,868	554	--
Toledo, OH (SOC).....	7	--	5	2,232	786	--
Battle Creek.....	2,127	223	585	2,630	249	--
Grand Rapids (SOC).....	2	--	2	1,297	242	--
Detroit.....	503	37	6	5,674	802	--
Saginaw.....	255	--	50	1,309	539	--
Veterans Integrated Service Network #12	12,328	1,363	2,099	34,266	5,174	1,814
Illinois: Chicago (West Side).....	1,605	58	185	9,094	1,875	240
Chicago (Lakeside).....	216	71	97	1,779	601	--
Crown Point.....	--	--	--	412	45	--
Hines.....	2,122	58	538	6,084	416	--
Michigan: North Chicago.....	3,474	785	568	2,325	306	--
Wisconsin: Iron Mountain.....	102	3	16	1,494	184	126
Madison.....	229	4	107	2,873	360	--
Milwaukee.....	3,521	220	514	8,165	931	1,448
Tomah.....	1,059	164	74	2,040	456	--
Veterans Integrated Service Network #13	6,649	786	1,712	17,403	2,613	670
Minnesota: Minneapolis.....	432	7	141	7,429	467	54
St. Cloud.....	2,592	10	425	3,045	150	--
North Dakota: Fargo.....	990	119	675	2,680	688	263
Fort Meade.....	629	323	148	1,244	595	--
Hot Springs.....	1,508	270	5	370	80	--
Sioux Falls.....	498	57	318	2,635	633	353
Veterans Integrated Service Network #14	4,873	796	473	16,533	3,411	197
Iowa: Des Moines.....	238	39	76	2,556	747	127
Knoxville.....	3,577	675	281	1,096	219	--
Iowa City.....	136	18	50	4,086	972	--
Nebraska: Lincoln.....	79	2	13	2,783	486	--
Grand Island.....	726	59	13	1,338	140	--
Omaha.....	117	3	40	4,674	847	70

Table 12 (continued): Inpatient and Outpatient Summary (DENTAL Care), FY 1998

Location of VA Facility	Inpatient Care			Outpatient Care		
	Visits	Treatment Cases Completed	Inter-disciplinary Consultations	Staff		Fee
				Visits	Cases Completed	Cases Completed
Veterans Integrated Service Network #15	4,636	496	1,704	26,180	6,455	102
Illinois: Marion.....	574	110	89	2,995	934	--
Kansas: Topeka.....	585	8	309	2,349	373	--
Leavenworth.....	1,619	191	703	2,429	552	--
Wichita.....	41	4	9	3,049	648	66
Missouri: Columbia.....	132	23	82	3,477	665	--
Kansas City.....	325	51	199	4,844	1,392	36
Poplar Bluff.....	155	31	5	2,225	788	--
St. Louis.....	466	76	149	4,626	1,099	--
Jefferson Barracks.....	739	2	159	186	4	--
Veterans Integrated Service Network #16	11,789	1,464	2,295	59,215	14,196	433
Arkansas: Fayetteville.....	95	44	73	3,561	679	2
Little Rock.....	1,934	108	505	7,551	879	6
Louisiana: Alexandria.....	585	16	131	3,668	714	--
New Orleans.....	844	34	425	5,823	1,683	18
Baton Rouge (SOC).....	--	--	--	1,561	153	--
Shreveport.....	95	20	50	3,546	1,309	36
Mississippi: Biloxi.....	2,373	173	110	3,768	1,034	50
Gulfport.....	2,396	438	73	1,061	341	--
Pensacola (SOC).....	--	--	--	2,264	989	--
Jackson.....	2,036	392	487	5,162	2,249	25
Oklahoma: Muskogee.....	43	20	25	3,605	1,130	79
Tulsa (SOC).....	--	--	--	2,460	1,143	--
Oklahoma City.....	100	--	39	5,269	73	--
Texas: Houston.....	1,288	219	377	9,916	1,820	217
Veterans Integrated Service Network #17	11,305	2,288	1,775	42,274	6,375	1,969
Texas: Dallas.....	1,936	287	176	9,830	1,587	176
Bonham.....	837	182	245	1,633	260	--
Ft. Worth (SOC).....	21	2	--	3,541	884	--
San Antonio.....	1,932	341	282	9,606	222	1,774
Kerrville.....	1,222	419	225	1,447	431	--
Temple.....	1,941	414	286	8,988	1,265	--
Waco.....	3,080	608	515	3,140	1,019	19
Marlin.....	333	35	46	911	415	--
Austin (SOC).....	3	--	--	3,178	292	--
Veterans Integrated Service Network #18	3,803	696	863	31,841	5,679	944
Arizona: Phoenix.....	185	74	97	7,065	2,336	475
Prescott.....	992	240	267	1,637	381	15
Tucson.....	471	54	195	6,676	1,324	--
New Mexico: Albuquerque.....	784	158	101	5,626	759	--
Texas: Amarillo.....	856	111	134	2,154	191	--
Lubbock (SOC).....	2	--	--	1,599	135	1
Big Spring.....	513	59	69	2,110	103	288
El Paso (IOC).....	--	--	--	4,974	450	165

Table 12 (continued): Inpatient and Outpatient Summary (DENTAL Care), FY 1998

Location of VA Facility	Inpatient Care			Outpatient Care		
	Visits	Treatment Cases Completed	Inter-disciplinary Consultations	Staff		Fee
				Visits	Cases Completed	Cases Completed
Veterans Integrated Service Network #19	3,768	549	851	19,750	2,858	305
Colorado: Denver.....	458	21	151	7,505	487	--
Fort Lyon.....	1,080	367	105	1,135	408	--
Grand Junction.....	382	25	12	1,373	224	2
Montana: Fort Harrison.....	105	15	50	1,434	245	224
Miles City.....	81	1	1	84	6	--
Utah: Salt Lake City.....	578	81	217	5,313	812	79
Wyoming: Cheyenne.....	243	3	11	2,080	515	--
Sheridan.....	841	36	304	826	161	--
Veterans Integrated Service Network #20	7,643	1,337	990	30,522	4,775	2,026
Alaska: Anchorage (ROC).....	320	51	2	2,603	376	39
Idaho: Boise.....	409	70	102	3,097	1,184	140
Oregon: Portland.....	681	5	73	5,685	172	241
Vancouver.....	407	3	45	315	3	--
Roseburg.....	541	101	233	1,252	273	377
White City (DOM).....	3,677	614	156	925	204	--
Washington: Seattle.....	751	218	104	7,989	1,138	1,112
American Lake.....	482	153	204	4,538	563	41
Spokane.....	209	70	1	3,037	496	14
Walla Walla.....	166	52	70	1,081	366	62
Veterans Integrated Service Network #21	3,601	368	1,526	30,899	4,341	1,785
California: Fresno.....	384	6	32	4,353	612	--
Martinez (SOC).....	163	2	89	3,387	310	787
Sacramento (SOC).....	--	--	--	3,812	372	--
Palo Alto.....	529	45	157	5,620	842	--
Menlo Park.....	1,054	41	309	667	64	--
Livermore.....	546	23	238	1,970	336	--
San Francisco.....	668	177	657	6,151	451	245
Hawaii: Honolulu (ROC).....	2	--	--	2,991	699	752
Nevada: Reno.....	255	74	44	1,948	655	1
Veterans Integrated Service Network #22	6,096	1,059	1,860	53,270	16,168	789
California: Loma Linda.....	532	149	166	7,952	2,047	--
Long Beach.....	1,089	292	440	8,137	2,144	--
San Diego.....	529	90	245	9,706	2,415	69
Sepulveda.....	2	2	--	5,440	3,979	297
Bakersfield (SOC).....	--	--	--	2,131	226	--
Los Angeles (SOC).....	--	--	--	4,811	2,886	--
Santa Barbara (CBOC).....	--	--	--	418	287	--
W. Los Angeles.....	3,942	526	1,009	10,096	1,325	--
Nevada: Las Vegas.....	2	--	--	4,579	859	423

SOURCE: Veterans Health Administration administrative data files: Patient Treatment File (PTF) and Outpatient Care (OPC) data file.
 CONTACT: Henry Caplan at (202) 273- 5124, Office of Planning and Analysis (008)

Table 13: Hospital and Extended Care by Type of Facility, FY 1998

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, 1998
Departmentwide totals (7).....	47,853	61,858	N/A	710,095	717,057	780,631	63,574
Total hospital care.....	27,135	21,118	77.8	632,101	633,857	655,216	21,359
VA total.....	27,135	20,707	76.3	613,925	616,910	636,670	19,760
Medical.....	13,750	10,516	76.5	365,576	369,057	380,067	11,010
Medical service.....	8,048	5,981	74.3	323,651	298,822	305,561	6,739
Intermediate care.....	3,467	2,949	85.1	18,518	43,465	46,293	2,828
Neurology.....	392	241	61.5	11,801	10,900	10,910	10
Rehabilitation medicine.....	525	386	73.5	3,071	7,115	7,502	387
Spinal cord injury.....	1,089	771	70.8	6,816	7,048	7,891	843
Blind rehabilitation.....	229	188	82.1	1,719	1,707	1,910	203
Surgical.....	3,549	2,406	67.8	109,781	107,347	109,427	2,080
Psychiatric.....	9,836	7,785	79.1	138,568	140,506	147,176	6,670
Non-VA.....	N/A	169	N/A	16,490	15,265	16,644	1,379
State home.....	N/A	242	N/A	1,686	1,682	1,902	220
Total domiciliary care.....	6,071	8,869	N/A	21,184	20,947	29,901	8,954
VA.....	6,071	5,496	90.5	18,160	18,114	23,702	5,588
State home.....	N/A	3,373	N/A	3,024	2,833	6,199	3,366
Total nursing home care.....	14,647	31,871	N/A	56,810	62,253	95,514	33,261
VA.....	14,647	13,377	91.3	32,848	32,643	46,210	13,567
Community.....	N/A	5,574	N/A	14,821	21,028	28,344	7,316
State home.....	N/A	12,920	N/A	9,141	8,582	20,960	12,378

- (1) Based on the number of operating beds at the end of each month (September 1997 -- September 1998). 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 intra-VA hospital admissions (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.
- Non-VA hospitals excluded state home hospitals, and includes hospital care authorized and paid by VA.

SOURCE: Veterans Health Administration administrative data files: Patient Treatment File (PTF) and Outpatient Care (OPC) data file.
CONTACT: Henry Caplan at (202) 273-5124, Office of Planning and Analysis (008)

Table 14: Average Operating Beds, Patients Treated, and Average Daily Census; FY 1998

Location of VA Facility	Average Operating Beds (1)				Patients Treated (2)				Average Daily Census (3)
	Total	Bed Section (5)			Total	Bed Section (4)			
		Psychiatric	Surgical	Medical (5)		Psychiatric	Surgical	Medical (5)	
Departmentwide: Totals.....	27,128	9,836	3,549	13,743	617,121	144,784	106,204	366,133	20,712
Transfers.....	--	--	--	--	19,549	2,392	3,223	13,934	--
All facilities: Totals.....	27,128	9,836	3,549	13,743	636,670	147,176	109,427	380,067	20,712
Veterans Integrated Service Network #1	1,486	654	165	667	33,278	10,080	5,523	17,675	1,291
Connecticut: West Haven.....	166	37	29	100	4,710	856	1,201	2,653	139
Maine: Togus.....	101	21	12	68	2,873	418	346	2,109	81
Massachusetts: Bedford.....	317	215	--	102	1,974	1,672	--	302	294
Boston.....	241	62	59	120	7,919	2,306	1,738	3,875	193
Brockton (MC2).....	324	152	36	136	6,549	2,186	1,224	3,139	305
Northampton.....	165	142	--	23	2,274	1,730	--	544	135
New Hampshire: Manchester.....	35	--	2	33	1,452	--	32	1,420	27
Rhode Island: Providence.....	78	15	18	45	3,156	650	646	1,860	66
Vermont: White River Junction.....	59	10	9	40	2,371	262	336	1,773	51
Veterans Integrated Service Network #2	692	277	107	308	15,023	3,332	2,890	8,801	514
New York: Albany.....	139	54	31	54	3,968	944	779	2,245	99
Bath.....	58	16	--	42	1,332	294	--	1,038	39
Buffalo.....	190	30	53	107	5,173	972	1,363	2,838	145
Batavia.....	16	16	--	--	--	--	--	--	4
Canandaigua.....	162	145	--	17	1,333	849	--	484	123
Syracuse.....	127	16	23	88	3,217	273	748	2,196	104
Veterans Integrated Service Network #3	2,076	979	152	945	31,805	9,177	4,213	18,415	1,636
New Jersey: East Orange.....	249	44	36	169	6,812	2,266	740	3,806	173
Lyons.....	458	280	--	178	--	--	--	--	337
New York: Bronx.....	235	40	37	158	4,449	571	947	2,931	196
Brooklyn (MC2).....	243	66	17	160	6,503	1,190	638	4,675	193
Castle Point.....	70	--	--	70	--	--	--	--	44
Montrose.....	263	263	--	--	3,397	2,289	--	1,108	233
New York.....	212	64	42	106	5,609	1,270	1,328	3,011	171
Northport.....	346	222	20	104	5,035	1,591	560	2,884	289
Veterans Integrated Service Network #4	1,644	704	151	789	31,836	10,252	4,715	16,869	1,244
Delaware: Wilmington.....	78	--	12	66	2,144	--	445	1,699	66
Pennsylvania: Altoona.....	38	--	--	38	1,612	--	--	1,612	34
Butler.....	15	--	--	15	463	--	--	463	6
Coatesville.....	357	233	--	124	3,322	2,644	--	678	287
Erie.....	56	--	5	51	1,353	--	177	1,176	31
Lebanon.....	193	124	8	61	2,952	1,626	158	1,168	138
Philadelphia.....	153	52	41	60	5,355	1,712	1,371	2,272	117
Pittsburgh (Univ. Dr.).....	305	--	59	246	8,319	2,497	1,678	4,144	232
Pittsburgh (Highland Dr.).....	257	228	--	29	--	--	--	--	191
Wilkes-Barre.....	139	47	17	75	3,733	1,259	394	2,080	97
West Virginia: Clarksburg.....	53	20	9	24	2,583	514	492	1,577	45

See footnotes at end of table.

Table 14 (continued): Average Operating Beds, Patients Treated, and Average Daily Census; FY 1998

Location of VA Facility	Average Operating Beds (1)				Patients Treated (2)				Average Daily Census (3)
	Total	Bed Section (5)			Total	Bed Section (4)			
		Psychiatric	Surgical	Medical (5)		Psychiatric	Surgical	Medical (5)	
Veterans Integrated Service Network #5	920	357	87	476	19,185	4,858	2,528	11,799	696
District of Columbia: Washington.....	188	27	41	120	6,286	1,108	1,084	4,094	139
Maryland: Baltimore.....	151	30	41	80	9,592	2,891	1,286	5,415	111
Fort Howard.....	123	32	--	91	--	--	--	--	105
Perry Point.....	123	32	--	107	--	--	--	--	255
West Virginia: Martinsburg.....	351	244	--	78	3,307	859	158	2,290	86
	107	24	5						
Veterans Integrated Service Network #6	1,671	516	207	948	37,233	9,113	5,733	22,387	1,313
North Carolina: Asheville.....	176	38	34	104	3,887	638	819	2,430	121
Durham.....	192	28	54	110	6,302	857	1,760	3,685	131
Fayetteville.....	143	25	25	93	3,632	797	412	2,423	100
Salisbury.....	349	179	6	164	3,374	1,598	59	1,717	275
Virginia: Hampton.....	204	86	13	105	4,160	2,419	394	1,347	177
Richmond.....	345	25	51	269	8,430	893	1,523	6,014	273
Salem.....	215	135	20	60	5,624	1,911	695	3,018	204
West Virginia: Beckley.....	47	--	4	43	1,824	--	71	1,753	32
Veterans Integrated Service Network #7	1,928	530	208	1,190	34,286	7,258	5,841	21,187	1,370
Alabama: Birmingham.....	138	--	35	103	5,149	--	1,257	3,892	110
Montgomery.....	136	--	22	114	4,520	1,638	239	2,643	72
Tuskegee.....	379	198	1	180	--	--	--	--	219
Tuscaloosa.....	184	131	--	53	2,077	1,133	--	944	151
Georgia: Atlanta.....	260	43	41	176	5,853	1,221	1,056	3,576	165
Augusta (MC2).....	424	105	48	271	6,484	1,810	1,320	3,354	334
Dublin.....	101	12	4	85	2,132	345	190	1,597	86
South Carolina: Charleston.....	106	18	29	59	4,044	563	1,059	2,422	77
Columbia.....	200	23	28	149	4,027	548	720	2,759	156
Veterans Integrated Service Network #8	1,834	380	285	1,169	47,352	8,040	8,011	31,301	1,336
Florida: Bay Pines.....	304	98	45	161	8,654	1,892	1,200	5,562	223
Gainesville.....	215	32	62	121	9,922	1,363	1,819	6,740	148
Lake City.....	130	14	9	107	--	--	--	--	98
Miami.....	373	103	47	223	7,534	1,424	1,708	4,402	265
Tampa.....	344	56	67	221	9,117	1,246	1,963	5,908	229
W. Palm Beach.....	104	22	--	82	3,781	1,010	--	2,771	76
Puerto Rico: San Juan.....	364	55	55	254	8,344	1,105	1,321	5,918	297
Veterans Integrated Service Network #9	1,392	351	219	822	36,456	5,967	6,125	24,364	1,069
Kentucky: Lexington (MC2).....	228	64	29	135	5,670	666	857	4,147	160
Louisville.....	114	27	25	62	4,900	994	1,013	2,893	97
Tennessee: Memphis.....	359	48	74	237	7,891	1,483	1,793	4,615	232
Mountain Home.....	203	27	37	139	5,124	779	393	3,952	145
Murfreesboro.....	258	169	7	82	3,373	1,481	180	1,712	229
Nashville.....	160	16	35	109	6,186	564	1,504	4,118	142
West Virginia: Huntington.....	70	--	12	58	3,312	--	385	2,927	64

See footnotes at end of table.

Table 14 (continued): Average Operating Beds, Patients Treated, and Average Daily Census; FY 1998

Location of VA Facility	Average Operating Beds (1)				Patients Treated (2)				Average Daily Census (3)
	Total	Bed Section (5)			Total	Bed Section (4)			
		Psychiatric	Surgical	Medical (5)		Psychiatric	Surgical	Medical (5)	
Veterans Integrated Service Network #10	914	353	95	466	23,104	6,521	2,660	13,923	746
Ohio: Chillicothe.....	188	86	--	102	4,395	1,334	--	3,061	130
Cincinnati.....	154	58	24	72	5,846	1,315	911	3,620	126
Cleveland (MC2).....	382	189	46	147	8,284	2,991	1,187	4,106	333
Dayton.....	190	20	25	145	4,579	881	562	3,136	157
Veterans Integrated Service Network #11	1,453	743	119	591	28,785	7,918	4,087	16,780	1,206
Illinois: Danville.....	315	74	4	237	4,220	685	131	3,404	275
Indiana: Indianapolis (MC2).....	144	16	34	94	6,063	365	1,233	4,465	109
Marion.....	341	320	--	21	3,074	1,313	--	1,761	293
Fort Wayne.....	26	--	--	26	--	--	--	--	20
Michigan: Ann Arbor.....	130	23	47	60	4,806	694	1,523	2,589	92
Battle Creek.....	299	260	--	39	4,292	3,381	--	911	274
Detroit.....	165	50	34	81	4,901	1,480	1,200	2,221	119
Saginaw.....	33	--	--	33	1,429	--	--	1,429	24
Veterans Integrated Service Network #12	1,532	549	209	774	35,718	7,879	5,208	22,631	1,096
Illinois: Chicago (West Side).....	184	20	36	128	11,886	1,641	1,696	8,549	127
Chicago (Lakeside).....	228	47	38	143	--	--	--	--	163
Hines.....	391	90	54	247	9,355	2,542	1,494	5,319	282
North Chicago.....	266	236	--	30	2,984	1,485	--	1,499	204
Michigan: Iron Mountain.....	18	--	3	15	1,080	--	88	992	13
Wisconsin: Madison.....	116	14	37	65	3,635	400	843	2,392	83
Milwaukee.....	201	28	41	132	5,482	1,105	1,087	3,290	130
Tomah.....	128	114	--	14	1,296	706	--	590	94
Veterans Integrated Service Network #13	542	160	140	242	17,472	2,835	4,389	10,248	374
Minnesota: Minneapolis.....	268	45	102	121	8,680	650	2,913	5,117	171
St. Cloud.....	82	69	--	13	1,861	1,298	--	563	61
North Dakota: Fargo.....	69	13	17	39	2,370	261	596	1,513	47
South Dakota: Fort Meade.....	51	26	10	15	2,545	343	522	1,680	40
Hot Springs.....	27	1	2	24	--	--	--	--	20
Sioux Falls.....	45	6	9	30	2,016	283	358	1,375	35
Veterans Integrated Service Network #14	450	159	84	207	12,177	2,499	2,390	7,288	307
Iowa: Des Moines.....	42	--	12	30	3,525	1,057	425	2,043	36
Knoxville.....	114	77	--	37	--	--	--	--	91
Iowa City.....	101	15	27	59	3,906	411	1,000	2,495	76
Nebraska: Lincoln.....	53	15	12	26	1,448	411	434	603	20
Grand Island.....	18	18	--	--	--	--	--	--	13
Omaha.....	122	34	33	55	3,298	620	531	2,147	71

See footnotes at end of table.

Table 14 (continued): Average Operating Beds, Patients Treated, and Average Daily Census; FY 1998

Location of VA Facility	Average Operating Beds (1)				Patients Treated (2)				Average Daily Census (3)
	Total	Bed Section (5)			Total	Bed Section (4)			
		Psychiatric	Surgical	Medical (5)		Psychiatric	Surgical	Medical (5)	
Veterans Integrated Service Network #15	912	327	130	455	27,890	6,904	3,701	17,285	732
Illinois: Marion.....	42	10	6	26	2,311	357	205	1,749	37
Kansas: Topeka.....	200	126	10	64	5,511	1,891	288	3,332	173
Leavenworth.....	63	15	4	44	--	--	--	--	54
Wichita.....	88	8	31	49	1,925	--	279	1,646	35
Missouri: Columbia.....	76	7	18	51	3,632	316	797	2,519	63
Kansas City.....	178	78	24	76	5,565	1,720	924	2,921	153
Poplar Bluff.....	11	--	--	11	922	--	--	922	10
St. Louis (MC2).....	254	83	37	134	8,024	2,620	1,208	4,196	207
Veterans Integrated Service Network #16	1,835	603	262	970	54,531	10,589	9,938	34,004	1,552
Arkansas: Fayetteville.....	52	10	5	37	2,547	488	110	1,949	45
Little Rock (MC2).....	320	125	50	145	8,957	1,442	1,975	5,540	272
Louisiana: Alexandria.....	118	52	15	51	2,347	497	544	1,306	105
New Orleans.....	149	45	38	66	4,769	917	1,126	2,726	126
Shreveport.....	102	16	25	61	4,306	601	917	2,788	87
Mississippi: Biloxi (MC2).....	289	179	11	99	4,790	2,052	493	2,245	219
Jackson.....	177	61	32	84	5,774	1,429	1,156	3,189	146
Oklahoma: Muskogee.....	54	--	7	47	2,371	--	221	2,150	45
Oklahoma City.....	164	55	28	81	6,833	1,452	1,331	4,050	151
Texas: Houston.....	410	60	51	299	11,837	1,711	2,065	8,061	356
Veterans Integrated Service Network #17	1,508	685	175	648	28,170	6,915	5,153	16,102	1,133
Texas: Dallas.....	329	101	69	159	9,252	1,901	2,145	5,206	251
Bonham.....	21	--	--	21	--	--	--	--	6
San Antonio.....	360	109	66	185	10,872	3,136	1,577	6,159	239
Kerrville.....	83	20	--	63	--	--	--	--	59
Temple.....	715	455	40	220	8,046	1,878	1,431	4,737	578
Veterans Integrated Service Network #18	760	170	170	420	27,028	4,475	6,347	16,206	535
Arizona: Phoenix.....	239	44	70	125	8,990	1,635	2,188	5,167	134
Prescott.....	28	1	--	27	1,427	27	--	1,400	24
Tucson.....	158	41	34	83	5,458	1,121	1,250	3,087	125
New Mexico: Albuquerque.....	196	48	37	111	6,057	1,053	1,306	3,698	147
Texas: Amarillo.....	74	6	20	48	3,319	71	1,387	1,861	51
Big Spring.....	65	30	9	26	1,777	568	216	993	54
Veterans Integrated Service Network #19	651	291	100	260	17,798	4,176	3,552	10,070	477
Colorado: Denver.....	196	75	50	71	5,653	1,324	1,438	2,891	145
Fort Lyon.....	38	38	--	--	142	142	--	--	28
Grand Junction.....	40	25	5	10	1,324	439	241	644	30
Montana: Fort Harrison.....	57	7	11	39	2,215	239	323	1,653	39
Utah: Salt Lake City.....	150	34	29	87	5,585	767	1,418	3,400	116
Wyoming: Cheyenne.....	27	--	5	22	908	--	132	776	14
Sheridan.....	143	112	--	31	1,971	1,265	--	706	105
	--				--				

See footnotes at end of table.

Table 14 (continued): Average Operating Beds, Patients Treated, and Average Daily Census; FY 1998

Location of VA Facility	Average Operating Beds (1)				Patients Treated (2)				Average Daily Census (3)
	Total	Bed Section (5)			Total	Bed Section (4)			
		Psychiatric	Surgical	Medical (5)		Psychiatric	Surgical	Medical (5)	
Veterans Integrated Service Network #20	867	334	140	393	28,103	6,857	5,374	15,872	677
Alaska: Anchorage.....	24	24	--	--	82	82	--	--	22
Idaho: Boise.....	65	20	9	36	2,659	484	322	1,853	48
Oregon: Portland.....	190	36	63	91	8,574	1,298	2,516	4,760	154
Roseburg.....	107	60	8	39	3,091	1,496	161	1,434	84
Washington: Seattle.....	267	60	55	152	10,910	2,876	2,171	5,863	189
American Lake.....	143	98	--	45	--	--	--	--	117
Spokane.....	25	4	5	16	1,478	126	204	1,148	24
Walla Walla.....	46	32	--	14	1,309	495	--	814	39
Veterans Integrated Service Network #21	958	389	142	427	21,375	5,588	4,874	10,913	658
California: Fresno.....	85	40	10	35	3,276	866	517	1,893	75
Northern CA.HC System.....	49	15	10	24	1,722	214	312	1,196	4
Travis Air Force Base Hosp... Palo Alto (MC2).....	40	11	10	19	--	--	--	--	24
San Francisco.....	502	237	48	217	8,159	3,137	1,413	3,609	365
Hawaii: Honolulu.....	148	22	45	31	4,895	362	2,012	2,521	110
Hilo Center.....	34	34	--	--	405	405	--	--	19
Nevada: Reno.....	16	16	--	--	--	--	--	--	1
	84	14	19	51	2,918	604	620	1,694	60
Veterans Integrated Service Network #22	1,103	325	202	576	28,065	5,943	6,175	15,947	750
California: Loma Linda.....	108	21	27	60	4,759	766	1,234	2,759	84
Long Beach.....	347	69	50	228	6,463	1,456	1,256	3,751	207
San Diego.....	188	62	43	83	5,987	1,056	1,614	3,317	142
W. Los Angeles (MC2).....	408	159	70	179	8,791	2,237	1,901	4,653	283
Las Vegas.....	52	14	12	26	2,065	428	170	1,467	34

- (1) Based on the number of operating beds at the end of each month for 13 consecutive months (September 1997 -- September 1998).
(2) The number of discharges and deaths during the fiscal year plus the patients remaining on September 30, 1998, 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.

SOURCE: Veterans Health Administration administrative data files: Patient Treatment File (PTF) and Outpatient Care (OPC) data file.
CONTACT: Henry Caplan at (202) 273- 5124, Office of Planning and Analysis (008)

Table 15: Pharmacy Activity, FY 1996-98

Activity	FY 1998	FY 1997	FY 1996
VA Pharmacies	68,324,187	65,154,235	66,518,274
Total Prescriptions Dispensed	529,984	526,670	659,714
Inpatient	67,794,203	64,627,565	65,858,560
Total Ambulatory	863,806	999,540	1,074,590
Methadone	66,930,397	63,628,025	64,783,970
All other (including fee-basis filled by VA pharmacies)	138,951,171	153,309,576	169,031,353
Unit doses dispensed	2,033,847	1,896,239	2,006,369
Primary intravenous admixtures	7,639,817	7,509,524	8,391,412
Secondary intravenous admixtures ("piggy-backs")	187,881	194,273	219,406
Hyperalimentation	15,935,104	8,789,125	10,251,653
Fluids and sets	1,404,091	1,472,826	1,628,741
Patient-oriented activity (hours)			
Fee-Basis	2,186,420	2,151,397	2,293,143
Prescriptions filled by VA pharmacies			

(1) "Total Prescriptions Dispensed" is a count of all 30 to 90 day prescriptions.

(2) Data on "fee basis prescriptions filled by participating pharmacies" (as reported in previous *Annual Reports*) is not available after FY 1994.

SOURCE: Automated Management Information System (AMIS), Segments 157, 158

CONTACT: Jeff Ramirez at (202) 273-8428, VHA/Pharmacy Benefits Management SHG

Table 16: Homeless Veterans / INPATIENT Care (Domiciliary Care, DCHV); FY 1998

State	Facility	DCHV Beds	Average Length of Stay (Days)	Discharged	Status at Time of Discharge from DCHV				
					Completed Program	Housed (1)	Institutionalized (2)	Employed (3)	Disabled or Retired
Alabama:	Tuskegee	43	67	136	88	75	14	42	34
Alaska:	Anchorage	50	128	137	57	42	40	35	41
Arizona:	Prescott	50	124	102	58	59	6	43	22
Arkansas:	Little Rock	60	112	172	120	118	18	114	3
California:	Palo Alto	50	101	209	172	129	44	146	5
	West Los Angeles	100	177	199	119	95	51	65	78
Florida:	Bay Pines	25	103	61	58	46	8	54	7
Georgia:	Dublin	23	120	90	56	62	6	72	1
Illinois:	North Chicago	60	116	184	109	116	19	109	12
Iowa:	Des Moines	20	146	60	54	47	3	48	0
Kansas:	Leavenworth	178	108	351	180	196	52	128	96
Maryland:	Perry Point	25	70	131	106	89	27	75	13
Massachusetts:	Bedford	40	98	134	102	43	58	80	8
	Brockton	46	93	162	116	58	77	86	25
Mississippi:	Biloxi	70	114	234	167	151	31	158	8
Missouri:	St. Louis	50	118	161	139	134	7	113	0
New Jersey:	Lyons	82	97	275	174	159	48	151	2
New York:	Brooklyn	50	112	136	89	83	12	48	18
	Canandaigua	25	58	288	194	156	66	68	73
	Montrose	60	102	303	191	205	37	164	39
Ohio:	Cincinnati	50	118	155	97	106	19	85	28
	Cleveland	75	101	314	201	179	93	148	78
	Dayton	25	145	62	59	47	4	53	0
Oregon:	Portland	40	148	119	67	54	29	47	25
	White City	51	112	68	38	38	9	43	1
Pennsylvania:	Butler	25	95	103	63	66	8	44	14
	Coatesville	40	82	154	115	66	41	97	6
	Pittsburgh	50	96	233	168	139	49	139	35
South Dakota:	Hot Springs	50	131	97	67	65	17	36	23
Tennessee:	Mountain Home	25	122	88	44	28	29	35	12
Texas:	Dallas	40	95	130	80	77	22	80	11
Virginia:	Hampton	28	114	67	48	23	34	36	18
Washington:	American Lake	50	114	136	68	63	24	60	11
West Virginia:	Martinsburg	60	113	213	139	78	90	99	22
Wisconsin:	Milwaukee	35	174	65	47	47	9	52	2
TOTALS		1,751	108	5,529	3,650	3,139	1,101	2,853	771

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

(2) Includes halfway house, transitional program, another domiciliary, or other institution.

(3) Includes VA's Compensated Work Therapy (CWT) Program.

SOURCE: VHA/Northeast Program Evaluation Center (NEPEC) administrative data from discharge forms.

CONTACT: Cathy Seibyl at (203) 932-5711 (x3722), VHA/Northeast Program Evaluation Center, West Haven, CT.

Table 17: Homeless Veterans / OUTPATIENT Health Care, FY 1998

State: Facility	FY 1998					FY 1997				
	Number of Visits	Number of Individuals	Visits/ Individual	Clinical Staff	Visits per Clinician	Number of Visits	Number of Individuals	Visits/ Individual	Clinical Staff	Visits per Clinician
Alabama: Birmingham	2,777	296	9	4	694	2,646	156	17	4	662
Tuskegee	1,053	326	3	2	527	781	241	3	2	391
Alaska: Anchorage	*	*	*	*	*	9,693	680	14	5	1,939
Arizona: Phoenix	1,511	403	4	5	302	363	139	3	5	73
Tucson	4,210	1,123	4	3	1,403	5,348	1,108	5	3	1,783
Arkansas: Little Rock	7,353	981	7	2	3,677	7,558	991	8	2	3,779
California: Loma Linda	594	349	2	2	297	1,029	447	2	2	515
Long Beach	2,365	690	3	2	1,183	2,086	686	3	2	1,043
Los Angeles (OPC)	1,509	613	2	3	503	2,045	540	4	3	682
San Diego	1,484	591	3	2	742	1,531	525	3	2	766
San Francisco	10,094	1,592	6	3	3,365	16,538	1,741	9	3	5,513
Sepulveda	408	240	2	1	408	513	211	2	2	214
W. Los Angeles	18,104	6,926	3	16	1,168	13,792	4,144	3	14	985
Colorado: Denver	2,112	548	4	2	1,056	1,737	493	4	2	869
Connecticut: West Haven	3,095	457	7	3	1,032	3,778	505	7	3	1,259
Dist of Columbia: Washington	3,891	1,048	4	4	973	3,732	994	4	4	933
Florida: Miami	2,545	741	3	3	848	3,544	947	4	3	1,181
Tampa	2,252	369	6	3	751	2,178	384	6	3	726
Georgia: Atlanta	1,929	801	2	3	772	1,813	707	3	3	725
Augusta	1,314	187	7	2	657	246	69	4	2	123
Illinois: Chicago WS	1,507	265	6	3	502	1,530	301	5	3	510
Hines	1,107	328	3	3	369	1,065	336	3	3	355
Indiana: Indianapolis	3,298	567	6	2	1,649	4,432	659	7	2	2,216
Kentucky: Louisville	144	79	2	1	144	324	70	5	1	324
Louisiana: New Orleans	4,312	622	7	9	484	4,314	542	8	9	485
Maryland: Baltimore	1,270	452	3	2	635	1,886	658	3	2	943
Perry Point	1,653	402	4	2	827	1,149	307	4	2	575
Massachusetts: Boston	3,880	1,004	4	4	970	3,439	855	4	4	860
Michigan: Battle Creek	2,618	226	12	4	655	2,082	240	9	4	521
Detroit	1,811	544	3	5	385	2,126	530	4	5	452
Minnesota: Minneapolis	1,377	341	4	2	689	1,446	297	5	2	723
Mississippi: Jackson	906	219	4	4	227	1,103	196	6	4	276
Missouri: Kansas City	1,310	278	5	2	655	1,574	296	5	2	787
St. Louis	1,098	424	3	2	549	904	399	2	2	452
New Jersey: East Orange	736	246	3	4	184	978	221	4	4	245
New York: Albany	1,719	330	5	5	318	2,043	259	8	5	454
Bath	718	114	6	1	718	871	141	6	1	871
Bronx	4,003	624	6	2	2,002	1,007	194	5	2	504
Brooklyn	6,453	1,051	6	6	1,008	8,717	1,090	8	8	1,132
Buffalo	4,842	454	11	5	1,076	5,124	416	12	5	1,139
Canandaigua	1,246	294	4	1	1,246	285	138	2	1	285
New York	7,164	722	10	1	7,164	6,790	684	10	1	6,790
Syracuse	1,253	217	6	4	313	1,724	281	6	4	431
North Carolina: Salisbury	3,246	478	7	4	738	1,905	341	6	4	544
North Dakota: Fargo	1,001	217	5	2	501	1,095	242	5	2	548

Table 17 (continued): Homeless Veterans / OUTPATIENT Health Care, FY 1998

State: Facility	FY 1998					FY 1997				
	Number of Visits	Number of Individuals	Visits/ Individual	Clinical Staff	Visits per Clinician	Number of Visits	Number of Individuals	Visits/ Individual	Clinical Staff	Visits per Clinician
Ohio: Cincinnati	797	271	3	2	399	487	135	4	2	244
Cleveland	1,285	417	3	2	643	1,453	384	4	2	727
Columbus (OPC)	1,410	368	4	1	1,410	341	133	3	1	341
Dayton	1,966	379	5	3	655	1,507	365	4	3	502
Toledo	2,748	365	8	3	916	2,817	288	10	3	939
Oklahoma: Oklahoma City	219	96	2	2	110	215	87	2	2	108
Oregon: Portland	541	234	2	3	180	1,411	427	3	3	470
Roseburg	3,902	669	6	2	1,951	3,986	776	5	2	1,993
Pennsylvania: Lebanon	1,957	364	5	5	391	1,666	350	5	5	333
Philadelphia	1,353	300	5	2	677	1,000	225	4	2	500
Pittsburgh	4,187	753	6	4	1,047	4,273	873	5	2	2,137
Wilkes-Barre	1,111	297	4	3	370	890	260	3	3	297
Rhode Island: Providence	5,807	246	24	4	1,659	5,554	223	25	4	1,587
South Carolina: Charleston	3,585	156	23	4	1,024	1,751	225	8	4	500
Tennessee: Mountain Home	575	101	6	2	288	976	253	4	2	488
Nashville	8	4	2	3	3	73	32	2	3	24
Texas: Dallas	2,718	850	3	5	555	3,185	1,012	3	5	650
Houston	2,710	953	3	2	1,355	2,234	654	3	2	1,117
San Antonio	2,126	374	6	3	709	2,097	397	5	3	699
Utah: Salt Lake City	3,694	721	5	8	480	4,742	732	6	8	616
Virginia: Hampton	1,881	500	4	2	941	2,292	518	4	2	1,146
Washington: Seattle	2,418	976	2	3	806	1,267	577	2	3	422
Spokane	2,205	630	4	2	1,103	1,801	430	4	2	901
Walla Walla	1,238	290	4	2	563	858	265	3	2	390
West Virginia: Huntington	1,151	313	4	5	230	1,348	402	3	4	337
Wisconsin: Milwaukee	10,328	512	20	8	1,359	10,113	572	18	7	1,367
Tomah	2,292	133	17	2	1,146	3,227	212	15	2	1,614
Wyoming: Cheyenne	1,475	284	5	2	738	1,867	315	6	2	934
TOTALS	192,959	40,335	5	232	833	202,295	36,523	6	233	869

* No data reported

SOURCE: VHA, Outpatient Care (OPC) administrative data file, FY 1998

CONTACT: Wes Kaspro at (203) 932-5711 (x3724), VHA/ Northeast Program Evaluation Center, West Haven, CT

Table 18: Reasons for Terminations of Disability and Death Awards, FY 1998 (COMPENSATION & PENSION)

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 terminations.....	129,138	69,415	59,723	80	422	41,821	37,292
Death of a veteran.....	106,621	64,871	41,750	79	404	41,005	30,193
Disability less than 10 percent.....	73	73	--	--	--	--	--
Disability less than permanent and total.....	13	--	13	--	--	--	1
Estate in excess of \$1,500.....	45	25	20	--	--	7	9
Excessive corpus of estate.....	164	--	164	--	1	--	133
Failure to cooperate.....	706	437	269	--	--	9	111
Income provisions.....	12,536	--	12,536	--	2	--	4,333
Person entitled is incarcerated.....	183	4	179	--	--	--	22
Veterans on active duty or in receipt of retirement pay.....	700	695	5	--	--	16	4
Failure to return questionnaire.....	959	2	957	--	7	--	625
Miscellaneous (2).....	7,138	3,308	3,830	1	8	784	1,861
Death--total terminations.....	68,213	18,020	50,193	800	11,036	6,970	27,836
Death of payee.....	38,222	12,361	25,861	778	10,068	6,448	14,558
Dependency not established or discontinued.....	6,273	3,106	3,167	1	26	83	748
Excessive corpus of estate.....	85	--	85	--	11	--	57
Income provisions.....	15,354	95	15,259	1	209	5	9,132
Payee incarcerated.....	106	3	103	--	12	1	37
Person entitled (surviving spouse, child, or parent) married.....	1,586	838	748	1	11	131	365
Failure to return questionnaire.....	1,322	147	1,175	--	260	24	667
Miscellaneous (2).....	5,265	1,470	3,795	19	439	278	2,272

Reasons for Terminations	Korean Conflict		Vietnam Era		Gulf War		Peacetime
	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected
Disability--total terminations.....	6,662	12,570	11,111	9,346	2,134	93	7,607
Death of a veteran.....	6,517	7,356	10,234	3,775	555	22	6,481
Disability less than 10 percent.....	1	--	16	--	32	--	24
Disability less than permanent and total.....	--	--	--	12	--	--	--
Estate in excess of \$1,500.....	3	7	9	4	3	--	3
Excessive corpus of estate.....	--	20	--	10	--	--	--
Failure to cooperate.....	1	69	28	88	316	1	83
Income provisions.....	--	3,918	--	4,224	--	59	--
Person entitled is incarcerated.....	--	37	1	120	--	--	3
Veterans on active duty or in receipt of retirement pay.....	13	--	120	1	374	--	172
Failure to return questionnaire.....	--	202	--	123	--	--	2
Miscellaneous (2).....	127	961	703	989	854	11	839
Death--total terminations.....	1,947	7,086	5,066	4,195	466	40	2,771
Death of payee.....	1,692	935	2,058	299	13	1	1,372
Dependency not established or discontinued.....	81	597	1,813	1,796	246	--	882
Excessive corpus of estate.....	--	11	--	5	--	1	--
Income provisions.....	5	4,556	45	1,337	9	25	30
Payee incarcerated.....	--	18	1	36	1	--	--
Person entitled (surviving spouse, child, or parent) married.....	46	195	387	173	94	4	179
Failure to return questionnaire.....	12	136	76	111	7	1	28
Miscellaneous (2).....	111	638	686	438	96	8	280

(1) Includes all wartime periods prior to World War I. Disability includes 1 service-connected and 4 nonservice-connected veterans. Death includes 5 service-connected and 139 nonservice-connected veterans.

(2) Includes temporary terminations.

- Detail may not add to totals due to rounding.

SOURCE: VA administrative report, RCS 20-0243

CONTACT: Jan Somers at (202) 273-5105 and Mike Wells at (202) 273-5106, Office of Planning and Analysis (008)

Table 19: Disability / Class of Dependent and Period of Service, September 30, 1998 (COMPENSATION)

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.....	2,277,049	\$ 1,101,298,300	161	\$ 119,200	578,298	\$ 258,938,200	178,682	\$ 96,697,800
Veterans less than 30 percent disabled (no dependency benefit).....	1,254,435	151,360,700	64	10,100	313,775	36,595,100	91,681	10,847,000
Veterans 30 percent or more disabled.....	1,022,614	949,937,600	97	109,100	264,523	222,343,100	87,001	85,850,800
Without dependents.....	320,762	277,125,800	64	67,000	91,500	69,317,900	28,434	25,946,300
With dependents.....	701,852	672,811,800	33	42,100	173,023	153,025,200	58,567	59,904,500
Spouse only.....	472,832	449,638,400	31	41,400	168,625	148,369,000	54,836	55,301,500
Spouse, child or children.....	178,906	170,973,500	2	700	3,347	3,476,100	2,777	3,294,600
Spouse, child or children, and parent or parents.....	917	1,568,600	..	..	8	8,900	18	41,100
Spouse, parent or parents.....	892	1,489,600	..	..	62	84,100	113	199,600
Child or children only.....	45,500	44,065,500	..	..	883	948,200	689	803,900
Child or children, and parent or parents.....	383	629,900	..	..	1	1,100	4	5,600
Parent or parents only.....	2,422	4,446,400	..	..	97	137,800	130	258,300
Total dependents on whose account additional compensation was being paid.....	1,054,876	..	38	..	177,257	..	62,615	..
Spouse.....	653,547	..	33	..	172,042	..	57,744	..
Children.....	396,230	..	5	..	5,044	..	4,593	..
Parents.....	5,099	..	..	..	171	..	278	..
	Vietnam Era		Gulf War		Peacetime			
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value		
Veteran recipients--total.....	729,402	\$ 435,984,100	240,644	\$ 77,655,600	549,862	\$ 231,903,500		
Veterans less than 30 percent disabled (no dependency benefit).....	344,468	42,172,400	153,439	19,069,700	351,008	42,666,500		
Veterans 30 percent or more disabled.....	384,934	393,811,700	87,205	58,585,900	198,854	189,237,000		
Without dependents.....	110,557	107,703,300	22,966	13,892,600	67,241	60,198,800		
With dependents.....	274,377	286,108,500	64,239	44,693,200	131,613	129,038,200		
Spouse only.....	164,464	166,943,000	17,476	11,327,500	67,400	67,656,100		
Spouse, child or children.....	85,552	90,821,400	38,161	27,334,000	49,067	46,046,700		
Spouse, child or children, and parent or parents.....	581	1,035,000	81	87,300	229	396,300		
Spouse, parent or parents.....	508	896,400	37	36,700	172	272,800		
Child or children only.....	21,759	23,617,800	8,313	5,739,600	13,856	12,955,900		
Child or children, and parent or parents.....	199	335,600	44	39,800	135	247,800		
Parent or parents only.....	1,314	2,459,300	127	128,400	754	1,462,600		
Total dependents on whose account additional compensation was being paid.....	430,573	..	144,588	..	239,805	..		
Spouse.....	251,105	..	55,755	..	116,868	..		
Children.....	176,575	..	88,503	..	121,510	..		
Parents.....	2,893	..	330	..	1,427	..		

(1) Includes 9 Mexican Border service-connected veterans.
 Includes special monthly compensation, where applicable.
 All numbers and monthly values are as of September 30, 1998. Detail may not add to totals due to rounding.

SOURCE: VA administrative report, RCS 20-0243
 CONTACT: Jan Somers at (202) 273-5105 and Mike Wells at (202) 273-5106, Office of Planning and Analysis (008)

Table 20: Death / Class of Beneficiary by Period of Service, September 30, 1998 (COMPENSATION)

Class of Beneficiary	Total		World War I and Earlier (1)		World War II		Korean Conflict	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	303,299	\$ 271,644,000	4,105	\$ 3,804,400	117,827	\$ 105,501,200	36,551	\$ 33,210,900
Compensation.....	3,075	251,400	1	100	1,560	131,400	1,313	104,600
Dependency and indemnity compensation.....	300,107	271,281,700	4,104	3,804,300	116,212	105,316,900	35,190	33,061,100
Dependency and indemnity compensation, and compensation.....	117	110,900	--	--	55	52,900	48	45,100
Surviving spouse alone.....	264,476	244,446,200	3,602	3,476,700	111,653	101,754,100	33,084	31,579,700
Surviving spouse and children.....	15,140	18,548,400	42	56,800	1,698	2,139,200	666	856,000
Surviving spouse, children, and mother.....	194	274,400	--	--	2	3,900	1	1,100
Surviving spouse, children, and father.....	26	36,800	--	--	--	--	--	--
Surviving spouse, children, mother, and father.....	29	42,800	--	--	--	--	--	--
Surviving spouse and mother.....	1,408	1,485,300	--	--	110	112,200	101	104,800
Surviving spouse and father.....	107	112,400	--	--	9	7,500	10	11,000
Surviving spouse, mother, and father.....	92	96,300	--	--	2	1,800	3	3,200
Children alone.....	8,393	4,103,100	459	270,500	1,644	921,300	518	293,700
Children and mother.....	168	108,800	--	--	2	1,100	3	2,000
Children and father.....	16	9,400	--	--	--	--	--	--
Children, mother, and father.....	20	12,600	--	--	2,593	529,900	2,013	338,800
Mother alone.....	11,789	2,127,900	2	400	102	28,200	114	15,000
Father alone.....	766	126,900	--	--	12	2,000	38	5,600
Mother and father.....	675	112,600	--	--	--	--	--	--
Survivors--total.....	330,654	--	4,180	--	119,946	--	37,522	--
Surviving spouses.....	281,459	--	3,644	--	113,464	--	33,864	--
Children.....	33,087	--	534	--	3,636	--	1,334	--
Mothers.....	14,377	--	2	--	2,721	--	2,159	--
Fathers.....	1,731	--	--	--	125	--	165	--

Class of Beneficiary	Vietnam Era		Gulf War		Peacetime	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	97,184	\$ 86,252,600	5,519	\$ 5,366,600	42,113	\$ 37,508,400
Compensation.....	4	300	--	--	197	15,000
Dependency and indemnity compensation.....	97,179	86,251,400	5,519	5,366,600	41,903	37,481,400
Dependency and indemnity compensation, and compensation.....	1	900	--	--	13	12,000
Surviving spouse alone.....	81,522	75,459,400	1,569	1,338,700	33,046	30,837,600
Surviving spouse and children.....	6,273	7,600,900	2,753	3,430,400	3,708	4,465,100
Surviving spouse, children, and mother.....	49	66,400	57	83,300	85	119,800
Surviving spouse, children, and father.....	6	9,300	10	14,000	10	13,500
Surviving spouse, children, mother, and father.....	7	10,000	10	15,100	12	17,700
Surviving spouse and mother.....	863	912,100	23	23,900	311	332,300
Surviving spouse and father.....	60	62,400	2	1,900	26	29,600
Surviving spouse, mother, and father.....	68	69,900	1	1,400	18	20,000
Children alone.....	2,349	1,071,800	886	395,500	2,537	1,150,300
Children and mother.....	48	30,400	28	19,200	87	56,100
Children and father.....	4	3,300	3	1,400	9	4,700
Children, mother, and father.....	5	2,900	5	3,200	10	6,600
Mother alone.....	5,100	835,600	134	29,600	1,947	393,600
Father alone.....	376	53,600	13	2,700	161	27,500
Mother and father.....	454	64,600	25	6,400	146	34,000
Survivors--total.....	108,341	--	11,392	--	49,273	--
Surviving spouses.....	88,848	--	4,425	--	37,214	--
Children.....	11,917	--	6,615	--	9,051	--
Mothers.....	6,596	--	283	--	2,616	--
Fathers.....	980	--	69	--	392	--

(1) Includes 22 from the Spanish-American War, Mexican Border Service, and Civil War periods.
 - All numbers and monthly values are as of September 30, 1998. Detail may not add to totals due to rounding.

SOURCE: VA administrative report, RCS 20-0228
 CONTACT: Jan Somers at (202) 273-5105 and Mike Wells at (202) 273-5106, Office of Planning and Analysis (008)

Table 21: Disability / Degree of Impairment and Type of Major Disability by Period of Service, September 30, 1998 (COMPENSATION)

Degree of Impairment	TOTAL		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions (1)	
	Number	Monthly Value (3)	Number	Monthly Value (3)	Number	Monthly Value (3)
Total -- all periods.....	2,277,049	\$1,101,300,200	438,958	\$405,053,800	1,838,091	\$696,246,400
Zero percent (statutory award).....	18,505	1,283,000			18,505	1,283,000
10 percent.....	866,330	82,657,100	100,758	9,571,900	765,572	73,085,100
20 percent.....	369,600	67,421,500	23,602	4,299,000	345,998	63,122,500
30 percent.....	309,713	96,395,800	67,661	20,738,800	242,052	75,657,000
40 percent.....	190,573	85,096,800	28,440	12,600,000	162,133	72,496,800
50 percent.....	113,356	71,360,200	40,695	25,296,300	72,661	46,064,600
60 percent.....	113,384	119,940,900	21,498	20,314,600	91,886	99,626,200
70 percent.....	70,117	97,336,400	28,017	39,165,300	42,100	58,171,200
80 percent.....	44,018	72,437,900	14,391	24,590,600	29,627	47,847,300
90 percent.....	20,093	36,719,600	6,460	12,170,800	13,633	24,548,800
100 percent.....	161,360	370,650,300	107,436	236,306,400	53,924	134,343,800
World War I (2).....	161	\$119,200	31	\$33,400	130	\$85,800
Zero percent (statutory award).....	1	100			1	100
10 percent.....	32	3,500	4	500	28	3,000
20 percent.....	31	6,500	3	700	28	5,800
30 percent.....	19	6,000	4	1,300	15	4,600
40 percent.....	9	3,900	1	500	8	3,400
50 percent.....	13	7,800	3	1,800	10	6,000
60 percent.....	16	17,200	1	800	15	16,400
70 percent.....	5	6,900	3	3,900	2	3,000
80 percent.....	5	7,800	1	1,100	4	6,600
90 percent.....	4	6,200	..	..	4	6,200
100 percent.....	26	53,500	11	22,800	15	30,700
World War II.....	578,298	\$258,940,000	128,777	\$89,531,200	449,521	\$169,408,800
Zero percent (statutory award).....	8,534	575,900			8,534	575,900
10 percent.....	223,910	21,256,700	41,349	3,920,500	182,561	17,336,300
20 percent.....	81,331	14,763,300	6,475	1,175,900	74,856	13,587,400
30 percent.....	85,344	25,588,600	23,529	7,027,600	61,815	18,560,900
40 percent.....	48,272	20,710,000	8,018	3,427,000	40,254	17,283,100
50 percent.....	31,589	19,319,300	11,512	7,006,300	20,077	12,313,000
60 percent.....	32,708	35,355,600	6,199	5,989,200	26,509	29,366,400
70 percent.....	18,670	25,496,300	6,989	9,823,000	11,681	15,673,300
80 percent.....	12,503	19,733,300	3,636	6,042,100	8,867	13,691,300
90 percent.....	5,468	9,710,500	1,467	2,679,700	4,001	7,030,800
100 percent.....	29,969	66,430,400	19,603	42,440,000	10,366	23,990,500
Korean Conflict.....	178,682	\$96,697,800	32,486	\$35,038,500	146,196	\$61,659,300
Zero percent (statutory award).....	5,399	365,500			5,399	365,500
10 percent.....	60,554	5,784,300	6,408	609,100	54,146	5,175,200
20 percent.....	25,728	4,697,200	1,317	240,100	24,411	4,457,000
30 percent.....	24,788	7,544,000	4,570	1,371,600	20,218	6,172,400
40 percent.....	15,081	6,587,800	1,852	803,900	13,229	5,783,900
50 percent.....	9,121	5,644,600	2,867	1,757,000	6,254	3,887,600
60 percent.....	11,085	12,874,900	1,738	1,795,600	9,347	11,079,300
70 percent.....	6,383	9,132,100	2,142	3,024,700	4,241	6,107,500
80 percent.....	4,142	6,939,200	1,194	2,073,300	2,948	4,865,900
90 percent.....	1,915	3,476,000	545	1,011,500	1,370	2,464,500
100 percent.....	14,486	33,652,200	9,853	22,351,700	4,633	11,300,400

See footnotes at end of table.

Table 21 (continued): Disability / Degree of Impairment and Type of Major Disability by Period of Service, September 30, 1998 (COMPENSATION)

Degree of Impairment	TOTAL		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions (1)	
	Number	Monthly Value (3)	Number	Monthly Value (3)	Number	Monthly Value (3)
Vietnam Era.....	729,402	\$435,984,100	167,883	\$185,628,100	561,519	\$250,356,000
Zero percent (statutory award).....	1,413	118,800	.....	.....	1,413	118,800
10 percent.....	236,893	22,646,800	26,305	2,501,700	210,588	20,145,100
20 percent.....	106,162	19,406,800	6,410	1,168,300	99,752	18,238,500
30 percent.....	103,715	32,735,300	23,994	7,487,800	79,721	25,247,600
40 percent.....	66,412	29,960,000	9,905	4,447,700	56,507	25,512,300
50 percent.....	42,490	26,984,800	17,047	10,697,200	25,443	16,287,600
60 percent.....	39,097	40,243,200	8,317	7,619,300	30,780	32,623,900
70 percent.....	29,063	41,216,300	13,030	18,546,100	16,033	22,670,100
80 percent.....	17,712	29,938,400	6,337	11,086,200	11,375	18,852,300
90 percent.....	8,513	15,833,300	2,944	5,665,900	5,569	10,167,400
100 percent.....	77,932	176,900,500	53,594	116,408,100	24,338	60,492,400
Gulf War.....	240,644	\$77,655,600	30,284	\$18,433,800	210,360	\$59,221,800
Zero percent (statutory award).....	367	29,700	.....	.....	367	29,700
10 percent.....	102,125	9,744,900	7,460	710,500	94,665	9,034,400
20 percent.....	50,947	9,295,100	3,562	649,800	47,385	8,645,300
30 percent.....	33,806	10,965,300	5,229	1,657,700	28,577	9,307,600
40 percent.....	22,390	10,407,800	3,790	1,728,600	18,600	8,679,200
50 percent.....	9,943	6,499,900	2,715	1,732,800	7,228	4,767,100
60 percent.....	8,374	7,416,400	2,011	1,724,800	6,363	5,691,700
70 percent.....	4,118	5,067,000	1,497	1,909,800	2,621	3,157,100
80 percent.....	2,426	3,700,800	952	1,503,900	1,474	2,196,900
90 percent.....	912	1,626,800	416	755,900	496	870,800
100 percent.....	5,236	12,902,000	2,652	6,060,000	2,584	6,842,000
Peacetime.....	549,862	\$231,903,500	79,497	\$76,388,900	470,365	\$155,514,700
Zero percent (statutory award).....	2,791	192,900	.....	.....	2,791	192,900
10 percent.....	242,816	23,220,900	19,232	1,829,700	223,584	21,391,200
20 percent.....	105,401	19,252,700	5,835	1,064,200	99,566	18,188,500
30 percent.....	62,041	19,556,600	10,335	3,192,800	51,706	16,363,800
40 percent.....	38,409	17,427,300	4,874	2,192,300	33,535	15,235,000
50 percent.....	20,200	12,904,600	6,551	4,101,300	13,649	8,803,300
60 percent.....	22,104	24,033,700	3,232	3,185,100	18,872	20,848,600
70 percent.....	11,878	16,417,800	4,356	5,857,800	7,522	10,560,100
80 percent.....	7,230	12,118,300	2,271	3,884,000	4,959	8,234,300
90 percent.....	3,281	6,067,000	1,088	2,057,800	2,193	4,009,200
100 percent.....	33,711	80,711,700	21,723	49,023,900	11,988	31,687,900

(1) Includes tuberculosis (lung and pleura).

(2) Includes 9 Mexican Border Service-connected Veterans and excludes 3 Retired Emergency Officers.

(3) 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, 1998. Detail may not add to total due to rounding.

SOURCE: VA administrative report, RCS 20-0223

CONTACT: Jan Somers at (202) 273-5105 and Mike Wells at (202) 273-5106, Office of Planning and Analysis (008)

Table 22: Disability / Type of Major Disability and Pension by Period of Service, September 30, 1998 (PENSION)

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.....	390,978	\$ 175,835,800	552	\$ 286,200	207,178	\$ 75,870,500
Type of disability						
Psychiatric and neurological diseases.....	113,433	58,854,300	100	57,500	50,052	23,267,500
Psychoses.....	29,161	14,403,600	8	5,400	8,545	3,683,000
Other psychiatric and neurological diseases.....	84,272	44,450,700	92	52,100	41,507	19,584,500
General medical and surgical conditions (2).....	230,002	103,044,100	381	202,100	111,331	39,167,000
Considered permanently and totally disabled at age 65.....	47,543	13,937,400	71	26,700	45,795	13,436,000
Type of pension						
P.L. 95-588.....	357,516	171,284,900	444	274,900	181,209	72,374,700
Sec. 306.....	33,055	4,515,900	89	9,900	25,655	3,468,500
Old Law.....	407	35,000	19	1,400	314	27,400

Type of Disability and Pension	Korean Conflict		Vietnam Era		Gulf War	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	92,627	\$ 40,347,700	89,744	\$ 58,764,600	877	\$ 566,800
Type of disability						
Psychiatric and neurological diseases.....	26,657	12,649,500	36,155	22,587,500	469	292,300
Psychoses.....	7,161	3,239,500	13,315	7,413,900	132	61,700
Other psychiatric and neurological diseases.....	19,496	9,410,000	22,840	15,173,500	337	230,600
General medical and surgical conditions (2).....	64,458	27,294,200	53,427	36,108,200	405	272,500
Considered permanently and totally disabled at age 65.....	1,512	403,900	162	68,900	3	2,000
Type of pension						
P.L. 95-588.....	86,562	39,507,500	88,424	58,561,100	877	566,800
Sec. 306.....	5,991	834,000	1,320	203,500	--	--
Old Law.....	74	6,200	--	--	--	--

(1) Includes 5 nonservice-connected Mexican Border Service veterans.

(2) Includes tuberculosis (lungs and pleura).

- Detail may not add to totals due to rounding.

SOURCE: VA administrative report, RCS 20-0243

CONTACT: Jan Somers at (202) 273-5105 and Mike Wells at (202) 273-5106, Office of Planning and Analysis (008)

Table 23: Death / Class of Beneficiary by Period of Service, September 30, 1998 (PENSION)

Class of Beneficiary	Total		World War I & Earlier ⁽¹⁾		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	291,483	\$ 59,932,000	47,469	\$ 7,733,400	193,752	\$ 35,001,300
Surviving spouse alone.....	264,159	55,534,300	40,991	7,064,100	178,441	32,898,200
Surviving spouse and children.....	8,478	2,862,000	623	203,800	4,604	1,261,300
Children alone.....	18,846	1,535,700	5,855	465,500	10,707	841,800
Dependents--total.....	303,381	--	48,377	--	199,519	--
Surviving spouses.....	272,637	--	41,614	--	183,045	--
Children.....	30,744	--	6,763	--	16,474	--
Class of Beneficiary	Korean Conflict		Vietnam Era		Gulf War	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	34,406	\$ 10,662,000	15,732	\$ 6,484,100	124	\$ 51,200
Surviving spouse alone.....	31,605	10,051,800	13,061	5,492,400	61	28,000
Surviving spouse and children.....	1,227	477,200	1,969	897,900	55	21,800
Children alone.....	1,574	133,000	702	93,900	8	1,500
Dependents--total.....	36,062	--	19,196	--	227	--
Surviving spouses.....	32,832	--	15,030	--	116	--
Children.....	3,230	--	4,166	--	111	--

(1) Includes the Spanish-American War, Mexican Border Service, Indian Wars, and the Civil War periods.
 - All number and monthly values are as of September 30, 1998. Detail may not add to total due to rounding.

SOURCE: VA administrative report, RCS 20-0229
 CONTACT: Jan Somers at (202) 273-5105 and Mike Wells at (202) 273-5106, Office of Planning and Analysis (008)

Table 24: Guaranteed Loans, Defaults, Claims, and Property Management, FY 1996-98

	<i>Cumulative (1) Through 9/30/98</i>	<i>FY 1998</i>	<i>FY 1997</i>	<i>FY 1996</i>
Guaranteed Loans				
Number of loans, total -----	15,684,582	343,954	258,775	320,776
Home -----	15,571,048	343,954	258,766	320,767
Manufactured home -----	113,534	---	9	9
Amount of loans (\$000), total -----	\$599,758,674	\$37,906,134	\$27,042,262	\$32,609,380
Home -----	\$597,687,457	\$37,906,134	\$27,042,078	\$32,609,037
Manufactured home -----	\$2,071,217	\$0	\$184	\$343
Average amount of loan				
Home -----	\$38,385	\$110,207	\$104,504	\$101,660
Manufactured home -----	\$18,243	\$0	\$20,446	\$38,097
Amount of guaranty and insurance (\$000), total -----	\$232,711,407	\$11,756,697	\$8,631,811	\$10,524,977
Home -----	\$231,721,669	\$11,756,697	\$8,631,723	\$10,524,869
Manufactured home -----	\$989,738	\$0	\$88	\$108
Average interest rate -----	---	7.40%	8.10%	\$0
Number of loans outstanding (end of period) -----	---	3,229,524	3,302,150	3,355,391
Substitutions of entitlement -----	51,069	814	1,398	1,913
Default and Claims				
Defaults reported -----	5,692,540	132,147	132,534	123,236
Loans in default-end of period -----	---	133,573	132,245	113,799
As a percent of loans outstanding-----	---	4.14%	4.00%	3.39%
Claims pending - end of period -----	---	1,516	1,800	707
Defaults disposed of, total -----	5,557,451	131,103	112,995	111,446
Cured or withdrawn -----	4,619,444	103,712	92,344	91,390
Percent-----	83.12%	79.11%	81.72%	82.0%
Average number of loans outstanding during year-----	---	3,256,335	3,314,986	3,369,279
Claims vouchered for payment -----	938,007	27,391	20,651	20,056
As a percent of average loans outstanding -----	---	0.84%	0.62%	0.60%
Servicing efforts-total actions-----	---	12,514	12,967	12,717
Successful interventions-----	---	5,759	6,239	5,674
Deeds in lieu of foreclosures-----	---	846	1,031	1,247
Compromise agreements-----	---	4,975	4,016	3,711
Refundings-----	---	934	1,681	2,085
Counseling-----	---	218,999	237,217	256,068
Property Management (2)				
Number acquired -----	937,264	24,765	20,960	19,532
Number sold -----	915,320	21,859	19,981	20,047
Number of properties repaired (over \$1,000)-----	---	10,370	9,138	8,614
Average cost of repairs-----	---	\$2,161	\$2,143	\$2,041
Number on hand (end of period) -----	---	12,541	9,484	8,624

(1) Since beginning of program.

(2) Data published in previous years under the heading, "Property Management," described "Number redeemed," "Number rented, end of fiscal year," and "Rental revenue received." This information is no longer reported.

- Detail may not add to total due to rounding.

SOURCE: Various reports from the Computer Output/Input Number (COIN) data systems including the Guaranteed or Insured Loan (GIL) Master File/[GIL 01-10, GIL 02-01, GIL 50-01]; Liquidation and Claims System (LCS)/[LCS 23-02, LCS 32-04]; and the Property Management System (PMS)/[PMS 01001, DOOR 6001].

CONTACT: Kathleen Mangold at (202) 273-7400, VBA/Information Technology and Program Analysis Division, Program Analysis (265A2)

Table 25: Comparative Highlights for Life Insurance Programs for Veterans and Servicemembers, FY 1996-98

<i>Program</i>	<i>FY 1998</i>	<i>FY 1997</i>	<i>FY 1996</i>
U. S. Government Life Insurance			
Policies.....	20	21	23
Amount.....	\$ 64,842	\$ 70,772	\$ 77,180
Death benefits.....	\$ 5,073	\$ 5,255	\$ 5,833
National Service Life Insurance (1)			
Policies.....	1,907	2,013	2,120
Amount.....	\$ 18,263,715	\$ 18,826,240	\$ 19,365,295
Death benefits.....	\$ 794,132	\$ 767,327	\$ 732,579
Veterans Special Life Insurance (1)			
Policies.....	240	249	256
Amount.....	\$ 2,730,545	\$ 2,784,765	\$ 2,825,004
Death benefits.....	\$ 46,931	\$ 44,243	\$ 41,788
Service-Disabled Veterans Insurance			
Policies.....	157	160	163
Amount.....	\$ 1,452,312	\$ 1,473,388	\$ 1,492,311
Death benefits.....	\$ 41,533	\$ 40,297	\$ 38,661
Veterans Reopened Insurance (1)			
Policies.....	88	93	98
Amount.....	\$ 700,826	\$ 726,596	\$ 750,079
Death benefits.....	\$ 34,217	\$ 33,022	\$ 30,879
Veterans Mortgage Life Insurance			
Policies.....	4	4	4
Amount.....	\$ 206,090	\$ 203,294	\$ 207,200
Death benefits.....	\$ 7,318	\$ 8,043	\$ 8,367
Servicemen's Group Life Insurance			
Policies.....	2,398	2,508	2,637
Amount.....	\$ 449,203,100	\$ 474,144,500	\$ 506,684,520
Death benefits (2).....	\$ 346,963	\$ 377,786	\$ 401,378
Veterans Group Life Insurance			
Policies.....	368	370	355
Amount.....	\$ 31,470,560	\$ 30,955,390	\$ 28,962,980
Death benefits (2).....	\$ 95,005	\$ 91,117	\$ 89,788

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

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

- Numbers of policies and monetary figures are expressed in thousands.

SOURCE: Insurance Program Exhibits

CONTACT: Mike Tarzian at (215) 842-2000-1-4297, VBA/Insurance Program Management, Chief, Actuarial Service (290D)

Table 27: Servicemen's and Veterans' Group Life Insurance, Statement of Operations (Accrual Basis)

<i>Item</i>	<i>Policy Year Ending June 30, 1998</i>	<i>Cumulative from September 29, 1965</i>
Income		
Premiums.....	\$545,368,863	\$6,940,078,813
Extra hazard payments.....	\$0	\$513,046,301
Interest earned.....	\$59,499,450	\$701,339,293
Total.....	\$604,868,313	\$8,154,464,407
Disposition of Income		
Death claims.....	\$441,967,842	\$7,021,876,077
Net cost of extra mortality on conversion.....	(\$4,176,728)	\$62,368,994
Expense of administration.....	\$8,305,965	\$178,311,888
Reinsurers Expense and Risk Allowances.....	\$1,430,331	\$20,664,779
Taxes and fees.....	\$1,450,606	\$69,195,399
Post-separation insurance reserve.....	(\$2,914,180)	\$14,829,916
Reserve for future VGLI costs.....	(\$8,699,448)	\$531,744,653
Contingency reserve.....	\$167,233,746	\$251,252,928
Premium stabilization reserve.....	\$270,179	\$4,219,773
Total.....	\$604,868,313	\$8,154,464,407

SOURCE: SGLI Report

CONTACT: Mike Tarzian at (215) 842-2000-1-4297, VBA/Insurance Program Management, Chief, Actuarial Service (290D)

Table 28: VA Administered Insurance Disbursements, FY 1998

<i>Item</i>	<i>Disbursements (\$000)</i>	<i>Percent of Total VA Disbursements</i>
Deaths.....	\$976,993	48.0
Matured Endowments.....	\$54,055	2.7
Cash Surrenders.....	\$52,345	2.6
Disability Benefits.....	\$31,225	1.5
Dividends.....	\$760,992	37.4
Loans.....	\$159,377	7.8
Total.....	\$2,034,987	100.0

SOURCE: Insurance Program Cash Flow Reports

CONTACT: Mike Tarzian at (215) 842-2000-1-4297, VBA/Insurance Program Management, Chief, Actuarial Service (290D)

VA Administered Insurance Disbursements Percent Distribution -- Fiscal Year 1998

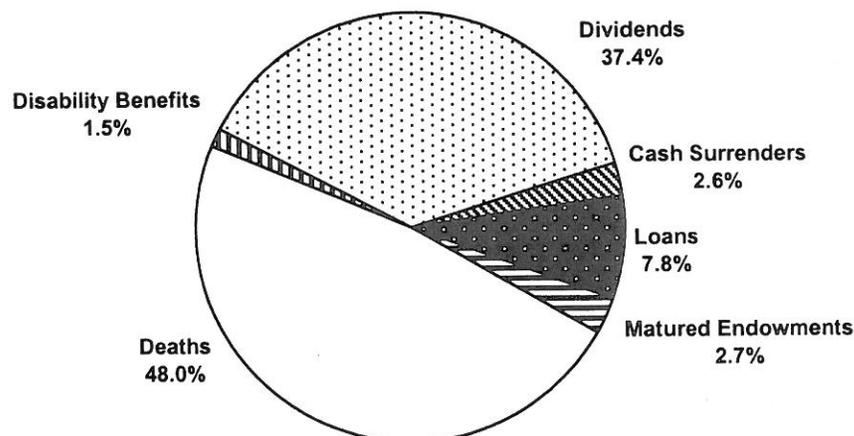


Table 29: Persons in Training by Entitlement and Type of Training, FY 1998

<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)	296,791	265,231	18,199	9,451	3,910
Montgomery GI Bill--Selected Reserve (Title 10, U.S.C., Chapter 106)	75,219	72,375	1,282	1,189	373
Post-Vietnam Era Veterans' Educational Assistance Program (Title 38, U.S.C., Chapter 32) ⁽²⁾	5,884	5,701	183	--	--
Educational Assistance for Children of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	37,200	35,345	1,791	58	6
Educational Assistance for Spouses of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	5,506	4,975	399	3	129
Vocational Rehabilitation Program for Disabled Veterans (Title 38, U.S.C., Chapter 31)	53,449	46,995	4,667	401	1,386

- (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.
- (2) Includes Section 901--Educational Assistance Test Program (Institutions of Higher Learning only).
- (3) Data for Vocational Rehabilitation Program unavailable.

SOURCE: COIN EDU 701, 290; COIN TAR 6000, 702; RCS 20-0311; and VBA (20A33) staff
 CONTACT: Jan Somers at (202) 273-5015, Office of Planning and Analysis (008)

**Educational Assistance
 Percentage Distribution by Type of Entitlement -- FY 1998**

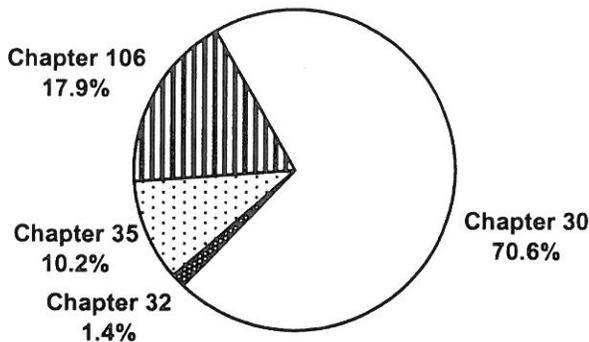


Table 30: National Cemetery Locations, Interments, and Gravesite Status; September 30, 1998

National Cemetery	FY 1998 Interments	Committed Gravesites			Available Gravesites		Depletion Date For Full-Casket Gravesites (4)
		Used Cumulative (1)	Reserved	Set Aside (Adjacent)	Cremains (2)	Casket (3)	
Total:	76,718	2,261,074	41,132	36,909	68,915	350,425	
Alabama: Ft. Mitchell	311	2,753	--	4	384	2,978	2030+
Mobile	19	3,758	170	--	25	--	1963
Alaska: Ft. Richardson	135	2,838	--	--	343	464	2030+
Sitka	9	851	1	--	45	213	2018
Arizona: NMCA	2,169	23,415	1	6	226	745	2030+
Prescott	7	2,966	--	--	--	--	1974
Arkansas: Fayetteville	175	5,116	38	1	165	1,369	2014
Ft. Smith	325	8,940	126	1	1,196	2,786	2013
Little Rock	451	21,373	177	--	78	446	2001
California: Ft. Rosecrans	1,941	60,049	1,349	--	1,145	--	1966
Golden Gate	1,374	111,334	4,770	--	--	--	1967
Los Angeles	370	76,029	--	--	18	--	1976
Riverside	7,138	95,799	--	5,292	3,475	35,414	2011
San Francisco	94	26,413	341	--	--	--	1962
San Joaquin Valley	1,824	9,053	--	--	2,808	12,681	2030+
Colorado: Ft. Logan	2,874	53,732	483	41	2,919	4,260	2021
Ft. Lyon	60	1,620	--	--	--	483	2030+
Florida: Barrancas	930	22,619	399	921	95	2,625	2004
Bay Pines	958	14,716	--	785	985	--	1987
Florida	4,872	31,077	--	2	3,770	2,739	2020
St. Augustine	4	1,230	13	--	--	--	1949
Georgia: Marietta	44	17,028	246	--	2	--	1970
Hawaii: NMCP	664	36,735	501	--	1,882	--	1991
Illinois: Alton	2	513	11	--	12	--	1961
Camp Butler	538	13,741	177	7	2,317	1,758	2028
Danville	260	8,514	--	--	60	6,731	2030+
Mound City	46	7,386	22	1	37	448	2014
Quincy	2	563	1	--	30	--	1994
Rock Island	587	17,330	124	853	106	636	2008
Indiana: Crown Hill	--	795	--	--	--	--	1959
Marion	190	6,714	--	--	7	3,443	2028
New Albany	42	6,083	87	--	55	--	1991
Iowa: Keokuk	80	3,503	28	--	143	1,834	2030+
Kansas: Ft. Leavenworth	127	19,062	385	6	1,202	33	1982
Ft. Scott	133	4,116	58	99	--	1,333	2030+
Leavenworth	771	23,716	--	8	674	1,671	2012
Kentucky: Camp Nelson	288	9,150	46	--	194	555	2027
Cave Hill	66	5,846	3	--	--	--	1939
Danville	--	393	1	--	--	--	1952
Lebanon	178	3,070	21	--	40	651	2030+
Lexington	--	1,389	--	--	--	--	1939
Mill Springs	56	2,338	20	--	33	285	2022
Zachary Taylor	58	11,054	431	--	--	--	1989
Louisiana: Alexandria	49	7,720	102	--	23	1	1995
Baton Rouge	9	5,073	22	--	260	2	1960
Port Hudson	270	8,888	22	1	811	2,033	2026
Maine: Togus	--	5,371	--	--	--	--	1961
Maryland: Annapolis	--	2,937	20	--	14	--	1961
Baltimore	290	35,851	2,007	--	464	--	1970
Loudon Park	2	6,497	--	--	--	--	1970
Massachusetts: Massachusetts	2,048	22,272	--	2,569	917	21,126	2030+
Michigan: Ft. Custer	1,124	10,966	16	808	782	2,083	2030+
Minnesota: Ft. Snelling	4,004	120,081	8,097	3,247	827	9,262	2025

See footnotes at end of table.

TABLE 30, continued: National Cemeteries Location, Interments, and Gravesite Status; September 30, 1998

National Cemetery	FY 1998 Interments	Committed Gravesites			Available Gravesites		Depletion Date For Full-Casket Gravesites (4)
		Used Cumulative (1)	Reserved	Set Aside (Adjacent)	Cremins (2)	Casket (3)	
Mississippi: Biloxi	612	9,715	410	749	300	2,059	2015
Corinth	44	6,691	11	--	38	6,776	2030+
Natchez	101	5,973	20	--	28	370	2004
Missouri: Jefferson Barracks	3,978	106,225	786	27	2,228	19,446	2010
Jefferson City	5	1,629	18	--	4	--	1969
Springfield	162	10,983	97	--	2,036	2	1995
Nebraska: Ft. McPherson	197	5,664	33	4	63	219	2019
New Jersey: Beverly	420	40,130	2,256	--	1,745	3	1966
Finn's Point	12	2,768	--	--	85	--	1963
New Mexico: Ft. Bayard	93	2,833	--	--	471	1,939	2027
Santa Fe	1,256	25,470	264	19	445	1,150	2008
New York: Bath	188	11,404	--	--	268	3,389	2017
Calverton	7,143	125,165	--	19,494	5,232	60,915	2030+
Cypress Hills	9	18,586	48	--	48	--	1954
Long Island	2,279	240,642	9,059	--	40	--	1978
Woodlawn	176	7,390	134	--	136	278	2002
North Carolina: New Bern	37	6,738	60	--	--	--	1992
Raleigh	28	5,224	57	153	--	--	1990
Salisbury	328	17,525	40	--	--	853	2000
Wilmington	32	5,131	40	--	--	--	1987
Ohio: Dayton	779	34,487	1	8	16	789	2016
Oklahoma: Ft. Gibson	513	12,698	62	--	619	3,643	2030+
Oregon: Eagle Point	585	6,928	--	--	704	1,519	2026
Roseburg	110	2,467	--	--	165	--	1981
Willamette	3,423	87,818	1,301	13	9,365	28,273	2017
Pennsylvania: Indiantown Gap	1,372	13,688	--	2	833	3,568	2030+
Philadelphia	36	10,583	27	--	108	--	1962
Puerto Rico: Puerto Rico	1,380	28,242	862	2	635	4,260	2020
South Carolina: Beaufort	319	14,816	128	3	221	1,947	2008
Florence	186	6,565	39	--	6	88	2030+
South Dakota: Black Hills	544	12,343	287	4	556	4,283	2030+
Ft. Meade	--	188	--	--	--	--	1948
Hot Springs	--	1,481	--	--	--	--	1964
Tennessee: Chattanooga	858	32,555	284	--	1,024	7,833	2012
Knoxville	23	8,182	112	--	103	--	1990
Memphis	222	36,176	347	--	349	--	1992
Mountain Home	269	9,386	--	--	450	125	2025
Nashville	173	30,957	272	884	71	--	1993
Texas: Ft. Bliss	1,179	28,485	938	1	380	5,599	2021
Ft. Sam Houston	3,220	72,509	2,179	21	435	504	2011
Houston	2,228	37,843	28	1	4,364	20,538	2030+
Kerville	--	461	--	--	--	--	1957
San Antonio	1	3,010	23	--	317	--	1961
Virginia: Alexandria	5	4,074	21	--	76	--	1967
Balls Bluff	--	25	--	--	--	--	1889
City Point	8	5,544	55	--	--	--	1971
Cold Harbor	--	979	--	--	--	--	1970
Culpeper	216	7,358	10	--	23	387	2001
Danville	4	2,160	20	--	26	--	1970
Ft. Harrison	4	1,117	2	--	38	--	1967
Glendale	5	1,304	--	--	18	--	1970
Hampton (VAMC)	--	22	--	--	--	--	1899
Hampton	169	25,488	289	864	127	--	1993

See footnotes at end of table.

TABLE 30, continued: National Cemeteries Location, Interments, and Gravesite Status; September 30, 1998

National Cemetery	FY 1998 Interments	Committed Gravesites			Available Gravesites		Depletion Date For Full-Casket Gravesites (4)
		Used Cumulative (1)	Reserved	Set Aside (Adjacent)	Cremains (2)	Casket (3)	
Quantico	1,148	11,280	--	8	2,831	38,907	2030+
Richmond	19	7,408	138	--	29	--	1963
Seven Pines	4	1,138	--	--	5	--	1964
Staunton	1	848	4	--	4	--	1983
Winchester	15	5,153	23	--	7	--	1969
Washington: Tahoma	2,035	1,975	--	--	3,042	8,703	2025
West Virginia: Grafton	1	2,099	31	--	--	--	1961
West Virginia	171	1,356	--	--	196	935	2030+
Wisconsin: Wood	425	33,616	--	--	36	37	1997

(1) Includes all type 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 depleted may continue to inter eligible family members in already occupied gravesites, in previously reserved gravesites, and in gravesites suitable for cremated remains.

SOURCE: National Cemetery Administration data from the Burial Operations Support System (BOSS).

CONTACT: Jack Gaegler at (202) 273-5167, NCA/Chief, Planning Division (402A2)

Table 31: Construction Status SUMMARY, FY 1998

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.....	74	\$1,834.22	17	\$494.30	41	\$1,073.17	16	\$266.75
Replacement/Relocation Hospitals.....	1	62.05	--	0.00	1	62.05	--	0.00
Modernizations.....	7	740.88	3	270.41	4	470.47	--	0.00
Staff Offices (1).....	--	0.00	--	0.00	--	0.00	--	0.00
Nursing Home Care Units (1).....	--	0.00	--	0.00	--	0.00	--	0.00
Research and Education.....	2	39.51	1	9.04	1	30.47	--	0.00
Domiciliaries (1).....	--	0.00	--	0.00	--	0.00	--	0.00
Parking Facilities.....	4	48.81	--	0.00	3	35.81	1	13.00
National Cemeteries.....	7	71.63	--	0.00	6	63.99	1	7.64
Other Improvements.....	51	848.66	11	192.17	26	410.38	14	246.11
Veterans Benefits.....	2	22.68	2	22.68	--	0.00	--	0.00

(1) No tables are included among the following construction statistical tables (Tables 36-41) for staff offices, nursing home care units, and domiciliaries as no construction projects for these kinds of buildings were undertaken in FY 1998.

SOURCE: Construction Management Information System (CMIS)

CONTACT: Beverly Tyler at (202) 565-4531, Office of Facilities Management (182B)

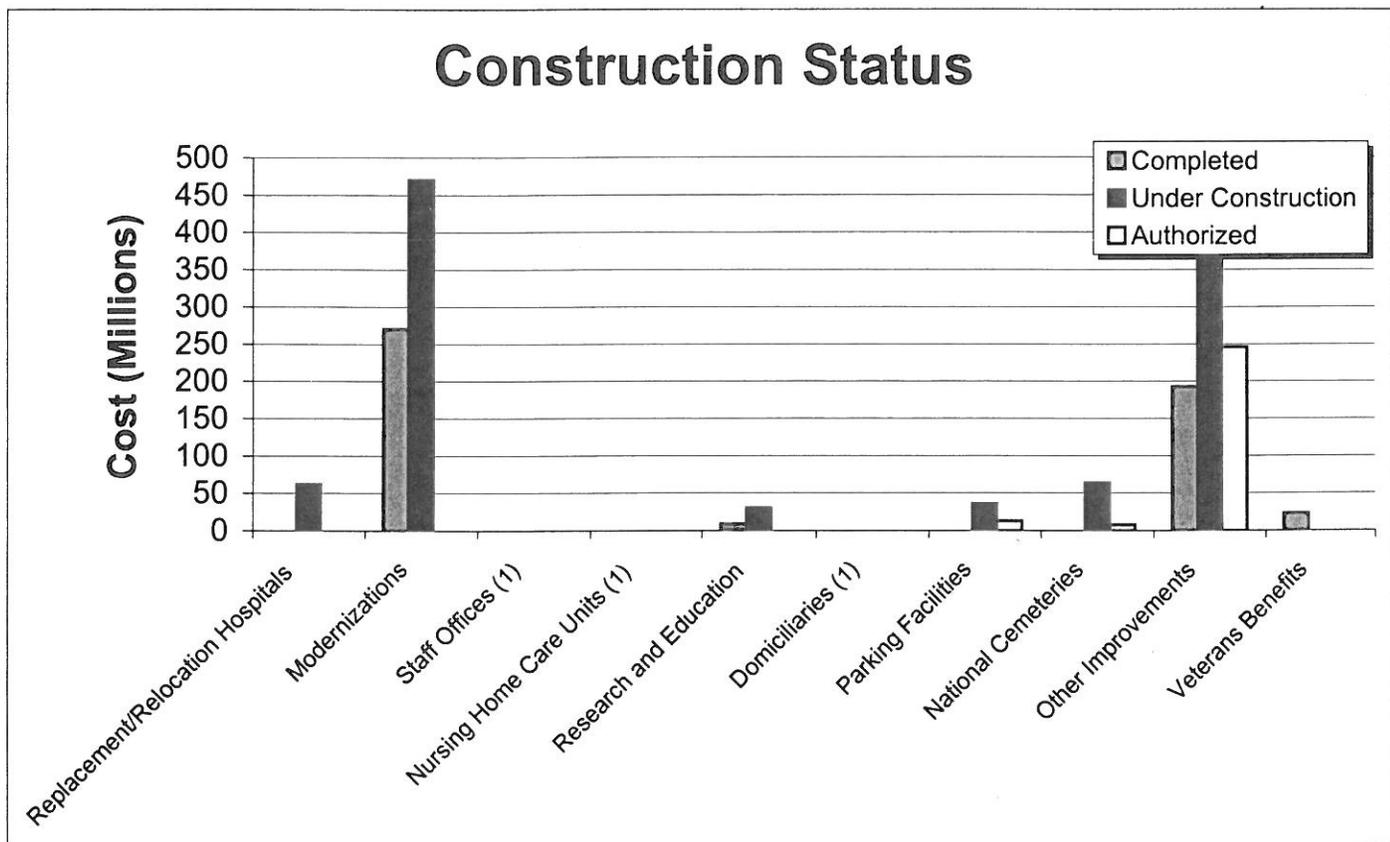


Table 32: REPLACEMENT and RELOCATION Hospital Construction Projects, Completions, and Year-End Status; FY 1998

<i>Location</i>	<i>Number of Projects (1)</i>	<i>Number of Beds</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.....	--	530	\$62,054,000	\$47,337,198	76.3	
A. Projects completed:	--	--	\$0	\$0		
B. Projects under construction:	1	530	\$62,054,000	\$47,337,198	76.3	
Tennessee: Mountain Home.....		530	\$62,054,000	\$47,337,198	76.3	March 1985 (A)
C. Projects authorized, but not under construction:	--	--	\$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.

SOURCE: Construction Management Information System (CMIS)

CONTACT: Beverly Tyler at (202) 565-4531, Office of Facilities Management (182B)

Table 33: MODERNIZATION Construction Projects, Completions, and Year-End Status; FY 1998

<i>Location</i>	<i>Number of Projects (1)</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.....	7		\$740,876,162	\$619,640,105	83.6	
A. Projects completed:	3		\$270,406,201	\$270,406,201	100.0	
Georgia: Atlanta.....		Clinical Addition	\$75,726,314	\$75,726,314	100.0	May 1998 (C)
Indiana: Indianapolis.....		Clinical Improvements	\$85,846,235	\$85,846,235	100.0	May 1998 (C)
Texas: Dallas.....		Clinical Addition	\$108,833,652	\$108,833,652	100.0	September 1998 (C)
B. Projects under construction:	4		\$470,469,961	\$349,233,904	74.2	
California: Palo Alto PAD.....		Clinical Addition/Bed Towers	\$165,077,000	\$154,788,776	93.8	March 1993 (A)
Connecticut: Newington.....		Medical Center Modernization	\$49,993,000	\$42,059,759	84.1	September 1990 (A)
Michigan: Ann Arbor.....		Clinical Addition	\$147,799,961	\$104,323,376	70.6	December 1992 (A)
Tennessee Memphis.....		Seismic Corrections	\$107,600,000	\$48,061,993	44.7	January 1996 (A)
C. Projects authorized, not under construction:	--		\$0			

Table 34: RESEARCH and EDUCATION Major Construction Projects, Completions, and Year-End Status; FY 1998

<i>Location</i>	<i>Number of Projects (1)</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.....	1		\$69,986,251	\$45,597,763	65.2%	
A. Projects completed:	1		\$9,043,989	\$9,043,989	100.0%	
West Virginia: Huntington.....		Research Addition	\$9,043,989	\$9,043,989	100.0%	November 1997 (C)
B. Projects under construction:	1		\$30,471,131	\$18,276,887	60.0%	
Oregon: Portland.....		Research Addition Ph I & II	\$30,471,131	\$18,276,887	60.0%	December 1996 (A)
C. Projects authorized, not under construction:	--		\$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.

SOURCE: Construction Management Information System (CMIS)

CONTACT: Beverly Tyler at (202) 565-4531, Office of Facilities Management (182B)

Table 35: PARKING REVOLVING FUND Major Construction Projects, Completions, and Year-End Status; FY 1998

Location	Number of Projects (1)	Description	Estimated Construction Cost (2)	Value of Work in Place	Percent Complete (3)	Date Construction Completed (C) or Contract Awarded (A)
Total.....	4		\$48,806,362	\$25,407,431	52.1	
A. Projects completed:	--		\$0	\$0	0.0	
B. Projects under construction:	3		\$35,806,362	\$25,407,431	71.0	
Michigan: Ann Arbor.....		Parking Garage	\$17,322,058	\$16,773,161	96.8	May 1994 (A)
Ohio: Cleveland.....		Parking Garage	\$11,738,304	\$6,512,084	55.5	September 1997 (A)
Puerto Rico: San Juan.....		Parking Garage	\$6,746,000	\$2,122,186	31.5	July 1997 (A)
C. Projects authorized, not under construction:	1		\$13,000,000			
Colorado: Denver.....		Parking Structure	\$13,000,000			

Table 36: NATIONAL CEMETERY Major Construction Projects, Completions, and Year-End Status; FY 1998

Location	Number of Projects (1)	Description	Estimated Construction Costs (2)	Value of Work in Place	Percent Complete (3)	Date Construction Completed (C) or Contract Awarded (A)
Total.....	7		\$71,633,878	\$14,089,052	19.7	
A. Projects completed:	--		\$0	\$0	0.0	
B. Projects under construction:	6		\$63,992,878	\$14,089,052	22.0	
Arizona: Arizona NC.....		Gravesite Development	\$9,249,000	\$0	0.0	September 1998 (A)
Florida: Florida NC.....		Gravesite Development	\$4,457,000	\$0	0.0	September 1998 (A)
Illinois: Chicago NC.....		Establish National Cemetery	\$16,696,458	\$6,173,577	37.0	October 1997 (A)
New York: Albany NC.....		Gravesite Development Phase 1	\$10,981,000	\$5,376,097	49.0	October 1997 (A)
Ohio: Cleveland.....		Phase 1 Development	\$10,291,000	\$742,000	7.2	June 1998 (A)
Texas: Dallas Ft. Worth.....		Phase 1 Development	\$12,318,420	\$1,797,378	14.6	October 1997 (A)
C. Projects authorized, not under construction:	1		\$7,641,000			
Texas: Ft. Sam Houston NC...		Burial Area Expansion	\$7,641,000			

(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.

SOURCE: Construction Management Information System (CMIS)

CONTACT: Beverly Tyler at (202) 565-4531, Office of Facilities Management (182B)

Table 37: OTHER IMPROVEMENTS Major Construction Projects, Completions, and Year-End Status; FY 1998

Location	Project Description (1)	Estimated Construction Costs (2)	Value of Work in Place	Percent Complete (3)	Date Construction Completed (C) or Contract Awarded (A)
Total.....	51	\$848,658,207	\$421,415,132	49.7	
A. Projects completed:	11	\$192,165,441	\$192,165,441	100.0	
Arizona: Phoenix.....	Ambulatory Care Addition (Ph 1)	\$26,833,688	(4)	100.0	July 1998 (C)
California: Long Beach.....	Seismic Base Isolation B - 126 Ph 2	\$19,126,300	(4)	100.0	June 1998 (C)
Palo Alto.....	Modular Bldg Storm Drainage	\$1,082,353	(4)	100.0	September 1998 (C)
Palo Alto.....	Dom and DARU Storm Drainage	\$899,614	(4)	100.0	September 1998 (C)
Sepulveda.....	Seismic Corr (Ph II) Renov Bldg 4 & 20	\$3,470,992	(4)	100.0	June 1998 (C)
Delaware: Wilmington.....	Outpatient Clinic Addition (PH 2)	\$13,381,792	(4)	100.0	January 1998 (C)
Missouri: Columbia.....	Ambulatory Care Addition	\$16,441,315	(4)	100.0	April 1998 (C)
Nevada: Reno.....	Replacement Bed Building/Amb Care	\$25,274,449	(4)	100.0	August 1998 (C)
New York: Brooklyn(St. Albans)...	Modernize Kitchen&Satellite Dining	\$6,588,811	(4)	100.0	April 1998 (C)
Oklahoma: Muskogee.....	Replace Bed Building	\$30,360,420	(4)	100.0	July 1998 (C)
Texas: Temple.....	Bed Replacement Building	\$48,705,707	(4)	100.0	May 1998 (C)
B. Projects under construction:	26	\$410,379,161	\$229,249,691	55.9	
Alabama: Tuscaloosa.....	Renovate Bldg. 38	\$11,059,116	\$10,549,805	95.4	July 1996 (A)
Alaska: Anchorage.....	Elmendorf AFB Joint Venture	\$11,100,000	11,100,000	100.0	April 1994 (A)
Arizona: Phoenix.....	Ambulatory Care Addition (Ph 2)	\$5,495,000	\$0	0.0	September 1998 (A)
California: N. California Health.....	Mare Island	\$3,044,000	\$869,450	28.6	July 1998 (A)
San Diego.....	Non-Structural Seismic/Bld 1 Penthouse	\$2,222,672	\$849,587	38.2	December 1997 (A)
Sepulveda.....	Seismic Corrections/Electrical Improv.	\$826,693	\$21,494	2.6	June 1998 (A)
Connecticut: West Haven.....	Ambulatory Care Addition	\$40,598,952	\$34,443,108	84.8	September 1995 (A)
Delaware: Wilmington.....	OP Clinic Addition - Lab Renovation	\$2,648,588	\$684,475	25.8	March 1998 (A)
Florida: Gainesville.....	Ambulatory Care Addition	\$20,569,281	\$7,585,626	36.9	July 1996 (A)
Tampa.....	Satellite OPC/Nursing Home (Ph 1)	\$1,890,221	\$1,890,221	100.0	March 1997 (A)
Tampa.....	Central Energy Plant	\$13,604,225	\$4,617,334	33.9	March 1997 (A)
Tampa.....	Outpatient Clinic	\$15,858,928	\$5,588,694	35.2	December 1997 (A)
Hawaii: Honolulu.....	Ambulatory Care Clinic/Remodel 'E' Wing	\$33,746,246	\$17,277,436	51.2	May 1997 (A)
Illinois: Marion.....	Outpatient/Clinical Addition	\$18,053,601	\$16,951,407	93.9	August 1994 (A)
Indiana: Marion.....	Replace Psychiatric Beds	\$16,303,828	\$2,753,891	16.9	October 1997 (A)
Kansas: Leavenworth.....	Ambulatory Care Addition (Ph 1 Demolition)	\$208,433	\$208,433	100.0	June 1998 (A)
Maryland: Baltimore.....	80 Bed Psychiatric Building	\$12,769,663	\$1,100,972	8.6	February 1998 (A)
Massachusetts: Boston.....	Ambulatory Care Addition (Ph 2)	\$21,837,300	\$7,817,741	35.8	September 1997 (A)
Nevada: Reno.....	Replacement Bed Building/Amb Care	\$25,708,712	\$25,274,449	98.3	May 1996 (A)
New York: Brooklyn.....	Outpatient Addition	\$38,428,363	\$29,734,872	77.4	September 1994 (A)
Pennsylvania: Wilkes Barre.....	Ambulatory Care/Enviro. Improv.	\$32,054,283	\$9,764,395	30.5	August 1997 (A)
Puerto Rico: San Juan.....	Ambulatory Care Addition	\$27,203,662	\$24,926,059	91.6	November 1995 (A)
Tennessee: Mountain Home.....	Laundry/Warehouse	\$8,430,608	\$5,490,754	65.1	June 1997 (A)
Mountain Home.....	Relocate Medical School Functions (Ph 1)	\$12,773,833	\$407,060	3.2	May 1998 (A)
Texas: Waco.....	Renovate Building #11	\$8,251,610	\$0	0.0	June 1998 (A)
Virginia: Hampton.....	Ambulatory Care Addition	\$25,691,343	\$9,342,428	36.4	July 1996 (A)

See footnotes at end of table.

Table 37 (continued): OTHER IMPROVEMENTS Major Construction Projects, Completions, and Year-End Status; FY 1998

<i>Location</i>	<i>Project Description (1)</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>
C. Projects authorized, not under construction:	14	\$246,113,605			
California: Long Beach.....	Clinical Consolidation and Demolition	\$23,200,000			
N. Cal. Health Care.....	Mather (Clinic)	\$31,080,000			
Sepulveda.....	Seismic Corr (PH IIA) Renov B-1,7,10,22	\$15,000,000			
Kansas: Leavenworth.....	Ambulatory Care Addition (Ph II)	\$6,000,000			
Nebraska: Omaha.....	Ward Renovations for Patient Privacy	\$7,000,000			
New Jersey: East Orange.....	Ambulatory Care Addition	\$18,117,000			
Lyons.....	Demolish Buildings 56 & 58 (PH II)	\$3,300,000			
North Carolina: Asheville.....	Ambulatory Care Addition	\$21,911,000			
Ohio: Cleveland.....	Ambulatory Care Addition	\$20,800,000			
Pennsylvania: Pittsburgh.....	Environmental Improvements	\$13,682,000			
Rhode Island: Providence.....	Renovate Building 31	\$15,000,000			
Puerto Rico: San Juan.....	Seismic Corrections	\$37,700,000			
Tennessee: Mountain Home.....	Reloc Med School Func/Renov B2,3,5 PH II	\$9,000,000			
Texas: Temple/Waco.....	Renovate Buildings 9 & 94	\$24,323,605			

- (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.

SOURCE: Construction Management Information System (CMIS)
 CONTACT: Beverly Tyler at (202) 565-4531, Office of Facilities Management (182B)

Table 38: VETERANS BENEFITS Major Construction Projects, Completions, and Year-End Status; FY 1998

<i>Location</i>	<i>Number of Projects (1)</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.....	2		\$22,682,642	\$22,682,642	100.0	
A. Projects completed:	2		\$22,682,642	\$22,682,642	100.0	
Florida: St. Petersburg.....		Relocate R.O. to Dept. Grounds	\$21,529,966	(4)	100.0	January 1998
Mississippi: Jackson.....		Co-location, Phase II	\$1,152,676	(4)	100.0	September 1998 (C)
B. Projects under construction:	--		\$0			
C. Projects authorized, not under construction:	--		\$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.

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

SOURCE: Construction Management Information System (CMIS)

CONTACT: Beverly Tyler at (202) 565-4531, Office of Facilities Management (182B)

Table 39: Full-Time, Part-Time, and Intermittent Employment by FACILITY TYPE; FY 1997-98

<i>Facility Type</i>	<i>September 30, 1998</i>	<i>September 30, 1997</i>
Total.....	240,398	243,311
Central Office.....	3,326	3,406
Field.....	237,072	239,905
Medical Centers (1).....	156,993	173,115
Domiciliary (2).....	403	400
Health Care Systems and Health System.....	54,143	44,014
Regional Offices and Area Offices (3).....	9,283	9,702
Regional Office and Medical Centers.....	6,034	6,114
Regional Office and Insurance Centers.....	964	1,016
Independent Outpatient Clinics, Health Care Center and Health Center (4).....	5,365	1,902
Automation Center, Benefits Delivery Centers, Systems Development Centers.....	1,020	858
Shared Service Center.....	84	
National Cemeteries (5).....	1,207	1,131
National Acquisition and Distribution Centers (6).....	232	236
Miscellaneous (7).....	1,344	1,417

(1) Includes Medical Centers with Domiciliaries.

(2) Independent Domiciliary at White City, OR.

(3) Includes Manila, PI, Independent Outpatient Clinic.

(4) Includes SO CA System of Clinics.

(5) Includes Quantico Field Support Facility.

(6) Includes Nat. Acquisition Center, Services & Distribution Center, Denver Distribution Center and Asset Mgmt. Service.

(7) Includes National Cemetery Area Offices, Prosthetic Assessment Information Center, Civilian Health and Medical Program of the Department (CHAMPVA), Finance Centers, Veterans Canteen Service Regional Offices, Veterans Canteen Service Central Office, Debt Management Center, Records Management Center, Consolidated Mail Outpatient Pharmacies, and Income Verification Match Program.

SOURCE: Personnel and Accounting Integrated Data System (PAID) administrative and payroll system data files

CONTACT: Joel Biederman at (202) 273-4907, Office of the Asst. Sec. for Human Resources and Administration (006C)

Table 40: Full-Time, Part-Time, and Intermittent Employment by PAY SYSTEM; FY 1997-98

<i>Pay System</i>	<i>September 30, 1998</i>	<i>September 30, 1997</i>
Total.....	240,398	243,311
General Schedule/Merit Pay.....	131,498	132,107
Title 38 (excludes canteen).....	75,437	76,924
Wage system.....	29,365	30,194
Canteen.....	3,206	3,230
Non-U.S. Citizens/Manila.....	174	169
Senior Executive Service (SES)	271	279
Others (1).....	447	408

(1) Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.

Table 41: GENDER and VETERAN PREFERENCE in VA Employment; September 30, 1998

<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.....	240,398	109,293	45.5	131,105	54.5
With preference (1).....	60,704	52,687	86.8	8,017	13.2
Without preference.....	179,694	56,606	31.5	123,088	68.5

(1) Includes mother, spouse, and widow or widower of veteran.

SOURCE: Personnel and Accounting Integrated Data System (PAID) administrative and payroll system data files.

CONTACT: Joel Biederman at (202) 273-4907, Office of the Assistant Secretary for Human Resources and Administration (006C).

Table 42: Full-Time and Part-Time Permanent Employment by MINORITY GROUP and Grade, September 30, 1998

Grade or Supervisory Level	Total Permanent Employment (1)	Percent Total Permanent Employment (4)				
		Total Minority Employment	African American	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
All Pay Plans - Total	199,533	35.5	23.9	5.9	4.9	0.8
GS and Equivalent	136,557	34.3	23.1	5.8	4.6	0.8
GS - 1 through GS - 4	13,824	51.3	40.4	7.3	2.6	1.0
GS - 5 through GS - 8	61,308	41.4	31.2	6.4	2.8	1.0
GS - 9 through GS - 12	39,568	29.9	14.3	9.9	4.7	1.0
GS - 13 through GS - 15	21,830	20.7	5.6	4.3	10.4	0.4
GS - 16 through GS - 18	27	22.2	3.7	3.7	11.1	3.7
Other Pay Systems (2)	34,184	29.2	14.2	5.5	8.9	0.5
Wage System (3)	28,792	49.0	39.3	6.7	2.0	1.0
Non-supervisory	25,725	49.5	39.6	6.7	2.1	1.1
Leader	834	44.9	37.2	6.5	1.0	0.2
Supervisor	2,233	44.8	36.6	6.5	0.9	0.8

(1) Excludes Philippine nationals in Manila

(2) Includes senior executive service, statutory pay plans, veterans canteen officers, assistant canteen officers, non-medical directors, nurses, and nurse anesthetists

(3) Includes certain veterans canteen staff

(4) Percentages may not add due to rounding

SOURCE: Personnel and Accounting Integrated Data System (PAID) administrative and payroll system data files

CONTACT: Joel Biederman at (202) 273-4907, Office of the Assistant Secretary for Human Resources and Administration (006C)

**Table 43: Employment of WOMEN by Pay Category (Full-time, Part-time, and Intermittent);
September 30, 1998**

Pay Category	Total Employment	Women	
		Number	Percent
All pay categories, Total	240,398	131,105	55
GS: Total	131,498	79,449	60
GS: 1 through GS - 6	67,656	46,603	69
GS: 7 through GS - 12	54,057	29,691	55
GS: 13 and above	9,785	3,155	32
Title 38 (excludes canteen)	75,437	43,368	57
Wage System	29,365	5,784	20
Canteen	3,206	2,355	73
Non-U.S. Citizens, Manila	174	89	51
Senior Executive Service	271	37	14
Other (1)	447	23	5

(1) Includes purchase and hire, executive pay, hospital administration residents, and experts/consultants

Table 44: Employment of Individuals with TARGETED DISABILITIES by Pay Category, September 30, 1998

Pay Category	Total Employment (1, 2)	Individuals with Targeted Disabilities	
		Number	Percent
All pay categories, Total	200,568	3,680	2
GS, Total	123,601	2,431	2
GS - 1 through GS - 4	13,925	678	5
GS - 5 through GS - 8	61,433	959	2
GS - 9 through GS - 11	29,802	500	2
GS - 12 through GS - 13	15,983	273	2
GS - 14 through GS - 15	2,458	21	1
SES	271	6	2
Other (3)	48,617	244	1
Wage system, Total	28,079	999	4
WG - 1 through WG - 3	13,423	767	6
WG - 4 through WG - 6	4,258	77	2
WG - 7 through WG - 9	2,666	49	2
WG - 10 through WG - 12	3,674	45	1
WG - 13 through WG - 15	1	0	0
Other wage system (4)	4,057	61	2

(1) Excludes Philippine nationals in Manila

(2) Employees with permanent appointments: full-time, part-time, and intermittent

(3) Includes Title 38, executive pay, senior level (GS 16 - 18 and equivalent), hospital administration residents and expert/consultants

(4) Includes leaders and supervisory personnel as well as purchase and hires.

SOURCE: Personnel and Accounting Integrated Data System (PAID) administrative and payroll system data files

CONTACT: Joel Biederman at (202) 273-4907, Office of the Assistant Secretary for Human Resources and Administration (006C)

Table 45: Estimated Selected Expenditures by State, FY 1998

State	Total of Selected Expenditures (\$000)	Readjustment Benefits					
		Total Readjustment Benefits (\$000)	Education Assistance				
			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 *	Amount (\$000)
US--Total.....	\$ 42,510,043	\$ 1,429,453	\$ 58,743	280,772	\$ 674,885	70,131	\$ 107,743
Alabama.....	884,277	33,730	948	5,658	15,702	2,214	3,739
Alaska.....	136,531	5,506	567	1,190	2,600	196	283
Arizona.....	838,731	40,507	1,076	8,720	20,719	930	1,481
Arkansas.....	684,403	15,684	292	2,214	6,232	1,168	1,872
California.....	3,807,366	126,816	7,396	31,443	74,211	4,577	6,994
Colorado.....	740,294	40,966	1,571	7,556	19,530	682	1,098
Connecticut.....	416,781	10,054	367	1,692	4,230	1,014	1,479
Delaware.....	119,634	3,919	97	595	1,342	233	304
District of Columbia.....	1,101,340	4,224	260	761	1,291	138	153
Florida.....	2,776,732	95,668	3,717	20,487	46,982	2,558	3,748
Georgia.....	1,199,468	51,088	2,893	10,935	29,008	1,849	3,275
Hawaii.....	210,421	12,567	1,173	2,115	4,755	792	1,059
Idaho.....	166,503	8,391	161	1,700	4,313	512	774
Illinois.....	1,446,333	48,852	1,256	11,565	27,616	3,704	5,798
Indiana.....	613,175	22,717	540	4,517	10,522	1,367	1,933
Iowa.....	408,469	13,167	204	2,182	4,763	1,272	1,716
Kansas.....	518,357	16,094	727	3,076	7,386	1,079	1,618
Kentucky.....	624,878	22,034	732	3,765	9,558	1,045	1,501
Louisiana.....	738,926	26,007	575	4,393	11,839	3,093	5,212
Maine.....	276,595	8,691	265	1,007	2,551	311	459
Maryland.....	652,202	27,141	1,774	6,639	11,408	1,273	1,747
Massachusetts.....	1,160,323	22,962	504	3,041	6,816	1,810	2,548
Michigan.....	1,017,295	29,084	1,112	8,048	17,040	1,461	2,061
Minnesota.....	662,400	21,848	491	3,585	9,552	2,075	3,279
Mississippi.....	585,577	13,519	385	2,221	5,923	1,725	2,865
Missouri.....	904,522	29,746	1,244	5,718	12,665	1,454	2,043
Montana.....	155,529	8,528	134	1,184	3,439	408	689
Nebraska.....	305,645	12,271	368	2,547	5,814	927	1,530
Nevada.....	315,226	11,490	370	1,980	4,353	269	383
New Hampshire.....	184,154	7,188	176	830	2,326	226	406
New Jersey.....	745,303	16,889	459	2,839	5,491	1,331	1,470
New Mexico.....	392,313	14,522	582	3,101	7,615	485	806
New York.....	2,404,714	46,339	5,673	7,656	17,917	2,778	3,125
North Carolina.....	1,202,783	50,731	2,881	9,813	28,218	1,551	2,878
North Dakota.....	108,347	6,762	165	956	2,620	811	1,309
Ohio.....	1,463,723	49,531	1,120	9,913	24,433	2,541	4,149
Oklahoma.....	779,360	29,411	797	5,170	9,977	1,784	2,355
Oregon.....	666,205	20,474	346	3,505	7,513	631	800
Pennsylvania.....	1,743,031	43,845	897	7,882	19,882	3,058	4,383
Rhode Island.....	177,368	4,335	125	666	1,423	350	462
South Carolina.....	695,606	28,835	1,036	5,137	14,094	1,549	2,688
South Dakota.....	213,232	8,759	118	924	3,107	792	1,308
Tennessee.....	1,264,708	32,454	863	5,595	15,599	1,252	1,912
Texas.....	3,171,962	117,819	4,421	26,009	62,934	3,834	5,916
Utah.....	243,950	10,767	269	1,905	4,394	1,187	1,818
Vermont.....	117,308	2,663	30	318	780	158	234
Virginia.....	1,137,008	58,950	4,107	13,068	29,259	1,728	2,699
Washington.....	1,008,988	57,857	1,870	8,915	25,464	1,043	1,716
West Virginia.....	503,459	11,067	119	1,394	3,777	822	1,245
Wisconsin.....	711,548	23,314	512	3,932	10,524	1,874	2,881
Wyoming.....	107,041	3,708	81	710	2,015	210	344

Table 45 (continued): Estimated Selected Expenditures by State, FY 1998

State	Readjustment Benefits (continued)									
	Education Assistance (continued)					Automobiles and other Conveyances for Disabled Veterans (\$000)	Specially Adapted Housing for Disabled Veterans (\$000)	Insurance and Indemnities Amount (\$000)	Hospital Domiciliary and other Construction Amount (\$000)	Medical Services and Admin. Costs Amount (\$000)
	Dependents Educational Assistance (Title 38, U.S.C., Ch. 35)			Vocational Rehabilitation (Title 38, U.S.C., Ch 31)						
	Trained During FY		Amount (\$000)	Trained During Fiscal Year	Amount (\$000)					
	Sons & Daughters	Widow(er)s & Spouses								
US--Total.....	35,024	5,368	125,497	NA	462,586	\$ 27,250	\$ 10,892	\$ 2,032,125	\$ 546,998	\$ 18,884,277
Alabama.....	952	154	3,848	--	9,493	572	121	27,785	7,610	342,174
Alaska.....	81	18	279	--	1,777	23	--	2,721	37	62,399
Arizona.....	775	132	2,818	--	14,413	812	--	43,729	18,555	320,413
Arkansas.....	685	106	2,522	--	4,767	461	279	17,695	1,569	286,751
California.....	2,834	467	9,898	--	28,318	2,611	697	218,144	46,481	1,818,686
Colorado.....	695	112	2,459	--	16,308	551	424	32,419	1,117	344,617
Connecticut.....	189	14	756	--	3,222	147	235	33,162	18,865	205,350
Delaware.....	93	14	290	--	1,885	35	--	6,174	2,987	56,491
District of Columbia.....	88	7	234	--	2,287	3	--	4,088	53,910	985,212
Florida.....	2,454	417	9,337	--	31,884	2,385	1,542	183,126	32,331	975,984
Georgia.....	1,297	235	5,788	--	10,123	650	545	45,544	10,128	429,570
Hawaii.....	138	34	622	--	4,958	42	121	16,206	18,921	75,703
Idaho.....	176	25	509	--	2,634	91	76	8,488	604	55,295
Illinois.....	800	86	2,895	--	11,287	479	251	86,787	20,709	844,674
Indiana.....	553	63	1,730	--	7,992	451	--	30,673	16,059	239,412
Iowa.....	269	33	797	--	5,687	359	--	24,526	3,351	198,914
Kansas.....	447	79	1,539	--	4,825	93	190	20,231	3,536	292,785
Kentucky.....	705	96	2,395	--	7,848	432	228	20,016	2,049	226,543
Louisiana.....	699	94	2,710	--	5,671	440	428	24,594	8,271	305,058
Maine.....	370	74	1,330	--	4,086	162	210	10,236	475	82,189
Maryland.....	542	64	1,894	--	10,318	416	--	43,888	1,708	253,339
Massachusetts.....	635	43	1,871	--	11,222	338	190	56,304	13,914	583,870
Michigan.....	857	92	2,747	--	6,125	405	456	56,085	32,744	444,513
Minnesota.....	527	68	1,778	--	6,748	1,119	152	40,877	1,698	306,806
Mississippi.....	488	61	1,984	--	2,362	200	38	14,927	3,776	261,462
Missouri.....	701	140	2,272	--	11,523	555	295	39,710	7,023	429,276
Montana.....	151	31	578	--	3,689	17	148	8,009	712	44,030
Nebraska.....	330	49	1,229	--	3,330	143	190	14,553	1,293	130,498
Nevada.....	143	44	546	--	5,838	137	--	13,342	16,977	130,698
New Hampshire.....	206	30	795	--	3,485	454	152	10,541	2,186	50,807
New Jersey.....	457	60	1,549	--	7,919	418	--	72,285	3,886	267,331
New Mexico.....	450	66	1,591	--	3,928	249	129	13,931	2,355	156,384
New York.....	1,447	166	4,173	--	15,451	865	425	138,799	31,886	1,261,237
North Carolina.....	1,377	246	5,995	--	10,759	970	448	48,068	3,764	403,263
North Dakota.....	135	10	431	--	2,237	32	51	5,271	1,984	48,951
Ohio.....	993	171	3,777	--	16,051	2,182	38	77,958	11,409	647,380
Oklahoma.....	1,123	258	3,671	--	12,610	466	327	22,964	9,205	222,257
Oregon.....	414	59	1,130	--	10,685	371	114	25,536	16,470	300,547
Pennsylvania.....	1,045	117	3,343	--	15,339	795	--	106,328	16,234	792,838
Rhode Island.....	194	16	517	--	1,808	75	114	8,674	1,510	72,568
South Carolina.....	783	141	3,152	--	7,865	387	209	26,991	2,523	272,392
South Dakota.....	132	20	479	--	3,747	77	38	6,148	1,794	122,784
Tennessee.....	765	110	2,887	--	11,194	923	--	30,495	37,821	665,295
Texas.....	3,066	441	11,363	--	33,185	2,354	1,077	115,597	30,704	1,320,689
Utah.....	332	35	977	--	3,310	165	--	12,172	1,670	123,416
Vermont.....	63	9	175	--	1,445	25	--	4,625	430	63,189
Virginia.....	1,407	241	5,066	--	17,819	1,079	38	59,077	10,280	383,058
Washington.....	925	186	3,588	--	25,219	746	539	45,121	4,448	338,763
West Virginia.....	330	50	1,191	--	4,735	113	--	10,922	4,154	258,305
Wisconsin.....	630	69	2,151	--	7,246	351	342	42,646	4,064	320,536
Wyoming.....	76	15	309	--	959	26	38	3,937	811	59,575

Table 45 (continued): Estimated Selected Expenditures by State, FY 1998

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	3,178,088	\$ 19,617,152	\$ 56,315	2,529,777	\$ 16,683,328	648,311	\$ 2,877,509	2,613,282	\$ 15,670,815
Alabama.....	77,860	472,977	1,368	55,694	361,841	22,166	109,768	59,378	357,612
Alaska.....	9,757	65,868	78	9,347	63,010	410	2,780	9,222	60,736
Arizona.....	62,004	415,527	1,084	54,192	376,137	7,812	38,306	53,103	335,130
Arkansas.....	48,887	362,703	1,047	34,721	298,613	14,166	63,042	37,708	288,587
California.....	265,814	1,597,239	3,699	222,668	1,410,866	43,146	182,674	221,203	1,241,624
Colorado.....	51,631	321,174	638	45,997	294,288	5,634	26,249	44,598	260,559
Connecticut.....	27,264	149,349	529	23,131	135,435	4,133	13,385	23,367	123,906
Delaware.....	8,815	50,063	242	7,348	44,546	1,467	5,275	7,373	40,022
District of Columbia.....	7,861	53,906	116	5,451	42,144	2,410	11,646	6,210	41,705
Florida.....	242,423	1,489,624	2,946	208,328	1,343,193	34,095	143,485	204,925	1,185,711
Georgia.....	107,835	663,138	1,723	83,937	560,374	23,898	101,040	84,884	504,598
Hawaii.....	13,531	87,025	162	12,445	81,564	1,086	5,299	11,791	71,024
Idaho.....	14,877	93,726	325	12,741	82,279	2,136	11,122	13,057	78,730
Illinois.....	81,971	445,311	1,889	60,642	345,219	21,329	98,202	68,003	362,889
Indiana.....	52,871	304,315	920	42,233	258,073	10,638	45,322	44,357	250,031
Iowa.....	27,503	168,511	662	20,661	135,415	6,842	32,434	22,680	139,029
Kansas.....	30,476	185,711	683	24,374	157,183	6,102	27,844	25,313	149,924
Kentucky.....	56,120	354,235	1,127	39,435	276,291	16,685	76,817	43,838	279,878
Louisiana.....	60,667	374,996	1,069	38,345	271,210	22,322	102,716	45,026	286,326
Maine.....	23,378	175,004	501	18,075	150,154	5,303	24,349	19,834	150,219
Maryland.....	54,771	326,126	776	46,109	289,001	8,662	36,348	45,292	253,889
Massachusetts.....	79,581	483,274	1,434	68,693	442,891	10,888	38,949	68,049	398,173
Michigan.....	85,473	454,869	1,309	68,432	375,619	17,041	77,941	72,258	375,359
Minnesota.....	49,334	291,171	1,085	38,803	245,217	10,531	44,869	41,481	243,345
Mississippi.....	44,879	291,892	958	28,381	220,171	16,498	70,763	32,803	223,805
Missouri.....	63,751	398,768	1,296	47,326	318,007	16,425	79,465	51,491	317,598
Montana.....	13,939	94,250	288	11,307	81,648	2,632	12,314	12,261	82,227
Nebraska.....	21,291	147,030	353	16,989	122,944	4,302	23,733	17,941	122,611
Nevada.....	24,955	142,718	450	21,509	126,274	3,446	15,994	21,995	116,973
New Hampshire.....	16,755	113,432	355	14,767	103,813	1,988	9,264	14,705	96,387
New Jersey.....	68,570	384,912	1,304	59,249	348,580	9,321	35,027	58,189	309,745
New Mexico.....	28,541	205,122	450	23,112	179,054	5,429	25,618	23,955	169,518
New York.....	159,216	926,452	3,385	123,459	783,826	35,757	139,241	130,975	757,251
North Carolina.....	111,240	696,958	1,836	84,820	582,529	26,420	112,593	87,424	539,504
North Dakota.....	7,880	45,379	167	6,105	36,219	1,775	8,993	6,741	38,638
Ohio.....	119,490	677,444	2,115	92,792	555,431	26,698	119,898	99,394	552,643
Oklahoma.....	65,177	495,523	1,318	48,891	395,339	16,286	98,866	52,980	402,348
Oregon.....	42,792	303,178	817	34,453	257,741	8,339	44,620	36,773	255,743
Pennsylvania.....	134,322	783,784	2,716	103,645	655,371	30,677	125,698	109,498	633,168
Rhode Island.....	13,887	90,281	216	11,618	80,764	2,269	9,300	11,693	73,839
South Carolina.....	59,794	364,865	1,133	43,956	294,369	15,838	69,364	46,388	277,593
South Dakota.....	11,701	73,748	327	8,688	58,788	3,013	14,633	9,799	61,766
Tennessee.....	78,200	498,643	1,612	55,458	396,235	22,742	100,797	60,640	390,948
Texas.....	249,665	1,587,153	4,427	198,815	1,362,778	50,850	219,948	200,598	1,224,222
Utah.....	15,933	95,924	311	13,847	86,407	2,086	9,205	13,966	80,192
Vermont.....	6,842	46,401	151	5,522	40,822	1,320	5,427	5,733	38,385
Virginia.....	103,562	625,643	1,864	86,897	554,766	16,665	69,014	84,337	474,552
Washington.....	85,411	562,799	1,087	77,122	522,036	8,289	39,676	74,829	466,628
West Virginia.....	30,847	219,012	709	21,205	169,194	9,642	49,110	24,311	178,187
Wisconsin.....	52,428	320,989	1,123	42,597	274,679	9,831	45,186	45,274	273,648
Wyoming.....	6,316	39,010	134	5,445	34,979	871	3,897	5,639	33,690

Table 45 (continued): Estimated Selected Expenditures by State, FY 1998

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	2,240,067	\$ 13,502,033	373,215	\$ 2,168,781	564,806	\$ 3,890,023	289,710	\$ 3,181,294	275,096	\$ 708,728
Alabama.....	48,471	283,998	10,907	73,615	18,482	113,997	7,223	77,844	11,259	36,154
Alaska.....	8,896	58,228	326	2,508	535	5,054	451	4,782	84	272
Arizona.....	47,829	303,946	5,274	31,184	8,901	79,313	6,363	72,191	2,538	7,122
Arkansas.....	29,621	242,202	8,087	46,385	11,179	73,068	5,100	56,411	6,079	16,657
California.....	194,302	1,098,626	26,901	142,998	44,611	351,916	28,366	312,240	16,245	39,676
Colorado.....	41,127	239,550	3,471	21,009	7,033	59,978	4,870	54,737	2,163	5,240
Connecticut.....	21,189	113,777	2,178	10,129	3,897	24,914	1,942	21,657	1,955	3,257
Delaware.....	6,590	36,150	783	3,872	1,442	9,799	758	8,396	684	1,403
District of Columbia.....	4,688	32,447	1,522	9,257	1,651	12,085	763	9,697	888	2,388
Florida.....	183,094	1,072,540	21,831	113,171	37,498	300,967	25,234	270,653	12,264	30,314
Georgia.....	72,389	434,051	12,495	70,546	22,951	156,817	11,548	126,323	11,403	30,494
Hawaii.....	11,103	66,882	688	4,142	1,740	15,838	1,342	14,682	398	1,157
Idaho.....	11,574	69,344	1,483	9,386	1,820	14,672	1,167	12,935	653	1,737
Illinois.....	55,051	286,150	12,952	76,739	13,968	80,532	5,591	59,069	8,377	21,463
Indiana.....	38,290	215,460	6,067	34,571	8,514	53,364	3,943	42,613	4,571	10,752
Iowa.....	18,643	113,139	4,037	25,890	4,823	28,820	2,018	22,276	2,805	6,544
Kansas.....	21,708	128,284	3,605	21,640	5,163	35,103	2,666	28,899	2,497	6,204
Kentucky.....	34,399	222,772	9,439	57,107	12,282	73,230	5,036	53,519	7,246	19,710
Louisiana.....	32,989	213,760	12,037	72,566	15,641	87,600	5,356	57,450	10,285	30,150
Maine.....	16,251	130,102	3,583	20,118	3,544	24,284	1,824	20,052	1,720	4,232
Maryland.....	40,513	226,879	4,779	27,010	9,479	71,461	5,596	62,123	3,883	9,338
Massachusetts.....	62,221	368,576	5,828	29,598	11,532	83,666	6,472	74,315	5,060	9,351
Michigan.....	62,317	313,879	9,941	61,481	13,215	78,201	6,115	61,740	7,100	16,460
Minnesota.....	35,458	208,058	6,023	35,288	7,853	46,741	3,345	37,160	4,508	9,581
Mississippi.....	24,053	173,446	8,750	50,359	12,076	67,129	4,328	46,725	7,748	20,404
Missouri.....	41,774	257,461	9,717	60,137	12,260	79,874	5,552	60,546	6,708	19,328
Montana.....	10,423	71,849	1,838	10,378	1,678	11,735	884	9,799	794	1,936
Nebraska.....	15,181	102,969	2,760	19,643	3,350	24,066	1,808	19,976	1,542	4,091
Nevada.....	19,436	103,481	2,559	13,491	2,960	25,296	2,073	22,792	887	2,503
New Hampshire.....	13,455	88,717	1,250	7,669	2,050	16,690	1,312	15,095	738	1,595
New Jersey.....	53,505	284,344	4,684	25,400	10,381	73,863	5,744	64,236	4,637	9,627
New Mexico.....	20,453	149,220	3,502	20,298	4,586	35,154	2,659	29,834	1,927	5,320
New York.....	111,716	653,586	19,259	103,664	28,241	165,816	11,743	130,239	16,498	35,577
North Carolina.....	73,590	462,217	13,834	77,287	23,816	155,619	11,230	120,312	12,586	35,307
North Dakota.....	5,647	31,531	1,094	7,108	1,139	6,573	458	4,688	681	1,885
Ohio.....	84,163	461,045	15,231	91,598	20,096	122,687	8,629	94,386	11,467	28,301
Oklahoma.....	42,490	323,163	10,490	79,186	12,197	91,857	6,401	72,177	5,796	19,680
Oregon.....	31,098	219,852	5,675	35,890	6,019	46,618	3,355	37,888	2,664	8,730
Pennsylvania.....	93,030	539,559	16,468	93,610	24,824	147,900	10,615	115,812	14,209	32,088
Rhode Island.....	10,348	66,266	1,345	7,572	2,194	16,225	1,270	14,498	924	1,728
South Carolina.....	37,912	229,226	8,476	48,366	13,406	86,140	6,044	65,142	7,362	20,997
South Dakota.....	7,889	50,090	1,910	11,676	1,902	11,655	799	8,698	1,103	2,957
Tennessee.....	48,267	319,762	12,373	71,186	17,560	106,083	7,191	76,472	10,369	29,611
Texas.....	171,910	1,060,784	28,688	163,438	49,067	358,504	26,905	301,994	22,162	56,510
Utah.....	12,630	72,655	1,336	7,537	1,967	15,421	1,217	13,753	750	1,668
Vermont.....	4,916	34,079	817	4,306	1,109	7,864	606	6,744	503	1,121
Virginia.....	75,378	425,776	8,959	48,775	19,225	149,227	11,519	128,989	7,706	20,238
Washington.....	69,391	434,033	5,438	32,595	10,582	95,084	7,731	88,003	2,851	7,081
West Virginia.....	18,572	140,861	5,739	37,326	6,536	40,116	2,633	28,333	3,903	11,784
Wisconsin.....	39,118	236,865	6,156	36,783	7,154	46,217	3,479	37,815	3,675	8,403
Wyoming.....	5,009	30,396	630	3,294	677	5,186	436	4,583	241	603

* Data are as reported by station of jurisdiction which may report for more than one state.

SOURCE: Expenditures for Compensation and Pension payments 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 Amount for the 50 states and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports. CONTACT: Henry Caplan at (202) 273-5124, Office of Policy and Analysis (008)

Table 46: Obligated Dollars and FTE by Business Line, FY 1996-98

Business Lines ⁽¹⁾	FY 1998		FY 1997		FY 1996	
	Obligations ⁽²⁾	FTE ⁽³⁾	Obligations ⁽²⁾	FTE ⁽³⁾	Obligations ⁽²⁾	FTE ⁽³⁾
Veterans Health Administration (VHA)						
Medical Care	17,896,762	188,705	17,628,173	192,347	16,985,567	201,610
Medical Research	724,866	2,758	647,760	2,957	591,858	3,250
Veterans Benefits Administration (VBA)						
Benefits	20,232,891	--	19,342,844	--	18,526,214	--
Administration	488,782	6,770	499,020	6,931	209,933	4,364
Total Comp. & Pension	20,721,673	6,770	19,841,864	6,931	18,736,147	4,364
Benefits	872,038	--	896,038	--	902,393	--
Administration	65,968	927	72,145	1,051	25,140	530
Total Education	938,006	927	968,183	1,051	927,533	530
Benefits	449,301	--	443,739	--	396,017	--
Administration	67,946	919	77,767	1,099	39,683	722
Total Voc. Rehabilitation	517,247	919	521,506	1,099	435,700	722
Benefits	1,293,861	--	267,402	--	1,851,816	--
Administration	160,952	2,075	139,321	2,254	118,028	1,748
Total Housing	1,454,813	2,075	406,723	2,254	1,969,844	1,748
Benefits	2,505,299	--	2,545,821	--	2,578,518	--
Administration	39,823	563	37,546	584	16,091	423
Total Insurance	2,545,122	563	2,583,367	584	2,594,609	423
National Cemetery Administration (NCA)						
Benefits	114,199	--	113,033	--	112,704	--
Administration	139,403	1,328	149,085	1,283	99,096	1,287
Total NCA	253,602	1,328	262,118	1,283	211,800	1,287
Board of Veterans Appeals	37,550	483	36,371	492	32,238	468
Office of Inspector General	32,960	322	32,432	339	31,963	365
Departmental Management	333,423	2,216	287,957	2,170	729,472	7,088
TOTAL VA	\$ 45,456,024	207,066	\$ 43,216,454	211,507	\$ 43,246,731	221,855

(1) Business lines (nine; in bold font) as identified for strategic planning purposes.

(2) Obligations expressed in 1000's of dollars.

(3) Total Full-time Equivalent (FTE) employment includes both permanent and part-time employment.

SOURCE: President's Annual Budget Submissions to Congress, various years.

CONTACT: Marie Pringle at (202) 273-5266, Office of the Assistant Secretary for Financial Management (041C)



Major Accomplishments

The Veteran

Veterans Health Care

Veterans Benefits

Cemeteries and Memorials

Board of Veterans' Appeals

Administration and Management—Staff Offices

Statistical Appendix