

**STATEMENT OF
THE HONORABLE EVERETT ALVAREZ, JR.
FORMER CHAIR OF THE VA CARES COMMISSION
BEFORE THE SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

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Mr. Chairman and members of the Subcommittee, good morning.

I am pleased to be here today on behalf of the CARES Commission, to discuss the CARES Commission Report, which was presented to Secretary Principi on February 12, 2004.

I can attest that the Commissioners, individuals with broad experience in health care and veterans' advocacy, recognized the enormity and importance of their task: to critique and modify a blueprint for enhancing the health care of as many veterans as feasible into the future. Let me emphasize that point. The Commission viewed the Draft National CARES Plan as a blueprint for VA health care for the next 20 years.

Health care delivery in this country is changing. VA's health care delivery is under change and this change needs to be managed carefully and respectfully. The Commission sees this blueprint as a roadmap to the future -- a tool to help in managing future change.

The Commission, within time restraints, evaluated enormous amounts of data, listened to many veterans, providers of care, and stakeholders at 81 site visits and held 38 public hearings across the country, and focused our collective experience and reasonableness on the task.

Our report, which you have, is large and far-reaching. It included important discussions and recommendations on issues that cut across the entire VA health

care system. It also included hundreds of site-specific recommendations. If the plan is to succeed in its goals, priorities still need to be attended to and properly aligned; evaluations still need to be conducted for important components of VA health care; and, internal processes need to be overhauled.

I wish to share the key principles that served as a beacon to guide the Commission through our complex deliberations.

First and foremost: to improve access to as many veterans as possible to high quality, veteran-specific health care. Many VA facilities were largely built 40 or 50 years ago or more. Population demographics have shifted. The delivery of health care has increasingly become an issue of access, both for veterans and their families who need to partner in their care.

Cost efficiency. When, as is the case today, the health care needs of some veterans are unfulfilled, particularly for the highest priority veterans with war related physical and mental disabilities, then efficiency is also an issue of access and quality of care. If we do not use resources as efficiently as we can, some veterans in dire need of services may not receive the care they need or deserve. Therefore, the Commission also looked at the cost benefit of each recommendation. We recognized that the cost data provided were often in need of further refinement, forcing us to consider the likelihood, based on past experience in VHA and a test of reasonableness, that an action would improve efficiency.

The impact of change in the status quo on current recipients of service, current VA employees, and the communities where our facilities have been historically located was another key principle that guided the Commission. The Commission recognized that the shifting of resources necessary to improve overall access would be a hardship for some. We expect that the implementation of necessary change will take this into account when time-lines for modifications

are finalized.

The Commission's recommendations were our assessment of what is best for VA health care as VA moves forward. We are not infallible; we understand that things will change over time, and there may be factors that need to be reconsidered. However, this was our best effort.

I am pleased and gratified that the Commission's efforts provided Secretary Principi a roadmap to the future for VA health care. We look to Secretary Principi and to the Congress to further refine and improve upon our assessment, keeping, we hope, in their focus, the principles that have guided our deliberations to provide access to high quality health care to as many veterans as resources permit.

Mr. Chairman and members of the Subcommittee, I would like to thank you for the opportunity to address you. I would be pleased to respond to any questions you may have and to an ongoing dialogue we trust will move all of us closer to our jointly held goal to serve those who have and are serving our country.