



# VA CARES

## Planning Now for Veterans Future Needs

Leo S. Mackay, Jr. Ph.D.  
Deputy Secretary, Department of Veterans Affairs

---

The Department of Veterans Affairs has more than 4,700 buildings and over 18,000 acres of land. But the very heart of VA is not in its infrastructure, it's in the veterans we serve. Some of the buildings and land VA owns are not well suited to veterans health care needs. Many are underused or vacant, some are aging and in dire need of repair, others simply aren't where veterans need them. For VA to continue to provide the quality care veterans deserve, it must assure that these resources are effectively used.

VA's primary strategy for achieving that aim is called Capital Asset Realignment for Enhanced Services, or CARES -- a program designed to enable the veterans health care system to more effectively use its resources to deliver more care, to more veterans, in places where veterans need it most.

In 1999, the General Accounting Office testified that VA could recoup up to \$1 million dollars a day by identifying and making better use of underused or vacant space -- that is \$1 million a day that could be better spent providing health care services to veterans.

CARES will find these savings and reinvest them in doctors, nurses and modern health care equipment -- resources crucial to direct patient care.

CARES will help VA plan for the future of its health care system by making sure the capital asset decisions it makes today are in line with veterans health care needs through 2022.

CARES will examine the future demand for veterans health care against current and programmed resources, identify the gaps in service, and make plans to bridge them.

CARES means working smarter today to avoid imbalances between the size and location of health care facilities and veterans' demand for care tomorrow.

Some people fear CARES is a process designed to close VA hospitals and reduce services for veterans. Nothing could be further from the truth.

Some of the confusion about CARES stems from its comparison to the Department of Defense's Base Realignment and Closure program. BRAC was designed to close bases. CARES is about improving health care.

Though CARES may call for changes in the places where veterans health care is delivered, it will not reduce veterans health care services.

The Phase I pilot of CARES in Wisconsin, the Chicago metro area, and the Upper Peninsula of Michigan will produce a \$300 million investment in that health care network. The result will be a more efficient infrastructure delivering modern care in a contemporary, outpatient focused fashion, while allowing VA to direct a greater proportion of funds to veterans' care. Phase II of CARES will provide for significant investments across the veterans health care system over the next five to seven years.

For VA to remain a first-class health care provider, it will need CARES to identify savings and prioritize long-term capital investment strategies. If CARES fails because it is seen as an attempt to close hospitals or reduce services, VA's ability to maximize resources and plan for future veterans health care needs will be compromised.

As VA begins the process of making CARES decisions in communities across the country, it is important to remember the program's objectives: more effective use of VA resources to provide more care, to more veterans, in places where veterans need that care most.