

# Capital Gazette

## VA changes course on Fort Meade clinic, will continue compensation and benefit exams

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The Department of Veterans Affairs Maryland Health Care System said last week it plans to keep the majority of compensation and pension exams at Fort George G. Meade's VA clinic. This comes after officials said earlier this month the Loch Raven VA Outpatient Clinic in Baltimore would conduct the bulk of the exams in the future.

Spokeswoman Ming Vincenti said the change at the Fort Meade VA Outpatient Clinic was prompted by additional funding from the department's central office, which will pay for the exams "for the remainder of fiscal year 2016," which ends Sept. 30.

The exams are conducted by the Veterans Benefits Administration as part of the process for determining if veterans are eligible for disability compensation from an injury or illness suffered as a result of military service.

Earlier this month, officials said the "majority" of those exams would be moved to the Loch Raven VA clinic, requiring some veterans in Anne Arundel to either commute farther or take a shuttle from one of the VA's locations in Glen Burnie.

The department cited an "extremely tight budget this fiscal year" along with a "significant increase in the number of veterans" seeking the exams. In an Aug. 8 story in *The Capital*, they gave no indication the clinic would resume handling its typical caseload of exams. The VA's fiscal 2016 budget is \$163 billion.

Vincenti said Thursday the department "neglected to point out that we are nearing the end of the fiscal year 2016" and that the plan to move the exams was a "temporary measure of the fiscal year, but at no time was it intended to be permanent."

"As we get close to the end of the fiscal year, there are times when it is necessary for us to adjust some of our activities throughout the VA Maryland Health Care System to ensure we close out the year with a balanced budget," she added.

Over 12,000 veterans who live in Anne Arundel received nearly \$1.3 million in either compensation or pension benefits in fiscal year 2015, the most recent year data is available. It's the second largest number per county, trailing Prince George's County, which had more than 16,000.

Congressman John Sarbanes, D-Baltimore, whose district includes Fort Meade, said through a spokesman he made "several inquiries to officials at the VA and relayed concerns about the impact of the decision on Maryland veterans" when news broke of the planned relocation of the exams.

On Thursday, spokesman Daniel Jacobs said Sarbanes "was pleased that the VA provided additional funding to resume (the) exams at (Fort Meade)," but did not answer specifically if his office played a role in securing the additional funding.

The change is only in effect until the end of the federal government's fiscal year 2016, which ends Sept. 30.

The Republican-led Congress is still battling with the Obama administration and VA officials over the federal funding measures for fiscal 2017.

The House of Representatives' appropriations bill funding the department calls for \$1.2 billion less than what the department requested, but is a \$1.8 billion increase in funding compared to last year.

Sarbanes emphasized this point, saying he's "strongly opposed House Republican proposals to underfund VA health care by more than \$1.2 billion."

Republicans counter that the funding bill won't undercut veterans' quality of care. Congressman Kevin McCarthy, R-California, told the *Military Times* in May the bill includes reforms "such as a provision to stop bonuses to VA employees who don't do their jobs and increased resources to tackle the disability claims backlog."

Despite the department's budget ballooning by nearly \$50 billion over the past six years, some say resources are insufficient to tackle an increased workload.

Philip Joyce, a professor and senior associate dean at University of Maryland's School of Public Policy, cites a lack of flexibility on the part of the federal government.

The Budget Control Act of 2011 imposed limits on discretionary spending between fiscal years 2012 and 2021 across all federal agencies, he said.

As a result, the VA has to compete with other federal agencies for funding. Joyce said the largest slice routinely goes to the Pentagon and military programs outside of veterans' benefits programs.

"The money that you are spending to fight the wars is in competition with the money you would make available to the veterans after they come home from war," Joyce said.

So, if the department finds itself in a crisis when it comes to meeting its basic needs, a large influx of funding from the federal government to combat the issue is highly unlikely, he said.

Others believe that portions of the department should be under the purview of the private sector.

The Commission on Care, created by Congress in 2014 to examine veterans' access to VA health care, issued a report earlier this year recommending poor or underutilized VA facilities be closed

and called for creating a series of networks that would also include civilian physicians credentialed by the VA, the *Military Times* reported in July.

Charles Hughes, a research associate with the conservative think tank Cato Institute, pointed to a proposal by colleagues Michael Cannon and Christopher Preble to abolish the department.

In an opinion piece written in the *New York Times*, the two wrote veterans should instead "receive additional pay sufficient to purchase a statutorily defined package of benefits at actuarially fair rates."

Essentially, they advocated paying the veterans up front to purchase their own life and health insurance. That, in turn, would also help better realize the cost of war overall, as "when a military conflict increases the risk to life and limb, insurers would adjust veterans' insurance premiums upward," they wrote.

Hughes said introducing competition into the process "might inject some sort of accountability into the VA" and that, with the current system, "I think you've kind of been able to see (the VA has) been unable to adapt."

But the Veterans Choice program, a \$10 billion initiative which allows some veterans to seek a provider outside the VA system, has received criticism for not helping trim wait times for appointments.

Hughes said the system is still in need of some substantive change as "we're already in that situation where people are in less-than-quality care or unable to get the care that they want."