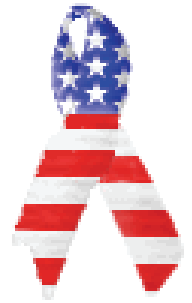




NEWS

Volume 32, Number 1
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Here Comes Health Care Reform 2.0

Bismarck said, "Laws are like sausages, it is better not to see them being made." Up until now, the making of health reform bills has been extremely ugly. With the fallout from the special Senate election in Massachusetts, it was presumed that reform was DOA. Now, with the Democrats promising to pass reform unilaterally if necessary, it looks like the kitchen is going to quickly get quite messy again.

President Obama threw his own recipe into the mix in late February and the GOP is gearing up to resist. One possible opposition strategy is to "amend" the proposal to

death. **NAVAPD** is on guard for any new threats to the VA Healthcare system that might emerge from any quarter.

With the language that was expected to be passed before Massachusetts surprised everyone and took away the Democrat's bullet-proof 60 vote majority, the VA Healthcare system was basically "hands off" with no language to make any changes whatsoever to the VA. However, as amendments are crafted fast and furiously in the coming sessions, it is always possible that some impact on the VA could slip in.

Some methods originally devised to accomplish and pay

for reform will have to be scrapped. New methods and sources of cost-savings will have to be found. Might this bring the VA Healthcare system back into play?

NAVAPD has already begun investigation and outreach to detect if this occurs, and to devise strategies to deflect proposals that might harm the VA system or **NAVAPD** members. **NAVAPD** staff will be paying close attention, and consulting with others with an interest in the VA system, to assure that the nation's Veterans and their caregivers are not negatively affected by whatever political maneuvers are brought to bear.

Snow? What Snow?

Well, **NAVAPD** was just beginning to get its News and Notes production down to a reliable pattern, and then came the Blizzard(s) of December and February. Time and resources got shifted from writing, editing, and layout to staffing, staffing, and more staffing. The presses rolled to a stop.



For those of you from areas that have this kind of snow regularly, it is fair to say we in DC have a renewed appreciation of what you tolerate annually. For those of you from areas that do not have this kind of snow (or any at all), words or pictures cannot fully convey the reality of two feet of snow, or having staff sheltered

in place for 48 to 72 or more hours.

Anyway, here are a few photos to hopefully engender a little sympathy as you realize this issue is a bit late. All we can say is - the Blizzard made us do it. Now, if I could just get my hands around that Groundhog's little neck...



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A Message from the President



Samuel V. Spagnolo
President, NAVAPD

I continue to write and rewrite this message because with each passing day there comes a new breath of life into the 2,000+ page monstrous and onerous health care reform “bill” currently in-play in Congress (see lead article in this NAVAPD NEWS).

“The Dems are Up!” “The Dems are Down!”

“Reconciliation is the answer.”
“No, maybe not.”

“Republicans are irrelevant.”
“We must have bipartisan

support!”

Whether the current “bill” passes or not, the impact on the future of VA health care will remain an open discussion on Capitol Hill.

My current reading is that physicians as a group are not held in high regard today by policy makers until they need personal health care. It is very obvious to me that input from physicians who practice medicine or surgery in the trenches is not being actively sought during this health care debate. The only doctors you

see are the ones standing like props in white coats, next to the President at media events about healthcare.

As you may have noticed, VA Health Care is being left completely out of the current debate, in spite of the fact that it is currently the largest health care system in the Nation with its 153 hospitals and more than 800 outpatient stand-alone clinics. Why should that be? Is this a deliberate strategy and if so led by whom? Certainly various veterans groups want the VA

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NAVAPD’s Mission and Principles

Mission

NAVAPD is dedicated to the principle that this Nation’s Veterans, as a result of their service to our country’s Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs (“VA”) is that agency of government obligated to honor the Nation’s contract with its deserved Veterans.

NAVAPD has as its highest priority the preservation and strengthening of the VA Health Care system, so that it ever stands ready to give Veterans quality medical care equal to or better than can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also can stand ready to treat the military and civilian casualties of future conflicts and non-military disasters.

VA Health Care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.

Guiding Principles

NAVAPD shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the Local Health Care facilities through VISNs to the national level.

NAVAPD shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to Veteran beneficiaries.

NAVAPD shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.

NAVAPD shall support VA physician research, participate in activities of professional organizations, continuing medical education and participation in equal partnership affiliation with medical schools.

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CLINICAL CORNER

“Vegetative State” Study Stuns Investigators

As recently reported in the lay-press, an article in *The New England Journal of Medicine* titled “Willful Modulation of Brain Activity in Disorders of Consciousness” dropped a stunning fact upon the medical and scientific world. Conscious thought and the

ability to form intent may remain present in patients who have been deemed to be in a vegetative state and who meet all of the criteria for that designation.

The functional MRI (fMRI) method used in this study can decipher the brain's answers to questions in healthy, non-vegetative, participants with 100 per cent accuracy, but it has never before been tried in a patient who cannot move or speak. The three year study used fMRI to peek into the minds of the subjects and attempt to determine if they were, in fact, conscious.

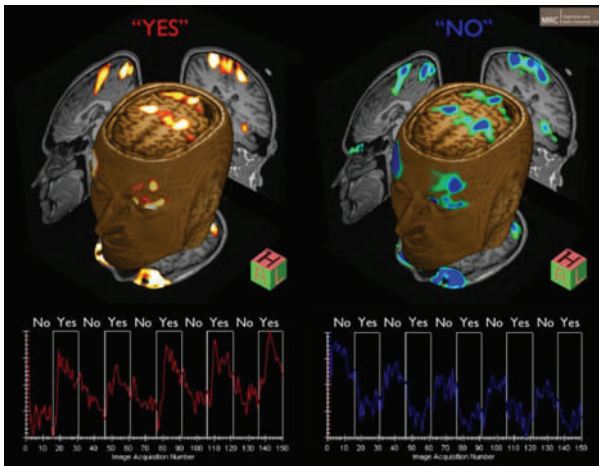
An international team of scientists was stunned to



find that a young man presumed to be in a vegetative state for five years was able to correctly answer “yes” and “no” questions such as “Is your father’s name Thomas?” by willfully changing his brain activity. Eventually, four of the twenty-three patients studied (17%) by the group led by Adrian M. Owen of the MRC Cognition and Brain Sciences Unit in Cambridge demonstrated signs of awareness and the ability to purposefully change their brain activity.

Adrian said, “We were astonished

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Use of Cannabis for Medical Purposes – A Membership Survey

NAVAPD gets calls, letters, and emails from physicians asking for information on various questions. We do not often get enquiries from our patients. This month, however, NAVAPD received an email from a Veteran patient who asked if NAVAPD might survey its members on a topic of concern to him and, he indicated, numerous others. Here is an excerpt:

“I am a disabled veteran, with chronic PTSD and other pain conditions, and have been very satisfied with most of my VA doctors for many years, they are great. Here in [Midwestern state] the 3 primary VA medical center directors have written that it is acceptable therapy for vet patients to test positive for medical cannabis, since many of the veterans are using it responsibly with our doctor’s knowledge. I have always told my doctors when I was using it for medical reasons, and many have told me they wish they could prescribe it for some patients. As vet patients, we never disclose our doctor’s advice, discussion, or names to anyone, for

obvious reasons.”

NAVAPD is asking for your input on this topic. Please consider the following questions:

1. Have you had direct experience with the use of medical cannabis by your Veteran patients? Was this prescribed by a non-VA physician or self-medication by the patient?
2. What is your opinion of Vet patient use of medical cannabis?
3. Do you believe VA physicians should:
 - A. actively oppose Vet patient use of medical cannabis?
 - B. ignore but acknowledge use of medical cannabis by Vet patients?
 - C. passively condone medical cannabis use by Vet patients?
 - D. actively endorse medical cannabis use by Vet patients?
 - E. incorporate medical cannabis use into treatment plans without prescribing medical cannabis?

F. prescribe medical cannabis for Veteran patients, incorporating the substance into treatment plans if medically necessary?

This inquiry is not for purposes of undertaking a campaign for or against the use of medical cannabis, but simply to obtain a cross-spectrum of the opinions of the NAVAPD membership. Please provide feedback on the various questions raised in this article, or other points that you feel need to be made.

Medical cannabis has certainly become a big topic and big business in some parts of the country, and evokes strong opinions. Adverse reactions or interactions of cannabis with prescribed medications make physician knowledge of all substance use critical.

What do you say?

The Best Health News of the Decade?

In a year-end news conference, Margaret Chan, MD, director of the World Health Organization declared that the "best health news of the decade" was the relatively moderate impact of the H1N1 pandemic flu. At the same conference Dr. Chan said it is "too premature and too early to say we have come to an end of the pandemic [H1N1] influenza worldwide," which has sickened hundreds of thousands of people worldwide and caused more than 11,500 laboratory-confirmed deaths.

It appears the H1N1 peak has passed in the United States and Canada, as well as in some European nations, but India, Egypt and other nations are still seeing "intense influenza activity." Dr. Chan stated it would be "prudent" to monitor the pandemic for the next six to 12 months.

Pandemic planning over the previous five years paid dividends that allowed the world to cope with the virus, Chan

said, although it "exposed some holes" in health systems. "We're much better prepared now," she said. On the other hand, Chan said, "the world is not prepared" even now for a pandemic driven by a more toxic virus, such as the highly pathogenic H5N1 avian flu strain.

For most of the past decade, flu experts feared that the deadly H5N1 strain would make the jump into humans and cause the next pandemic. They were surprised when the milder H1N1 strain emerged instead. The arrival of the H1N1 strain may end up being a blessing in disguise. Not only did H1N1 end up being much less fierce than feared, but it also essentially obliterated the typical seasonal flu strain, squeezing it out of the picture almost entirely. To the degree that all of the preparation and infrastructure development and refinement of monitoring capability better prepare us for a true toxic pandemic in our future, this was all a very good

outcome.

Dr. Chan noted that the international community has made strides in working together and in finding money for health issues, such as HIV/AIDS, malaria, and neglected tropical diseases. But, she added, "that progress is fragile" and could easily be halted or even reversed by a severe pandemic.

So, do you agree that the mild nature of the H1N1 influenza was "the best health news of the decade?" If not, what would you nominate for that prestigious appellation? Refinement of minimally invasive cardiac surgery? Advancement in non-invasive imaging? Strides in treatment of HIV/AIDS? Improvements in management of chronic diseases?

NAVAPD would like to know. Submit your ideas through the website or email and perhaps NAVAPD will publish its own list of "Best Health News of the Decade."

Call for NAVAPD Ambassadors

NAVAPD is as you probably know, a fully voluntary organization. None of the members or Officers or Directors receive any compensation for service to the organization and its members.

One of the toughest things about a volunteer organization is — getting people to volunteer. The box to the right shows how NAVAPD has divided the country into eight regions based upon VISNs. Each of these regions is supposed to have a Director, but most are vacant due to a lack of volunteers for the job.

Everybody is busy. We each have to determine how to get everything we need to do finished and have a little time left for our families and ourselves. People are reluctant to take on an additional voluntary responsibility, especially for a big area like one of these regions. And yet,

NAVAPD Region 1 = VISNs 1-5
 NAVAPD Region 2 = VISNs 5-9
 NAVAPD Region 3 = VISNs 10-15
 NAVAPD Region 5 = VISNs 16-17
 NAVAPD Region 6 = VISNs 18-19
 NAVAPD Region 7 = VISNs 20-22
 NAVAPD Region 8 = VISN 23

NAVAPD has to find a way to have people working for it, promoting membership, helping members, and carrying our agenda to area and national leaders. The more people NAVAPD has doing that, the better NAVAPD's members and their patients will be served.

So, NAVAPD has come up with a less overwhelming role that we are looking to fill: NAVAPD Ambassador.

Ambassador is not an elected position and it doesn't have lots of time and travel obligations. An

Ambassador's role is basically to be NAVAPD at the local level. Tell potential members what NAVAPD is, what it stands for, what it does. Be NAVAPD's eyes and ears across the country. Keep one's ears open for issues that might be worth NAVAPD getting involved. Write a letter once in a while on some topic to which we want Congress to pay attention.

We need an active presence in more than the four or five areas of the country that are represented by the members Officers and Directors at any one time. We need YOU.

So, if you have ever benefited from NAVAPD membership, if you have ever gotten help with a work issue, or you benefited from the actions NAVAPD has gotten through Congress on your behalf, wouldn't it feel good to give back. Send the President an e-mail or give him a call. [Volunteer](#).

Pass Along to a Colleague



Join NOW!

Mail to: NAVAPD, P.O. Box 15418, Arlington, VA 22215

NAVAPD is the only national organization protecting the interests of VA physicians and dentists. Since 1975, NAVAPD has been your advocate and watchdog in Washington. NAVAPD will continue to focus on opportunities to improve pay and working conditions.

You can join by mail with this form or online at www.NAVAPD.org

Full-Time \$160	Half-Time \$100	Retired \$80	Resident Fellow \$45	LifeTime \$1500
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YES! I want to join NAVAPD! **4 ways to pay:**

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Petzel Sworn in to Head Veterans Health Care System

The Veterans Health Care System has a new leader. Dr. Robert A. Petzel has taken the oath of office as Under Secretary for Health within the Department of Veterans Affairs, to lead the nation's largest integrated health care system. "Dr. Petzel brings to this position a strong leadership background in caring for Veterans as a longtime health system manager in VA," said Secretary of Veterans Affairs Eric K. Shinseki. "His commitment to outstanding medical quality and access for Veterans will be critical to leading VA in its 21st century transformation."

Petzel had been Acting Principal Deputy Under Secretary for Health since May 2009. He previously directed one of VA's 21 geographic health care networks including 8 medical centers and 42 community based outpatient clinics in Iowa, Minnesota, Nebraska, the Dakotas, Illinois and Wisconsin.

During decades of service to Veterans in VA, Petzel has served on various advisory committees that guided development of new & improved health care programs. Board certified in internal medicine, he also has served as chief of staff for the Minneapolis VA Medical Center. A 1969 graduate from Northwestern University Medical School, he has served on the faculty of the University of Minnesota Medical School.

More than 8 million Veterans are enrolled in VA's health care system, which is growing in the wake of its eligibility expansion. This year VA expects to treat nearly 6 million patients during 78 million outpatient visits and 906,000 inpatient stays.

The Veterans Health Administration, with 262,000-employees, is comprised of 153 hospitals nationwide, more than 800 geographically separate outpatient clinics or mobile clinics, and 232

readjustment counseling Vet Centers.

VA offers a comprehensive spectrum of care for Veterans from preventive services and primary care to high-tech subspecialty medicine and hospice programs. Backed by a world-class electronic health records system, care is delivered in settings as diverse as telehealth monitoring of vital signs from a rural Veteran's home to a network of 134 VA community living centers for nursing home care for Veterans in their later years.

Enhanced programs for today's generation of combat Veterans include "seamless transition" initiatives to ensure continuity of care from the battlefield to hometown, special screenings for traumatic brain injury, and an enhanced array of mental health services to meet Veterans' needs as they return to civilian life as well as special attention to the needs of women and rural Veterans.

Has Health Care Reform Died?

(Continued from page 2)

left untouched. What will happen is currently anybody's guess but for sure various special interest groups will be knocking at Congressional doors to decide your professional future. Their philosophy: the more they can convince Congress to take from YOU the less Congress will have to take from THEM.

A No-Win Scenario?

Some Democratic strategists fear prolonged debate about health care reform is politically a lose-lose-lose situation for Democrats. They lose if they pass a bill the majority of Americans oppose, if they don't pass anything showing they can't govern, or if they prolong debate when

March 2010 will be a busy time for congressional hearings: the Veterans Affairs Budget Request for FY 2011 and FY 2012, the future of the VA, and of course health reform. Remember that a law passed late in 2009 requires a two-year budget for the VA.

NAVAPD will be represented at many

Americans are mainly concerned about the economy and jobs.

Some changes in health care are needed. Millions lack health insurance. But the challenge is the total cost of health care for the individual, family, business, and government.

of these hearings, to monitor the discussion and provide input as appropriate.

NAVAPD will keep you informed via the web site (www.navapd.org) and via our newsletters. NAVAPD wants input from its members – your future is at stake!

Health care spending growth is unsustainable. Current bills focus on insuring more Americans, which is commendable. They don't encourage reforms that our health care system needs to control costs and avoid more taxes. Some strategists think this may cost Democrats this Fall.

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Vegetative State Study

(Continued from page 3)

when we saw the results of the patient's scan and that he was able to correctly answer the questions that were asked by simply changing his thoughts. Not only did these scans tell us that the patient was not in a vegetative state but, more importantly, for the first time in 5 years it provided the patient with a

way of communicating his thoughts to the outside world."

There is hope that, with this ability to detect purposeful brain activity changes, vegetative state can be better determined, and some physically unresponsive patients may one day be able to advise if they are

in pain, helping guide their medication administration. Or that their brain activity could eventually be used by them to express their feelings or fears, control their environment, and improve their quality of life.

Photographs are from <http://web.me.com/adrian.owen/site/News.html>



The National Alliance for Caregiving is Seeking Family Caregivers of Veterans for a New Study

This study will provide an opportunity for caregivers of Veterans to be heard and improve services for caregivers and Veterans now and in the future.

If you are a family caregiver of a Veteran or know of one, and wish to take part in this study, please sign up at:

www.gwsurvey.com/caregiversofveterans.html

The National Alliance for Caregiving is seeking participants for a new study of family caregivers of Veterans. This study is intended to determine how caregivers of Veterans are coping and what community and VA services, resources, and programs would support and assist them with their caregiving activities.

Caregivers are defined as those providing unpaid assistance, such as personal care, bathing, dressing, feeding, help with medications and other treatments, transportation to the doctors' appointments, and arranging for services. Caregivers of Veterans from World War II, the Korean War, the Vietnam War through the current conflicts in Iraq and Afghanistan will be included in the study. Caregivers include relatives and friends.

The study will use discussion groups, telephone interviews, and an Internet survey of caregivers of Veterans. The National Alliance for Caregiving is recruiting many family caregivers of Veterans from across the United States, and especially caregivers for the discussions groups living in or near: San Diego, San Antonio, and Washington, DC.

Cash incentives will be available for study participants and Veterans who refer them. Information obtained from the discussion groups, telephone interviews, and Internet survey will be confidential and will not be connected to the individual caregivers participating in the study.

Thank you for your consideration to participate in a study that could make a difference in the lives of caregivers of Veterans. Please contact Kathy Cameron at kathleen56@caregiving.org for more information.

This project is funded by a grant from the United Health Foundation.

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Apply By Phone at 1-800-932-2775
Mention priority code **UAA4RN**

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