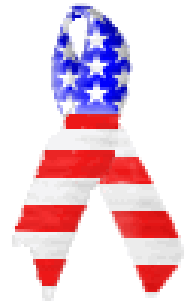




The Voice of VA Physicians and Dentists Since 1975

# NEWS

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## NAVAPD Writes Under Secretary Petzel

**O**n July 5, NAVAPD President Samuel V. Spagnolo wrote to Dr. Robert Petzel addressing issues that have been brought to NAVAPD by its members for assistance and intervention. The letter was copied to the members of the Senate and House Veterans Affairs committees. The full text of the letter is reprinted here and continues on page 6 of this newsletter.

Dear Dr. Petzel:

Congratulations to you on your appointment as Undersecretary for Health. The NAVAPD Board and I look forward to meeting with you. In support of our mutual mission to provide outstanding medical and dental care to our Veterans, I write to you on behalf of the Board and membership of NAVAPD.

Many VA physicians and dentists contact my NAVAPD colleagues and me for guidance regarding problems they are having in their respective medical centers. What is of great concern to us is that the number of calls over the past year has dramatically increased. Most of the questions fall into two general categories: inadequate staffing and inconsistent implementation of the Department of Veterans Affairs

Health Care Personnel Enhancement Act of 2004 [PL 108-445].

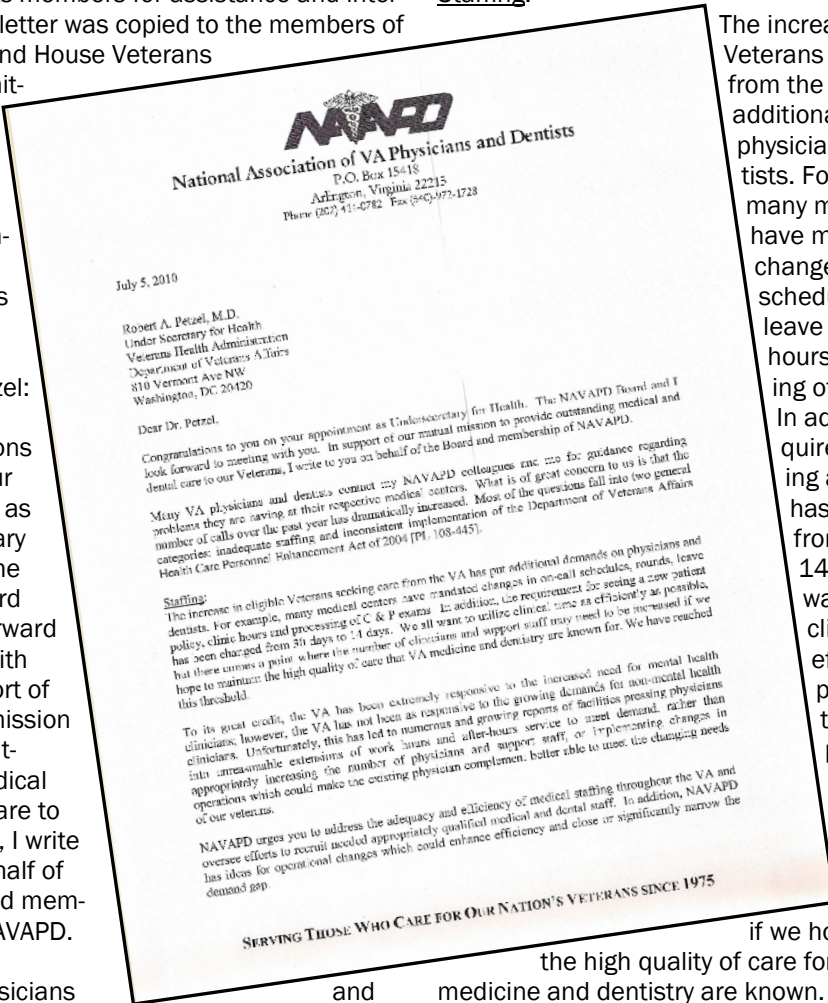
### Staffing:

The increase in eligible Veterans seeking care from the VA has put additional demands on physicians and dentists. For example, many medical centers have mandated changes in on-call schedules, rounds, leave policy, clinic hours and processing of C & P exams. In addition, the requirement for seeing a new patient has been changed from 30 days to 14 days. We all want to utilize clinical time as efficiently as possible, but there comes a point where the number of clinicians and support staff may need to be increased if we hope to maintain

the high quality of care for which VA medicine and dentistry are known. We have reached this threshold.

To its great credit, the VA has been extremely responsive to the increased need for mental health clinicians; however, the VA has not been as responsive to the growing demands for non-mental health clinicians. Unfortunately, this has led to

*(Continued on page 6)*



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#### Inside this issue:

NAVAPD Writes U/S Petzel	<b>1</b>
President's Message	<b>2</b>
NAVAPD Mission/Principles	<b>2</b>
NAVAPD Officers/Directors	<b>2</b>
VA Eases Rules for Medical Marijuana	<b>3</b>
Call for NAVAPD Ambassadors	<b>4</b>
The State of Physician & Dentist Pay	<b>5</b>
NAVAPD Audio Digest Offer	<b>6</b>
NAVAPD Membership Application	<b>7</b>
NAVAPD Board Meeting October 20	<b>7</b>
NAVAPD Mastercard Offer	<b>8</b>

## A Message from the President



**Samuel V. Spagnolo  
President, NAVAPD**

**T**he Dog Days of Summer are upon us. While Washington’s seasons eventually change, the one thing that never changes about this city is that it always changes. Roughly every two years, this city goes through a shift. Sometimes it is a larger shift; other times it is a smaller shift.

This year the city is bracing for a much larger political shift. If such an event occurs, it could mean a change

of leadership of the various committees that control legislation that directly affects the VA, the care it can provide, and the people who provide that care.

Another of the few things in this city that do not change is the commitment that we at NAVAPD have on behalf of your interests and your dedication to the care of our Nation’s Veterans. Today – 35 years after its founding – NAVAPD remains committed to improving the quality and cost-effectiveness of patient care, promoting adequate funding of the VA’s research and education program, and fostering the incentives to recruit and retain the best clinicians and re-

searchers. Our lead article (“NAVAPD Writes Under Secretary Petzel”) in this issue reflects our continuing commitment to our members.

NAVAPD takes a widespread approach. We work with Congress, the executive branch, Veterans’ service groups, other health care professionals and our patients, the Nation’s Veterans. Over the years, this has allowed us to be highly effective in representing you and the health care of our patients.

One of our continuing accomplishments, for example, has had a direct impact on your very own paycheck:

*(Continued on page 4)*

## NAVAPD’s Mission and Principles

### Mission

**N**AVAPD 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 stands ever ready to give Veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also 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

### VA Eases Rules for Medical Marijuana Use

In the last issue of the Newsletter, we included a brief survey regarding the attitude of NAVAPD members on the medical use of cannabis. We did this partly because it was one of the few times NAVAPD has been approached by a Veteran with a request for information, and because it is a growing topic across the country. Now it develops that the VA has issued a new directive on just this topic. The details follow below.

Under new VHA Directive 2010-035, issued July 22, 2010, the VA now formally allows patients treated at its hospitals and clinics to use medical marijuana in states where it is legal, a policy clarification that Veterans have sought for several years. The directive resolves the conflict in VA facilities between federal law, which outlaws marijuana, and the laws of 14 states that allow medicinal use of the substance, effectively deferring to the states.

However, physicians must understand that the release of this Directive does not shield VA physicians from possible federal legal action. Quoting from §2, a & b of the Directive: "Fourteen states have enacted laws authorizing the use of medical marijuana. These authorizations generally require a physician to complete forms stipulating that a patient suffers from one or more of a variety of conditions and would benefit from the use of marijuana for medical purposes. Veterans who receive their care from the VA and who have a desire to participate in state medical marijuana programs might ask their VA physicians to complete these authorization forms. State laws authorizing the use of medical marijuana are contrary to Federal law. A VA physician's completion of a form that would permit a patient to participate in a state medical marijuana

program could result in the Drug Enforcement Administration's actual or threatened revocation of the physician's registration to prescribe controlled substances, as well as criminal charges."

The policy will not permit VA doctors to prescribe marijuana, but it addresses the concern of many patients who use the drug that they could lose access to their prescription pain medication if caught. Under VA rules, Veterans can be denied pain medications if they are found to be using illegal drugs. Until now, the department had no written exception for medical marijuana.

***"A VA physician's completion of a form that would permit a patient to participate in a state medical marijuana program could result in [DEA] ... revocation of the physician's registration to prescribe controlled substances, as well as criminal charges."***

***- Subsection 2, a&b, VHA Directive 2010-035, 7/22/2010***

With doctors and patients pressing the VA for formal guidance, agency officials began drafting a policy last fall. "When states start legalizing marijuana we are put in a bit of a unique position because as a federal agency, we are beholden to federal law," said Dr. Robert Jesse, the principal deputy under secretary for health in the VA. At the same time, Dr. Jesse said, "We didn't want patients who were legally using marijuana to be administratively denied access to pain management programs."

The new, written policy applies only to Veterans using medical marijuana in states where it is legal. Doctors may still modify a Veteran's treatment plan if the Veteran is using marijuana, or decide not to prescribe pain medicine altogether if there is a risk of a drug interaction. But that decision will



be made on a case-by-case basis, not as blanket policy. In states where medical marijuana use is not legal, the prior VA restrictions still prevail.

Medical marijuana advocates say that in the past Veterans' hospitals and clinics were sometimes unclear how to deal with Veterans who needed pain medications and were legally using medical marijuana.

The VA's emphasis on keeping patients off illegal drugs and from abusing their medication "gave many practitioners the feeling that they are supposed to police marijuana out of the system," said Michael Krawitz, executive director of Veterans for

Medical Marijuana Access. "Many medical-marijuana-using veterans have just abandoned the VA hospital system completely for this reason," he said. "By creating a directive on medical marijuana, the VA ensures that throughout its vast hospital network, it will be well understood that legal medical marijuana use will not be the basis for the denial of services."

A 58-year old Army Veteran from Pompey's Pillar, Montana who uses medical marijuana legally for the pain he experiences from neuropathy, says he was told by a doctor at a Billings veterans' clinic that if he did not stop using marijuana, he would no longer get the pain medication he was also prescribed.

Robin Korogi, director of the VA

*(Continued on page 4)*

## VA Eases Rules for Medical Marijuana Use (continued)

(Continued from page 3)

health care system in Montana, wrote the Veteran explaining that the VA did not want to prescribe pain medicine in combination with marijuana because there was no evidence that marijuana worked for non-cancer patients and because the combination was unsafe. "In those states where medical marijuana is legal, the patient will need to make a choice as to which medication they choose to use for their chronic pain," Ms. Korogi wrote. "However, it is not medically appropriate to expect that a VA physician will prescribe narcotics while the

patient is taking marijuana." The Veteran has since held one-man protests in front of the clinic, carrying signs that read "Abandoned by V.A., Refused Treatment."

In July, Dr. Robert A. Petzel, Under Secretary for Health for the VA, sent a letter to Mr. Krawitz laying out the Department's new policy. If a Veteran obtains and uses medical marijuana in accordance with state law, Dr. Petzel wrote, he should not be precluded from receiving opioids for pain management at a VA facility.

Dr. Petzel also said that pain management agreements between clinicians and patients, used as guidelines for courses of treatment, "should draw a clear distinction between the use of illegal drugs, and legal medical marijuana."

Dr. Jesse said that formalizing rules on medical marijuana would eliminate any future confusion and keep patients from being squeezed between state and federal law. Said Dr. Jesse, "The whole goal of issuing a national policy is to make sure we have uniformity across the system."

## The President's Message (continued)

(Continued from page 2)

NAVAPD has been instrumental in every single pay raise for every VA physician and dentist in the last 30 years. **Every single one.** Be sure to read in this issue "The State of VA Physician and Dentist Pay" to see how the VA Health Care Personnel Enhancement Act of 2004 is being implemented across the nation.

But, make no mistake: 2010 promises to be another important year for our Nation's Veterans. It is almost impossible to predict the ways in which Congressional decision makers will react to the many returning injured and impaired Veterans, the newly enacted national health care reform legislation, and deficit-driven financial pressures.

Just as our Veterans need to be protected, properly cared for, and represented in Washington, so do those who care for them – physicians and dentists like you and me. Your continuing membership not only helps us provide the representation you need in Washington, but also helps us provide that representation more effectively.

## Call for NAVAPD Ambassadors

**N**AVAPD 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 regional 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 about which NAVAPD should get 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.**

## The State of VA Physician and Dentist Pay

In 2004 NAVAPD was instrumental in getting the *Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004* (Public Law 108-445) regarding physicians' and dentists' pay passed and signed. Unfortunately, spot checking and reports from various members indicate that the law has not been fully or equitably implemented across the VA system. As a result, members are advised to increase their awareness of how their own hospital and network (VISN) have implemented the 2004 physician pay bill. Complete data is available on the internet at <http://www.app.com> (Asbury Park Press). In the menu bar below the header, find "Data Universe" and click it. On the new page that opens, under What's New, locate and click "Federal Employees - Updated." The next page will be "Federal Employees, 2009" and it includes a search form (2007 and 2008 data can also be obtained by selecting the year just above the search form).

To use the search form, use the drop-down lists (It is not necessary to enter a name unless you want a specific person's information.)

For Agency, select "Veterans Health Administration."

For Job Title, select Medical Officer."

For Location, select your state, and city if you wish.

Once the results from your search come up, you can click on the title of a column to arrange the results by that category. For example, if you click on the heading of salaries column, results will be redisplayed sorted from highest to lowest salaries. You can easily read the physician names and their salaries.

You may wish to record this separately, on a piece of paper, to put into a column format, or in a spreadsheet. You can get your salary, and everyone else's, for 2007, 2008 and 2009. The quickest way to do this is to get all of each year for your facility at once, or all of your state, depending on where

you work. Please note however, that searching a state without a city selected MAY yield an incomplete listing of personnel. If you work in New York, for example, it is a lot to scroll through, so you may prefer to click on the column for location rather than salary, pick your facility and then proceed. If you are in a smaller state, like New Hampshire, you can read the whole thing quite easily, and see what VA employees are making across the state for comparison with your own facility.

If you are comfortable with computers, you can get the list to print, but it is time consuming, as it only prints by each page. We've printed it all out multiple ways, but the main thing is to compare year to year, to see where the increases are coming and to whom. Then you begin to get an understanding of pay at your facility and its compliance with the law.

Keep in mind that you also have to know if the person is full time or not. Otherwise, you may blow a fuse looking at this information. For example, pick a cardiac or other specialty VA surgeon, or a radiologist, and you will see a nice high rate, for example \$325,000 to \$390,000. We believe that is the salary rate, and they may be, for example, 7/8th VA, so they would be getting 7/8th of that rate.

Name	Joe Blow	Jane Doe	John Smith
Title	Chief Cardio	Chief Echo	Chief C.Cath
Yrs at VA	38	8	25
Other Appt	Chief Action U	none	none
VA Split	FT	5/8ths	FT
Pay 2007	\$260,000	\$135,000	\$240,000
Pay 2008	\$265,000	\$137,000	\$265,000
Pay 2009	\$275,000	\$140,000	\$285,000

One thing this information does not provide, which would be very useful for NAVAPD to have, is the length of service. So, if you find this matter to be of import at your local level, while you are compiling your list for your own use, try and have a look at the

bigger picture, as well. How does your hospital compare within your network, your state, similar hospitals?

To give you a flavor of this information, most VAMCs implemented pay increases for cardiology right away. The salaries jumped and in FY 2007, \$260,000 was a common salary, even for non-cath folks. Radiology went a lot higher, as did many types of surgery. In some places, pulmonary did too, and in general GI went up a lot. Across the board in VA and elsewhere, endocrinology and rheumatology were already making a little more in the VA than they were outside, so that has not changed as much. You see salaries for these specialties at about \$195,000 in the VA, and that is very comparable to many outside rates. As you look at your own facility, see what trends you can detect.

For example, perhaps you have three cardiologists at your facility. List them in a table as shown in Table 1. In order to make accurate comparisons, it is necessary to know the area in which they practice and their experience (reflected as years here). Of note, many new hires are already getting the full benefits of the new salary rates, despite being younger and having no VA service, and in some cases being directly out of fellowship. The older VA career folks may be being passed over, and should take note if this is occurring.

If you are interested, do the whole medical service, or just your particular service. An insider can do all of this quite quickly, as you know the names, who is ENT, who is urology etc, as well as having a pretty good guess about the VA eighths. If you don't know, ask the individual, "Say are you fulltime?" Most folks will just laugh and respond with "No, I just come one morning a week" if they are part time. So that high salary you see listed for them can be adjusted, to the 1/8th. Otherwise, you will find a lot of people who appear to make more than you do, for just one

(Continued on page 7)

## NAVAPD Writes to Under Secretary Petzel (continued)

(Continued from page 1)

numerous and growing reports of facilities pressing physicians into unreasonable extensions of work hours and after-hours service to meet demand, rather than appropriately increasing the number of physicians and support staff, or implementing changes in operations which could make the existing physician complement better able to meet the changing needs of our Veterans.

NAVAPD urges you to address the adequacy and efficiency of medical staffing throughout the VA and oversee efforts to recruit needed appropriately qualified medical and dental staff. In addition, NAVAPD has ideas for operational changes which could

enhance efficiency and close or narrow the demand gap.

Implementation of the Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004: This Act achieved its goal of allowing and mandating VA salaries to be more competitive with our private sector counterparts but it appears that the guidelines for implementation of the Act have not been followed by all medical centers. As a result, there are enormous variations in salaries from one VISN and VAMC to another. Many physicians and dentists tell us that there is a clear lack of transparency in the process. We request that the implementation of the law be reviewed and that all VA medical cen-

ters be brought into compliance. In addition to these administrative issues which impact quality of medical care, we are especially concerned that many VA physicians and dentists believe that there has been a dramatic loss of respect for their vital contributions to the medical care of Veterans, and have a fear of retaliation if they challenge the new attitudes toward them.

I would welcome the opportunity to meet with you to discuss these pressing issues.

Sincerely,

Samuel Spagnolo, M.D.  
President NAVAPD

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## 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.

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<b>Full-Time</b> \$160	<b>Half-Time</b> \$100	<b>Retired</b> \$80	<b>Resident Fellow</b> \$45	<b>LifeTime</b> \$1500
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2. Payroll Deduction \$6.15/PP

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Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Facility \_\_\_\_\_ Station Number \_\_\_\_\_

**NAVAPD Annual BOD Meeting Washington, DC October 20, 2010**

NAVAPD's Board holds its Annual Meeting at the National PRESS CLUB in Washington, DC on October 20, 2010. A small reception in honor of our Nation's Veterans will be held 5:30pm – 7:30pm on October 19, 2010 at the National PRESS CLUB.

NAVAPD members are welcome to attend both events. The Executive Session will run 8:30am – Noon. An Open Forum will run 1:30pm – 3:30pm. If you wish to be heard at the Board meeting, notify us via mail or email by October 15, 2010.

### Physician Pay After the 2004 Pay Bill (continued)

*(Continued from page 5)*  
morning a week! Also, unless the information is accurate, it is hard to use, even as part of an aggregate.

NAVAPD is evaluating a mechanism for collecting the data you locate and aggregating it to provide an in-depth resource for illustrating to Congress how well or poorly the VA Pay Bill has been implemented. Many VA hospitals have done a fine job with this, really came out of the gates and got every specialist a big increase at the start, and now increase with each pay panel as the new tables come out. Look at Houston, Palo Alto, and Philadelphia to start with. You may not be happy, but you need to look!

**Not everyone has been so fortunate however. There are some facilities where hard-to-recruit specialists have actually received no raise at all, despite review by at least 3 pay panels. In some cases, there is clear favoritism going on; an example would be all**

**of the Chiefs having gotten substantial advancement, while the folks doing the procedures/seeing the patients have gotten much less, and in some cases have quit because of it.** If you can include any such hires or exits on your list, all the better. If someone has left, call them while you can still find them, and ask them the issues. Tell them you are doing it for NAVAPD, for national aggregation of data to confront the problem, not to pry into their finances. In general, management does not want VA doctors to do exit interviews. That could result in finding that achievable increases in pay could have retained them. But after waiting for years they gave up, of financial necessity.

Under the previous pay system, everyone with long VA tenure was compressed into a small band around \$200,000. Now some are left at the old rate plus a couple of small COLAs, and others are making \$150,000 more after 5 years of the new pay bill!

Each year that goes by makes this inequity worse, as already, those who have not received raises are out an entire private college tuition (i.e., \$300,000, owing to the \$75,000 per year that they could have been paid for a full 4 years). Losing that type of money on a government salary really hurts.

Even if you think you know all about the pay system, have a look and make sure you are getting what you could/should. It is easy to do that, just sort the whole country by salary. You will recognize your peers by name, and see whether your hospital's management has been as proactive as the other facilities have been.

**Kudos to all of you who have been on pay panels and helped your hospital achieve the new rates. If that is not what is going on at your facility, help NAVAPD develop the information and tools to assist in bringing the equity we are promised by the law.**

**National Association of VA Physicians and Dentists**  
**P.O. Box 15418**  
**Arlington, VA 22215**

**Phone: 202-414-0782**

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