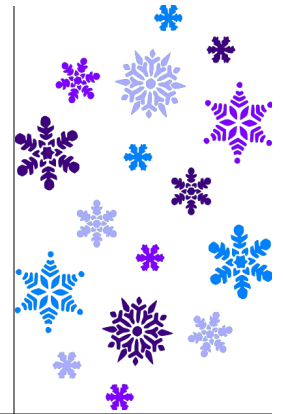




The Voice of VA Physicians and Dentists Since 1975

# NEWS

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February 2015



## VA Physicians: Encourage Hepatitis C Screening

By Carol Blymire

One of the greatest health threats to veterans is a potentially fatal disease that often does not manifest until years after they leave the battlefield. Veterans are at high risk for the hepatitis C virus. This infectious, blood-borne disease can take years, or even decades, to present symptoms, and by the time individuals feel sick, the disease has likely already taken its toll.

While hepatitis C is a growing epidemic across the country, where more than 3.2 million Americans are infected with the virus, it is even more rampant among veterans. Prevalence of hepatitis C among veterans who receive care through the Veterans Health Administration is twice the rate reported in the general population, and the number of infections is estimated to be even higher. Despite the fact that the VA began risk-based screening in 1998, less than half of veterans in VA care have been tested, while veterans who do not receive care through the VA are even more unlikely to be tested at all.

Hepatitis C is more prevalent among veterans due to the potential for blood exposure in combat or medical settings. In a VA study, 36 percent of hepatitis C-positive patients reported a history of transfusion; 14 percent reported blood exposure in combat, and 9 percent reported combat wounds. Almost 20 percent reported non-combat occupational exposure to blood or bodily fluids.

Most veterans with hepatitis C were likely infected during the Vietnam War. Nationwide, the baby boomer population – a common age group to

serve in Vietnam – are more than five times more likely to have hepatitis C.

“Hepatitis C is a silent epidemic that is having quite a devastating impact in the veterans community,” said NAVAPD president Samuel V. Spagnolo, M.D. “The majority of those infected don’t realize they have it. All physicians in the VA healthcare system, no matter what our specialty, should promote screenings for this disease.”

According to the Department of Veterans Affairs, nearly 7,000 hepatitis C-positive veterans died in 2010 – up from 1,986 in 2001. Meanwhile, the number of hepatitis C-infected veterans diagnosed with liver cancer has increased ten-fold over the last decade, while the number of veterans diagnosed with cirrhosis has tripled to more than 25,000.

The Centers for Disease Prevention and Control (CDC), the United States Preventive Services Task Force (USPSTF), and the Centers for Medicare and Medicaid Service (CMS) all recommend a one-time screening test for baby-boomers. For those not in the VA health care system, such testing is covered by Medicare and private insurance plans. Hepatitis C is a life-threatening virus, but there is hope to manage, and even cure, this disease, while treating the catastrophic liver damage it can cause.

“I hope the VA medical community can work together, and with our colleagues in private practice, to take action against this often-undetected enemy,” added Spagnolo. ☒

**While Hepatitis C is a growing epidemic across the country...it is even more rampant among Veterans.**

**Recently mailed Membership Invoices accidentally listed an old, incorrect telephone number for NAVAPD. The correct phone number is 866-836-3520**

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## The President's Corner

Samuel V. Spagnolo, MD

committee assignments, and Members learning about VA health care issues. As we go into meetings this spring with Members of Congress and staff in VA's Central Office, it's always helpful to be able to share stories of what's going on in your medical centers. We would like to hear from you, our members, with information we can anonymously use in our discussions.

Specifically, we'd like to hear from you about:

- best practices at your medical center;
- best practices from the private sector VA could learn from;
- how the new VA rules and regulations are being implemented throughout the regions and into VAMCs;
- what impact the new rules and regulations are having on your ability to do your work;
- how the new physician salary ranges have impacted new and existing physician salaries; and
- any positive changes in your facility.

We have an open dialogue with Secretary McDonald, and hope to be able to share your stories with him — are you seeing improvements in your centers? Faster hiring processes? More attention to detail in scheduling? Stronger patient care support? We have received some feedback, but we continue to seek more input to assure representative feedback. Let us know! Email us at [info@navapd.org](mailto:info@navapd.org).

You should have received email and postal mail updates asking you to renew your membership in NAVAPD. We'll also be announcing a new member recruiting program this spring, and I hope you'll encourage your colleagues to join us to improve the care of our patients and the support of the VA's healthcare providers.

Best wishes,  
Samuel V. Spagnolo, M.D.  
President, NAVAPD ☒

**D**ear NAVAPD Members,  
2015 is off to an incredibly busy start. There is a new Congress to work with, news of a potential VA restructuring, and VA physicians and dentists are busier than ever taking care of America's veterans.

In this month's newsletter, we'll provide an update about what's going on on Capitol Hill with new congressional

## NAVAPD Considering All-Electronic Delivery of Publications

**N**AVAPD has been serving VA Physicians and Dentists for over 40 years, and much has changed in that time. One of the most dramatic changes has been in the ways in which written materials can be distributed. The US Mail system is no longer the only option.

As has been noted in the last several newsletters, and in email notifications, the NAVAPD Board is considering a change in how it communicates with members. NAVAPD has already eliminated paper distribution of newsletters to Congress, the VACO, VSOs, and other specific contacts. Paper copies rarely make their way to the VA or congressional recipients because of security screening and irradiation.

There are many reasons to consider sending newsletters and other materials electronically:

1. Electronic delivery **is quicker** and **more accurate**. There are no printing or mail handling delays.
2. Many federal facilities **irradiate their mail**, and this not only slows delivery, but damages the items, often to the point that they cannot even be separated to be read. Electronic delivery avoids this.
3. Electronic distribution **saves trees** since no paper is used, and also **reduces the amount of paper waste** entering landfills or recycling plants. It's good for the planet!
4. **It's less expensive**. This means that the resources of NAVAPD can be used for other things than buying paper, printing, and postage. That can mean more Summits and more resources to educate the nation's leadership in the needs, services, and values of VA physicians and dentists.

We understand that not all members like electronic communications, and we intend to retain paper distribution if that is your preference. We want to know your preferences. Please send an email to the special email address:

**[MAILOREMAILNAVAPD@gmail.com](mailto:MAILOREMAILNAVAPD@gmail.com)**

and tell us how you want your written materials delivered:

1. Printed via MAIL (to home address)
2. Printed AND electronic
3. Electronic only.

Approximately 150 members have contacted us and advised of their preference. If you have already responded, it is not necessary to do so again. However, if you have not, please do so now so that we can continue to correspond with you in the way you prefer.

Please let us know RIGHT AWAY! ☒

## Legislative Update

By Kay Bulow

Congress is back and on January 21, 2015, the House Veterans Affairs Committee (HVAC) held their Committee organizational meeting followed by a hearing on the Denver Medical Center construction project which is behind schedule and way over budget.

The Senate Veterans Affairs Committee (SVAC) also held their organizational meeting on January 21 and considered HR 203 "Clay Hunt Suicide Prevention for Veterans Act" and was voted out of Committee unanimously and referred for Senate floor consideration. The United States Senate passed HR 203 on February 3 and the President is expected to sign the legislation.

On January 22, HVAC Chairman Jeff Miller (R-FL) introduced HR 473 which proposed major VA accountability reforms. The bill gives the VA Secretary more authority to hold corrupt executives accountable, limit the amount of time VA senior executive service (SES) employees can spend on paid administrative leave, reform VA's SES performance appraisal system so only 30% could receive top performance ratings and quality for bonuses and require additional transparency regarding SES performance outcomes, and require that all SES employees change jobs within the department at least once every five years. Senator Jerry Moran (R-KS) introduced a similar measure (S.290) in the Senate.

The week of January 26 saw hearings by the HVAC and the House Energy and Committee's Health Subcommittee. The HVAC received testimony on legislation introduced in the 114th Congress as follows:

- HR 189; Veterans Foreclosure Extension Act
- HR 216; VA Budget Planning Reform Act
- HR 245; Amend USC 38 regarding claims under law administered by VA Secretary
- HR 280; Authorizes VA Secretary to recoup bonuses

- HR 294; Long Term Care Veterans Choice Act

The House Energy & Commerce Health Subcommittee received testimony on the following:

- Veteran Emergency Medical Technician Support Act – based on HR 235 which passed the House of Representatives during 113<sup>th</sup> Congress.
- National All Schedules Prescription Electronic Reporting Reauthorization Act – to be introduced.
- Trauma Systems and Regionalization of Emergency Care Authorization Act – based on HR 4080 which passed the House during 113<sup>th</sup> Congress.
- Access to Life-Saving Trauma Care for All Americans Act – to be introduced.
- Improving Regulatory Transparency for New Medical Therapies Act, based on HR 4299 which was reported out of committee during 113<sup>th</sup> Congress.
- HR 471 Ensuring Patient Access and Effective Drug Enforcement Act – based on HR 4069 which passed House during 113<sup>th</sup> Congress.

The HVAC Health Subcommittee held a hearing on January 28, "Examining the Quality and Cost of VA Health Care". Witnesses were Matthew Goldberg, Deputy Assistant Director, National Security Division, Congressional Budget Office (CBO), Carl Blake, Associate Executive Director for Government Relations, Paralyzed Veterans of America (on behalf of the Co-Authors of the Independent Budget), Louis Celli, Jr. Director, Veterans Affairs & Rehabilitation Division, The American Legion and Dr. James Tuchs Schmidt, Acting Principal Deputy Under Secretary for Health, VHA, Department of Veterans Affairs.

Congress asked the Congressional Budget Office (CBO) to conduct a study "Comparing the Costs of the Veterans Health Care System with Private-Sector Costs". An excerpt from the report summarizes their findings as follows: "The best study CBO could identify that compared the costs of health care directly provided by VHA with private-sector care

was published in 2004, based on data from 1999. The authors of that study had access to detailed administrative data from six VHA medical centers and the clinical charts from the veterans treated at those centers in 1999. CBO could not replicate that study with more recent data, both because it had limited time and resources to perform its analysis and because, with few exceptions, VHA does not make either existing administrative data or clinical records (even with personal identifying information removed) available to researchers in other government agencies, universities or elsewhere. Additional systemwide data from VHA would have facilitated the comparison of costs for care provided directly from VHA with the costs for care offered by the private sector. For example, it would be useful to know the average salaries, performance pay, and other elements for compensation that VHA provides for its physicians in various specialties and for its other clinicians; the number of patients its clinicians treat per unit of time (for example, in a typical week) and the length and intensity of those encounters; and the average prices it pays for pharmaceutical products – but VHA does not report that information publicly."

Judging from the questions and responses it is not clear what patient data VHA is collecting, but they will not make the data available to others including the CBO.

On February 3 the Chairmen and ranking members of the Senate and House Veterans Affairs Committees visited the Department of Veterans Affairs headquarters in Washington, D. C.

The week of February 9, the HVAC added two additional members, Representatives Jerry McNerney (D-CA) and Tim Walz (D-MN). A 2016 budget hearing was scheduled February 11 followed by a mark-up of pending legislative to proceed for full House consideration.

Congress recesses for President's Day week of February 16, returning February 23, resuming hearings as follows:

February 24 - Joint Senate/House hearings with Disabled Veterans Association (DAV);

(Continued on page 5)

# OIG Releases Report on Tomah, WI Alleged Prescriptive Abuse

Complaints of severe overuse of opiates at the Tomah WI VAMC led to an OIG investigation of the facility and prescribing practices there. Hospital staff have reported stoned veterans drooling in wait rooms. Data show the number of opiate prescriptions quintupled at the facility since 2004 even as the number of veterans treated at the facility declined. From 2004 to 2012, Tomah VA dispensed 50,000 oxycodone pills to approximately 25,000 veterans, and the total skyrocketed to 712,000 as the treatment population decreased. Here is the Summary of the Report:

*“This inspection was originally administratively closed in March 2014 because we could make no conclusive finding of inappropriate prescription practices. We previously released the report pursuant to the Freedom of Information*

*Act. Because of continuing public interest, we are now publishing the report.*

*OIG conducted a review to assess the validity of multiple allegations of mis-prescribing and diversion of opioid drugs and a physician’s abuse of administrative and clinical authority at the Tomah VA Medical Center, Tomah, WI (facility).*

*We did not substantiate the majority of allegations made in the various complaints that OIG received. Although the allegations dealing with general over-use of narcotics at the facility may have had some merit, they do not constitute proof of wrongdoing. We did not find any conclusive evidence affirming criminal activity, gross clinical incompetence or negligence, or administrative practices that were illegal or violated personnel policies.*

*We briefed the facility and VISN director and brought several suggestions to their attention to improve communication between staff and clinicians concerning opioid prescription practices, assist with the treatment of patients who have complex pain management issues, and evaluate and monitor facility and provider opioid prescribing practices.*

*Please note that we identified an error on page 8, in the sixth line of paragraph two, the morphine equivalents per unique patient range is listed incorrectly. The correct range is 8,989 to 63,184.”*

You can download the full Report at <http://www.va.gov/oig/pubs/VAOIG-11-04212-127.pdf>

# VA Regions Map Emerges

A tentative map of the proposed new 5-Regions division of the VA has been released, as shown below. The Region boundaries are consistent with state borders. Unlike the VISNs, no state would be served by more than one Region. It remains unclear if VISNs will disappear, subsumed into the new Regions, or will continue to exist as sub-sets of the Regions.



## Legislative Update (continued)

(Continued from page 3)

February 25 - Joint Senate/House hearing with the American Legion;

March 4 - Joint Senate/House hearing with Veterans of Foreign Wars

Dr. Samuel Spagnolo, President, National Association of Veterans Admin-

istration Physicians and Dentists (NAVAPD) will be visiting with members of the House and Senate Veterans Affairs Committees during late February and March and would like to receive any suggestions/input you would like him to raise with your elected representatives.

Links to resource websites:

US House of Representatives Veterans Affairs Committee:

<http://veterans.house.gov/>

US Senate Veterans Affairs Committee:

<http://www.veterans.senate.gov/>

Library of Congress:

<http://www.thomas.gov> ☒

## Thank You, Donors!

**N**AVAPD would like to recognize the following member donors for supporting NAVAPD's goals, education efforts, and patient care advocacy: Barbara Glockson, Maryann Hooker, Murray Raskin, Edward Zevin, John T. Xanthopoulos, and Cheynita Woodson-Jones. Thanks to AbbVie, Inc. for its support of our sister organization, **Foundation for Veterans Health Care**.

## Franklin Named Director of DoD's Suicide Prevention Office

**T**he Pentagon has named a new director for its Defense Department Suicide Prevention Office.

DoD recently announced that Dr. Keita Franklin — the former chief of the Marine Corps' behavioral health branch — has replaced Jackie Garrick as director. Garrick has served as either acting director or director of the office since 2011.

The DoD release gave scant details about the new appointment, other than to praise Franklin's credentials and say the position is now a career senior executive service post, "reinforcing the department's commitment to decreasing the incidence of suicide and increasing resiliency across the armed forces."

"I am very pleased to have Dr. Franklin take the lead in this very important mission," Under Secretary of Defense for Personnel & Readiness Jessica Wright said of Franklin, who holds a doctorate

in social work from Virginia Commonwealth University.

DoD established the Defense Suicide Prevention Office in 2011 to oversee development and implementation of suicide prevention programs within the department and military services.

Garrick came into the job just as the issue was cresting at the Defense Department. In 2012, the number of active duty military suicides hit a record of 352. That number declined to 286 in 2013 and remained steady in 2014 at 288, according to preliminary data furnished by the Defense Department.

The suicide rate among active-duty U.S. military personnel also declined in 2013, to roughly the same rate as the civilian population adjusted for similar demographics.

The 2013 Defense Department Suicide Event Report shows the suicide rate for troops on active duty in 2013 was 18.7

per 100,000 population, down from the 2012 rate of 22.7 per 100,000.

Under Garrick's direction, the Defense Department Suicide Prevention Office was tasked with reviewing and analyzing the department and military services' multiple behavioral health and suicide prevention programs to determine their effectiveness.

It also developed outreach programs designed to reach troubled troops outside traditional psychiatric care and introduced peer-to-peer counseling programs as well as education programs to teach service members, family members and friends to recognize the warning signs of suicide.

Before working for the Marine Corps, Franklin supervised family programs at the installation and regional levels for the Army and Air Force.

**Want a real-time feed when we update our website? Add [navapd.org](http://navapd.org) to your RSS Reader (Feedly, Digg, NewsBlur, etc.), and it will automatically let you know when we've added something new!**

## Eight Months After Phoenix, Is the VA on Track to Recovery?

Nearly a year ago, the VA was rocked by a scandal revealing secret waiting lists and delayed care for Veterans, prompting a series of congressional hearings that are still continuing. The VA Secretary was replaced, additional funds were approved to help resolve the problems, and big changes were promised. So, have these events cured the VA's issues?

**In a word: No.** The collective assessment by VA employees: "Nothing has changed in our facility."

The VA continues to receive bad news and bad reviews. Instead of kudos, the VA was recently added to the Government Accountability Office's High Risk List, officially ranking it among the most troubled federal agencies. The list is to call Congress' attention to problematic, risky or troubled programs. Congress hardly needs any reminder of the agency's problems, and it along with Veterans Service Organizations (VSOs), Veterans, and VA employees continue to give VA efforts poor evaluations and claim that things are not improving at the frontline Veteran-care level.

Sweeping, bold changes are needed. Instead, a proposed but unimplemented reorganization is presented. A customer service program implemented a few years ago called "I CARE" has been resurrected, but new training sessions for I CARE have not been implemented, just a paper reintroduction. Changing a culture is hard. The release of a brochure will not accomplish it.

The "I CARE Quick Reference" spells out the desired core values of the VA: Integrity, Commitment, Advocacy, Respect and Excellence. The accompanying memo says the VA is "a model of unrivaled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication." But after a year of focused attention many agency employees and veterans are questioning the "I CARE" program as a cosmetic effort that has done little to improve services. "Management has

made a mockery of it," said one VA employee, who asked not to be named for fear of retaliation.

In reality, according to VA employees from around the nation:

- Announced programs and changes have not resulted in improvements in their facilities.
- Employees are no more empowered than before and feel less trusted and less respected.
- Despite additional funding from Congress, employees report that acquiring critically needed patient-care staff is harder than before. However, additional non-patient-care staff show up routinely.
- Impediments to improved care and operations have not been removed.
- No operational or structural changes that would increase the efficiency of physicians and dentists have been implemented.
- Changes announced by the Secretary are not being consistently implemented in local facilities, perhaps because the facility leaders have not understood these changes were intended as mandatory.
- The new physician pay panel intended to recruit and retain physicians has generally been applied only to new physicians. If continued, this will lose the VA experienced physicians. In one facility, where the Secretary apparently had a personal conversation with the Chief of Staff, the new pay panel is reportedly being applied to all physicians.
- Rewards for excellent care are shrinking, not improving.
- The "Choice Card" program, intended to allow Veterans to receive care outside the VA if necessary, has been so narrowly defined as to be useless in many cases, and it appears that the VA is campaigning to to shut it down and use its funds for other projects.
- Support for physician continuing education (CME) continues to decline from its already low levels.
- Performance Pay levels for physicians and dentists remain lower than the prescribed level in the Pay

Law, and inconsistently applied. A few locations have reportedly raised the maximum achievable level, but the Goals to receive Performance Pay have also been raised.

- Biased and manipulative productivity assessments of physicians continue, impacting even a NAVAPD Board Member. Thirty-four years after first being mandated by Congress, the VA still has no comprehensive system to determine the staffing needs of specialty physicians, and no validated system of assessing productivity of specialty physicians.
- Abuse of Temporary Status continues and grows by indefinite extension. Professionals hired as Temporary essentially remain on infinite probation.

The VA continues to be a collective of 150+ facilities operating independently rather than as an aligned and unified system. Pronouncements from the Secretary appear to be considered suggestions rather than mandates by leaders at VISNs and facilities. There is a disconnect between what the Secretary has called for and what is being done by the leaders in the facilities. To be successful with change, the Secretary must eliminate that disconnect, perhaps directly and personally.

The head of a veterans group spoke for many when he said veterans and active-duty service members are still waiting for "real, meaningful change" in the VA's quality and promptness of health care services.

"Adopting a catchy acronym and circulating a checklist is not enough," said Pete Hegseth, CEO of Concerned Veterans for America. "It's easy to put on an 'I CARE' pin, but it doesn't matter unless you actually demonstrate that care through your actions and the results you deliver. That's what veterans, military members and their families are looking for: real results, not a slogan."

So far there has not been the new age of successful, transformative change for which we had all been hoping. ☘

## Upcoming Member Recruitment Campaign—Stay Tuned!

Watch your email inbox in the next few weeks for information about an exciting new NAVAPD membership recruiting program! We're only as strong as the collective voice of our members, and we need as many voices in our work as possible.

We need representation from all the VA Medical Centers, in all congressional districts, and we'll be reaching out to you with specific ways you can encourage your colleagues to join NAVAPD. We'll offer incentives, including Amazon gift cards and other exciting rewards, and will share ideas for how you can reach out to other VA physicians and dentists and tell them about the good work NAVAPD is doing for our field.

Stay tuned — more information to come soon!

### 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 stands ever ready to give our 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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***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

***JOIN ONLINE @ [www.NAVAPD.org](http://www.NAVAPD.org)***

<b>Full-Time</b> <b>\$160</b>	<b>Half-Time</b> <b>\$100</b>	<b>Retired</b> <b>\$80</b>	<b>Resident Fellow</b> <b>\$45</b>	<b>Lifetime</b> <b>\$1500</b>
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**YES!**

I want to join NAVAPD! **3 ways to pay:**

1. Check  
(enclose)

Payroll  
2. Deduction  
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3. Online

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