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NEWS

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90%+ VA Hepatitis C Cure Rate at NAVAPD Briefing

A more than 90 percent cure rate for the nation's deadliest blood-borne, chronic disease—the Hepatitis C Virus (HCV)—and a 30 percent treatment rate at VA hospitals were among the findings announced in a briefing hosted by the Foundation for Veterans Health Care (FVHC) and the National Association of Veterans Administration Physicians & Dentists (NAVAPD) at the House of Representatives Cannon Building in Washington, D.C., on June 22, 2016.

FVHC and NAVAPD President Samuel V. Spagnolo, M.D., opened the educational forum that included remarks by Tom Berger, Ph.D., Vietnam Veterans of America, and with Subcommittee on Health Chairman Dan Benishek (R-MI) also in attendance.

Featured speaker Tamar Taddei, M.D., a professor of medicine at Yale University and a hepatologist at the West Haven, Conn. VA, presented an overview of her experience and perspective as a VHA Innovation Team field provider. West Haven is one of five medical centers, including San Francisco, Richmond, Va., Ann Arbor Mich., and Portland, Ore., leading a redesign of care initiative for the treatment of hepatitis C.

In addition to the cure rate, the team found that the 12-week antiviral treatment has minimal side effects, a significant improvement over previous longer-duration therapies with more adverse effects.

Following public pressure and recent changes in policy and added funding by Congress, the VA is extending the availability of the antiviral treatment

HEPATITIS C One of the Greatest Threats Facing Veterans At Home

The hepatitis C virus (HCV) now surpasses HIV as the nation's deadliest blood-borne disease. According to the Centers for Disease Control and Prevention (CDC), acute cases of HCV and deaths caused by the virus in 2014 reached an all-time high.

While HCV is a growing public health crisis across the country, it is especially rampant among veterans due to the potential for blood exposure in battle or medical settings.

The Impact of HCV on Veterans

>2x As many veterans are infected with HCV as the general population (compared to the general population, prevalence of HCV among the VA population is 2.8 percent).

174,300 Veterans using VA health care services with confirmed chronic HCV in 2013.

3x More veterans have been diagnosed with cirrhosis (more than 40,000) since 2013.

393% Increase in annual all-cause deaths among veterans with HCV from 2001 (1,986) to 2013 (7,812).

10x More HCV-positive veterans have been diagnosed with liver cancer over the last decade. CDC data shows that liver cancer is the only form of cancer increasing in death and incidence rates in the U.S.

Sources: U.S. Department of Veterans Affairs (VA), Centers for Disease Control and Prevention (CDC)

Our former service members deserve the best care this country has to offer.

Now that a cure is available for HCV, help us ensure that all veterans living with this devastating disease have access to one.



to all veterans with Hepatitis C regardless of the severity or stage of the disease and whether it originated during their military service.

As the largest provider of HCV and liver disease care in the nation, the VA currently treats about 30 percent of the 170,000 veterans diagnosed with HCV or about 1,100 patients per week. The goal is to double that number to 2,000 patients by the end of the year, according to David Ross, M.D.,

(Continued on page 3)

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The President's Corner

Samuel V. Spagnolo, MD

With less than a month until the 2016 U.S. elections, I encourage you to exercise one of the nation's most important civic duties while keeping in mind NAVAPD's mission to deliver the very best healthcare to veterans whose service protects our privileged right to vote.

In this issue, you will find an overview of the plans of presidential candidates Democrat Hillary Clinton and Republican Donald Trump for reforming the VA and improving the healthcare of veterans and their families.

With the election in sight, the Congressional session following the summer recess was short. Congress has recessed until December when it will return for a short "lame-duck" session with more than 30 bills still awaiting action. After December, the next opportunity for legislative action will occur when the 115th Congress convenes in January 2017.

Before leaving in September, Congress submitted funding legislation, including the Military Construction and Veterans Affairs Appropriation, in a Continuing Resolution that was signed on September 29 by President Obama. This represents the first time since 2008 that the VA has its appropriation for the next fiscal year on time.

The Commission on Care, established by the Veterans Access, Choice, and Accountability Act of 2014, held two hearings in September to discuss the recommendations of its final July report on how best to reengineer the VA to deliver quality healthcare and resources to veterans for the next 20 years.

Commission Chairperson Nancy Schlichting, CEO of the Henry Ford Health System, and Vice Chairperson Delos (Toby) Cosgrove, CEO of the Cleveland Clinic, were the only

witnesses at the September 7 House hearing, which identified 18 recommendations in areas that include, the establishment of integrated community-based health care networks, quality metrics, information technology (specifically electronic health records), and supply chain.

Toby Cosgrove discussed the VHA transitioning to a commercial, off-the-shelf electronic health records product to resolve scheduling and billing problems. While the VA and most of the Veterans Service Organizations (VSOs) support many of the report's recommendations, President Obama, the VA, Chairman Jeff Miller (R-Fla.) and most of the VSOs oppose the Commission's recommendation for a VHA governing board. The House hearing testimony can be found at www.veterans.house.gov

A full slate of witnesses attended the September 14 Senate Affairs Committee hearing that included Chairperson Schlichting and Commission member Thomas Harvey who served previously as the VA Deputy Administrator and Assistant Secretary. Mr. Harvey's support of the report was due in part to the White House wanting a consensus report and that he had a full and fair opportunity to express his concerns. His testimony included a discussion of VA statistics and the significant findings and recommendations in the report.

Most of the VSOs provided testimony to the Senate hearing as did VA Secretary Bob McDonald who suggested that many of the Commission's recommendations are underway as part of the agency's "MyVA" initiative. The Senate hearing testimony can be found at www.veterans.senate.gov.

To date, neither House or Senate Committee has introduced legislation to implement the Commission's recommendations. The Commission report can be found at <https://commissiononcare.sites.usa.gov/>

Last May, the VA proposed a rule that expands the duties of nurses to include, administering anesthesia, conducting physicals, ordering and diagnosing lab tests, treating patients with acute and chronic conditions, delivering babies and prescribing

medications.

The rule received nearly 190,000 comments from professional societies and interested groups on both sides of the issue, including NAVAPD that advocated against assigning anesthetist duties to nurses. While language in H.R. 5985 initially prevented the VA from expanding the duties of nurses, the provision did not make it into the final draft of the legislation, which was presented to the White House on Sept. 21.

And finally, according to an Inspector General report released on September 28, the VA still must address the issue of large staffing shortages for the following occupations: medical officer, nurse, physician assistant, physician therapist, psychologist, and medical technologist.

The report, required by the 2014 Veterans Accountability Act, found that while the VA has increased the number of staff hired for these occupations, the net gains were offset by a high rate of losses.

The IG report recommended that the VA reduce the "regrettable losses," individuals who resign from the VA or transfer to other government agencies, accounting for 45-55 percent of the losses in critical care occupations.

To hire new doctors, nurses and clinicians in recent years, the VA uses its Title 38 authority to offer more competitive pay to doctors and other health care professionals. As you know, increasing the compensation for VA medical professionals was a significant legislative victory for NAVAPD on behalf of our membership.

In response to the report, VA Secretary Bob McDonald said that he has spent a considerable amount of time personally recruiting future doctors from medical schools across the country while the agency reinvents itself to better serve the country's veterans.

Let me close by thanking you for your dedication and your continued efforts to provide veterans with safe, reliable and dependable healthcare. At NAVAPD, we appreciate having your vote of confidence as we represent your best interests to the policy makers here in Washington, D.C. ☐

HCV Briefing (continued)

(Continued from page 1) director of the VA's HIV, hepatitis and public health pathogens program, in an article in the August 2016 *Journal of the American Medical Association*.

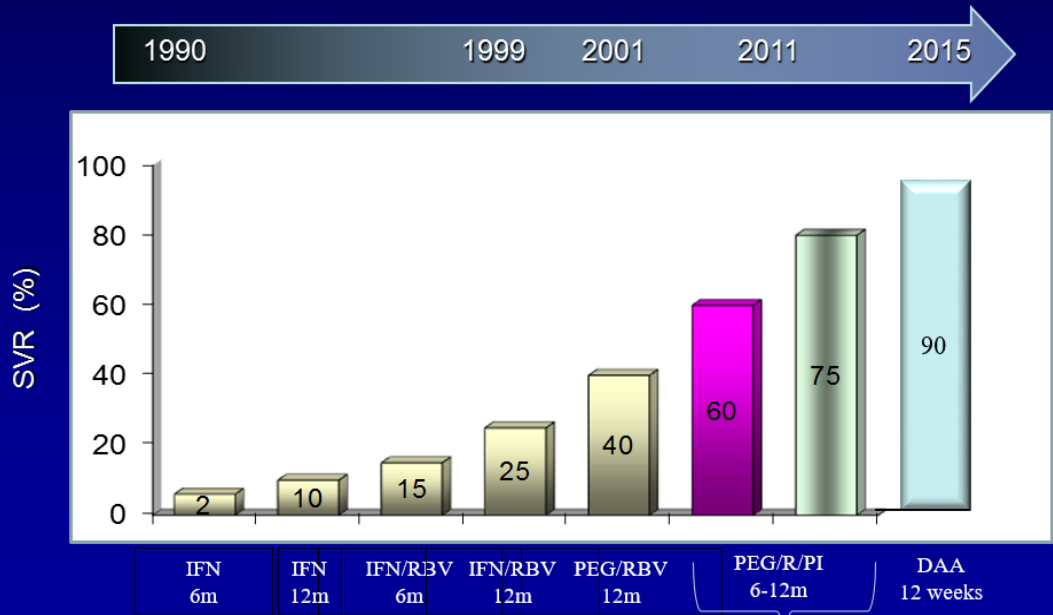
"NAVAPD is dedicated to giving veterans the very best quality of care, which includes testing the remaining 40,000 untested veterans and treating those in need of a cure," said Dr. Spagnolo, "especially when curing hepatitis significantly reduces the risk of cirrhosis, hepatic decompensation, recurring HVC and liver cancer while significantly improving quality of life."

The field study yielded a number of successful strategies from Dr. Taddei's perspective that included, an emphasis on rapid and effective communication between providers and leadership, increased access to care, additional health-care delivery instruction by multiple provider types and disciplines, and expanded access to mid-level providers.

The team also recommended utilizing the full VA ecosystem to harness the current national and local momentum to treat and cure Hepatitis C with increased education on HCV policy and the SCAN-ECHO care model, multidisciplinary medical visits, the setting of best practices, and the early detection of liver cancer.

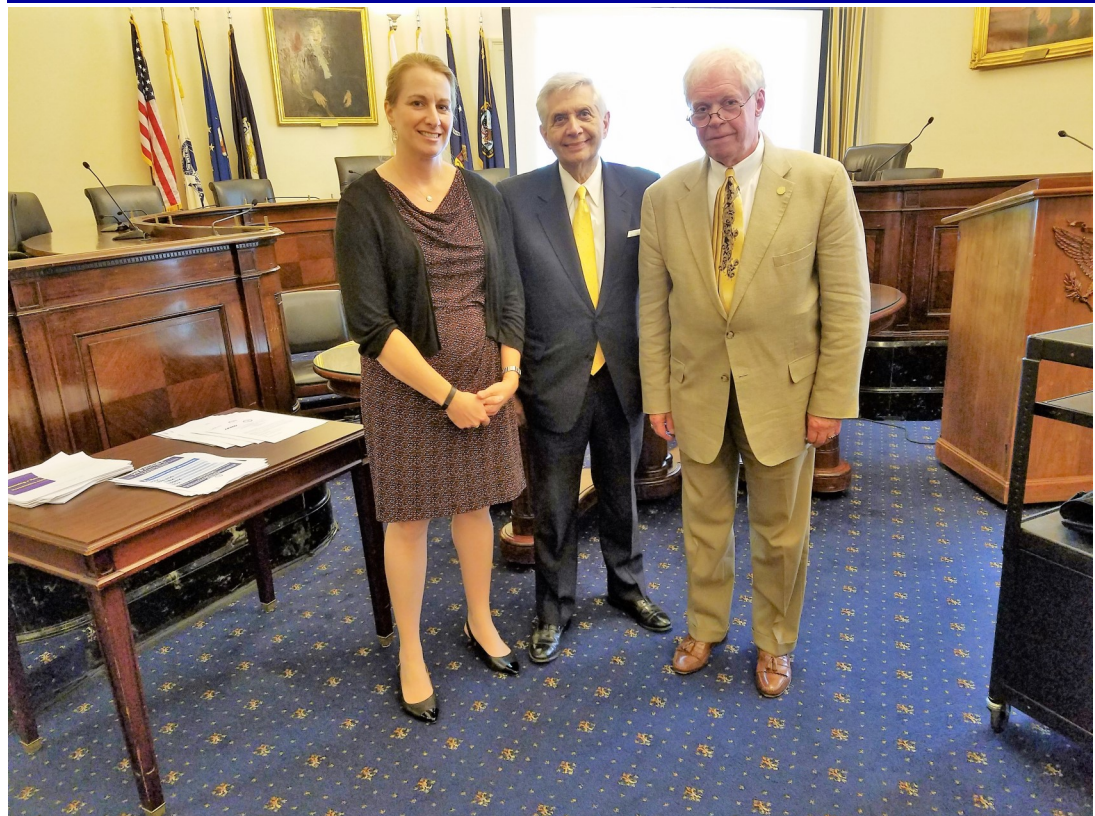
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Evolution of Therapy in HCV Genotype 1



SVR = Sustained Viral Response

* Difficult to treat populations



L-R: Tamar Taddei, MD; Samuel Spagnolo, MD; Tom Berger, PhD

VA News in Brief

VA Inspector General Finds Ghost Panels at Iowa City and Black Hills, S.D., Hospitals

In response to concerns raised by U.S. Rep. Timothy Waltz (D-Minn.), the VA Inspector General released its August 11 review of primary care ghost panels at the Upper Midwest Veterans Integrated Service Network, which includes Iowa, Minnesota, Nebraska, South Dakota and North Dakota and parts of Illinois, Kansas, Missouri, Wisconsin and Wyoming.

The report found that some 1,245 veterans in Iowa and South Dakota or 3 percent of the system's active primary patients were assigned to ghost panels, primary care doctors who are no longer providing care in the VA system.

Ghost panels violate a policy that requires the VA to reassign patients to a new doctor when their primary care physician leaves the facility. In addition to jeopardizing a patient's care, ghost panels create an inaccurate doctor-to-patient ratio which underrepresents the workload and staffing ability.

The review, conducted from December 2015 to February 2016, found a total number of 2,300 ghost panels or about .8 percent of the 287,095 active primary care patients. The report concluded that the use of ghost panels was not "pervasive," and did not identify "a negative impact on patients since the facilities had enacted efforts to ensure ongoing patient care."

According to the report, the two Iowa doctors who had been assigned with care for 1,245 patients left for other VA facilities in November & August and the two Black Hills doctors caring for 1,056 patients left in September & October.

Hospital administrators waited to hire replacement doctors, a task they completed earlier this year, rather than reassign those patients. The report also acknowledges that acutely ill patients in Iowa received care from a pool of physicians while South Dakota used existing providers to provide patient

care services.

See Link:

<https://assets.documentcloud.org/documents/3011874/Review-of-Primary-Care-Ghost-Panels.pdf>

Federal Review for Northport VA Following Veteran Suicide in Hospital Parking Lot

Officials at the Northport VA confirmed that a federal review of the circumstances surrounding the August 21 suicide of veteran Peter A. Kaisen, 76, of Islip, N.Y., is underway and ongoing.

While it had been widely reported that Kaisen had been denied emergency medical services, Northport VA Director Philip Moschitta submitted a letter on August 26 to Congressman Lee Zeldin (R-N.Y.) stating, "there was no evidence that Kaisen entered any VA buildings, including the emergency room, or requested assistance from VA staff prior to his death."

As of August 28, Long Island's Congressional delegation has requested a federal review while the FBI continues its investigation of this death taking place on federal property.

See link:

<http://patch.com/new-york/northport/feds-probe-whether-northport-va-denied-vet-treatment-he-killed-himself>

Telemedicine Saves Wait Time, Travel Distances and Increases Access to Specialists

The benefits of telemedicine, including reduced appointment wait times and access to medical specialists, were on display at an August 9 hearing of the health subcommittee of the House Committee on Veterans' Affairs. One study by Dartmouth University and the VA found that veterans using telemedicine services at the Vermont VA Hospital had an average savings of 145 miles in travel and 142 minutes in travel time per veteran.

According to Acting Executive Director for VA Telehealth Services Kevin Gal-

pin, since 2002, more than 2 million veterans have used the services that include consultations via video and medical monitoring equipment in the home that can be checked by nurses from afar.

While Rep. Tony Cárdenas, (D-Calif.), raised the issue of the comfort level of older vets and keeping primary care physicians in the process as concerns, Dr. Alice Brown, Southern Nevada's Telehealth Program Manager said, "in the future, I see more doctors everywhere using it."

See Link:

<http://www.reviewjournal.com/life/health/telemedicine-helps-va-cut-wait-times-increase-specialist-access>

VA to Add Nearly a Dozen Sites to its Innovators Network

Based on its early success, the VA will expand the Innovators Network, a program that uses small grants and entrepreneurship training to encourage employees to invent care & service-improving solutions, according to Andrea Ippolito, head of the initiative, who made the September announcement.

The VA will add a dozen new sites to the program that launched in November 2015 in Atlanta, Boston, San Francisco, Milwaukee, Portland, Oregon, Jackson, and Biloxi, Miss., and Chillicothe, Ohio.

Examples of the program's "human-centered design" include, apps that use iPhone cameras to detect blood profusion or reduce the transfer times of medical records, collaborations on treatment practices like the Mayo Clinic's "minimally disruptive medicine," and a mechanical fix of painting wheelchair breaks red to increase their use, thereby, reducing the number of veterans falling out of their chairs.

See Link:

<http://www.nextgov.com/defense/2016/09/va-innovator-network-expand-less-1-year/131585/> ☒

Legislative Update

HOUSE OF REPRESENTATIVES LEGISLATIVE ACTIONS

In September, the House passed the following veteran-related bills:

H.R. 5392, the No Veterans Crisis Line Call Should Go Unanswered Act, requires the VA to answer telephone calls and text messages in a timely manner by a qualified, live person.

H.R. 3216, the VET Act, prohibits the VA from refusing to provide a veteran with emergency medical care or transferring a medically unstable veteran unless the veteran requests a transfer in writing or is transferred as a clinical necessary.

H.R. 5162, the Vet Connect Act of 2016, requires the VA to share medical information with community providers treating a shared patient.

H.R. 5620, the VA Accountability First and Appeals Modernization Act of 2016 seeks to:

- Shorten the firing/demotion/appeals process for rank-and-file VA employees from more than a year to 77 days.
- Remove the Merit Systems Protection Board from the firing/demotion/appeals process for VA senior executives.
- Provide VA whistleblowers with a means to solve problems at the lowest level, while offering them protection and strict accountability for those who reprise against them.
- Give the VA secretary the authority to recoup bonuses and relocation expenses from misbehaving employees.
- Give the VA secretary the authority to reduce the pensions of senior executives convicted of felonies that influenced their job performance.
- Reform the department's broken disability benefits appeals process.

H.R. 3471, the Veterans Mobility Safety Act, directs the VA to standardize the modification services of its Automobile Adaptive Equipment Program and hire qualified hearing aid specialists.

H.R. 5936, the West Los Angeles Leasing Act of 2016, authorizes certain leasing of the facility while it prohibits land-sharing agreements that don't

offer additional healthcare resources and benefits for veterans and their families. The bill requires the VA to submit an annual report and an inspector general's report on leases and land-sharing agreements in its campus master plan.

Additional VA health care legislation passed by the House of Representatives during the 2016 session of the 114th Congress and pending in the Senate are:

H.R. 3234, the VA Medical Center Recovery Act, directs the VA Secretary to evaluate the quality of health care services while improving the services of underperforming centers.

H.R. 3106, the Construction Reform Act, directs the VA to make improvements in the administration of medical facility construction projects.

H.R. 2915, the Female Veteran Suicide Prevention Act, directs the VA Secretary to identify, evaluate and provide metrics for mental health care and suicide prevention programs that treat women veterans.

H.R. 960 designates the VA community-based outpatient clinic in Newark, Ohio, as the Daniel L. Kinnard Va Clinic.

H.R. 3956 directs the VA to develop and implement a plan to hire a director for each VA medical center without a permanent director.

H.R. 3969 designates the VA outpatient clinic in Laughlin, Nev., as the "Master Chief Petty Officer Jesse Dean Department of Veterans Affairs Community-Based Outpatient Clinic."

H.R. 3989 permits an individual to elect to have an independent contractor perform an external clinical review.

H.R. 4063, Jason Simcakoski PROMISE Act, directs the VA and the Dept. of Defense (DOD) to jointly update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

H.R. 5229, Improving Transition Programs for All Veterans Act, authorizes the VA Secretary to carry out certain

major medical facility projects appropriated for fiscal year 2016.

H.R. 4590, Fiscal Year 2016 Department of Veterans Affairs Seismic Safety and Construction Authorization Act, directs the VA to examine programs that transition veterans to civilian life.

H.R. 5317 designates the VA health care center in Center Township, Butler County, Pa., as the "Abie Abraham VA Clinic."

H.R. 5620, VA Accountability First and Appeals Modernization Act of 2016, authorizes the VA to remove or demote a VA employee based on performance or misconduct while specifying that certain performance appraisal provisions shall not apply to such removals or demotions.

H.R. 5985, Department of Veterans Affairs Expiring Authorities Act of 2016, extends certain expiring provisions of law administered by the VA Secretary.

H.R. 3471, Veterans Mobility Safety Act of 2016, gives eligible disabled veterans the opportunity to make personal selections relating to an automobile or other conveyance.

UNITED STATES SENATE LEGISLATIVE ACTIONS

H.R. 5936 authorizes the VA Secretary to enter into certain leases at the VA West Los Angeles (Calif.) Campus to make improvements to the enhanced-use lease authority of the VA.

H.R. 5937 authorizes the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marnes-la-Coquette, France.

These bills were signed by the President on September 29, 2016. For detailed information on the Veterans First Act (S 2921), please see separate newsletter article.

If Congress does not act on the many bills pending before they adjourn in December, they will need to be reintroduced during the 115th Congress in January 2017. ☐

How Bipartisan Reform of Veterans First Act Puts Veterans First

On April 28, U.S. Senators Johnny Isakson (R-Ga.) and Richard Blumenthal (D-Conn.), chairman and ranking member of the Senate Committee on Veterans' Affairs, respectively, announced the Veterans First Act, a bipartisan omnibus package designed to improve accountability and veterans' healthcare and benefits at the VA. While the bill has not been placed on the Senate calendar yet, the VA and most of Veterans Service Organizations (VSOs) support this legislation. A summary of the key management and healthcare-related provisions is as follows:

Title I – Accountability

- Expedites removal authority of VA employees based on performance or misconduct.
- Provides VA Secretary with additional flexibility in hiring and firing senior executives.
- Reduces benefits for senior executives who have committed certain crimes.
- Limits the time employees can be placed on paid administrative leave while being investigated and

prohibits employees from collecting a salary while waiting for a disciplinary appeal.

- Prohibits bonuses for employees who have been found guilty of wrongdoing.
- Creates an Office of Accountability and Whistleblower Protection as an independent office within the VA for all matters regarding accountability and whistleblower protection and gives Congress more oversight over accountability at the department.
- Allows the VA to provide competitive pay to VISN Directors and Medical Center Directors, making it easier to attract top talent to run VA hospitals.
- Requires the VA to conduct an outside review of management training for VA senior executives.

Title II – Health Care

- Strengthens the Veterans Choice program by establishing payment standards and streamlining the requirements for community medical providers to enter into agreements with the VA.

- Expands the VA's Program of Comprehensive Assistance for Family Caregivers to veterans and expands the services for caregivers to include financial planning and legal services.
- Requires the VA to improve the caregivers program by implementing an information technology system that fully supports the program.
- Enhances VA mental health services by making it easier to hire mental health professionals.
- Increases the availability of medication to counter the effects of opioid overdose in veterans.
- Enhances research on the health effects to veterans and their descendants from toxic exposure.
- Allows VA physicians and physician assistants to work more flexible hours (a legislative priority of the VA Secretary).

SOURCE: Senate Veterans Affairs Committee press release at: www.Veterans.Senate.gov.

Presidential Candidates' Stance on the VA and Veterans

September saw a host of VA-related activities, including several U.S. House and Senate committee hearings on the Commission on Care and various pieces of legislation and a Commander-in-Chief Forum featuring back-to-back interviews with presidential candidates Democrat Hillary Clinton and Republican Donald Trump.

The Iraq and Afghanistan Veterans of America, with its membership of 187,000 veterans, sponsored the widely seen and much talked-about September 7 forum, aired on NBC and was moderated by Matt Lauer of *The Today Show*.

The candidates discussed a number of issues during the forum, including their current stated goals not to privatize the VA, the long waits for appointments, especially where those waits resulted in

a loss of life, the veteran suicide crisis, better record-sharing by the Department of Defense and the VA, and the issue of military sexual assaults.

In addition to their comments, both candidates have extensive plans on their websites that address military and veteran issues. Here is a summary of each of their plans.

Donald Trump on Veterans and the VA

On his website (<https://www.donaldjtrump.com/positions/veterans-administration-reforms>), Donald Trump's recommendations for the VA include three guiding principles and an additional ten-point plan to ensure that veterans have convenient access to the best quality care.

Guiding principle one ensures that veterans get the care they need wherever and whenever they need it. Candidate

Trump supports reducing wait times, distances, red tape, and a reform of the visa system that puts veterans first. He also supports Telehealth tools and options and choices for vets who seek to go outside the VA system.

Guiding principle two supports the whole veteran, including their physical and invisible wounds while encouraging private sector investment in post-active duty success and by better meeting the needs of female veterans.

He supports an increase in funding for post-traumatic stress disorder, traumatic brain injury and suicide prevention services. He would like to see an increase in funding for job training and placement services, educational support and access to business loans. To better address the needs of women veterans, the Trump plan will equip

(Continued on page 7)

Presidential Candidates on Vets and VA (continued)

(Continued from page 6)

every VA hospital with an OBGYN specialist and other women's health services.

Mr. Trump's guiding principle three will transform the VA to meet the needs of a 21st century veteran facility with his promise to fire corrupt and incompetent VA executives, modernize the agency, and empower its doctors and nurses.

Mr. Trump plans to end waste, fraud and abuse at the VA while investing in state-of-the-art technology and by hiring more veterans to care for veterans. In addition, he promises to embed satellite VA clinics in rural and other underserved areas.

The candidate will use the power of the presidency to remove and discipline federal employees and managers who violated the public trust and will ask Congress to pass legislation that empowers the VA Secretary to discipline or terminate employees who jeopardize a patient's health and safety.

In addition to creating a commission to investigate fraud and wrong-doing, Mr. Trump will ask Congress to implement legislative reform while protecting whistleblowers who highlight wrong-doing.

In addition, Mr. Trump says he will create a 24-hour White House veterans' hotline with a live operator for VA complaints and will award bonuses to VA employees that cut waste and save lives.

Hillary Clinton on Veterans and the VA

Mrs. Clinton has a nine-page plan for improving veterans' healthcare and reforming the VA. Highlights from her plan are summarized below and can be found on her website. (<https://www.hillaryclinton.com/briefing/factsheets/2015/11/11/supporting-our-veterans-troops-and-their-families/>)

Mrs. Clinton's top goal is to ensure that veterans have access to timely, high quality care. Mrs. Clinton promises to

create a new framework for VA health care delivery by focusing, reorganizing, and streamlining the agency from primarily a provider of services into an integrated health care system that balances its roles as health care provider, partner, and payer for veteran-directed care. She has stated on several occasions that she will not privatize the VA.

To address gaps and redundancies in care, Mrs. Clinton will coordinate VA care with other programs, including coverage from private or employer-provided insurance, TRICARE, Medicare, federally-qualified health centers, Indian Health Service, and the Affordable Care Act. She will purchase private-sector care when necessary for specialty inpatient or surgical procedures and will expand access to mental health and substance abuse treatment.

She will establish a VA Strategic Oversight and Governance Board to provide oversight of health care and management processes, monitor accountability, promulgate best practices, and ensure that the VA remains true to its mission of putting veterans first. This Board would include strong veterans' representation.

She will convene weekly meetings of the Secretaries of Veterans Affairs and Defense in the Oval Office to direct both agencies to improve coordination of in-patient services, eliminate bureaucratic redundancies, negotiate cost-saving in procuring pharmaceuticals, medical and office supplies, eliminate waste, and to ensure compatibility in information systems and technologies.

Mrs. Clinton plans to improve health care for women veterans by increasing the number of OBGYN doctors employed by the VA, requiring that women have access to the full spectrum of reproductive services, providing other gender-specific health and mental health services, and will provide child-care at VA medical facilities so that parents can take care of their child while taking care of their health.

Mrs. Clinton will end the veteran suicide epidemic by increasing funding for mental health providers to ensure access to quality mental health care and substance abuse treatment, particularly for alcohol and opiate abuse, and by utilizing private-sector care when necessary. Improvements will include, new guidelines for pain management other than opioids, educating VA departments to include mental health programs that combat drug and alcohol addiction, and by acknowledging and treating military sexual trauma as PTS with eligibility for disability and treatment.

Mrs. Clinton plans to implement a World War II-style "Bradley Plan" to modernize the spectrum of veterans benefits across the federal government system. The plan will end the backlog of processing disability benefits and appeals by integrating Dept. of Defense and VA medical records and by improving the VA's partnership with DoD.

She will create a standing President's Council on Veterans, coordinated by a senior White House officials, conduct an end-to-end evaluation of veteran benefits, convene a White House Summit on Veterans, and continue to engage the private and philanthropic sectors in hiring.

Mrs. Clinton also supports initiatives that economically empower veterans with educational benefits, job training, and support for veteran entrepreneurs.

Mrs. Clinton states she will build on successful initiatives and expand programs, including public-private partnerships, that successfully end veteran homelessness, especially in regions with the greatest need.

Mrs. Clinton supports the recognition and promotion of high-performing employees and holding managers accountable for their poor performers employees. She will increase protections for whistleblowers who highlight waste, fraud and inefficient practices. ❏

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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 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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