



The Voice of VA Physicians and Dentists Since 1975

NEWS

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NAVAPD President Being Considered for VA Secretary

At 7:23pm on May 4, the Associated Press released an article that President Donald Trump is considering a long-term VA physician for the VA Secretary position. That physician is Dr, Samuel Spagnolo, the current President of NAVAPD.

Unknown to the reporter, Dr. Spagnolo had met that afternoon with the White House team to discuss the VA Secretary position. Dr. Spagnolo was a Harvard fellow who became board certified in Internal Medicine and Pulmonary Diseases who graduated from Temple University Lewis Katz School of Medicine in 1965.

He notably served as former President Ronald Reagan’s chief chest physician following the 1981 assassination attempt. In addition to being president of NAVAPD, he served as an attending physician at Washington DC VA Medical Center and as professor of medicine at George Washington University.



Samuel V. Spagnolo, M.D.

Dr. Spagnolo has long campaigned against many of the issues that cause many of the greatest problems for the VA system. He especially advocates physicians at the leadership of the VA, and renewed engagement of physicians in the decision-making and guidance of the VA. “Clerical duties have supplanted traditionally physician duties in the VA, while non-physicians take on more of the physicians’ traditional roles. It is an upside-down concept.”

According to Dr. Spagnolo’s biography:

- Since 1972 Dr. Spagnolo has held many academic and administrative appointments at both the Department of Veterans Affairs and George Washington University and he continues to commit himself to the University, the VA Medical Center, and also the surrounding community.
- For five years he was Associate Chairman of the Department of Medicine and for nearly twenty years was the Director of the Division of Pulmonary Diseases and Allergy.
- His ongoing involvement in numerous professional and community associations and university health science functions, and his exceptional research and publication efforts emphasize the focus of an individual dedicated to training and continuing education for all.
- As a clinician, Dr. Spagnolo has a worldwide reputation as a therapist and consultant. In 1981, he served as the medical chest consultant in the care of President Ronald Reagan following the attempted assassination. His involvement was reviewed in *Mortal Presidency* by Robert Gilbert, Basic Books, New York, NY, 1992.
- As a medical consultant, he serves an international patient community in Europe and the Middle East. His consulting activities are numerous and have included the Will Rogers Institute and the Walter Reed Army Medical Center.
- He has also served as a consultant to the White House physicians, Drs. Burton Lee and Lawrence Mohr, Jr. during the presidency of George H. W. Bush.

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NAVAPD Staff

Editorial

Editor-in-Chief:
Samuel V. Spagnolo, MD
Managing Editor:
Larry H. Conway, RRT

Publishing

Communications Director:
Larry H. Conway, RRT

Contributor:

Kay Bulow

Operations

Website Administrator:
Andrew Vines

Legal Counsel

Robert Kirshner

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Search for New Veterans Affairs Secretary Continues

Since White House physician Dr. Ronny Jackson withdrew his nomination for Secretary of the Department of Veterans Affairs, President Trump has been searching for his next nominee for the critical role. A wide array of individuals have been mentioned, including Dr. Samuel Spagnolo, NAVAPD President as mentioned in another article in this newsletter.

As of press time, the most recent publicly named individual under consideration is Representative Brian Mast, 37, a Republican member of Congress from Florida. Mast was elected to the House in 2016. An Army veteran who lost both legs following being wounded in Afghanistan, he is the first member of Congress to open a satellite office in a VA facility. Mast has often voted with Trump on key



Brian Mast



Jeff Miller

issues.

White House officials have met with NAVAPD's Dr. Spagnolo, former Florida Rep. Jeff Miller, a Republican former Chairman of the House Veterans' Affairs Committee, and Ronald Nicol, a senior adviser to The Boston Consulting Group. Nicol helped organize the president's transition. Current Acting VA Secretary Robert Wilkie, a

former Pentagon undersecretary for personnel and readiness, is also being considered for the post.

VA officials have told some veterans groups it is possible that the agency won't have a permanent VA secretary in place for another three months, as Trump mulls various candidates. The VA faces operational issues requiring immediate attention. These include a multi-billion dollar revamp of electronic medical records. This is currently in limbo, as some members of Congress fear it will prove too costly and wasteful. There is also a budget shortfall for its private-sector Veterans Choice program. Legislation to resolve this passed the House but has not moved in the Senate. ✕

S. 2622 Introduced to Require Plans to Improve VA Facilities

A Bill has been introduced in the Senate to require directors of medical facilities of the Department of Veterans Affairs to submit plans to the Secretary of Veterans Affairs on how to improve such facilities, and for other purposes.

The Bill states the Secretary of Veterans Affairs shall require each director of a medical facility of the Department of Veterans Affairs to submit to the director of the facility's Veterans Integrated Service Network, not later than 90 days after the date of the enactment of this Act, a plan to improve such facility in such a fashion as would result in the facility obtaining a Department five-star rating.

The Bill further states that The Sec-

retary shall require each director of a Veterans Integrated Service Network to submit to the Secretary, not later than 60 days after receiving all of the plans under paragraph (1), a plan, based on the plans received under paragraph (1), to improve the facilities within the Veterans Integrated Service Network in such a fashion that would improve the rating of all facilities within the network.

The Secretary shall ensure that each plan submitted under this subsection includes sufficient detail regarding resources, personnel changes, hiring authorities, additional staffing, and changes to information systems as is necessary to obtain the rating described in paragraphs (1) and (2).

The Secretary shall ensure that, in the first fiscal year beginning after the date that is 90 days after the date of the enactment of this Act and not less frequently than once each fiscal year thereafter, each director of a Veterans Integrated Service Network in which a medical facility of the Department has a one-, two-, or three-star rating submits to the Secretary a report on the actions taken by the director to carry out the plan submitted by the director under subsection (a)(2) and to obtain for the facility the rating described in such subsection.

It is the sense of Congress that the Secretary of Veterans Affairs should make full use of the authorities provided by section 2 of the Enhancing Veteran Care Act (Public Law 115-95). ✕

VA Announces Aggressive Approach for Low-Performing Facilities

The U.S. Department of Veterans Affairs (VA) recently announced steps that it is taking as part of an aggressive new approach to produce rapid improvements at VA's low-performing medical facilities nationwide.

VA defines its low-performing facilities as those medical centers that receive the lowest score in its SAIL star rating system, or a one-star rating out of five. VA currently has 15 such one-star facilities: Hampton (Virginia); Harlingen (Texas); Roseburg (Oregon); Washington (DC); Big Spring (Texas); Denver (Colorado); Dublin (Georgia); El Paso (Texas); Jackson, (Mississippi); Loma Linda (California); Memphis (Tennessee); Murfreesboro (Tennessee); Nashville (Tennessee); Phoenix (Arizona); and Walla Walla (Washington).

The steps VA is taking to produce rapid improvements at its low-performing facilities include:

Central, national accountable lead-

ership – VA has designated Dr. Peter Almenoff, Director of VA's Office of Reporting, Analytics, Performance, Improvement and Deployment (RAPID) Healthcare Improvement Center, to oversee improvement at each of the centers. Dr. Almenoff reports directly to Dr. Carolyn Clancy, Executive in Charge of the Veterans Health Administration (VHA).

Comprehensive analysis and identification of improvement targets

– VA is employing a new initiative, known as Strategic Action Transformation (STAT), that uses a rigorous and formal approach based on clinical performance indicators to identify vulnerabilities in each low-performing facility and set specific targets for improvement.

Provision of national resources for improvement

– VA's RAPID team of experts will use sophisticated statistical tools to track the progress of improvement against these targets, and, where warranted, will dispatch a team of

expert improvement coaches quickly to the medical centers to assist them in meeting the goals.

Accountability for results –VA's Central Office will review each of the facilities quarterly, and if the facilities fail to make rapid substantial progress in their improvement plan, VA leadership will take prompt action, including changing the leadership of the medical center.

“President Trump has made it clear that our Veterans deserve only the best when it comes to their healthcare, and that's why we are focusing on improving our lowest performing facilities nationwide,” said then-VA Secretary David Shulkin. “We will employ tight timelines for facilities to demonstrate improvement, and if low performance persists, we will make swift changes – including replacing facility leaders – until we achieve the rapid improvements that Veterans and taxpayers expect from VA.” ✕

NAVAPD President Considered for VA Secretary (continued)

(Continued from page 1)

- As a teacher, he has personally directed the training of nearly 100 pulmonary specialists and critical care specialists and is an active lecturer on the subject of pulmonary and critical care medicine.
- As a researcher, he has directed major research projects funded by foundations and grants, supervised the publication of numerous medical journal publications, three textbooks and a number of book chapters.
- Served as President of the District of Columbia Thoracic Society.
- One of the founders and current President of the National Association

of Veterans Affairs Physicians and Dentists

- Five years as the American College of Chest Physicians (ACCP) Governor for the District of Columbia.
- He served on the editorial Board of CHEST, the official journal of the ACCP from 2002 to 2006.
- He has testified before the US Congress on various issues related to health care policy and quality of care.
- Dr. Spagnolo's long and distinguished academic career and his dedication to clinical care of patients, teaching, and research has given him extensive experience in

participating in conferences around the world as well as numerous radio and television appearances.

- Because of these interests, he founded the International Lung Foundation in 1991 and the Foundation for Veterans' Health Care in 1997.
 - Dr. Spagnolo is listed in Marquis Who's Who in the World, Who's Who in America and Who's Who in Medicine and Healthcare.
 - Dr. Spagnolo is married to the Hon. Dorcas R. Hardy, former Commissioner of Social Security.
- ✕

Isakson: Veterans Prioritized in 2018 Funding Bill

Applauds funding increase for U.S. Department of Veterans Affairs, urges Congress to act on additional reforms to improve efficiency of community care programs



Senator Johnny Isakson

U.S. Senator Johnny Isakson, R-Ga., chairman of the Senate Committee on Veterans' Affairs, recently applauded the inclusion of an additional discretionary funds for the U.S. Department of Veterans Affairs (VA) – an increase of \$7.1 billion from 2017 – in the fiscal year 2018 funding measure passed by the Senate by a 65-32 vote and now signed into law by the president. The bipartisan measure also prioritizes funding for a number of critical programs benefiting veterans including medical care, mental health and opioid treatment and prevention, ongoing electronic health record integration and burial benefits.

Earlier in the week Isakson, along with U.S. Senator Jon Tester, D-Mont., and U.S. Representative Phil Roe, R-Tenn., also appealed to House and Senate leaders crafting the bill to include an additional provision to reform the VA's community care programs. Unfortunately, that move was blocked by House Demo-

crats.

“As chairman of the Senate Committee on Veterans' Affairs, I'm extremely pleased to see Congress showing its commitment to our veterans,” said Isakson. “This legislation backs up the actions we have taken to improve the U.S. Department of Veterans Affairs with needed funding to provide the best care available. While I'm disappointed that we were not able to include important reforms to the veterans' healthcare system and expand assistance to veterans' family caregivers, I'm committed to continue working to advance that bipartisan legislation until it reaches the president's desk. Our veterans deserve nothing less.”

The funding bill provides a total of \$81.5 billion in discretionary spending for VA's health, construction and other administrative programs. This includes an increase of \$5.1 billion for the Veterans Health Administration, \$782 million for much needed modernization of the VA's electronic health records, and \$2 billion for VA infrastructure projects.

The appropriations bill will fund the government through the end of fiscal year 2018, which ends of Sept. 31, 2018. The House passed the bill 256-167 on Thursday, March 22.

Isakson hopes to bring the *Caring for Our Veterans Act* to the full Senate for a vote after Congress returns from recess to address important reforms to veterans' health care.

Highlights of the funding measure are included below:

Opioid Treatment and Overdose Prevention

Included in the fiscal year 2018 funding measure is \$385.8 million, a \$12.5 million increase, to fund opioid treatment and overdose prevention throughout the VA.

Medical Care

In addition to the amounts advanced appropriated for medical care for fiscal year 2018, the bill provides a \$3.1 billion boost for medical care in fiscal year 2018. For fiscal year 2019, the bill provides \$70.7 billion for the VA's four medical care accounts.

Veterans Electronic Health Record

The funding measure provides \$782 million to begin the contract to modernize the VA's electronic health record and, eventually, to fully integrate them with the US Department of Defense.

Arlington National Cemetery

The funding measure includes \$80.8 million for Army National Cemeteries operations, an increase of \$10 million over fiscal year 2017 levels, as well as an additional \$167 million for planning, design and construction of the Arlington National Cemetery Southern Expansion project.

Construction

The bill provides \$855 million for major and minor construction within the VA. In addition, \$2 billion is provided for infrastructure repair, with the funding allocated to minor construction, non-recurring maintenance and grants for state retirement homes for veterans. ☐

Chair, House Appropriations Subcommittee Resigns May 2018

Rep. Charlie Dent, Chairman of House Appropriations Subcommittee on Military Construction and Veterans Affairs, announced recently that he plans to resign from Congress next month instead of retiring at the end of the current session as he had originally announced.

"After discussions with my family and careful reflection, I have decided to leave Congress in the coming weeks," Dent, a Pennsylvania Republican, said in a statement. His office said he will step down in May. Dent had said in September that he

would retire from Congress at the end of 2018.

Dent did not offer a specific reason for his early departure, though he has often been critical of his party's positions and tactics, especially those members of the conservative Freedom Caucus.

Asked last week if GOP incumbents were feeling the effects of a taxing midterms environment, said, "I think there's a lot of weariness and a lot of exhaustion, frankly. This is going to be a challenging year." His announcement came nearly a

week after Speaker of the House Paul Ryan, R-Wis., announced that he would not seek re-election in November, as a growing number of House Republicans opt out.

Dent recently introduced a bill along with Rep. Peter Welch, D-Vt., to protect special counsels amid the possibility that President Donald Trump could take steps to fire special counsel Robert Mueller, who is leading the Russia investigation. Dent has served in Congress since 2005 and chaired the House Ethics Committee from 2015 to 2017. ✕

H.R. 5215, the VA Purchase Card Misuse Mitigation Act

This information provided by Congressman Jack Bergman's Office.

Subcommittee on Oversight and Investigations Chairman Jack Bergman (R-Mich.), along with House Committee on Veterans' Affairs members Rep. Mike Bost (R-Ill.), Rep. Neal Dunn (R-Fla.) and Rep. Kathleen Rice (D-N.Y.), introduced legislation to prevent misuse of VA's purchase cards.

"When it comes to the care and treatment of our Veterans, accountability is my top concern," said Bergman. "We must ensure every penny of taxpayer money is being used appropriately. Many federal entities have operated without proper oversight for far too long, leaving room for fraud, abuse, and most commonly, misuse of taxpayer dollars. H.R. 5215, the *Veterans Affairs Purchase Card Misuse Mitigation Act*, is an appropriate and necessary next step to ensure that VA is properly using the resources they have been allocated."

"H.R. 5215 will require the Secretary of VA to revoke a purchase card from any VA employee who is found to have misused their card. Credit card limits for VA purchase cards more than doubled as a result of the 2018 National Defense Authorization Act (NDAA). This change allows flexibility and versatility while caring for our Veterans but also increases the risk for credit card misuse. With that in mind, establishing this oversight on the front end is key to mitigating waste, fraud, and misuse within VA. I'm proud to introduce this bipartisan bill with Reps. Bost, Dunn and Rice."

"This vitally important legislation not only punishes bad actors at the VA who misuse funds, but also will prevent future misuse of taxpayer dollars," said Bost. "We can't always predict bad behavior, but we can put in place systems that lessen taxpayer exposure to it." "Purchase card misuse has been an ongoing issue at the VA for years," said Dunn. "They have wast-

ed millions of taxpayer dollars on overpriced and sometimes unauthorized supplies. Our veterans deserve better. By increasing accountability and enforcing current rules at the VA, this legislation will ensure that VA employees are spending taxpayer dollars efficiently for the benefit of our veterans."

The Veterans Affairs Purchase Card Misuse Mitigation Act

The Veterans Affairs Purchase Card Misuse Mitigation Act, introduced by O&I Chairman Bergman, Rep. Bost, Rep. Dunn and Rep. Rice, would prevent misuse of purchase card spending by requiring the VA Secretary to revoke the purchase card from any employee who is found to have knowingly misused their card or approval authority. This safeguard would prevent further misuse of government funds while existing penalties, ranging from suspension to demotion to removal, are considered for the wrongdoer. ✕

D.C. VA Medical Center Demonstrates Significant Improvement

VA Makes System-Wide Enhancements to Prevent Future Issues

In March, prior to his departure, the Secretary of Veterans Affairs (VA) outlined a series of major improvements undertaken at the Washington, D.C., VA Medical Center (DCVAMC) in the 11 months since the VA's Office of the Inspector General (OIG) released an interim report critical of the medical center.

In April 2017, VA Secretary David Shulkin immediately began replacing key members of the leadership team, bringing in Larry Connell as the acting medical center director. In addition to Connell, the facility also has a new acting deputy director, acting assistant director, a new nurse executive and a new chief of logistics.

"We appreciate the work of the OIG," Shulkin said. "Their report is a critical step in improving the overall performance of this facility. Further,

it is especially valuable as VA strives to markedly improve the care we provide to our Veterans and as we move forward in restoring Veterans' confidence in the medical care they receive."

Important actions taken and progress made at the DCVAMC include:

- Eliminated all pending prosthetics consults greater than 30 days – from 9,000 to zero.
- Established the Incident Command Center (ICC), providing for a robust oversight process that identified and promptly addressed new supply or equipment shortages, and instituted a 24-hour hotline for ordering urgent and emergent medical supplies.
- Awarded a contract to construct a 14,200-square-foot space for the Sterile Processing Service. The \$8.9 million project will be completed in March 2019.

- Transitioned inventory to the General Inventory Package, and the periodic automatic replenishment levels are validated to ensure stock outages do not occur.

- Off-site, warehouse secured with restricted access to protect medical equipment and supplies.
- Thirty-six Logistics, Sterile Processing Service vacancies have been filled and seven positions remain under recruitment.

Shulkin also announced several proactive steps to help correct and prevent similar problems, including: tasking independent health-care management experts to begin making unannounced on-site audits at VA facilities, VA-wide staffing reviews, restructuring logistics to decentralize accountability, establishing new governance oversight for medical center performance and restructuring VA Central Office. ☒

Summary: H.R.3169 – Acquisition Workforce Improvement Act

VA Acquisition Workforce Improvement and Streamlining Act Introduced in House 7/10/2017

This bill directs the Department of Veterans Affairs (VA) to implement certain training curricula and certification programs for specified logistics, construction, or facilities management employees of VA or the Veterans Health Administration (VHA).

The VA may develop such: (1) curricula in a manner that provides

such training in person, over a website, or by another federal agency; and (2) certification programs in a manner that uses either one level of certification or more than one level as appropriate for different grades of the General Schedule.

The VA shall prioritize the use of acquisition internship programs to hire employees in entry-level, acquisition positions. The VA shall develop a plan to reduce duplication and increase efficiencies of the VA's acquisition functions in a manner that

achieves cost savings necessary to carry out such training, certification, and acquisition internship programs. The VA shall determine whether to: (1) consolidate or abolish certain service area and program contacting activity offices and transfer their functions to certain other VA or VHA facilities; and (2) consolidate specified functions of the VA's Office of Acquisition, Logistics, and Construction and the VHA's Procurement and Logistics Office into one such office. ☒

VA to Make Final Decision on New EHR by May 28 — Report

According to reports, Robert Wilkie, the acting secretary of the U.S. Department of Veterans Affairs, will make a decision on whether to move forward with an acquisition contract with Cerner for a new electronic health record (EHR) system by May 28, Memorial Day, according to VA leaders.

During a Senate appropriations subcommittee hearing on Wednesday, Jon Rychalski, assistant secretary for management and chief financial officer at the VA, provided lawmakers with an update on the timeline for the EHR procurement. The hearing was focused on the VA's Fiscal Year 2019 budget request. During the same subcommittee hearing, several lawmakers raised concerns about what they called a "leadership vacuum" at the VA and the ongoing delays with the EHR acquisition contract.

"[Wilkie] has said he is going to make a decision by Memorial Day," Rychalski told lawmakers Wednesday, adding that Wilkie "came in cold" with regard to the VA's EHR modernization. "He knew what was going on with DoD but not enough about the VA, and he wanted to do due diligence to make sure he was comfortable in making a decision of this magnitude. So that's the reason for the second delay. Before that they were looking at the contract and interoperability and that was probably worthwhile because they came up with about 50 recommendations to improve it."

In an emailed response, VA Press Secretary Curt Cashour said, "Finalizing a decision on the Department's electronic health record modernization (EHRM) effort is one of Acting Secretary Wilkie's top three short-term priorities for VA, given the importance, magnitude and financial investment that this decision represents for Veterans and the department."

Further, Cashour said, "While VA doesn't typically comment on ongoing contract negotiations, proper due dili-

gence is required to ensure the best interests of Veterans and taxpayers are served before the department enters into any agreement of this size and importance. We are doing that now, and expect to make a final decision and corresponding announcement on EHRM in the coming weeks."

It's been almost a year since the VA announced that it will replace its aging VistA EHR system, by adopting the Cerner EHR system, the same platform as the U.S. Department of Defense (DoD). Since then, senators have pushed the agency for a timeline for the EHR project and for plans to ensure that the technology systems of the VA and DoD will be integrated. During an October House Committee on Veterans' Affairs hearing, Shulkin told lawmakers that it will be seven or eight years before Cerner's EHR system is fully implemented throughout all VA locations.

Following President Trump's March 2018 dismissal of VA Secretary David Shulkin, M.D., negotiations between VA and Cerner were delayed. In December 2017, Shulkin had previously announced "a strategic pause" in the EHR acquisition process, to assure national interoperability language contained in the Request for Proposal that would ultimately support an EHR contract award. 51 recommendations were produced and the agency was building these into the contract with Cerner.

Senator Brian Schatz (D-Hawaii), ranking member of the appropriations subcommittee, said during the hearing, "I'm concerned that no amount of money from Congress can fix the leadership issues at VA. The department is losing qualified professionals, seemingly by the day, and that includes Scott Blackburn, the person overseeing the EHR transformation, who quit in mid-April," he said. "This is turning into a crisis for our veterans and the 360,000 employees who serve them every day." He further said, "There needs to be leadership, trust, collaboration, accountability and stability, all of

which are currently lacking. I hope with Congressional oversight, the VA can find its footing again."

Late last year, the VA submitted a formal request to congressional appropriators to reprogram \$782 million of Fiscal Year 2018 funding to kick start its planned procurement of the Cerner EHR. The VA's FY2019 budget request includes \$1.2 billion for EHR modernization. According to the latest data provided to Congress, it will cost the agency a total of \$15.8 billion over 10 years to implement the system, Reports have surfaced that the contract will be in the \$10 billion range, making it one of the largest health IT implementations in history. However, other reports have put the total figure in the \$15 to \$16-billion-dollar range.

During the hearing, Schatz questioned the need to appropriate another \$1.2 billion when the contract was currently not moving forward. "I don't understand that if VA hasn't spent the hundreds of millions of dollars that have already been appropriated for this new system, then why would VA then request \$1.2 billion on top of it. We have a fixed amount of money in our allocation and it makes little sense to give the VA more money for the EHR system, so it can sit in an account while this all gets sorted out."

In response to these and other questions about the request, Rychalski implied that the VA would be moving forward on an EHR acquisition in the near future. He explained that a "substantial amount," about \$1.1 billion, would go to the prime vendor and the balance would be for infrastructure and equipment. According to Rychalski, there is a three-year period of availability for the reprogrammed funding of \$782 million. "We're not going to use all of the \$782 million this year, but \$160 million will carry over to next year. There is a plan for it and we are projecting the need. We don't anticipate a substantial delay with the first increment of this." ❧

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

Phone: (866) 836-3520



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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.

Officers/Directors

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Samuel V. Spagnolo, M.D.
Washington, DC

Vice President:

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Secretary:

Ronald J. Gurrera, M.D.
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Stephen P. Rosenthal, M.D.
Miami, FL

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