SAPA JOURNAL

The Society of Army Physician Assistants

P O Box 07490, Fort Myers, FL 33919 Phone & Fax (239) 482-2162

Vol. 21, NO. 2 A Civilian Organization Representing Army PAs May/Jun 2009

SAPA SCHOLARSHIP FUND

The SAPA organization has sponsored a scholarship fund for many years and has awarded several thousand dollars to worthy recipients.

In the past the largess of the pharmaceutical companies has provided the financial basis for the fund, but with the financial rulings that have been issued over the past few years that 'gravy train' has all but dried up.

We addressed this problem in the October 2008 issue in an article by Stan Shank "The SAPA Scholarship Program Reflections on the Past and a Look to the Future".

Unfortunately, Stans hopes and aspirations of receiving $25,000.00 by the 2009 SAPA meeting fell somewhat short of that goal. In fact we have received only $200.00 (unless there have been donations that I have not been made privy to) and half of that was donated by Mr Shank himself in honor of Robert (Bob) Scully an SF medic peer of Stan's and for the few who may not be aware, he was also the first PA Consultant to the Army Surgeon General.

The second $100.00 was donated in the honor of Joe Hatch who was also a Class 7 classmate of urs truly and before his retirement was in charge of determining what went into the 'Kits, Sets and Supplies" for battalion aid stations. Regardless of whether he made them perfect or not, he did vastly improve the contents over what we had to work with before. Before Joe's intervention we all had two "sets" one for inspections and one to work from.

The donor wishes to remain anonymous.

I had reservations about meeting Stan's goal, but I am extremely disappointed in the incredibly poor response.

I urge you to think again and dig deep. This is for an extremely worthy cause and one you can be proud of supporting. The profession has been good to and for you, take a moment and "give back".

30 YEARS OF PA RECERTIFICATION

We recently celebrated the 30th SAPA recertification convention in Fayetteville, NC.

In spite of dire warnings of cold, wet and generally miserable weather, we enjoyed seasonably decent weather, with only a couple of days of 'misery'.

Except for some mild side winds (blowing vehicles about) the weather for the golf tournement was pleasant and we also managed a few hours of sunning ourselves at the patio with a glass (bottle or can) of cool libations whilest recalling falsehoods of our youthful prowess.

The staff deserves the highest accolades for once more putting together a professional and meaningful continueing medical education seminar confirming the paradigm of excellence they have established for the profession. I salute Pat Malone, Bob Potter and the untiring support of the many others who make this meeting the success that it is.

We enjoyed a patio BBQ on Sunday afternoon followed by an evening of music provided by "Jammin Jimmy" and Kenny Dye. Well, sort of, the "Jimmy" part of the team was doing duty in the 'sand box'. However, Kenny did an outstanding job of providing musical entertainment, including several evenings of karaoke.

The days were packed with first class CME along with officers interviews, official meetings and luncheons.

The president's reception was well attended and the food was plentiful and tasty as usual. The hotel chef does a fantastic job.

Ballroom entertainment was provided by " Land of OZ" who are a perennial favorite.

All in all, we had a delightful time, and if you were not there, you missed a great meeting and I encourage you strongly to plan on attending next year.

SAPA OFFICERS

SOCIETY OF ARMY PHYSICIAN ASSISTANTS
P O Box 07490, FT. MYERS, FL 33919-6402
Phone and Fax - 239-482-2162
Executive Director: Harold E. Slusher, PA-C
Address and phone as above, e-mail - hal.slusher@juno.com
SAPA Web Page: http://www.sapa.org (Webmaster: **Orie Potter**)

PRESIDENT
Stephen W. Ward, PA-C
email: swardpac@ctvea.net

PRESIDENT ELECT
Sherry Womack, Major, SP, PA-C

IMMEDIATE PAST PRESIDENT
Pat Malone PA-C

SECRETARY
Karen McMillan, PA-C
email: kl4u@comcast.net

TREASURER
James L.C. Miller, PA-C
e-mail - jmillx2@earthlink.net

DIRECTOR, ACTIVE DUTY ARMY PAs
Theresa Martin, Capt., SP, U.S. Army
e-mail
DIRECTOR, US ARMY NATIONAL GUARD PAS
Nolan Wright, Capt., Texas State Army National Guard
e-mail:
DIRECTOR, US ARMY RESERVE PAS
LTC Frank Piper, Jr., SP, PA-C
e-mail; Fchiefs@sbcglobal.net
MEMBERSHIP DIRECTOR
Jan (Casey) Bond, PA-C
EMAIL: casey.bond@earthlink.net

SAPA CONFERENCE STAFF

CONFERENCE COORDINATOR: Bob Potter, PA-C
PO Box 623
2Monmouth, IL 61462
SAPA Voice Line: 309-734-5446
Fax: 309-734-4489
e-mail: orpotter@aol.com
CONFERENCE REGISTRAR: Bob Potter, PA-C
Inbfo for Bob Potter same as immediately above
ASST. CONFERNECE COORDINATOR:
David M. Paulson, PA-C
e-mail: DNORSK3@aol.com
CO-REGISTRAR: Judy Potter
DECORUM AND MORALE: Nicole Potter
e-mail: pottercats@aol.com

SALES AND MARKETING: Stephen Ward, PA-C, Bob Egbert, PAC, Tom Matherly, PA-C

MODERATORS/AUDIO-VISUAL: LCDR Irwin Fish,, PA-C

SAPA JOURNAL STAFF

Editor: **John Wootton, PhD, PA-C**
email: sapa.editor@gmail.com

COMMITTEES

SCHOLARSHIPS/AWARDS
LTC-R Donald Parsons, PA-C (Chair)
COL -R Sherry Morrey, PA-C
CW4-R Marvin W. Cole, PA-C
LTC Donald Black, SP, PA-C (POC for Captain Sean P. Grimes Physician Assistant Educational Scholarship Award)
email: donald.black@se.amedd.army.mil

SAPA HISTORIAN
William Long, PA-C

MINORITY AFFAIRS
Karen McMillan, PA-C

PUBLIC EDUCATION
Harold E. Slusher, PA-C

PROFESSIONAL WELLNESS
Michael Champion, PA-C

LEGISLATIVE AFFAIRS
Harold E. Slusher, PA-C

DELEGATES TO AAPA HOUSE OF DELEGATES
Pat Malone, PA-C (Chief Delegate)
Stephen W. Ward, PA-C

ACADEMY LIASON
LTC Pauline Gross, SP, PA-C
e-mail: pauline.gross@us.army.mil

COMMUNICATIONS/ELECTRONICS
Stephen Ward, PA-C
Irvin Fish, PA-C
Bob Potter, PA-C

The SAPA Journal staff and SAPA Board of Directors encourages membership participation in this publication. Feel free to use this forum to present your views on any topic you desire. The publication of clinical articles on any subject is also solicited, however, to reduce our workload, we do request articles be presented typed, double-spaced format, and on CD, Microsoft Word format. The editor reserves the right of final acceptance of articles as well as the right to serialize articles which are too lengthy to be included in a single issue. Articles will be accepted via email. ed

The SAPA Journal is the official publication of the Society of Army Physician Assistants. The views and opinions expressed herein are not necessarily those of the editors, SAPA, the SAPA Board of Directors or the Department of the Army unless explicitly expressed as such.

This is not an official Army Publication.

TO: BOARD OF DIRECTORS

REFERENCE: ELECTION RESULTS

After a counting of the ballots by both the executive director and the elections officer (current President-Elect, Stephen W. Ward) the following results are submitted to the Board of Directors:

1. President-elect: Sherry Womack, Major, SP, U.S. Army
2. Secretary: Karen McMillan, Capt., U.S. Army Retired
3. Treasurer: Jim Miller, Lieut. Col., U.S. Army Retired
4. DIRECTOR OF ACTIVE DUTY: Theresa Martin, Capt., SP, U.S. Army
5. DIRECTOR OF RESERVES: Frank Piper, Lieut. Col.(P), SP, USAR
6. DIRECTOR OF NATIONAL GUARD: Nolan Wright, Capt., Texas State Army National Guard
7. DELEGATE TO THE AAPA HOUSE OF DELEGATES (2010): Harold Slusher, U.S. Army Retired
8. ALTERNATE DELEGATE TO AAPA HOUSE OF DELEGATES (2010),
   Bob Potter, PA-C, U.S. Army Retired
   Pauline Gross, Col., SP U.S. Army
   Casey Bond, PA-C, U.S. Army Retired
9. Proposed amendment to the Constitution and bylaws, add the position: DIRECTOR OF U.S. ARMY RETIRED COMPONENT in Constitution Article V-Officers, in bylaw Article V-Election of Officers and Directors-Section III, in bylaw Article V-Election of Officers- Section VII. The proposed amendment passed by 92.8% majority.

This accounting of the election results of 2009 is respectfully submitted to the Board of Directors and the general membership.

Stephen W. Ward, MPAS, PA-C DFAAPA
President-Elect, SAPA
3018 Thornberry Circle
Phenix City, AL 36867

Note from Nick Vigil

Please let the society know and I send my gratefullness for their assistance from bottom of my heart and the wife is very thankful.

I just wanted to let you know I am alive and back home. on the 18th of May I was air evac to rehab in Colorado Springs. Released to home and outpttient rehab. Partially disabled use of legs, longterm memory and getting back right arm. Hope I will return to work in 6 months or sooner. I was told I was struck by a car, air lifted to UNC Chapel Hill, NC. Was in coma for 2 weeks. Was glassgow coma scale 3, had arachnoid bleed, TBI frontal and temporal lobes and C-5 fracture with multiple HNPs, but doing better and hoping to have the neck collar off soon.
A big thanks to all.
Nick
Ed. note: For those not aware, Nick was struck by an automobile while crossing the highway in front of the Holiday Inn while attending the conference in Fayetteville this year. We are all grateful for the answer to our prayers and that he has survived and is regaining function.

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Rules for Rendering Hand Salute of U.S. Flag

New Law Allows Retirees and Vets to Salute Flag
Traditionally, members of the nation's veterans service organizations have rendered the hand-salute during the national anthem and at events involving the national flag only while wearing their organization's official head-gear.
The National Defense Authorization Act of 2008 contained an amendment to allow un-uniformed servicemembers, military retirees, and veterans to render a hand salute during the hoisting, lowering, or passing of the U.S. flag.
A later amendment further authorized hand-salutes during the national anthem by veterans and out-of-uniform military personnel. This was included in the Defense Authorization Act of 2009, which President Bush signed on Oct. 14,

VIEW FROM THE OTHER SIDE OF THE TABLE . . . . . .PART TWO
BY HAL SLUSHER.

We started this saga in the last issue, and ran out of space, so for all of you who are waiting on 'tenter hooks" here is 'the rest of the story"

The nurses however were wonderful. Kay and I had made some very good friends while there. Some would even drop by on their off time and sit down to talk for a while. Some would bring their small children by to see us after they picked them up from day care. We always appreciated this and enjoyed their company. That night one of the nurses came to the room and spoke with me frankly. She told me that it was useless to be depressed and regardless of what the doctors said, miracles do happen and she and the rest of the staff would be praying for me. For one of the few times in my life, I was speechless and could only stammer out a few words of thanks and appreciation. What had I done to engender such love and support? I am not very likable so it must have been Kay.

Speaking of Kay, I would not be here today if it were not for her. I am convinced of that. She spent every night with me except when I was in Surgical ICU. (The cardiac floor had Murphy beds that pulled out of the wall so someone could spend the night with their loved one.) I never saw her cry or look sad or depressed. She was always upbeat and positive even in the darkest times. She later admitted that when she went home to shower and feed the cats that she did her crying there. She was right beside me when tubes were pulled or dressings were changed. She knew all the nurses, aides, dietary, lab and housekeepers by name and cheerfully greeted them when they came in as well as engaged them in conversation. I could tell that everyone loved her, especially me! Her attitude rubbed off on me and I tried to appear cheerful even though at times I found that I had almost given up. I made it a point to thank everyone who came in, whether it was to deliver meals, take vital signs, give meds, clean the room, make the beds or whatever. I know that people need to feel appreciated regardless of how mundane their jobs may appear to be. Most noticed and we could tell it affected their attitude also. I tried not to complain or to be my own doctor. Sometimes I had to do a little gentle prodding or suggesting, but not often.

Speaking of Kay, ... I could tell that everyone loved her, especially me

The nurses were right. Miracles do happen. Even though the last surgery was deemed unsuccessful, I slowly began to improve. We had discussed ways to get the blood count back up and even though erythropoietin is not supposed to work for this indication, it was tried and the H&H started to rise. Lovenox was started in place of heparin which was a blessing to me, two injections a day instead of drawing APTT 4 times a day. By the way it was about this time that patients in this hospital and around the country were having reactions to heparin purchased from a certain foreign country so I was glad to get away from that drug. Cardiac, respiratory and renal functions stabilized and there was no more CHF even though I was no longer taking a diuretic.

All tubes were out and when the PT was forcing me to get up and walk the hallways, I did not have to drag and carry multiple IV stands and bags. Life is good. Discharge planning began and I had what I called a PT test to see if I could function at home. I passed. It was set up to have home visits from a nurse and a PT for 30 days. By the way, I overdid it doing the Physical Therapy and developed an inguinal hernia which sharply curtailed my rehab and will eventually require surgery.

I thought that with all the time I had worked in hospitals during my training and employment that I was an expert!

So home I went. Practically everyone on the floor came to my room to say good bye and to wish me well. I admit it, tears came to my eyes. I had lost about 40 pounds, had so many tubes stuck down my throat that I could barely talk, had received 12 units of blood, still had a bad valve which was leaking, had atrophied muscles and the strength of a newborn kitten, but was euphoric to be leaving the hospital from the front door instead of the morgue. I tried to insist on driving home, but Kay threatened me with bodily harm so I backed off. I paid her back by back seat driving all the way home. It's a good thing we only live a couple of miles from the hospital.

A. This is not a one man operation. As I said before, when I went in, I turned everything over to the Man Upstairs. I would do everything in my power to ensure a successful outcome, but in the final analysis, His will be done. A few times I thought that I would not survive, but I was resigned and was not afraid. Never did I want to die and never did I give up.

So many other people were involved who also did everything in their power. There was a lot of skill involved, but more importantly there was a whole lot of faith.

Don't sweat the small stuff and most stuff is small.....The really big stuff is family and friends.

B. A person can tolerate much more than what he believes he is capable. I was well aware of what is involved in going through major surgery, but only marginally. When I found myself on the bed instead of beside it, I realized what it was like to have almost constant pain, to grab a few minutes of sleep in between someone coming in to fiddle with the equipment which was attached to my body, to be the recipient of having tubes inserted into places where tubes don't normally belong and to realize that I could very easily die. This was extremely enlightening.

C. As a participant from either the sidelines, operating tableside or bedside, I found that often I had viewed the suffering in a detached manner and the longer I worked in medicine, the more detached I became. That is until I began working for the VA in 1979. Working only in an outpatient setting, I became quite attached to many of my patients especially those from WWI. Slowly and one by one as they became older and more frail, I watched them die off. I began examining my own past and remembered the suffering of my mother as she died of colon cancer when I was 16. Few had insurance back then so when all our family resources were expended, she was sent home to die. I was taught to give injections and so kept her pain free during the last few months of her life. I remembered my own wounds and hospitalizations in Vietnam and elsewhere. I was young then and invincible so didn't allow myself to suffer but just counted the days until I could get back to my unit. As I grew older and more of my aged patients died, I became more aware of my own mortality so began to more appreciate that of my patients.

D. Patients are not just patients but are human beings with fears and needs that must be addressed and met. One must never lose sight of that fact.

E. See A above. There are a large number of people who are involved with a patient. From the reception staff through medical/surgical, nursing, lab, pharmacy, housekeeping, radiology, dietary, administration to discharge staff. Many who interact with the patient many who do not. I was very fortunate to have many good people around me who worked above and beyond to ensure that my care was the very best it could be.

F. Don't sweat the small stuff, and most stuff is small. Work hard on the big stuff and the small stuff will take care of itself. The really big stuff is family and friends.

G. The concern that was shown by my many friends and acquaintances was overwhelming. I received hundreds of cards, emails and calls. Some sent cards weekly or more often. I was touched by one who made a donation so that someone would pray for me at Lourdes. The expressions of love and concern and the many prayers that were offered in my behalf were thankfully received and greatly appreciated. I thank each and every one of you.

H. Prayers do work.

Hal Slusher

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

LOST CONTACT

In a message dated 6/9/2009 3:28:43 P.M. Central Daylight Time, rfeeley@verizon.net writes:

I am an army PA looking to locate any contact info for a classmate of mine from PA school (US Army grad 1994). His name is Eric Schmidt (? spelling of last name). He is a retired army Special Forces PA from Fayetteville, NC.

I appreciate any help in locating him

Thanks Ray Feeley

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Just a few words on health care and where we are going.

Unless you have been hiding in the bottom of a coal mine, you are aware of some of the proposed changes that our governement wants to apply to health care delivery in the United States.

In spite of the reassurances, it appears that we may very well be headed for a form of socialized medicine.

I'm not sure that we will be happy with the results. Most of us have visited Europpean countries (and Canada)where socialized medical care is the norm.

Decreased choice of providers, decreased choice of medicines, for the patient and for the provider to choose from. Prolonged waiting for essential diagnostic testing and procedures will lead to progression of disease states before adequate treatment can begin.

As with all things manged by a central offcie, the cost will escalate with the ineffeciency.

And the worst part will be rationed, care, especially for the elderly. There is also the possibility that private care may become illegal! I'm out of space, but food for thought. ed.

From: Frank Piper
Sent: Jun 5, 2009 7:28 PM

Federal reservists to receive pay supplements

By Stephen Losey - Staff writer
Posted : Monday Apr 6, 2009 17:42:53 EDT

Federal civilian employees in the National Guard and Reserve whose income drops when they are mobilized for active-duty service will receive salary supplements to make up the difference.

The supplemental payments begin with the pay period that began March 15, the Office of Personnel Management said in an April 3 memo.

OPM will count locality pay and special rate supplements when determining employees' basic federal pay. OPM and Defense still must decide what allowances to include when determining basic military pay.

The requirement for the supplemental pay was ordered in the 2009 appropriations bill passed last month.

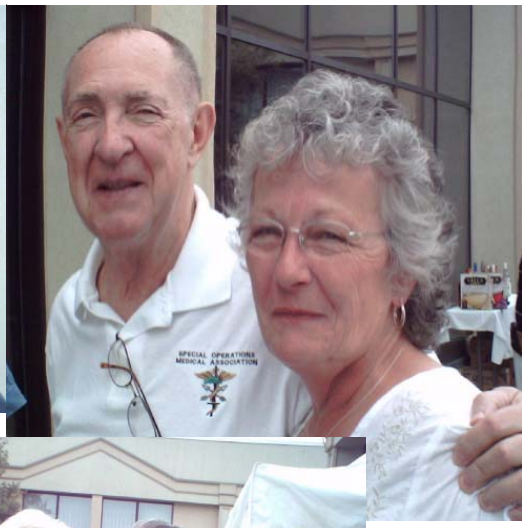
Until now, only a very few federal civilian employees who served in the reserve components were eligible for partial income replacement.

Under the Pentagon's three-year-old Reserve Income Replacement Program, defense civilian employees in the National Guard and Reserve whose military income when mobilized is at least $50 a month less than their civilian wages earn up to $3,000 per month in extra pay when called up.

But that program had strict requirements on how much continuous service one had to complete before qualifying for extra payments, which greatly limited the number of people eligible.

But this program, which applies to employees at all agencies, has no requirements regarding how much time one must be mobilized to qualify, and no limits on extra pay one can receive.

LTC (P) Frank Piper, MS, MPAS, PA-C
DCCS, 325th Combat Support Hospital
Reserve / National Guard Chief PA Consultant



A few pics from the 2009 conference We had phun!

Hope and Change (an editorial)

No this is not about our fearless leader but about SAPA hoping for change.
We just recently held our 30th conference and it appears to this casual observer that we have had some change in the wrong direction. Our attendance is down markedly from a few years ago.
Our class room used to be brim full and overflowing with people standing at the back and along the walls.
This year every presentation had a significant number of empty seats, even blocks of empty seats.
When we first began, we were one of the few sources of quality CME for Physician Assistants. In fact that was the reason for our foundation, to provide quality CME for military PAs who were stationed in isolated assignments where CME was not available.
Over the years as our reputation grew and spread, non-military PAs started attending in significant numbers, as they also couldn't get the CME they needed either, especially at the bargain price we offer.
However, today, cheap, or free CME is readily available by mail and over the internet to everyone.
Soldiers in Afghanistan can get all the CME they need on computer! Will marvels never cease?
We still offer excellent, high quality CME however, the demand no longer exists . We have not quite fallen to the level of the buggy whip, but we are offering a product that is just too plentiful elswhere and free.
To add insult to injury, the pharmaceutical companies no longer provide "freebies" and quality handouts due to PC restrictions. As they offer less, the attendees interest in their product decrease. And that becomes a vicious cycle. The amount of money they are willing to spend for the conference decreases as the number of attendees fade.
The conference is still well attended by Army PAs as they not only get CME, they also "take care of business". Personal professional business like review of official records and assignment interviews while attending the conference. This essential and valuable 'product' will keep Army PAs coming.
We can choose to "change" to our original roots, and provide service only to Army PAs, after all, that is who we are.

However if we are to remain healthy and continue to be a viable PA organization in the national community that we have become, we must offer 'products' that are of interest and value to other Physician Assistants.
A 'product' I used to look forward to and used was the ACLS course we used to provide. However, it was offered as an 'add on' (on the week-end) not as a 'breakout' workshop.
All PAs need CPR/BLS certification, however, unless you work for a hospital or very large group we have to look for a training source.
Cast application workshops are always popular when offered as many PAs do not get a chance to maintain (or even learn) this valuable skill. We don't use it all the time but the need does arise from time to time in our careers.
PALS and ATLS are specialty certifications that are extremely valuable to have but are difficult to obtain due to limited availability.
These 'breakout' workshops should be offered at the same time as our regular CME is being presented; rather then on week-ends or in the evenings thus not requiring an investment of extra time providing the attendees a "choice".

We have a very successful and useful 'sales table' However, I think we are missing the boat by not offering other products. Every PA needs a stethoscope and may even require two. We could offer two levels of quality, a 'cheapie' for 10 or 15 dollars, the kind you might leave in your car or even buy extra for the office, and a quality personal product for $65- $85. The specialty (and pricey) cardiac models probably would not move fast enough to make them profitable. However, even they would be an attractive service.
The drug reps have even stopped offering pens. Everyone always took pens back to the office. We could offer not ONE pen but boxes of pens for a reasonable but still profitable price.
Even reflex hammers and pen lights are common tools that we all need and with the free source drying up, we are going to have to purchase them somewhere. All of these items are durable and have an unlimited shelf life (except for battery powered flash lights)

These are only a few changes that we might consider, I am sure there are many others and I encourage you to submit your thoughts.
If we lose too much impetus, we will never gain it back, therefore I urge that we take action in a timely fashion.

John Wootton PA-C

~ ~

PEARL: Listening to a small child's lungs, getting them to breath deeply is difficult. Hold your pen light 'on' in front of them and tell them to blow it out'. They will like that game and cooperate fully. Giving you plenty of air movement to listen to.

SOCIETY OF ARMY PHYSICIAN ASSISTANTS
P. O. BOX 07490
Fort Myers, FL 33919 **First Class**

ADDRESS SERVICES REQUESTED

JOURNAL ARTICLES by John Wootton PA-C ed

Being editor of the SAPA journal has been an interesting and enlightening experience.

Let me share some 'pearls' I have learned from the exposure. You only get out what you put in. The editor is responsible for organizing, proofing and printing the information. He/she is NOT the reporter. Well, at least should not be. The information is supposed to come from the constituents who are sharing information they have come across that is valuable/ interesting or their opinions. Everyone has an opinion, amongst other valuable assets, or at least I am told.

We have 8 pages, two of which are generic; banner, organization information and mailing area which leaves 6 pages for articles.

Editorialists (standard newspapers) are limited to 600 words for their articles. You should be able to get your idea across using that number of words and the size (space) is manageable in the limited format of a newspaper/letter.

Five and six page dissertations have no place in a monthly newsletter.

I serialized Hal's "Letter from the Other Side of the Table because , 1) he is the Executive Director, and 2) it was an extremely valuable article. However, serializing is generally not desirable as the reader looses the thread of thought and thus the intent of the writer, making the exercise a waste of time and effort.

I have a six page article in que which may or may not get published. It is an interesting article, but much too cumbersome to use. The editor has the right to manipulate information to 'make it fit" however, condensation ala Readers Digest is not our job. I will pass it on the next editor for consideration.

Which brings me to my adieu, do to health problems, the reason this issue is so late, I must abdicate my position as editor. May God Bless each of you and this country. Fare thee well.

Used with permission by K. Price Randle
www.AviationArtHangar.com

SOCIETY OF ARMY PHYSICIAN ASSISTANTS
P.O. BOX 07490
Fort Myers, FL 33919

First Class

ADDRESS SERVICES REQUESTED