

**Statement of Ben Chlapek**

**Deputy Chief of Central Jackson County Fire Protection District,**

**Blue Springs, Missouri**

**and representing**

**The National Association of Emergency Medical Technicians (NAEMT)**

**on the topic of**

**Veteran Emergency Medical Training Transition to Civilian Service**

**before**

**Health Subcommittee,**

**Committee on House Energy and Commerce**

**U.S. House of Representatives**

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## **Introduction**

Chairman Pitts, Vice Chairman Burgess, Mr. Pallone and members of the Subcommittee, thank you for giving me this opportunity to discuss the issue of assisting veterans with emergency medical training transition to civilian service. I am Ben Chlapek, Deputy Chief of Central Jackson County Fire Protection District, Blue Springs, Missouri, and here representing the National Association of Emergency Medical Technicians (NAEMT). I recently retired as a Lieutenant Colonel from the United States Army after 36 years of service with tours in Afghanistan, Kosovo, Central America, and multiple other countries. I have served as faculty at Louisiana State University and hold undergraduate degrees in Chemistry and Fire Science, a Masters Degree in Public Administration and a second Masters Degree in Homeland Defense and Security from the Naval Postgraduate School. I serve on numerous national, state, and local committees including the Missouri Governor's Advisory Council for EMS and as the Chair of the Military Relations Committee for the National Association of Emergency Medical Technicians. Formed in 1975, the National Association of Emergency Medical Technicians (NAEMT) is the nation's only organization solely dedicated to representing the professional interests of all EMS practitioners, including paramedics, emergency medical technicians, emergency medical responders and other professionals working in prehospital emergency medicine. NAEMT's 32,000+ members work in all sectors of EMS, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.

NAEMT works to increase understanding and appreciation by government agencies at the local, state and national levels of the role that EMS plays in our nation's health care, public safety, and

disaster response systems; and works with these agencies and Members of Congress to develop public policy that supports EMS systems and the patients they serve.

## **Background**

The smooth transition of our veterans into civilian life underscores the importance of these hearings and the responsibilities of the subcommittee in developing policies that honor the training of our military medics to seamlessly transition our veterans into the workforce to provide valuable medical personnel for our communities. Military veterans receive some of the best medical training and experience available when serving our country. Their sacrifices, commitment to duty, and ability to get the job done in austere environments make them exceptionally well suited for working as EMTs and paramedics in our communities upon their release from the armed services.

Currently, experienced military medics are often required to re-do their medical training completely over at the most basic level to receive certification to be hired for a civilian EMS job. Depending on the state, the returning veteran will obtain or renew his or her EMS license, the requirements can vary significantly. Furthermore, the requirements that exist at certified EMS education facilities that allow candidates to test for the EMS licenses have vast differences, too.

A Navy Independent Duty Corpsman, a Navy SEAL medic, an Army Special Forces medic (18D), and an Air Force Special Operations Pararescue medic receive extensive medical training and are trained to operate in austere environments. They learn skills and perform procedures in the field that are many times reserved for physicians and specialists in operating rooms or trauma

rooms. External fixation of multiple fractures shunts to restore circulation to a mangled limb, and insertion of chest tubes to expand a collapsed lung are just a few of the procedures they learn and perform in the most severe conditions. Depending on current leadership framework in the respective school houses, these Special Operations medics may or may not hold a paramedic license with a licensing entity. When they get out of the service and try to enter the EMS profession, they are required to go through a year-long paramedic class and several hundred clinical hours; testing upon completion to get a license to work. In reality, all they may need is a two-day Advanced Cardiac Life Support class, a module on geriatric medicine, a refresher on obstetrics, and a chance to challenge the written and practical tests. In a matter of weeks or a month at the most, they should be able to work as paramedics for any service in the world. However, that is rarely the case.

Currently, it appears that Army medics and Air Force medics graduate from their military training eligible to test for EMT licenses or registry cards from the National Registry of Emergency Medical Technicians; Navy Corpsmen do not. By the time they leave the service, many do not have current licenses so they are not eligible to go to work at civilian EMS agencies. Making matters worse, many have licenses that have been expired long enough that they cannot even challenge a state test or take a refresher to challenge the test; they have to take a complete provider course to work as an Emergency Medical Technician. This requires a semester of classroom work, a weekend of clinical work, and waiting for a test date to take the licensing test. It can take half of a year to get an Emergency Medical Technician license waiting for test dates and results. Basic combat medics, Navy Corpsmen, and Air Force medics have all

of the training they need to challenge the test and should be allowed to do so. If they are rusty or need a review in a specific area, a weekend of refresher is plenty to prepare them for the test.

Some states and training entities have made adjustments and are starting to streamline the education process for service members. Veterans in positions of authority like Greg Natsch, the Director of the Missouri Bureau of EMS, talk with veterans on a case by case basis. If the veterans can document the training experience they had in the military, at their mobilization stations, or on a forward operating base, he adjusts their requirements to allow them to streamline the licensing and testing process. Finding an EMS education facility to streamline this process can be a challenge. A bill with bipartisan support and sponsors was introduced in the Missouri House last session to streamline EMS licensure for honorably discharged veterans. Tennessee, Alabama, Arkansas, Texas, and Missouri have training entities and educational institutions that take veterans and their training records through individualized processes to streamline the process for the veterans and get them into the workforce. This helps veterans get licensed and get to work as soon as possible while alleviating Paramedic shortages in some portions of the country. Almost all suburban fire departments require that applicants are Emergency Medical Technicians or Paramedics. Paramedics are not as plentiful and streamlining the process would help staff open Paramedic positions; the Kansas City Missouri Fire Department currently has twenty-six (26) Paramedic openings and is struggling to find candidates with Paramedic licenses who want to work in their extremely busy environment. The Olathe Fire Department is hiring six firefighters and a Paramedic or Emergency Medical Technician license is required to apply. Streamlining the licensing process for veterans will help them be employed quicker.

Another issue facing veterans pertains to those who are working in EMS in the civilian sector and get mobilized in the National Guard or Reserves. There were over forty (40) Emergency Medical Technicians at the Basic, Intermediate, and Paramedic levels in the U.S. Army portion of Task Force Falcon in Kosovo in 2004. The soldiers who were EMS personnel were licensed in at least eight (8) different states and some were nationally registered through the National Registry of Emergency Medical Technicians, holding state and national certifications and licenses. Many of these soldiers held cards in Advanced Cardiac Life Support, Advanced Pediatric Life Support, PreHospital Trauma Life Support, Advanced Medical Life Support, Advanced Trauma Life Support, and other certifications required or offered by their civilian employers. Those stationed at Camp Bondsteel had the opportunity to rotate through the hospital, take courses at the local universities and colleges with classrooms on the base, and get enough continuing medical education credits to relicense. My training entity at the Central Jackson County Fire Protection District allowed me to offer an Advanced Cardiac Life Support Class and a PreHospital Trauma Life Support class to medics because we had enough instructors between the flight medics, the ambulance platoon leader, and me. The training entity provided the texts, slides, and certification authority and the flight surgeon, Colonel (Dr.) Todd Fredricks, the Command Flight Surgeon for the West Virginia National Guard, served as the Medical Director for the courses. This worked well for the medics on Camp Bondsteel. The medics at Camp Monteith and with the maneuver units were not able to participate and did not receive enough continuing medical education credits to relicense in most cases. Some deployed with enough credits but others had to go through several weeks of continuing medical education before they could retest and relicense due to their operational tempo during the mission keeping

them from class participation. At least one did not return to work in EMS due to licensing difficulties and two were employed by their fire departments on administrative duties until they could relicense. Streamlining the renewal process for National Guard and Reserves returning to civilian EMS positions should be addressed. A weekend refresher and license renewal or extension to relicense would help. The National Registry of Emergency Medical Technicians will issue a ninety (90) day extension upon return if a provider needs to renew an expired license due to a deployment. However, it has not been needed according to their Executive Director, retired Air Force Pararescue Jumper William Brown, because the majority of providers are getting the required continuing medical education and experience to renew prior to or upon return from deployment.

Gentlemen like Navy Captain (Dr.) Frank Butler, retired, Army Lieutenant Colonel (Dr.) Robert Mabry, Army Colonel (Dr.) Todd Fredricks, Army Colonel (Dr.) Patricia Hastings, and other Special Operations and Emergency Medicine physicians have taken EMS education and training to a new level in educating special operations medical personnel, Emergency Medical Technicians, Paramedics, Physician Assistants, and others allied health personnel. Their guidance and tutelage in the military and the civilian sectors have helped medics keep soldiers alive on the battlefield and civilians alive in our communities. They continue to work tirelessly to make sure the front line medics are the best in the world and work to keep them educated, licensed, and employed. Lessons from the battlefield and adjuncts such as QuikClot zeolite granules, Combat Gauze, and the Combat Action Tourniquet have helped us transition efficacy in trauma care into our communities to increase civilian levels of care and survivability. The military experience is too rich and too costly to throw away and deny in our civilian

communities. Congressional assistance in streamlining the licensing process to get these experienced combat medics and corpsmen into the civilian EMS community will help our communities and the level of care provided to our citizens.

### **Conclusion**

The subcommittee has the potential to help veterans return to work upon their completion of military duty and reduce unemployment among veterans. I wholeheartedly support any process and legislation that helps military medics transition into the civilian world and use their skills and expertise to make our communities safer and better. I firmly believe your attention to this issue is a step in the right direction and an excellent investment to help our military veterans, our emergency response agencies, and our country.

Thank you for your time and attention. I sincerely appreciate the opportunity to come before you to present a perspective from the emergency medical response community on this important subject. God bless.

I would welcome any feedback or questions.