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HELPING VETERANS WITH EMERGENCY MEDICAL

TRAINING TRANSITION TO CIVILIAN SERVICE

WEDNESDAY, JULY 11, 2012

House of Representatives,

Subcommittee on Health,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 10:16 a.m., in Room 2123, Rayburn House Office Building, Hon. Joseph R. Pitts, [chairman of the subcommittee] presiding.

Present: Representatives Pitts, Shimkus, Murphy, Gingrey, Latta, Lance, Cassidy, Guthrie, Barton, Kinzinger, Pallone, Capps, and Schakowsky.

Staff Present: Anita Bradley, Sr. Policy, Advisor to Chairman Emeritus; Brenda Destro, Professional Staff Member, Health; Ryan Long, Chief Counsel, Health; Katie Novaria, Legislative Clerk; Monica Popp,

Professional Staff Member, Health; Andrew Powaleny, Deputy Press Secretary; Heidi Stirrup, Health Policy Coordinator; Alli Corr, Democratic Policy Analyst; Ruth Katz, Democratic Chief Public Health Counsel; and Anne Morris Reid, Democratic Professional Staff Member.

Mr. Pitts. The subcommittee will come to order. The chair will recognize himself for 5 minutes for an opening statement.

We are here today to discuss H.R. 4124, the Veteran Emergency Medical Technician Support Act of 2012, which would give States demonstration grants to study how to better integrate military medics into civilian EMT jobs.

Emergency response is a crucial component of our health care system, as EMTs are often the first point of contact in a crisis situation, and their care can make the difference between life and death. Emergency response is even more crucial on the battlefield, where military medics respond to emergencies and provide care for the soldiers until a physician or other health professional can take over. These soldiers, trained as combat medics, become very experienced dealing with massive trauma injuries and other complex health problems.

It seems that utilizing those with combat medic experience in our EMT workforce here at home would be good for the returning soldiers, good for the health care system, and good for patients. Many areas throughout the U.S. are experiencing a shortage of EMTs, both paid and volunteers, and military medics could potentially fill those workforce gaps. However, there are a number of issues keeping military medics from EMT employment. Most importantly are State licensing requirements, which can require duplicative training and education that is likely to be unnecessary for someone with significant experience. There is a need to better understand the differences in military medic training versus traditional EMT training and bridge the

gap between the two to make it easier for our returning soldiers to find jobs. It is our hope that this bill would allow States to study this and streamline their EMT requirements for those returning from the military who have the experience so desperately needed in many communities.

I look forward to hearing from our witnesses today, and I would like to thank our witnesses for being here. I look forward to your testimony, and I now yield to chair emeritus of the committee, Representative Barton.

[The prepared statement of Mr. Pitts follows:]

******** COMMITTEE INSERT ********

Mr. Barton. Thank you, Chairman Pitts, and thank you and Mr. Pallone for holding this hearing today. Helping veterans with emergency medical training transition to civilian service, this is a discussion that is long overdue.

As we all know, our United States military forces have tens of thousands of veterans who have been trained as medics and who can make a contribution immediately in most cases in the private sector if they choose to continue that vocation. Once their service is concluded, sometimes, though, it is very difficult for them to find civilian jobs due to a variety of different State occupational license requirements. It is a fact that military emergency medical technicians are highly trained and offer the civilian market a heightened skill set, particularly when it is related to a trauma situation.

We spend billions of dollars every year in the military to provide this medical training. We have over 21 million men and women who have served in the military. Of this number, over 2 million have served since September of 2001. We have a bipartisan bill that is introduced by Congressman Kinzinger, Congresswoman Capps, and other members that would help in this transition between the military and the civilian EMT market. The bill would incentivize States to initiate under demonstration programs a method to streamline the requirements and procedures so that the training and skill set that the military, the veterans already have can be immediately recognized. Our veterans should not have to completely redo the medical training that they have already received in the military to receive civilian certification.

I support the bipartisan bill, and I support this hearing.

With that, Mr. Chairman, I yield back to you or to any other member the remaining time that I have.

[The prepared statement of Mr. Barton follows:]

******** COMMITTEE INSERT ********

Mr. Pitts. Mr. Kinzinger.

Mr. Kinzinger. Thank you, Mr. Chairman, and Ranking Member Pallone, members of the Health Subcommittee, and I want to express my appreciation to you for holding this important hearing on this, the Veterans Emergency Medical Technician Support Act of 2012.

I also want to express my gratitude to Ms. Capps for working with me on this very important piece of legislation. Our corpsmen, medics, and soldiers receive some of the best emergency medicine training in the world, and they prove it every day on the battlefield, both in Iraq and Afghanistan. Unfortunately, many veteran EMTs are required to take classes they have already completed in the military to satisfy the civilian licensure system, needlessly delaying their entry into the civilian workforce.

This legislation would streamline the process by providing grants to States so they can make the requirements easier and streamline it with military EMT training to become certified civilian EMTs. In doing so, returning veterans will not have to start over at square one in their training and they can enter the civilian workforce much sooner.

And just to wrap up, I will say last week's job numbers highlighted the incredible difficulty that returning veterans are having in the civilian workforce, so I think this is a very important first step. Again, I thank the subcommittee for having the hearing, and I yield back.

[The prepared statement of Mr. Kinzinger follows:]

******** COMMITTEE INSERT ********

Mr. Pitts. The chair thanks the gentleman.

I now recognize the ranking member, Mr. Pallone, for 5 minutes for an opening statement.

Mr. Pallone. Thank you, Mr. Chairman.

I welcome today's hearing on the Helping Veterans With Emergency Medical Training to Civilian Service Act.

As we continue working to improve the health quality and coverage of our Nation, we have a unique opportunity and responsibility to address two very important issues that are critical to achieving that goal. First, ensuring that our Nation's veterans have career opportunities when they come home, and, second, addressing shortages in a vital sector of health care service and delivery. I believe this bill is good health policy. It was good policy when it passed the committee as part of the America's Affordable Health Choices Act of 2009, and it is good policy now.

By assisting veterans with military medical training to meet the requirements for becoming civilian medical technicians, we help ensure that the brave men and women who protect our freedom have an opportunity to support themselves while helping attenuate the shortage of emergency medical services upon which Americans depend.

Last week we celebrated our Nation's 236th anniversary, and we remembered the sacrifices of those who served in Iraq and Afghanistan and elsewhere around the world. Although we celebrate our independence once a year, it is important to always remember the remarkable sacrifice and service of our men and women in uniform to

provide the opportunity to make the U.S. stronger around the world and at home, building an American future worthy of our veterans' sacrifice, and as part of keeping our promises to our veterans, the President and Congress have to focus on taking major steps to help our men and women in uniform obtain good jobs when they come home.

As we honor their nobility and patriotism, we must also speak to the stark realities they face. In September, the unemployment rate for returning Iraq and Afghanistan veterans was a staggering 11.7 percent, leaving 235,000 veterans struggling to find jobs after the most severe economic recession since the depression, and younger returning veterans ages 18 to 24 are facing an even more difficult challenge, with more than one in five out of work and looking for a job last year. So we have an obligation to make sure our veterans have the necessary tools to navigate this difficult labor market.

At the same time, emergency medical services are a vital part of the American health care system, and they are critical to both emergency and nonemergency situations. However, studies over the past decade have shown that poor recruitment and retention of qualified professionals may have a detrimental effect on the health of our communities -- this is especially true in rural areas where access to health care is often limited or unavailable -- and that there is a high turnover and shortages of qualified emergency medical technicians or EMTs and paramedics and emergency medical service, both during normal conditions and following disasters or similar events.

In these fiscally strained times, we must find ways to adequately

address the needs of our communities and our veterans. We must be efficient, creative, and innovative in our approaches, and this bill gives us a way to help with their transition to civilian life. The bill allows the streamlining of training and certification so that our veterans who have received military emergency medical training can apply their skills and talents to communities at home where they are needed and where they can become an integral part of their community and economy.

On the battlefield, the military pledges to leave no soldier behind, and, Mr. Chairman, as a Nation, let it be our pledge that when they return home, we leave no veteran behind.

I yield back.

[The prepared statement of Mr. Pallone follows:]

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Mr. Pitts. Do you want to yield to Ms. Capps?

Mr. Pallone. I think she is going to use Mr. Waxman's time. Is that okay.

Mr. Pitts. Yes, that is fine. We recognize Ms. Capps for 5 minutes for an opening statement.

Mrs. Capps. Thank you, Mr. Chairman, and thank you and Ranking Member Pallone for holding this important hearing today. I am really excited by the prospect.

The individuals who serve our Nation in uniform do so with distinction. Our military men and women are trained to perform at the highest level in a host of jobs. However, there is so much more to be done to help these men and women and their families when they return home to translate those skills and experience into civilian service. The service we need, by the way. And that disconnect is why we are here today.

Our men and women receive some of the best technical training in emergency medicine, and they prove their skills on the battlefield every day. However, when they return home, experienced military medics are often required to begin at entry level curricula, as though they were just graduating from high school, to receive certification for civilian jobs. Similarly, military medics with civilian credentials often must let their civilian certifications lapse -- this is another problem -- while they are defending our country. Either way, this keeps our veterans out of the civilian workforce, and it also withholds valuable medical personnel from our communities.

As a nurse, I know the importance of having qualified and capable first responders available in our community, and as our Nation climbs out of this recession, it is so important to realize that the health care sector has continued to grow with good-paying jobs often left unfilled and waiting for qualified providers. That is why we must do all we can to break down the artificial barriers, and they are very artificial, both in licensure and resources, that obstruct our military medics from civilian opportunities.

I am so pleased to be working with my colleagues from both sides of the aisle to make that happen. I am proud to have introduced H.R. 3884, the Emergency Medic Transition Act, with Congressman Todd Young from Indiana to help support our military medics reach civilian licensure and help the colleges and technical schools develop appropriate fast track military-to-community programs. Similar legislation, as my colleague has said, passed the House in a near unanimous vote in the 111th Congress.

And I am also pleased to have joined Congressman Adam Kinzinger to introduce H.R. 4124, the Veteran Emergency Medical Technician Support Act. Again, this is a straightforward bipartisan bill which will help States streamline their certification processes to take military medic training into account for civilian licensure.

Finally, I wanted to take a second to recognize a former member, Congresswoman Jane Harman, who spearheaded this issue in the last Congress. So now I am hopeful we continue to work together in a bipartisan way and move this important legislation out of the committee

so that we can begin to actually help these talented professionals join our health care workforce, improve the health care options in our communities, actually make our communities and Nation a safer place.

And I yield back.

[The prepared statement of Mrs. Capps follows:]

******** COMMITTEE INSERT ********

Mr. Pitts. The chair thanks the gentlelady.

I would like now to introduce today's witnesses.

Mr. Ben Chlapek is the deputy chief of Central Jackson County Fire Protection District in Blue Springs, Missouri, and he represents the National Association of Emergency Medical Technicians.

Mr. Chlapek, I understand you recently retired from the U.S. Army after 36 years of service. I think I can speak for all members in thanking you for your many years of service and offering our congratulations. We are glad to have you with us today.

And Mr. Daniel Nichols is senior vice president of Victory Media, Inc., a disabled veteran-owned business, and CEO of Victory Tech, a vocational and workforce training institute. Mr. Nichols is also a Navy Reserve officer and a veteran of Operation Iraqi Freedom.

Thank you for your service, Mr. Nichols. And we are happy to have you here with us today as well.

STATEMENTS OF BEN D. CHLAPEK, CHAIR, MILITARY RELATIONS COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS; AND DANIEL NICHOLS, SENIOR VICE PRESIDENT, VICTORY MEDIA.

Mr. Pitts. At this time, Mr. Chlapek, your written testimony will be entered into the record. You are recognized for 5 minutes to summarize.

STATEMENT OF BEN D. CHLAPEK

Mr. Chlapek. Thank you, Chairman Pitts, Ranking Member Pallone, and members of the committee. We appreciate this opportunity to discuss this issue with you to assess veterans who are getting out of the military and trying to transition into the civilian EMS world.

Today I represent the National Association of Emergency Medical Technicians formed in 1975. The association represents over 32,000 EMS professionals, first responders, fire department EMTs and medics, private, industrial, and other forms of even some of the military EMTs and paramedics.

A smooth transition of our veterans into civilian life underscores the importance of the hearings and the responsibilities today in developing policies that honor the training of our military medics seamlessly transitioning our veterans into the workforce and

providing valuable military medical personnel to our communities.

As has been previously stated, our military members and specifically medics receive some of the best training in the world and are some of the best there are at trauma care and other facets of medical care. Currently when military medics leave the service, many are required, most are required to redo their medical training, to either renew their license or obtain a license to practice in a civilian EMS capacity.

A Navy independent duty corpsman, a Navy SEAL medic, an Army special forces medic, or 18 Delta, and Air Force pararescue medics receive advanced medical training. Most of these medics can put external fixation devices on mangled limbs to restore an anatomical structure so innervation and circulation is reestablished to save a limb. They can put in chest tubes. They routinely perform surgical procedures, and they can even tie -- some are even trained in vascular surgery, so we can tie vessels back together and restore circulation in the field in austere environments when we have to maintain a patient for more than 72 hours. These are procedures that are normally reserved for emergency rooms, operating rooms, and trauma suites.

Unfortunately, these folks are having to complete an entire paramedic program over the course of a year plus to obtain a civilian paramedic license. These folks should be able to take a week, at the most, refresher training, maybe brush up on some geriatric training, and then be able to challenge the practical and written test, whether it is State or nationally.

Basic medics in the services leave the service and could easily challenge the EMT test, the basic emergency medical technician test, both practical and written. The Army and the Air Force medics in their advanced individual training courses obtain those licenses, but many aren't renewed or they are still required if they don't have a current license to go back through a course, depending on how long they have been expired.

Some States have made adjustments. Texas, Arkansas, Missouri, Alabama, and Tennessee are just a few who have State EMS agencies that are willing to take these on an individual basis or allow medics with a little bit of refresher to challenge a test and become licensed.

However, right now, for example, Kansas City, Missouri, fire has 26 paramedic options, and they don't have people applying for the jobs because there is a shortage. Olathe fire in Kansas, a southern suburb of Kansas City, has six openings and as most of the suburban departments require an EMT or paramedic license to come to work, and streamlining this would really help our veterans.

National Registry of Emergency Medical Technicians offers 90 days of leeway upon return to work with this, and Bill Brown, a retired pararescue jumper, was a former executive director and really helped us with that.

This subcommittee has the potential to help veterans return to work upon their completion of military duty and reduce unemployment among veterans. NAMT wholly supports 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. Thank you.

[The prepared statement of Mr. Chlapek follows:]

******** INSERT 1-1 ********

Mr. Pitts. The chair thanks the gentleman.

Mr. Nichols, you are recognized for 5 minutes for an opening statement.

STATEMENT OF DANIEL NICHOLS

Mr. Nichols. Chairman Pitts, Congressman Pallone, members of the committee, I appreciate the opportunity to testify before you today. I am Daniel Nichols, and I offer my testimony to you as an OIF veteran, a member of the Navy Reserve, and one of the growing number of veteran entrepreneurs who has dedicated their time and creative efforts to creating jobs and successful business enterprises that are capable of returning value and resource back to my military family and to our local community.

For far too long we have known precisely what the challenges are in military transition, and as a Nation, we have been unable to adequately address the perceived gap between military training outcomes and civilian workplace skills, and that includes the health care sector. Our military members have skills, and they have no problem being put to the test to prove their competence.

As recruitment director for a prominent health system, I led the development and implementation of a new competency-based selection process for emergency medical technicians and clinical technicians across our hospital system where we are facing significant turnover and shortage. At the time, my team of recruiters handled about 85,000

resumés for these positions. The vast majority of the applicants were unqualified. The workload for them was grueling; the conditions, which persist due to high unemployment, resulted in costly turnover. Military resumés were typically flushed straight out of the process by our electronic applicant tracking system.

Our methodology was straightforward. We performed a comprehensive competency review of the position requirements, we developed assessments and tests for the most relevant and predictive foundational competencies. We determined appropriate passing levels and provided the assessments to each applicant to determine their eligibility for the positions. Military talent rose to the top time and again. Yet the problems for veteran talent continued. We found that we either could not hire them because they lacked the State required credentials, or we had to first employ them in lesser positions because the credentials they did have were well below the position for which they were found sufficiently qualified.

Success on the job is about competency or sufficiency of qualification. The hire, however, is a business transaction that is highly regulated and controlled. The hire is an artificial process that discriminates inherently against our military service members. I believe the ultimate solution would be to create a means by which training provided by the Department of Defense could be accredited by civilian standards and therefore allow military training and skills to easily transition into existing safeguards and competency standards established by civilian and State institutions.

H.R. 4124 on the surface appears to be small change. These changes, however, would positively affect the livelihood of our veterans and improve health care delivery. H.R. 4124 provides for two specific possibilities that have not yet been considered by other legislation. First, it allows for military training to be mapped to equivalencies and credentials above the basic entry level qualifications. The emergency medical technician credentialing letter has basic, intermediate, and advanced specialty certifications. To date, military training has only been mapped to the EMT basic, which falls well below the pay rate and functional capability of service members who have honed their skills on the front lines.

The second, H.R. 4124, calls for the development of methods to establish equivalency. Solutions to date have forced skilled medics into lengthy and costly training programs, a redundancy that is ineffective, inefficient, and detrimental to the economic success of our military members. Using GI bill benefits to sit in classes that they could teach is not a good use of their hard-earned benefits. According to UCX data that was released from the Army in fiscal year 2011, there were 190,000 DD-214s; 100,000 of those applied for unemployment insurance, and nearly 3,000 of those that were applying were Army medics. They were the third largest military occupational specialty to do so. There is a problem, and we have not yet solved it.

We founded Victory Tech for the express purpose of creating an alternative for our military families, a means of achieving the

required academic validation of competency to qualify for the appropriate level of credential without unnecessary use of time, benefits or personal income.

I wish to commend this legislation to the committee, and I and my colleagues stand ready to assist in any way possible. Thank you for the opportunity to provide this testimony to you, and I would like to submit the remainder of the testimony for the record.

[The prepared statement of Mr. Nichols follows:]

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Mr. Pitts. The chair thanks the gentleman.

And now we will begin questioning, and I will recognize myself 5 minutes for that purpose.

We will start with you, Mr. Nichols.

Do some States have certification and some have licensure? It sounds like there is significant variation between State requirements that would help EMTs if the States had more reciprocity or at least consistent requirements. Are there any good reasons that States would differ with regard to their training requirements? Walk us through, if you will, the traditional State credentialing and licensing process.

Mr. Nichols. There are a number of, from State to State, there are reciprocity allowances, largely because the emergency medical technician is not covered under the medical or the same branch of State legislature, you run into issues there. Some it is under the Department of Transportation, other areas it is medical. It may be just a State board all by itself. So you do have issues on the reciprocity side of things.

The key challenge, though, is that there is no reciprocity granted between the military training and between the State, so while an individual may have training and then go through a shorter reciprocity period to, say, move from California into Pennsylvania, the military is not afforded that because their training is not accredited basically. So the key challenge that you do find from that reciprocity side is, yes, there are differences; there are different areas of State government. It is a State license typically, which means that it is

personal property, so it is controlled on the State level, and that is why I think your legislation is a good approach because it has to be a State solution to figure those things out.

I think national certifying agencies have made the greatest effort in our stand there in place to try to create the reciprocity and an equalization of credentials and requirements. That is extremely important, but not all States actually recognize or embrace that or they add on to what has been established by the national agencies, like my colleague represents today.

Mr. Pitts. Mr. Chlapek, you mentioned the gaps that military medics have in their knowledge, such as geriatrics. Would there be a way to implement a shortened curriculum to train former medics on anything they may have missed in their military training without duplicating the entire EMT training? Who do you recommend create and implement this supplemental curriculum, and are there enough returning medics that the schools could run profitable supplemental programs?

Mr. Chlapek. Absolutely, Chairman Pitts.

There is a process with each training entity where refresher courses are taught one weekend -- they can be taught in one weekend for basic emergency medical technicians and over two weekends for the advanced level paramedics. This is something that is commonly done to help people recertify or re-license, recertify with the National Registry of Emergency Medical Technicians or re-license with the State. You are right in that some States have certifications, and some have licensure. There are some discrepancies there. Most, with the

exception of one or two, offer reciprocity, as Mr. Nichols said, but there is no reason that those gaps could not be covered over a week at the most to get these people ready, the military medics, to challenge the written and practical test that the State or national registry offer.

Mr. Pitts. All right. If you would like to continue or both of you, if you were making recommendations to the States to streamline the process for veterans to become EMTs, what would you focus on?

Mr. Nichols. I will be glad to field that.

Mr. Pitts. Mr. Nichols?

Mr. Nichols. Yes, sir. In fact, I had written some legislation that was passed in several States last year. There are three different approaches you can take, which one is direct reciprocity, I believe the State of North Carolina looked at that as an issue where they are doing what this bill is suggesting; they are allowing for direct reciprocity. Others have backed off from that direct approach and taken the approach of streamlining the education process, allowing for some shorter times.

From my standpoint, you do want to protect the public for certain to make sure the individuals have the right skill sets and they meet the standards that are set, so I think some kind of a testing mechanism to just validate the skills would probably be the best approach on the State level.

Mr. Pitts. Now, someone with training as a military medic, would they be qualified as an EMT basic, an EMT intermediate or an EMT

paramedic?

Mr. Chlapek. The common combat medical training for medics that staff the majority of the Army and Air Force as well as the Navy corpsman is a basic EMT level training. Currently the schools with the Air Force and the Army graduate their medics, specifically in the Army the 68-whiskey program, with the qualifications to test, and they test and get a national registry card as a basic EMT.

Now, the Special Forces or Special Operations medical personnel throughout all the services through U.S. SOCOM and then through Fort Sam Houston and Fort Bragg qualify at the paramedic level, obviously, but they don't have the license most of the time. It has become a political and who-is-in-charge issue as to whether or not they get licenses or not.

Mr. Pitts. Mr. Nichols.

Mr. Nichols. Navy corpsmen are often recruited with an existing EMT-B, and some of the Army service members that come in already have that EMT-B. The Corps and the Army and the Air Force as well, they are having a joint school that is now established down in San Antonio; there are significant differences in those training. When a corpsman completes their training, they are very much closer to an RN or to at least a licensed practical nurse in terms of what is allowed. The EMT basic is the very, very basic level they complete with. The minute they step on and start really practicing this hands on, they receive that.

Mr. Pitts. The chair thanks the gentlemen, and now recognize the

ranking member, Mr. Pallone, for 5 minutes for questions.

Mr. Pallone. Thank you, Mr. Chairman.

I wanted to start with Chief Chlapek. I want to thank you for your service and your testimony, and you have explained to us the challenges that many veterans face when entering the EMS workforce; classes, clinical work, waiting for a test date once they have completed all the course work, and all these issues can delay the licensure of qualified veterans sometimes for many months.

So I had two questions. First, if you could address the costs associated with achieving the training and education required, and what are the costs? And then what about the opportunity costs for veterans by investing in that training? That may be redundant. In other words, you know, they can't get another job. They are out of work. While doing that training, they could be doing something else. So I wanted you to address those two things, you know, actual costs and then, you know, what it might mean for the individual because, you know, they are doing this redundant training when they could be doing something else, and they are not making any money.

Mr. Chlapek. Yes, sir.

Mr. Pallone, it varies across the board as far as EMT training and paramedic training. An EMT course may be anywhere from $500 at a local small fire department to $1,500 at a larger department to the cost of a semester of schooling at a community college to obtain that as well as the $150 or whatever is paid to test depending on the testing entity. So that is the real cost. The paramedic school can routinely

run $5,000 or a year's worth of community college tuition, plus testing costs that are similar to the EMT.

In reality, if a service member has to spend a year in college going 2 or 3 days a week throughout the day or evenings, they are limited to part-time work to meet the schedule of that. So it essentially costs a year's worth of salary minus whatever they might make on a part-time job.

Mr. Pallone. All right. I wanted to ask Mr. Nichols again -- it is Commander Nichols, correct?

Mr. Nichols. Yes, sir.

Mr. Pallone. Again, thanks for your remarks and your service, and I couldn't agree with you more that members of the military have skills and competencies that would provide critical services in the communities.

However -- and the latest reports from the Institute of Medicine and RTI International suggest that EMT shortages are due at least in part to high turnover rates and other retention difficulties.

But I think that you already addressed the streamlining of the licensure and the credentialing renewal process. So I wanted to ask in these IOM and RTI reports, they identified additional retention issues that contribute to EMT shortages, such as career advancement. Could you comment on other ways in which this bill may help address retention issues? You know, you answered -- in response to the chairman, I think you talked about the whole issue of streamlining the licensure and how you would do that, but talk a little bit about the

retention issues and to what extent, you know, we need to address career advancement and how this bill would get into that.

Mr. Nichols. Many of the individuals that we would hire into these positions, the EMT basic was not sufficient as a qualification, but for those positions that were very, very entry level who did hire EMT basic, the pay rate is anywhere from $10 to $15 an hour, so a service member coming out, that is well below typically what they have expected and what they have received in the military, and that becomes a key challenge for them, is sustaining their lifestyle on that.

EMT intermediate level, which many of them could likely qualify for or the paramedic level, which is a much higher level certification, pay at much higher rates, closer to the $20 to $25, sometimes above that, and these are D.C. area numbers, so they may differ across the States. That one piece alone is a significant issue. It is what work you are allowed to do.

My colleague talked about what some of the higher level skilled individuals were able to do from tracheotomies in the field to a lot of fairly highly technical things that only physicians or practical nurses may be here able to do. So coming out and transitioning to the EMT basic, they are doing very, very little work, and a lot of that is more to do with cleaning and repair and maintenance of equipment as opposed to really the hands-on stuff that they have been skilled at doing. So it is a big step down. It oftentimes is a blow to their psyche, their sense of personal pride.

Mr. Pallone. But how can we correct that? Does the bill help

in that respect?

Mr. Nichols. I believe it does in that if it is handled properly on the State level, it allows for an individual not to find equivalency at the basic level but to find equivalency upward in that ladder, equivalency to their skill experience. And that is a huge piece that I haven't seen in other legislation before. It allows for that. I don't know if it is quite as specifically directed toward that, but it certainly allows for States to be able to do that.

Mr. Pallone. All right. Thank you very much.

Mr. Pitts. The chair thanks the gentleman.

I recognize the gentleman from Pennsylvania, Dr. Murphy, for 5 minutes for questions.

Mr. Murphy. Thank you, Mr. Chairman.

I want to also state, too, that I have the distinct pleasure and honor of serving in the Navy Reserve with many of these corpsmen, and they are pretty remarkable what they have gone through in training. I would like to ask our witnesses here to comment, too, that when it comes to doing EMT work, in addition to the training, there is also what one does on the job. Can you give me a little rundown of the typical kind of crisis or situation a paramedic or EMT might be facing in a day's work?

Mr. Chlapek. Yes, sir. Congressman, Doctor, it can be -- a day's work can be anything from multiple post changes without running a call on a patient to call after call after call, responding from one call, clearing the hospital quickly to run another one, and it may be

anything from whether a large system or a small system, anything from holding the hand of a 96-year-old patient and making them as comfortable as you can on the way to the emergency room, back to their residential care facility or anything like that, to treating gunshot victims or explosion victims and being in hazardous environments while we do that. The day varies greatly, and that EMT and paramedic have to work as a team, regardless of how many are there and within their scope of practice.

Mr. Murphy. Given that, I imagine a lot of people go through the training, the book training, the course training, the lector training, and yet when they actually get on site and they are dealing with someone who is a gunshot victim or who is in a horrendous auto accident or pulling someone with third degree burns out of a fire, I imagine that the horrors of the situation itself also weed some people out, some people say this I can't do. Am I correct in that?

Mr. Chlapek. That is correct, sir.

Mr. Murphy. That is not something you can necessarily test for or question for when someone is applying for the job.

Mr. Chlapek. That is correct. We do background checks. In my educational facility, we do further testing to try to weed some of those folks out, but they are few and far between. In reality, once you go through the training and the clinical work, you know whether or not you will make it on the street, and once you get out on the street or whatever environment you are working in, you do what you are trained to do, and you let the emotional part come later, and running a SIDS

baby is a prime example. You do what you are trained to do and try to resuscitate the baby if they are viable at all, but afterwards, you get to the emergency room and transfer care or back to your station, once like a pediatrician told me, and we go home at night and cry like anybody else or call our spouses and say, give the kids an extra hug. So you can weed those people out, and of course, with PTSD, it adds up over time, just like it does with soldiers and sailors.

Mr. Murphy. You may guess where I am going with this, and that is this is part of the training that you just can't deal with in a classroom. You can't talk to someone about this, and this is an incredible skill that many of those who have gone through corpsman training experiences in Afghanistan and Iraq bring to the situation where they can probably be a source of strength and teaching to their colleagues. How do we make sure that we account for this, I ask both of you this, in terms of it is not just a matter of giving them credit for what they have already learned, but those things that happen in the classroom and the battlefield in putting someone back together, dealing with some of the atrocities of war, some of the things that we know that the al Qaeda and Taliban do to children in torturing them and damaging them. I am thinking here of a book called "Outlaw Platoon" by Sean Parnell, a best seller where he spent some 400 days in Afghanistan and particularly outlines the story of a corpsman there who probably ought to be nominated for the congressional medal of honor who was running from wounded soldier to soldier in his platoon, they were shot up, while he was getting shot himself, with incredible courage

under fire. And I want to make sure that such people are getting credit, an opportunity to have jobs.

It almost seems silly to me that we have to have an act of Congress to say to do this. So perhaps if each of you could comment on why we need to move forward on a bill like this quickly. Go ahead.

Mr. Nichols. Thank you, Congressman, thank you for representing our district at home very well in the Pittsburgh area. I had the privilege as well to serve. As a Navy chaplain, we serve right alongside the medical corpsmen and did so throughout Iraq, and to watch them work as a team to see leadership develop and leadership expressed, that is absolutely something you cannot train. The challenge they find in coming home is too many barriers, too many people saying no, too many regulations and long processes of filling out paperwork and following this step and that step and talking to the right person. We learned that as Navy personnel, how to kind of work through the system that is fairly difficult, but it is a challenge for them when you try to start feeding your family and to do that at the same time.

The other challenge they bump into is the issue of liability. So there are a lot of strictures that our civilian hospitals who really make sure you don't step over and do more, and that becomes, you know, that additional challenge. I think to take that leadership piece that has been honed, you can't grow it, but we could sure use that on the front lines of our communities.

Mr. Pitts. The chair thanks the gentleman and now recognizes the gentlelady from California, Mrs. Capps, for 5 minutes for questions.

Mrs. Capps. Thank you, Mr. Chairman.

Thank you, each of you, for your excellent testimony today from your perspectives. Both your testimonies express very clearly that there are a host of contributing barriers to a smooth transition from military to civilian service. I agree with you that H.R. 4124 is an important step toward breaking down some of these barriers, but there are other roadblocks noted in your testimony that would also have to be addressed, and I would like to get to maybe a few of those in my time with you.

Mr. Chlapek or Chief Chlapek, excuse me, I want to use your title, can you speak a bit more about the potential issues around medics finding and facilities developing refresher or booster EMT courses to satisfy any gaps in military training? Geriatrics, someone mentioned that, I think that can be sort of filled in quite quickly. But I will start with that question to you.

Mr. Chlapek. Thank you, Congresswoman Capps. It can be done at the training entities, and it has been done in some States at the training entities as far as what does this person need. You know what, they can spend a weekend with us, and our training entity specifically has done that and they will spend a weekend with us, and then we get them signed up for a test to challenge the test. That is where the refinement lies.

The National Highway Traffic Safety Agency has gone so far as to help rewrite and reclassify some of the curriculum so that it is more malleable to put people through the streamlined process, it makes it

a little easier to do. Agencies like ours, NAMT, puts in their employer guides how to help make this happen, and we embrace veterans. Veterans get credit at our institution or my place of employment as well as many others, and we bring them, we give preferential treatment to hiring veterans because we know they have seen what Congressman Murphy addressed. We know what their leadership skills are, as Commander Nichols talked about, but it all goes to the training entities and the States allowing them to do that, and that is what we do. You can absolutely get somebody prepared in a weekend or a week to challenge the test.

Mrs. Capps. So there is some good models out there for how to do this in States, and your agency, your group is prepared to give advice and sort of support this transition should States wish to go down this path?

Mr. Chlapek. Yes, ma'am, and we do that now. We have developed a guide for deploying soldiers who have licenses who are members of NAMT, and we have also developed a guide for the employers to help these folks, keep them licensed if they have a license and if not help them licensed when they get back.

Mrs. Capps. All right. Thank you.

Mr. Chlapek. Yes, there are some States, those I mentioned Texas, Missouri, Alabama, several of those, Tennessee.

Mrs. Capps. Right. That is good to know. Thank you very much.

Commander Nichols, your testimony noted the sheer costs of taking the certification. That is a barrier for some of our returning vets,

isn't it, returning soldiers?

Mr. Nichols. Absolutely. And, again, typically when an individual chooses where they are going to take that certification or whatever else remaining skill level that they need, they will take the quickest path there, but oftentimes, they also want some of the more expensive options that may have a better name or better brand associated with it, and I think where we hope that this bill would help to address is that they don't use their benefits to retrain on skills they already have.

Mrs. Capps. Exactly.

Mr. Nichols. Use the benefits to take the next step and the next level in their career. That is why I believe it was created after World War II to begin with.

Mrs. Capps. Right. These are important considerations, and they kind of go beyond the scope of H.R. 4124's focus on State certification changes. There are issues that I address in another bill, EMT bill, H.R. 3884. Mr. Chairman, I am hoping this committee will also look at this companion piece of legislation in some future hearings or markups on this matter. There is a lot here that can carry us a great deal. There is also some more that we could do to ensure that we are doing all we can to remove every barrier that we can to make this successful transition for our medics. It is such an important topic.

There is another one, I just have 2 seconds, I will put it out on the table in case there is another way to explore the barriers that

exist for current EMTs, civilian EMTs who want to join the National Guard, that is sort of the flip side of this, but it is also of very big importance to both of you and I think to our Congress as we are talking about getting out of this recession. Thank you, and I will yield back.

Mr. Pitts. The chair thanks the gentlelady and recognizes the gentleman from Ohio, Mr. Latta, for 5 minutes for questions.

Mr. Latta. Thank you, Mr. Chairman, and Colonel and Commander, thank you very much for being with us today. I really appreciated your testimony.

Colonel, if I could just kind of back up to what you said a little bit earlier and the questions going to some of the difficulties that were at the State level, you said it becomes kind of a political issue. Do you want to explain what you meant by becoming a political issue?

Mr. Chlapek. Yes, sir. It deals with who is in charge of the bureau, if the bureau still exists. Some bureaus of EMS in certain States have been eliminated for budgetary reasons, and they fall under some other area of health or public safety. As far as the politics of it, it depends on who is in charge of the licensing agency at the time and, for example, in Missouri we have a veteran in charge, the director of the bureau of EMS, and he takes veterans issues on a one-by-one basis and helps these veterans get licensed in the most efficient and quickest way possible, but still making sure they have the qualifications. When he retires in January, we don't know who will go in there, but it is possible someone without his knowledge or passion

for veterans employment, and that gets to be an issue, much like in the military schools. Depending on who is in charge of that specific school, they may or may not like the national registry, certification or they may or may not like the Texas certification, in the case of Fort Sam Houston, and licensing process. If they don't like it, then these medics start and EMTs start coming out of school without licenses, and if they do like it, then they are given the opportunity to test and all the training they need to test.

Mr. Latta. Let me follow up if I could. You said the gentleman that you said that is going to be retiring does it on a one-on-one basis, but wouldn't it be easier if he would look at everybody and say that all these people that graduated or came out of the Army medic or the National Guard -- pardon me, not National Guard, but the Air Force or if they are Navy corpsmen, that he could already categorize them so he could already say they are qualified to save that time?

Mr. Chlapek. Absolutely, Congressman Latta, and last session, I believe Representative McCaffrey introduced a bill that should come up this time for passage this next session doing exactly what you said.

Mr. Latta. You know, and also just sitting here thinking about this, especially since every Governor in this country is the head of the National Guard units, you would think they would be able to say, you know what, we have got these people that are trained, and they know it because they are in such close contact with the adjutant generals in each of the States that they ought to be able to get something worked together that they could say at the State level, you know, that they

would have, they would know right off the bat that, yeah, these people are qualified to do X or X plus 1 or X plus 2, but we can get them categorized, they don't need that extra training. So it seems to me that the Governors could be doing more just as the head of the National Guards in their respective States.

Mr. Chlapek. Absolutely, sir. It works the other way, too. At Camp Atterbury, Indiana, I had a medic who had been a Navy independent duty corpsman and done two tours in Iraq as an independent duty corpsman, and the Army, even though he was designated as 68-whiskey by the Army Guard of his State, the Army folks at Fort Sam would not recognize that, and he had to go all the way through a basic EMT class while we were at MOB station before he could join up with us 2 weeks into the deployment. So it works both ways. We need to get the military and the civilian sector on the same sheet of music.

Mr. Latta. Well, thank you very much, Mr. Chairman, and I yield back my time.

Mr. Pitts. The chair thanks the gentleman.

Recognize the gentlelady from Illinois, Ms. Schakowsky, for 5 minutes for questions.

Ms. Schakowsky. Thank you, Mr. Chairman, and thank you, gentlemen. For a number of years now in Illinois I have been working with an organization mostly sponsored by the Teamsters, Helmets to Hardhats, and I think there is another organization or focus, Heroes to Healthcare, where we are trying to work on these kinds of smooth transitions. It makes so much sense. We are spending sometimes

$100,000 training individuals in the military, and then they come home, and this skill, these skills are not recognized.

In Illinois, we have made some progress on members of the military who have been driving trucks getting commercial driver's licenses, so that is one area. But clearly, in this area of EMTs, when we have the most extreme conditions on the battlefield that would perfectly meld, and thank you for the progress that you have made.

We have talked a lot about the States and the licensing processes and the barriers there, but I want to focus a little bit more on the military side and how that transition, how the military itself can be more helpful. Are certificates given? Are hours of training, some kind of piece of paper that a veteran can take when discharged from the military that says, I have had this kind of training, this number of hours -- not necessarily that I am qualified in Texas or in Illinois for this job -- but this is what I have learned, how many hours I have experienced? You talked about in your testimony dealing, talking with veterans on a case-by-case basis, this is Missouri. I mean, isn't there some way of routinizing that in a better way so that the person doesn't have to explain individual by individual but have a piece of paper?

Commander, either one of you who really knows how to answer that or both, I would appreciate it.

Mr. Nichols. I would love to jump in there, Congresswoman, and I am very familiar with the work the Teamsters are doing with Helmets to Hardhats and Heroes to Healthcare. They are doing excellent,

outstanding work, have for many, many years now.

The key challenge that you find is in order for that training to qualify against the credential or the license, it must be provided by a licensed or accredited school. The military is neither licensed nor accredited, and that is what I have really boiled it down to is the key issue.

The Department of Education and these accreditation councils do not recognize the Department of Defense as an accredited training institution. Therefore, all the training that comes from them cannot be, unless some specific legislation says so, accepted.

Ms. Schakowsky. Well, isn't that sort of the bottleneck, then? Isn't that something that we ought to directly deal with is acknowledging the military as a place that is qualified and certified?

Mr. Nichols. Ma'am, if there is one area where there is a national ability to take action, that to me is the one area where there is the national ability to take action and allow the military in some way or other to achieve and to be accredited according to those civilian standards or to set up some kind of a reciprocity piece there.

Ms. Schakowsky. I heard the chairman talk about reciprocity.

So -- did you want to add to that, Colonel?

Mr. Chlapek. Yes, ma'am. Our military relations committee with NAMT has recently done a gap analysis on the military medical training, and there is no consistency between the different schools. The Army doesn't train exactly what the Air Force trains, and they don't train what the Navy trains. So there is a lack of consistency with the

training, and that leads to a problem with reciprocity. In addition --

Ms. Schakowsky. Let me just interrupt for a second. So then, maybe, we can work with the military to make sure that if it is a couple more hours of this or something instead of that, that it is with an eye toward discharge and what they are going to do afterwards.

Mr. Chlapek. Yes, ma'am, and we have worked with this reciprocity issue within the military and in the civilian sector for several decades now, since the EMS came about. It has constantly been an issue, and one thing that we are doing with our checklist for employers and checklist for deploying civilian providers is saying, get all of your training records -- it is up to the individual soldier, sailor, airman or Marine when they get out to get all their training records from mobilization station and what they may have received overseas. And then they can take that to the State and say here are my training hours. It might not be part of your curriculum, but I have 3 weeks of HAZMAT training, and that goes a long way toward satisfying some of the requirements. Right now reciprocity is hit and miss.

Ms. Schakowsky. I just want to say, I want to work with whoever is taking the lead. I just think this is something that we can figure out together and with the expertise of people like our witnesses.

Mr. Pitts. The chair thanks the gentlelady.

I recognize the gentleman from Georgia, Dr. Gingrey, for 5 minutes for questions.

Dr. Gingrey. Mr. Chairman, thank you for the recognition.

And Mrs. Capps, thank you for your comments.

And Ms. Schakowsky, absolutely. I am one on this side ready, willing and able -- I don't know whether I am able so much as ready and willing, but I want to thank Lois and Adam and others that, you know, have put together this piece of legislation because clearly it seems to me, and Congresswoman Schakowsky just made this comment, why in the world wouldn't there be consistency, at least some consistency across the services in regard to the 68-whiskey designation, the same that you would have in the Air Force and the Navy as well as in the Army.

I mean, if you have got a soldier that is hit by a torpedo or run over by a tank or shot by a sniper, you know, you have got pretty much the same amount of damage and what you need to do to save their lives, and it seems to me that there should be consistency no matter what branch they happen to be in, and the accreditation should be granted across all service lines, assuming that they have developed that consistency of training.

When doctors who are fully trained and accredited and licensed in whatever subspecialty and from whatever State, when they go down range for a couple of years, do you think that they don't continue to get accredited and have continuing education during some part of that deployment time? Of course, they do. They don't just -- they are not out there at the tip of the sphere with their hand in a wound stopping blood and holding a lacerated artery 24/7. They clean up, dust off, go back and take a course periodically during their military training.

I am sure the same thing exists for these EMSs, and if it doesn't

exist, it is deplorable if they are working 24/7 and have no time to go in a classroom and keep their skills up and keep that accreditation, particularly those who come into the military who are already licensed as paramedics or EMTs. I mean, that should be a no-brainer.

Now, I don't know whether I put that in the form of a question, but I would love a response from our two witnesses.

But, you know, one thing that is missing here from this hearing is you all are doing a great job, but obviously, you both have sort of a military background bent on this in regards to what you think needs to be done to streamline our military EMTs and paramedics to get them more quickly into civilian workforce.

I couldn't agree more, but I would love to hear from someone who maybe is kind of an expert, worked in an emergency room for years or run an ambulance service or whatever with very little, if any, military background who could bring to us some concerns that maybe some of these people from the military are bringing to the civilian side, whether it is post-traumatic stress syndrome or trying to resuscitate every single person before even giving them an opportunity to fog a mirror, you know. So maybe you all can comment on that a little bit as well.

Mr. Nichols. Thank you, Congressman, I will grab one or two of them.

The first time when I first became director of recruitment for Inova Health System in the area here, I did a survey of all the hiring managers across our facilities there, talking specifically about this issue of military, and it was 100 percent -- it wasn't even 90 percent

that -- yes, they would take military hands down. Obviously, they want to make sure the skills are there to meet the requirements for the issue of liability sake, but absolutely would take military hands down.

On the other, for the other question, the first portion of that, there has been about $1.2 billion or so invested in the new training facility down in San Antonio, which is a purple training facility for health care technicians from the E5 and below level, and from what I understand, all services will be transitioning through there, they can hold up to 8,000 students a day and will transition about, train about 24,000 students per year through that facility. Now, will the courses be the same? Probably not right immediately, even among the chaplain corps, and we made a purple training facility for all the chaplains going through, we still had separate buildings for the Army, the Navy, and the Air Force and kind of did a little bit of our own thing.

You know, as long as when you break it down to the competency level and you look across all the curriculum from a competency standpoint and find those similarities and then allow them to maybe add on what they might need for, say, sea service, I think you will find similarities. I think they are moving in that direction right now with the investment that you are seeing in the Department of Defense, but still it doesn't address the issue that they are not an accredited training facility. From the States' side that is still an issue.

Mr. Pitts. The chair thanks the gentleman.

I recognize the ranking member emeritus, Mr. Dingell, 5 minutes for questions.

Mr. Dingell. Thank you, Mr. Chairman. I commend you for holding this important hearing today. As a veteran myself and as a student of military history, I find this piece of legislation to be a no-brainer. It is more than a two-fer. I ask unanimous consent that I can be permitted to insert into the record a rather excellent statement upon which I worked very hard.

Mr. Pitts. Without objection, sir.

[The prepared statement of Mr. Dingell follows:]

******** COMMITTEE INSERT ********

Mr. Dingell. I also want to make it very clear that when I came out of the Army back in 1946, I would observe that I was given by the school that I returned to, Georgetown, full credit for a lot of the things that I had learned and done in the military. That same thing is true about a lot of our veterans who are returning home, particularly in the area of medical care, because they are seeing things and doing things under the most appalling conditions, involving the most terrifying kinds of wounds and injuries and damages and diseases and all kinds of weird parasitic diseases that you get by serving in places like that, and they are having to learn things that people are desperately anxious to know about in the field of organized medicine, but they don't ever get exposure to these kinds of situations.

So here we have got a bunch of veterans who we want to put back to work. We have got a problem with unemployment, which is a very significant problem to the veterans, homelessness and all the other things that attend that, but we have also got another little problem that I think very frankly we should take a hard doggone look at, and that is we are going to have a growing and increasing shortage of people who are qualified to give health care.

Here we have people who are deserving of it by their service, who are skilled and have experience that is enormously valuable. I am satisfied that the schools and education and higher learning in this country are anxious to have these people come. I am equally satisfied that they are happy to have them contribute to the well-being of the schools by paying tuition and things of that kind. We are providing

tuition for those people, but in addition to that, we have the opportunity to see to it that all of a sudden, we get an influx of valuable people who saw the need for this kind of service while they were in the military.

So we are going to give them, we have already given them a lot of training, including ongoing training which they get in the service dealing with their particular specialties. Now I have talked to a lot of the people in the military who are doing this kind of work. It is very clear to me that they want to continue in this kind of area. They want to make a contribution. If you look, you will find a lot of the people who are corpsmen and other things have plans to become nurses or have plans to move on into being specialists in some kind of disease or to have a doctor's degree or something of that kind, and these are a tremendous resource, and I don't see how we could do other than to save the money that it takes to put those kind of people to work to see to it that they have the opportunity to benefit themselves and benefit the country by their skills that they have learned and why we can't move about speedily to moving this legislation forward.

So I congratulate you for the hearing, Mr. Chairman. I urge my colleagues to support this legislation.

I congratulate the authors of the legislation because it is going to be something that is going to be useful.

And to our witnesses in the committee well, I do have some comments, I would be delighted to hear, starting with you, in whichever order, Mr. Chlapek or Mr. Nichols, if you have some comments to make,

you have the remainder of my time, which is a minute and 19 seconds.

Mr. Chlapek. Thank you, Congressman Dingell.

The military can set the baseline here, much like Mr. Nichols talked about on the training at Fort Sam Houston in San Antonio, and they are going a long way toward standardizing the training. We just have to make sure these youngsters come out of the military with the license or the ability to test at that point.

And you talked about the records you walked away with or the training and education in 1946, and I believe we could do the same here with that.

Mr. Dingell. If you can't, you are wasting a lot of something.

Mr. Chlapek. Say again, sir?

Mr. Dingell. If you can't, you are going to be wasting a lot of talent, skills, and money.

Mr. Chlapek. Yes, sir, agree.

Mr. Nichols. Thank you, Congressman, thank you for your service to our Nation.

Mr. Dingell. Thank you.

Mr. Nichols. And I am sure you know probably more than most of us that really the foundation for the community college system and the workforce system of the country was based on the return of soldiers from World War II, and we have come a long way and a lot of good work that has come from there, but in some respects, that transition from out of the military --

Mr. Dingell. This is so much more beneficial today and so much

better, and they are dealing with new things that we never had to deal with. World War II, most of it was shrapnel or rifle bullets or something like that or some guy get hit by a tank, you know, or all kinds of things including some weird diseases that we got in places like Africa.

The hard fact of the matter is now we are having to contend with a whole new array of diseases, damages, injuries, including the effects of blast, which is beginning to show up as having effects we never understood or never were able to address, and these people have got skills that I think in many ways exceed those which are available through the training programs we now have or through the organized system that we have delivering medicine, hospitals and things of that type. A lot of this stuff is brand new to American medicine and the medicine of the world. But you go ahead. I interrupted you, and you have my apologies.

Mr. Nichols. Sir, with that, I concur.

Mr. Pitts. The chair thanks the gentleman.

I now recognize Mr. Kinzinger, one of the authors of the legislation, for 5 minutes for questions.

Mr. Kinzinger. Thank you, Mr. Chairman, again, for holding the hearing and allowing me to ask some questions here.

You know, actually as I was sitting here, this intended to be part of my questioning, but I am actually a major in the military. In the Air National Guard, I am a pilot. And the one thing that really hit me is when I finished pilot training in 2004, I went to an FAA examiner,

and I took a test, and I actually had a master question file that you study. And I went and I took a very quick test, and immediately my training in the military transferred to an instrument rating; it transferred to a multi-engine rating and also a rating in the various aircraft I flew with the military, all by taking a test. I didn't have to go and get retrained and get my civilian equivalent of an instrument rating; I got it in the military. I didn't have to go get my civilian equivalent of a multi-engine; I got it in the military.

And so from the piloting perspective, they recognize that what you learn in the military should transition to the civilian force. In fact, we see that every day when you see military pilots that do their 20 years, and then they go get a job with United or American or one of the airlines and, if you are lucky, Fed Ex or UPS or something like that. So when you look at where the -- and I don't see being a pilot as being much different than an EMT. You are faced with situations. You learn how to control a situation, how to address it, and how to move on. Very recently, actually within the last few years, the FAA also began to recognize an instructor rating in the military as well. So if you are an instructor pilot in the military, you used to have to come out and actually go through the whole instructor rating process civilian wise. A few years ago, they said, you know what, that is stupid, you are an instructor on the civilian side. Guess what? We have not had major catastrophes as a result of it. In fact, we got a whole new breadth of talent I think into the civilian piloting world as a result of that recognition.

And I see this as not very different from that. I see this as the same kind of idea and I think something that can be learned from what has happened in the piloting community.

But here is a question for both of you. So we talk about somebody coming out of the military and being able to transition to having their civilian EMT equivalent. What do you think -- and maybe not an exact but kind of a general, what would be a basic time frame? Obviously, somebody can come in and say, hey, I was a civilian -- or I was a military EMT in 1991. They probably should not be granted immediately the ability to transition to a civilian EMT. So there has to be some kind of a time limit. Maybe it is a year; maybe it is 2 years. I just wanted to get your general thought, we will start with you, Mr. Nichols, on what you think would be a good time frame between I came out with this military experience, and now this can transition to the civilian side.

Mr. Nichols. I believe since the transition out of the military is typically not a surprise for individuals that they should start that process and be allowed to start that process before they get out so they don't have a gap in between the two. I think that really is where the issue is or at least at a minimum allow them to have a testing and a verification in the military so they know what the gap is and know what their requirements will be so they can properly economically plan.

The chief difference, though, between what the FAA has and the health care side is the FAA has a national standard of skills that crosses all the States; whereas with the health care and the EMT, there is no national standard that is recognized by every State.

Mr. Dingell. Would the gentleman yield?

Mr. Kinzinger. Sure, sir.

Mr. Dingell. He makes a very good point. We could overcomplicate what we are doing here today by drafting in all kinds of requirements and standards and things or we could just use the State and the professional accreditation agencies to do the work that we are talking about. They have the full ability to define how long it would be, what the particular skills are, and if we need any help when we take the next look at this, I think we could address all these questions.

I do want to commend the gentleman for what he has done on this.

Mr. Kinzinger. Thank you.

Mr. Chlapek, did you have any input on that?

Mr. Chlapek. I don't know, Congressman Kinzinger, if there is actually a magic number as far as 1 year, 2 years, something like that. A lot depends on the individual and their ability to retain things, but absolutely, it can't be someone from the Vietnam War or World War II coming back and saying, I want to re-license. At some point you have to go back through the training.

Mr. Kinzinger. Thank you. And then just quickly, so 10 seconds apiece basically, do most of these guys come back, men and women, come back with experience from their 16 weeks of training or is it experience that they have received on the job? I mean, which is the most beneficial, the formal training or the fact that they were in Iraq and Afghanistan fixing wounds et cetera?

Mr. Chlapek. Without fail, I would say their real world

experience when they are deployed.

Mr. Kinzinger. Right. Which is something you can't, not to downtrod on civilian EMTs at all, but it is something that can't be replicated necessarily, you know, on the civilian side hopefully.

Mr. Nichols. I absolutely agree. Employers want to hire experienced individuals.

Mr. Kinzinger. With that, Mr. Chairman, I yield back, and I thank you for your courtesy.

Mr. Pitts. The chair thanks the gentleman, and that concludes the questioning, and the chair looks forward to working with the members in a bipartisan way to address the issues that have been brought up today and moving legislation.

Mr. Pallone, you have a unanimous consent request?

Mr. Pallone. Thank you, Mr. Chairman.

I just wanted to ask unanimous consent to enter into the record the statement by our ranking member Henry Waxman.

Mr. Pitts. Without objection, so ordered.

[The prepared statement of Mr. Waxman follows:]

******** COMMITTEE INSERT ********

Mr. Pitts. Excellent testimony, excellent hearing. Thank you. We will be in touch with you. I remind members that they have 10 business days to submit questions for the record.

And I ask the witnesses to respond to the questions promptly.

Members should submit their questions by close of business on Wednesday, July 25th.

Without objection, the subcommittee is adjourned.

[Whereupon, at 11:32 a.m., the subcommittee was adjourned.]