

**Statement of LTC (Ret.) Ben Chlapek  
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Kansas City, MO 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 Guthrie, Mr. Green and members of the Subcommittee, thank you for giving me this opportunity again to discuss the certification/licensure issue plaguing honorably discharged transitioning military medics to civilian emergency medical services. I am Ben Chlapek, Public Safety Training Coordinator for the Mid-America Regional Council in Kansas City, MO and here representing the National Association of Emergency Medical Technicians (NAEMT), of which I currently serve as a member of the Board of Directors and the Chair of the Military Relations Committee. 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 40,000+ 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.

I recently retired as the Deputy Chief of Central Jackson County Fire Protection District, Blue Springs, Missouri. As a former Lieutenant Colonel in the United States Army for 36 years of service, I served tours in Afghanistan, Kosovo, Central America, and multiple other countries. I also served as faculty at Louisiana State University and hold undergraduate degrees in Chemistry and Fire

Science, a Master's Degree in Public Administration and a second Master's Degree in Homeland Defense and Security from the Naval Postgraduate School (pending acceptance of thesis). I serve on numerous national, state, and local committees including the Missouri Governor's Advisory Council for EMS.

## **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 honorable separation from the armed services.

Transitioning military medics are highly sought after by civilian EMS agencies throughout our nation. These agencies seek the medical, leadership, and even the soft skills these veterans provide.

Currently, experienced military medics are often required to entirely repeat their medical training again at the most basic level to receive certification to be hired for a civilian EMS job. Depending on the state, the returning veteran has to

obtain or renew his or her EMS license and 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.

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; upon completion they must test 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 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 former Director of the Missouri Bureau of EMS, met 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 adjusted 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 in a previous session to streamline EMS licensure for honorably discharged veterans. Tennessee, Alabama, Arkansas, Texas, Missouri, Michigan, Louisiana, and a growing number of states 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 multiple and recurring Paramedic openings and is struggling to find candidates with Paramedic licenses who want to work in their extremely busy environment. Streamlining the licensing process for veterans will help them be employed more quickly.

The National Registry of Emergency Medical Technicians and an increasing number of states have established policies and passed legislation to allow veterans a grace period and renewed certification upon returning. We appreciate the assistance and hard work by you that assists us in obtaining this much needed help for our veterans who are returning to civilian EMS jobs.

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**

Due to the committee's focus and work to pass H.R. 235 in the 113<sup>th</sup> Congress, we have seen some national, DoD and state recognition of this issue. The

implementation of transition programs across the nation have been slow to emerge due to funding support, causing military medics to defer their pursuit of a career in emergency medical services based on convenient access to programs.

The subcommittee continues to have the potential to help veterans transition quickly to the civilian profession upon their completion of military duty, essentially reducing unemployment among veterans and instilling positive morale and hope for their futures. 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 continued attention to this issue is the right direction and an excellent investment to help our military veterans, our civilian emergency response agencies, patients and this great country.

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

I would welcome any feedback or questions.