



**VETERANS  
STAND READY  
TO FILL  
CRITICAL  
HEALTHCARE  
VACANCIES**

NOVEMBER 2021



# AN OPPORTUNITY TO STRENGTHEN AMERICA'S HEALTH SAFETY NET

The U.S. response to COVID-19 was marked by many tragic and fatal shortfalls including the understaffing of medical personnel in clinics and hospitals. As the pandemic persists far into 2021, these dire staff shortages rage on as well. Ironically, the Call of Duty Endowment estimate there are tens of thousands of veterans with extensive medical training who want to fill these jobs, yet are blocked by bureaucratic red tape from doing so.

As this report issued by the Call of Duty Endowment will detail, we can remedy the crisis impacting nearly every corner of the country by recognizing that the army we need to fight COVID-19 is already here: our nation's medically trained veterans stand willing to serve. To fully understand the extent by which veterans are blocked from serving our vulnerable healthcare system, we compiled extensive data from each of the fifty-six states and territories. This research focuses on how a medic/corpsman becomes a licensed Emergency Medical Technicians (EMTs) in each state/territory, the common certification that every medic/corpsman is qualified for and what should be a sensible entry point into the healthcare industry. We examined all EMT policy regulations as well as the way those requirements are publicly communicated.

The results are resounding: while several are exemplary, most states/territories are falling short of providing straightforward and clearly conveyed pathways to allow qualified and medically trained military personnel to enter the civilian healthcare field. By following the policy and communication solutions we outline below, state leaders can easily fix these damaging practices while strengthening the health safety net for the populations they serve. To understand this impactful opportunity, first we must examine the reality facing our hospitals and clinics.



## A DANGEROUS SITUATION IN U.S. HOSPITALS AND CLINICS

Nearly two years into this global pandemic, America's healthcare system remains on the brink. Too many hospitals are over-capacity, staff are suffering from burnout, and medical personnel shortages are plaguing our nation.

As NBC reports, 70 hospitals have been at or over capacity for at least half of the past year. Of the 100 intensive care units that have spent the most weeks at or over patient capacity from July 2020 to September 2021, Texas had 17, the highest in the nation. California had 13 and Florida had 10.

The Governor of New York, Kathy Hochul, is facing a multifarious situation in her state's hospitals and clinics. First, a decades-long shortage of medical personnel has been made far worse by the nearly two-year pandemic battle. And now, the state is confronting the likelihood of tens of thousands of healthcare workers who will not meet the state's deadline for mandated vaccines. On September 27, 2021, the Governor made a bold move by calling in the National Guard to deal with the imminent threat posed by a lack of staff in the New York health safety net. Ironically, as this report will detail, there are plenty of veterans trained and ready to go. If they're trusted to help while in uniform, why not when they shed those uniforms and are ready for hire?

The dramatic circumstances in New York are playing out in varying degrees across the country. During the height of last fall's surge in cases of COVID-19, at least 25 states reported hospital staff shortages. A recent study of 20,000 healthcare workers, published in the Lancet open-access journal *EClinicalMedicine*, reports that half have experienced stress, anxiety, fear, and burnout related to treating



patients with COVID-19. Paramedics and EMTs were in high demand prior to the pandemic, according to the Bureau of Labor Statistics, but now that demand has swelled, causing fear (especially in rural areas) that responses to 911 calls cannot be assured. Uncertainty about whether 911 requests will be answered efficiently is a fact of life in too many rural counties in America.

The country's nursing shortage has been serious for decades and now has taken a dangerous turn. 1.2 million new registered nurses will be needed by 2030 to address the current shortage. In September, the American Nurses Association urged the Biden Administration to declare a national nurses shortage, especially in areas experiencing a surge in COVID-19 cases. The rationale: overwhelmed health systems and burnt-out staff who are permanently leaving the profession.

## THE ARMY OF HEALTHCARE WORKERS IS HERE AND READY

Since the dawn of the pandemic, we've heard a familiar refrain from leaders: the need for an 'army' of healthcare workers to fight the COVID-19 virus. An untapped potential that has yet to be fully recognized is that the army is already here.

We estimate that 30K-50K former medics and hospital corpsmen stand ready to join the struggling civilian healthcare industry.<sup>1</sup> These are highly skilled individuals each with a minimum of \$100,000 in taxpayer funded medical training and unparalleled experience in crisis situations. But bureaucratic red tape, a lack of clear regulations, and poorly communicated standards in most states and territories prevents that progression from happening.

[1]

Estimate based on the military exiting approximately 10,000 medics and corpsmen each year since 2001, 50% of veterans wanting to continue work in their military speciality area, and a further 50% of job seeking medics/corpsmen who wish to work in the civilian healthcare sector not being able to find work in the industry according to Hire Heroes USA data. When simply considering post-9/11 veterans, the calculation is 10,000 veterans annually x 20 years x 50% staying in MOS area x 50% of jobseeking former medics/corpsmen not being able to find jobs in the industry. This equates to approximately 50,000 medic/corpsmen veterans. When taking into account that some may have gained civilian medical certifications later or found other careers, the number may decrease beneath 50,000, hence the range.



"I was just nineteen years old the first time I treated a trauma patient. That experience defined me and how I performed patient care for the rest of my career. My job was hard but simple: Make sure everyone returned home healthy."

– SERGEANT FIRST CLASS TIMOTHY HOBBS JR.,  
U.S. ARMY (RET.)





**50% OF FORMER  
MEDICS  
AND HOSPITAL CORPSMEN  
WHO WANT TO WORK IN THE CIVILIAN  
MEDICAL PROFESSION CANNOT FIND  
JOBS IN THE INDUSTRY.**

\*As of 7/1/21

This gap in regulatory policy has wide ranging impacts for every person needing healthcare in America as well as for the men and women who sacrificed for their country. It means that proficient military medical experts who can save the life of a severely wounded Marine in Afghanistan, administer vaccines, or care for an ailing tribal elder in Kenya often must start their training *all over again* in the civilian world—or move to another career out of frustration and financial need. And, in fact, when their military service is complete, many of those who want to continue their medical work struggle to do so. Half of former medics and hospital corpsmen who want to continue working in the medical field are unable to find jobs in the U.S. healthcare industry. And more broadly, 60% of veterans describe themselves as underemployed, according to the The Veterans Metrics Initiative.



# 60%

# OF VETERANS DESCRIBE THEMSELVES AS UNDEREMPLOYED

\* THE VETERANS METRICS INITIATIVE, PENNSYLVANIA STATE UNIVERSITY, 2021. [VETERANETWORK.PSU.EDU/PROJECTS/TVMI-STUDY](http://VETERANETWORK.PSU.EDU/PROJECTS/TVMI-STUDY)

## SOLVE THE HEALTHCARE PERSONNEL SHORTAGE—CUT THE RED TAPE THAT SIDELINES VETERANS

It's challenging to read headline after headline describing the staff shortages in nursing, paramedics, and hospital personnel knowing that each and every veteran corpsman and medic possesses all the skills and experience necessary to serve as basic level EMTs. Many have much higher-level abilities.

“Every veteran that is out of work represents an incredible lost opportunity for our country — one that can and must be remedied as we learn the lessons of this pandemic and march forward on our recovery... The best way you can thank a veteran is to cut the red tape so they can do what they do best — help us all get back on our feet.”

— DAN GOLDENBERG, CAPT, USN (RET.); EXECUTIVE DIRECTOR, CALL OF DUTY ENDOWMENT — *FOR FULL RECOVERY, BRING MEDICS OFF THE PANDEMIC SIDELINE* — [THEHILL.COM](http://THEHILL.COM) (May 2021)







## A MAP FOR CHANGE

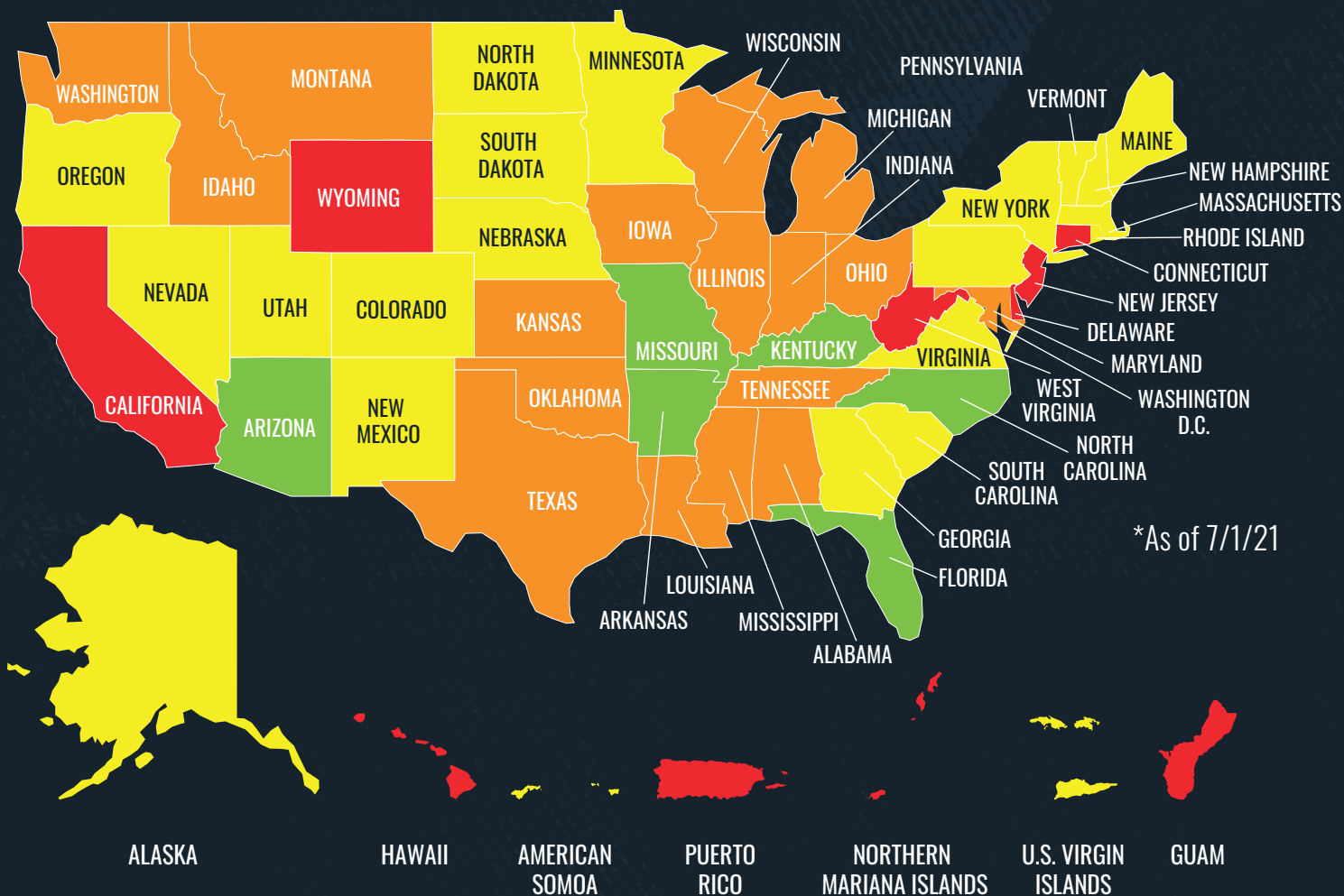
**A WIN-WIN: Connecting unemployed and underemployed military medical professionals with jobs while impacting the dire civilian need for their skills.**

Since 2009, the Call of Duty Endowment has worked with valued partners across the country to place more than 90,000 veterans in jobs. The fact that qualified military medics are shut out of jobs is a long-standing problem made terribly worse by the pandemic. Motivated by the urgency to improve the situation, we examined the EMT licensing practices of 56 states and territories. The solution is clear: if state leaders cut the red tape and improve licensure communications, thousands of trained veterans will fill needed healthcare positions in short order.

Our primary goal of this research is to demonstrate the easily fixed gap in state regulations and by doing so provide solutions to two persistent problems at once: connecting unemployed military medical professionals with jobs while impacting the dire civilian need for their skills.



# EMT LICENSURE FRICTION FOR MILITARY MEDICAL VETERANS



**Green:** These six states provide a clear pathway for EMT licensure with straightforward requirements for veterans. Former military medics or hospital corpsmen can obtain (at a minimum) Basic EMT licenses with proof of: 1) honorable military service as a medic or hospital corpsman (form DD214), 2) current National Registry of EMTs certification and 3) state-accepted background check. Nothing else is required. These states also clearly communicate these straightforward requirements on their Emergency Medical Services website.

**Yellow:** These 22 states and territories have straightforward EMT licensure requirements, yet unfortunately do not clearly communicate them on their Emergency Medical Services website, making it challenging for an individual to navigate the system. Like the green states, they provide licenses to former military medics or hospital corpsmen with proof of military service (DD214), current National Registry of EMTs certification, and state-accepted background check, but poor communication hinders the impact of these exemplary policies.

**Orange:** These 18 states and territories provide some pathways to licenses and some credit for military training, but they layer on unnecessary and overly cumbersome requirements that discourage applicants.

**Red:** In these ten states and territories, veteran medics and hospital corpsmen must start over, as if their previous military medical training was non-existent. They do not provide clear pathways to an EMT license, nor do they provide sufficient credit for military training.



## OUR RESEARCH PROCESS INCLUDED THE FOLLOWING STEPS:

1. Consulted with military and emergency medicine experts throughout this effort.
2. Identified EMT requirements in all states and territories through online examination.
3. Conducted clarifying interviews when necessary with relevant officials from state and territory Emergency Medical Services.
4. Documented the communication of each state's requirements.
5. Analyzed licensure policies to pinpoint challenge areas.
6. Compared regulations to determine best practices for licensure.
7. Graded licensure and communications practices at the state and territory level.
8. Established recommendations for needed improvements.

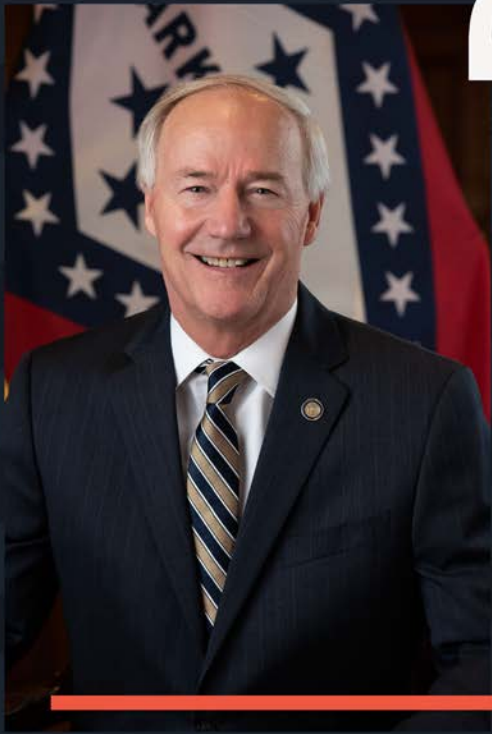
# THE SIX STATES THAT LEAD THE WAY

There are six states that provide clear pathways of opportunity for medically trained veterans, therefore reaping the vast ranging health benefits for the communities they serve. Arizona, Arkansas, Florida, Kentucky, Missouri, and North Carolina are the states that are models for the rest of the nation. Here are the best-in-class policy characteristics they share:



- These states fundamentally understand the value of military medical training/experience and how to employ those assets in the civilian healthcare industry.
- There is a simple and straightforward process for medics and corpsmen to become licensed EMTs in each of these six states, minimizing the national Emergency Medical Services shortage. Arizona, Arkansas, Kentucky, Missouri, and North Carolina have implemented the clear-cut approach of accepting military medics with a current National Registry Verification, and state-accepted background checks. Although Florida does not mention a National Registry certification as a requirement for licensure, Florida gives credit with proof of honorable discharge and expedites licensure under the Veterans Application for Licensure Online Response (VALOR) Program.
- They all clearly communicate uncomplicated standards, allowing veterans to easily navigate a civilian healthcare licensing system. For example, Arkansas' Emergency Medical Services website provides a "Military Reciprocity" resource page that includes clear communication on how veterans become EMTs in Arkansas. And North Carolina's Emergency Medical Services home page provides a "Apply for NC Military Equivalency Credential" resource page that clearly communicates how veterans of each military branch can become EMTs in their state.





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**ARKANSAS IS A MILITARY-FRIENDLY STATE, AND THAT'S ESPECIALLY GOOD NEWS FOR ARKANSANS WHEN IT COMES TO PROVIDING FRONTLINE MEDICAL CARE. EX-MILITARY MEDICS AND HOSPITAL CORPSMEN BRING A LEVEL OF TRAINING, EXPERIENCE, EXPERTISE, AND DEDICATION THAT WILL SHORE UP OUR RESPONSE SYSTEM. I AM COMMITTED TO STREAMLINING THE PROCESS SO THAT WE PUT THEIR TALENTS TO USE FOR THE BENEFIT OF ARKANSAS. AS THIS REPORT NOTES, THE ARMY WE NEED TO FIGHT COVID-19 IS IN PLACE. WE JUST NEED TO LET THEM WORK.**

– ASA HUTCHINSON, GOVERNOR OF ARKANSAS



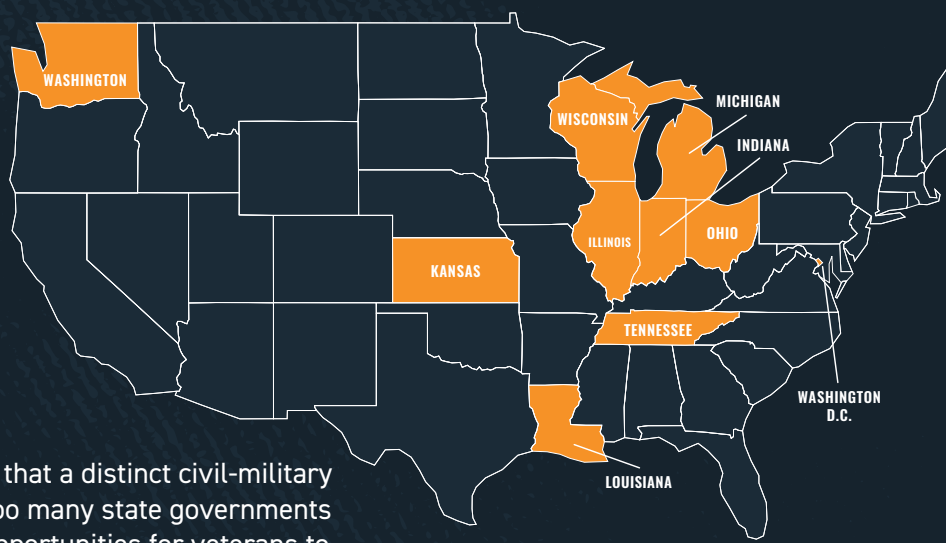
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**AS THE PANDEMIC SWEEPED ACROSS NORTH CAROLINA AND OUR NATION, ONE STEADYING AND ENCOURAGING RESOURCE WAS OUR NATION'S MILITARY. OUR RESPONSE WAS A CLEAR CALL TO DUTY FOR ACTIVE SERVICE MEMBERS AND VETERANS TO HELP US THROUGH THIS MEDICAL CRISIS. I AM PROUD TO REPRESENT AND SERVE THE MORE THAN 720,000 VETERANS WHO CALL NORTH CAROLINA HOME. WE OWE THESE VETERANS, SERVICEMEMBERS, AND THEIR FAMILIES A DEBT OF GRATITUDE FOR SACRIFICING TO PROTECT OUR FREEDOM. WE SHOULD RECOGNIZE THE INVALUABLE SKILLS AND EXPERIENCE THESE MEN AND WOMEN EARNED WHILE SERVING BY PROVIDING MEDICALLY TRAINED VETERANS WITH A CLEAR PATHWAY TO CONTINUE THEIR SERVICE IN OUR HOSPITALS, CLINICS, AND EMERGENCY MEDICAL SERVICES OPERATIONS – FOR THEM AND FOR THE WELL-BEING OF ALL NORTH CAROLINIANS.**

– ROY COOPER, GOVERNOR OF NORTH CAROLINA







## THE CIVIL-MILITARY DIVIDE

Another major finding of this research is that a distinct civil-military divide persists amongst state leaders. Too many state governments fail to recognize the value in providing opportunities for veterans to transition into civilian life smoothly. Their needlessly burdensome and subjective processes reflect this failure.

Case in point: 10 out of 18 states and territories in the orange category require a form for licensure that is virtually impossible for veterans to obtain from their original military educator.

For example, many qualified medics are excluded from becoming EMTs in Mississippi because to do so they have just 90 days to track down their first instructor (who may have left the military themselves) from years past, to complete a form unique to that state.

## RURAL POPULATIONS SUFFER THE MOST FROM FAILING EMERGENCY MEDICAL SERVICES

It's clear that while the healthcare job shortage impacts the entire country, rural populations are suffering the most from the lack of Emergency Medical Services. [News stories abound](#) of cities and counties relying on volunteers to fill these roles or needing to borrow paramedics from neighboring regions. State and regional leaders would be wise to employ the many veterans in their communities who are already trained for these critical first responder roles.

The state of Nebraska represents a good example of how quickly and easily their shortage of paramedics can be remedied. The Nebraska state leadership clearly values the role medics can play as reflected by their best-in-class licensing policies. However, their communication could be easily improved so that prospective EMS applicants can readily find the information needed for licensing online, which at time of publication was not the case. Small changes would likely lead to major improvements for Nebraska's emergency service workforce.



“Hiring former medics means you will bring people on board who have the medical skills to fill the needs of your healthcare organization as well as filling the leadership gaps you never knew you had.”

– Master Sergeant Aaron Bowman  
U.S. AIR FORCE (RET.)

\*As of 7/1/21



## A PIECEMEAL APPROACH SIDELINES VETERANS - ESPECIALLY IN THE GOLDEN STATE

A broad takeaway from this research is the glaring need for standardized exemplary policies for emergency medical services in all American states and territories. A gold standard should be set for all states, rather than the current piecemeal approach. A case in point is California, where at least 13 intensive care units were at or over capacity in September 2021. California's pathway is unnecessarily difficult and, unlike the six best-in-class states, it is clear that the state doesn't understand the value of military medic/corpsman training or experience. This dynamic is especially tragic for the state with the largest veteran population and the greatest healthcare needs. Their piecemeal approach means that each of the 58 different counties in the state maintain their own standards. Shockingly, most counties invalidate the extensive medical training and experience veterans received in the military. In fact, many counties require time-consuming, costly and redundant additional training for experienced combat medics.

The poor communication about California's regulations also serves as a barrier to connecting veterans with jobs that desperately need to be filled. Though it is difficult to find, California's state Emergency Medical Services website does mention the military, but provides contradictory information.

**The Counties of Los Angeles and San Diego—with the state's largest veteran populations—do not mention the military anywhere on their EMS websites.**

California must align the military reciprocity pathway in all fifty-eight counties by accepting military training received in service, so long as it is paired with proof of military service, current National Registry certification and a background check. Nothing else should be required. And every county should link back to a standard military reciprocity resource page on their EMS homepages, making this information clear and accessible. Too many California veterans are excluded from the jobs that could make the state's fragile healthcare system stronger.

## CALIFORNIA

Los Angeles County has the largest veteran population of any county in the United States

LOS ANGELES

SAN DIEGO

\*As of 7/1/21



## NATIONAL LEVEL RECOMMENDATIONS

It's clear that we need to remove the bureaucratic barriers to reduce the healthcare staff shortage plaguing America and free veterans to be a vital part of our response to the pandemic (and a strengthened future healthcare infrastructure). Accomplishing this win-win scenario is not complicated. In fact, six states have already paved the way, providing models for the others to emulate. With straightforward and inexpensive improvements to their communications, an additional 22 states would join the best-in-class ranks.

First, we must streamline requirements. The human body and its treatment needs do not change when crossing state lines. Rather than a complicated piecemeal approach to providing EMT licensure, every state and territory should simply require:

- Current National EMT Registry Certification
- Form DD214 proving honorable military service as a medic or corpsman
- A state-approved background check

Second, states and territories must clearly communicate their necessary EMT licensure information.

- It is imperative that requirements are up to date (some don't reflect current law), comprehensible, and easy to find on state/territory Emergency Medical Services websites (rather than requiring phone calls), following the best example of North Carolina.
- Within the military section of its EMS website, each state should provide specific information for Navy Corpsmen who do not hold a National Registry certification (all Army and Air Force Medics are required to hold current NREMT, but not all Navy Hospital Corpsmen).

If these two approaches are followed, in short order we will experience a sizable strengthening of our country's health infrastructure - while better discharging our obligation to the men and women who served and sacrificed in military medicine.



“What we found in the last year [during the pandemic] is that we had to make decisions not knowing all the information. People with the military understand that [level of] personal accountability. Like healthcare workers, those in the military have a sense of service and sense of purpose. Vets can come in and bring this resilience.”

- Dr. David W. Callaway, professor of emergency medicine at Atrium Health In Charlotte, N.C., and a former physician with the U.S. Marines.





## A CALL TO ACTION

The fact that tens of thousands of medically trained professionals are blocked from continuing their service in healthcare during a pandemic is a serious societal shortcoming that can be easily resolved.

State leaders need to be educated and compelled to act. Here is how you can help:

1. Check where your state or territory is rated in our [analysis](#). If not in the “green” category, advocate for change.
2. If your state or territory is in the orange or red categories, contact your state representatives demanding our simple approach for licensing veterans as Basic EMTs. Every state and territory should simply require the following:
  - Current National EMT Registry Certification
  - Form DD214 proving honorable military service as a medic or corpsman
  - A state-approved background check
3. If your state or territory is in the yellow, orange or red categories, advocate for your EMS agency to clearly communicate the above standards, allowing veterans to easily navigate a civilian healthcare licensing system.
4. If your state or territory is not “in the green,” write a letter to your local news outlet acknowledging the contributions of veterans and the vast experience they bring to your community. Demand change, following the examples of the six leading states.



# THANK YOU

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