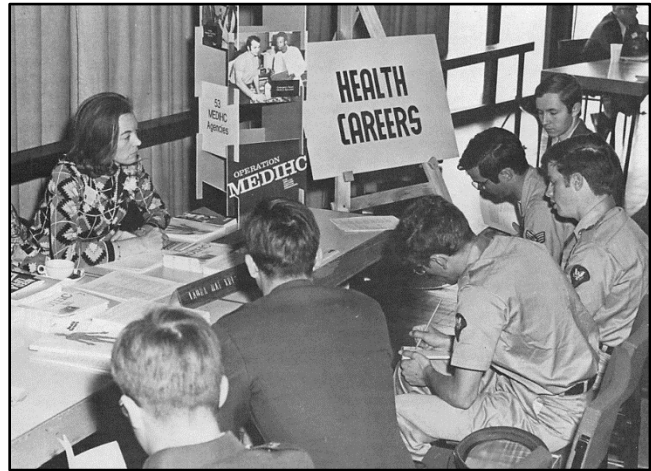


Finding a Niche for Medically Trained Veterans in Civilian Healthcare 1970s

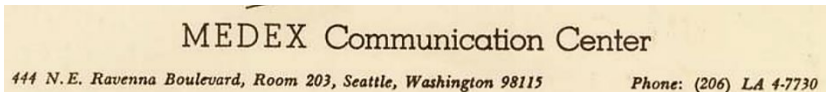
Operation MEDIHC: At the beginning of the 1960s, the United States was in the midst of a severe shortage of all types of clinical, nursing, and allied health personnel and it was projected that this shortage would persist well into the 1980s. Meanwhile, some 32,000 men and women with clinical, nursing, and allied health skills were being discharged from the Armed Services annually. Therefore, it made sense for the Secretaries of the Department of Health, Education and Welfare (DHEW) and the Department of Defense to issue a joint memorandum to begin efforts to increase the



use of veterans who had healthcare experience into civilian healthcare careers. The result was the establishment and funding of Operation MEDIHC (Military Experience Directed into Health Careers). The DHEW established a designated agency within each state to serve as a focal point where medically trained veterans could obtain health career counseling and vocational guidance. Eligible veterans were then referred to appropriate health employers or to health career educational programs. These state MEDIHC agencies were funded by contract with the Public Health Service's Division of Associated Health Professions, Bureau of Health Resources Development, Health Resources Administration. Federal funding first became available in June 1971 and by the end of June 1972, all states and the District of Columbia had operational MEDIHC programs. The funded agencies varied from state to state and included state hospital associations, state employment services, universities, state health career councils and other health related organizations. One agency covered five states. Administrative and technical assistance was provided through regional MEDICH coordinators assigned to each of the ten DHEW regional offices. Data collection, referrals and placements were tabulated, and outcome and follow-up evaluations were conducted and reported routinely.¹ Most states accomplished their stated goals and numerous civilian health career pathways were open to veterans during this time, including those who were referred to PA and MEDEX programs that were being established concurrently throughout the USA.

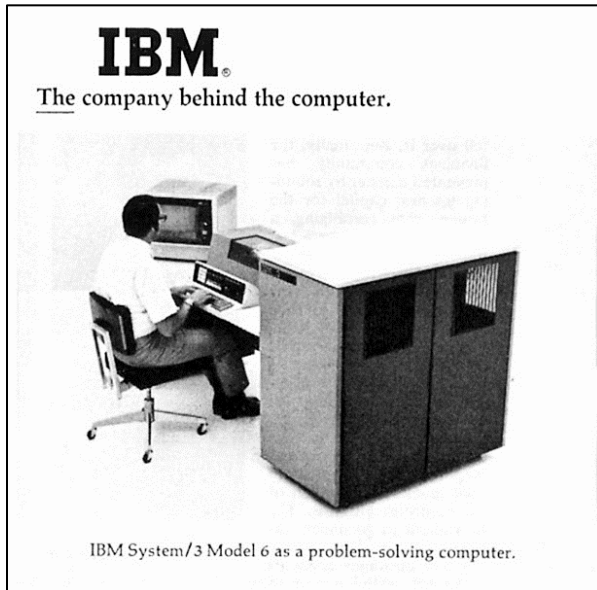
MEDEX Communication Center:

Although not directly related to the MEDIHC projects, a parallel



development was occurring on the west coast to mesh formerly medical trained military veterans with civilian health care jobs or entrance into health career related educational programs. An offshoot of the northwest MEDEX program established at the University of Washington in Seattle, the newly established agency was named the "MEDEX Communication Center." A September 27, 1971, letter sent by the Center's Associate Director, Steven Turnipseed, Mx, to Martin Cherkasky, MD, at Montefiore Hospital in Bronx, NY, explained that the Center was developed in June 1971 to provide a national paramedical placement service, primarily for former military corpsmen. According to Turnipseed, the Center's database had over 2,500 applicants and received applications from all over the USA. As he noted in his letter, the applicants had "a wide range of military training and experience across a broad spectrum of paramedical skills and are interested in additional training programs and/or health-oriented jobs in the

civilian health care system.”² According to Turnipseed, the Center had developed an automatic processing system that could match potential health-oriented training programs or jobs with applicants in any geographic locale. The computer-based processing system could generate a list of names with resumes to be sent to each interested party who in turn could review the background information and then directly contact the applicant with an offer. There were no fees charged for the referral service either to the applicant or the interested party since the Center was funded by a grant from the Washington State Medical Education and Research Foundation. The free service was available “to all training programs, hospitals, agencies and institutions in the civilian health care system”²



In a July 1972 quarterly report to the Office of Economic Opportunity, Washington, DC, Vivian Charles Capriano, Director of the MEDEX Communication Center, requested an increase in staff to help implement the strategy plan for the Center. The Center’s nine member staff needed to respond, “to personnel requests for any degree of medical skill and for centers in all types of communities.”³ Capriano noted that introductory letters and informative materials had been sent to 45 selected military centers and 74 health centers and agencies had been contacted by letter or telephone. Staff had visited and provided briefings to interested corpsmen at 15 strategic military medical centers. Also, Capriano noted that an article describing the Center’s function had been placed in

the *Navy Times* magazine with good response and inquiries from readers. A similar article was planned for the *Army Times* magazine. Finally, the Center’s staff had established contact with several MEDIHC state coordinators, “so they understood our operation. The result is that we now work together and have several referrals from this relationship.”³ The Center had ample space for staff and had increased the use of the IBM System 3 Automatic Data Processor resulting from an increase workload with the addition of MEDEX programs. Several new (software) programs had been added to track and speed up the referral process. Capriano noted that the increased computer time was still within the Center’s contract with IBM. He gave the following breakdown for the past quarter’s workload:

Inquires	2,546
Applications	617
Referrals	1,678
Placed this Quarter	14
Placed to Date	167
Medex placed in health centers this quarter	4

In the conclusion of his quarterly report, Capriano mentioned that the Center had been in touch with Dr. Raymond Kivel, Medical Director of the Charles Drew Postgraduate Medical School in Los Angeles, to discuss the feasibility of using his facility to train to be placed in Watts Health Center. Dr. Kivel was in favor of exploring this plan at an upcoming meeting in Los Angeles. Capriano noted that if this arrangement could be worked out in California, then it could be used as a “framework for establishing

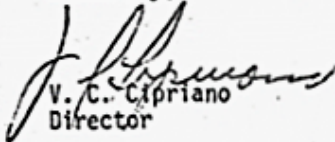
similar programs in all states where Medex are being trained (and ...) to place qualified paraprofessionals in centers where the delivery of good health care is needed.”³

In a letter dated February 22, 1974, to Thomas Hatch, Director of the Division of Allied Health, Bureau of Health Resources Development (BHRD), Cipriano stated that he realized that the MEDEX Communication Center had not been able to establish a sufficient placement service to justify continued funding as a national placement service for allied health. That was the reason the Center was not asking for continued full funding, just enough additional funding to remain in operation until “other agencies who need our service in support of PA programs and PA graduates can arrange funding.”⁴ He goes on to say that the bona fide reasons for the Center’s inability to attain an impressive job placement record was: (1) The uncertain funding situation since the Center’s establishment, (2) Extreme delays in approval of funds, (3) the dismantling of OEO and transfer of the Center’s grant to BHRD, DHEW, (4) the Center’s definition of job placement that was much more stricter than MEDIHC and would make a difference in calculating cost per placement as the Center’s total referrals through January 1974 were 26,000 compared to placements of 410. After spending some time elaborating on the Center’s success in placing former military health trained personnel into PA and MEDEX Programs, Cipriano ends his letter as follows:

If the MEDEX Communication Center can remain in operation until June 30, 1974, and the APAP-AAPA is successful in obtaining funding for our service, we could provide: applicants for 50 PA programs which are members of the APAP; a job placement service for the graduates of these programs; a follow-up placement service for the 500 present members of the AAPA; continuation of our placement assistance service to allied health personnel from allied health institutions and corpsmen from the armed service; and assistance in recruitment for military reserve units, community colleges, and other training organizations.

It would seem that after an investment of \$500,000 of government money spent over the past three years, the expenditure of an additional \$25,000 to realize some return on the original investment would be worthwhile and in the interest of the taxpayer.

Sincerely,


V. C. Cipriano
Director

VCC: j1b
Enclosures

Epilogue: In their own way, Operation MEDIHC and the MEDEX Communication Center were successful in helping military health trained personnel find jobs or educational opportunities in the civilian sector of American Healthcare. The formal education of PAs and Medex played an important role in the federal governments interest in providing healthcare opportunities for qualified veterans. Because of the war in Vietnam, the numbers of medic and corpsmen being trained increased into a substantial pool of new candidates to enter the civilian healthcare sector. The timing could not have been better since the nation was undergoing a major supply shortage in all types of clinical, nursing, and allied health personnel. Without these pioneering efforts, the taxpayers’ investment in the training of military healthcare trained personnel would have been wasted; underutilized to provide needed healthcare services. Even though it failed to be sustained financially, the MEDEX Communication Center’s goals were later incorporated into the American Academy of Physician Assistants’ (AAPA) “Jobs Find” (known now as PA JobSource) and the

Physician Assistant Education Association's (PAEA, formerly APAP) Centralized Application Service for Physician Assistants (CASPA).

References:

1. Hemphill, FM and Frazer, AB. Operation MEDIHC – Texas Pilot Project. Public Health Reports. U.S. Surgeon General and the U.S. Public Health Service. 1975:90(3):235-240.
2. Information letter regarding Medex paramedical referral service - Correspondence: Turnipseed to Cherkasky. (September 27, 1971) PA History Society: Clara Vanderbilt Paper Collection.
3. Quarterly Report – Correspondence: Cipriano to Casanove. (July 21, 1972) PA History Society Collection.
4. Request for additional funding – Correspondence: Cipriano to Hatch. (February 22, 1974) PA History Society Collection.

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