NAVEC

NORTH AMERICAN VETERINARY ETHICS COUNCIL

The Veterinarians America Won’t License

Thousands of trained veterinarians are asking to help end the shortage. One private association decides who gets in. No one is allowed to check how.

A NAVEC Research Report

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All facts herein are drawn from public records and are cited in the Sources section. Characterizations of litigation positions are attributed to the parties asserting them and are not findings of any court.

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Abstract

The United States is short roughly 37,000 full-time veterinarians, a gap projected to more than double by 2031. The fastest available remedy — veterinarians already trained abroad, thousands of them seeking U.S. licensure, many of them American citizens — is controlled by a single gate: the Educational Commission for Foreign Veterinary Graduates (ECFVG), a certification program owned, staffed, and operated by the American Veterinary Medical Association, the profession's incumbent trade association. This study examines that gate against the parallel system in human medicine and against the AVMA's own published figures. It finds a two-tier standard whose culminating examination — a three-day, seven-station, live-animal practical costing $12,804, nonrefundable — has never been required of any domestically trained veterinarian, and which the examination's own examiners reportedly doubt most American graduates could pass; a capacity structure offering roughly 256 first-time examination seats per year against more than 2,000 enrolled candidates, with a 75 percent first-attempt failure rate whose retakes consume most of the exam's seats; total program costs that doubled in 2026 without published financial justification; and an accountability vacuum without parallel in American professional licensure — no federal review, no state audit rights, no published validity evidence, and no appeal. Medicine, facing the identical problem, certifies foreign-trained physicians at sixty times the rate through an independent body using the same examinations American students take. The study quantifies the gate's cost to the public, maps the legal frameworks its documented features implicate — antitrust, delegation, consumer protection, and civil rights — and sets out a reform agenda modeled on the system that already works: medicine's.

Why You Can't Find a Vet

This report is about a licensing gate most Americans have never heard of. If you have ever waited weeks for a vet appointment, driven an hour because no clinic near you was taking patients, or watched a shelter plead for veterinary help, this gate is part of the reason. Here is the whole story in five minutes; the rest of the report proves every sentence of it.

America is short tens of thousands of veterinarians. Not slightly short — short by roughly 37,000 full-time vets today, on track for 83,000 by 2031. Clinics are closing shifts, shelters can't hire, and nearly a third of American pets don't see a vet in a given year.

Thousands of trained veterinarians are asking to come help — and one organization decides whether they may. Veterinarians trained abroad — many of them American citizens who studied overseas — must earn a certificate before any state will license them. That certificate is issued by a program owned and run by the American Veterinary Medical Association, the AVMA: the private trade association of the veterinarians already here. Not a government agency. Not an independent body. The incumbents' own club runs the door through which their future competitors must pass —

and no government official, in any state or in Washington, has the power to audit how it does so.

The same association says America doesn't need more vets. For fifty years, AVMA-commissioned studies have predicted too many veterinarians; the tested predictions have been wrong, every time, in the same direction. Its current outlook still projects a surplus by 2030 while the documented shortage grows every year (Figure 1). Keep that in mind while you read what its gate looks like.

The gate is astonishingly narrow — and it is narrow on purpose in the only sense that matters: it doesn't have to be. More than 600 veterinarians now enter the program each year, and more than 2,000 are waiting inside it. The final exam has about 256 first-time seats a year — for the entire country. Seventy-five percent fail on the first try, and failed candidates get priority on future seats, so the exam's own failures consume most of its capacity. Out the other end come roughly 150 to 220 vets a year. When one extra exam session was added in 2023, completions jumped 30 percent — proof the bottleneck could have been opened at any time, for decades, and wasn't.

The final exam is a test no American veterinarian has ever had to pass. American vet-school graduates take a multiple-choice test and are done; no hands-on exam, ever. The foreign-trained face a three-day, seven-station practical on live animals — anesthesia, and a solo dog spay, each graded pass-or-fail on the spot — plus horse and cattle stations that most American vets, who overwhelmingly practice on cats and dogs, would face just as cold. It costs $12,804, not refundable for any reason, including a candidate whose travel visa is denied. Fail one station over a skin-wipe, and you pay $4,571 per section to try again — if you can find a seat within the six-month deadline, in a queue that runs nine to eighteen months. It is a trapdoor dressed as a deadline.

Real people are inside this machine. A board-certified specialist who trained at Cornell and saves animals every day in a New York critical-care unit failed the anesthesia station over a forgotten alcohol wipe — her journey through this program has taken thirteen years. A twenty-year practitioner from Vienna passed the national licensing exam itself, then spent eighteen months hunting for a seat at the one exam still in her way. Candidates hire helpers overseas to watch a registration portal that opens with no warning and sells out in minutes — and if they refresh the page too often, the AVMA suspends their accounts. Meanwhile the fees went up 68 percent, and the retakes tripled.

> *“If a specialist who’s been trained in the U.S. can’t pass this test, I can only imagine how hard it is for someone who has just stepped on U.S. soil.”*
>
> **— Dr. Mariana Pardo, board-certified criticalist · VIN News, 2024**

Medicine already solved this problem — for doctors who treat people. Foreign-trained physicians take the same exams American medical students take, run by an

independent body the American Medical Association does not control, under a federal committee's oversight. That system certified 13,431 doctors in 2024; today one in four American physicians trained abroad, and government programs actively steer foreign-trained doctors into the towns that need them most. If human medicine can welcome foreign-trained doctors at that scale without lowering a single standard, the burden is on veterinary medicine to explain why animals deserve less.

States have noticed. Eleven states — red and blue, Virginia unanimously in both chambers — have now passed laws letting these veterinarians work under supervision while they wait, because the regular door is jammed. One candidate, an American citizen trained in Colombia who already passed the national licensing exam, checked the seat-registration portal three times a day for two years without ever seeing an opening — then helped write her state's workaround law herself, only to be told the rules would take up to two more years. The organization running the gate opposes these state laws.

And no one is allowed to check any of this. No audit rights. No published pass-rate reports. No appeal for candidates. No rationale, published anywhere, for why the exam is designed the way it is. When the program's own commissioner — the only member who had ever been through it himself — criticized it publicly, he was removed, without stated reasons and without appeal.

NAVEC does not claim to know what is in anyone's heart. We claim something simpler and fully documented: a private association with a fifty-year record of denying the shortage operates, for profit, an unauditable gate that holds back the one ready supply of help — and every feature of that gate that cannot be explained by necessity can be explained by the incumbents' interest in keeping it shut. Read the record. Then ask the question regulators exist to ask.

A note on method: every fact in this report comes from public records — most of them the AVMA's own statements, bulletins, and filings — and each is cited in the Sources section. Where we estimate, we show the arithmetic and label it. Where allegations are unproven, we say so.

Executive Summary

Every year, hundreds of fully trained veterinarians — graduates of veterinary schools abroad, many of them United States citizens — attempt to earn the right to practice in a country experiencing a documented, worsening shortage of veterinarians. Nearly all of them must pass through a single gate: the Educational Commission for Foreign Veterinary Graduates (ECFVG), a certification program owned, operated, and staffed by the American Veterinary Medical Association (AVMA), the profession's private trade association. This report examines that gate in detail and asks six questions: Is it fair? Is it audited? Does it demand a level of competency not demanded of — or reasonable to expect from — graduates of AVMA-accredited schools? Does its structure suppress the

supply of veterinarians? What does its attrition cost the country? And what legal questions does it raise?

The findings, drawn entirely from public records — the AVMA's own program documents and statements, trade-press reporting, a federal court filing by the United States Department of Justice, and state regulatory materials — are these:

The standard is not equal. The ECFVG's culminating hurdle, the Clinical Proficiency Examination (CPE), is a three-day, seven-section, hands-on, live-animal practical examination — including a solo canine spay and anesthesia sections graded pass/fail — that costs $12,804, nonrefundable, per attempt. No graduate of a U.S. accredited veterinary school has ever been required to pass it, or any hands-on licensing examination. Domestic graduates take a multiple-choice test. In human medicine, foreign-trained physicians take the same examinations American students take, administered by an independent body; medicine abolished its own hands-on licensing exam in 2021. Veterinary medicine reserves its harshest standard exclusively for the veterinarians it is shortest of — and pads the path with a redundant second written examination the AVMA's own bulletin concedes “is not designed to replace” the licensing exam candidates must still pass, and an English requirement that a foreign high-school transcript waives but an American residency does not.

Nobody audits it. No federal agency reviews the ECFVG. No state has audit rights over it. Medicine has a federal committee — the NCFMEA — that reviews foreign medical accreditation standards; veterinary medicine has no counterpart. The program answers only to the AVMA, and when its own commission's sole ECFVG-certified member publicly criticized the program's administration, he was removed from the commission with, in the AVMA's words, “no option to appeal.”

The bottleneck is designed into the arithmetic. By the AVMA's own figures, more than 600 candidates now enter the program each year and more than 2,000 are currently enrolled — against roughly 570 examination seats per year, 55 percent of which are reserved for candidates retaking sections they failed. That leaves approximately 256 first-time seats annually for the entire country. Seventy-five percent of first-time candidates fail at least one section and re-enter the queue. The output has averaged roughly 140 certificates per year for five decades — approximately 150 to 220 in recent years. When one additional examination session was added in 2023, program completions rose 30 percent — demonstrating that the constraint is examination capacity, and that it has been allowed to persist for decades.

The human and financial toll is severe and documented. Candidates wait one to three and a half years for seats, hire help overseas to monitor a registration portal that opens without notice, face account suspension for refreshing it too often, pay five-figure nonrefundable fees that nearly doubled between 2023 and 2026, pay re-registration penalties for delays the program itself created, and — in a case reported by the veterinary trade press — a U.S.-residency-trained, board-certified specialist failed the CPE

anesthesia section and was removed from the exam over a skin-prep step, on a thirteen-year journey through the program.

The shortage impact is measurable. Foreign-trained veterinarians constitute roughly six percent of new entrants to U.S. practice. In human medicine, international graduates are approximately 25 percent of the entire physician workforce, and the medical equivalency body certified 13,431 physicians in 2024 alone — against the ECFVG's approximately 220. States have begun to route around the gate: New York licenses foreign-trained veterinarians through its own review pathway without the CPE, and at least eleven states — most recently Connecticut and Virginia in 2026, the latter unanimously — have created provisional permits or traineeships for candidates the queue has stranded. The AVMA has publicly opposed such measures.

The legal questions are substantial. The Department of Justice has told a federal court that AVMA accreditation activity enjoys no antitrust immunity — that private standard-setting bodies "cannot erect anticompetitive hurdles that reduce competition by restricting the number of veterinary providers entering the profession." The same logic reaches a supply-limiting certification gate operated by the same association. Separate questions arise under state consumer-protection law, state delegation doctrine, and civil-rights frameworks. This report characterizes those questions carefully: they are questions, raised by a documented record — and they deserve answers only regulators can compel.

NAVEC's position is reform, not accusation: certification of foreign-trained veterinarians should be independent, transparent, adequately resourced, and aligned with the standard applied to domestic graduates — as it is in human medicine. Nothing less is fair to the candidates, and nothing less is adequate to the shortage.

1. What the ECFVG Is: Anatomy of the Gate

The Educational Commission for Foreign Veterinary Graduates is not a government agency, an independent commission, or a creature of state law. It is a program of the American Veterinary Medical Association — housed within the AVMA, staffed by AVMA employees, and governed by a commission under AVMA authority. Its certificate is, in nearly every state, the practical prerequisite for a foreign-trained veterinarian to sit for licensure. The program applies not only to foreign nationals: any United States citizen who earns a veterinary degree abroad at a school not accredited by the AVMA's Council on Education must pass through it.

1.1 The four steps

Certification requires four sequential steps. Step one is registration and credential verification: a $700 nonrefundable application fee, a $900 quality-assurance fee, notarized documentation, and a verification process the AVMA's own materials describe as taking a variable period of "weeks or months." Registration lapses every two years;

candidates who have not completed the program must pay a $120 re-registration fee to remain enrolled — including, as the trade press has documented, candidates whose delay was caused by the program's own seat shortage. Files inactive for more than eight years are destroyed.

Step two is an English-language requirement, examined in Section 3.6. Step three is the Basic and Clinical Sciences Examination (BCSE) — a computer-based, 225-question, four-hour examination spanning nine clinical domains from anatomy and pharmacology through medicine, surgery, and diagnostics, at $250 per attempt, nonrefundable, with a roughly 120-day mandatory wait between attempts. What the BCSE is not is a substitute for anything: the AVMA's own candidate bulletin states that it “is not designed to replace licensing examinations,” and every ECFVG candidate must still pass the NAVLE — the national multiple-choice licensing examination covering substantially the same clinical domains — to obtain a license. The foreign-trained candidate therefore takes two written examinations of overlapping content where the domestic graduate takes one. Medicine's equivalency body administers no proprietary written examination at all: the ECFMG certifies on the USMLE itself, the same test American students take. The BCSE's unique contribution to the pathway is an additional gate, an additional fee, and additional months. Practitioners who have run the full gauntlet make the redundancy point from the other direction: one CPE-certified veterinarian argued in the profession’s press that anyone who passes the hands-on examination “should … be exempt from wasting time and money on the NAVLE.” Run the comparison in either direction and the conclusion is the same: the pathway tests twice what medicine tests once. Step four — the summit of the program — is the Clinical Proficiency Examination.

1.2 The Clinical Proficiency Examination

The CPE is a three-day, hands-on, live-animal practical examination administered at exactly two sites in the United States: Mississippi State University's College of Veterinary Medicine and the Viticus Group facility in Las Vegas. It comprises seven sections: canine anesthesia (graded pass/fail, with no numeric score); surgery, consisting of a canine ovariohysterectomy — a solo spay — also graded pass/fail; and five sections scored on a 100-point scale with a passing threshold of 60: equine practice, food-animal practice, necropsy, small-animal radiographic positioning, and small-animal medicine. A candidate must pass all seven sections to pass the examination.

The 2026 fee for the full CPE is $12,804, with a $1,000 deposit at application and the balance due 60 days before the examination. The AVMA's candidate bulletin states: “All fees for the CPE are non-refundable and non-transferable.” The bulletin specifies that fees are not refunded even when a candidate fails to obtain the travel visa needed to attend. A candidate who fails one to three sections may retake them — at $4,571 per section — but must apply within six months of the failure and must accept one of the first available retake seats offered or forfeit the retake privilege entirely. A candidate who fails four or more sections must retake the entire examination at full price. As Section 3 details, these

retake windows operate inside a system whose documented seat waits have run nine to eighteen months.

1.3 Who runs it

In 2023, VIN News Service — the news arm of the Veterinary Information Network, the profession's largest online community — reported that the entire program was administered by two staff members plus part-time administrative support, under two AVMA directors, one of whom divided his time between the ECFVG and the AVMA's Council on Education, the body that accredits veterinary schools. A program coordinator's resignation in late 2022 left candidates, by their own account, facing months of unanswered communication. A commission member reported having asked, every year, whether the program needed more funding for staffing, and being told each time that staffing was adequate.

The same reporting documented how the commission treats internal criticism. Dr. Andrei Tarassov — at the time the commission's only member who had himself earned an ECFVG certificate, and one of only two of its eleven members who had navigated the program it governs — was removed from the commission in the spring of 2023. The removal letter from the AVMA's chief executive specified no reasons; VIN News reported the stated grounds as “unfounded and public criticism” of the program and communicating with candidates. The AVMA confirmed there was “no option to appeal.” Whatever one makes of the underlying dispute, the structural fact is notable: the one commissioner with lived experience of the program was removed for criticizing it, through a process with no appeal — by the same organization whose examination policies offer candidates no appeal of their scores.

1.4 The conflict of interest, plainly stated

Every fact in this report must be read against one structural reality: the association that administers the foreign-graduate gate has a five-decade public record on the question of whether America needs more veterinarians — and that record points one way. AVMA-commissioned workforce studies have forecast surplus or sufficiency repeatedly across fifty years; the tested forecasts have been wrong, and wrong in the same direction, as the documented shortage grew. As recently as 2024, AVMA economic analyses maintained that no shortage exists. The Department of Justice has recited, in a federal filing, the allegations that AVMA leadership characterized prospective new schools as “downward economic pressure” and that AVMA materials describe its purpose as making the profession “a more profitable endeavor.” Whatever the explanation for that record, this much is undisputed: the organization operating the narrowest gate into the profession is an organization whose published economic position is that the profession does not need more entrants.

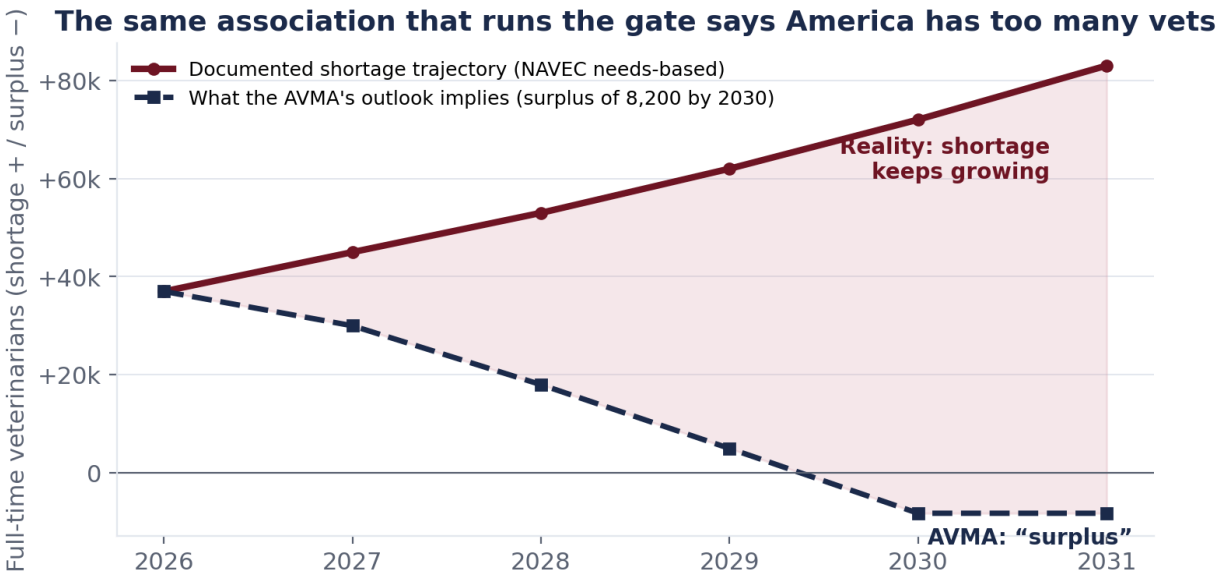


Figure 1. The conflict of interest in one picture: the association operating the foreign-graduate gate projects a veterinary surplus by 2030, while the documented need-based shortage grows toward 83,000. Sources: AVMA surplus projection (2024); NAVEC, The Veterinary Shortage: A Need-Based Assessment (2026).

The comparison inside the AVMA's own house makes the governance problem vivid. The AVMA's Council on Education — the school accreditor — at least maintains the formal apparatus of independence: federal recognition, a structured council, designated public members. The Department of Justice has nonetheless told a federal court that this apparatus does not immunize it, reciting its composition and its housing within the AVMA. The ECFVG does not maintain even the apparatus. It claims no independence, has none to claim, and answers to nothing outside the association. If the COE's structure is vulnerable to the charge of capture despite its formal separations, the ECFVG's structure does not reach the starting line of that argument: there is nothing to capture, because the incumbents' association simply runs it.

> *“Thirteen new schools in the pipeline would create “downward economic pressure” on the profession.”*
>
> **— Characterization attributed to AVMA leadership · recited in the U.S. Department of Justice’s Statement of Interest, 2025**

2. The Medical Mirror: How Medicine Welcomes the Doctors Who Treat Humans

The most illuminating measure of the ECFVG is the parallel system in human medicine, because medicine faced the identical problem — how to verify the competence of foreign-trained professionals — and solved it in the opposite way at every decision point. One fact should frame everything in this section: the professionals moving through medicine's

system are licensed to treat human beings. The stakes could not be higher, the malpractice exposure could not be larger, and the political scrutiny could not be more intense. If any profession had an excuse to build a fortress against foreign-trained practitioners, it was this one. Instead, medicine built the opposite — a three-layer system explicitly designed to bring qualified foreign-trained doctors in at scale, without lowering a single standard. Understanding those three layers matters, because each one answers a claim the veterinary gate's defenders make.

2.1 Layer one: the federal government reviews entire countries' standards

At the top of medicine's system sits a body many readers will never have heard of: the National Committee on Foreign Medical Education and Accreditation (NCFMEA), a committee of the U.S. Department of Education. The NCFMEA does not test individual doctors. It reviews entire national accreditation systems — it examines whether the body that accredits medical schools in, say, India or Poland applies standards comparable to America's. When it determines that a country's system measures up, that determination is a public, governmental judgment that the country's medical education can be trusted at the system level. This is the layer veterinary medicine is missing entirely: no federal body, and no public body of any kind, has ever reviewed whether any foreign veterinary school or accreditation system is comparable to America's — that judgment belongs, in whole, to the AVMA.

2.2 Layer two: an independent body certifies individuals — with the same exams Americans take

The second layer certifies the individual doctor: the Educational Commission for Foreign Medical Graduates (ECFMG), a division of Intealth, a private nonprofit that is institutionally separate from the American Medical Association. The AMA — medicine's trade association, the AVMA's exact counterpart — does not own it, house it, staff it, or control it. And the ECFMG's method is the opposite of a special gauntlet: it verifies the doctor's credentials against the school standards of layer one, and then requires the doctor to pass USMLE Step 1 and Step 2 Clinical Knowledge — the same examinations, same content, same passing scores that every American medical student must pass. Not a harder test. Not a different test. The same test. Medicine did once run a separate hands-on clinical skills examination — applied to everyone, American and foreign-trained alike — and permanently abolished it in 2021 after concluding it was not worth its cost. No part of medicine's system has ever reserved a harder examination for the foreign-trained alone.

2.3 Layer three: the machinery that steers doctors to where the shortage is

The third layer is the one that answers the question this report ultimately asks — what does a system look like when it is genuinely designed to relieve a shortage? Medicine's answer is concrete. The ECFMG itself sponsors foreign physicians' J-1 training placements,

and under the Conrad 30 program every state may each year sponsor foreign-trained physicians who commit to practice for three years in federally designated shortage areas — the rural counties and underserved communities American-trained doctors avoid. The program's entire purpose is to convert foreign-trained supply into care where care is scarcest, and states use it year after year. Medicine, in other words, does not merely tolerate foreign-trained doctors; it recruits them, certifies them on equal terms, and routes them to the shortage. Veterinary medicine — facing rural and food-animal shortages at least as severe as medicine's — has no counterpart to any part of this machinery. Its single program points the other way.

2.4 What the two designs produce

The results of these opposite designs are not subtle. In 2024, the ECFMG certified 13,431 physicians, from 1,628 medical schools in 146 countries. International medical graduates make up approximately 25 percent of all practicing U.S. physicians. The ECFVG, by the AVMA's own count, has issued just over 7,000 certificates in its entire history since 1973 — an average of roughly 140 per year across five decades — with recent annual output between approximately 150 and 220. Foreign-trained veterinarians represent roughly six percent of new entrants to the U.S. profession. One profession treats its foreign-trained members as a quarter of its workforce; the other admits them at a rate that rounds to an asterisk.

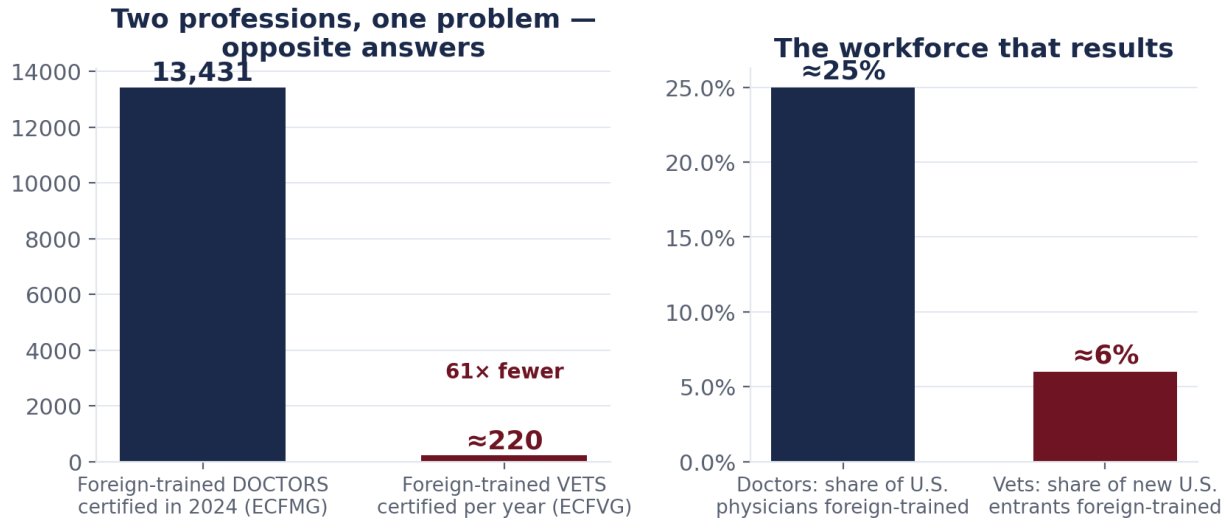


Figure 2. Left: foreign-trained physicians certified by medicine's independent body in 2024 versus foreign-trained veterinarians certified per year by the AVMA's program. Right: the workforces that result. Sources: ECFMG Certification Fact Sheet (2024); AVMA figures via VIN News and the California VMB; NAVEC analysis.

	Human medicine (ECFMG)	Veterinary medicine (ECFVG)
Who owns the gate	Independent nonprofit (Intealth), separate from the AMA	The AVMA itself — the profession's trade association
Examination standard	Same USMLE steps U.S. students take; hands-on exam abolished for everyone (2021)	Separate 3-day live-animal practical no U.S. graduate has ever taken

Written examination	The USMLE itself — no proprietary written exam	Proprietary BCSE ($250/attempt) plus the NAVLE — two overlapping written exams
Federal review	NCFMEA (U.S. Dept. of Education) reviews foreign accreditation	None — no federal or state review of any kind
Annual throughput	13,431 certified (2024)	≈150–220 certificates; 140/yr average since 1973
Share of profession	≈25% of all U.S. physicians are international graduates	≈6% of new U.S. entrants are foreign-trained

Each row of this table represents a design choice. Medicine chose independence, a single standard, federal review, and scale. Veterinary medicine chose self-ownership, a two-tier standard, no review, and a bottleneck. The remainder of this report examines what those choices produce.

3. Is It Fair? The Two-Tier Standard in Practice

Fairness in professional licensing has a settled meaning: like candidates should face like standards, the standard should measure what the profession actually requires, and the process should be one a diligent candidate can reasonably complete. The ECFVG fails all three tests, and the failures are documented in the AVMA's own materials.

3.1 A test no American veterinarian has ever taken

Graduates of AVMA-accredited schools are licensed on the strength of the NAVLE — a multiple-choice, computer-based examination — plus their school's own certification of their clinical training. No hands-on examination stands between an American graduate and a license, and none ever has. The CPE therefore does not measure candidates against the standard applied to their domestic peers; it measures them against a standard that has no domestic comparator at all.

The gap is wider than it first appears, because of what accredited schools themselves permit. Many U.S. veterinary programs allow students to concentrate their clinical year in their intended practice area — a companion-animal-bound student may see little of cattle or horses after the preclinical years. The profession they enter reflects this: roughly 71 percent of U.S. veterinarians work in companion-animal practice and about 3.4 percent in food-animal practice. Yet the CPE requires every candidate — including one who has practiced small-animal medicine abroad for twenty years — to pass live-animal stations in equine practice and food-animal practice, cold, in a single three-day sitting. A representative American practitioner would face those stations equally cold; the difference is that the American is never asked to.

Do not take NAVEC’s word for what that means. In a 2024 letter to VIN News, Dr. Neshan Sarkisian — a U.S.-born veterinarian who trained in Peru, passed the CPE, and admires its rigor — reported this: “I’ve heard multiple examiners at Viticus … and a former examiner

who’s retired from practice express doubts that many entry-level graduates from AVMA-accredited programs could pass the CPE immediately upon graduation, contrary to what the ECFVG website suggests.” The examination’s own examiners, in other words, doubt that the average American graduate could pass the test reserved for the foreign-trained. The same letter calls the NAVLE “a walk in the park” by comparison. When the people who grade the exam do not believe the domestic profession could pass it, the claim that it measures “entry-level competence” has been refuted from inside the building.

> *“Examiners … express doubts that many entry-level graduates from AVMA-accredited programs could pass the CPE immediately upon graduation.”*
>
> **— Reported by a CPE-certified practitioner · VIN News, 2024**

The surgery section sharpens the point. CPE candidates must perform a solo canine ovariohysterectomy, graded pass/fail. Members of a national veterinary shortage working group observed in their own June 2026 proceedings that many new graduates of accredited schools have performed, in one participant's words, only “half a spay” under supervision by graduation. The foreign-trained candidate must do alone, under examination conditions, with her career and $12,804 staked on it, what the system does not verify her American counterpart can do at all.

3.2 The specialist who couldn't pass: the Pardo case

In April 2024, VIN News documented the case of Dr. Mariana Pardo, a veterinarian trained in Chile who completed an emergency and critical care residency at Cornell University and practices as a board-certified criticalist in New York. She failed the CPE anesthesia section — a binary, pass/fail station — twice; on the second occasion, she reported, she was removed from the examination over a skin-preparation step: forgetting an alcohol wipe following a chlorhexidine scrub. By her own account, she began the program upon arriving in the United States — working as an unlicensed veterinary technician in Florida while she saved for its fees — and completed it twelve years later, after she was already practicing as a board-certified specialist: the credential caught up to the career it was supposed to gatekeep. Writing in Today’s Veterinary Practice in 2026, she called her two failures “a humbling reminder that credentialing can be as much about navigating a system as it is about clinical competency,” and described “hundreds of veterinarians from Latin America, India, Africa, and Asia” on similar paths — “overqualified, underpaid, and unseen.” Her assessment, as reported by VIN: “If a specialist who's been trained in the U.S. can't pass this test, I can only imagine how hard it is for someone who has just stepped on U.S. soil.”

Dr. Pardo practices today under New York's professional review pathway — a state-run alternative that evaluates a candidate's curriculum and requires the NAVLE, but not the CPE. The examination that stood between a U.S.-residency-trained, board-certified

specialist and ordinary licensure is the examination this report describes; the state that concluded it could safely license her without that examination is discussed in Section 6.

One more detail from her account deserves its own sentence. Universities may lawfully employ foreign-trained veterinarians as interns, residents, and even clinical faculty — practicing on patients, teaching American students — without any U.S. license at all; Dr. Pardo trained and worked at three American universities this way. The system, in other words, trusts an uncertified foreign veterinarian to practice and teach in its most advanced hospitals, but not to vaccinate a dog in private practice. Whatever that distinction protects, it is not the public. Nor is her position unique: a second foreign-trained specialist, writing in a professional forum, described the identical limbo — legally entitled to teach at an American university and lecture to practicing veterinarians at conferences, yet “not allowed to perform basic clinical tasks like expressing anal glands or giving vaccinations.”

3.3 The retake trap

The CPE's retake rules interact with its seat scarcity in a way that operates as a trap. A candidate who fails one to three sections must apply to retake within six months and must accept one of the first retake seats offered, or forfeit the retake privilege — after which the entire examination must be repeated at full price. But VIN News has documented single-section retake waits of nine months and initial seat waits of a year and a half. The rules impose a six-month clock on candidates inside a queue the program itself has allowed to grow past that length — and the penalty for the mismatch is paid by the candidate, in full, at $12,804.

3.4 The fee structure

Between VIN's 2023 reporting and the AVMA's 2026 candidate bulletin, the full CPE fee rose from approximately $7,600 to $12,804 — a 68 percent increase in three years — and the per-section retake fee rose from $1,450 to $4,571, roughly tripling. Every dollar is nonrefundable, including — per the bulletin's own terms — when the candidate cannot attend because a travel visa was denied. Candidates unable to complete the program within two years, including those stalled by the program's own backlog, are billed $120 to re-register. The trade press has documented candidates paying that fee repeatedly while waiting for seats that did not exist. In plain terms: the program's failures generate its revenue. A 75 percent first-attempt failure rate, feeding a retake pool charged $4,571 per section, inside a queue that forces re-registration fees, is a fee schedule that profits from its own bottleneck — whatever its intent.

In January 2026, a board-certified specialist writing in Today’s Veterinary Practice put the total in print: the cost of credentialing through the ECFVG “is set to double from approximately $10,000–12,000 to $20,000–22,000 starting in 2026.” The same article documented two facts about how that doubling happened. First, “the AVMA has not publicly released a financial breakdown to justify the cost doubling, nor has it provided transparent data on how these new fees were calculated.” Second, the increase has been

attributed to rising expenses from the program’s two test-site partners — and at least one of those sites, the Viticus Group, operates as a for-profit entity. Assemble the pieces: a mandatory examination, two sites, one of them for-profit, fees doubled on a captive queue of thousands, and no published accounting of why. In a regulated industry, that combination triggers an audit. Here, there is no one with the authority to conduct one.

The program’s own history shows it was not always this way. Under its September 2008 policies, a candidate who withdrew within 60 days was refunded “the entire fee.” Today, the application fee is nonrefundable in every circumstance, and every examination dollar — the $250 BCSE, the $12,804 CPE, the $4,571 retakes — is nonrefundable and nontransferable. The application fee itself went from $275 in 2008 to $700 today, and the AVMA’s published schedule already raises step-one fees again in 2027, to $1,800. As the queue lengthened and the fees multiplied, the program systematically removed the refund rights it once offered. Each of those was a decision someone made.

The longer arc is steeper still. A candidate who sat the examination in the early 2010s — when it ran four days rather than three — recorded its cost at roughly $4,000. The exam has since shed a day and roughly tripled in price: $4,000 then, $7,600 in 2023, $12,804 today. Less exam, three times the fee, and a queue measured in years.

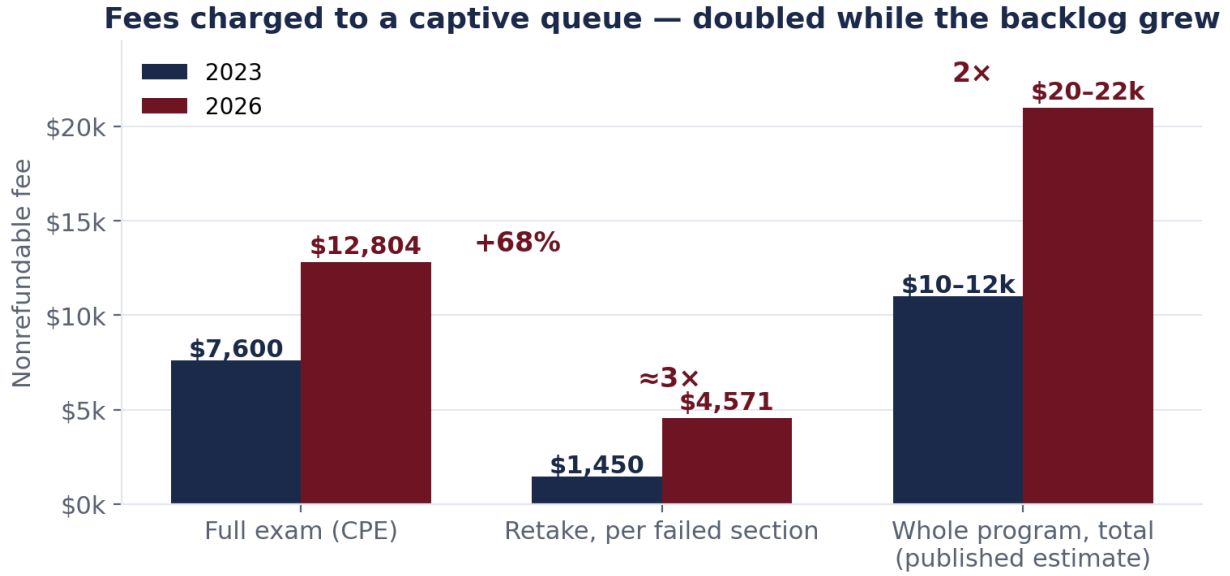


Figure 3. CPE fees, 2023 versus 2026, as reported by VIN News and published in the AVMA's 2026 candidate bulletin. Every fee is nonrefundable in all circumstances.

3.5 Registration by ambush

VIN's 2024 investigation documented how candidates actually obtain seats. The AVMA opens CPE registration deliberately without advance notice — its stated rationale being to avoid overwhelming its own software. Seats are gone, in candidates' words, “within half an hour,” some “snapped up in minutes.” Candidates report hiring assistants abroad to monitor the portal around the clock. The portal has been incompatible with mobile devices and some browsers; and candidates who refresh the page too frequently — the only

strategy available under a no-notice system — have had their accounts suspended as a “security measure.” Canada's National Examining Board administers the same examinations with published registration windows and, since 2024, a first-come waitlist with eight weeks' notice. Asked why it offers neither, the AVMA told VIN a waitlist was “beyond the capabilities” of its software. The country's sole functional gateway for foreign-trained veterinarians allocates career-determining seats by a mechanism its own candidates compare unfavorably to concert ticketing.

In October 2025 — roughly eighteen months after telling VIN that a waitlist was beyond its software’s capabilities — the AVMA launched a new candidate portal with, for the first time, a waitlist for exam seats. What it did not launch is any visibility into that waitlist. Asked about it in 2026, the AVMA’s chief of academic affairs told VIN: “We do not release waitlist data, specifically the number of candidates on the waitlist or a candidate’s actual place on the waitlist” — on the stated theory that such information “can contribute to a candidate’s misunderstandings of timing.” Candidates receive a confirmation when they join, and then nothing until a seat appears. A lottery with no notice has been replaced by a queue with a secret length: candidates now know they are in line, but not where, behind how many, or for how long. In any other consumer context, a seller who took five-figure prepayments and refused to disclose the length of its own delivery queue would answer for it.

> *“We do not release waitlist data, specifically the number of candidates on the waitlist or a candidate’s actual place on the waitlist.”*
>
> **— AVMA chief of academic affairs · VIN News, 2026**

3.6 The English gate and its asymmetries

Step two of the program requires candidates to meet English-proficiency minimums the ECFVG sets unilaterally — for example, section minimums on the TOEFL iBT of 25 in listening, 23 in reading, and 22 in speaking and writing, or an IELTS overall band of 6.5 with 7.0 in speaking. Whether those thresholds are correctly calibrated to veterinary practice is unknowable from the outside, for a familiar reason: the program has never published a calibration study, a rationale, or evidence linking its cut scores to professional performance. (Its 2008 policies refer to a “standard setting exercise” conducted that June — but the exercise’s methods and results were never made public, which leaves the point standing: no one outside the program can evaluate the thresholds.) But two structural features of the English gate can be evaluated without any calibration data, and both are asymmetries.

First, the waiver rules honor the wrong credential. The English requirement is waived for a candidate who completed three years of secondary school — high school — in an English-speaking country. It is not waived for a candidate who completed a veterinary residency

at an American university, passed American board examinations, and has practiced in American hospitals for years. Under the program's rules as written, a teenager's coursework outranks a specialist's career as evidence of English proficiency. This is not an oversight; it is codified. The program's own policy text states: "A degree from an English-speaking college or university is not considered adequate proof of English language ability." An American bachelor's degree, master's degree, or completed residency does not count. Three years of high school does. Dr. Pardo — Cornell-trained, board-certified, practicing daily in New York — is precisely the candidate this asymmetry describes.

> *"A degree from an English-speaking college or university is not considered adequate proof of English language ability."*
>
> **— ECFVG written policy**

Second, the requirement exists nowhere else in the licensure chain. Graduates of AVMA-accredited schools face no English examination for licensure regardless of their first language — including graduates of accredited international programs whose student bodies include many non-native speakers. The NAVLE imposes no English requirement. State boards impose none. English proficiency is tested at exactly one point in American veterinary licensure: the gate reserved for the foreign-trained. As with the CPE itself, the question is not whether English matters in practice — it plainly does — but why a requirement said to protect the public applies to only one class of candidate, on thresholds no outside body has ever reviewed.

3.7 Case files from the queue

The fairness of a system is ultimately measured in what it does to the people inside it. The trade-press record — reporting by VIN News in 2023, 2024, and 2026, with facts largely confirmed or supplied by the AVMA in written statements — includes the following documented cases, presented here as reported:

Dr. Lina Cortés (trained in Colombia, 2015; a United States citizen since 2024) came to this country in 2017, earned a master's degree at Virginia Tech on scholarship, interned at its Equine Medical Center, and set her sights on large-animal medicine — the one corner of the profession everyone agrees is short-handed. She passed the program's English examination in 2022, its written examination in 2023, and the NAVLE itself — the national licensing exam — in 2024. The only thing between her and practice is a seat at the CPE. Under the old first-come system she checked the registration portal three times a day — morning, lunch, and night — for two years: "There was never an opening." A ten-year veterinarian, she works as a veterinary assistant, a job that requires no formal training at all. She qualified for New Hampshire's conditional license but never received a job offer — clinics wanted fully licensed vets. So she did what candidates should never have to do: she emailed every senator in Virginia's General Assembly, found a sponsor, and helped pass a

traineeship law — unanimously, in both chambers. Days before it took effect in July 2026, the state told her the implementing rules could take another two years. “It honestly feels like the light at the end of the tunnel keeps getting pushed farther away.”

> *“There was never an opening.”*
>
> **— Dr. Lina Cortés, on checking the exam portal three times a day for two years · VIN News, 2026**

Dr. Roberto Silva Moreira (trained in Brazil; working as a veterinary technician in New Jersey while in the program) waited a year and a half for his first CPE seat. At the examination, he reported being dismissed from the surgery section over a sterility-protocol step — in his words, “before I even cut the animal.” He then waited nine months for a seat to retake a single section, and faced his third $120 re-registration fee — billed for remaining in a queue the program's own capacity created.

Dr. Elisabeth Billod-Girard (trained in Vienna; twenty years of practice in Austria; resident in North Carolina since 2017) spent eighteen months hunting for a CPE seat. Because of the backlog she was permitted to take the NAVLE out of order — and passed it. The only barrier remaining between a twenty-year practitioner who has already passed the national licensing examination and a U.S. license is the AVMA's own bottleneck examination. Her projected total wait approached three and a half years; she compared the seat hunt to high-demand concert ticketing — “worse.”

Dr. Andrei Albul was reported in 2023 to be facing the expiration of his lawful status in the United States while waiting through the program's delays — a reminder that for some candidates the queue does not merely postpone a career; it forfeits one.

Dr. Mariana Pardo's thirteen-year journey — Cornell residency, board certification, two failures of a binary anesthesia station, removal from the examination over a skin-prep step — is set out in Section 3.2. She is licensed today only because one state built a pathway around the examination.

And one account describes the room itself. A veterinarian from Australia — an experienced cattle and mixed-animal practitioner who passed the examination in its earlier, four-day format — published a first-person description of the process: candidates stripped of their names and addressed only by ID number; examiners forbidden to offer any response beyond acknowledging an answer, “no smile, a comment, a head nod, anything”; hours of silent waiting between stations; an instruction, accepted at signup, not to discuss the examination itself. She watched fellow candidates “lose their minds … and fail on the spot” from nerves. Of her group of twenty, she reports, two passed: herself and a specialist ophthalmologist. She called those days the worst examination experience of her career — and she is one of the exam’s successes.

These cases are not a statistical sample. But each was documented by the profession's own press, none was denied by the AVMA in its responses, and together they illustrate the

mechanism this report's arithmetic predicts: long waits, single-step dismissals from binary stations, compounding fees, and careers suspended for years — visited on a population defined by having already completed a veterinary education.

4. Is It Audited? The Accountability Vacuum

The short answer is no — not by anyone, in any form.

There is no federal review. The NCFMEA reviews foreign medical accreditation for the Department of Education; no federal body has any statutory role in reviewing the ECFVG, its examinations, its capacity decisions, or its outcomes. There is no state review: states accept the ECFVG certificate as a licensure prerequisite, but no state had any role in setting the standard that certificate represents — not the CPE's design, not the BCSE's necessity, not the English thresholds — and no state board holds audit rights over the program, its psychometrics, its pass rates, or its administration. Nor has the program published the kind of validity evidence that professional testing standards ordinarily require: no public study connects the CPE's seven-section, all-species, live-animal design to entry-level competence; no published rationale explains why a second written examination must precede the licensing examination it concededly does not replace; no published calibration supports the English cut scores (the one “standard setting exercise” its policies reference, from 2008, was never made public). The freshest illustration is the smallest: when the program finally added a waitlist in late 2025, it declined to tell candidates — or anyone — how long the list is or where any candidate stands on it. And when it doubled the program’s total cost for 2026, it published no financial breakdown of why — the professionals subject to the fee learned the justification, secondhand, as “rising expenses” at test-site partners, one of which is a for-profit company. There is no independent professional audit: the program publishes no regular statistical report of applications, seats, pass rates by section, wait times, or attrition, and no external body reviews its examiner scoring, its rubrics, or the reliability of its binary pass/fail sections. The figures in this report had to be assembled from trade-press investigations, a state board presentation, and scattered AVMA statements — because the program itself publishes no comprehensive accounting.

What oversight the program has is self-oversight, and the record of Section 1.3 shows how that operates in practice: the commission's only ECFVG-certified member, removed without stated reasons and without appeal, after public criticism and contact with candidates. A program that removes its internal critic through a no-appeal process, while binding its candidates to no-appeal examination terms, has made its position on external scrutiny reasonably clear. The California Veterinary Medical Board was told in an October 2025 briefing that the two CPE testing sites are the program's “rate-limiting step” — a candid admission, made to a state board that has no power to do anything about it.

The question for policymakers is not whether the ECFVG is currently failing an audit. It is that no mechanism exists by which it could fail one — or pass one. In American

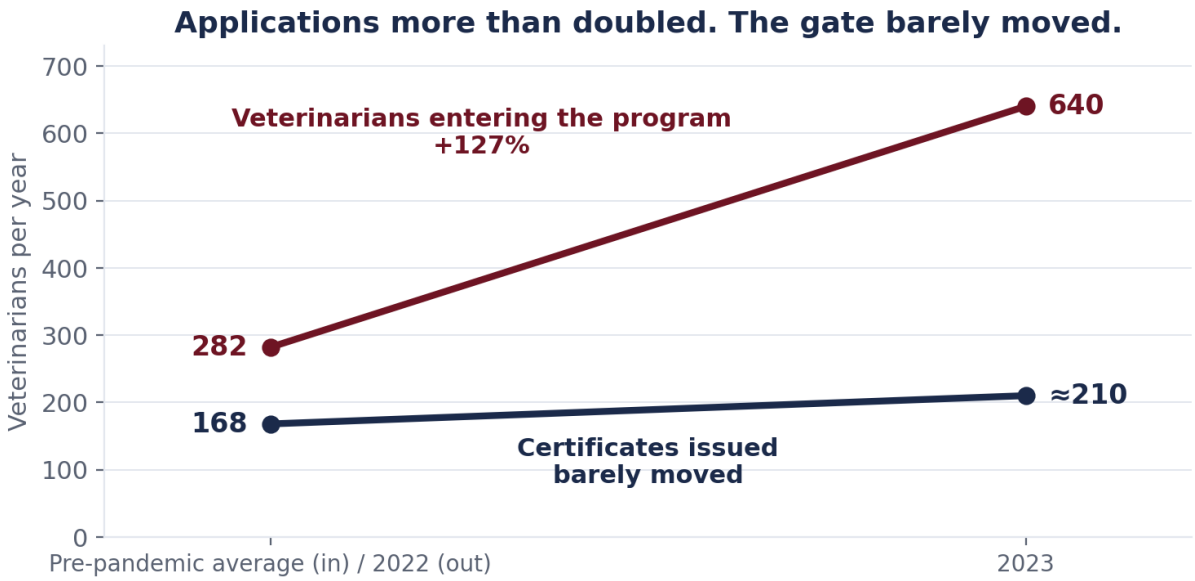
professional licensure, that is an anomaly. For the gate controlling entry of a scarce profession during a national shortage, it is an indefensible one.

5. The Funnel: Capacity, Attrition, and the Ones Who Never Try

5.1 The arithmetic of the bottleneck

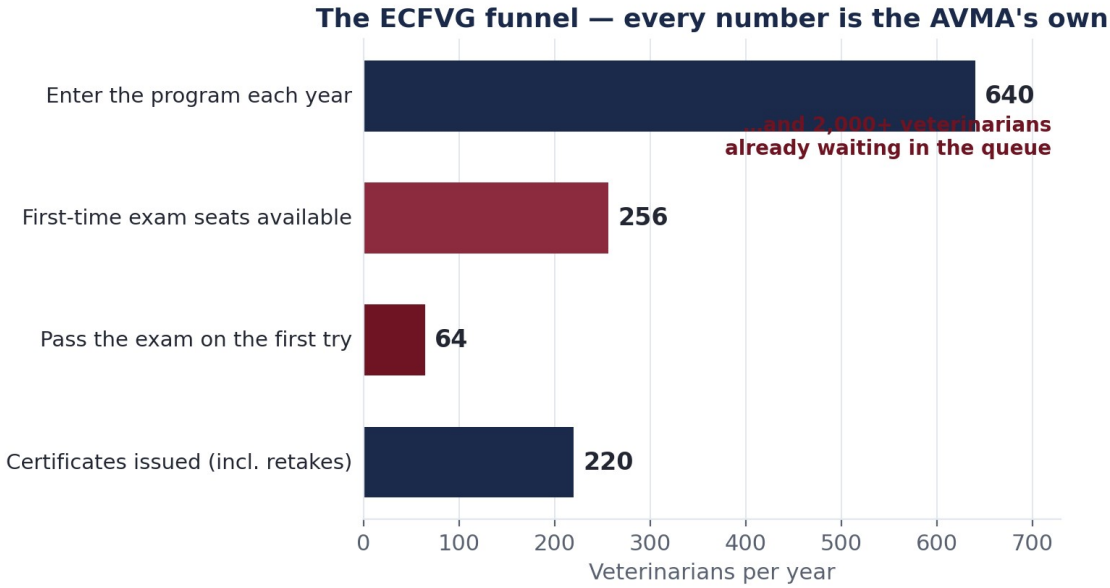
The program's own numbers, assembled from AVMA statements to VIN News and the AVMA's briefing to the California board, describe the funnel. New registrations averaged roughly 282 per year before the pandemic, and reached approximately 640 in 2023 — consistent growth the AVMA itself reports as exceeding 600 new applicants per year. More than 2,000 candidates are currently enrolled. Against that inflow, the CPE offers roughly 570 seats per year — and 55 percent of them are reserved for candidates retaking failed sections, leaving approximately 256 first-time seats annually for the entire country. Seventy-five to eighty percent of first-time candidates fail at least one section (the AVMA’s own figures, as reported 2023–2026), feeding the retake pool that consumes those reserved seats: the examination's failures consume the examination's capacity. Output has run between roughly 150 and 220 certificates per year recently — 168 in 2022, approximately 210 in 2023 — against the five-decade average of about 140.

Stage	Number	Source
New registrations per year (2023)	≈640 (from ≈282/yr pre-pandemic)	AVMA to VIN News, 2024
Currently enrolled	2,000+	AVMA to VIN News, 2024
CPE seats per year	≈570 — 55% reserved for retakes	AVMA to VIN News, 2024
First-time seats per year	≈256, for the entire country	Derived from AVMA figures
First-attempt failure rate	75% fail at least one section	AVMA to VIN News, 2023 & 2024
Certificates issued per year	168 (2022); ≈210 (2023); ≈220 recent average	AVMA statements; CA VMB briefing
Fifty-year average	≈140/yr (7,000+ since 1973)	AVMA's own arithmetic, VIN 2023
PAVE (the only alternative)	53 certificates (2023); nothing published since	AAEP citing AAVSB



AVMA figures reported by VIN News (2023, 2024): registrations 282/yr pre-pandemic average vs 640 in 2023; certificates 168 (2022) vs ≈210 (2023).

Figure 4. Applications into the program more than doubled after 2020; certificates issued barely moved. All figures are the AVMA's own, as reported by VIN News.



≈256 first-time seats = 570 total seats less the 55% reserved for retakes (AVMA to VIN News, 2024). ≈64 = 25% first-attempt pass rate applied to first-time seats.

Figure 5. The funnel, per year, using the AVMA's own figures. Approximately 64 candidates in the entire United States pass the exam on their first attempt in a given year.

One number demonstrates that this is a chosen constraint rather than a natural one. In 2023, a single additional examination session was added at the Las Vegas site. Program completions rose 30 percent. Nothing else changed. The bottleneck, in other words, is elastic on the supply side and always has been — additional sessions, additional sites, or additional examiners would relieve it directly. It has simply never been relieved: not during the decades when output averaged 140 a year, and not while the enrolled queue passed 2,000.

5.2 Attrition by design

What happens to the candidates who enter but never emerge? The program's structure supplies the answer in its own terms. Some fail the CPE repeatedly at $4,571 per section until resources or visa status run out; VIN has documented candidates whose authorization to remain in the country expired while they waited for seats. Some are stopped before the examination: documented initial waits of eighteen months, single-section retake waits of nine months, and total journeys of three and a half to thirteen years. Some simply cannot sustain the accumulating cost — a program the AVMA itself prices above $10,000 excluding travel, with the CPE's nonrefundable $12,804 at the summit. And the program has institutionalized the endpoint of attrition in its records policy: candidate files inactive for eight years are destroyed. The program does not publish an attrition rate; but a system with 600-plus entering, 2,000-plus enrolled, and 150 to 220 emerging is, arithmetically, a system in which most of the people who enter do not come out.

The candidates themselves explain why. The Australian practitioner quoted in Section 3.7 — who passed — wrote afterward: “If I had failed, I honestly don’t think I would have put myself through that hell again, and the cost was irrelevant.” That sentence should be read twice, because it identifies the attrition mechanism more precisely than any statistic: it is not only the money that empties this queue. It is the experience. An examination that its own successful candidates describe in the language of endurance rather than assessment does not need to reject people to reduce supply; it only needs to make the prospect of a second attempt unbearable — and then fail three out of four people on the first one.

> *“If I had failed, I honestly don’t think I would have put myself through that hell again, and the cost was irrelevant.”*
>
> **— A candidate who PASSED the CPE · Aussie Animal Doc, 2018**

5.3 The deterred

The funnel's widest stage is invisible: veterinarians who never register at all. No one counts them, which is itself part of the problem — but their existence can be inferred from the record. A veterinarian abroad weighing the ECFVG confronts published facts: a 25 percent first-attempt pass rate, a five-figure nonrefundable fee, a multi-year queue, two testing sites on one continent, and a no-notice registration lottery. The rational response for many — particularly experienced practitioners with established careers — is not to try. The 30 percent completion jump from one added session, and the doubling of registrations when pandemic-era barriers eased, both indicate substantial suppressed demand: when the gate widens even slightly, more walk through. Every deterred candidate is a veterinarian the U.S. shortage never sees, and no statistic records. And the calculus is stated openly where the profession talks among itself. Advising a prospective

candidate in a 2023 forum discussion, one commenter put it plainly: some people “could easily go through an entirely different career program (eg nurse, computer science/IT) in the same amount of time (or even less) it would take to finish the ECFVG program and start a new career making good money without all the what ifs” — what if I don’t pass, what if I wait a year and a half for a single retake section. Sit with what that means: for a fully trained veterinarian, retraining into a different profession from scratch is a faster and more certain path to a paycheck than having the degree she already holds recognized. A system in which abandoning your profession is the rational alternative to certifying in it is not functioning as a pathway. It is functioning as a deterrent — and the shortage pays for every veterinarian who takes the rational option.

5.4 PAVE: the alternative that isn't

A second pathway nominally exists: PAVE, the Program for the Assessment of Veterinary Education Equivalence, administered by the American Association of Veterinary State Boards. Its design routes candidates into a full clinical year at a host AVMA-accredited veterinary college — and host capacity has contracted sharply as domestic class sizes grow. Schools have paused new intake; the AAVSB itself warns that paying fees and passing its qualifying examination “does not guarantee placement.” PAVE last publicly reported 53 certificates issued, in 2023, and has published no annual totals since. Its veterinary-technician counterpart was formally discontinued in February 2025. The year is full-time and unpaid, requires a student visa, and carries tuition and living costs — a combination that excludes almost anyone who must earn a living. For supply purposes, PAVE is not an alternative to the ECFVG; it is a footnote to it. The ECFVG is, functionally, the only gate — which is precisely why its design matters.

6. What the Gate Costs the Country

6.1 The shortage context

NAVEC's need-based assessment of the veterinary workforce documents a shortage that is large, structural, and growing — spanning companion-animal practice, food-animal and public-health practice (where federal meat-inspection vacancy rates have run 11 to 19 percent for a decade), equine coverage, and the nonprofit and shelter sector. Domestic educational capacity cannot close the gap on any realistic timeline: applicant-to-seat ratios are flat at record application volumes, and faculty headcount has barely moved in a decade. A country in that position has exactly one rapid-response supply lever: veterinarians who are already trained, already practicing, and already seeking entry. That is the lever the ECFVG controls.

6.2 The counterfactual medicine provides

Medicine shows what the lever produces when it is pulled. International graduates are roughly a quarter of the U.S. physician workforce — over 200,000 practicing doctors —

sustained by a certification body that cleared 13,431 candidates in 2024. Veterinary medicine's equivalent pathways delivered approximately 260 to 270 certificates in their best recent year, combined. Foreign-trained veterinarians are about six percent of new U.S. entrants. If the veterinary profession admitted foreign-trained practitioners at even half medicine's proportional rate, the pathway would produce thousands of practice-ready veterinarians per decade — clinicians who require no new schools, no new faculty, and no federal appropriation, because their training is already complete. The 2,000-plus candidates currently enrolled in the ECFVG are not hypothetical: they are identified, credentialed individuals standing in a queue, most of whom the current structure will never let through.

6.3 Eleven states and counting are routing around the gate

The clearest evidence that the CPE is not a necessary safeguard comes from state governments concluding exactly that — and their number is growing fast. New York operates a full review pathway that licenses foreign-trained veterinarians on curriculum evaluation plus the NAVLE, with no CPE; it is under that pathway that a Cornell-residency-trained, board-certified specialist practices today. Beyond New York, at least eleven states have now created provisional permits, conditional licenses, or traineeships that let foreign-trained veterinarians work under supervision while the AVMA's queue holds them: Delaware, Georgia, Kentucky, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, Utah — joined in 2026 by Connecticut, whose temporary permit takes effect in October, and Virginia, whose traineeship law passed unanimously in both chambers. Unanimity is worth pausing on: in a polarized era, legislatures across the political spectrum keep reaching the same conclusion about who is standing between their constituents and veterinary care.

The results are early but real. New Hampshire, the pioneer, issued its first conditional license in April 2025 and has granted fifteen to date. The limits are instructive too: Virginia's law took effect on July 1, 2026, but the state then disclosed that writing the implementing rules could take another eighteen months to two years — and the veterinarian who drove that law through the legislature remains exactly where she started (see Section 3.7). Even the workarounds inherit the wait. The AVMA's response to this movement has been opposition: it told the trade press that conditional licensure "is equivalent to an on-the-job training program for veterinarians with no standardization or oversight." The association that operates a gate no one oversees objects, on oversight grounds, to eleven state legislatures licensing the candidates its gate has stranded.

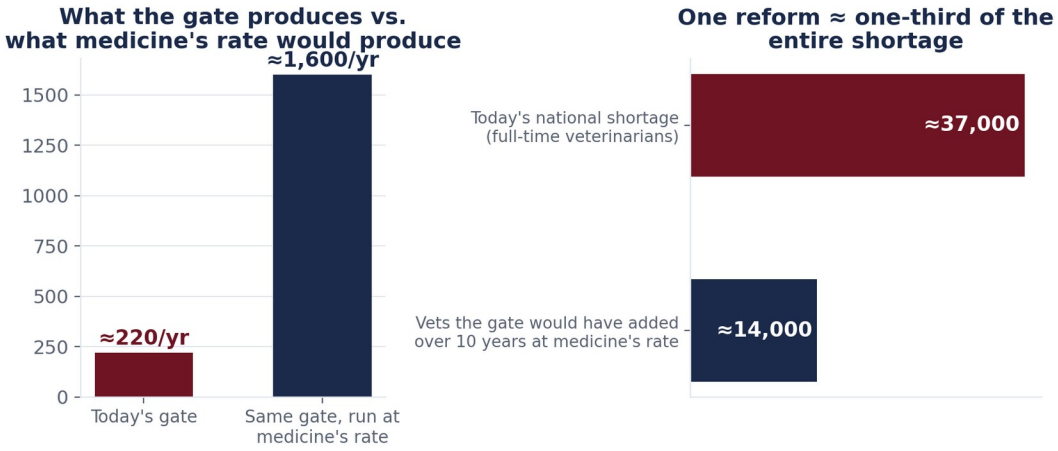
6.4 The arithmetic of harm, made concrete

Numbers about licensing pipelines can feel abstract, so this section converts them into the units that matter: animals seen, care delivered, and money taken. Every assumption is stated; readers may substitute their own.

Care that never happens. NAVEC's workforce study uses a published capacity assumption of roughly 2,600 patient visits per full-time veterinarian per year. Apply it to

this program's queue: the 2,000-plus veterinarians currently stalled inside the ECFVG represent, if even half ultimately practiced, on the order of 2.6 million animal visits every year that are currently not happening. That is the annual care equivalent of a mid-sized state going entirely without veterinarians — parked, indefinitely, inside one association's waiting room.

The counterfactual medicine proves is possible. Medicine's independent body certifies foreign-trained doctors at a rate of about 1.2 percent of the physician workforce per year — 13,431 certificates against roughly 1.1 million U.S. physicians in 2024. Run the veterinary gate at that same rate against the roughly 130,000-person veterinary workforce and it would certify approximately 1,600 veterinarians a year. The actual figure is about 220. The difference — roughly 1,400 veterinarians a year — compounds: over a decade, a medicine-rate gate would have added on the order of 14,000 practicing veterinarians, more than a third of today's entire national shortage, delivering roughly 36 million additional animal visits every year by year ten. One reform, at one gate, closes a third of the crisis. That is what is being withheld (Figure 6).



Medicine's rate: ECFMG 2024 certificates (13,431) relative to ≈1.1M U.S. physicians, applied to the ≈130,000-person veterinary workforce ≈ 1,600/yr. Illustrative arithmetic; assumptions stated in text.

Figure 6. Left: what the gate certifies per year versus what the same gate would certify at medicine's documented rate. Right: what that difference compounds to across a decade, against the national shortage. Illustrative arithmetic; every assumption stated in the text.

Money taken from the people least able to lose it. The program's candidates — immigrants establishing themselves, and Americans repaying foreign tuition — pay $1,600 to enter, $250 per BCSE attempt, $12,804 for the CPE, $4,571 per failed section, $120 every two years to stay enrolled, plus travel to one of two cities, all nonrefundable. A candidate who navigates the median documented experience — one failed section, one retake, multi-year enrollment — pays on the order of $20,000; the 75 percent who fail their first CPE attempt pay more. Across 2,000-plus enrolled candidates, the queue's committed, nonrefundable outlay runs into the tens of millions of dollars — paid to the program whose own capacity decisions determine how long they wait and how often they fail to find a seat in time. NAVEC calls this what the record supports: a fee stream whose size is a function of the obstacle's height.

What everyone else pays. Scarcity is priced into every vet bill. When the supply of veterinarians is held below need, the shortage does not fall evenly: it falls on rural counties that lose their only large-animal vet, on shelters and nonprofits that cannot compete for scarce clinicians, on emergency rooms that close overnight shifts, and on the roughly one in three pet-owning households that already skip care over cost. A gate that withholds a third of the shortage's remedy is not a professional technicality. It is a tax on every animal owner in America, collected in waiting times, drive distances, and euthanasia decisions made for lack of an affordable alternative.

6.5 The animals in the examination room

There is one more constituency in this story, and it cannot file a complaint. The CPE is performed on live animals — dogs spayed by candidates under examination pressure, animals anesthetized, handled, and examined across three days of high-stakes testing — sourced, per the AVMA's own bulletin, from shelters, producers, and owner donation, with a recommendation that animals show “signs consistent with the tested diagnosis on the day of examination.” Set aside every other argument in this report and weigh that fact alone against this one: the profession's own domestic standard holds that no hands-on examination is necessary to license a veterinarian, and medicine — testing humans' doctors — abolished live clinical-skills testing entirely, using actors and simulations while it lasted. The animals on the CPE's tables are therefore undergoing surgery and anesthesia for an examination the American standard itself treats as unnecessary. A program that existed to protect animals would need to explain why it operates on them to run a test it does not require of anyone else.

7. Is It Designed to Suppress Supply? Let the Record Answer

This is the question every previous section has been building toward, and it deserves a direct answer rather than a lawyerly one. NAVEC will not assert what only sworn discovery can prove. But it will not do what is usually done at this point in reports like this one, either — supply, on the association’s behalf, the innocent explanations it has never once offered for itself. What follows is the record, in order, unsoftened. Nothing in it is disputed. Read it the way a juror would.

Start with the predictions. For fifty years, the AVMA has commissioned studies of the veterinary workforce, and for fifty years those studies have found the same thing: too many veterinarians coming. Every one of those forecasts that could be tested against reality failed — and they all failed in the same direction, understating need, overstating supply. Its current outlook still projects a surplus of 8,200 companion-animal veterinarians by 2030, published while clinics cut hours for want of doctors and a third of American pets go unseen in a given year. Random error scatters; it lands on both sides of the truth. Fifty years of error on one side is not a forecasting problem. A coin that comes up tails fifty times in a row is telling you something about the coin.

This is not rhetoric; it is a ledger. NAVEC's companion study, Reform on the Medical Model, assembled every major AVMA-commissioned workforce forecast of the last five decades and tested each against what actually happened. The full record is reproduced in Figure 7 — five forecasts, five outcomes, one direction of error.

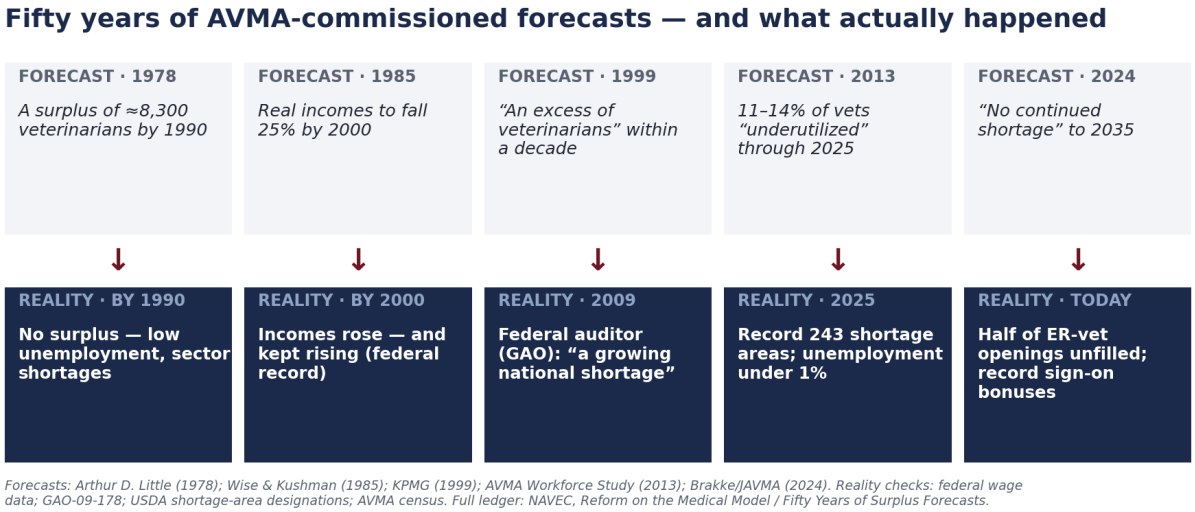


Figure 7. The full fifty-year record: five AVMA-commissioned forecasts, five documented outcomes, one direction of error. Reproduced from NAVEC, Reform on the Medical Model (2026); sources beneath the chart.

Then the preoccupation. When the Department of Justice went into federal court against the AVMA in 2025, it recited what the association says when it thinks it is talking to itself: that thirteen prospective new veterinary schools represented "downward economic pressure" on the profession; that the association's purpose includes making veterinary medicine "a more profitable endeavor"; that the number of U.S. veterinary colleges had been held "relatively constant for 45 years." Those words now sit in a federal court file, placed there by the United States. An organization reveals what it manages by what it measures — and for half a century, what this organization has measured is the risk of too many veterinarians, never the documented reality of too few.

Then the gate itself, exactly as they built it. An average of 140 certificates a year, held flat through booms, shortages, and a doubling of applications. A national program run by two staff members whose adequacy was reaffirmed to its own commission every year it was questioned. A fee-funded operation collecting millions annually from its queue — which stripped away the full-refund right its 2008 policies had promised, doubled the program's total cost in a single year without publishing one line of financial justification, routed the increase through a for-profit test-site partner, kept every dollar even from candidates whose travel visas were denied, imposed retake deadlines its own seat shortage made impossible to meet, billed candidates $120 for remaining in a backlog it created, and set a policy of destroying the files of those who gave up. Not one of these features was compelled by necessity. Each was a decision, made by someone, and ratified by inaction for decades.

Then the people it happened to. A Cornell-trained, board-certified specialist, twelve years in the program, removed from her exam over an alcohol wipe. An American citizen who passed the national licensing examination, checked the seat portal three times a day for two years without ever seeing an opening, wrote her own state's workaround law — and was told the rules would take two more years. A Brazilian-trained veterinarian dismissed from the surgery station, in his words, "before I even cut the animal," now paying his third re-registration fee for the privilege of continuing to wait. A twenty-year practitioner from Vienna with the NAVLE already behind her, eighteen months into a seat hunt she compares to concert ticketing. A candidate whose lawful status expired while the program deliberated. And a veterinarian who passed — one of two in her group of twenty — who says that had she failed, she would never have come back, "and the cost was irrelevant." Every one of these accounts is documented; none has been denied. They are not malfunctions of the machine. They are the machine, doing what it does.

Then notice how cheap the fix has always been. In 2023, one additional examination session was added — one — and program completions rose 30 percent. A waitlist, which the AVMA had said was "beyond the capabilities" of its software, materialized eighteen months later, once reporters kept asking. A new testing site for the most-failed sections appeared in 2025 — after a DOJ filing, after public petitions, after state legislatures began acting. The bottleneck that stood for fifty years began loosening within months of scrutiny arriving, which is all anyone needs to know about whether it ever had to exist. And when the association was asked whether its long-awaited review of the examination would address the queue that has consumed careers, its chief of academic affairs answered in a single sentence:

> *"The review is not aimed at shortening wait times."*
>
> **— AVMA chief of academic affairs, on the CPE review · VIN News, 2026**

Then watch what it fights. The conditional-license laws are not an isolated case; they are the latest entry in a pattern that spans every recent attempt to widen access to veterinary care. When thirteen new veterinary schools entered the pipeline, AVMA leadership — per allegations recited by the Department of Justice — described them as "downward economic pressure," and LMU's expansion drew an intent-to-deny that reversed only after an antitrust suit. When states moved to let veterinarians establish client relationships by telemedicine — a lifeline for rural counties with no clinic for an hour in any direction — the AVMA's policy insisted on in-person-only, and its letters went to state legislatures opposing the bills. And when eleven states created supervised-practice pathways for the ECFVG's stranded candidates, the association told the trade press the model had "no standardization or oversight." Three different reforms, three different mechanisms, decades of expertise behind each — and one consistent position. Figure 8 lays the record side by side. The organization that runs the only unsupervised gate in American veterinary licensure has opposed, on oversight grounds, every door anyone has tried to cut beside it.

Every recent path to easier access — and where the AVMA stood

The reform that would ease the shortage	Where the AVMA stood	What happened
New veterinary schools (2013–2025)	Leadership described 13 prospective schools as "downward economic pressure"; LMU's campus drew an intent-to-deny, reversed after an antitrust suit (allegations recited by DOJ)	**DOJ intervened against the AVMA's immunity claims; schools opening anyway**
Telemedicine access (virtual VCPR, 2017–)	AVMA policy insists the vet-client relationship be established in person; testifies against state bills relaxing it	**States are relaxing VCPR rules over AVMA objections**
Conditional licenses for ECFVG candidates (2024–26)	"Equivalent to an on-the-job training program ... with no standardization or oversight"	**Eleven states enacted pathways; Virginia unanimously**
Its own exam queue (2025–26)	"The review is not aimed at shortening wait times"	**2,000+ candidates still waiting**

Sources: DOJ Statement of Interest, LMU v. AVMA (2025) — school-related characterizations are recited allegations; AVMA telehealth policy and state legislative testimony; VIN News (2024–2026).

Figure 8. The opposition ledger: every recent path to easier access to veterinary care, the AVMA's documented position on each, and the outcome. School-related characterizations are allegations recited in the DOJ's Statement of Interest; all other positions are the AVMA's own published policy, campaign materials, or statements to the trade press.

One final register of evidence deserves careful handling: how the profession talks about this program among itself. In an archived 2025 discussion thread among veterinarians, a foreign-trained specialist who completed the program — and who explicitly supports high barriers — described the ECFVG matter-of-factly as "a secondary gatekeeping mechanism, with high costs and a low pass rate adding additional barriers beyond just clinical skill assessment," noted that it "cost nearly ten times as much as my specialist board exam" with "minimal" study support, and explained its design as protection for U.S. graduates' salaries against competitors "who don't have big student loans to pay back." Anonymous forum posts prove nothing about the AVMA's purposes, and NAVEC cites them for no such thing. They prove something adjacent and, in its way, as damning: inside the profession, the gate's economic function is not a suspicion — it is the unembarrassed common understanding, articulated most plainly by the people who approve of it.

Now line it up. Fifty years of one-directional forecasting error. A preoccupation with oversupply recorded in the association's own words in a federal filing. A gate held at 140 a year for five decades by decisions no necessity compelled. Refunds stripped, fees doubled, files destroyed, careers consumed — each step documented, none ever explained. A bottleneck that proved trivially expandable the moment scrutiny arrived, run by an organization that says, on the record, that its reform effort is not aimed at the queue — and that fights the state laws built to relieve it. The country is being asked to believe that all of this is coincidence: that a program which wanted more veterinarians simply failed, in the same direction, at every decision point, for fifty years. NAVEC does not have to characterize that story. It only has to note that no one — not the AVMA, not its accreditor, not its defenders — has ever offered the explanation, and that the law does not require America to keep waiting for one. The question of motive belongs to discovery. The question of effect is already answered, and Section 8 addresses what the law does with it.

8. Potential Legal Violations: The Exposure Map

NAVEC does not adjudicate, and this report finds no violation of law — only courts and enforcers can do that. But the record assembled above is not merely troubling as policy; substantial portions of it map directly onto existing legal prohibitions, closely enough that the appropriate authorities have, in NAVEC's assessment, ample grounds to open formal inquiries today. This section states each theory in plain terms: what the law forbids, what the documented record shows, and who has the power to act.

8.1 Antitrust: is this an unlawful restraint on competition?

The Sherman Act reaches agreements and conduct by private associations that unreasonably restrain trade, and the Supreme Court held in North Carolina State Board of Dental Examiners v. FTC (2015) that even a state-created board controlled by active market participants enjoys no antitrust immunity without active state supervision. The ECFVG is not a state board at all: it is a program of a private trade association, supervised by no state. The Department of Justice's Statement of Interest in the LMU case argued that AVMA accreditation activity is shielded neither by state-action immunity (the AVMA is a private party, and no sovereign actively supervises it) nor by Noerr-Pennington (standard-setting by a private body is conduct, not petitioning, under Allied Tube v. Indian Head), and that government recognition of a private standard-setter does not immunize its standards. Every element of that analysis transfers to the ECFVG, which is operated by the same association with less external structure than the accreditation function DOJ addressed. A plaintiff — a stranded candidate, a shortage-harmed employer, or a state attorney general — could allege that maintaining a supply-limiting certification bottleneck, with capacity held below demonstrated demand for decades, constitutes an unreasonable restraint on the market for veterinary services. Whether such a claim succeeds would turn on facts now hidden; the theory is squarely within the framework the United States itself has articulated.

> *"Accreditation societies cannot erect anticompetitive hurdles that reduce competition by restricting the number of veterinary providers entering the profession."*
>
> **— U.S. Department of Justice · Statement of Interest, LMU v. AVMA, 2025**

Three features of the record bear directly on how such a claim would fare, because antitrust analysis of a restraint turns not on proof of bad motive but on the restraint's competitive effect and whether a legitimate, procompetitive justification supports it. First, the justification ledger is empty: the program has published no validity study for the CPE's design, no rationale for a second written examination that its own bulletin concedes does not replace the licensing exam, and no calibration for its English thresholds — a defendant asserting quality justifications would be constructing them for litigation, not producing

them from records. Second, the cost defense is unavailable: the program is fee-funded, its capacity is demonstrably cheap to expand, and the constraint persisted anyway — which frames the restraint as chosen rather than compelled. Third, the administering association's own economic statements — the surplus forecasts, the "downward economic pressure" characterization, the "more profitable endeavor" language recited by DOJ — are precisely the kind of documents that discovery surfaces and juries weigh. None of this makes a case by itself; together, it is the profile of a defendant with an explanation problem.

8.2 Delegation and due process: may a state outsource licensing to an unsupervised private party?

Nearly every state conditions a foreign-trained veterinarian's licensure eligibility on a certificate issued by a private association over which the state exercises no supervision, holds no audit rights, and imposes no standards — a standard, moreover, that no state helped set, that no state has reviewed, and for which no rationale has ever been published for any state to review. States generally may not delegate licensing power to private parties without oversight; where the private gatekeeper has interests adverse to applicants — here, an association of the applicants' future competitors — the delegation question sharpens into a due-process one. Candidates bound by no-appeal examination terms, subject to score decisions with no review mechanism, may also press fundamental-fairness challenges to state reliance on those terms. These questions belong to state attorneys general, state boards, and state legislatures — several of which, as Section 6.3 shows, have already begun answering them by statute.

8.3 Consumer protection: are these fees and terms unfair or deceptive?

State unfair-and-deceptive-practices statutes reach unfair or unconscionable commercial conduct, and several documented features of the program invite examination under them: five-figure fees that are nonrefundable in all circumstances, including visa denial; retake windows that candidates cannot realistically meet because of the seller's own capacity shortage, with forfeiture as the penalty; re-registration fees charged for delays the program itself caused; a no-notice registration system in which the advertised service is frequently unavailable at any price; and account suspensions imposed on candidates for checking availability. Fee increases of 68 percent to 200 percent over three years, imposed on a captive population with no alternative provider, compound the picture. The 2026 doubling of the program's total cost — to $20,000–22,000, announced without any published financial justification, attributed to partner costs at two sites of which one is a for-profit entity — completes the exhibit list — together with a documented regression: the program's 2008 policies refunded a withdrawing candidate's "entire fee" within 60 days, a right that has since been stripped to a fraction while fees quintupled at the summit. These are the kinds of facts consumer-protection enforcers exist to evaluate.

8.4 Civil rights: who bears the burden of the two-tier standard?

The ECFVG's burdens fall, definitionally, on the foreign-trained — a population overwhelmingly composed of immigrants and national-origin minorities, together with U.S. citizens educated abroad. A facially neutral requirement that imposes disparate burdens by national origin can draw scrutiny under federal and state civil-rights frameworks depending on the actor and the funding involved; the two-tier structure documented in Section 3 — a separate, harder, costlier standard applied exclusively to this population, untethered from the standard applied to domestic graduates — is the sort of differential that such frameworks ask about. NAVEC states this carefully: no adjudication has found discrimination, and this report alleges none. But the demographic incidence of the program's design is not in dispute, and it belongs in any regulator's assessment.

8.5 Contract law: are the candidate terms unconscionable?

The program's candidate-facing terms — nonrefundability in all events, mandatory acceptance of first-offered seats, no appeal of scoring decisions, unilateral format changes mid-program (“ECFVG assessment formats may change throughout your time in the program”) — are classic adhesion terms offered on a take-it-or-leave-it basis to a population with no alternative. Contract-law doctrines of unconscionability and good faith, though case-by-case, provide an additional lens — particularly for candidates who paid full fees and were denied any realistic opportunity to perform.

8.6 The Federal Trade Commission: unfair methods and unfair practices

The FTC Act prohibits both unfair methods of competition and unfair or deceptive acts and practices, and the Commission has reached the conduct of nonprofit trade associations that operate in commerce for the benefit of for-profit members. Both prongs are implicated by this record: the competition prong by a members’ association operating a capacity-constrained gate over its members’ future competitors, and the consumer-protection prong by the fee, forfeiture, and no-notice-registration practices documented in Section 3 — practices imposed on a captive population with no alternative provider. A citizen petition, a state attorney general referral, or a congressional request could each place this program on the Commission’s docket.

8.7 Restitution: the money already taken

Finally, the fees already collected are themselves a live legal question. Candidates who paid five-figure nonrefundable fees and were then denied any realistic opportunity to perform — a seat within the retake window, a functioning registration system, a service delivered within the represented timeline — have colorable claims for restitution under unjust-enrichment and contract doctrines, individually or as a class. State attorneys general may pursue equivalent relief on candidates’ behalf under their parens patriae and consumer-protection authorities. The tens of millions of dollars the queue has committed

are not merely a measure of harm; they are a potential remedy pool — and the claim to them does not require proving anyone’s intent, only that the money was kept while the service was not delivered.

9. Objections and Answers

Any critique of a licensing gate must contend with the argument for the gate. Three objections deserve direct answers.

9.1 “The CPE protects the public from underqualified practitioners.”

This is the strongest objection, and the record answers it three ways. First, the standard is not applied to the group it would most plausibly protect against: no domestic graduate is ever tested hands-on, and the profession's own shortage working groups acknowledge that many new accredited-school graduates reach licensure having performed “half a spay.” A safeguard applied only to the minority pathway is not functioning as a safeguard; it is functioning as a filter. Second, medicine ran the experiment. The USMLE applied a hands-on clinical skills examination to every candidate for sixteen years and abolished it in 2021, concluding the burden was not justified by measurable protective value — and no evidence has emerged since that patient safety declined. Third, the natural experiments are running now: New York licenses foreign-trained veterinarians without the CPE and has for years; no published evidence indicates its foreign-trained licensees underperform. If the CPE's defenders possess evidence that it screens out genuinely dangerous practitioners whom the NAVLE plus credential review would pass, that evidence has never been published — because, as Section 4 documents, the program publishes nothing.

9.2 “Capacity costs money, and the AVMA is not obligated to expand it.”

The program is not a charity strained by demand; it is a fee-funded operation whose candidates pay $700 at the door, $12,804 at the summit, and $4,571 per section thereafter — nonrefundably. Six hundred forty registrants and 2,000 enrolled candidates represent millions of dollars in annual candidate payments. The 2023 addition of a single session — which raised completions 30 percent — demonstrates the marginal cost of capacity is modest. And an organization that reported to its own commission, year after year, that two staff members were adequate for a national certification program was not describing a resource constraint; it was describing a priority.

9.3 “State alternatives lack standardization and oversight.”

This is the AVMA's stated objection to conditional licensure, and it inverts the record. New Hampshire's conditional licensees practice under mandatory supervision — more oversight than a full licensee receives anywhere. New York's pathway is administered by a state agency answerable to public law, freedom-of-information statutes, and

administrative review — infinitely more external oversight than the ECFVG, which is subject to none. The entity objecting to “no standardization or oversight” operates the only unsupervised link in the entire chain. The objection, examined, is the report's thesis restated by its subject.

10. What Reform Looks Like

The remedies follow directly from the defects, and medicine has already demonstrated every one of them in practice.

Independence. Certification of foreign-trained veterinarians should be transferred to, or reconstituted under, a body independent of the AVMA — as the ECFMG is independent of the AMA. No trade association should own the gate through which its members' future competitors must pass.

One standard. The competency standard for foreign-trained candidates should be aligned with the standard applied to domestic graduates — as medicine applies the same USMLE to everyone. If a hands-on examination is genuinely necessary to protect the public, it is necessary for all new licensees; if it is not necessary for domestic graduates, it is not necessary for foreign-trained ones. Medicine confronted this exact question and abolished its hands-on examination for everyone.

External review. A federal review mechanism paralleling the NCFMEA — or, failing federal action, a multistate compact of licensing boards with audit rights — should review the pathway's standards, capacity, outcomes, and fairness on a published schedule.

Capacity. Examination capacity should be expanded to meet documented demand — more sessions, more sites, more examiners. The 2023 experience showed a 30 percent completion gain from a single added session; a queue of 2,000-plus against 256 first-time seats is a policy choice, not a fact of nature.

Transparency. The program should publish annually: applications, enrollment, seats offered, pass rates by section and attempt, wait times, completion times, attrition, and fee revenue. Every figure in this report should be checkable against an official report, and none currently is.

Fee and process reform. Refundability for undelivered services, retake windows matched to actual seat availability, published registration schedules, and a waitlist — the mechanics Canada's National Examining Board already operates for the same examinations.

State action now. Pending structural reform, states need not wait: New York's review pathway and New Hampshire's conditional license are operating proof that states can safely license foreign-trained veterinarians without the CPE. State attorneys general, who hold both consumer-protection and antitrust authority, are the natural first movers — and

the constituency harmed is not veterinarians alone, but every pet owner, farmer, and community that cannot find care.

The veterinary shortage is real, measured, and growing. Standing across its single fastest remedy is a gate that is unfair by design, unaudited by anyone, and unequal to the standard the profession applies to itself. Reform of that gate is among the highest-leverage veterinary policy actions available to any level of American government.

Appendix A: The Clinical Proficiency Examination, Section by Section

The following is drawn from the AVMA's 2026 CPE Candidate Bulletin. The examination spans three days at one of two sites (Mississippi State University, Starkville, Mississippi; Viticus Group, Las Vegas, Nevada). Candidates may not test at an institution where they completed clinical training. Live animals — sourced from shelters, producers, and owner donation — are central to the examination's design. All seven sections must be passed in order to pass; sections graded on points require 60 of 100.

Section	Species / task	Grading
Anesthesia	Canine — full anesthetic event	Binary pass/fail — no numeric score
Surgery	Canine ovariohysterectomy (solo spay), timed	Binary pass/fail — no numeric score
Equine practice	Live-horse handling, examination, procedures	0–100 points; pass at 60
Food-animal practice	Cattle (primary); goats, sheep, pigs	0–100 points; pass at 60
Necropsy	Post-mortem examination and diagnosis	0–100 points; pass at 60
Radiographic positioning	Small animal	0–100 points; pass at 60
Small-animal medicine	Canine/feline medical cases	0–100 points; pass at 60

Candidates enrolling after July 2014 must additionally document six prior surgical procedures — including one ovariohysterectomy as primary surgeon within five years of the CPE, with aseptic technique elements validated by a licensed veterinarian — before they may sit the examination at all. Scores are released within 20 business days. The bulletin reserves the right to change assessment formats during a candidate's time in the program.

Appendix B: The Fee Schedule

Item	2023–24 (per VIN)	2026 (per AVMA bulletin)	Change
Application (Step 1)	$700 (nonrefundable)	$700 (nonrefundable)	—
Quality-assurance fee	—	$900	—
BCSE, per attempt (max 3 per 12 months)	—	$250 (nonrefundable)	—
Full CPE	≈$7,600	$12,804	+68%
Retake, per section	$1,450	$4,571	≈3×
Re-registration (every 2 yrs uncompleted)	$120	$120	recurring
Whole program, total (published estimates)	≈$10,000–12,000	≈$20,000–22,000	2×

All CPE fees are nonrefundable and nontransferable in all circumstances, including visa denial. Fee figures for 2023–2024 are as reported by VIN News; 2026 figures are from the AVMA's current candidate bulletin and program pages.

Sources and Notes

Every factual claim in this report traces to one of the sources below. Where a source is behind a login or verification wall (VIN News), the citation is given in full so it can be verified directly; where a claim rests on NAVEC arithmetic, the assumptions are stated in the text where the figure appears.

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