



Bill White, President
Anthony Sequoyah, Vice President
Lisa Taylor, Secretary
Linda Squirrel, Treasurer
Rachel O'Brien, Interim Executive Director

March 9, 2005

Charles W. Grim, D.D.S.
Director
Indian Health Service
801 Thompson Avenue, Suite 440
Rockville, MD 20852

Dear Dr. Grim-

On behalf of the National Native American EMS Association, I want to thank you for securing the, adult and pediatric Human Patient Simulators for the IHS EMS training program at Mountain Plains Health Consortium (MPHC). I'm told that they have greatly enhanced the realism of scenario-based learning for the EMS students. I'm also told that MPHC is adapting the curricula of several of their current EMS courses to use these new simulators. Thanks again for a tremendous advance in MPHC's ability to provide high quality EMS training!

I wrote you previously on October 4, 2004, to express my concern that measures intended to improve Emergency Preparedness within IHS will result in loss or dilution of the very-limited resources available for EMS. The NNAEMSA Board of Directors shares this concern and they approved, at our meeting last week, the enclosed Resolution, which embodies their sentiments on this matter. I hope you will give this Resolution, your careful consideration. I hope you that we can continue to work together to improve the day-to-day capabilities of tribal EMS, as well as assisting tribal EMS- in developing capacity to respond to events resulting from weapons of mass destruction and from acts of terrorism. Thank you!

Sincerely,

Bill White
President

BW:bh

Enclosure

National Native American
Emergency Medical Services Association
Resolution 2005-3

Title: Request to the Director, Indian Health Service (IHS) for a Full-Time National Level EMS Position in IHS Headquarters

WHEREAS, prompt response and definitive care from trained EMS providers working in the field reduces morbidity and mortality among victims of injury.

WHEREAS, injury is the leading cause of death among Native American people age one to 44, and American Indians and Alaska Natives die at higher rates than other Americans from motor vehicle crashes (203% higher), unintentional injuries (150%), homicide (87%) and suicide (60%).

WHEREAS, the National Native American EMS Association (NNAEMSA) represents the nearly 1,000 EMS providers who work in 80 tribal EMS programs.

WHEREAS, there are 80 tribally operated EMS programs in 25 states, serving over half a million Native American people.

WHEREAS, over 500,000 American Indians living in rural or frontier areas depend on these programs for EMS.

WHEREAS, a 2001 study determined that in terms of staffing alone, tribal EMS programs are presently funded at less than 50% of their level of need.

WHEREAS, improving emergency preparedness and emergency management (EP/EM) capabilities of public safety agencies and of governments at all levels is a current national priority.

WHEREAS, tribal EMS programs must be capable of adequately meeting day-to-day needs for their services before they can develop adequate capacity to respond to incidents resulting from terrorist acts and Weapons of Mass Destruction (WMD).

WHEREAS, the NNAEMSA is very concerned that efforts to improve Emergency Preparedness within IHS will result in a dilution of the very limited resources available for national-level support of EMS program development.

WHEREAS, EMS is not a sub-discipline within Emergency Preparedness, rather EMS is an on-going program with a full-time day-to-day mission, a situation similar to that of fire departments and law enforcement.

WHEREAS, tribal EMS programs are making more runs each year, as service populations grow at rates greater than the US general populations, even as limited

budgets force IHS and tribal facilities to reduce the number and variety of patient care services provided.

WHEREAS, the need for a full time person at IHS Headquarters to assist tribal EMS in securing resources from sources outside IHS has never been greater.

WHEREAS, the 1993 NHTSA Assessment of IHS EMS (which was conducted using the same methodology NHTSA uses in assessments of state EMS) recommended a dedicated, full-time EMS position in IHS Headquarters.

WHEREAS, a Notice published Monday, July 12, 2004 in the Federal Register, Vol. 69, No. 132, establishes a new Emergency Preparedness and Emergency Medical Services Staff (EPEMSS) within the IHS HQ Office of Clinical and Preventive Services

WHEREAS, the text of this Notice is nearly exclusively concerned with emergency preparedness; EMS is mentioned only twice in the approximately 130 words of text.

WHEREAS, Ms. Cathy Stueckemann has done a truly outstanding job for EMS while also coordinating the CHR program, continuing and building on the years of fine work by RADM Eric Broderick, her predecessor in EMS.

WHEREAS, NNAEMSA is concerned that IHS will not provide a full-time EMS position and thereby will cease to maintain the significant advancements that have been realized during Ms. Stueckemann's and Admiral Broderick's tenures.

NOW THEREFORE BE IT RESOLVED, the National Native American EMS Association requests the Director of the Indian Health Service establish a full-time EMS position in IHS Headquarters, with the duties of this position focused on EMS program support that fosters development of capacity in tribal EMS.

CERTIFICATION

The foregoing resolution was adopted at the semiannual meeting of the Board of Directors of the National Native American EMS Association, held in Ak-Chin, Arizona on March 2-3, 2005 with a quorum present.

Bill White
President

ATTEST:

Rachel O'Brien
Acting Executive Director